



LAHSA comments for L.A. City on Los Angeles Comprehensive Homeless Strategy

Note: Some of these recommendations made here to items in the City's report are identical to those recommendations LAHSA has submitted for the corresponding items in the County Draft Recommended Strategies report.

Mapping Shared Responsibility

In Mapping Shared Responsibility on Page 12, here at the outset we recommend identifying LAHSA as the County/City agency that is lead collaborative applicant for HUD funding and management of the Los Angeles Continuum of Care.

Here's a suggested additional sentence for the first full paragraph of page 13, marked by bold ital.

Properly defining the key responsibilities of City and County government, the nonprofit community and LAHSA is the critical link to ensure good governance that can reduce and eliminate homelessness in the Los Angeles region. ***As the joint powers authority created by the City and the County to confront homelessness and disburse funds, LAHSA is the lead collaborative applicant for HUD funding and management of the Los Angeles Continuum of Care.*** With the County seeking stronger alignment with not only the City of Los Angeles, but the 87 other cities within the County, addressing homelessness offers a new means of deeper policy and administrative collaboration for the region. This shared responsibility can be seen in Figure 2.

3A – No Wrong Door/Standardize First Responder Training.

Please include LAHSA in the list of collaborating departments/agencies.

4B – CES: Strengthen Departmental Support for Homeless Case Managers

To these recommendations, LAHSA suggests adding "Homeless families/single adults/transition age youth (TAY)" at the end of the sentence, to emphasize undercounted, underserved segment of homeless population. Indicated change in bold.

Direct all City departments listed below to work with the Los Angeles Homeless Services Authority (LAHSA) to develop and implement plans to support homeless case managers to the extent and nature of each department's interaction with homeless families/individuals/transition age youth.

We also suggest adding TAY to subsequent mentions of homeless populations in 4B, changing all such references to “homeless families/single adults/transition-age youth.”

5C -- Establish Regional Intergovernmental Coordination

Please include LAHSA as collaborating agency.

6E -- Homeless Navigation Centers

In Description, list item number 5 currently reads “Family reunification services.

We suggest revising it to “Family reunification services for all family members, including Transition Age Youth.”

7B --Housing/Expand Rapid Rehousing

In the area of rapid rehousing, we suggest inclusion of household essentials as basic furniture and basic furnishings such as kitchen items, bedsheets and towels as part of move-in costs. We recommend LAHSA as the agency managing move-in and rental assistance.

Here’s suggested additional language for bullet point no. 1.

- Financial assistance includes short-term and medium-term rental assistance and move-in assistance, including payment for rental application fees, security deposits, **and utility deposits as well as furniture, kitchen items, bedsheets, towels and other basic household necessities.** Financial assistance can come in the form of a full subsidy, covering the full rent for a period of time, or a shallow subsidy, covering a portion of the rent with gradual decreases in the subsidy over time. **Direct LAHSA to manage this assistance program.**

7H -- Housing/Facilitate Utilization of Federal Housing Subsidies

In description, two additional bullet items.

- Increased landlord incentives through provision of security deposits other move-in costs that lead to greater rental stability.
- Participation by all federal subsidy programs serving the homeless, including Housing Choice Vouchers, Shelter Plus Care, HOPW rental assistance, etc.
- Performance metrics including landlord retention rates and leasing success rates and processing times.

7J -- Housing Strategies/Housing Choice Vouchers for Permanent Supportive Housing

In B8 – the strategy item in the County report that correlates to 7J, the Tier 1 recommendation reads as follows.

“Tier 1: HCV waiting list preference for chronically homeless individuals referred by a Community Based Organization – HACoLA will commit 35% of turnover vouchers for FY 2016 to chronically homeless individuals. HACoLA will increase this commitment to 50% for FY 2017 and each subsequent fiscal year, subject to acceptable success rates in securing permanent housing for chronically homeless individuals issued a voucher under this preference.”

To provide the same level of Section 8 housing availability across City and County, LAHSA recommends that the City also commit 35% of its HUD turnover vouchers to chronically homeless individuals for FY2016, and increase that commitment to 50 percent in FY 2017 and in subsequent years subject to the same success rate evaluations listed in the County’s report.

Section 7 – Overall recommendation on prevention

LAHSA recommends a pilot program on prevention (perhaps focused on seniors and TAY) and diversion for single adults, under the Coordinated Entry System, and funding for the prevention and diversion program currently in pilot in the Family system.

9F -- Additional Homeless Strategies/ Expand Youth Homeless Services.

Here are some suggestions to the existing text, highlighted as always in ital and bold.

In recommendations, please consider inserting these two sentences before the final sentence.

Instruct LAHSA to partner with local community colleges to help identify TAY homeless students and housing solutions. Identify additional emergency shelter, crisis and bridge housing resources and supportive services targeting the unique needs of the TAY homeless population. Instruct the CLA to report relative to sponsoring/supporting legislation to increase State and Federal funding for youth homelessness.

General recommendation: Prioritization for homeless clients living with HIV/AIDS – and specific additions to include these clients in selected sections of the report.

We recommend that the Strategy include housing prioritization for people living with HIV/AIDS. There are nearly 5,000 homeless people in Greater Los Angeles who have contracted HIV or are living with the disease. A stable housing situation is not just a humanitarian necessity for AIDS/HIV clients, it is a critical public health need, as housing is inextricably linked to diagnosis and treatment, and reduces the rate of infection.

Here are some instances where the report can include representation of HIV/AIDS afflicted homeless population.

Priority Strategy B8 of County Draft Strategies report -- “Subsidize Housing/Housing Choice Vouchers for Permanent Supportive Housing” – specifies that “HACoLA will commit 35% of turnover vouchers for FY

2016 to chronically homeless individuals. HACoLA will increase this commitment to 50% for FY 2017 and each subsequent fiscal year, subject to acceptable success rates in securing permanent housing for chronically homeless individuals issued a voucher under this preference.”

Paragraph 3 of 7 -1 Housing on page

When considering all of the Strategy Briefs in this report, housing represents the largest number of recommendations. The creation of housing is a City and County concern. Where possible, collaboration with the County on strategy, standards and funding has been recommended in these briefs. As investments are made to expand the capacity of housing, it is recommended that the Housing First approach be implemented, where appropriate. Housing First has been a philosophy guiding strategies included in this report, as it works to remove barriers to housing upfront in order to encourage better health outcomes for chronically homeless individuals. Upon entering a stable home, the person is able to receive a range of assistance types, from supportive services to intensive wraparound services. This serves to help meet other needs, including among them, health (***including HIV/AIDS***), mental health, substance abuse, or other issues, that can contribute to a person or family’s self-sufficiency. The County plays a vital role in delivering the supportive services that make Housing First a federally-recognized best practice.

Item 2.5 – Individuals Experiencing Trauma, Illness, Disability

A portion of homeless persons often experience multiple health issues, trauma, and disability. Nearly one fifth are physically disabled and approximately one third are experiencing a mental illness. Almost a quarter have substance abuse issues needing treatment. Over a fifth has experienced domestic violence. ***Homeless individuals account for nearly 11 percent of diagnosed HIV/AIDS cases in Greater Los Angeles.*** These factors complicate treatment. Recommendations to be submitted to the County Board of Supervisors as outcomes to the County-led Homeless Initiative Summits advocate for more County resources and a larger role ensuring health services are available.

3A – No Wrong Door First Responder Training

Description: The proposed training program would educate law enforcement, fire departments, and paramedics, i.e., first responders, about the complex and diverse needs of the unsheltered homeless population and how to connect homeless individuals to appropriate services. Training is intended to better prepare first responders when interacting with people experiencing unsheltered homelessness. The proposed training would emphasize awareness of, and strategies for dealing with, situations that arise among unsheltered homeless individuals due to an array of issues, such as, mental illness; alcohol and/or substance abuse/addiction, co-occurring substance abuse and mental illness; ***and/or physical health ailments, including HIV/AIDS.*** LAPD will develop the training and protocol based on local and national best practices.

General Recommendation: Substance Abuse/Alcohol Recovery Centers

We recommend provision for Recovery Centers in the revised report, in year 2 or 3 if not in 1st Strategy year.

A significant number of the chronically homeless suffer from alcohol and drug dependency. This group is not only among the most difficult to bring into a continuum of care, it also among the most likely to return to a state of homelessness after being brought there. A recovery center with short-term residential beds will bring them into the continuum of care, give them access to sobriety programs and secure interim or longer-term housing upon their departure.