WE ARE IN TONGVALAND

LAHSA wears many hats

1
CoC Lead
Designated by the CoC to be the Collaborative Applicant and the HMIS Lead

2
System Administrator
Management of the LA County Coordinated Entry System and regional coordination of homeless services

3
Direct Outreach Provider
Street based outreach services for the LA County region

4
Joint Powers Authority
for the City and County of LA

LAHSA

LA CITY

MAYOR, CITY COUNCIL CAO

CITY DEPARTMENTS

LA CITY HOMELESSNESS INITIATIVE

HHH ADMINISTRATIVE OVERSIGHT COMMITTEE

HHH CITIZENS OVERSIGHT COMMITTEE

LA COUNTY

BOARD OF SUPERVISORS

CEO

COUNTY DEPARTMENTS

LA COUNTY HOMELESSNESS INITIATIVE

MEASURE H CITIZEN OVERSIGHT COMMITTEE

COMMISSION

LOS ANGELES HOMELESS SERVICES AUTHORITY

LAHSA

LAHSA Commission

Formed December 1993. The LAHSA commission governs the Joint Powers Authority including appointing the ED.

CHAIR

Jacqueline Waggoner

Appointed by the Board
of Supervisors

Sarah Dusseault

Appointed by the Board
of Supervisors

Noah Farkas

Appointed by the Board
of Supervisors

Lawson Martin

Appointed by the Board
of Supervisors

Irene Muro

Appointed by the Board
of Supervisors

VICE CHAIR

Wendy Greuel

Appointed by the Mayor
of the City of LA

Kelli Bernard

Appointed by the Mayor
of the City of LA

Mitch Kamin

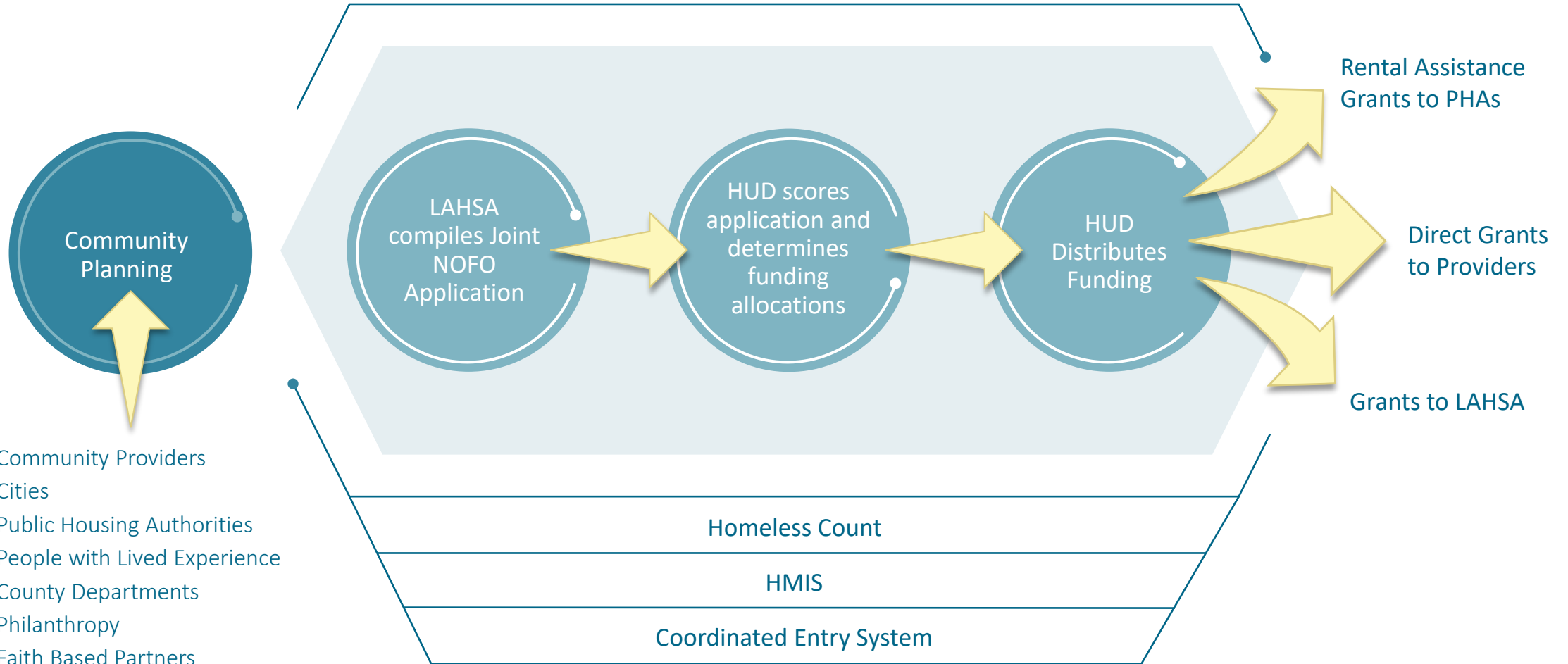Appointed by the Mayor
of the City of LA

Booker Pearson

Appointed by the Mayor
of the City of LA

Rev. Kelvin Sauls

Appointed by the Mayor
of the City of LA

LAHSA

Continuum of Care Process Flow

Community Planning

- Community Providers
- Cities
- Public Housing Authorities
- People with Lived Experience
- County Departments
- Philanthropy
- Faith Based Partners
- Hospitals
- Schools
- Law Enforcement

LAHSA compiles Joint NOFO Application

HUD scores application and determines funding allocations

HUD Distributes Funding

Rental Assistance Grants to PHAs

Direct Grants to Providers

Grants to LAHSA

Homeless Count

HMIS

Coordinated Entry System

LAHSA

LA CoC Board Purview

- CoC Board requirement and regulatory authority comes from the 2012 CoC Program Interim Rule

- Delegated responsibilities via CoC Governance Charter:

  o Establish performance targets for CoC projects
  o Oversee collaborative process for the CoC Program annual application
  o Establish and follow written standards
  o Establish funding priorities

- Note: CoC Board decisions in these areas are advisory to the LAHSA Commission

LA CoC Board Composition

17 members in total and the cap for service provider is 8 members

There are 8 SPA Reps

There are 9 At-Large members. Recently added 2 additional lived experience members including a TAY Rep

CES Policy Council

CES Policy Council was formed in 2017 and is authorized by the CoC governance charter to align the Core Elements of Coordinated Entry, as defined by HUD, through high level policy.

The Council serves in an advisory capacity and drives coordination among representative stakeholders to achieve alignment of policy and practice in support of the region's plan to end homelessness.

The Core Elements of CES that the Council has purview over include:
- Access
- Assessment
- Prioritization
- Matching

LAHSA

CES Policy Council Membership

Amy Turk
Downtown Women's Center

Andrea Iloulian
Hilton Foundation

Arsine Isayan
City of Glendale

Brittanya Murillo
LA Housing + Community
Investment Department

Carielle Escalante
Rainbow Services

Carter Hewgley
United Way, Home for Good

Chris Contreras
Brilliant Corners

Christina Maricic
Homeless Youth Forum of LA

Donyielle Holley
City of Pomona

Gail Winston
Department of Children
and Family Services

Gloria Johnson
Lived Experience Advisory Board

Hazel Lopez
The People Concern

Jennifer O'Reilly Jones
City of Pasadena

James Ramirez
A Community of Friends

Kris Freed
LA Family Housing

Lisa Hayes
Dept of Public Social Service

Maria Funk
Department of Mental Health

Matthew McGahran
Veteran Affairs

Miriam Aquino
Housing Authority of LA City

Michael Graff-Weisner
Chrysalis

Myk'l Williams
LA County Development Authority

Samuel Gonzalez
Hathaway-Sycamores

Sarah Mahin
Dept. of Health Services

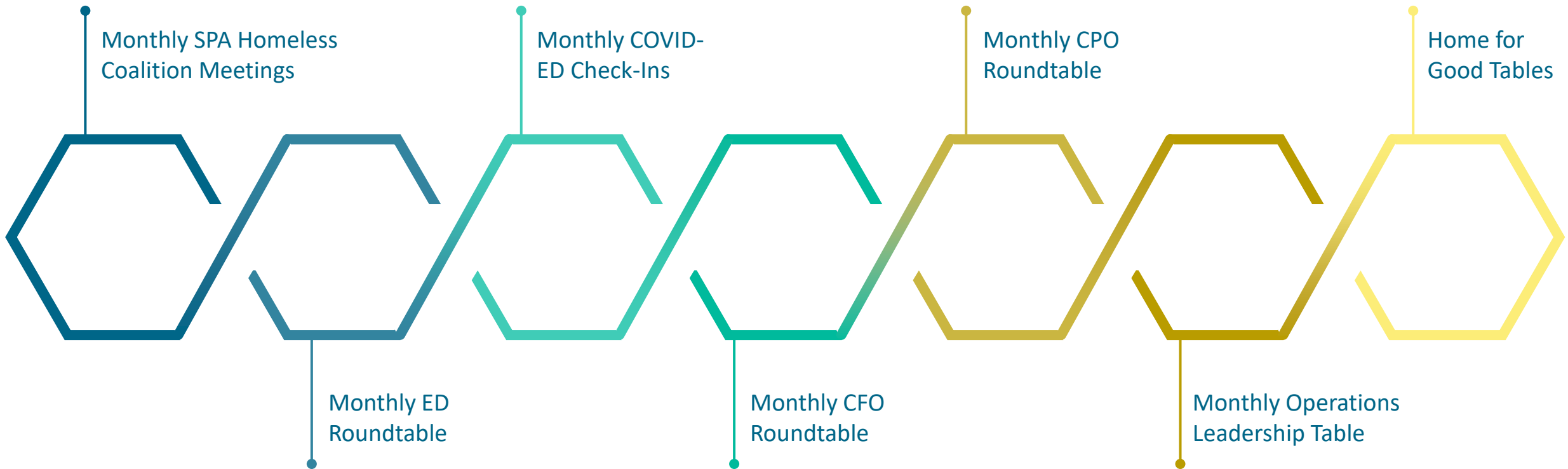**Nathaniel VerGow**
LAHSA

Vacant
City of Long Beach

LEAB & HYFLA

- LEAB & HYFLA were formed in 2016

- Both Boards advise, but do not have direct authority over, the LAHSA commission and LAHSA staff

- LEAB and HYFLA ensure that the unique voice of those with the lived experience of homelessness is incorporated throughout the Los Angeles homeless crisis response system

- **https://www.lahsa.org/leab**

Governance plus Collaborative Leadership

In addition to LAHSA's chartered Commission, Boards and Councils, LAHSA works closely with a variety of community partners to ensure that our work is accountable to the community and designed in partnership with the community.

Monthly SPA Homeless Coalition Meetings

Monthly COVID-ED Check-Ins

Monthly CPO Roundtable

Home for Good Tables

Monthly ED Roundtable

Monthly CFO Roundtable

Monthly Operations Leadership Table

LAHSA

Funding Over the Years

Year	Funding	Growth %
FY15/16	$ 97,317,729	-
FY16/17	$ 144,436,650	48%
FY17/18	$ 259,589,511	80%
FY18/19	$ 298,988,014	15%
FY19/20	$ 478,285,130	60%
FY20/21	$ 711,000,000	49%
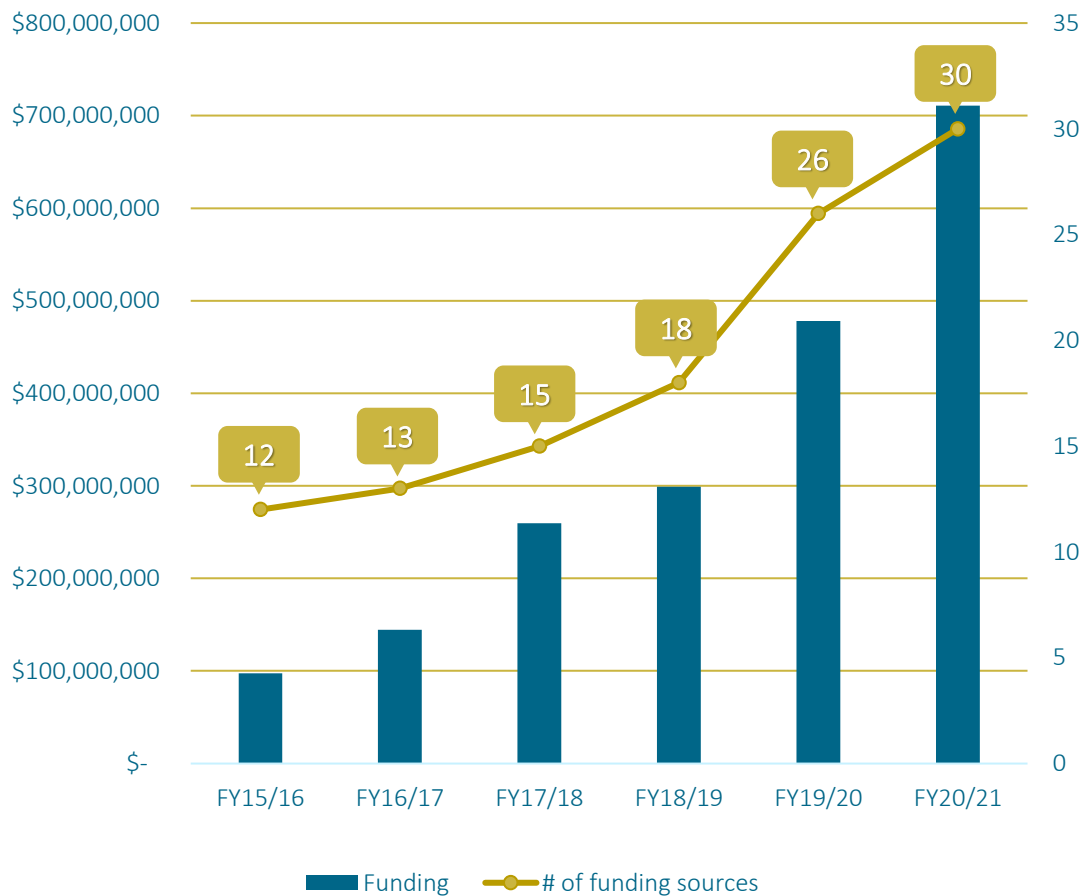
- LAHSA's budget has grown significantly year over year.
- The budget has grown more than 7x's from FY 15/16 - FY 20/21.

OVERVIEW OF LAHSA

Total FY 2021-2022
Revised Budget (September 30, 2021): $671.6M

LAHSA receives funding from multiple sources & develops programs to address homelessness in LA, as well as contracts with sponsoring agencies to provide the programs to the community.

Federal 5.5%

HUD CoC Funds: LAHSA Directly Administers $37.2M

State of California 8.1%

CoC HHAP, FEMA, CESH: $54.3M

County of LA 51.8%

HPI, Measure H, GF, HSF, HHAP, COVID, CRF, County ESG, State ESG, Federal ESG, SA, HSP, DCSF-ILP, WDACS-HSP: $347.8M

City of LA 34.3%

GF, ESG ConPlan 46 & 47, CDBG, HEAP, COVID, HHAP, ESG-CV, Roadmap "County Service Commitment Funds", State CRF & GF: $230.6M

Other 0.3%

Hilton Foundation, CFG, CSH, Kaiser Permanente, Haynes Foundation: $1.7M

LAHSA

Advocacy, Policy, Program Design, Procurement, Contracting, Monitoring, Technical Assistance, Invoice Payment, Assessment, Reporting, Grant Closeout

MAJOR PROJECTS

- Annual Homeless Count
- Grants Management
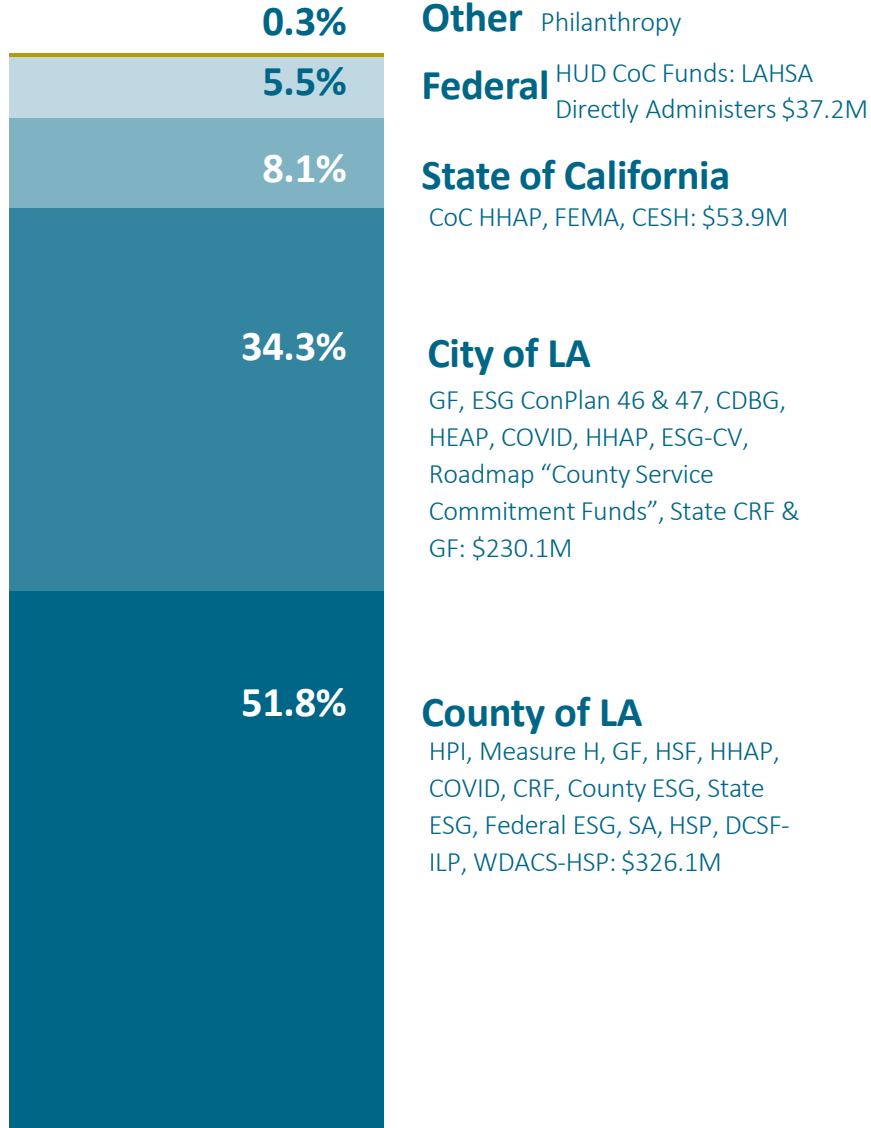- Coordinated Entry System

DIRECT PROGRAMS

- Operation Healthy Streets
- Countywide Outreach
- CoC Coordinated Assessment
- CoC Planning Projects
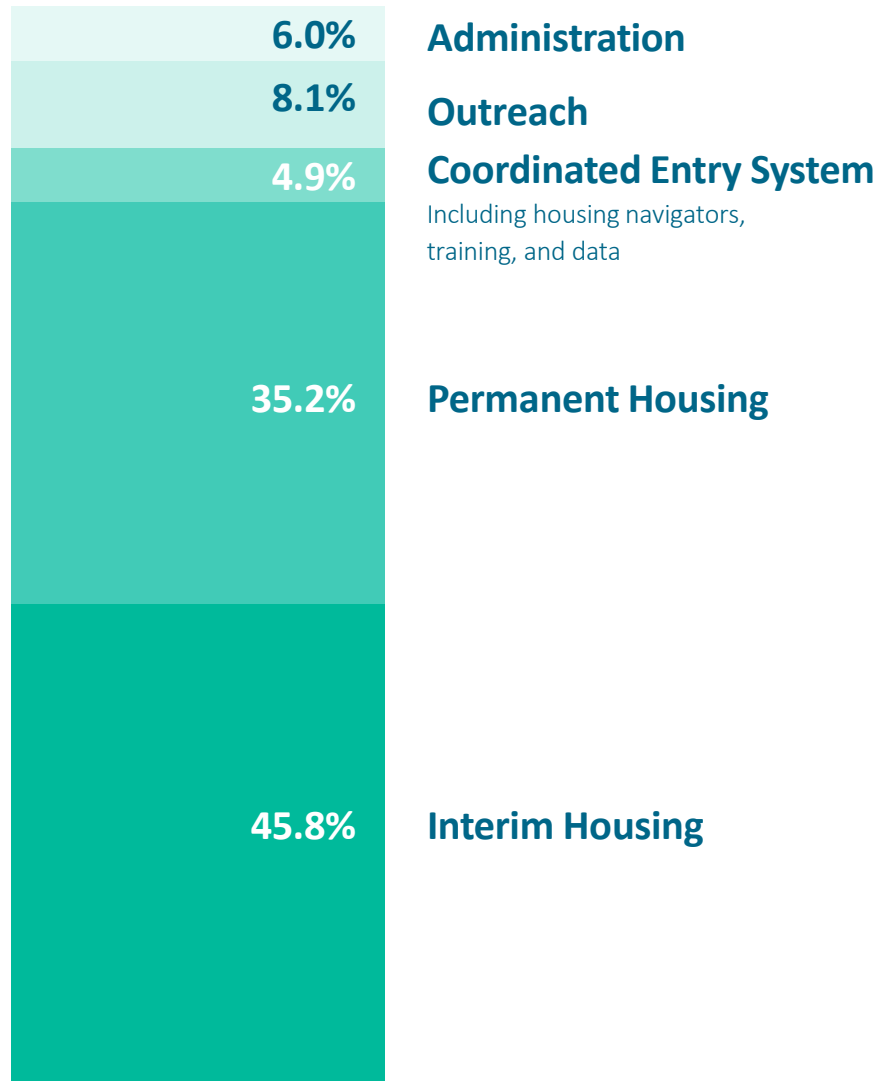- HMIS

SPONSORING AGENCIES

(900+ Contractual Agreements)

- Family Solutions Center
- Permanent Housing - Rapid Rehousing
- Permanent Housing - Homelessness Prevention
  - Transitional Housing
  - Crisis/Bridge Housing
- Supportive Services
- Access Centers
- Outreach
- Winter Shelter
- Capacity Building
- Navigation Center
- Mobile Showers/Safe Parking
- Regional Coordination

LAHSA administers funding and strategy for homeless services

Funding In

Investments Out

0.3% **Other** Philanthropy

5.5% **Federal** HUD CoC Funds: LAHSA Directly Administers $37.2M

8.1% **State of California**
CoC HHAP, FEMA, CESH: $53.9M

34.3% **City of LA**
GF, ESG ConPlan 46 & 47, CDBG, HEAP, COVID, HHAP, ESG-CV, Roadmap "County Service Commitment Funds", State CRF & GF: $230.1M

51.8% **County of LA**
HPI, Measure H, GF, HSF, HHAP, COVID, CRF, County ESG, State ESG, Federal ESG, SA, HSP, DCSF-ILP, WDACS-HSP: $326.1M

6.0% **Administration**

8.1% **Outreach**

4.9% **Coordinated Entry System**
Including housing navigators, training, and data

35.2% **Permanent Housing**

45.8% **Interim Housing**

Administrative
$40,306,597

Subrecipient
$596,778,942
Includes Outreach, Coordinated Entry System, Interim Housing, and Permanent Housing

Direct Programs
$34,487,004
Includes Outreach, Coordinated Entry System, and Interim Housing

LAHSA

14

Request for Statement of Qualifications (RFSQ)

The process LAHSA uses to evaluate an organization's ability to administer government contracts. Currently open to nonprofit organizations with 501 (c)(3) tax exempt status.

1 **Legal Entity Verifications on Government Registry Sites**

2 **Experience providing housing or supportive services to people experiencing homelessness (2 years min.)**

3 **Submission of organizational documents and demographics**

https://www.lahsa.org/news?article=214-request-for-statement-of-qualifications-rfsq-for-certification-as-a-qualified-bidder-for-lahsa-funding-opportunities&ref=funding

Government Relations and Community Engagement

LAHSA's Government Relations team consists of two divisions: Policy and Legislative Affairs, and Community Engagement. As of 2020, LAHSA has concentrated on building capacity in both divisions to flexibly respond to government demands across the large and small regional bureaucracies, as well as community demands for engagement as well.

The Policy and Legislative Affairs team is responsible for:

Working with administrative offices on the County and LA City levels (such as County CEO/Homeless Initiative, and the LA City Chief Administrative Officer and Chief Legislative Analyst's offices) to complete reportbacks on motions made by the LA City Council and the LA County Board of Supervisors

Working with staff members in elected offices to ensure that collaborative programming and operations involve a circular feedback loop between the agency and elected officials

Working with government and bureaucratic entities and non-profit organizations to further the development of ballot measures or other macro policies related to such issues as permanent housing, interim housing, etc.

Community Engagement Team

The Community Engagement team is responsible for:

- Strengthening LAHSA's relationships with smaller government and community entities outside of the scope of the LA County and LA City bureaucracies

- Engage with COGs across the County to understand the specific needs of smaller cities, and to develop friendly and productive relationships, especially to ensure that resource allocation to COGs/smaller cities is done equitably

- The Community Engagement team is also in charge of ensuring robust volunteer participation in the annual Homeless Count

- The Community Engagement team is led by Brittany Jones. Brittany and the Government Affairs teams are working to ensure that a representative for each SPA is hired. Brittany is currently engaged in the hiring process now.

Improved Communication Tools

LAHSA's Communications team is responsible for ensuring that LAHSA's partners across the region are kept up-to-date on developing issues in the homelessness arena. The in-house Communications team, along with a partnership from the Ocean and Mountain consultancy, is also responsible for managing engagement with the press on a regular basis.

Since 2020, when LAHSA Communications was brought into the same portfolio as Government Affairs and Community Engagement, LAHSA has made greater efforts to proactively engage the media on the work that's needed to end homelessness.

LAHSA communications leaders also participate in regional communications strategy calls with partners across LA City and County to coordinate consistent macro-level messaging about inflow, street sanitation and enforcement, and housing solutions.

Our **CES Connection** and **The Road Home** newsletters keep partners updated on systemwide changes and policy development.

These are arenas in which LAHSA can share out wins, and system improvements and successes

Our **Media Buzz** newsletter alerts partners to news about LAHSA, as well as trends in homelessness coverage across the media spectrum.
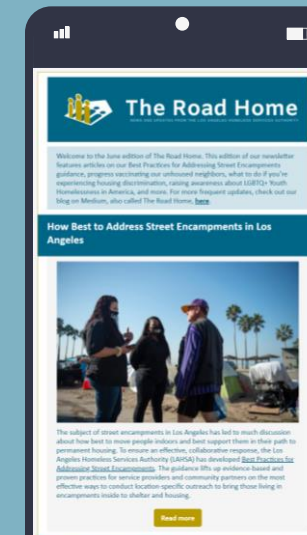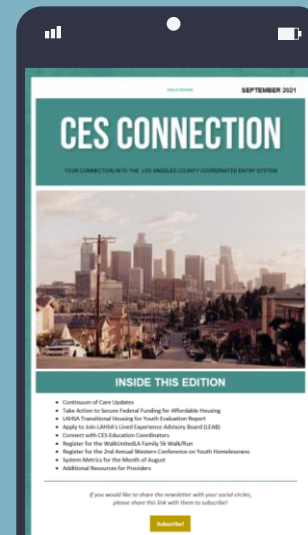
LAHSA and Direct Services

LAHSA operates two direct services programs

Document Specialists support Project Roomkey by assisting PRK clients to secure critical documents needed to obtain permanent housing

Homeless Emergency Teams (HET) provide direct homeless outreach to people experiencing unsheltered homelessness

Strategic Plan Summary

Since measure H, LAHSA's role has evolved from grant administrator to system administrator.

LAHSA's new strategic plan sets a framework to house people faster and defines LAHSA's core purpose as serving as the backbone of L.A.'s regional rehousing system.

The new purpose serves as the backbone for the region's comprehensive homeless rehousing system

B • **Bring a balanced health and safety response** to the street living crisis.

E • **Elevate equity** across all performance in and execution of strategy and implementation.

A • **Align resources** to support strategic implementation of the regional system design.

H • **Hold the vision** and actively manage strategic implementation and execution of activities.

E • **Equip data-driven decision-making** in support of regional strategy.

A • **Account for the system performance** and the outcome of ending homelessness.

D • **Drive the creation of a regional system** design, strategic vision, and guiding principles.

LAHSA

The System Administration has 6 main pillars.

System Management

- Stakeholder Engagement
- Strategic Planning & Execution
- Active Implementation Management

External Relations & Communication

- Funding Alignment
- Public Education & Accountability

Grant Administration

- Funds Distribution
- Spending Progress
- Performance & Compliance

Data Collection & Analysis

- HMIS & Other Data
- System Performance Data
- Equipping "Real" Time Decision-Making

Health & Safety Response

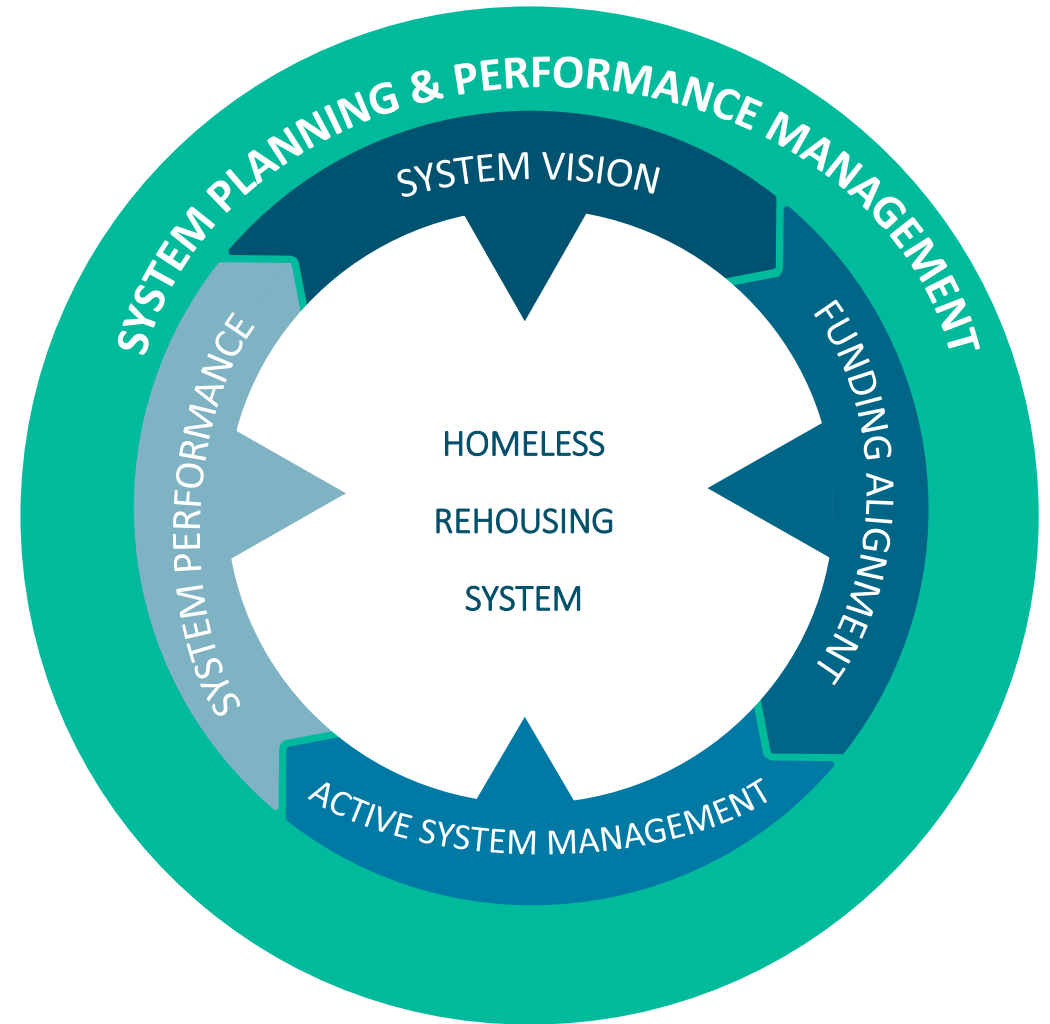- Direct Service in Partnership with City & County Services

Equity

- Inclusion, diversity and equity

LAHSA

What is System Administration?

- Shift from grant performance management to organizing and supervising the delivery of a network of homeless assistance across geographies and populations

- Working in collaboration with public and private partners to ensure alignment and maximum impact of resources

- LAHSA organizes system administration around the system front door, interim housing, and permanent housing

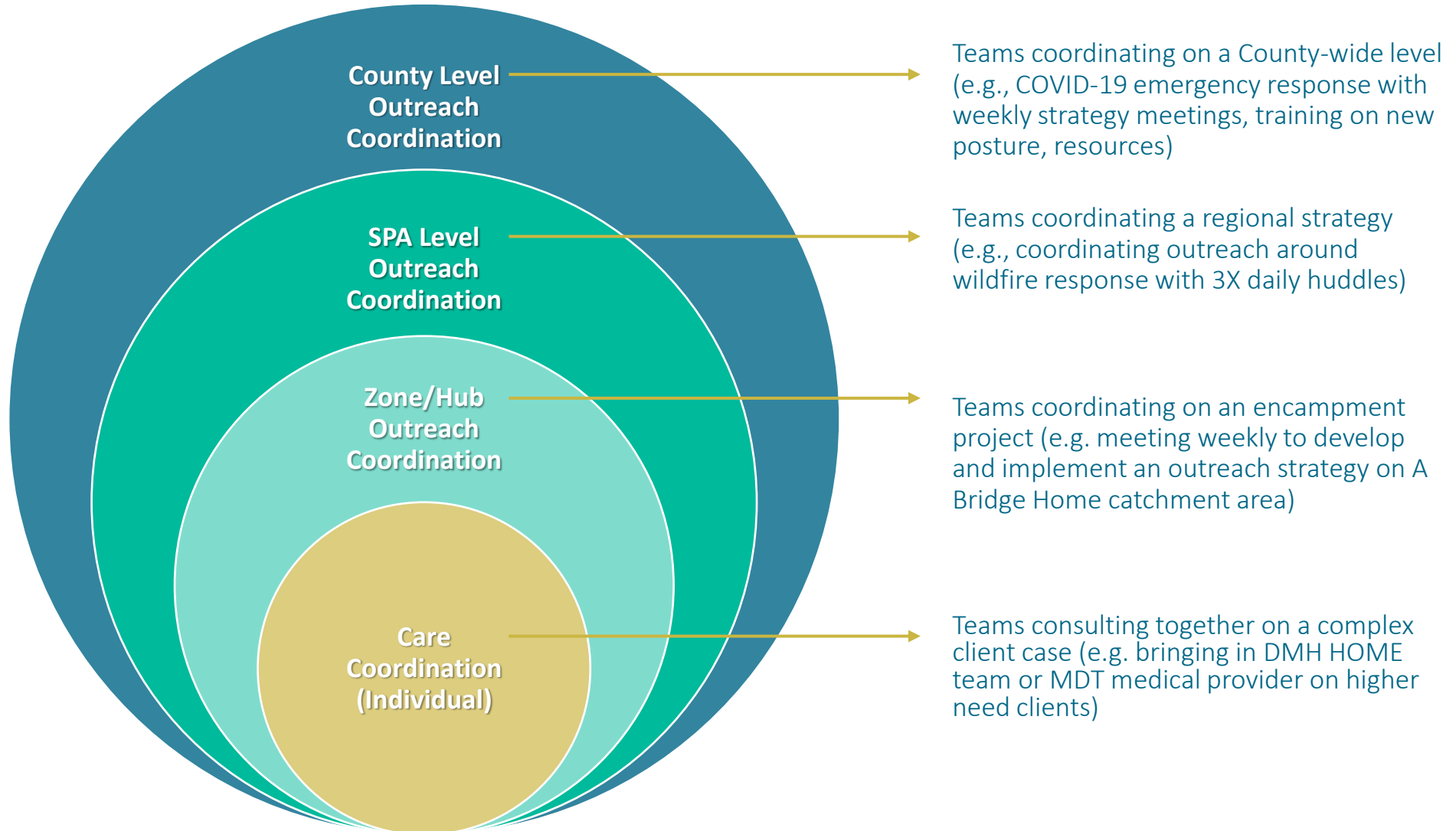- Combined with population, system integration, and geographic focuses

2019 RDA evaluation findings on outreach coordination

|	
Finding 1	A high-functioning and collaborative leadership partnership between LAHSA, DHS, and DMH adopted a systems change approach to implementing new structures, processes, and dynamics in order to coordinate and direct the 200 teams delivering Strategy E6 homeless outreach services across the County.
Finding 2	The new regional coordination structure developed by E6 leadership forms the central backbone of E6, with SPA coordinators rapidly liaising outreach requests and effectively deploying teams. This structure efficiently matches available resources to the observed needs of outreach clients.
Finding 3	Implementing the E6 network of over 200 outreach teams to connect persons experiencing unsheltered homelessness with the Coordinated Entry System and field-based services made every location in LA County a possible entry point into the homeless service system.
Finding 4	The investment in collaborative planning strengthened outreach partnerships that enable the outreach system to flex to meet the services and care coordination needs of people experiencing unsheltered homelessness across LA County.
Finding 5	Measure H funds facilitate Strategy E6 coordination, enabling outreach teams across LA County –including teams that do not receive Measure H funds – to effectively coordinate as one organized system delivering street-based client services.

Outreach coordination model

County Level Outreach Coordination → Teams coordinating on a County-wide level (e.g., COVID-19 emergency response with weekly strategy meetings, training on new posture, resources)

SPA Level Outreach Coordination → Teams coordinating a regional strategy (e.g., coordinating outreach around wildfire response with 3X daily huddles)

Zone/Hub Outreach Coordination → Teams coordinating on an encampment project (e.g. meeting weekly to develop and implement an outreach strategy on A Bridge Home catchment area)

Care Coordination (Individual) → Teams consulting together on a complex client case (e.g. bringing in DMH HOME team or MDT medical provider on higher need clients)

Outreach coordination

- SPA-Based Outreach Coordinators are the glue
  - Coordinate strategies and teams

- Outreach hubs created in each SPA
  - Teams assigned to hubs according to need (and in accordance with any contractual requirements) for proactive outreach

- Weekly strategy, update care coordination meetings in each SPA

- Team huddles to address specific projects, needs
  - ABH, Roadmap IH

- LA-HOP requests deployed via teams assigned to these hubs and any other considerations (population, MH need, etc.)

- Teams coordinate on-the-ground in their HUBs

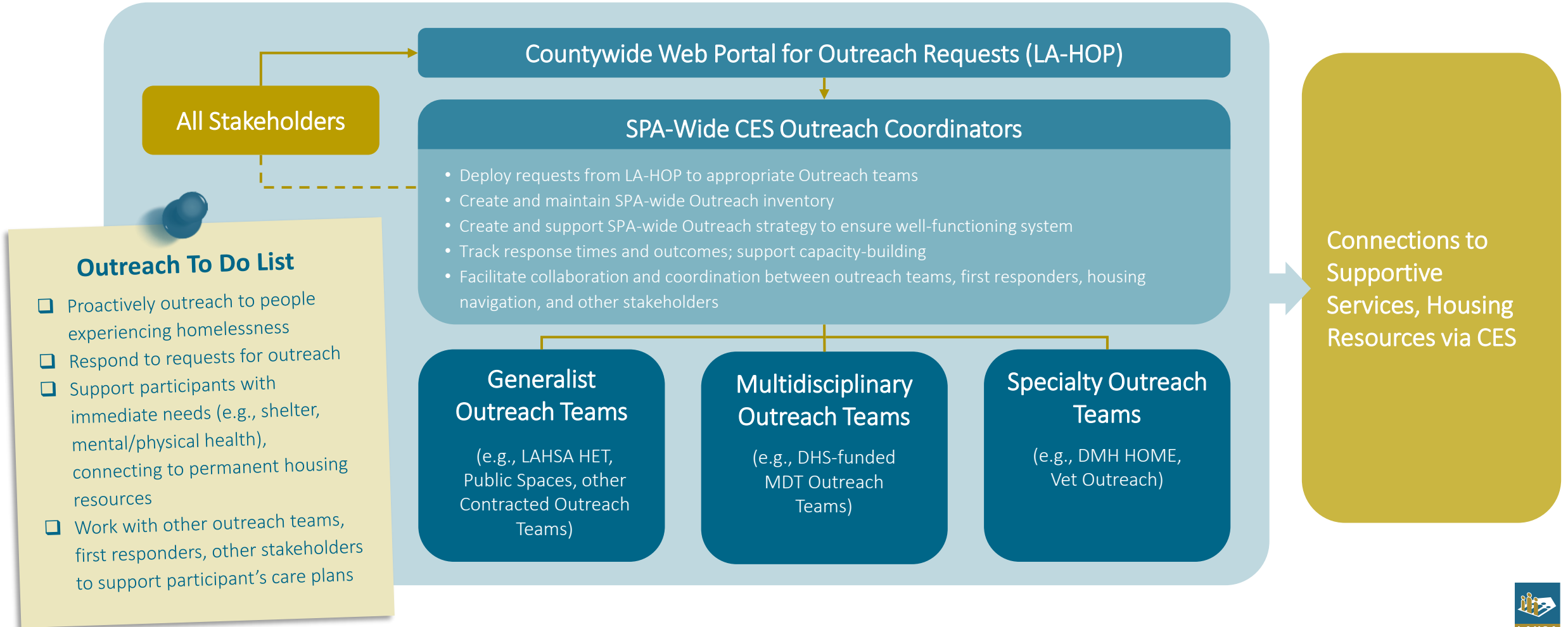- HMIS ensures that teams know who is serving who

SPA 4 Outreach Zones
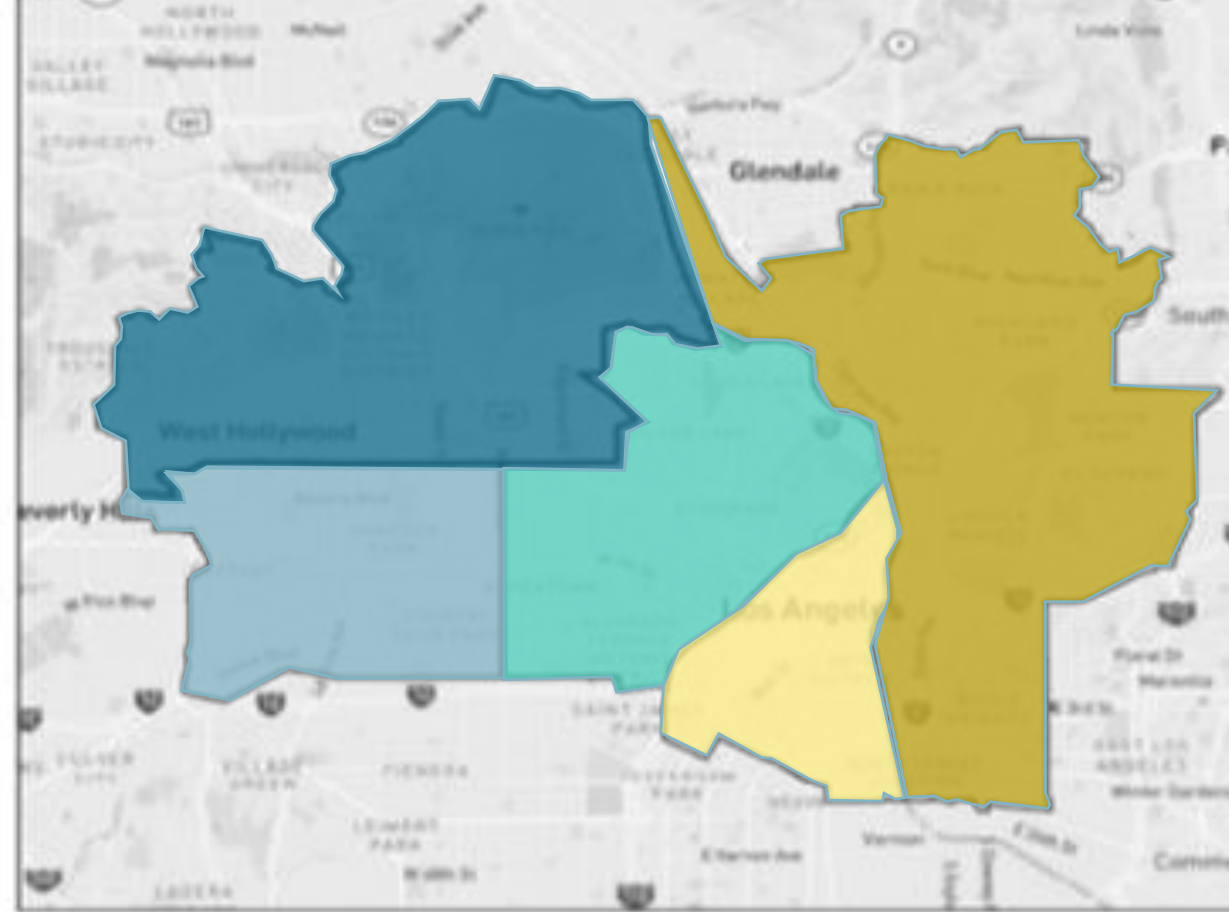
SPA Zones
- Downtown Hub – Metro LA
- SEW Hub
- NELA Hub
- Mid Town Hub
- Hollywood Hub

System Administration - Regional Outreach Coordination

System supported by the Health Agency and LAHSA E6 Leadership Team

All Stakeholders

Countywide Web Portal for Outreach Requests (LA-HOP)

SPA-Wide CES Outreach Coordinators

- Deploy requests from LA-HOP to appropriate Outreach teams
- Create and maintain SPA-wide Outreach inventory
- Create and support SPA-wide Outreach strategy to ensure well-functioning system
- Track response times and outcomes; support capacity-building
- Facilitate collaboration and coordination between outreach teams, first responders, housing navigation, and other stakeholders

Generalist Outreach Teams

(e.g., LAHSA HET, Public Spaces, other Contracted Outreach Teams)

Multidisciplinary Outreach Teams

(e.g., DHS-funded MDT Outreach Teams)

Specialty Outreach Teams

(e.g., DMH HOME, Vet Outreach)

Connections to Supportive Services, Housing Resources via CES

Outreach To Do List

- ❑ Proactively outreach to people experiencing homelessness
- ❑ Respond to requests for outreach
- ❑ Support participants with immediate needs (e.g., shelter, mental/physical health), connecting to permanent housing resources
- ❑ Work with other outreach teams, first responders, other stakeholders to support participant's care plans

LAHSA

Outreach teams build relationships and trust

240 outreach teams of more than 850 people, many with lived experience

Generalist outreach teams

93 LAHSA Homeless Engagement Teams who work in pairs

Multidisciplinary outreach teams

DHS Housing for Health - 70 teams made up of case manager, specialists in health, mental health, and substance abuse, and emergency response workers
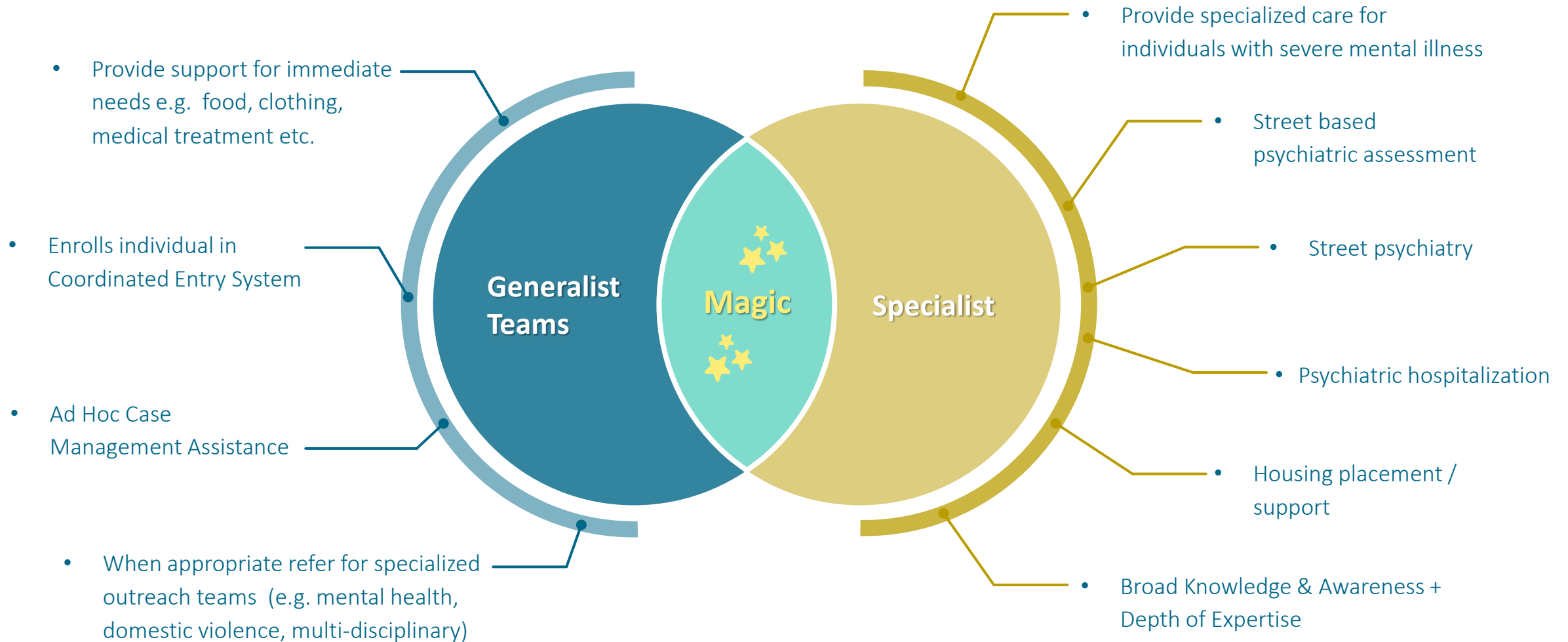

Specialty outreach teams

Include DMH HOME teams who work with the gravely disabled, veterans teams, and teams assigned to public spaces

LAHSA Homeless Emergency Response Teams

- LAHSA operates 93 Homeless Emergency Response Teams (HET)

- Each HET includes two generalist outreach staff

- HET provides both reactive, proactive and emergency outreach

- Reactive outreach includes responding to LA-HOP requests, community requests, and political requests for services

- Reactive outreach also includes encampment response

- Proactive outreach focuses on identifying the most vulnerable people experiencing homelessness and providing services

- Emergency outreach occurs when there is emergency that impacts people experiencing unsheltered homelessness including wildfires, floods, and public health emergencies

- Some HET are partnered with LAPD, LASD, and smaller cities' police departments

- Some HET in the City of LA are partnered with LA Sanitation

LA County Coordinated Outreach System

- Provide support for immediate needs e.g. food, clothing, medical treatment etc.

- Enrolls individual in Coordinated Entry System

- Ad Hoc Case Management Assistance

- When appropriate refer for specialized outreach teams (e.g. mental health, domestic violence, multi-disciplinary)

Generalist Teams

Magic

Specialist

- Provide specialized care for individuals with severe mental illness

- Street based psychiatric assessment

- Street psychiatry

- Psychiatric hospitalization

- Housing placement / support

- Broad Knowledge & Awareness + Depth of Expertise

Homeless Outreach & Mobile Engagement Teams (HOME)

The Composition of the HOME Team includes nine Interdisciplinary Teams covering the entire county (i.e. 8 service planning areas)

HOME Target Population
A Clinical Definition

- Chronically Homeless

- Seriously Mentally Ill

- Unable to sustain/provide basic needs in independent contexts due to psychiatric disability

- "Gravely Disabled"

- Refuse any kind of treatment and/or care

Specialty Mental Health

- Outreach & Engagement

- Assessment

- Crisis Intervention

- Intensive Case Management

- Medication

- Peer Support

- Substance Abuse Treatment

- Rehabilitation

- Housing Navigation/Placement

Outpatient Conservatorship

In law, a guardian or protector appointed by a court to manage the affairs, finances, etc. of someone who is too ill or incapable of doing so themselves.

The Clinical Dilemma Autonomy Versus Beneficence

BEFORE

AFTER

LAHSA

Veterans Peer Access Network (VPAN)

Strengthening the Veteran Serving Community
through peer support and collaboration

Who We Serve

- All Veterans and MilFam members of every age countywide

- No specific criteria for time in service, service era or discharge status

- Regardless of VA disability rating

- No specific or exclusionary criteria for level of need/care

- No income level requirements

Our Goals
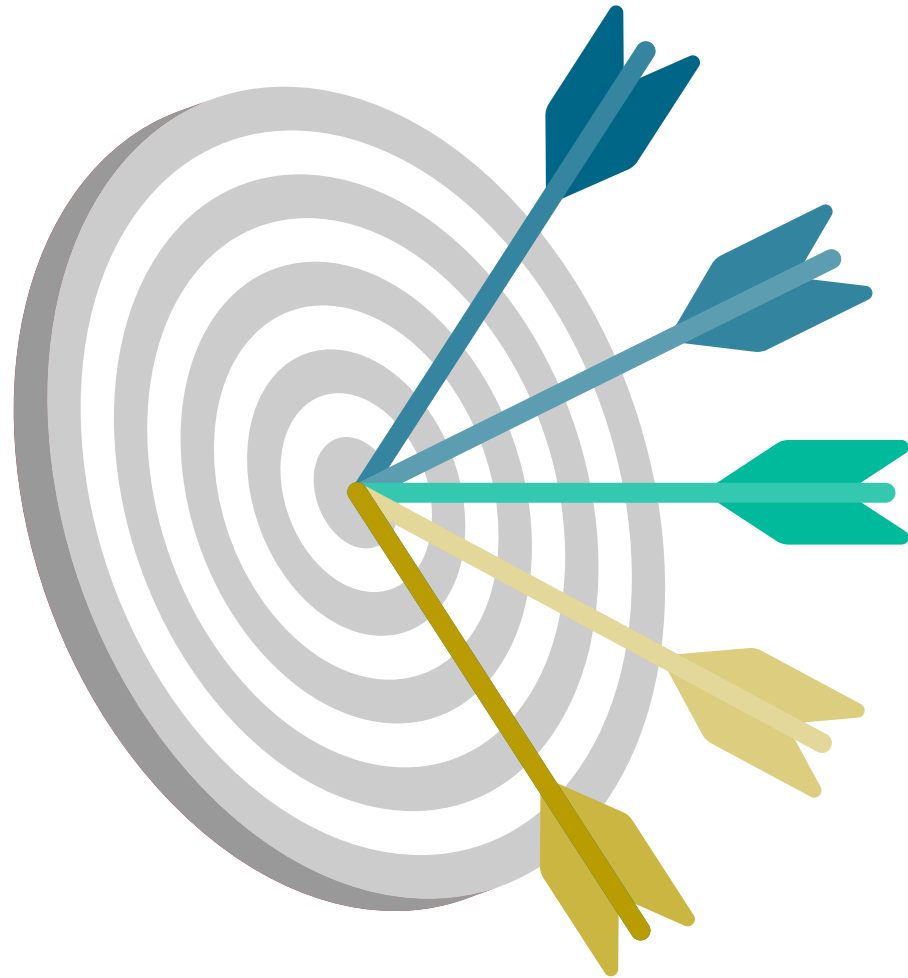
Clear road map and "no wrong door"
- Access: phone/chat, online platform, or Peers
- Assist: navigation and follow-up

Increase awareness:
- Community – where to direct vets/MilFam
- #YouMatter campaign

Decrease Veteran Suicide

Decrease Veteran Homelessness

Decrease Veteran Under/Unemployment
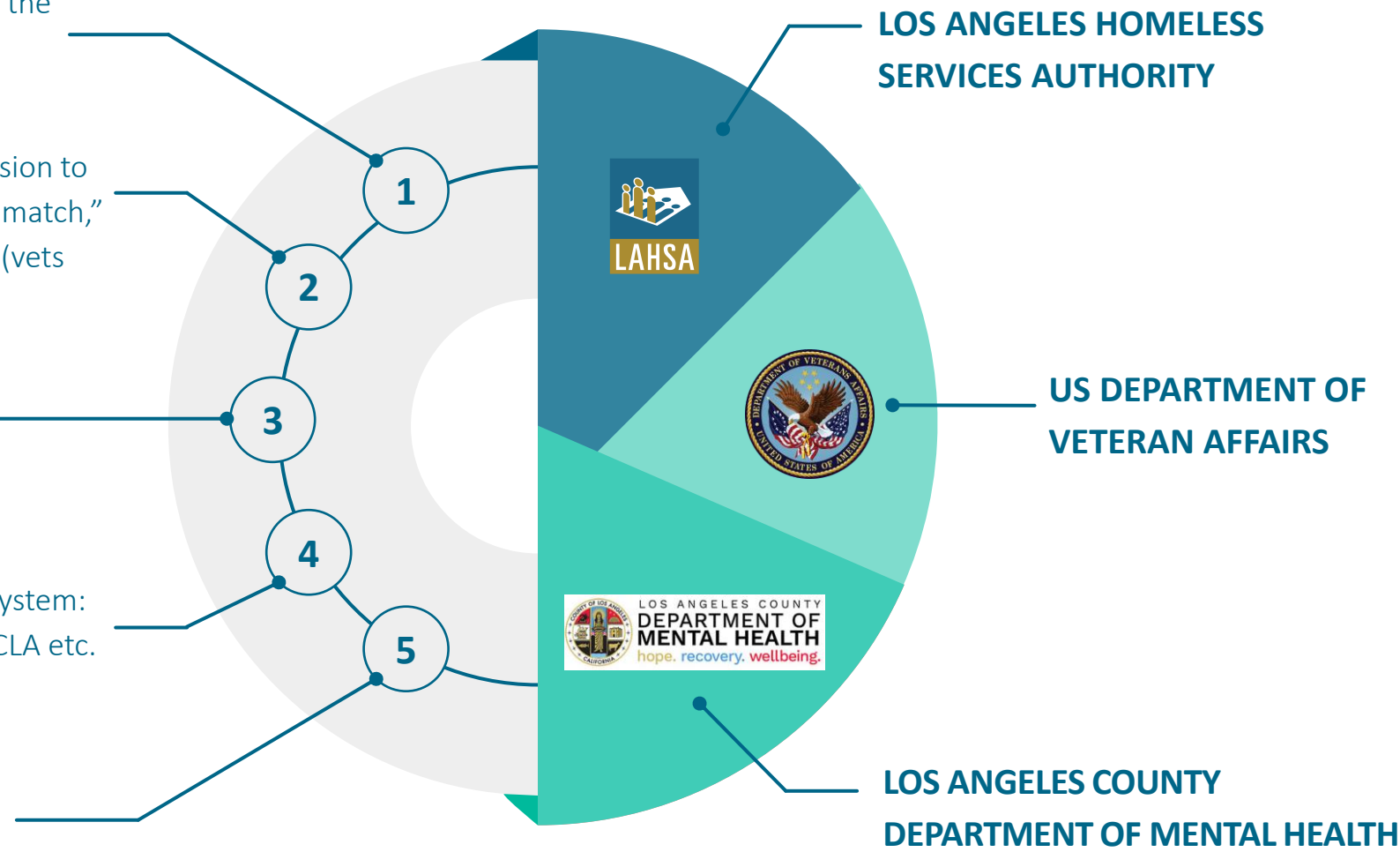
VPAN Housing Coordinator

3,902 homeless veterans reported in the 2020 Homeless Count

Partnership with DMH's Housing Division to identify potential referrals - "reverse match," and 166 vets housed by end of 2021 (vets with SMI)

Provide consultation & Coordinate training

Collaborate with multiple veterans' system: LAHSA, VA, DMVA, PATH, LACDA, HACLA etc.

Keep teams up-to-date with housing information

1
2
3
4
5

LOS ANGELES HOMELESS SERVICES AUTHORITY

LAHSA

US DEPARTMENT OF VETERAN AFFAIRS

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Geographic Team Breakdown

- CBO Teams are aligned within all five LAC Supervisorial Districts (SD)

- Three DMH peers serve as "service integrators" in each SD

- LA County Department of Military and Veteran Affairs assigns accredited Veterans Service Representatives as benefit navigators in each SD.

- Team of 8 peers from community-based organization per SD provide bulk of peer services

Supervisorial Districts and Service Areas with City Names
County of Los Angeles - Department of Mental Health

DHS-contracted Multidisciplinary Teams (MDTs) & Public Space Teams

- MDTs implemented by Community Based Organizations, includes:

- Health Specialist, Mental Health Specialist, Substance Use Specialist, Person with Lived Experience and Case Manager

- Public Space Generalist Teams: One team of two generalists per SPAs that serve Libraries, Beaches, Parks, etc.)

- Geographically-based MDTs: C3 Skid Row, C3 Santa Monica, Metro

- DHS Hospital MDTs: LAC + USC, MLK Campus, Harbor-UCLA

TOTAL DHS – CONTRACTED TEAMS	
MDT (MEASURE H)	43
MDT (NON-MEASURE H)	17
PUBLIC SPACE (MEASURE H)	8
GRAND TOTAL	68

What is the Homeless Services System Analysis?

- A model to understand the current state of people experiencing homelessness

- The model was created by LAHSA and ABT Associates

- Core elements of the systems analysis:

  - Overview of current, local trends

  - Research regarding the issues driving the affordability crisis

  - Analysis of both the current and optimal homeless services systems

Approach

Utilizing the methodology of the March 2020 Homeless Services System Analysis LAHSA has updated the System Analysis using the 2020 Housing Inventory Count.

It is important to note that the System Analysis has increased limitations because of the lack of 2020 Unsheltered Point-in-Time Homeless Count data.

The methodology continues to be limited by the inability to predict inflow into homelessness and the assumption sufficient affordable housing options. Both assumptions may cause an increased limitation in the analysis due to their volatility as a result of the COVID-19 pandemic.

Given the significant limitations in this year's analysis, LAHSA is releasing only an amendment to the March 2020 Homeless Services System Analysis based on the data we do have access to.

County: 2021 HIC + HMIS (10/1/2019 – 9/30/2020)

Description of 4 versions of model estimates

1. Primary model (same assumptions as report published March 2020)

2. Reduce High Need population by 10% (assumes this population best served by licensed care facilities)

3. Estimate the chronic population not currently accessing services with the average of the 2019 and 2020 PIT estimates

4. Reduce the annualization estimate for the chronically homeless population.

	Current System	Optimal System		What we are adding (Pipeline) †‡	Gap (Optimal – Current – Pipeline)	
		Min.	Max.		Min.	Max.
P/D	3,027	6,848	6,848	0	3,821	3,821
IH	13,545	11,858	14,257	3,339	-5,026	-2,627
TH	3,591	2,635	2,774	0	-956	-817
RRH	10,323	13,925	16,713	0	3,602	6,390
PSH	22,399	54,311	64,222	12,989	18,923	28,834

Updated: 7/23/2021
* Estimated range is presented as [minimum - maximum], red text are negative numbers indicating the current system resource is larger than the optimal system
† IH Pipeline estimate as of June 28, 2021
‡ PSH Pipeline estimate as of June 14, 2021.

City of LA: 2021 HIC + HMIS (10/1/2019-9/30/2020)

Description of 4 versions of model estimates

1. Primary model (same assumptions as report published March 2020)

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|	Current System	Optimal System		What we are adding (Pipeline) †‡	Gap (Optimal – Current – Pipeline)	
		Min.	Max.		Min.	Max.
P/D	2,218	5,027	5,027	0	2,809	2,809
IH	8,754	8,798	10,668	3,107	-3,063	-1,193
TH	1,942	1,940	2,043	0	-2	101
RRH	7,470	10,353	12,514	0	2,883	5,044
PSH	15,365	39,438	47,029	9,859	14,214	21,805

Updated: 7/23/2021
* Estimated range is presented as [minimum - maximum], red text are negative numbers indicating the current system resource is larger than the optimal system
† IH Pipeline estimate as of June 28, 2021
‡ PSH Pipeline estimate as of June 14, 2021. .

Findings

- 20,690 people experiencing homelessness were able to exist homelessness to permanent housing in calendar year 2020.

- There has been a significant increase in interim housing between the 2019 Housing Inventory Count and the 2020 Housing Inventory Count.

- The increase has not been matched with adequate permanent housing options(e.g., Rapid Rehousing or Permanent Supportive Housing), resulting in an unbalanced system and inefficiencies The improved system has housed tens of thousands of people experiencing homelessness.

Interim Housing   **Permanent Housing**
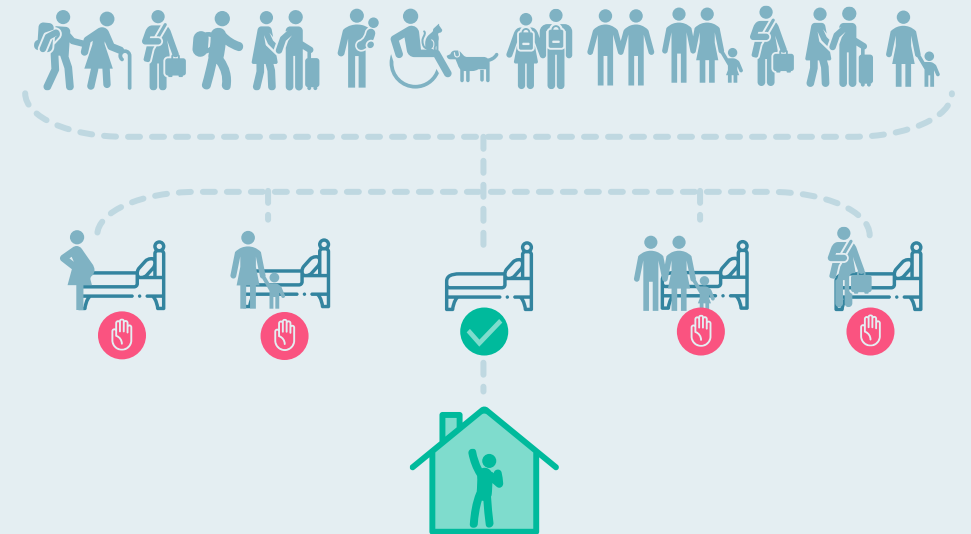
Unbalanced

- Long lengths of stay in shelter

- Hold up of interim beds

- Slower housing placements

- Fewer exits from homelessness

- More people in shelter returning to the street

Findings

- Los Angeles Homelessness Response System and its partners should work towards a balanced system

A balanced system has 5 permanent housing options for every 1 shelter bed, a 5:1 ratio. Our current ration is closer to 1:1
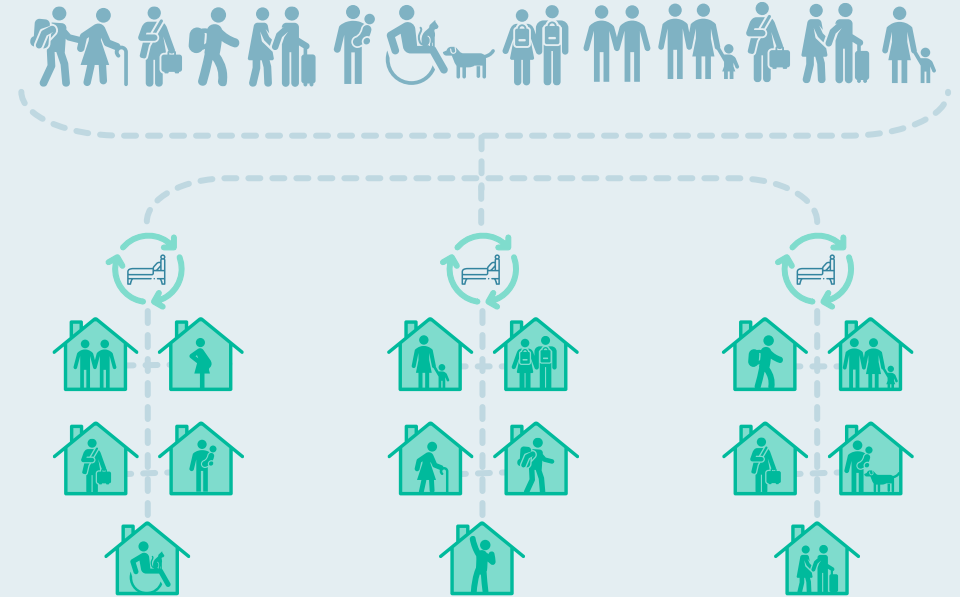
Balanced

- Shorter lengths of stay

- Interim beds reused

- Faster housing placements

- More exits from homelessness

🛏 **Interim Housing**   🏠 **Permanent Housing**

Recommendations

- Future system analysis will be more accurate if further research was conducted on the number of people experiencing homelessness who would be best served by higher levels of care such as Adult Residential Facilities, Skilled Nursing Facilities, licensed residential care, or residential substance use disorder treatment.

- Additional investment in permanent housing resources is needed to achieve as optimal homeless system that can adequately address the homelessness crisis.

- Additional investment in permanent housing resources needs to be paired with housing unit acquisition strategies that ensure that permanent housing resources provide physical housing units whether through non-profit ownership or partnerships with private landlords.