

## HOMELESS

### Homeless Needs (91.205 (b) and 91.215 (c))

Please also refer to the Homeless Needs Table in the Needs.xls workbook

***Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.***

### Homeless Needs

During the period of January 23-25, 2007, LAHSA, in conjunction with Applied Survey Research (ASR), conducted the 2007 Greater Los Angeles Homeless Count. This homeless census was the second of its kind conducted by LAHSA and ASR, following the 2005 Greater Los Angeles Homeless Count, and was again in 2007 the largest such census conducted in the nation. Due to the large size of Los Angeles County it was necessary to conduct the enumeration over a period of three days. Three SPAs per day were enumerated on January 23 and 24, and two SPAs were enumerated on January 25. The data presented in the 2005 Greater Los Angeles Homeless Count provided a baseline of the number and characteristics of homeless people in LA County. The Continuum includes all cities and unincorporated areas within Los Angeles County, with the exception of the cities of Glendale, Long Beach, and Pasadena.

The 2007 Greater Los Angeles Homeless Count was performed by using HUD-recommended protocols for counting homeless persons and estimating the number of people who are homeless at a particular point in time and over the course of a year. The Homeless Count has five components: (1) Street Count; (2) Shelter and Institution Count; (3) Homeless Demographic Survey, (4) General Population Telephone Survey, and (5) Statistical Projection.

This comprehensive study found that in the City of Los Angeles, on any given day, there are an estimated 40,144 homeless people. Approximately 14% of these, or 5,694, are children under the age of 18. There are 3,443 families with 4,854 youth in families. Over the course of a year, there are estimated to be 73,489 homeless people, including 6,134 families with 8,558 children.

Skid Row reported the greatest concentration of homeless persons at 5,131. The following figures provide overall census results for the City.

**City of Los Angeles Overall Census Results: Point-in-Time and Annual Projection**

	Number of Homeless Persons	
	2007	2005
Number of People on One Night (Point-in-Time)	40,144	48,103
Number of People per Year (Annual Projection)	73,489	130,362

**Figure 1: City of Los Angeles Subpopulations Census Results: Point-in-Time and Annual Projections**

Subpopulation	Point-in-Time Results		Annual Projections	
	2007	2005	2007	2005
Sheltered	7,794	6,774	15,268	18,358
Unsheltered	32,350	41,329	58,222	112,002
Adult Men	24,172	26,811	44,624	72,657
Adult Women	9,598	11,233	17,598	30,441
Adult Transgender <sup>1</sup>	680	602	1,205	1,630
Total Youth (Under Age 18)	5,694	9,458	10,062	25,632
Age 18-24	2,959	3,942	5,412	10,682
Age 25-55	26,226	30,452	48,172	82,525
Age 56+	5,265	4,251	9,844	11,520
Black/African American	23,451	22,849	44,627	61,921
Hispanic or Latino	6,641	9,765	11,759	26,463
White	7,204	12,026	12,132	32,590
Multi-Racial and Other	2,848	3,463	4,971	9,386
# Individual Families w/ Children	3,443	4,439	6,134	12,029
# People in Families	9,238	13,973	16,336	37,867
Youth in Families	4,854	8,614	8,558	23,343
Youth in Families Age 5 or Younger	2,119	N/A	3,784	N/A
Veterans	5,338	8,851	9,562	23,986
Chronically Homeless	13,680	18,945	14,820	26,144
Mentally Ill	15,012	17,077	27,166	46,277
Substance Abusers <sup>2</sup>	15,223	22,079	28,143	59,835
People with HIV/AIDS	949	N/A	1,698	N/A
Victims of Domestic Violence	4,268	4,425	7,966	11,993
Unaccompanied Youth	840	845	1,504	2,289

LAHSA (2007)

<sup>1</sup> In 2005, the “Adult Transgender” category also includes people who declined to state their gender on the survey.

<sup>2</sup> Question wording was changed in 2007 to ask about alcohol/drug *abuse* rather than alcohol/drug *use*.

Note: Different annualized methodologies were used in 2005 and 2007. The 2007 methodology utilizes the HUD methodology published in 2006.

### Priority Homeless Needs

1. *Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*
2. *A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

### Homeless and Special Needs Populations

#### Continuum of Care: Housing Gap Analysis Chart

		Current Inventory	Under Development	Unmet Need/ Gap
<b>Individuals</b>				
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	2,789	0	302
	Transitional Housing	3,608	281	5,664
	Permanent Supportive Housing	3,486	684	17,860
	<b>Total</b>	<b>9,883</b>	<b>965</b>	<b>23,826</b>
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	846	0	1,464
	Transitional Housing	2,126	20	1,569
	Permanent Supportive Housing	1,474	363	2,870
	<b>Total</b>	<b>4,446</b>	<b>383</b>	<b>5,903</b>

#### Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	134	337	2,972	3,443
1. Number of Persons in Families with Children	471	1,119	7,648	9,238
2. Number of Single Individuals and Persons in Households without children	3,589	2,615	24,702	30,906
<b>(Add Lines Numbered 1 &amp; 2 Total Persons)</b>	<b>4,060</b>	<b>3,734</b>	<b>32,350</b>	<b>40,144</b>
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total

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a. Chronically Homeless	1,053	12,627	13,680
b. Seriously Mentally Ill	2,687	12,325	15,012
c. Chronic Substance Abuse	1,629	13,594	15,223
d. Veterans	1,116	4,222	5,338
e. Persons with HIV/AIDS	200	749	949
f. Victims of Domestic Violence	700	3,568	4,268
g. Unaccompanied Youth (Under 18)	166	674	840

LAHSA (2007)

**Homeless Inventory (91.210 (c))**

*The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.*

**Inventory Summary**

The following tables summarize the inventory of beds and services for homeless individuals and families in the City of Los Angeles.

**Housing Inventory**

		Current Inventory	Under Development
<b>Individuals</b>			
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>
<b>Beds</b>	Emergency Shelter	2,789	0
	Transitional Housing	3,608	281
	Permanent Supportive Housing	3,486	684
	<b>Total</b>	<b>9,883</b>	<b>965</b>

**Persons in Families With Children**

<b>Beds</b>	Emergency Shelter	846	0
	Transitional Housing	2,126	20
	Permanent Supportive Housing	1,474	363
	<b>Total</b>	<b>4,446</b>	<b>383</b>

**Services Inventory**

		Current Inventory	Under Development
<b>Individuals</b>			
<b>Services</b>	Outreach	27	N/A
	Supportive Services	30	N/A
	<b>Total</b>	<b>57</b>	<b>N/A</b>

Persons in Families With Children

<b>Beds</b>	Outreach	7	N/A
	Supportive Services	12	N/A
	Prevention	4	N/A
	Total	23	N/A

LAHSA (2007)

**Homeless Strategic Plan (91.215 (c))**

1. **Homelessness**— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.
2. **Chronic homelessness**—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2013. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Consolidated Plan, CoC, and any other strategy or plan to address chronic homelessness.
3. **Homelessness Prevention**—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4. **Institutional Structure**— Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. **Discharge Coordination Policy**— Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

**Homelessness and Chronic Homelessness**

The Los Angeles CoC has undertaken several strategies to address chronic homelessness as well as homelessness for individuals and families. The size and diversity

of the Continuum has resulted in a strategy of developing regional implementation plans that are tailored to address specific community/regional issues and needs. LAHSA is currently working to document existing plans, and to engage areas still needing plans within next couple of months. The table below summarizes these strategies and provides local actions steps that will be taken to implement them.

**CoC 10-Year Plan, Objectives, and Action Steps Chart**

Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2008 Local Action Steps  How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person  List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new permanent housing beds for chronically homeless persons.	Facilitate use of HACLA Section 8 Homeless Assistance Vouchers and Project-Based Vouchers to create 15 new units of permanent housing for the chronically homeless in the next 12 months and 70 units thereafter in the following projects: <ul style="list-style-type: none"> <li>▪ Los Angeles County Dept. of Mental Health (5 units)</li> <li>▪ St. Jose Permanent Housing's Center (10 units)</li> <li>▪ A Community of Friends Rayen Apartments (6 units)</li> <li>▪ Cobb and Abbey Hotels (64 units)</li> </ul>	Rudolf Montiel, City of Los Angeles Housing Authority (HACLA)	911*	15 Beds**	600 Beds	1,500 Beds
	Obtain 2008 Shelter Plus Care funding to ensure completion of the following projects for chronically homeless people in 2008: <ul style="list-style-type: none"> <li>▪ Skid Row Housing Trust, 118 units</li> <li>▪ City of Santa Monica, 13 units</li> <li>▪ A Community of Friends, 15 units</li> <li>▪ St. Joseph Permanent Housing's Center, 10 tenant-based units</li> <li>▪ Asian Pacific Counseling Center, 17 units</li> </ul>	Rebecca Isaacs, Executive Director, Los Angeles Homeless Services Authority (LAHSA)				
	Secure funding through the Governor's Chronic Homeless Initiative to facilitate the development of 41 units of housing at SRO Housing Corporation's Panama Hotel.	Anita Nelson, Executive Director SRO Housing Corporation				

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\* The baseline number of 911 was calculated by adding the Current Inventory listed in Chart I's – CoC Housing Inventory Charts: Permanent Supportive Housing (683 units) to the number of Chronically Homeless Beds from the New Inventory In Place (228 units).

\*\* Owing to the lengthy development cycle of supportive housing development, 15 new tenant-based Section 8 units targeting chronically homeless people will be added to the Continuum in this 12 month reporting period (February 1, 2007-January 31, 2008). However, 274 units are projected to open between February 1, 2008 through January 1, 2009, and another 100 are slated to open in the following year.

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2008 Local Action Steps	Lead Person	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
2. Increase percentage of homeless persons staying in permanent housing over 6 months to at least 71%.	Continue to monitor the success of permanent housing projects in meeting this objective. Identify programs performing below the HUD standard (71%) and work with administering agencies to create strategy to improve performance.	Rebecca Isaacs, Executive Director, LAHSA  Rudolf Montiel, Executive Director HACLA  Carlos Jackson, Executive Director Housing Authority of the County of Los Angeles (HACoLA)  Peter Mezza, Administrator Housing Authority of the City of Santa Monica  Douglas Dunlap, City Manager for the City of Pomona	87%	87%	87%	87%
	Use the State Mental Health Services Act (Proposition 63) to fund housing specialist positions. These positions will provide follow-up once clients are placed and promote residential stability. Continue to provide training and support to these personnel, including access to integrated case management and financial assistance as needed to prevent loss of housing.	Dr. Marvin Southard, Director Los Angeles County Department of Mental Health (DMH)				

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2008 Local Action Steps	Lead Person	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
	Provide eviction prevention resources available to persons in permanent housing. Use the Los Angeles County Homeless Prevention Initiative as a means to provide emergency financial assistance to CalWORKs Non-Welfare-to-Work Homeless Families. Maintain eviction prevention efforts through local systems of care, including the Housing Opportunities for Persons with AIDS program.	Philip Browning, Director Los Angeles County Department of Public Social Services (DPSS)				

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<p>3. Increase percentage of homeless persons moving from transitional housing (TH) to permanent housing to at least 61.5%.</p>	<p>Initiate a quarterly "Participant Destination" reporting requirement for all TH programs. Evaluate data and meet with both high and low performing agencies for the purpose of identifying causes for high and low placement into permanent housing.</p>	<p>Rebecca Isaacs, Executive Director, Los Angeles LAHSA</p>	<p>40%</p>	<p>50%</p>	<p>60%</p>	<p>65%</p>
	<p>Expand the capacity of permanent housing available to homeless persons exiting transitional housing programs by securing FY 2007 Shelter Plus Care funding for 261 units.</p>	<p>Rebecca Isaacs, Executive Director LAHSA  Rudolf Montiel, Executive Director HACLA  Carlos Jackson, Executive Director Housing Authority of the County of Los Angeles (HACoLA)  Peter Mezza, Housing Authority of the City of Santa Monica</p>				
	<p>Continue to use and expand the following capital financing and operating subsidy programs to increase the supply of permanent supportive housing throughout the Los Angeles Continuum of Care:</p> <ul style="list-style-type: none"> <li>▪ State of California Proposition 1C funds</li> <li>▪ The City of Los Angeles Permanent Supportive Housing program;</li> <li>▪ City of Los Angeles Section 8 Homeless Program</li> </ul>	<p>Mercedes Marquez, General Manager Los Angeles Housing Department (LAHD)</p>				
	<p>Implement new capital and operating funding programs through the following:</p> <ul style="list-style-type: none"> <li>▪ Los Angeles County Homeless and Housing Program Fund</li> <li>▪ Los Angeles County Revolving Loan Fund</li> </ul>	<p>Carlos Jackson, Executive Director L.A. County Community Development Commission (CDC)</p>				
	<p>Implement new capital and operating funding programs through the following:</p> <ul style="list-style-type: none"> <li>▪ Mental Health Services Act Statewide Housing Program</li> <li>▪ Mental Health Services Act Housing Trust Fund</li> </ul>	<p>Dr. Marvin Southard, Director Los Angeles County Department of Mental Health (DMH)</p>				
	<p>Expand housing placement services available to homeless persons through the following programs funded by the County of Los Angeles Homeless Prevention Initiative (HPI) and the County of Los Angeles Mental Health Department's Community Services and Supports Plan:</p> <ul style="list-style-type: none"> <li>▪ DPSS Housing Locators</li> <li>▪ MHSA Housing Specialists</li> </ul>	<p>Philip Browning, Director DPSS  Dr. Marvin Southard, Director DMH</p>				

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	Continue to identify and address both systemic and client-specific barriers that negatively impact the transition from TH to permanent housing for participants	Rebecca Isaacs, Executive Director LAHSA				
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Objectives to End Chronic Homelessness <i>and</i> Move Families and Individuals to Permanent Housing	2008 Local Action Steps  How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
		List name and title or organization of one person responsible for accomplishing each action step.				
4. Increase percentage of homeless persons employed at exit to at least 18%.	Monitor each funded program quarterly. Identify programs performing below the HUD standard (18%) and work with administering agencies to create strategy to improve performance.	Rebecca Isaacs, Executive Director, LAHSA	17%	18%	20%	25%
	Continue to coordinate with all local WIA Boards within the Los Angeles Continuum of Care to ensure that homeless participants are able to access resources and be effectively served; where feasible, coordinate with WIA Boards to establish computer labs connected with their WorkSource Centers at local housing programs (e.g., emergency shelters, permanent housing sites)	Rebecca Isaacs, Executive Director, LAHSA				
	Implement the County-adopted ordinance that establishes a contracting preference of 5% for transitional employment and related supportive services for the homeless	William Fujioka, Chief Executive Officer County of Los Angeles				
5. Ensure that the CoC has a functional HMIS system.	Implement 55 non-participating programs into HMIS in the next 12 months.	Rebecca Isaacs, Executive Director, LAHSA	81 programs 1,375 beds	Add 55 programs 2,000 beds		
			6.8 % Bed Coverage	9.9 % Bed Coverage	75% Bed Coverage	90% Bed Coverage

LAHSA (2007)

**Institutional Structure**

The Los Angeles Homeless Services Authority (LAHSA) is an independent unit of local government (a Joint Powers Authority) created by the City and County of Los Angeles. LAHSA was created to provide leadership, advocacy, planning, and management of program funding within the Los Angeles Continuum of Care. LAHSA is governed by a ten-member Board of Commissioners, five of whom are appointed by the Mayor of Los Angeles and confirmed by the City Council, and one by each of the five County Supervisors.

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LAHSA plays a key role in coordinating homeless programs between the City and County. Coordination between the City and County of Los Angeles is critical because each controls crucial financial and program resources. LAHSA also integrates its planning efforts in eight Service Planning Areas with nonprofit service providers, community residents, the business community, schools, law enforcement, and other local governments, such as the 85 cities (excluding Glendale, Long Beach and Pasadena) within the County. Funds for homeless programs from the Consolidated Plan will be used to support various components of the Continuum of Care operated by nonprofit housing and service providers.

Several city departments and entities such as the City of Los Angeles Housing Authority will participate in carrying out the strategies to end homelessness. However, as the lead entity of the CoC, LAHSA will maintain a pivotal role in the implementation of these strategies.

### Discharge Planning

**CoC Discharge Planning Policy Chart**

Publicly Funded Institution(s) or System(s) of Care in CoC GeograPermanent Housing Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In 2005, the Los Angeles County Board of Supervisors adopted a policy of “zero tolerance” for discharging individuals from any County institution or facility or any County-sponsored program (where applicable) to homelessness. In 2006, the relevant County departments worked collectively to develop these policies. In some instances, such as foster care, additional standards apply from the State.

**Foster Care:**

The Los Angeles County Department of Children and Family Services (DCFS) protocol requires a Transitional Independent Living Plan for every youth age 14 and older in “out of home care” to ensure they are not discharged into homelessness. This protocol complies with California State Child Welfare regulations, which require completion of a Transitional Independent Living Plan (TILP) for youth between 15 ½ and 16 years who are in placement. The social worker is to ensure that the plan provides for “acquisition of safe and affordable housing, upon emancipation.” (California Department of Social Services Manual of Policies and Procedures, Division 31-236 (i)(12).

These case planning procedures are supported by the provision of State-sponsored transitional housing placement programs (THPP), authorized under Section 11403 of the California Welfare and Institutions Codes. In addition, counties may also participate in the State’s license-exempt Transitional Housing Program – Plus (THP-plus), for emancipated foster youth, ages, 19-24 (Health and Safety Code, §1559.110 (e) and Welfare and Institutions Code, §11403.2).

Los Angeles County participates in both THPP and THP-Plus programs.

Proposition 1C, passed by California voters in November 2006, provides \$50 million in funding for homeless emancipated foster youth.

**Health Care:**

Los Angeles County public health care inpatient facilities have implemented a policy requiring that all persons exiting health care facilities receive assistance finding appropriate housing opportunities and needed supportive services. This policy states that persons leaving these institutions shall not be released into homelessness and to only utilize HUD McKinney-Vento funded emergency shelters, transitional, or permanent housing units as a last resort. Discharges are facilitated by social workers who evaluate each patient that reports being homeless to determine if there are discharge arrangements that can be made with family, friends, or other support systems.

Additionally, the following activities further support these discharge planning efforts:

- The CoC Hospital Discharge Planning Task Force, facilitated by the Hospital Association of Southern California, conducts regular meetings with hospital administrators to improve discharge planning activities and to increase the availability of needed resources. This Task Force is working with a collaborative of homeless providers in the Central City East section of Los Angeles.
- Homeless Health Care Los Angeles conducts training for Kaiser Permanente discharge planning staff and LA County Hospital.
- The County Department of Health Services, in partnership with local private hospitals in this CoC, have secured \$1.2 million in County funding to increase the number of 24-hour recuperative care beds by 45 over the next year. This will program will provide medical oversight for homeless individuals being discharged from hospitals who no longer require acute care, but do require some medical/caregiver assistance. The project is expected to serve approximately 540 clients annually.
- Access to Housing for Health, a project of the County Department of Health Services, has obtained a commitment of 100 Section 8 housing subsidies from the City and County Housing Authorities (HACLA and HACoLA) and is working with contracted housing locators to place homeless former patients in permanent housing with supportive services.

**Mental Health:**

In 2006 the Department of Mental Health (DMH) finalized and implemented discharge planning procedures for acute care hospitals, State mental hospitals and Institutions for Mental Disease (IMDs) that are designed to ensure that patients are not discharged to homelessness. Also in 2006, the DMH revised the Acute Psychiatric Inpatient contracts to include provisions for similar discharge planning. Additionally, the DMH monitors contracts to ensure compliance with State and Federal laws regarding discharge planning, ensuring compliance with required aftercare plans that are individualized, include family involvement when appropriate and Permanent Housing. Physical, financial, and housing needs and accessibility to community services and resources are addressed. DMH has also developed program guidelines for Outreach and Engagement for Clients in Institutions for those clients in Assertive Community Treatment, AB 2034 and Full Service Partnerships Programs. The guideline states “the agency staff must work cooperatively with the institution to coordinate discharge. The agency staff shall assist with locating residential placement/housing.. .” These policies are further supported by housing resources provided by the Mental Health Services Act.

**Corrections: Protocols are in place for the entity responsible for the largest number of homeless discharges, Los Angeles County Sheriff's Department.**

**County:** The Los Angeles County Jail, operated by the Los Angeles County Sheriff's Department, has both policy and an extensive service component in place to prevent inmates being released into homelessness. The Department estimates that approximately 20,000 homeless people pass through the Jail system each year. Inmates identified as homeless are tracked and referred to the Department's Community Transition Unit (CTU). The CTU provides case managers, including staff at night 6 days a week, to help assist homeless people prior to and during the release process.

Those who are referred to the CTU are linked to services while serving their time, including General Relief through the Department of Social Services and various housing, drug rehabilitation and employment services. The CTU provides referrals to work source centers; a number of non-McKinney-funded housing and case management services (for example, Volunteers of America (VOA), the Weingart Center, Amity Foundation, Union Rescue Mission, Tarzana Treatment Center), sober living facilities and more. Bus tokens and taxi vouchers are also provided to ensure former inmates have transportation to their post-incarceration housing. Service providers also provide transportation for released inmates to a drop-in center and other nearby housing locations. The CTU also heads a Countywide re-entry board to collaborate and build new relationships with organizations throughout Los Angeles County to enable former inmates to return to their pre-incarceration communities while receiving supportive and housing assistance. The CTU is assisted by the Department of Mental Health who provides staff to jails assigned to assist transitioning homeless inmates into housing. This includes a discharge planning group of 6 caseworkers serving the severely mentally ill and 5 case managers and employment specialists serving the severely mentally ill under the State's Mental Health Services Act.

**Cities:** A survey of police departments with jails in the CoC revealed that most have informal policies designed to ensure that former inmates are not discharged to the streets, including taking homeless inmates to the local "church shelter", cold weather shelter, or calling 2-1-1 (the County services and referral information hotline).

**State:** The California State Department of Corrections and Rehabilitation has discharge policies to prevent recidivism, including ensuring adequate housing arrangements exist post-release. They additionally provide website listings for halfway housing as a housing resource. In April 2007, Governor Schwarzenegger announced a prison reform agreement that included creation of community-based re-entry programs to reduce recidivism that recognizes the importance of housing as a key element to prevention. This initiative encompasses a range of service interventions, which ultimately require stable housing for success. In the LA CoC, the State-funded Going Home Los Angeles will have housing resources available to program participants.

LAHSA (2007)

\* Please note that "corrections" category refers to local jails and state or federal prisons.

**Housing Authority of the City of Los Angeles – Additional Programs Operated Addressing the Needs of the Homeless**

Under the SRO Moderate Rehabilitation and Shelter + Care programs, HACLA has provided over \$142 million in housing assistance to date. Currently over 2600 households are being assisted. While not part of the city's Consolidated Plan, these programs are important components of HACLA's overall strategy to address the needs the homeless and those at risk of becoming homeless, and complement and strengthen LAHSA's efforts to address the housing and supportive needs of the homeless. HACLA has administered the programs for several years, and HUD has asked that the city report on progress in both the annual Action Plans and CAPER document.

***Moderate Rehab for Single Room Occupancy***

The SRO Moderate Rehabilitation Program was created under the Stewart B. McKinney Homeless Assistance Act of 1987. The Section 8 rental assistance provided under this program brings more SRO units into the local housing supply to assist homeless persons into permanent housing. Much like the Moderate Rehabilitation Program, HUD's strategy

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is to convert existing housing, a rundown hotel, or even an abandoned building into safe and decent housing. Again, like the Moderate Rehab Program, the SRO Section 8 subsidy does not provide financing for rehabilitation costs.

HUD selects applicants for SRO Moderate Rehabilitation funding in a national competition based on regional and national homeless assistance goals. Selected SRO projects (owners) receive rental assistance on behalf of a homeless tenant for ten years. To be eligible for assistance, an SRO unit must receive a minimum of \$3,000 of rehabilitation work to meet HUD's Housing Quality Standards (HQS).

The target population for SRO Moderate Rehab funding is homeless individuals coming directly from the street, or from emergency and transitional shelters. While access to supportive services for SRO Moderate Rehab funding is not a requirement, applicants who design service coordination in their project plans receive leveraging points from HUD as part of project evaluation.

The rental subsidy in the SRO Moderate Rehabilitation Program is attached to the building or unit as Project-Based Rental Assistance. As long as a tenant remains in that building or unit during the term of the contract, he/she receives the rental subsidy.

The Shelter Plus Care Program was created under the McKinney Homeless Assistance Act. Shelter Plus Care promotes permanent housing to homeless persons with disabilities. Shelter Plus Care grants require a supportive services match equal to, or greater than, the Section 8 rental assistance award. HUD selects projects for Shelter Plus Care funding in a national competition based on regional and national homeless assistance goals. Selected applicants receive rental assistance on behalf of a homeless tenant for five years. The grants provide for a variety of housing rental situations, Tenant-Based (TRA), Sponsor-Based (SRA), Project-Based (PBA), and an SRO MRP Based Rental Assistance component. If a Shelter Plus Care applicant proposes to fund rehabilitation efforts for project-based units, the Section 8 rental assistance award is for ten years.

To be eligible for the program a person must:

- Be Homeless\*
- Have a mental illness
- Abuse drug/alcohol
- Suffer from HIV/AIDS or a dual diagnosis
- Be referred by a CBO under contract with HACLA's Shelter + Care program

Applications received from these agencies are reviewed for Shelter Plus Care eligibility. They are not placed on the Section 8 waiting list. If the applicant qualifies, he/she will receive a certificate.

\*(The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained under an Act of Congress or a State law. A participant or family head of household counts as homeless, if they came from a psychiatric facility, substance abuse treatment facility, hospital, jail or prison, were there less than 30 days, living on the street, or in an emergency shelter, before entering the treatment facility. A Homeless person does include persons who are alternating staying with different relatives or friends for a short period. But if they make a contribution to the rent, they are not considered homeless.)

**Section 8 Collaboratives – Demonstration Grant Projects**

- **LA HOPE Collaborative**  
This demonstration grant targets the chronically homeless population who wish to work. Individuals receive initial support through the AB2034 Program.
  
- **Skid Row Collaborative**  
This demonstration grant targets the chronically homeless population with chronic substance abuse issues. Individuals are housed through the Shelter Plus Care Program.
  
- **Connections Collaborative (HUD CDC Housing and Health Study Connections)**  
This demonstration grant targets the homeless, or those at imminent risk of being homeless, who have AIDS/HIV.

**Emergency Shelter Grants (ESG)**

***(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.***

NOT APPLICABLE TO CITY OF LOS ANGELES