

Homeless People in Los Angeles County: Improving Their Health

POLICY

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Forward

In recent years, the increasing public examination of Los Angeles' homeless problem has been accompanied by a significant mobilization of governmental and private health and human resources on behalf of the homeless. These efforts reflect the decisions of key government and civic leaders to give high priority to the homeless issue. The heightened public awareness, along with these broad-based service initiatives, has created an atmosphere of opportunity to make significant inroads in addressing the homeless problem throughout the region.

The United Homeless Healthcare Partners (UHHP) is a countywide association of public and private institutions and agencies that represents a unified voice on behalf of health care for homeless individuals and families. UHHP is taking the lead to assure that the initiatives underway to improve health services for the homeless are carried out in a way to have maximum effectiveness in addressing the health needs of the homeless throughout Los Angeles County. To this end, UHHP is formulating its public policy direction regarding health care for the homeless. The purpose of this report is to present recommended policy goals to the UHHP in support of this effort.

Special credit must be given to LA Health Action for the production of this report. LA Health Action, a project of Community Partners and funded by the California Endowment, has played a pivotal role in helping to bring homeless issues to the forefront as a health policy issue.

Report Format:

An executive summary of the report summarizes its contents. The report itself is presented in two sections:

Part One, "The Homeless and Health Services," is a summary of the homeless problem today, significant health problems affecting the homeless, and programs and services now available and under development.

Part Two, "Homeless Health Care Policy," is a list of recommended policies regarding homeless health care, along with discussion of each policy recommendation.

Attachment A includes the "Action Plan: United Homeless Healthcare Partners," a brief discussion of recommended actions by UHHP to implement each policy.

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Executive Summary

The development of this report began with a review of issues affecting Los Angeles County's homeless population in order to develop policy recommendations regarding their health care. Due to the unique circumstances of homeless people, it was determined early on that health care policy cannot be addressed in a vacuum. To effectively address their health needs, it is necessary to confront homelessness itself. This means that the development of health care policies for the homeless must coincide with housing and other related strategies.

Homeless individuals in Los Angeles face tremendous challenges in maintaining good health. Due to the conditions in which they live, homeless people are exposed to communicable disease, have increased risk of injuries from accidents or violence, and experience high rates of chronic illness. Health problems commonly experienced include arthritis, bronchitis, malnutrition, high blood pressure, diabetes, dental decay and vision problems.

Health care for the homeless must be structured to accommodate the circumstances of people who do not have a regular place to live and who lack the essential supports normally assumed in traditional health care settings. Most health care systems, including the County's public/private medical safety net, have not adapted their programs to reliably address these complexities. Many homeless people defer seeking treatment for acute and chronic health conditions, often resulting in trips to the emergency room.

The ideal system of care for homeless people includes all the elements of a traditional health care system: emergency/urgent care, diagnostic services, primary/preventive care, disease management, specialty and inpatient services, recuperative and rehabilitative care. These medical services must connect with extensive outreach and referral services, supported by a strong case-management function. This includes close referral linkages to mental health treatment, alcohol and drug recovery, HIV/AIDS services, benefits assistance and housing. Health services must also be designed to reach and treat special groups among the homeless, including children and families, teenagers, emancipated youths, women, veterans, the elderly and gays/lesbians/-bisexuals/trans-genders.

No single governmental entity has the jurisdictional scope to unilaterally operate a comprehensive system of health and supportive services for the homeless. The system in place today is more an assemblage of separate systems, institutions and organizations, all working in parallel and independently of one another, while coming together here and there in mutually supportive efforts to coordinate services.

The policies developed for homeless health care must collectively support a comprehensive approach to health care, while addressing the problem of homelessness itself. The policies outlined in this report are therefore presented as separate components of a unified policy program on behalf of our homeless population.

Most of the policies advanced in this report represent a departure from the status quo. They will serve as a significant challenge to decision makers, requiring their engagement in a difficult and sustained commitment to homeless people as a matter of critical importance to the future of this region.

After a careful review of the complex problems and issues affecting health services for the homeless of the Los Angeles region, the following policy recommendations are offered as a 12-point homeless health care platform:

1. Establish the Los Angeles Management Council on Homelessness.

This will bring together the leadership of Los Angeles County, the City of Los Angeles and the Los Angeles Homeless Services Authority as co-chairs of an ongoing multi-agency forum to improve homeless health care and end homelessness.

2. Designate the county Services Planning Areas (SPAs) as the primary geographic framework for the homeless health care system.

This will serve the twofold purpose of developing locally based systems of care for the homeless and assuring appropriate representation of local homeless health care needs in the countywide planning process.

3. Develop a comprehensive countywide plan to meet the health and mental health needs of the homeless population as part of the larger homeless planning process.

The Health and Mental Health Division of the County Chief Executive Office, working with the County Departments of Public Health, Health and Mental Health, should oversee the development of the plan. This may require the establishment of a planning infrastructure specifically for homeless health care services.

4. Request that the Department of Public Health prepare an L. A. Homeless Health Report.

This will provide a baseline report on the health condition and needs of Los Angeles County's homeless population, including information on local areas and special population groups. The information from such a report will help protect the health of the homeless population and serve as a valuable reference for the planning, development and delivery of future homeless health care services.

5. Establish standards for the essential components of a comprehensive health system for the homeless.

Because of the complexities in treating acute and chronic disease of people in the absence of the normal surroundings conducive to treatment, the requirements for homeless health care extend beyond the traditional model of medical services. These standards will be used for reference in the planning and development of homeless

health care services, and to assess the performance of existing safety-net services in meeting these standards.

6. Establish a yearlong homeless training program for case managers and other front-line services workers in the field of homeless health and human services.

By facilitating the transition of homeless people from one service to another, these key personnel enable separate agencies to function together as integrated systems of care. The development of a formal training program for front-line personnel will help assure a high standard of quality in the provision of case management and related services throughout the field of homeless health care services.

7. Establish an interagency process to develop supportive services in collaboration with specific permanent supportive housing projects.

Often the financing of supportive housing projects for the homeless is contingent upon the development of a supportive services plan, along with commitments of specific agencies to provide these services. However, these services are not normally “packaged” as integrated services projects that can be easily aligned with homeless housing projects. This policy would have Los Angeles County establish a mechanism to develop specific integrated supportive services programs designed to meet the essential service needs of specific homeless housing projects.

8. Pursue a multilevel strategy to increase access to treatment and housing for the homeless mentally ill.

Mental illness is the most serious health problem confronting the homeless population, particularly the chronically homeless. The passage of Proposition 63 and the implementation of the Mental Health Services Act represent an opportunity to significantly expand treatment and housing services for the homeless mentally ill. This opportunity is tempered by other shortfalls in mental health services, and proposals at the state level to curtail programs for the homeless mentally ill. This policy would assess the capacity of the County Department of Mental Health to treat and house the homeless population under these circumstances, and to pursue other strategies to increase health coverage and advocate for continued funding of mental health services.

9. Support an action plan to qualify the maximum number of chronic homeless people for Supplemental Security Income (SSI) and Medi-Cal.

The implementation of such a program is the most direct and cost-beneficial strategy available to reduce homelessness and acquire funds for housing and medical coverage for this population. The current efforts of Los Angeles County Homeless Prevention Initiative and the Department of Public Social Services efforts on this issue should be accelerated as part of a more comprehensive program to reach as many chronic homeless people as possible and assist them in qualifying for SSI.

10. Improve referral linkages and information sharing between Sheriff correctional facilities and community-based health care providers.

The Sheriff's Department administers a comprehensive system of medical services for these inmates. A logistical problem faced by Sheriff medical personnel is the lack of adequate information about their medical treatment prior to incarceration. Likewise, they have little opportunity to refer patients forward to community-based medical facilities upon release. This policy supports efforts to overcome these barriers and improve the overall continuity of care.

11. Increase advocacy efforts to maintain and increase financial support for housing and supportive services.

This policy is supportive of "fair share" federal funding for such services to California and Los Angeles County. It emphasizes the need to monitor state budget initiatives that would reduce benefits and services for the poor and the homeless, such as the proposed cuts in the AB 2034 program. It supports an active advocacy program at the local level to insure that the homeless issue maintains a high profile among local governmental leaders.

12. Implement a comprehensive program to increase public support for the development of homeless programs in local communities.

The public awareness program would help educate the public about the causes of homelessness and its impact on children, families, young people and adults. It would convey the social costs of ignoring the problem and positive benefits derived from the development of community-based homeless programs, such as permanent supportive housing. The program would be a broad-based campaign addressing the overall homeless problem, along with targeted campaigns in support of specific initiatives and projects.

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Part One

The Homeless and Health Services

Homelessness

The homeless problem in the Los Angeles region has some similarities to a natural disaster. Over time, thousands of low-cost, affordable homes have been lost, and tens of thousands of people have been rendered homeless. Unlike other disasters, which affect all segments of society, the homeless problem primarily affects people without the material or personal resources to escape its path. These are people at the lowest economic strata of society, with little influence. They are people who could be overlooked, if it weren't for their sheer numbers and the voices of others speaking out on their behalf.

It is generally understood that the magnitude of the homeless problem in the Los Angeles area is a consequence of widespread poverty throughout the region, combined with an insufficient supply of affordable housing for low-income families and individuals. The cost of living, particularly the cost of housing, compared to income, drives people into homelessness. The 1999 benchmark report by the United Way, "Tale of Two Cities," described the income distribution among the wealthy few, in contrast to the expanding population of poor and near-poor people living in the Los Angeles area.

Those who are at the bottom of this economic pyramid are at the greatest risk of becoming homeless. A report issued by the Department of Public Social Services in 2005 revealed that the monthly shelter and utility costs of CalWORKs families consume most of their income. This report demonstrated that nearly all CalWORKs families are at risk of becoming homeless. Monthly payments to the County's 60,000 General Relief recipients fall far below the cost of permanent housing anywhere in the County.

While economic factors explain most of the homelessness in the area, there are institutional tributaries into homelessness. These include County jails and State prisons, where homeless inmates are released into the community after serving their time. Many such individuals were homeless upon their incarceration and recycle back to homelessness upon release. Numerous probation and dependent foster children experience homelessness at some time after their emancipation from foster care. Local hospitals treat 18,000 homeless patients a year, patients who present particular problems regarding their return to the community after treatment.

The social/economic realities of homelessness challenge local efforts to resolve the problem in the foreseeable future. The ultimate strategy to reduce health problems among the homeless is to reduce homelessness itself, by addressing its causes, including increased availability of affordable housing. To achieve a lasting improvement in the health condition of the homeless population, policy makers must align housing programs with health and human services designed to address the health needs of homeless people. In addition, until homelessness is ended, these service systems must be sufficiently adaptable to reach homeless people, wherever they may be.

Homeless People

The homeless people in the Los Angeles area are a very diverse population. Homelessness is a living environment in which the full cycle of life and death is played out, with a disproportionate measure of hardship.

According to the 2005 count of homeless people conducted by the Los Angeles Homeless Services Authority (LAHSA), there were approximately 88,000 homeless people living in Los Angeles County. The detailed demographics of the homeless are widely publicized and readily available. While the Skid Row area of Central Los Angeles holds the most densely populated area of homeless people anywhere, there are large homeless populations in South Los Angeles, Long Beach, Santa Monica, Hollywood and other areas of the region.

The homeless include children attending elementary school in Skid Row, teenage runaways clustering on the side streets of Hollywood, former foster kids riding the Red Line, military veterans checking their perimeters, isolated women moving from shelter to shelter, couples and families sleeping in cars, critically ill patients at the Med Center, old men on bus benches, homeless ex-offenders just hanging out, beach people roused from under the piers, schizophrenic inmates of Twin Towers, paraplegics rolling along San Julian Street, college students, low-income workers, drug addicts, and alcoholics.

There is a disproportionate number of African Americans among the homeless, men and women alike, while the percentage of homeless Latinos and Asians is considerably less than in the general population. Although most homeless are men and women ages 30 to 50, there are children, teenagers, young adults and elderly among the homeless, all with special circumstances and needs. As many as a third of homeless people are families, mostly headed by single-parent women.

Nearly 40 percent of the region's homeless population is considered long-term or chronic homeless (living without permanent housing for more than one year or having four or more episodes of homelessness in the past three years). This group experiences the most dire personal hardships and health affects associated with long-term homelessness.

According to the 2005 LAHSA count, there were more than 15,000 veterans in the Los Angeles region, whose service spanned several military engagements, including Vietnam, Afghanistan and Iraq. Veterans are more likely to be homeless than other adults.

Health Problems

While there have been no formal governmental health studies of Los Angeles County's homeless population, a general profile of the health problems and needs of homeless people has emerged in recent years. Due to the conditions in which they live, homeless people are exposed to communicable disease, have increased risk of injuries from accidents or violence, and experience high rates of chronic illness.

Many homeless suffer mental illness, often to the degree of "axis one" magnitude (severely and chronically mentally ill). The homeless lifestyle is often synonymous with malnourishment, alcohol consumption and drug abuse. The universal catalyst for these health problems is the stress and anxiety brought upon by homelessness itself and experienced universally by all homeless people.

Health problems commonly experienced by homeless adults include arthritis, bronchitis, malnutrition, high blood pressure, diabetes, dental decay and vision problems. Hepatitis and tuberculosis are more prevalent among the homeless than the general population. The homeless are exposed to greater dangers of injury and even death from accidents and violence. Many of the homeless abuse drugs and alcohol. The consumption of inexpensive fortified wines is common, along with abuse of methamphetamine, cocaine and other drugs.

Homeless veterans experience serious health and mental health problems, and are often haunted by "post traumatic stress syndrome." Alcoholism and drug abuse are common among homeless veterans.

Homeless women are vulnerable to physical illness, violence and injury. They are also more likely to experience domestic abuse and drug addiction than non-homeless women. A study of women in Skid Row revealed that 39% were mothers of minor children, though less than half had custody of their children.

Homelessness is harmful to the health of children. They are frequently deficient in their immunizations, and have more acute and chronic illness than non-homeless children. They commonly experience acute symptoms of fever, ear infections, diarrhea and asthma.

Runaway teenagers and emancipated foster youth are exposed to communicable diseases, including HIV. There is a high rate of pregnancy among homeless teenage girls. Many homeless teenagers abuse drugs and alcohol, and engage in high-risk survival sex.

Homeless people commonly delay seeking treatment until their medical conditions become acute and urgent. Some are distrustful of and resistant to treatment in traditional medical settings. These factors render the traditional medical system inadequate to serve the homeless, unless it engages in additional programs and services needed to address these complicating factors.

The 2005 Homeless Count revealed that 32 percent of the homeless surveyed said their usual source of medical care was the emergency room. This “frequent flier” phenomena has drawn special attention in discussions concerning service priorities for the homeless. The survey reported that 22 percent relied upon community clinics and 18 percent said they used public health clinics for their medical care. Nearly 25 percent reported difficulty receiving medical care when they needed it.

Mental Illness:

Mental illness is by far the most serious health problem affecting the homeless. Reports indicate that more than 30,000 of the County’s 88,000 homeless people are mentally ill. Untreated mental illness interferes with the homeless person’s ability to rationalize, to plan, or manage normal activities on a daily basis. The longer the duration of homelessness, the more debilitating the affect of the illness.

The self-neglect associated with mental illness exposes the mentally ill to physical health problems, resulting in a general worsening of their overall health. Many mentally ill people compound these problems with excessive alcohol use and drug abuse. As a consequence, many homeless mentally ill are unable to take care of themselves and have little hope of escaping homelessness without the intervention and help of others. Because mental illness is not always a self-evident or immediately recognizable condition, the actions of mentally ill homeless people are sometimes misinterpreted, causing risk of violence or injury, or at times bringing them into contact with the criminal justice system.

Mental illness is a barrier to seeking and applying for public assistance benefits or health coverage, such as Supplemental Security Income (SSI). It is difficult to treat severely mentally ill homeless people. Scheduling and keeping appointments, filling prescriptions, storing medications, adhering to medication schedules, and keeping return appointments are all challenges for the homeless, but particularly the mentally ill.

Mentally ill people are often distrustful and fearful of others, including caregivers. This makes them an illusive population to reach. However, under the right circumstances, homeless mentally ill people can be helped. They can improve and achieve a better life, but only with continuing help, over time, and a regular place to live.

Housing

As long as homeless people remain on the streets without regular housing, homeless health care agencies are needed to reach out and treat them, wherever they are, and attempt to connect them to a home base for ongoing care.

While it is important to address the essential medical needs of homeless people on the streets, getting homeless people into shelter or housing improves the overall effectiveness of treatment. This is particularly true for medical conditions requiring treatment beyond a one-time encounter. The level of participation in medical care improves in proportion to the stability and duration of the shelter or housing.

There are numerous health-related programs throughout the region that provide shelter and housing as a secondary benefit of the service they provide. These include alcohol and drug residential recovery programs, detoxification programs, sober living houses, mental health residential programs, HIV/AIDS residential treatment, recuperative care, youth shelters, women and children domestic violence shelters, board and care and skilled nursing facilities. Unfortunately, there are long waiting lists for many of these programs.

There are numerous types of public and private programs that provide free or subsidized shelter and housing for low-income residents. These include shelter-only programs and housing provided with other supportive services.

Overnight and emergency shelter programs, administered by housing agencies, community providers, and faith-based organizations, are available in local communities throughout the region. The missions in the downtown area of Los Angeles have traditionally stood as dependable sources of overnight and emergency shelter (along with their other programs) for the Skid Row homeless population.

Emergency shelter programs provide shelter up to 90 days. Other forms of housing include transitional and permanent low-cost housing. A stay in transitional housing can last up to two years, and is usually associated with some form of rehabilitative program and supportive services. Permanent low-cost housing may include housing-only arrangements, made available through rental subsidies or public housing, or housing provided in conjunction with supportive services needed to help maintain the stability of the residents. The availability of all forms of housing generally falls short of the need.

Section 8 and Shelter Plus:

The Section 8 program is the most extensive permanent housing program available, serving more people than any other type of permanent housing. Section 8 is funded by HUD and administered by local municipal Housing Authorities. It provides rental assistance housing, which subsidizes 70 percent of the rental cost. Shelter Plus is a similar rental assistance program specifically for homeless people. The program, much smaller in scale, is targeted to homeless people who are disabled due to mental illness, HIV/AIDS or alcohol and drug dependency. The Section 8 and Shelter Plus programs

are federal discretionary programs, not entitlements, and the number of people eligible for such housing in the L.A. region far exceeds the supply. There is a waiting list of 13,000 applicants for the L.A. County Section 8 program.

Permanent Supportive Housing:

Permanent supportive housing is a form of housing that is gaining wide support among homeless advocates, housing administrators, health care providers, and government leaders. It is targeted to chronic homeless people with health or mental health problems too severe to be treated when the patient is homeless.

Permanent supportive housing is a long-term residential setting in which medical care and other services are provided to residents on-site or through arrangements with off-site providers. It nearly always includes ongoing access to a case manager, service coordinator or similar professional with referral connections to medical services, mental health care and other resources that may be needed by the resident.

“Supportive services” refers to whatever services are necessary to help stabilize a homeless person in permanent housing. In addition to medical and mental health services, supportive services may include access to alcohol and drug recovery services, public assistance, and other services arranged for by a designated case manager or service coordinator. Supportive services may be administered by the housing agency, or accessed through external public and private systems of care and services networks.

Permanent supportive housing can take on many forms. The prototype model is a 30-60 unit (efficiency) newly constructed or renovated building designed to include sufficient space to house supportive services for the residents. The St. George facility in Skid Row, developed and operated by the Skid Row Housing Trust, is an example of this prototype.

The development of new permanent supportive housing requires capital funding for the construction process, funding for operational costs, and ongoing funding for the supportive services. In general, all three components must be assured before such projects proceed. The inability to secure funding or commitments of supportive services can delay or jeopardize the development of permanent supportive housing projects.

The expansion of permanent supportive housing projects represents an ambitious approach, requiring the investment of considerable time and money before a sufficient supply of such resources comes on line to make a significant impact on the current shortage of housing for the homeless.

Scattered Housing:

The development of new permanent supportive housing will likely be balanced with continued maintenance of emergency shelters, transitional housing and other forms of permanent housing. The latter includes “scattered housing” or rental arrangements for

the homeless throughout a community, with supportive services available on a referral basis. This approach is used with some success in Long Beach, Santa Monica, and other areas of the County.

Housing Information System:

The Los Angeles County Community Development Commission is implementing an extensive web-based information system of housing resources that will facilitate the location of and access to housing services throughout the county. The program, developed by SocialServe.com, will maintain updated vacancy information on Section 8 housing, and numerous other forms of shelter/housing services.

Continuum of Care - Housing First:

The provision of homeless shelter and housing is commonly viewed as a progression from emergency shelter to transitional housing and eventually to permanent-supportive housing. These transitions from one level to another are sometimes treated as an earned reward, conditioned on meeting certain milestones along the way (e.g. abstinence, social progress, life skills, etc.). This is often referred to as the basic “continuum of care” approach to the provision of housing to homeless people.

In recent years, based on the successful use of “harm reduction” and “community model” approaches in rehabilitation, there has been growing focus on “housing first” as an alternative to the continuum of care approach to housing. This approach involves immediate placement of chronic homeless people into permanent supportive housing settings, without conditions or prerequisite durations of temporary housing. Advocates of this approach cite a growing body of research, stemming from a 2001 New York study, demonstrating the cost effectiveness of this approach.

It should be noted that both models, “continuum of care” or “housing first,” rely upon the placement of chronic homeless people into permanent supportive housing.

The Homeless Housing Movement:

Over the past 20 years, there has been a growing movement of housing experts, development companies, and service organizations committed to the development and provision of housing for homeless people. The Corporation for Supportive Housing (CSH) has emerged as an industry leader in advocating for permanent supportive housing. With offices in Los Angeles County, CSH is actively involved in the expansion of the model in this area.

Several Los Angeles based low-cost housing organizations have contributed to a significant expansion of permanent supportive housing and other low-cost housing options for the homeless. The SRO (Single Room Occupancy) Corporation has converted 24 properties, primarily in the Skid Row area, into clean and affordable housing for the homeless and low income residents. The Skid Row Housing Trust has

developed several similar projects, and has advocated for the “Housing First” approach to homeless housing; in which placement of the homeless into permanent housing is preferred over a phased process through emergency and transitional housing. Homes for Life and Community of Friends are two other major organizations involved in low-cost housing for the homeless.

U.S. Vets, a private veterans housing and service organization with large developments in Long Beach and West Los Angeles, represents an extensive nationwide network of housing and supportive services for veterans.

City/County Homeless Initiatives

In recent years, there has been a significant mobilization of homeless services by both Los Angeles City and Los Angeles County. During the past 18 months, the Mayor of Los Angeles and the Los Angeles County Board of Supervisors unveiled major initiatives representing more than \$200 million in funding for housing and supportive services for the homeless, including health care.

Los Angeles City Initiatives:

The Mayor's plan includes a \$50 million designation to the Los Angeles City Housing Trust fund for the development of housing and supportive services for homeless families, young people and adults. With City Council approval of the recommendation, this was the first step toward implementation of the Mayor's policy priorities to reduce homelessness.

The plan includes several strategies to increase production of and access to affordable and supportive housing. These include: pursuit of additional funding for low-cost and permanent supportive housing; rental assistance for homeless families; development of affordable and supportive housing in Skid Row; and completion of a Citywide affordable housing plan.

The Mayor's policy initiatives also support the development of sub-regional plans for the homeless, based on existing service hubs and concentrations of homeless populations. This effort includes strategies specifically focused on addressing homelessness on Skid Row through formal adoption of a City/County Skid Row Homeless Action Plan.

The Mayor's overall homeless strategy emphasizes building strong partnerships with the Los Angeles County Board of Supervisors, and with state and federal lawmakers. One objective is to support legislation to increase funding and modify policies to provide more flexible resources in addressing homelessness. This intergovernmental collaboration is intended to increase access on behalf of the homeless to needed services, such as employment, training and mental health care.

The Mayor's plan is supportive of programs to raise public awareness about the problem of homelessness, and to achieve broader sharing of responsibilities for a homeless program among all the cities in the area.

Los Angeles County Initiatives:

In April 2006, the Los Angeles County Board of Supervisors approved the "Homeless Prevention Initiative" (HPI). In presenting the plan to the Board, the Chief Administrative Officer referred to the program as a "comprehensive multi-departmental continuum of care, designed to begin addressing the needs of the current homeless population and prevent future generations from becoming homeless."

This plan includes commitments of \$80 million in one-time funds and \$20 million in ongoing funds in support of a wide range of housing, health and other services on behalf of the homeless. Significant projects include establishment of homeless courts and development of five regional stabilization centers. Implementation of these centers in local areas will reflect the particular needs for homeless services among the involved communities.

Another HPI program is “Access to Housing for Health,” a Department of Health Services project (in partnership with the Community Development Commission) to provide housing and other supportive services to homeless patients with chronic illness, physical disabilities and/or frequent users of hospital services. A strong element of the project is the empowerment of front-line case managers to authorize direct provision of Section 8 rental assistance vouchers to homeless patients.

Other County health-related projects include: expansion of recuperative care for homeless patients discharged from local hospitals; support for a multi-disciplinary homeless family access center in Skid Row; Department of Public Social Services (DPSS) benefit assistance to homeless patients in County hospitals; and DPSS advocacy to expand Supplemental Security Income (SSI) coverage for homeless General Relief recipients, Twin Towers inmates, and county hospital patients.

In addition to health-related services, the Homeless Prevention Initiative includes \$32 million to develop housing resources and supportive community programs to reduce and prevent homelessness. This project involves the issuance of requests for proposals administered by the County Chief Executive Office. The HPI also includes rental assistance for homeless General Relief recipients, housing for transitional-aged youth, and eviction prevention services for CalWORKs families. A main strategy of the plan is to use County funds to help leverage other funding in support of housing and supportive services.

City/County Organization:

The Los Angeles City and County initiatives together represent a major step in sustained movement to improve the overall regional response to the homeless problem. Since nearly half of the entire homeless population of Los Angeles County live in Los Angeles City, collaboration and coordination of these two major jurisdictions is of crucial importance in achieving full alignment of housing and supportive services on behalf of the homeless.

It is notable that both governments have taken measures to strengthen their oversight and management of homeless programs. The Mayor’s Office includes the office of the City Homeless Policy Coordinator, who maintains an overview of citywide homeless housing and supportive programs. Several members of the City Council and their staff, particularly in Districts with large homeless populations, are actively involved in the development of homeless services and programs.

Each member of the Board of Supervisors has assigned to a specific Board Deputy responsibility for homeless programs. These deputies review homeless services in their Districts and work with the Chief Executive Office on countywide homeless issues.

The County Chief Executive Officer has placed responsibility for coordination of the County Homeless Prevention Initiative within the Services Integration Division. The CEO appointed a central County Homeless Coordinator to that office. In addition, several county departments have appointed homeless coordinators to monitor homeless services within their departments and coordinate activities with other departments and agencies. This approach facilitates planning and decisions requiring interdepartmental coordination and integration.

Los Angeles Homeless Services Authority:

The Los Angeles Homeless Services Authority, or LAHSA, is jointly administered by the City of Los Angeles and Los Angeles County. As such, LAHSA is a unique organization that bridges two of the largest local governments in the country. LAHSA is positioned to play a central role in the expanded inter-governmental and interagency efforts to serve the homeless and reduce homelessness in the Los Angeles region.

LAHSA continues to plan and administer programs for the homeless on a multi-regional basis. Operating under a modest budget (by government standards) of \$60 million in mostly federal HUD monies, LAHSA is nevertheless the largest governmental entity in Los Angeles County that is organized exclusively to help homeless people.

As one of four federally designated "Continuum of Care" (CoC) agencies in the County, LAHSA is responsible for the funding and oversight of more than 250 homeless programs. Other Continuum of Care agencies include Long Beach, Pasadena and Glendale. LAHSA's service area covers all municipalities and unincorporated areas within Los Angeles County except for those three cities.

LAHSA funding is used to support community-based agencies providing services to homeless populations in local areas. These include a full range of emergency shelter services, transitional housing and permanent supportive housing. They also include supportive services, including drop-in centers, vocational programs, health and mental health programs, women and family services, and social services for homeless programs.

Under the requirements of the federal McKinney-Vento Homeless Assistance Act, LAHSA must endeavor to achieve a full "continuum" of homeless services throughout Los Angeles City and County. The task takes into consideration both LAHSA-funded programs and other public and private agencies providing programs and services to low-income populations.

LAHSA's responsibilities as a Continuum of Care agency includes administration of a count of homeless people throughout the LAHSA service area. The first count in 2005 reflected detailed information about the County's homeless population. The LAHSA

Count, combined with the homeless counts of the other three CoC agencies, has become the primary database for all subsequent homeless planning in the County.

In 2003, LAHSA convened the Blue Ribbon Commission of government and community leaders to develop a 10-year campaign to end homelessness in Los Angeles. The final report, "Bring L.A. Home," offered detailed recommendations on actions required to resolve the homeless problem, and has served as a valuable reference for policy development and planning.

The Director of LAHSA works collaboratively with the City Homeless Coordinator in the Mayor's office and with the Homeless Coordinator of the County of Los Angeles.

The Homeless Health Care System

Most health and mental health services for poor and indigent populations are also available to the homeless. These include county-operated health and mental health services, community-based health clinics, multipurpose homeless service agencies, and traditional faith-based missions and organizations. There are also a number of community agencies working cooperatively as local networks serving the homeless populations in their communities.

Public Health:

In July 2007, public health programs were separated from the Department of Health Services, and the Department of Public Health (DPH) was established. The action placed the new Department in a leadership position to help forge health policy for Los Angeles County. This change will bring new attention to the health needs of special population groups, including the County's homeless population.

Consistent with the Board approved Homeless Prevention Initiative, the Director of Public Health has identified homelessness as a primary area of focus in the DPH Strategic Plan. This brings the homeless issue in line with DPH's mission to prevent and protect the public from communicable and chronic diseases and to promote the health of the population.

DPH oversees numerous programs with a direct bearing on homeless health care. These include: health assessment and epidemiology, communicable disease control, environmental health, public health nursing, and nutritional programs. In addition, DPH administers the Office of AIDS Programs and the Drug and Alcohol Program Office. All of these programs are relevant to the homeless issue.

Department of Health Services - Healthy Way LA:

The Department of Health Services (DHS) maintains the full range of primary, specialty and inpatient services for the medically indigent. Through its system of health centers, comprehensive health centers, teaching hospitals and partner contracts with community agencies, DHS provides more than 3 million outpatient visits and nearly 100,000 hospital admissions per year.

During 2007, the State awarded \$162 million over three years to DHS for the Coverage Initiative Project called "Healthy Way LA." Under this project, DHS will enroll 94,000 uninsured patients into a program of coordinated health care. The plan involves a system of differential management of chronic care patients, based on their treatment needs and utilization of health services. The program includes provisions for a homeless health care pilot project to address the special circumstances of homeless patients.

The Los Angeles County USC Medical Center has implemented a special project in

response to concerns regarding over-use of County emergency rooms as a primary source of medical care. The project, developed by COPE Health Solutions, identifies and enrolls “frequent flier” patients into a program of coordinated services and improved access to primary care. The project, called the Camino del Salud network, engages community clinics in partnership with the Medical Center to connect frequent users of the ER to a community-based, primary care home. The program includes referral access, through a system of care management, to the Medical Center’s specialty care network.

Hospitals and Recuperative Care:

The Hospital Association of Southern California indicates that local hospitals treat more than 18,000 homeless patients, among thousands of uninsured patients served every year. Given the reliance on hospital emergency rooms by homeless people, it is inevitable that hospitalized homeless patients will present special challenges upon their treatment and return to the community.

In order to address this issue, the Hospital Association, along with other health and community service organizations, developed a plan to significantly expand the availability of recuperative care services for homeless patients discharged from local hospitals. These are residential facilities where discharged homeless patients rest and recuperate until they are sufficiently recovered to move into a shelter or other living arrangements.

Los Angeles County included funding for expansion of recuperative care beds as part of the Homeless Prevention Initiative. JWCH community clinic, Salvation Army, and numerous other organizations have been actively involved in the management and oversight of the recuperative care effort.

Community Clinics:

Community clinics have historically served as an essential part of Los Angeles County’s health care safety net for poor and medically indigent residents. They play an important role as the primary health care providers for homeless people in local communities.

Most community clinics participate in partnership agreements with the Los Angeles County Department of Health Services. This arrangement originated in the 1990s as part of a federal demonstration project to expand the County’s role in community-based, primary care medical services. This program has grown and strengthened over time and is now commonly viewed as a permanent relationship.

Sixteen clinics receive funding under the federal Health Care for the Homeless program that is specifically designated to provide medical care to the homeless (Federally Qualified Health Center 330H). Northeast Valley Health Corporation is the federally designated administrator of these funds, which are passed through to the other participating clinics. A total of \$3.4 million in federal funding is allocated annually to this network of clinics, serving an estimated 16,000 homeless individuals.

Two community clinics, JWCH and L.A. Mission Clinic, receive 330H funding directly from the federal government. Both of these agencies serve homeless residents of Skid Row. JWCH played a lead role in the development of integrated services for the homeless, including connections with ancillary services, mental health, housing, and recuperative care.

L.A. Mission Clinic has improved health care access to the homeless through a system of street outreach medical teams and satellite clinics, connected to a medical home. This system is based on a successful model of health care outreach developed in the City of Boston.

The Community Clinic Association of Los Angeles County (CCALAC) has played an important role in the development and organization of health services for the homeless. CCALAC took the lead in convening and organizing the Skid Row Homeless Healthcare Initiative. This is a long-term interagency endeavor to formulate and implement an integrated system of health and mental health services for homeless residents of Skid Row. Areas of focus include service integration, mental health, access, and sustainability. The effort has served the dual purpose of bringing about tangible improvements in Skid Row health care, while expanding the knowledge base concerning best practices in health care delivery for the homeless.

Local Area Homeless Health Care Networks:

Local community agencies developed referral linkages and networks with other agencies to address homelessness in their areas. Such networks have evolved throughout Los Angeles County, including Long Beach, Pasadena, Santa Monica, Central Los Angeles, and Hollywood. Two of these homeless networks, Long Beach and Pasadena, coincide with Continuum of Care jurisdictions, and benefit directly from the federal funding support for homeless services in their areas.

These services networks generally include a core group of agencies providing essential homeless services, such as outreach and intervention, shelter/housing, public assistance, food/nutrition, law enforcement, health care, mental health, and alcohol and drug services. Other referral linkages include HIV programs, child welfare, family service agencies, legal/advocacy services, and employment and training programs.

Homeless Service Agencies:

At the forefront of all homeless services in local areas are organizations and agencies specifically founded to help homeless people. These are agencies whose primary purpose is to rescue people from homelessness and help them achieve safer and healthier lives. Among these are the missions in downtown Los Angeles and faith-based organizations and shelters throughout the region. For years, these organizations have represented an enduring source of refuge for homeless people. The larger missions have become comprehensive service centers, supplementing their basic food and housing programs with a wide variety of health and social services.

In addition to the faith-based organizations, there are a number of non-profit community organizations that represent the leading edge in health and human services for the homeless. People Assisting the Homeless (PATH) and Homeless Health Care of Los Angeles (H2C) are examples of two multi-service organizations that have pioneered innovative approaches in the coordination of numerous programs on behalf of the homeless. The PATH service mall is a unique multipurpose access center helping connect homeless clientele to needed services. H2C, in addition to providing a variety of direct services for the homeless, provides education, training and technical assistance on a wide variety of health issues to organizations throughout the health industry.

The Downtown Women's Center is among the few community-based agencies dedicated specifically to provide housing and supportive services to homeless women. Ocean Park Community Center in Santa Monica and Union Station in Pasadena are recognized leaders for the development and administration of community-based homeless programs. Homeless Outreach Project of Special Services for Groups has developed extensive information concerning the characteristics and needs of the homeless population in South Los Angeles. There are dozens of other equally meritorious homeless agencies throughout the Los Angeles area.

In addition to these direct service homeless organizations, the Los Angeles area is home to numerous grassroots coalitions and professional organizations waging a perpetual battle to influence public policies needed to end homelessness. These include Public Counsel and Neighborhood Legal Services. The Los Angeles Coalition to End Hunger and Homelessness and the Los Angeles Community Action Network are pursuing effective community action strategies to draw public and governmental attention to homeless issues.

Academic-based groups such as the Institute for the Study of Homeless and Poverty, the Inter-University Consortium Against Homelessness, the USC Division of Community Health, and the Institute for Urban Research and Development have all pursued policy-driven research agendas to document the causes, social-economic dynamics and humanitarian implications of homelessness. Shelter Partnership provides advocacy, technical support and consultation in the development and provision of homeless services. The agency has published numerous research studies of homelessness and maintains an extensive library on the subject.

Mental Health Services:

The passage in 2004 of Proposition 63, the Mental Health Services Act (MHSA), provides a source of ongoing financing for County administered mental health services. The initiative prescribes a "full service partnership" (FSP) approach to mental health treatment. FSP reflects the philosophy that mental health treatment should address the needs of the whole person, rather than responding primarily to a diagnosis. This philosophy has brought about a significant transformation within the Department of Mental Health (DMH).

The expansion of FSPs is one of many developments in County mental health services made possible by MHSA. Other provisions include services for transitional-aged youth and expanded focus on mental health services to older adults.

The MHSA promises to fill gaps in the current system. For example, community clinics and other homeless health care agencies commonly encounter mental health problems that can be addressed within their own organizations. Implementation of the prevention program phase of the MHSA will provide an opportunity for these agencies to more formally enter (through the competitive process) the mental health treatment field as contract partners with DMH.

DMH representatives have characterized the MHSA plan as beneficial to the homeless mentally ill. They indicate that the FSP will use a “whatever it takes” approach to stabilize the lives of these individuals.

A key component of MHSA was the designation of funds to provide housing. DMH is in line to receive a \$130 million allocation from the State MHSA housing trust fund for Los Angeles County’s homeless mentally ill. The Director of DMH has indicated that this allocation can be leveraged to further expand the total funding for housing the homeless mentally ill in Los Angeles County.

While the MHSA has generated heightened expectations of major growth in mental health services, such optimism is tempered by offsetting budget shortfalls for adult mental health services, and potential curtailments of AB 2034 funding, which has supported programs specifically designated for the homeless mentally ill.

Veterans:

The Veterans Administration (VA) oversees an extensive system of housing, health and mental health services located among large institutional campuses in Sepulveda, West Los Angeles and Long Beach. The VA maintains some community-based medical facilities available to veterans in their own communities. The VA also employs mobile outreach teams who contact veterans in local communities and try to connect them with VA services.

U.S. Vets, a national private development and supportive services organization for veterans, administers an extensive network of residential and supportive services for veterans in Long Beach and West Los Angeles. U.S. Vets has pioneered the development of large supportive housing projects for homeless veterans using abandoned government/military land for such purposes.

Correctional Facilities:

The criminal justice system plays a major role in homeless health care issues. Los Angeles County Sheriff’s personnel estimate that, at any given time, 2,000 of the 18,000 inmates of the Twin Towers Correctional Facility are homeless.

An estimated 30-50 homeless inmates are discharged into local communities every day. All inmates of County jails are screened for medical and mental health needs. Medical personnel report frequent findings of infectious disease such as MRSA (skin infections), hepatitis and HIV.

The Sheriff administers an extensive system of health services within Twin Towers. The health system includes referral linkages to Los Angeles County+USC Medical Center, when required, for specialty and inpatient care.

Mental illness is the most dominant health problem among Los Angeles County jail inmates. Twin Towers is frequently characterized as the largest mental health institution in the United States. Separate detention facilities exist within Twin Towers for severely mentally ill patients (including homeless inmates).

In recent years, the Sheriff has implemented, through its Community Transition Unit, pre-release counseling and case management services for inmates with special needs, including the mentally ill and homeless. The Department of Public Social Services participates in this effort with outstationed eligibility workers assisting departing inmates to re-establish General Relief payments, SSI and other benefits in preparation for their release.

The sheer volume of inmates processed in and out of Twin Towers, often in a short timeframe, creates special challenges to Sheriff personnel in assuring a smooth transition back to the community. This is particularly problematic for homeless inmates. Sheriff personnel, in conjunction with DPSS and other County Departments, have implemented measures to mitigate these problems and improve the overall transition of inmates in and out of jail.

Although the number of women incarcerated in County correctional facilities is a fraction of the number of men, the problems of the female jail population are perhaps more severe. A high percentage of the 2,200 inmates of the Century Regional Detention Facility (CRDF) in Lynwood have long histories of health, mental health, drug and alcohol problems. The women experience very high criminal recidivism rates, continually recycling through the criminal justice system. Many are homeless.

In order to address these problems, the Sheriff and Department of Mental Health, in collaboration with the National Institute of Mental Health, The California Endowment and several other departments and community agencies, have developed a comprehensive community-based program to assist mentally ill female inmates. The program is intended to help them stabilize their lives after their release, and reduce future encounters with criminal justice. The project will serve as a possible prototype for programs in other facilities.

This project is one of many initiatives under consideration within the criminal justice system to involve community services in an attempt to address health and mental health problems of criminal offenders, including the homeless, and re-establish them in the community under more favorable circumstances.

Health Coverage

Most homeless people are entitled to access various health plans or systems of health care, depending on their circumstances. Most low-income children in Los Angeles County (including homeless children) are entitled to one of three health coverage programs: Medi-Cal, Healthy Families, or Healthy Kids. Many homeless veterans are eligible for Veterans benefits, including medical care under the VA health system. Homeless people with HIV and AIDS are entitled to outpatient medical care under the County's HIV and AIDS program.

County recipients of General Relief are entitled to health services at County health facilities under the Community Health Plan (the County-operated HMO). State prison parolees receive mental health treatment under the State Parole program. Many homeless people with physical and mental disabilities, or who are over the age of 65, are eligible for Medi-Cal coverage in conjunction with the federal Supplemental Security Income Program (SSI).

Homeless people not covered are eligible under one of the above programs and are entitled to receive medical care at any County-operated medical facility or at numerous private community-based clinics offering services on a free or low-cost basis.

The level of participation in the various coverage programs among homeless people, compared to the number entitled to such coverage, is unknown. What is clear, based on the collective observations of personnel working with the homeless, is that a substantial number of homeless people who appear qualified for coverage are not covered.

Supplemental Security Income Program (SSI):

This "entitled to but not covered" issue is particularly relevant to homeless people who are entitled to the SSI program, and specifically among homeless people who are mentally ill. These represent the most severely impaired segment of the chronically homeless population. SSI coverage for such individuals provides two benefits that can contribute significantly to ending their homelessness. One is the monthly SSI cash benefit that could be used to offset a portion of the costs of housing, and the other is the health coverage under Medi-Cal that would expand options for access.

Numerous barriers prevent the homeless mentally ill from access to the SSI program thus perpetuating their homeless lifestyles. The County Homeless Prevention Initiative includes strategies intended to address this problem.

Remaining Challenges

The extent of health services and programs being offered on behalf of homeless people in the Los Angeles area is substantial. The commitment of funding and mobilization of resources by the Los Angeles County and the City of Los Angeles is unprecedented. Additional funding is expected for permanent supportive housing and other services from Proposition 1C funds and the Mental Health Services Act Housing Trust Fund.

The continuing efforts of the Los Angeles Homeless Services Authority and the Continuum of Care Agencies of Long Beach, Pasadena and Glendale are helping homeless people with housing and supportive services. The efforts of community development agencies, housing authorities and other governmental agencies represent a major component of the region's overall response to homelessness.

Community clinics, mental health providers, homeless shelters and faith-based organizations continue to provide local, community-based services for homeless people. Homeless advocates, academicians, and researchers continue to document and speak out about the problem of homelessness.

Despite these efforts, there remains the perception that current progress is not enough, that more needs to be done to make a measurable impact in reducing homelessness and addressing the homeless health care needs in Los Angeles County. Such reservations are based upon concerns about the nature and scope of the homeless problem itself and various gaps and deficiencies in the service systems in place to address it.

The sheer numbers of homeless people in Los Angeles County are daunting. The socio-economic conditions at the base of the homeless problem continue, and the level of need for homeless health care and other services will likely exceed, for some time, the availability of services.

Most of the housing and supportive services established to help the homeless are extremely overloaded, with capacities falling far below the levels needed to meet the need. On any given night, an estimated 16,000 to 18,000 shelter beds are available to serve more than 80,000 homeless people on a countywide basis. There are from 6,000 to 8,000 permanent supportive housing units available to accommodate 34,000 chronic homeless people. On any given day, the Department of Mental Health treats only a portion of the 30,000 homeless people who are mentally ill. The heavy reliance on emergency rooms by homeless people is testimony that the County's public/private health safety net is not reaching this population.

With County jails releasing 30 to 50 homeless inmates and State prisons releasing new homeless parolees into the community every day; with large numbers of foster care graduates of the DCFS and Probation foster care systems experiencing homelessness after their "emancipation"; with public and private hospitals treating 18,000 homeless patients each year; and with public assistance benefit levels falling below or barely even

with the cost of housing, there is reason for concern that the current push to end homelessness will really be enough.

There is also concern that the general population is not sufficiently informed about homelessness and may not support the kind of development and expansion of health and other services needed to address the homeless issue. The “Not in My Backyard” (NIMBY) phenomena is a common reaction to the development of programs for the homeless, a reaction that can slow down or stop the development of programs which, while needed, are not welcomed.

There are opportunities for improvement in the engagement, communication and coordination of separate governmental and private entities in serving the homeless. There are ways to assure that the separate services of these organizations intersect with one another in the common purpose of serving the homeless. The challenge is to bring these systems together in a way to achieve a more comprehensive and coordinated approach in addressing the common concern of homelessness in a more unified manner.

Efforts are already underway among county, city and private organizations to improve the overall coordination and governance of homeless services, an activity that should be applauded. The elevation of homelessness to a high public policy priority by the Los Angeles County Board of Supervisors and the Mayor and City Council of the City of Los Angeles presents the opportunity to raise the level of all services on behalf of the homeless throughout the region. The formulation of policy goals regarding homeless health care should reflect this larger public policy framework. The policy goals outlined on the following pages are therefore offered in recognition of the larger context of improvements in all homeless services.

Part Two

Homeless Health Care Policy

Homeless Health Care Policy

In Retrospect:

Twenty-two years ago, in August 1985, the Countywide Task Force on Homeless People submitted its report and recommendations to the Board of Supervisors concerning the worsening homeless crisis in Los Angeles County. The report described the homeless problem and related conditions of unemployment, housing, mental illness, alcohol/drug problems, and lack of benefits and health coverage.

Indicating that “Many positive steps have been taken by county government and local municipalities during the past year to deal with the homeless issue,” the Task Force recommended a number of strategies to address the homeless problem. These included improved mental health treatment, alcohol and drug services, streamlining Social Security benefits, coordinating of treatment for homeless veterans, expanding shelter and housing services and numerous other recommendations.

Unfortunately, after the 1985 report was submitted, attention to the homeless issue subsided, and there was no subsequent sustained program to end homelessness in Los Angeles County.

Two decades later, in April 2006, the Chief Administrative Officer (CAO) of Los Angeles County presented to the Board of Supervisors the comprehensive “Homeless Prevention Initiative”, with many recommendations similar to those made in 1985 by the Countywide Task Force on Homeless People. In presenting his report, the CAO (speaking for several County Departments) concluded that “Implementation of the proposed initiatives, coupled with the County’s innovative nonprofit homeless service sector ... will hopefully spark the creation of a ‘regional system of care’ that connects all of Los Angeles County’s homeless programs together, and establishes what will perhaps become the Nation’s most comprehensive system for preventing homelessness and moving homeless citizens, with all of the dignity and respect they deserve, from the streets into safe, permanent, affordable housing.”

The County initiative, along with the expanded homeless efforts of the City of Los Angeles and other jurisdictions, has once again created an atmosphere of hope and opportunity for meaningful solutions to homelessness in Los Angeles County. This time, if this goal is to be achieved, a sustained commitment involving a multi-jurisdictional organization of services and allocation of resources will be required.

A Regional System of Care

The reference to a “Regional System of Care” in the CAO’s report to the Board expressed the vision of the kind of system all advocates would like to see in place addressing the homeless issue. It suggests an image of a single, unified system of homeless services, governed and administered in an organized way, and delivered in a fully coordinated manner on a countywide, regional and community level. Such a

system would reflect a complete integration of shelter/housing, employment, health, mental health and other supportive services needed to rescue people from homelessness and help them sustain improved and healthier lives in permanent residential settings.

The Los Angeles County “Homeless Prevention Initiative” was a major step in the organization, development and expansion of County-administered services. However, it has yet to make the final leap to realize the vision of a unified system and connect County services with other major homeless service jurisdictions. Instead, the totality of homeless services throughout the region continues to represent an assemblage of independent public and private systems of services, institutions, agencies, and other service providers. These include numerous municipal housing and supportive services for the homeless, the four separate HUD-funded Homeless Continuum of Care jurisdictions, the Veterans Administration program for homeless veterans, community clinic networks, and several SPA/Community-based homeless service networks and coalitions.

Given the size and complexity of Los Angeles County, which is larger than most states and encompasses 88 cities, it is not surprising nor necessarily a fault that the field of homeless services involves a multitude of separate organizations. No single governmental entity has the jurisdictional scope to unilaterally operate a comprehensive system of homeless services. Nevertheless, in order to address the problem of homelessness in a comprehensive and meaningful way, it is necessary to make the leap and create a “comprehensive regional system of care” for the homeless. To do so will require a closer collaboration of the major providers of homeless services in planning, development and delivery of homeless services.

Policy Development

The policy recommendations contained in this report are formulated on the premise that the creation of a more unified system of services is necessary to accelerate the resolution of homelessness in Los Angeles County. Bringing separate systems into closer alignment is the first step in the creation of a more comprehensive and coordinated system of services among all homeless service agencies throughout the region.

The following pages contain recommended policies that are intended to achieve better coordination of homeless services in Los Angeles County, and to bring about improvements in the overall delivery of health and other supportive services on behalf of Los Angeles County’s Homeless population.

Policy One: Los Angeles Management Council on Homelessness

Establish the Los Angeles Management Council on Homelessness representing governing bodies and other organizations with major responsibilities for homeless services.

In the interest of achieving improved overall coordination of the planning and development of homeless services throughout the county, it is recommended that the Los Angeles Management Council on Homelessness (LAMCH) be established to oversee planning and development of homeless services on a countywide basis, and assure improved coordination of services among separate jurisdictions at the local level.

This would be a voluntary association of executives representing the primary governmental entities overseeing homeless services, along with other key leaders in homeless services. Membership would include the Chief Executive Office of Los Angeles County, the Homeless Policy Coordinator of the City of Los Angeles, the Los Angeles Homeless Services Authority, the Los Angeles County Community Development Commission, the Housing Authority of Los Angeles, the Veterans Administration, the Department of Public Health, the Department of Health Services, the Department of Mental Health, the Community Clinic Association of Los Angeles County, the Hospital Association of Southern California, community-based homeless service representatives from the SPAs and appropriate sub-regional communities, United Homeless Healthcare Partners, and/or other members as determined by LAMCH.

The recent homeless initiatives of Los Angeles County and the City of Los Angeles have elevated the homeless issue to a higher overall public policy priority. The Los Angeles Homeless Services Authority (LAHSA) and the Long Beach, Pasadena and Glendale Continuum of Care homeless agencies share a common interest in these developments. Federal agencies such as the Veterans Administration play important roles in these initiatives.

Numerous separate organizations, whose businesses and services do not normally intersect, are coming together with a mutual interest in homeless and health care services. The emphasis on permanent supportive housing is bringing housing administrators with responsibility for development of permanent housing into closer alliance with health and human services administrators with responsibilities for supportive services.

The establishment of the Management Council on Homelessness is intended to assure more complete coordination and compatibility of planning in common areas of interest. Agendas would include opportunities for information sharing and mutual support in the development in projects of common interest. Since the homeless services "system" in Los Angeles County, is actually a system of connections among multiple systems and

services, including health care services, function as a single unified system. It is recommended that the Council meet monthly and be chaired on a rotating basis by the representatives of the City of Los Angeles, Los Angeles County and LAHSA. The LAMCH should be hosted initially by a non-member convener with recognized leadership in homeless policy, at a location determined by the host agency. Once underway, the LACMH would determine the administrative logistics of its ongoing meetings.

Designate the Services Planning Areas (SPAs) developed by Los Angeles County as the primary geographic framework for the homeless health care system.

In 1994 the Los Angeles County Board of Supervisors approved the establishment of eight Services Planning Areas (SPAs) as the geographical framework for the planning and delivery of all children's services administered by the County. Since that time, all County Departments have adopted the SPAs as the geographical boundaries for programs and services for all age groups.

Today, the SPAs have become the common geographical reference for planning activities beyond the realm of County government. The Los Angeles Homeless Services Authority (LAHSA) used the SPAs to depict the geographical distribution of homeless populations throughout the County in its report of the 2005 Homeless Count.

The eight SPAs include SPA 1 (Antelope Valley), SPA 2 (San Fernando Valley), SPA 3 (San Gabriel Valley), SPA 4 (Metro Los Angeles), SPA 5 (West Los Angeles), SPA 6 (South Los Angeles), SPA 7 (East/Southeast Los Angeles) and SPA 8 (South Bay/Long Beach). The growing reliance on SPA boundaries by the major health and human services jurisdictions is sufficiently compelling to adopt these boundaries for the purposes of homeless health care planning and services delivery. This should be done while recognizing the importance and relevance of municipal, City Council, Supervisorial and other jurisdictional boundaries.

There are several sub-regions within SPAs that warrant special attention in planning and development of homeless services. These include areas such as Skid Row, Hollywood, Santa Monica, Long Beach, Pasadena, South Los Angeles, and the Pomona Valley.

In conjunction with the establishment of the Los Angeles Management Council on Homelessness, it is recommended that area councils on homelessness be established in each SPA. The membership of the SPA-based councils should be determined at the local level. It would be appropriate to include a community clinic, a homeless services agency, the Department of Health Services, Department of Mental Health, DPSS, a community mental health provider, a LAHSA representative (or representative from an appropriate Continuum of Care Agency), an alcohol and drug recovery organization, the local Housing Authority, a homeless housing developer and other appropriate agencies.

Currently, within most SPAs, and among several sub-regional areas, there are existing coalitions of homeless service agencies that meet regularly to review homeless issues within their communities. Under this recommendation, these and any other similar coalitions could serve as SPA-Community Councils for Homelessness for their areas.

The SPA Councils on Homelessness would meet monthly to review SPA-related homeless activity, coordinate planning and service delivery and identify policy issues to be conveyed to the Los Angeles Management Council on Homelessness.

Develop a comprehensive countywide plan to meet the health and mental health needs of the homeless population in support of the larger homeless planning process.

The development and distribution of homeless health care services should be carried out in accordance with strategic and systems planning processes to assure the most appropriate and effective use of resources. Decisions concerning the allocation of resources, development of new and expanded programs, service modifications and curtailments, should be based on objective information concerning the location, scope and characteristics of the needs and problems being addressed.

Strategic and business considerations, such as social/environmental conditions, competing priorities, partnership alliances, and cost benefits, should help direct major program initiatives. Such an approach will help sustain a rationale framework and justification for the overall direction in pursuing homeless health care goals.

“Bring L.A. Home,” the 10-year plan to end homelessness in Los Angeles, was an attempt to develop a comprehensive plan to address the overall homeless issue. The report, prepared in 2005 by a multidisciplinary Blue Ribbon Panel, documented the extent of homelessness throughout the county, measured the need for housing and other services, and developed goals for reducing homelessness, through the development of housing resources.

“Bring L.A. Home” was a good start to comprehensive interagency planning for homelessness in Los Angeles County. This is a process that should proceed with appropriate modifications and adjustments as coordinated by LAHSA and other CoC agencies in lieu of the Blue Ribbon Panel. The L.A. Management Council on Homelessness and the SPA Councils on Homelessness, when established, should serve as the primary consultative and advisory bodies for such planning activities.

Within the context of this overall planning process, the Health and Mental Health Division of the Los Angeles County Chief Executive Office, working with the Departments of Public Health, Health and Mental Health, should develop a countywide plan for health and mental health services for the homeless. The plan would serve as the template for the organization of homeless health care services among the County’s existing safety net system of directly operated health and mental health services, in conjunction with its community-based public/private partners.

The Department of Public Health should prepare the Los Angeles Homeless Health Report describing the health conditions and needs of the homeless population.

The planning, development and delivery of homeless health care services must be based upon the most current information available regarding the health condition and needs of the homeless population, as reported by the Los Angeles County Department of Public Health.

In Los Angeles County, where the numbers of people who are homeless each year exceeds 200,000 and where the number of homeless on any given day exceeds 80,000, understanding the health status and needs of the homeless population is important to the planning and development of health care for the homeless.

In past years the Department of Public Health (formerly the Public Health Service of the Department of Health Services) has conducted health surveys of Los Angeles County's general population, and disseminated reports highlighting key health issues affecting County residents. Because of limitations in data collection, the health surveys and subsequent reports have not included information about homeless people. Given apparent trends in disease prevalence among homeless populations, a closer look at the health condition and needs of homeless people is warranted.

It is recommended that the Department of Public Health prepare a baseline report on the health condition and needs of Los Angeles County's homeless population, countywide and by Service Planning Areas. If possible, the report should address the health characteristics of chronic homeless people, children, families, transitional-aged youth, adults, older adults, gender, ethnic/racial groups and G/L/B/T people. The report should also reflect the health condition of homeless inmates of correctional facilities. To the extent possible, this information should be patterned after the type of information reported for the general population in the biennial Los Angeles Health Survey.

Once the baseline report has been established, it is recommended that DPH publish updated reports, with the schedule of reports adjusted to coincide with the schedule of the bi-annual homeless count conducted by the Los Angeles Homeless Service Authority and the other Continuum of Care jurisdictions. The information from these reports will help protect the health of the homeless population and improve the planning, development and delivery of future homeless health care services.

Establish standards specifying the essential components of a comprehensive health system for the homeless to be used in the planning and development of homeless health care services, and to assess the performance of existing safety-net services in meeting those standards.

While the homeless health care system could be characterized as a microcosm of the larger safety-net system of services for the poor and medically indigent, it is not. The medical problems of homeless people, particularly the chronic homeless, are more complex than their housed counterparts. The homeless lifestyle creates barriers to access and treatment, and traditional medical systems are not organized in a way to accommodate these differences.

In order to reach and engage homeless people in health services, the system must include a combination of traditional medical services connected with additional supportive services designed to accommodate the special circumstances of homeless people. Such a system should include the following components:

1. Street/mobile outreach contact with homeless people in shelters, drop-in centers, street corners, emergency rooms, parks, and other areas frequented by homeless people. The people making such contact must have referral access to a homeless health care system.
2. Case management services available at each point of contact in the health care system, including clinics, health centers, specialty centers and inpatient facilities.
3. A “home-base” case manager or service coordinator, known by name to the homeless person, serving as his or her contact person and responsible for helping him or her gain access to medical services and move from point to point within the system.
4. A benefits coordinator, to assist the homeless person apply and qualify for financial and medical benefits.
5. An assigned “medical home” in a public or private primary care clinic or with an appropriate specialty care provider.
6. Referral linkages to specialty medical services, including preventive health, emergency care, specialty treatment, dental care, vision care, inpatient services, recuperative care, rehabilitation and ancillary services.
7. Referral linkages to specialty services for homeless children, teenagers, transitional aged youth, women, the elderly, gays, lesbians, bisexuals and transgenders.
8. Referral linkages to mental health treatment, alcohol and drug recovery, HIV/AIDS treatment and supportive services.

9. Referral linkages to shelter and housing services.

10. Transportation.

11. An information system to track the movement of homeless people through the health care system and to maintain a record of services.

The degree to which a homeless health care system succeeds in meeting the health needs of the homeless is dependent on the extent in which all the essential services are available and accessible, and how well the agencies work together to make these services function as one integrated and coordinated system. It is through the analysis of these factors that decisions can be made affecting planning, program development, organization, and service delivery.

It is in the interest of governmental and community leaders to assure that these conditions are met in all communities with homeless populations. According to a LAHSA survey of homeless people, more than half reported that they relied primarily on hospital emergency rooms for their health care or they were unable to access medical services. The over-utilization of emergency rooms is a costly response to the health needs of the homeless. This and the poor access to health services signifies a deficiency in the availability of health services or in the way health services are organized on behalf of the homeless.

In order to improve the health of homeless people, it is necessary to repair and strengthen the system of services that is in place to treat them. To this end, it is recommended that the Los Angeles County Departments of Public Health, Health, and Mental Health in collaboration with their private health care partners, review the homeless health care system to determine where the gaps in access are and what steps are required to achieve a more accessible system of care.

Establish a one-year homeless studies program for case managers and other front-line services workers in the field of homeless health and human services.

The key link between the homeless population and the health care system is the front-line homeless service worker. Most homeless health care agencies employ such staff, a.k.a. case managers, advocates, social workers, nurses, peer counselors, outreach workers, system navigators and discharge counselors. The work of these front-line workers in connecting homeless people with separate agencies enable the agencies to collectively function as one system of care. The effectiveness of this system in serving homeless clientele is often determined by the effectiveness of case managers in linking homeless people with needed services.

These front-line workers include staff literally at the front line, serving as outreach workers, making connections with homeless people where they are and bringing them into a system of care. They also serve as the access points to organizations, maintaining referral linkages with their counterparts in other agencies, and facilitating the transition of homeless people from one part of the system to another.

These workers find housing for the homeless. They assist the homeless with health care benefits, gathering documentation, arranging appointments, writing reports, and monitoring their progress. They help assess and monitor the condition and needs of homeless clientele, making referrals to treatment staff and other needed services.

The front-line homeless health care worker is a challenging job, requiring numerous skills and extensive knowledge of homelessness, community resources, regulations and procedures, interpersonal and communication skills. It is a true specialty requiring extensive training and experience in order to do the job well.

Due to the key role played by front-line service workers in the homeless health care system, the job should be recognized as a specialized profession, and more efforts undertaken to better empower these workers to do their jobs. A basic curriculum of subject matter for training should be identified as an initial effort toward the development of a certification program for homeless service workers. Such a program will help assure the overall quality of service provided to the homeless, thus upgrading the system as a whole and creating pride and motivation among the workers themselves.

A sample curriculum for the homeless service worker training program would include the following:

- Alcohol and drug problems: treatment and recovery
- Communicating with homeless people
- Community resources for the homeless
- Communicable diseases, symptoms and treatment
- Chronic illness: symptoms and treatment

- Criminal justice system

- Employment and training programs
- Faith-based approaches to homelessness
- Food and nutrition programs for the homeless
- Health care coverage: Medi-Cal, Healthy Families, Healthy Kids
- Health problems and services
- History of homelessness
- HIV/AIDS: causes, symptoms, diagnosis and treatment
- The homeless experience
- Housing programs for the homeless
- Information and referral procedures
- Information technology:
 - Community resources
 - Client records
- Mental illness: symptoms and treatment
- Public assistance programs:
 - General Relief
 - CalWORKs
 - Supplemental Security Income: application procedures
- Special homeless populations: problems and resources
 - Homeless children and families
 - Homeless youth
 - Homeless women
 - Homeless elderly
 - Homeless veterans
 - Homeless gays/lesbians/bisexuals/transgenders
- Violence and abuse
- Written communications

The training of case managers and other front-line homeless health care service workers in some or all of this subject matter would help elevate the quality and effectiveness of the entire system of homeless health and human services.

The training program could be developed and offered in the form of credit courses through the community college system, or through other central training facilities. There is a large cadre of professional experts working in fields related to these subjects who could serve as a faculty pool for the course curriculum.

A certificate earned in such a program would elevate the status and commitment of the core personnel of homeless health and human services programs. It would help to assure a standard of quality in the provision of case management and related services throughout the field of homeless health care services.

Establish an interagency process, led by the County of Los Angeles, for the development of specific supportive services budgets and programs structured to fill the supportive services requirements of specific homeless housing projects.

The development of homeless housing projects is often impeded by the inability of housing developers and operating agencies to secure the services needed to sustain homeless clientele in residential settings. Often the financing of supportive housing projects is contingent upon the development of a supportive services plan along with specific commitments from agencies to provide the services identified in the plan.

One reason for the difficulty is the problem of lining up a particular “bundle” of services for housing projects at the time of the project’s inception. Another impediment is rooted in the terminology of supportive services. The regular reference to “supportive services” conveys the impression that there exists a particular set of services and programs that represents the supportive services model. There is, however, no standard definition of supportive services. “Supportive services” is instead a generic term used to refer to “whatever services are necessary” to sustain homeless people in housing.

While the terminology of supportive services is illusive, the actual practice of supportive services reflects a somewhat predictable set of core services. Supportive services are inevitably structured around a system of case management services, closely connected with certain other essential services. These include medical care, mental health treatment, alcohol and drug recovery, benefits assistance, social supports transportation, and other services.

Los Angeles County Departments oversee most types of essential services associated with supportive housing. It is the County’s role under state law to provide such services to the indigent populations of the County, including the homeless. The Departments of Health Services, Public Health, Mental Health, Public Social Services, Children and Family Services and Senior and Community Services all provide the kind of services commonly reflected in the planning and development of supportive housing. However, these services are not organized in such a way to be combined together or “packaged” as integrated service projects in support of supportive housing for the homeless.

Because of its dominant role in the administration of these services, it is appropriate for L.A. County to assume a more proactive role in the planning and development of specific supportive services programs to match up with specific homeless housing projects. It is therefore recommended that the Chief Executive Office of Los Angeles County work with LAHSA, CDC and the appropriate County departments to establish an administrative mechanism to develop multiple integrated supportive services programs designed to meet the essential service needs of specific homeless housing projects.

Pursue a multilevel strategy to increase access to treatment and housing for the homeless mentally ill.

Based on the principle that no person or group of people should be abandoned, helping the mentally ill escape homelessness is a top priority. The ultimate goal is to place the homeless mentally ill into appropriate residential settings and provide treatment and other supportive services necessary to keep them there. This would improve the quality of life among the homeless mentally ill, reduce the number of homeless people on the streets, and reduce the cost to local government of managing the homeless problem.

Realization of this goal is dependent upon the development and location of sufficient housing resources for the homeless mentally ill. It is also dependent upon the efforts of the Los Angeles County Department of Mental Health (DMH) to connect homeless mentally ill people in residential settings with mental health treatment and other supportive services required to stabilize their lives.

The implementation of the Mental Health Services Act (MHSA) promises to make a significant contribution toward meeting these conditions. Los Angeles County is expected to receive \$130 million over a three-year period for housing programs from the state administered Mental Health Housing Trust Fund. These funds, coupled with housing projects initiated from the L.A. City and County Homeless initiatives, Proposition IC, and other housing programs, should support a substantial increase in availability of permanent housing for the homeless mentally ill.

The implementation of the Full Service Partnership Program and other community services under the MHSA should enable the department to position some of these programs, along with other DMH services, to provide continuing treatment for homeless mentally ill people placed in permanent housing. The Prevention services phase of the MHSA will provide an opportunity for community clinics to expand their participation in the provision of mental health services to their clientele.

The enthusiasm brought about by the MHSA is tempered by the reality that the Department of Mental Health has experienced significant budget deficits. The impact of these adjustments were felt most in adult mental health services, which has affected services to the homeless. Mental health services are continually threatened by potential reductions in State funding. The Governor's effort to reduce AB 2034 funding for the homeless mentally ill would further nullify much of the gains brought about by MHSA.

One strategy to improve access to treatment and housing among the homeless mentally ill is to increase Supplemental Security Income (SSI) coverage for this population. While this would be a long-term effort and require a significant level of dedicated resources, the dividends in the end would likely offset any such investment.

therefore include the following strategies:

1. Assure that the homeless mentally ill are given priority status in the development of full service partnerships and other community services under the MHSA.
2. Provide opportunities for community clinics to expand mental health services under the prevention phase of the MHSA.
3. Monitor the use of MHSA housing trust fund expenditures to assure the maximum access to permanent supportive housing for the homeless mentally ill.
4. Support an aggressive program to qualify the maximum number of mentally ill homeless for SSI coverage.
5. Advocate for continued full funding for homeless mentally ill services under AB 2034 programs.

Support implementation of an “all-out” action plan to qualify the maximum number possible of chronic homeless people for Supplemental Security Income and Medi-Cal.

The implementation of a program to qualify large numbers of chronic homeless people for Supplemental Security Income (SSI) is the most direct and cost-beneficial strategy available to reduce homelessness and acquire funds for housing and medical coverage for this population.

It is generally believed that a substantial number of chronically homeless people in Los Angeles County have disabilities that are qualifying conditions for SSI. Many are also recipients of County funding under the General Relief program and entitled to medical care at County health facilities. If a significant percentage of chronic homeless people can be approved for SSI, the resulting influx of funds could help pay for housing, and offset existing local public and private funding used for this purpose. The expanded Medi-Cal coverage would also offset local funding to cover the cost of health care.

While many chronic homeless have medical conditions that would qualify them for SSI, due to mental impairments and other barriers, few are in a position to initiate an application on their own or follow through with the process. The Social Security Administration (SSA) reports that only 37% of all SSI applications are approved, and that the approval rating for chronic homeless people is much lower (as low as 15%). Once an application for SSI has been denied, the probability of achieving approval via the appeals process or a re-application is very poor.

As part of a federal interagency initiative called “SSI Outreach Access and Recovery” (SOAR), SSA has documented that homeless eligibility for SSI can be dramatically improved using proven practices in the application process. Implementation of these procedures has increased the approval rate for some agencies to 75 percent and higher. A project administered by the San Francisco Public Health Department demonstrated a 7:1 payback ratio in the investment to improve the SSI application process.

The application for disability-related SSI is a highly technical and complex process. The key to success in processing SSI applications involves the presentation of comprehensive medical documentation of the applicant’s disability, along with a detailed narrative description of the applicant’s limitations in performing basic tasks involving minimal skills. Preparation of such material involves considerable knowledge and skills, particularly in the preparation of written documentation.

The Los Angeles County Department of Public Social Services and other County Departments have implemented programs to assist County clientele with the SSI application process. The results of these efforts to date have been mixed. DPSS has also pursued a pilot project with the Social Security Administration. Under this project, applicants identified by DPSS with qualifying disabilities for SSI would be approved on

an interim basis by SSA. This would create improved conditions for a more complete compilation and documentation of the applicant’s disability, and increase the probability

of ultimate approval for SSI.

The State of California has applied to the federal government for funding under the SOAR program to pay for training of case workers in the benefits process and for outreach to the chronic homeless and other potential applicants. Other legislative initiatives are under consideration to improve the rate of successful applications for SSI on behalf of the homeless.

The Los Angeles County Homeless Prevention Initiative includes an “SSI Advocacy and Other Benefits Program.” The program is intended to assess the effectiveness of current County Department practices in qualifying homeless and other persons for Supplemental Security Income (SSI). Subsequently, the project will develop training and procedures to improve County and contract agency performance in this area. The County will select (through an RFP process) a private contractor with expertise in public benefits to develop and implement the program.

It appears from this course of action that the development of any program to expand processing and increase SSI coverage for the chronic homeless will be deferred until the assessment process is completed under the HPI, probably in late 2008. In the meantime, the approval rating of SSI applications on behalf of the homeless is likely to remain low, with little overall impact on the chronic homeless problem.

It is recommended that the timetable for the assessment and improvement of the SSI application process be accelerated, and that County administrators implement an all-out initiative to reach as many chronic homeless people as possible and begin the process of qualifying them for SSI. The County should also continue to pursue a pilot project with SSA to approve SSI applications on a temporary basis to help improve the overall SSI application process.

These measures have the potential, over the long term, to end homelessness for a significant number of chronic homeless, by providing them with the means to help pay for their own housing and assuring full coverage for medical services. Such work is not glamorous, would be costly to implement and time-consuming. In the end, it could result in a many-fold return on the investment.

Create a bridge between the criminal justice system and health and human services systems in a mutually supportive effort to improve health treatment of the homeless.

Criminal Justice personnel have as much contact and interaction with homeless people as anyone. The police are often the first people called to assist disoriented or “down” people on the streets. They are constant observers of street level homeless life and intercede when suspected criminal activity is involved. Scores of homeless people are arrested every day and processed through the courts, with many homeless men and women ending up as inmates of County jails and sometimes State prison.

When homeless people are arrested, convicted and sent to jail, they bring along the same disabilities, impairments, chronic illnesses and communicable diseases that they endured on the streets. Upon incarceration, the treatment of these maladies become the concern of the criminal justice personnel.

The Twin Towers Correctional Facility in downtown Los Angeles is the common destination for most men tracking through the criminal justice system. The jail holds approximately 18,000 inmates, booking more than 11,000 men per month and releasing from 400 to 600 inmates back into the community every day. A large percentage of Twin Towers inmates are mentally ill, and the facility is commonly referred to as the largest mental health facility in the country.

Sheriff personnel estimate that as many as 2,000 inmates of Twin Towers are homeless, and that from 30-50 of these homeless individuals are released from jail every day. Such releases occur on a 24-hour basis in a fairly random manner.

Medical personnel in Twin Towers have observed high degrees of communicable disease among the inmate population, including Hepatitis and HIV. Many of the mentally ill inmates suffer from co-occurring disorders. Homeless inmates display a broad array of acute and chronic medical problems. To address such problems, the Sheriff's Department administers a comprehensive medical system throughout all of its correctional facilities.

A logistical problem faced by Sheriff medical personnel in treating homeless inmates is the lack of adequate information about their medical treatment prior to incarceration. There is insufficient communication with private or community-based medical facilities, such as community clinics, that which may have treated inmates for illnesses that surface during incarceration. Likewise, Sheriff medical personnel have little opportunity to refer patients forward to community-based providers upon release, or to convey any information concerning diagnostic findings and treatment.

There are many factors contributing to these impediments, including the relatively brief average stay in jail, unpredictable release times, coordination of medical information, staffing considerations, and the demands associated with the sheer volume of inmates

moving in and out of the facility. Because of this disconnect in continuity of medical care and medical information, community clinics encountering patients released from jail

must frequently start the diagnostic and treatment process all over.

Sheriff medical personnel and homeless health care providers have recognized the need to address this matter and explore mechanisms to establish better coordination and flow of information on “both sides of the walls.” To this end, community health care providers should continue to work with Sheriff personnel on ways to overcome these barriers and improve the overall continuity of care.

While the jails system is one segment of the larger criminal justice system, there are equal opportunities for collaborative efforts involving the judiciary and the court system. The Los Angeles Homeless Prevention Initiative includes funding support for a homeless Superior Court project in Santa Monica, a mobile homeless court system, and a Prototype Court system. Homeless health care providers should maintain an open dialogue with the judicial system to review these and other methods of addressing the health and mental health needs of homeless criminal offenders.

Direct advocacy efforts at the federal, state, and local levels to maintain and increase financial support for housing, health services, health care coverage, and other supportive services for the homeless.

Important principles to pursue at the federal level are maintenance of effort, “fair share” funding, and local flexibility in the use of federal dollars for homeless programs. In the area of housing, there should be continued support for HUD funding for the Los Angeles Homeless Services Authority (LAHSA) and the three other Continuum of Care (CoC) agencies in the region. McKinney-Vento funding for various housing programs and supportive services channeled through the CoC agencies is insufficient to meet local needs and should be increased.

Local homeless programs would likely benefit from pending Congressional legislation, called the Community Partnership to End Homelessness Act, which would consolidate numerous federal housing programs into one program, simplify federal administration of homeless housing programs, and provide more local flexibility in the use of these funds.

Homeless health care advocates should support increased appropriations for the Section 8 Choice Voucher programs, and support increased funding to California and Los Angeles from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Advocacy efforts should support increased federal support for medical services under the Stuart B. McKinney Health Care for Homeless Program. Currently, L.A. County’s share of this funding is approximately \$3.6 million, which is distributed locally to 18 community clinics through Section 330 of the Public Health Services Act.

In terms of health coverage, homeless advocates should support efforts at the federal and state level to achieve universal coverage for all residents, with particular focus on the coverage of homeless people.

Efforts to simplify SSI eligibility procedures should also be supported. One objective would be to address regulations that restrict SSI coverage of the homeless mentally ill and homeless people with co-occurring disorders. SSI coverage is often denied to certain groups (such as people with substance-induced psychosis) who are profoundly disabled and indigent.

At the State level, advocates should maintain vigilance over any executive or legislative attempts to curtail benefits and programs for the poor and the homeless. For example, the proposed cuts in AB 2034 programs for the homeless mentally ill would nullify much of the gains in mental health services secured by the passage of Proposition 63 (the Mental Health Services Act).

There is legislation pending at the State level (SB 851) for a pilot program that would provide subsidies for prison parolees released from prison to qualify for health care

services and special housing subsidies. This program would benefit parolees returning to Los Angeles and should be supported.

At the local level, legislative activity occurs at a fast pace in the form of ongoing deliberations and actions of the County Board of Supervisors and City Councils. The allocation of funds for new programs stemming from these deliberations, and the issuance of RFPs are often relevant to homeless issues and should be monitored.

Given the backlogged and overloaded status of most local health and human services programs, it is important for homeless advocates to have a strong voice in these local deliberations. This will help insure that the homeless issue maintains a high profile among local government leaders.

One area worth exploring at the State and County level relates to financial support for case management services in homeless programs. Case management is the core function that enables separate organizations to work together as integrated systems. However, there are few funding streams available to support case management. This represents a serious impediment to the development of homeless programs, such as permanent supportive housing.

The Corporation for Supportive Housing has advanced the idea of a State-sponsored case management program involving a State/County partnership in funding the program. In addition, federal Medicaid rules allow for reimbursement of case management functions under certain circumstances. For example, "Targeted Case Management" is an option under the Medicaid program that may be applicable to homeless health care services in Los Angeles County.

Legislative advocacy is a highly technical and labyrinthine process. However, embedded within the legislative fabric are laws, regulations and procedures that present real opportunities for program development and expansion. Homeless health care advocates should set out to find the opportunities for improved housing, health care and health coverage for the homeless.

Develop and implement a comprehensive program to increase public understanding, acceptance and support for homeless health care services.

The United Homeless Healthcare Partners (UHHP) should seek foundation support to develop a comprehensive public awareness campaign about homelessness to achieve better public understanding of the homeless and support for homeless services.

Homelessness is a controversial public issue, with ongoing positive and negative news accounts contributing to an overall public ambivalence toward homeless people. Historical attitudes concerning the “deserving” and “undeserving” poor, concern over community blight, fear and safety issues, are reactions that combine with compassion and charity to render public opinion on homeless issues mixed at best.

An Associated Press poll in 2005 found that the majority of Americans believe that people become homeless for reasons beyond their control. There are other indications that public support for the homeless diminishes as homeless populations and programs approach local communities. The NIMBY phenomena (“not in my backyard”) has often fueled community opposition to well-intended programs for the homeless.

In recent years, California and Los Angeles County residents have demonstrated that, when fully informed about social issues, they will support policy initiatives and expenditures of public funds for appropriate programs and services. Approval of Measure B by Los Angeles County voters in 2002 helped assure the future viability of emergency medical and trauma services throughout the region. The passage of Proposition 63 in 2004, the Mental Health Services Act, was the culmination of a movement to educate the public about mental illness. These ballot initiatives included successful public awareness campaigns that ranged from mass media to town hall meetings. The outcomes demonstrated that, when fully informed about the merits of a serious public health issue, the public will respond responsibly to the need.

In order to create a more receptive community environment to improve public attitudes concerning homeless people, and support for needed health and supportive services for the homeless, UHHP should seek private foundation support for a comprehensive public awareness campaign. The objective would be to increase overall public understanding of the homeless issue and thereby expand opportunities for the development of health, mental health, housing and other appropriate programs for the homeless in local communities.

A media campaign on homelessness would educate the public about the causes of homelessness and how the problem affects children, young people, families and adults. It would convey the social costs of ignoring the problem and the positive personal and social benefits that accrue when programs are put in place to address it. The program would include a broad-based generic campaign addressing homelessness in general, and targeted campaigns in support of specific initiatives and projects.

1. Homeless In Los Angeles County Report of the Countywide Task Force on the Homeless, Albert Greenstein, Edward Eisenstadt, County of Los Angeles Community and Senior Citizens Services Department, August, 1985.
2. "Los Angeles County Homeless Prevention Initiative," Report to the Board of Supervisors, County of Los Angeles Chief Administrative Office, April 4, 2006.
3. 2005 Greater Los Angeles Homeless Count, Los Angeles Homeless Service Authority, June 12, 2006.
4. Bring Los Angeles Home The Campaign to End Homelessness Blue Ribbon Panel, Los Angeles Homeless Service Authority (LAHSA), Los Angeles Coalition to End Hunger and Homelessness, 2003-2005.
5. "Homelessness in Los Angeles: A Summary of Recent Research," Institute for the Study of Homelessness and Poverty at the Weingart Center, Paul Tepper, Director, March, 2004.
6. "Homeless Persons," from Changing the U.S. Health Care System, Anderson, Rice, Kominski, Jossey-Bass, Chapter 18, Lisa Arangua and Lillian Gelberg, 2007.
7. A Tale of Two Cities, Promise and Peril in Los Angeles, United Way of Los Angeles, 1999.
8. "Ending Homelessness in Los Angeles," Inter-University Consortium Against Homelessness. Jennifer Wolch, et al. January 16, 2007.
9. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," Dennis Culhane, Stephen Mettraux and Trevor Hadley, Center for Mental Health Policy and Services Research, University of Pennsylvania: May 2001.
10. "Homeless Adults in America Can Be Divided Into Three Categories," Dennis P. Culhane, Ph.D., Boston College Magazine, Winter 2005.
11. "Introduction to the New L. A. County Department of Public Health," SCPHA/CPHAN Joint Conference, Jonathan E. Fielding, MD, MPH, MBA, Director of Public Health and Health Officer, L. A. County Department of Public Health, March 9, 2007.
12. "Many Struggles, Few Options," Findings and Recommendations From the 2004 Downtown Women's Needs Assessment. Downtown Women's Action Coalition, Dennison, Mendizabel, White, Los Angeles, January 2005.

13. Ending Homelessness In Santa Monica, "Current Efforts and Recommended Next Steps, Final Report Evaluation of Santa Monica Continuum of Care and Strategic Five-Year Plan," Martha R. Burt. Loudan and Aron, The Urban Institute, December 2006.

14. "Statistical Report - County of Los Angeles Department of Public Social Services," Bryce Yokomizo, Director, January 2007.

15. Homeless Young Adults Ages 18-24, "Examining Service Delivery Adaptations," National Health Care for the Homeless Council, 2004.

16. "Making Reform Real - Addressing the Mental Health Needs of Children in the Dependency System," Foster Youth Mental Health Summit, Children's Law Center of Los Angeles, 2006.

17. Ending Chronic Homelessness Among People With Mental Illness: The Community Model. LAMP, OPCC, Shelter Partnership, RAND Corporation, February, 2005.

18. "Without Housing: Decades of Federal Housing Cutbacks Massive Homelessness and Policy Failures," Western Regional Advocacy Project, 2006.

19. "National Health Care for the Homeless Council Policy Statement," 2006.

20. "System Change Efforts and Their Results, Los Angeles 2005-2006," Hilton Foundation Project to End Homelessness Among People With Serious Mental Illness, Martha R. Burt, Urban Institute, 2006.

21. "Operating at Capacity: Family Shelters in Los Angeles" Shelter Partnership, May 2006.

22. "An Assessment of Los Angeles County's Emergency Shelter System," Shelter Partnership, August 2005.

23. "A Strategic Housing Plan for Special Needs Populations In Los Angeles County," Shelter Partnership.

24. "Addressing Long Term Homelessness: Permanent Supportive Housing," Lisa K. Foster and Patricia Snowdan, August 2003.

25. "Department of Health Services, Homeless Services Unit" (PowerPoint presentation) Elizabeth Boyce, LCSW, Homeless Services Coordinator, Los Angeles County Department of Health Services.

26. "Focus on Medicaid" (PowerPoint presentation) Carol Wilkins, Director of Intergovernmental Policy, Corporation for Supportive Housing, September 7, 2006.

27. "Using Medicaid to Fund Services in Supportive Housing" (PowerPoint presentation), Kate Durham, Corporation for Supportive Housing, January 2005.

28. "Local Emergency Shelter Strategy," Los Angeles County Department of Housing and Community Development, November 8, 2006.

29. "The Puzzle of the Los Angeles Economy," Institute for the Study of Homelessness and Poverty at the Weingart Center, Paul Tepper, Director, Jessica B. Simpson, Researcher, October 2003.

30. "Report to the County of Los Angeles Board of Supervisors: CalWORKs Homeless Families," Bono, Toros, Mehrtash and Moreno, May 2005.

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United Homeless Healthcare Partners Policy Action Plan

Webster's Dictionary defines a goal as "a condition or state to be brought about by a course of action," and a policy as a "specific decision or set of decisions designated to carry out a chosen course of action."

These policies are offered for consideration of the members of United Homeless Healthcare Partners (UHHP). The subsequent discussion will likely result in the adoption of some and rejection of others of the recommended policies, along with suggestions for additional or alternative policies.

If the outcome of these discussions is an agreement on a set of policy goals for UHHP, then the goal of this paper will have been achieved.

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Policy One: Los Angeles Management Council on Homelessness

Establish the Los Angeles Management Council on Homelessness representing governing bodies and other organizations with major responsibilities for homeless services.

UHHP Action: Identify and recruit an appropriate organization to serve as the initial convener of the Management Council. Along with this organization, approach Los Angeles City, County of Los Angeles and LAHSA through UHHP member representatives, and recommend the formation of the Los Angeles Management Council on Homelessness. The convening organization and the three lead (Chair) organizations should plan the inaugural meeting of the LAMCH.

Policy Two: Service Planning Areas

Designate the Services Planning Areas (SPAs) developed by Los Angeles County as the primary geographic framework for the homeless health care system.

UHHP Action: UHHP members from each SPA should take the lead in the formation of the SPA Councils on Homelessness. Since the basic framework for the SPA Councils exists in most SPAs in the form of coalition groups on homelessness or Continuum of Care Collaboratives, UHHP members should communicate with the existing groups concerning this recommendation. This activity should be timed to coincide with the establishment of the L.A. Management Council on Homelessness. The overall objective is to create a region-wide system of care with de-centralized local homeless health care systems.

Note that L.A. City is moving in the direction of developing a “sub-regional” planning process. This is not inconsistent with the SPA approach, but may require participation of community councils for areas within SPAs, such as Skid Row or Santa Monica.

Policy Three: Planning For Homeless Services

Develop a comprehensive countywide plan to meet the health and mental health needs of the homeless population in support of the larger homeless planning process.

UHHP action: UHHP should approach the Los Angeles County Chief Executive Office and the Departments of Public Health, Health and Mental Health and recommend the development of the countywide plan on homeless health care.

In order to proceed, the County departments will need to identify or develop a planning infrastructure to carry out traditional community-based planning activities, such as population data and needs assessment, current distribution of resources, and unmet needs for programs and services among competing geographical areas.

Such a planning process could be used to establish priorities for the allocation of County funding for homeless health, mental health and other health-related services

(e.g. alcohol and drug funding and HIV/AIDS). This would help target the issuance of future governmental RFPs for homeless health services.

It would be appropriate to refer to the planning processes of the Office of Ambulatory Care, the Office of AIDS Programs and Policy, and the Alcohol and Drug Program Administration as potential prototypes for a future County “Center for Homeless Health Care.” In this regard UHHP should consider the expansion of its own policy, advocacy and research functions to take on a broader homeless health care responsibility in conjunction with a more formal homeless health care planning process.

Policy Four: Public Health Report

The Department of Public Health should prepare the Los Angeles Homeless Health Report describing the health conditions and needs of the homeless population.

UHHP Action: Approach the Department of Public Health through its member representatives and recommend that DPH perform the necessary work to prepare and distribute a report on the health condition of Los Angeles County’s homeless population, and to update this report on a bi-annual basis.

Policy Five: The Homeless Health Care System

Establish standards specifying the essential components of a comprehensive health system for the homeless to be used in the planning and development of homeless health care services, and to assess the performance of existing safety-net services in meeting those standards.

UHHP Action: UHHP should review and come to agreement on the essential components of a comprehensive health system for the homeless. Based on this review UHHP should request that the Department of Health Services review the County’s homeless health care system and develop strategies to achieve a more accessible system of care.

Policy Six: Case Management Training Program

Establish a one-year homeless studies program for case managers and other front-line services workers in the field of homeless health and human services.

UHHP Action: Conduct a survey of member agencies and other homeless services organizations to assess the interest in the development of this training program.

Pending the outcome of the survey, seek foundation support to hire a consultant to study the feasibility and logistics for such a program and report back to UHHP with recommendations.

Policy Seven: Housing and Supportive Services

Establish an interagency process, led by the County of Los Angeles, for the development of specific supportive services budgets and programs structured to fill the supportive services requirements of specific homeless housing projects.

UHHP Action: Approach the Chief Executive Office through UHHP member representatives and request the CEO to review and respond to the proposal to create a County Homeless Supportive Services Administration.

Policy Eight: Mental Health

Pursue a multilevel strategy to increase access to treatment and housing for the homeless mentally ill.

UHHP Action: Approach the Department of Mental Health through its member representatives and request that DMH prepare a report describing the Department's plans to meet the mental health treatment and housing needs of the homeless mentally ill. The report should include projections on the number of homeless mentally ill the Department will treat and house over the next five years under full funding scenarios. It is important to receive a realistic assessment of the County's capacity to serve the homeless mentally ill, and to advocate for additional services if the County effort is insufficient.

Policy Nine: Supplemental Security Income (SSI)

Support implementation of an "all-out" action plan to qualify the maximum number possible of chronic homeless people for Supplemental Security Income and Medi-Cal.

UHHP Action: Approach the Chief Executive Office through its member representative and recommend the accelerated development and implementation of a full-fledged plan of action to successfully qualify for Supplemental Security Income (SSI) the maximum number of chronic homeless people possible over the next five years.

Policy Ten: Criminal Justice System

Create a bridge between the criminal justice system and health and human services systems in a mutually supportive effort to improve health treatment of the homeless.

UHHP Action: Approach the Sheriff's Department through its member representatives and establish a working group with the Sheriff and UHHP members to develop protocols for patient flow and information sharing into and from County jails.

Policy Eleven: Advocacy

Direct Advocacy efforts at the federal, state and local levels to maintain and increase

financial support for housing, health services, health care coverage and other supportive services for the homeless.

UHHP Action: Form a legislative advocacy committee of members to pursue the UHHP advocacy agenda and represent UHHP to federal, state and local legislative bodies.

Policy Twelve: Public Support

Develop and implement a comprehensive program to increase public understanding, acceptance and support for homeless health care services.

UHHP Action: Initiate an effort to identify an appropriate organization to manage the campaign and solicit support from potential campaign sponsors. In addition, UHHP members should individually assess the potential role of their organizations in raising public awareness in their own communities concerning homeless issues. An effective approach may be to develop and tailor separate public awareness campaigns for each Services Planning Area.

The November 2007 Conference on Homeless Health Care, sponsored by the UHHP, would be an appropriate forum to initiate a public awareness strategy.