



# HOMELESSNESS PREVENTION IN LOS ANGELES COUNTY

An Applied Policy Project Prepared for  
the UCLA Luskin School of Public Affairs

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## Disclaimer

This report was prepared in partial fulfillment of the requirements for the Master in Public Policy degree in the Department of Public Policy at the University of California, Los Angeles. It was prepared at the direction of the Department and of California Policy Lab as a policy client. The views expressed herein are those of the authors and not necessarily those of the Department, the UCLA Luskin School of Public Affairs, UCLA as a whole, or the client.



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### Lewis Center Acknowledgement

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## Glossary

**Acuity Score/Level** — Acuity score/level is an internal marker used within a scoring range in the Prevention Targeting Tool. Applicants must achieve a specific acuity score in order to determine eligibility for services.

**Area Median Income (AMI)** — is the midpoint of a region’s income distribution, categorized by household size.

**Case Management** — Collaborative processes of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet individual needs.

**Continuum of Care (CoC)** — The Continuum of Care (CoC) Program is designed to promote community commitment to ending homelessness; fund nonprofit providers, and allow State and local governments to quickly rehouse homeless individuals and families.

**Chronic Homelessness** — Living in a place not meant for human habitation, a safe haven, or in an emergency shelter: continuously for at least twelve months or on at least four separate occasions in the last three years where those occasions cumulatively total at least twelve months; AND having been diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 [42 U.S.C. 15002]), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.


**CPL** — California Policy Lab.

**Crisis Housing** — Short term, 24-hour emergency shelter beds provided on a first-come, first-serve basis to people who are homeless or at imminent risk of homelessness,. Includes all interim housing and shelter provided to stabilize clients as they are assessed and connected to permanent housing resources.

**Doubled Up** — Refers to a situation where people are “couch-surfing” or staying with friends or family.

**Efficient** — As used in this report, “efficient” refers to a program that targets vulnerable households by serving only those who would otherwise become homeless in the absence of the prevention program services.

**Effective** — As used in this report, an “effective” program would ensure that a household can find or maintain housing without experiencing homelessness.



**Families** — A household with dependent(s) and a head of household over the age of 25.

**Homeless Person** — An individual who lacks a fixed, regular, and adequate nighttime residence.

**Homeless Management Information System (HMIS)** — A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**HUD** — United States Department of Housing and Urban Development.

**Imminent Risk of Homelessness** — Residence will be lost within 14 days of the date of application for homeless assistance, no subsequent residence has been identified, and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

**LAHSA** — Los Angeles Homeless Services Authority.

**Latinx** — A person or relating to persons of Latin American origin or descent (used as a gender-neutral, non-binary alternative to Latino/a).

**Literally Homeless** — An individual who lacks a fixed, regular, and adequate nighttime residence within the HUD Category 1 definition of homelessness.


**Permanent Supportive Housing (PSH)** — Long-term, community-based housing that has wraparound services for homeless persons with disabilities, that enables populations with special needs to live as independently as possible in a permanent setting.

**Point-in-Time Count (PIT)** — Annual one-night count of sheltered and unsheltered homeless persons on a single night in January. The count is required by HUD and the census numbers are used to determine federal funding allocations and inform strategic planning efforts.

**Prevention Targeting Tool (PTT)** — A LAHSA survey tool designed to allow service providers to 1) verify eligibility for homelessness prevention assistance and 2) identify the most vulnerable households who are most likely to experience literal homelessness if they do not receive assistance.

**Public Charge** — An individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.





**Rapid Rehousing (RRH)** — A support intervention that uses a combination of cash management, Housing Navigation, and short to medium term financial assistance to assist mid-range acuity homeless households identify and stabilize in tenant-based, scattered site, permanent housing (LAHSA).

**SPA (Service Provider Area)** — A specific geographic region within Los Angeles County. Due to the large size of LA County (4,300 square miles), it has been divided into 8 SPAs.

**Scope of Required Services (SRS)** — A written summary of contracts and services that must be provided to eligible populations that receive LAHSA services. In this report, SRS refers specifically to LAHSA’s contracts for Prevention and Diversion services, included in the entire Statement of Work for Prevention and Diversion services.

**Service Provider** — Agencies contracted by LAHSA to conduct homeless prevention services. The contract details are defined in the Scope of Required Services (SRS).

**Single Adult** — An individual over the age of 25.

**Transitional Age Youth (TAY)** — An individual between the ages of 16 and 24 (LAHSA).

**Unsheltered Homelessness** — An unsheltered homeless person resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street) (HUD).

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## Executive Summary

Homelessness is a complicated problem. For as many people as there are experiencing homelessness, there are just as many complex causes and just as many potential solutions. Recent efforts to address homelessness have expanded from street outreach to get people off the streets to homeless prevention to help people before they lose their housing. By preventing households from ever becoming homeless in the first place, local governments can save money and help residents avoid the traumatic, costly, and long-term consequences of being unhoused. Los Angeles is home to tens of thousands of people experiencing homelessness, and many tens of thousands more who are a moment away from becoming homeless.


Embracing the importance of homelessness prevention, Los Angeles County has developed a program designed to help stop people from becoming homeless in the first place by screening high risk populations and targeting services accordingly. However, this targeting is extremely difficult, as the predictors of homelessness are ever-changing and specific to a particular time, place, and policy landscape. Thus, the task that Los Angeles County has undertaken is extremely complicated, given both the dearth of conclusive research and the many reasons that a household may enter homelessness.

Successful homelessness prevention programs should efficiently and effectively target households at imminent risk of becoming homeless. Efficiency requires that the program target the participants most likely to benefit from the program: in homelessness prevention, this means servicing only those households that would be unable to avoid homelessness without an intervention. Effective interventions then ensure that these households find or maintain housing without experiencing homelessness. Thus, the question, **how can Los Angeles make the homelessness prevention program more efficient and effective?**

We worked with the California Policy Lab and the County's homeless service agency to analyze thousands of quantitative data points from administrative databases, engage in dozens of homeless prevention case manager interviews, and canvass the literature, ultimately developing the rich bank of original research that informs our findings.

Further, we compared County policy with feedback from case managers providing prevention services to develop a comprehensive overview of the administration of the prevention program. In doing so we identify four key policy areas to frame our findings and policy options: service targeting, program administration, data collection, and funding.

First, the most fundamental problem for any homelessness prevention program is targeting the households are at highest risk of homelessness and which would be able to avoid homelessness on their own. Second, we identified challenges in program administration, including service provider confusion and geographic inconsistencies. Third, we identified a number of barriers to data tracking and



management, which collectively complicate any attempt to assess whether the prevention program is efficient and effective by not tracking ineligible or excluded households, and not tracking many forms of intensive case management and nonfinancial services. Finally, the fourth area of concern is funding. The current funding allocation formula utilizes a one-time count of visibly homeless people, though many providers were running out of funding halfway through the fiscal year, while others had funding that outstripped the local need for prevention services.

To address this policy concern, we ultimately recommend a variety of strategies that Los Angeles can implement, both in the short and long term, to design and implement an efficient and effective prevention program.

- Identify a clearly-defined target population in order for analysis to determine which services and resources can effectively help households avoid homelessness
- Implement a consistent definition of what it means for a household to be a successful participant in the prevention program
- Utilize service flow diagrams which visually describe household trajectory through the program in order to facilitate understanding of the complex prevention program and consistency in decision making
- Implement active contract management
- Seek out trustworthy community partners and build relationships to collaboratively organize resources and conduct outreach to less accessible communities
- Require documentation of nonfinancial services, and track all interventions administered by service providers in the main database
- Add data fields to differentiate financial and nonfinancial services
- Explore more comprehensive data fields to describe participant outcomes
- Evaluate what risk factors predict homelessness in Los Angeles County by administering the survey tool to every household, and households who do not score high enough to be eligible for services
- Test the predictive power of the current survey tool in order to determine which risk factors are predictive of homelessness in Los Angeles County
- Maintain a short-term rainy-day fund to supplement service provision where need exceeds resources
- Track prevention demand in particular high-needs populations

We hope that these recommendations will facilitate providers' understandings of the goal and ideal target population of the program, improve consistency in decision making, distribute resources more efficiently, and allow for an assessment of the effectiveness of the existing program and County intervention.

# Introduction

“To view homeless people in our midst is deeply disturbing in a country of such vast wealth ... The attack must be on the cause, not the victims; for they in the main are no more content with their circumstances than anyone else is.”

*Tobe v. City of Santa Ana*, 1994<sup>1</sup>

Homelessness in the United States is a major public health and humanitarian crisis.<sup>2</sup> According to the United States Housing and Urban Development (HUD), there were over 554,000 Americans experiencing homelessness in 2017<sup>3</sup>--though even the government admits that the actual homeless count may be as much as 10 times higher than that.<sup>4</sup> Of this population, approximately 34 percent (192,875 people) were unsheltered.<sup>5</sup> And though overall homelessness has declined nationally since 2008, unsheltered homelessness is on the rise.<sup>6</sup> In all, HUD estimates that two million people experience homelessness at some point in a given year.<sup>7</sup>

Despite the national decreasing trend in homelessness, California remains on the front lines of the crisis. **On any given night in California, 129,972 people are homeless.**<sup>8</sup> Of these, 52,765 are residents of Los Angeles County.<sup>9</sup>

First-time homelessness in Los Angeles County is increasing: in 2018, 9,205 Angelenos experienced homelessness for the first time, an increase in the annual incidence of first-time homelessness by 1,161

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<sup>1</sup> *Tobe v. City of Santa Ana*, 27 Cal. Rptr. 2d 386, 395 n.15 (1994).

<sup>2</sup> See Appendix A for further discussion of the national landscape.

<sup>3</sup> “State of Homelessness,” National Alliance to End Homelessness, accessed January 18, 2019, <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/>.

<sup>4</sup> Megan Henry, et al., *Part I: Point-in-Time Estimates of Homelessness*, U.S. Department of Housing and Urban Development, (The 2016 Annual Homeless Assessment Report (AHAR) to Congress, November 2016, <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>).

<sup>5</sup> The method and purpose of the PIT count is discussed in the Glossary.

<sup>6</sup> *Id.*

<sup>7</sup> Megan Henry et al., *Part I: Point-in-Time Estimates of Homelessness*, U.S. Department of Housing and Urban Development, (The 2014 Annual Homeless Assessment Report (AHAR) to Congress, October 2014), <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>.

<sup>8</sup> Megan Henry et al., *Part I: Point-in-Time Estimates of Homelessness*. U.S. Department of Housing and Urban Development, (The 2016 Annual Homeless Assessment Report (AHAR) to Congress, December 2018), <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

<sup>9</sup> Henry, Meghan, Anna Mahathey, Tyler Morrill, Anna Robinson, Azim Shivji, and Rian Watt. *Part I: Point-in-Time Estimates of Homelessness*. U.S. Department of Housing and Urban Development. (The 2018 Annual Homeless Assessment Report (AHAR) to Congress, December 2018). <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

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persons.<sup>10</sup> Structural causes such as inadequate wages and a constrained supply of affordable housing exacerbate the problem and complicate solutions.<sup>11</sup>

This project evaluates the County’s current homelessness prevention efforts, called the Prevention and Diversion Program (to be referred to as the prevention program). The report subsequently suggests recommendations to improve participant evaluation and program administration.

## Clients

Our primary client is the **California Policy Lab** (CPL). CPL is a university-based research organization comprised of experts and scholars at the University of California Los Angeles and the University of California Berkeley. CPL facilitates relationships between their scholars and California’s state and local governments to evaluate and improve public programs. CPL provides research, technical assistance, and data analytics to jurisdictions that collect substantial administrative data but may lack the resources and infrastructure to evaluate these programs. CPL is currently partnered with LAHSA to evaluate various programs administered by Los Angeles County, including the homelessness prevention program.

Ultimately, this report will assist CPL in evaluating Los Angeles County’s homelessness prevention program and provide a basis for recommendations to improve the program.

Our second client is the **Los Angeles Homeless Service Authority** (LAHSA), a quasi-government agency that coordinates housing and services for people experiencing homelessness in Los Angeles County. LAHSA is also responsible for local coordination of the HUD “Point in Time” (“PIT”) count for Los Angeles County. LAHSA is a joint effort of both Los Angeles City and County governments. LAHSA designs programs and manages grant funding and technical assistance for over 100 nonprofit partner agencies. These service providers are contracted by LAHSA to provide homeless services in Los Angeles County that include outreach, access centers, emergency shelters, safe havens, transitional and permanent housing, and prevention.<sup>12</sup> LAHSA’s mission is to “support, create and sustain solutions to homelessness in Los Angeles County by providing leadership, advocacy, planning, and management of program funding.”

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<sup>10</sup> Los Angeles Homeless Services Authority, “2018 Greater Los Angeles Homeless Count Presentation,” accessed March 19, 2019, <https://www.lahsa.org/documents?id=2059-2018-greater-los-angeles-homeless-count-presentation.pdf>.

<sup>11</sup> National Law Center on Homelessness and Poverty (NLCHP). “Homelessness Fact Sheet,” accessed March 19, 2019, [https://www.nlchp.org/documents/Homeless\\_Stats\\_Fact\\_Sheet](https://www.nlchp.org/documents/Homeless_Stats_Fact_Sheet).

<sup>12</sup> “About LAHSA,” Los Angeles Homeless Service Authority, accessed March 19, 2019, <https://www.lahsa.org/about>.



## Policy Question

Successful homelessness prevention programs should efficiently and effectively target households at imminent risk of becoming homeless. **Efficient** programs target vulnerable households by serving only those who would be unable to avoid becoming homeless if they did not receive prevention program services. **Effective** programs ensure that a household can find or maintain housing without experiencing homelessness. Our policy question is:

**How can the Los Angeles Homeless Service Authority make the *Homelessness Prevention Program* more efficient and effective?**

# Chapter 1 | Background

*In this chapter, we explore the evidence surrounding the cost savings of preventing homelessness as well as key funding streams that have facilitated the expansion of LAHSA's Homeless Prevention program.*

## Financial Savings of Homelessness Prevention: *The Cost of Inaction*

While the literature on the costs of homelessness often evaluates different criteria and does not always have access to the necessary data (e.g. health care costs, public services, police force) fiscal evaluations of supportive housing generally conclude that provide housing saves money.

Nationwide estimates of cost savings that result from providing permanent supportive housing for people experiencing chronic homelessness is approximately \$35,578 per person.<sup>13</sup> Los Angeles County's specific evaluations found that the average public savings after accounting for supportive housing costs are approximately \$2,300 per person per month, primarily because of reductions in health care costs.<sup>14</sup> In Los Angeles County, a 2017 study estimated that public service costs are reduced by 60 percent when a homeless individual is placed in permanent supportive housing.<sup>15</sup> And for programs that prevent homelessness altogether, even accounting for imprecise targeting, research estimates the per-person cost of similar prevention programs to be \$10,300 and the estimated benefits, not including health benefits, to exceed \$20,000 per person.<sup>16</sup> Based on this analysis, Los Angeles County could save nearly \$400 million dollars *annually* with more effective homeless prevention.<sup>17</sup>

Evidence of individual health outcomes also suggests that prevention initiatives could reduce the expenditure of public funds.<sup>18</sup> Long-term homelessness harms individual health outcomes, but even short bouts of homelessness are harmful. Even infants and children who experience very brief bouts of

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<sup>13</sup> "Ending Chronic Homelessness Saves Taxpayers Money," National Alliance to End Homelessness, last modified November 2015, <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>.

<sup>14</sup> Sarah Hunter et al., "Evaluation of Housing for Health Permanent Supportive Housing Program," Santa Monica, Calif.: RAND Corporation, accessed February 27, 2019, [https://www.rand.org/pubs/research\\_reports/RR1694.html](https://www.rand.org/pubs/research_reports/RR1694.html).

<sup>15</sup> Sarah Hunter et al., "Evaluation of Housing for Health Permanent Supportive Housing Program," Santa Monica, Calif.: RAND Corporation, accessed February 27, 2019, [https://www.rand.org/pubs/research\\_reports/RR1694.html](https://www.rand.org/pubs/research_reports/RR1694.html).

<sup>16</sup> W. Evans et al., "The Impact of Homelessness Prevention Programs on Homelessness," *Science* 353, no. 6300 (2016): 694-99, <https://doi.org/10.1126/science.aag0833>.

<sup>17</sup> Chronic homelessness in Los Angeles County, based on the 2018 PIT, was 14,389. Based on the RAND estimates, Los Angeles County could save approximately \$397,136,400 (14,389 x \$2,300 per month x 12 months).

<sup>18</sup> Yglesias, Matthew, "The most cost-effective way to help the homeless is to give them homes," *Vox*, last modified February 20, 2019, <https://www.vox.com/2014/5/30/5764096/homeless-shelter-housing-help-solutions>.

homelessness are more likely to face adverse health outcomes.<sup>19</sup> Prevention may alleviate the need for costly and lengthy emergency interventions further down the line.

## Los Angeles County: Measure H

In 2016, voters in Los Angeles County approved **Measure H**, a 10-year, 0.25 percent county sales tax that will raise an estimated \$355 million annually to fund homeless services (including homelessness prevention).<sup>20</sup> LAHSA estimated that their fiscal operations would increase from \$94 million in FY 2016 to \$234 million in FY 2017 due to Measure H.<sup>21</sup> Beginning in June 2017, LAHSA allocated \$8.5 million in Measure H funds to the prevention program, and in 2018, increased its allocation to \$17 million for the prevention program. This includes \$11 million in funding for family prevention and \$6 million for single adult prevention.<sup>22</sup>

## LAHSA's Prevention Program

LAHSA was able to expand prevention services to single adults with the influx of Measure H funding, beginning in 2018.<sup>23</sup> Across the County, 16 service providers in 8 Service Planning Areas (SPAs) are contracted to administer the prevention program. LAHSA's policies and description of the prevention program itself is outlined in the Scope of Required Services (SRS). LAHSA disseminates this document to service providers to guide the provision of services. The goal of the prevention program is "to assist low income individuals or families who are homeless or at risk of becoming homeless to find or retain permanent housing."<sup>24</sup>

According to the SRS, **homelessness prevention** is "short term assistance for individuals who are at imminent risk of homelessness to resolve a crisis that would otherwise lead to a loss of housing."<sup>25</sup> Once a participant is deemed eligible for prevention services, the participant receive various interventions (such as short-term financial assistance, conflict resolution, or legal services) for up to six months.<sup>26</sup> Case

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<sup>19</sup> Megan Sandel, et al., "Timing and duration of pre- and postnatal homelessness and the health of young children," *Pediatrics* 142, no. 4 (October 2018): e20174254, <https://doi.org/10.1542/peds.2017-4254>.

<sup>20</sup> The 2017 fiscal year (FY) is July 1, 2017 - June 30, 2018.

<sup>21</sup> "Measure H Phase 1 -- Fiscal Operations Assessment Review," Los Angeles County, last modified April 3, 2018, [http://file.lacounty.gov/SDSInter/auditor/cmr/1036006\\_2018-04-03LosAngelesHomelessServicesAuthority-MeasureH-Phase1-FiscalOperationsAssessmentReview.pdf](http://file.lacounty.gov/SDSInter/auditor/cmr/1036006_2018-04-03LosAngelesHomelessServicesAuthority-MeasureH-Phase1-FiscalOperationsAssessmentReview.pdf).

<sup>22</sup> \$5.5 million for individuals and \$3 million for families.


<sup>23</sup> "Homelessness Initiative Quarterly Report #11," Los Angeles County Homelessness Initiative, last modified November 15, 2018, <http://homeless.lacounty.gov/wp-content/uploads/2018/11/11.15.18-BM-on-Quarterly-Rpt-No11.pdf>.

<sup>24</sup> Define permanent housing; Detailed description of services found below in *Eligibility Criteria* section.

<sup>25</sup> Los Angeles Homeless Service Authority, "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>26</sup> Detailed description of services found below in *Eligibility Criteria* section.





managers are also required to develop a “Housing Stability Plan” with participants, which details “the road map of services that are to be provided, actions that need to be taken [by both staff and the participant] and referrals that need to be made.”<sup>27</sup>

According to the SRS, the aim of **diversion** is to assist a household in avoiding homelessness without that household being enrolled in an official homeless service program (including the prevention program). Diversion should operate as a guided conversation with an applicant, to “explore their current situation and why they can’t remain there along with possible non-traditional alternatives,” and may include minimal financial assistance.<sup>28</sup>

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<sup>27</sup> Los Angeles Homeless Service Authority, “2018-2019 Prevention Program Scope of Required Services,” last modified July 3, 2018, 9, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>28</sup> Detailed description of services found below in *Eligibility Criteria* section.

## Chapter 2 | Methodology

*In this chapter, we describe our project's strategy in producing original research findings through a mixed methods study approach.*

We examine the County's prevention program using three data sources.<sup>29</sup> First, we canvassed the literature on homelessness prevention, as well as the leading case studies analyzing some existing prevention efforts. Second, we conducted primary research through interviews with a representative sample of service providers (who serve all population types across the County).

Finally, we analyzed administrative datasets from LAHSA's Homeless Management Information System (HMIS), including the demographic characteristics and services administered to prevention participants.

### Literature Review and Case Studies

We conducted a wide-ranging literature review to evaluate nationwide prevention practices and the empirical support for homelessness prevention, including the leading case studies on prevention efforts. We summarize prevention efforts in Chicago and New York City to further refine our analysis of effective prevention strategies and predictors of homelessness.

The literature review and case studies helped us develop questions for service provider interviews, identify common predictors of homelessness, inform our understanding of codified prevention efforts (universal, targeted, and indicated), and understand the effectiveness of current programs. Much of this research ultimately provided the foundation of our policy recommendations.

### Stakeholder Interviews

Through relationships maintained by our primary client (CPL) we conducted 18 structured interviews with 14 service providers, located across all eight SPAs.<sup>30</sup> Each service provider we interviewed is the "agency lead" for the County's prevention program in their respective SPA. They serve Single Adults, Families, and/or Transition Age Youth (TAY).<sup>31</sup>


To examine each provider's internal processes, we developed a set of interview questions pertaining to enrollment, participant eligibility criteria, determinants of success, use of eligibility screening tools, funding structure, and other program administration variations. Additionally, each agency was asked if

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<sup>29</sup> We are able to access this data thanks to the relationship between CPL and LAHSA.

<sup>30</sup> Two interviewees were conducted over the phone and were shorter due to time constraints of the service provider. These interviews were not asked all the questions in our interview guide due to time constraints.

<sup>31</sup> TAY are households headed by an individual between the ages of 18 and 25.



and how they would change or improve the prevention program in various respects. We recorded and transcribed these interviews, then coded each transcript using qualitative indexing software to identify trends and common themes.<sup>32</sup> This resource allowed us to develop recommendations further informed by original qualitative and quantitative data.

## HMIS Enrollee and Screening Tool Data

HMIS is a local information technology system used to collect participant information and service provision.<sup>33</sup> Case managers at each service provider are responsible for entering data into HMIS, including data describing enrollees' demographic characteristics, the services administered, and outcomes. We utilize de-identified data on all households that sought homeless prevention services in Los Angeles County for the fiscal years 2012—2017.

HMIS includes data gathered through the administration of LAHSA's Prevention Targeting Tool (PTT), which collectively refers to the surveys administered to families, one for single adults, and one for TAY. The survey screens for households' eligibility for prevention enrollment, and providers use this tool to evaluate what services a household is eligible to receive. We therefore examine household PTT scores and subsequent enrollment decisions, as well as corresponding outcomes after the household exits the program. In addition to informing our policy options and recommendations, this data allowed us to create *A Closer Look* sections to highlight participant nuances unique to LAHSA's Homelessness Prevention program.

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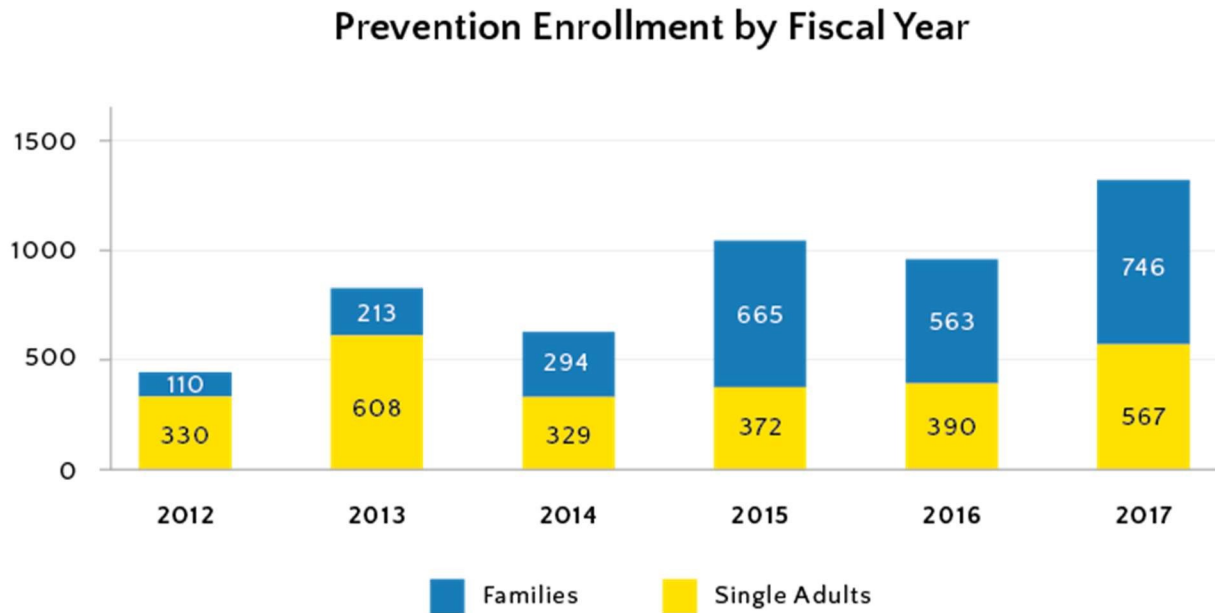
<sup>32</sup> Two agencies asked that the interview not be recorded, and interviewers took notes instead.

<sup>33</sup> US Department of Housing and Urban Development, "Homeless Management Information System," HUD Exchange, accessed March 2, 2019, <https://www.hudexchange.info/programs/hmis/>.

## A Closer Look: Who is being served by the prevention program?

Over the past six years, families and single adults were enrolled in prevention in roughly equal numbers: 2,596 single adults were enrolled, and 2,591 families were enrolled. In FY 2017-2018, the prevention program served 746 families and 567 single adults.

**Figure 1: Families and Single Adults Enrolled in Prevention 2012 to 2018**

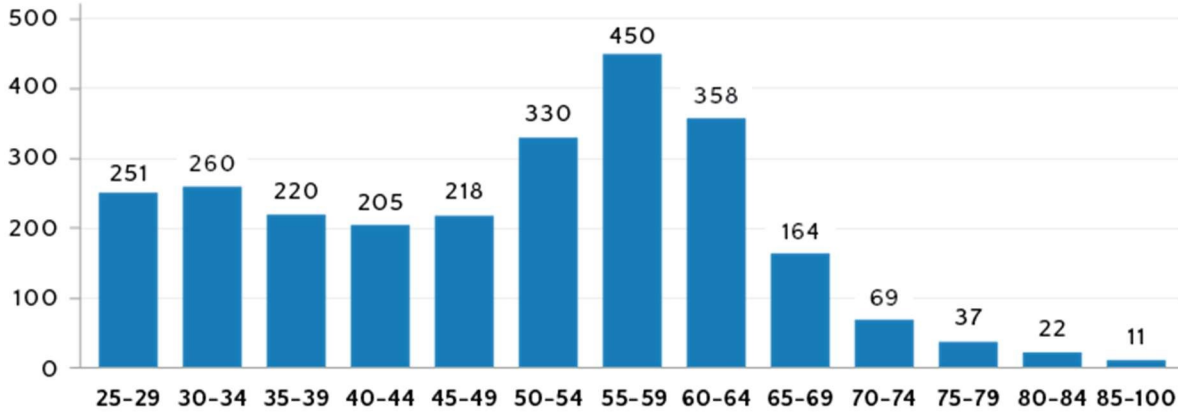


## What are the demographics of the prevention program?

From July 2012 to June 2018, there were **2,596 single adults were enrolled in prevention**, making up 44% of all enrolled households. The average age of a single adult participant is 50 years old, and nearly 40% of participants are over 55 years old. The single adult population is 69% male and 29% female. In FY 2017, 61% of these participants were Black and 17% were Latinx.

**Figure 2: Age Distribution in Prevention Programs from 2012 to 2018**

### Age Distribution - Single Adults

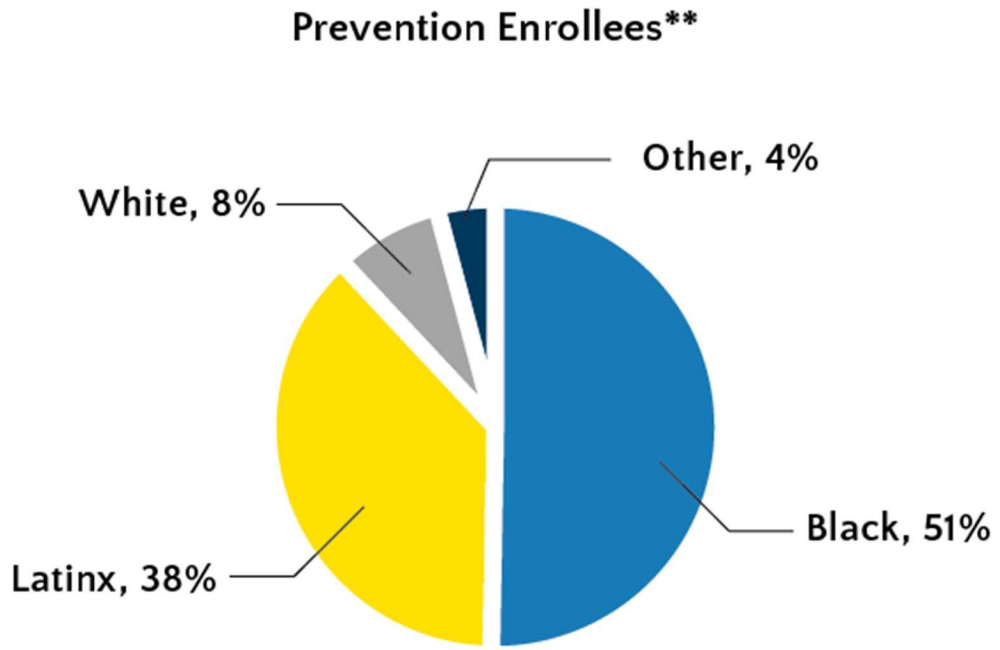


From July 2012 to June 2018, there were **2,591 families were enrolled in prevention**, making up 44% of all enrolled households. The average age of the head of household for all families is 37 years old, and 71% of families are have a female head of household. These families have an average of 2.4 children per household. In FY 2017, 52% of families enrolled were Black and 40% were Latinx.

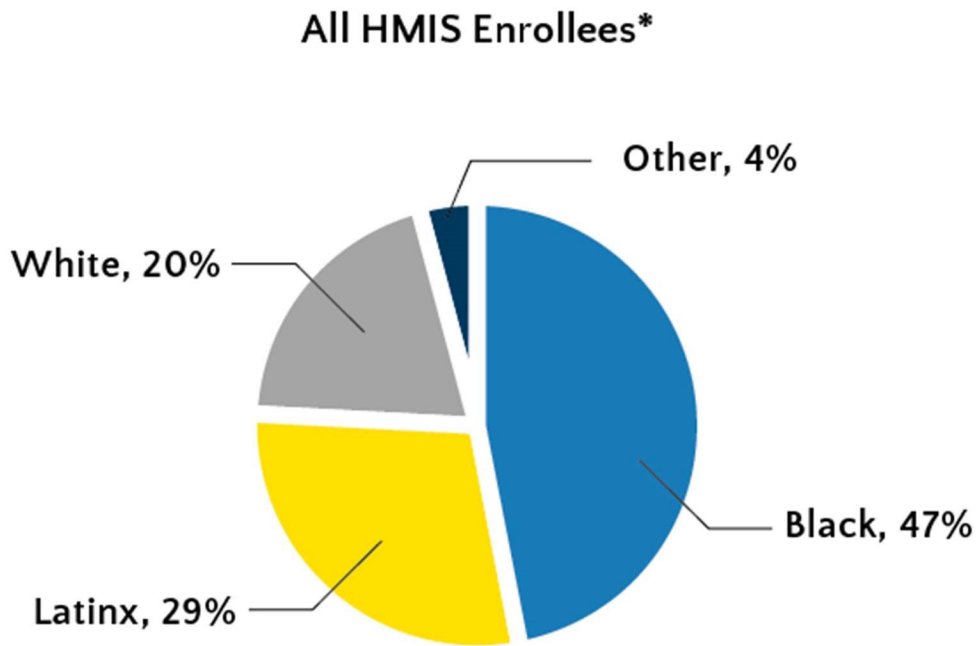
The prevention program is one of many homeless services programs in Los Angeles County.

Prevention enrollees are 42% Latinx, as compared to all people enrolled in homeless services in Los Angeles County, 30% Latinx. There is a lower proportion of White enrollees in the prevention population (8%) than in the entire population of enrollees, where 19% are White. But the proportion of enrollees who identify as Black or African American is nearly the same in the prevention group (47%) as the entire population (46%).

**Figure 3: Racial Makeup of Enrollees**



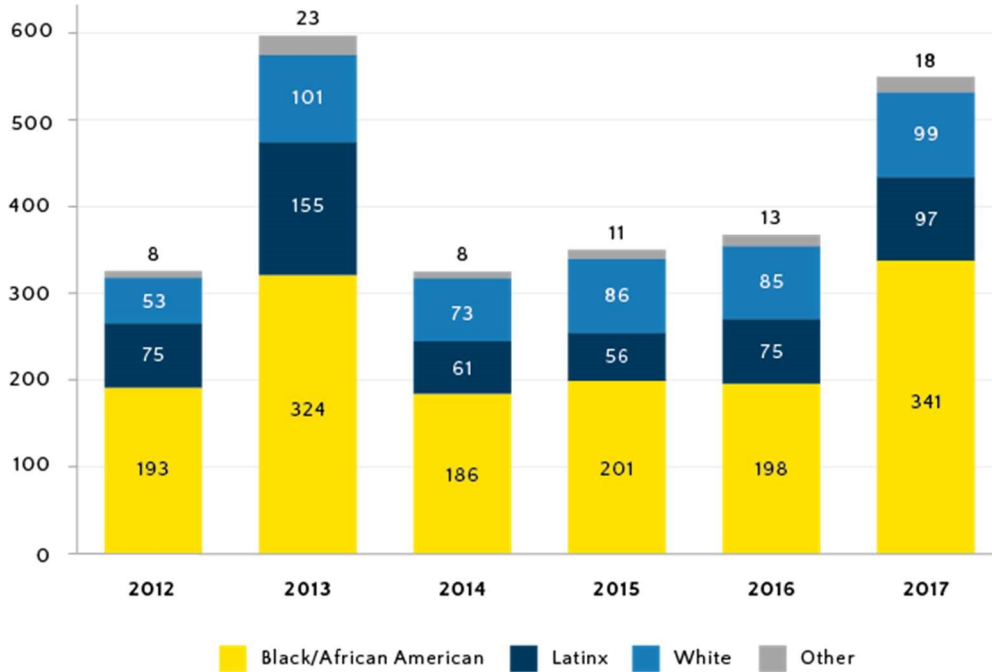
\*\*Excludes TAY and household type n/a.



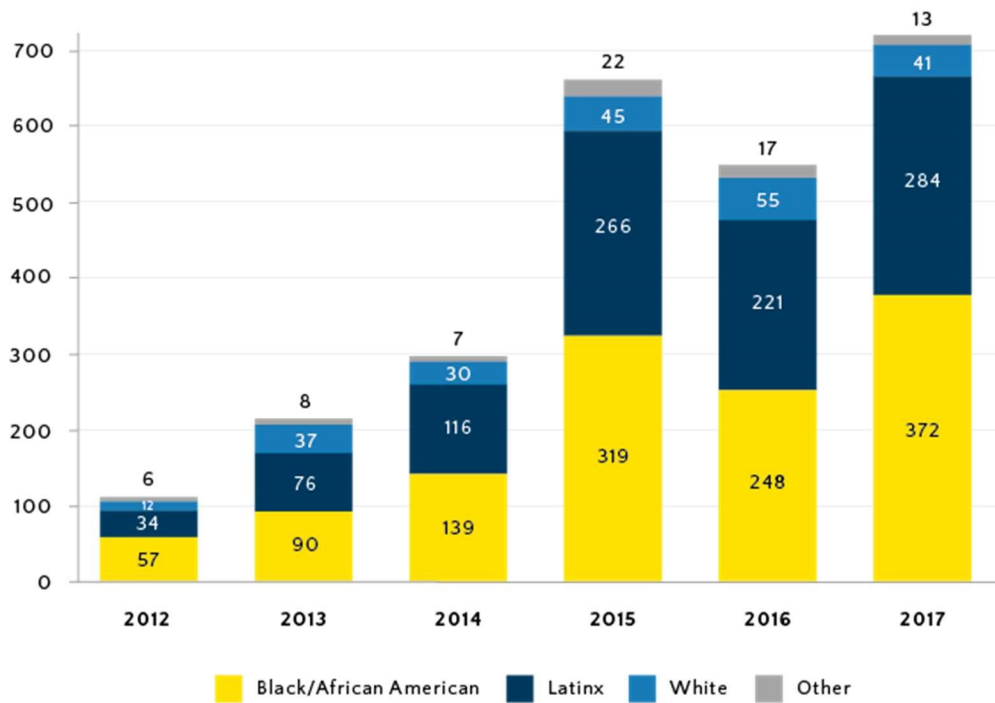
\*Includes prevention enrollees.

**Figure 4: Racial Makeup of Enrollees by Annual Enrolment 2012 to 2017**

**Annual Enrollment by Race - Single Adults**



**Annual Enrollment by Race - Families**



## Chapter 3 | Literature Review Findings

*In this chapter, we summarize findings from the literature review and case studies, highlighting predictors of homelessness used by previous practitioners, the cost-effectiveness of these services, and how homeless prevention services can be classified depending on the target population.*

### Homelessness Prevention Framework

A modern model of homelessness posit that poor households who subsequently incur negative resource shocks may be at higher risk of experiencing homelessness.<sup>34</sup> Under this model, financial assistance and programs can intervene by addressing the shock, supplementing the household with resources and support, and thus potentially prevent homelessness.<sup>35</sup>

### Prevention Classifications

Research indicates that households enter and experience homelessness in a huge variety of ways. The literature recognizes three main types of homelessness prevention: universal, selected, and indicated strategies.<sup>36</sup>

- **Universal prevention** strategies are structured to address drivers of homelessness that affect the general population, such as lack of affordable housing, or inadequate labor market opportunities.<sup>37</sup>
- **Selected prevention** services are administered to members of a specific group at particular risk of homelessness. For example, anyone who is part of a extremely low-income household would be eligible for services.<sup>38</sup>

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<sup>34</sup> Sarena Goodman et al., “How effective homelessness prevention impacts the length of shelter spells,” *Journal of Housing Economics* 23 (March 2014): 55-62, <https://doi.org/10.1016/j.jhe.2014.01.003>.

<sup>35</sup> Sarena Goodman, et al., “How effective homelessness prevention impacts the length of shelter spells,” *Journal of Housing Economics* 23 (March 2014): 55-62, <https://doi.org/10.1016/j.jhe.2014.01.003>.

<sup>36</sup> For a description of the typologies of homelessness prevention, see Appendix A; *see also*: Dennis Culhane et al., “A prevention-centered approach to homelessness assistance: a paradigm shift?” *Housing Policy Debate* 21, no. 2 (2011): 295-315, <http://dx.doi.org/10.1080/10511482.2010.536246>.

<sup>37</sup> Ellen Bassuk et al., “The prevalence of mental illness in homeless children: a systematic review and meta-analysis,” *Journal of the American Academy of Child & Adolescent Psychiatry* 54, no. 2, (February 2015): 86–96, <https://doi.org/10.1016/j.jaac.2014.11.008>.

<sup>38</sup> Marybeth Shinn et al., “The Prevention of Homelessness Revisited,” *Analyses of Social Issues and Public Policy* 1, no. 1 (December 2001): 95-127, <https://doi.org/10.1111/1530-2415.00006>.



- **Indicated prevention** prioritizes providing services to people based on individual characteristics, such as mental health diagnosis or childhood trauma, that may make that specific person more at risk of homelessness.<sup>39</sup>

Selected and indicated prevention are both types of **targeted prevention** (the current LAHSA prevention program can be characterized as targeted prevention).<sup>40</sup> Targeted prevention focuses on serving particular groups whose members are at greater risk of homelessness by screening and serving households in these groups based on high-risk characteristics.<sup>41</sup> Targeted prevention is thus a particularly difficult intervention to design and administer given 1) the dearth of research on reliable predictors of homelessness and 2) the many reasons households may or may not enter homelessness at all.<sup>42</sup>

## National Practices: Prevention Services

The most common homeless prevention interventions are case management, financial counseling, connection to resources, in-kind emergency assistance, and rental/mortgage/utility assistance to avert eviction.<sup>43</sup> Other common prevention services include legal assistance, coordinated efforts by agencies, rental and utility arrears, eviction defense, and community-based services that refer participants to a wide menu of services (such as job training or child care).<sup>44</sup>

Short-term and long-term financial assistance may help those at-risk of losing their homes. Research suggests that permanent, income-based (“deep”) housing subsidies for low-income households may

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<sup>39</sup> Marybeth Shinn et al., “The Prevention of Homelessness Revisited,” *Analyses of Social Issues and Public Policy* 1, no. 1 (December 2001): 95-127, <https://doi.org/10.1111/1530-2415.00006>.

<sup>40</sup> PJ Mrazek and RJ Haggerty, “Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research,” Washington D.C.: *National Academic Press* (1994), <https://doi.org/10.17226/2139>; Marybeth Shinn et al., “The Prevention of Homelessness Revisited,” *Analyses of Social Issues and Public Policy* 1, no. 1 (December 2001): 95-127, <https://doi.org/10.1111/1530-2415.00006>.

<sup>41</sup> Andrew L. Greer, “Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency,” (unpublished PhD diss., Vanderbilt University, 2014), 8.

<sup>42</sup> Marybeth Shinn, et al., “The Prevention of Homelessness Revisited,” *Analyses of Social Issues and Public Policy* 1, no. 1 (December 2001): 95-127, <https://doi.org/10.1111/1530-2415.00006>.

<sup>43</sup> Burt, Martha. *Strategies for Preventing Homelessness*. U.S. Department of Housing and Urban Development. (Office of Policy Development and Research, May 2005), <https://www.urban.org/sites/default/files/publication/50201/1000874-Strategies-for-Preventing-Homelessness.PDF>

<sup>44</sup> Marybeth Shinn, “Homelessness Prevention: A Review of the Literature,” Center for Evidence-based Solutions to Homelessness, January 2019, [http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

effectively prevent homelessness.<sup>45</sup> Permanent assistance is not always necessary, however; even “just-in-time” payments for emergency financial assistance may reduce homelessness among high-risk populations.<sup>46</sup>

## Case Studies: Other Prevention Programs

### New York City’s Homebase

A 2013 study examined New York City’s community-based homelessness prevention program called “Homebase,” a program which focused on neighborhoods where residents were deemed to be at risk of becoming homeless. The study evaluated interventions for and outcomes of families earning incomes less than 200 percent of the Federal Poverty Level (FPL), concluding that an evidence-based screening tool improved targeting when compared to case worker discretion.

The tool, an empirical model, would have increased the “hit rate” (i.e., correct targeting of families who would otherwise have entered homelessness) by 26 percent, and reduced “misses” (administration of services to families who would not otherwise have entered homelessness) by two-thirds over case workers’ discretion.<sup>47</sup> The 15 risk factors screening model identified more families who were most likely to enter homelessness without flagging additional families who were able to avoid homelessness on their own.<sup>48</sup>

However, like case manager discretion, the Homebase screening model targeted many families who were unlikely to experience homelessness, and therefore was not very efficient. Only 14.5 percent of the “high risk” control group (the group who did **not** receive the intervention) went on to experience homelessness, even though the evidence-based model predicted that they would.<sup>49</sup> Inefficient programs cannot be evaluated for their effectiveness, because it is impossible to determine what services prevent

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<sup>45</sup> Marybeth Shinn, “Homelessness Prevention: A Review of the Literature,” Center for Evidence-based Solutions to Homelessness, January 2019, [http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

<sup>46</sup> Additionally, this particular study estimated that the program saved \$2 to society for every \$1 of prevention expenditures. Adam Schickedanz and Paul J. Chung, “Addressing Family Homelessness in Pediatrics: Progress and Possibility,” *Pediatrics* 142, No. 2 (2018),; <https://pediatrics.aappublications.org/content/142/4/e20182328>.

<sup>47</sup> Marybeth Shinn et al., “Efficient Targeting of Homelessness Prevention Services for Families,” *American Journal of Public Health* 103, no. S2 (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969118/>.

<sup>48</sup> Marybeth Shinn et al., “Efficient Targeting of Homelessness Prevention Services for Families,” *American Journal of Public Health* 103, no. S2 (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969118/>.

<sup>49</sup> Will Nicholas and Benjamin F. Henwood, “Applying a Prevention Framework to Address Homelessness as a Population Health Issue,” *Journal of Public Health Policy* 39, no. 3 (2018): 283-93, <https://doi.org/10.1057/s41271-018-0137-9>.

homelessness and what interventions had no effect because households would have avoided homelessness anyway.

However, the study also utilized randomized controlled methods to determine that Homebase services were effective, finding that enrollees were half as likely as non-enrollees to enter a homeless shelter in the 2-years following program exit, indicating that services can be effective in preventing homelessness. Moreover, empirical models improve the efficiency of targeting, but even these models are likely to flag more households than will actually enter homelessness.<sup>50</sup>

### Chicago's Homelessness Prevention Call Center

A 2016 study from the University of Chicago examined Chicago's Homelessness Prevention Call Center (the Center). Households at imminent risk of homelessness could call the Center to be screened.<sup>51</sup> If the household was eligible and funding was available, the household could access temporary financial assistance.<sup>52</sup> Funding for the Center varied unpredictably over time, creating what was effectively a natural randomized control trial. The authors of the study compared eligible callers on days when funding was available to those who could not get assistance. They found that households that called the center when funds were available were 76 percent less likely to enter homelessness in the next 6 months.<sup>53</sup>

However, the authors acknowledge that, like other homeless prevention efforts, it was not efficient. The Center's resources failed to differentiate between those at highest risk and those who were unlikely to enter homelessness.<sup>54</sup> About 96 percent of callers in the control group (households who received no assistance) did not enter homelessness even though they did not receive assistance and were facing eviction at the time they called. However, "given the high cost of homelessness to individuals and society, even a small overall reduction in homelessness may be cost-beneficial... [and] it is important to

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<sup>50</sup> Will Nicholas and Benjamin F. Henwood, "Applying a Prevention Framework to Address Homelessness as a Population Health Issue," *Journal of Public Health Policy* 39, no. 3 (2018): 283-93, <https://doi.org/10.1057/s41271-018-0137-9>.

<sup>51</sup> W. Evans et al., "The Impact of Homelessness Prevention Programs on Homelessness," *Science* 353, no. 6300 (2016): 694-99, <https://doi.org/10.1126/science.aag0833>.

<sup>52</sup> W. Evans et al., "The Impact of Homelessness Prevention Programs on Homelessness," *Science* 353, no. 6300 (2016): 696, <https://doi.org/10.1126/science.aag0833>; "It should be noted that eligibility for receipt of financial assistance was limited to: (i) The client must be able to demonstrate self-sufficiency after they receive assistance; (ii) the client must have an eligible crisis (e.g., job loss or medical emergency) that has led to the need for assistance; (iii) the client must face imminent risk of homelessness or utility shutoff; and (iv) the current crisis must be solvable by the financial assistance."

<sup>53</sup> W. Evans et al., "The Impact of Homelessness Prevention Programs on Homelessness," *Science* 353, no. 6300 (2016): 696, <https://doi.org/10.1126/science.aag0833>.

<sup>54</sup> Dennis Culhane et al., "A prevention-centered approach to homelessness assistance: a paradigm shift?" *Housing Policy Debate* 21, no. 2 (2011): 295-315, <http://dx.doi.org/10.1080/10511482.2010.536246>.

know whether the value to individuals and society of the unmeasured benefits of homelessness reduction is large enough to justify the documented costs.”<sup>55</sup>

## Predictors of Homelessness

Several studies have identified statistically significant predictors of homelessness in vulnerable populations, with two important caveats. First, risk factors for entering homelessness vary across time and space. The root causes of homelessness are frequently structural, and jurisdictional differences in housing market characteristics and social policies make generalizability potentially impossible. Second, the predictors relevant to a given outcome are dependent on the definition of homelessness: the risk factors associated with literal homelessness or shelter entry overlap with but are not the same as the risk factors for housing instability.

That being said, the single best predictor of eventual homelessness is previous shelter entry or previously experiencing homelessness.<sup>56</sup> In the Homebase study, these households were more than 18 times more likely become homeless than households without a previous shelter entry.<sup>57</sup> Other important predictors of eventual homelessness are being doubled-up (which is also associated with not being a leaseholder, a factor that is itself also predictive), a pending eviction notice (either a verbal threat or “official” notice), receipt of public assistance, earning less than 30 percent of the Area Median Income (AMI), part time employment, and high levels of rent arrears or debt.<sup>58</sup>

Unique to families, specific risk factors include outstanding debt or high arrears, discord or conflict in the current living situation, public assistance receipt, service of an eviction notice, being pregnant or having a child aged younger than two years, and various measures of household instability, such as number of moves in the last year, child protective services involvement, and adverse childhood experiences. Importantly, the predictive power of a factor can significantly vary by household type. For instance, the same study found that factors normally predictive of homelessness in single adults, such as mental


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<sup>55</sup> W. Evans et al., "The Impact of Homelessness Prevention Programs on Homelessness," *Science* 353, no. 6300 (2016): 694-99, <https://doi.org/10.1126/science.aag0833>.

<sup>56</sup> Marybeth Shinn, "Homelessness Prevention: A Review of the Literature," Center for Evidence-based Solutions to Homelessness, January 2019, [http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

<sup>57</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 42.

<sup>58</sup> Marybeth et al., "Efficient Targeting of Homelessness Prevention Services for Families," *American Journal of Public Health* 103, no. S2 (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969118/>; Andrew L. Greer et al., "Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention," *Social Service Review* 90, no. 1 (2016): 130-55. <https://doi.org/10.1086/686466>; Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014).



illness, substance abuse, and criminal justice involvement, were not statistically significant in predicting incidences of family homelessness.

Some indicators of poverty that are particularly associated with housing instability are earning less than 30 percent AMI, rent higher than 40 percent of income, outstanding debt in excess of \$1000, and being evicted.<sup>59</sup>

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<sup>59</sup> Marybeth Shinn et al., "Efficient Targeting of Homelessness Prevention Services for Families," *American Journal of Public Health* 103, no. S2 (2013), <https://doi.org/10.2105/ajph.2013.301468>.

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## Chapter 4 | Homelessness Prevention Program Findings

*In this chapter, we explain the Homeless Prevention Program Administration as outlined by both LAHSA policy documents and service provider interviews to understand the prevention program process and identify areas where program implementation was not consistent with program policy.*

In Los Angeles, individuals or families at risk of homelessness can seek assistance through LAHSA's homelessness prevention program. A household in a housing crisis can seek services at the appropriate nonprofit agency (the provider contracted to administer the SPA's prevention and diversion services).<sup>60</sup>

In order for a homeless prevention program to be **effective** at preventing homelessness, the program must also be **efficient**. **Efficiency** requires that the program target the participants most likely to benefit from the program: in homelessness prevention, this means serving the households who would be unable to avoid homelessness on their own, without an intervention. An intervention is thus **effective** if it can help these households find or maintain housing without experiencing homelessness. A program must efficiently target these households—only those who would otherwise become homeless—before we can evaluate whether it is effective.

Many service providers confuse effective service provision with poor targeting of services. A program that appears to be effectively preventing homelessness may actually be inefficiently targeting by serving households that would have been able to avoid homelessness on their own.<sup>61</sup> In order to determine whether a program is both efficient and effective, we need to determine what would have happened to a household in the absence of the intervention, which requires identifying what risk factors are predictive of eventual homelessness. Existing research shows that prevention can be improved by comparing the outcomes of program participants with the “counterfactual” -- similar applicants who did not receive services.<sup>62</sup>

Utilizing both the SRS and original research, we have outlined the prevention program process in five nodes:

- 1) Walk-in
- 2) Informal Triage
- 3) Prevention and Diversion Eligibility Screening
- 4) Service Provision
- 5) Program Exit

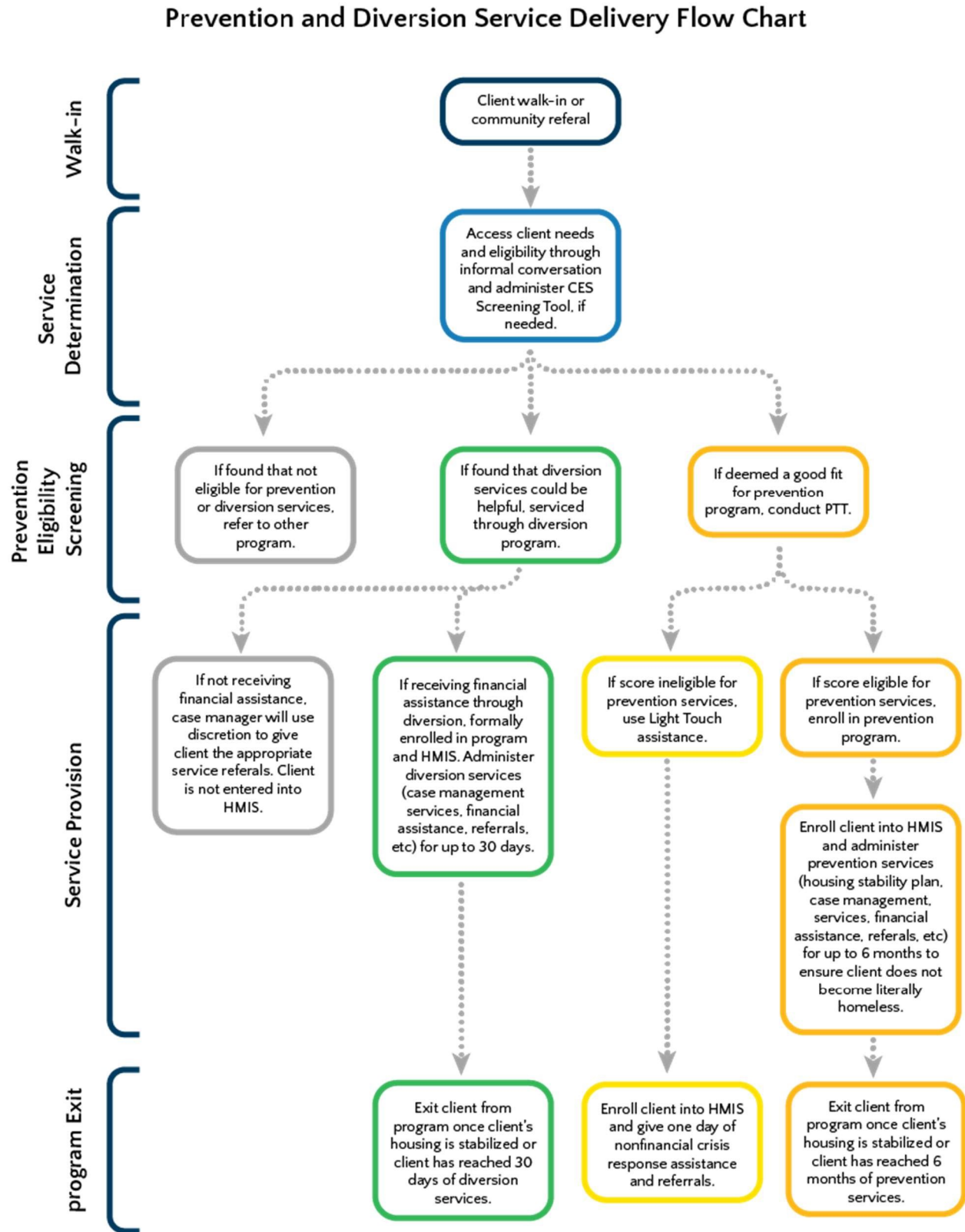
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<sup>60</sup> The process of seeking and obtaining services according to County policy is described in detail below and depicted in Figure 1.

<sup>61</sup> Marybeth Shinn et al., "Efficient Targeting of Homelessness Prevention Services for Families," *American Journal of Public Health* 103, no. S2 (2013), <https://doi.org/10.2105/aiph.2013.301468>.

<sup>62</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 136.

Figure 5: Prevention and Diversion Service Delivery Flow Chart



### **1. Walk-in or referral**

For a household in need to begin receiving prevention services through LAHSA, they must contact the local service provider (often via physically visiting) that administers prevention services. Potential participants may learn about prevention resources through word of mouth, community-based organization referrals, other government agency referrals, or independent research (such as calling 211 or searching the Internet).

### **2. Informal Triage**

Once a household seeking assistance contacts the service provider, a provider staff member conducts an informal conversation to assess a household's eligibility for enrollment in various programs, gauge the household's needs, and determine whether the crisis can be avoided without formally enrolling the household in a LAHSA homeless services or prevention program.<sup>63</sup> This informal triage is intended to determine the severity of the housing crisis, the safety of those in the household, the household's composition, and any other household-specific needs. If an applicant is literally homeless, she will be referred to another LAHSA homeless service program designed to serve those who are already homeless (such as Rapid Re-Housing). If an applicant is still at risk of homelessness, and the intake staff determines that they are a good fit for the prevention program, then they are transferred for intake by the appropriate agency staff (i.e., prevention-specific case managers).

### **3. Prevention Program Eligibility Screening**

Once a potential participant is referred to the appropriate agency staff, a case manager will determine whether they can use **diversion** to help a household avoid homelessness. Diversion allows a participant to receive up to 30 days of services.<sup>64</sup> Case managers can utilize their discretion during the course of this process to decide whether a household should receive nonfinancial diversion, financial diversion, or be screened for prevention.<sup>65</sup>

If a household's acuity is high enough, a case manager can screen the household for **prevention** enrollment. In order to be eligible for the prevention program, participants must

- 1) be at imminent risk of homelessness,
- 2) meet maximum income requirements, and
- 3) receive a qualifying score on the Prevention Targeting Tool (the "PTT" is a survey tool that assesses a participant's acuity and determines eligibility for services, see Deep Dive: Prevention Targeting Tool on page 31).<sup>66</sup>

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<sup>63</sup> Los Angeles Homeless Service Authority. "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>64</sup> 3. Los Angeles Homeless Service Authority. "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>65</sup> Los Angeles Homeless Service Authority. "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>66</sup> A breakdown of the PTT can be found in the Deep Dive callout box on page 26.



If a participant is screened with the PTT but does not score high enough to be eligible for prevention services, the case manager can administer **Light Touch** services.<sup>67</sup> (Eligibility requirements and services for Diversion, Prevention, and Light-Touch are detailed in Figure 7).

If a participant does qualify, they can be enrolled in the prevention

## Deep-Dive: Prevention Targeting Tool

### What is the Prevention Targeting Tool?

The PTT is a survey tool administered by case managers to assesses a participant’s acuity and determines eligibility for homelessness prevention services. Family households must receive 21 points or more to be eligible while TAY and Single Adults must score 19 or more to be eligible.

### How does the PTT Determine Eligibility?

The tool takes into consideration many factors including imminent risk of homelessness, history of evictions, history of homelessness, recent discharge from institutions, recent major financial or emotional trauma, recent involvement with child protective services, household income, physical and mental health, and other criteria.

### Who is Targeted?

Points for the above criteria vary, but participants who have recently received Los Angeles County housing assistance, who have several recent episodes of homelessness, or who currently reside in permanent supportive housing will generally receive high and potentially qualifying scores.

### What Happens if You’re Not Eligible?

If a household does not receive a qualifying score, that household may still be eligible for light touch services. light touch services include referral and linkage to other services in another program within their SPA. Further, light touch is limited to a single day of nonfinancial service provision.

### Is it Evidence-Based?

Partially. LAHSA states on the tool that some criteria are based on “local policy priorities.” For an in-depth examination on which PTT criteria are evidence-based and which do not have data to substantiate them, please see Appendix A.

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<sup>67</sup> Los Angeles Homeless Service Authority. “2018-2019 Prevention Program Scope of Required Services,” last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

program and receive services for up to six months.<sup>68</sup>

Administration of the prevention program requires that case managers exercise significant discretion at various points in the eligibility and service provision process. Our literature review indicates that case manager discretion can be supplemented by evidence-based risk factors, which require determination of the risk factors most predictive of homelessness. However, under the current program design, if a household is not screened for prevention or receives nonfinancial services, there is no record created in HMIS. Therefore, LAHSA cannot evaluate which factors are likely to indicate high-risk of homelessness, or which interventions are most effective.

Moreover, for the subset of applicants selected to be screened for prevention, risk factors on the screening tool are not the only factors that determine if participants receive services. For example, in the Fiscal Year 2018, eligibility for family households seeking prevention was based on a soft cut-off, where families with scores of 18-20 could be eligible if case managers advocated on behalf of applicants to LAHSA.<sup>69</sup> Additionally, case managers could advocate to LAHSA for any household that scores under a qualifying score, even if they scored under the soft cut-off.

But the soft-cut off rule was removed in the Fiscal Year 2018, and the PTT questions changed, complicating efforts to evaluate which factors are predictive of homelessness. Our research also found that some service providers can still advocate to enroll applicants who have an ineligible PTT score if the case managers deem the applicant a good fit for the prevention program.

**Figure 6: Eligibility Criteria**

	Non-Financial Diversion <sup>3</sup>	Financial Diversion <sup>3</sup>	Prevention	Light Touch <sup>2</sup>
Length of Service	Up to 30 days		Up to 6 months	1 day
HMIS Enrollment	No	Yes	Yes	No
Income Eligibility	50% AMI <sup>1</sup>		50% AMI <sup>1</sup>	50% AMI <sup>1</sup>
Populations Served	All populations		All populations	All populations
Homeless Status	<u>Literally homeless</u> , imminently at-risk <sup>4</sup> , fleeing DV		Imminently at-risk <sup>4</sup> , fleeing DV	Imminently at-risk <sup>4</sup> , fleeing DV

<sup>68</sup> Los Angeles Homeless Service Authority. "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>69</sup> Los Angeles Homeless Service Authority, "Homelessness Prevention Targeting Tool (Families, FY 17-18)," last modified July 2017.

PTT Score	Should occur prior to administration of PTT		19+ (21+ for Families)	0-18 (0-21 for families)
Possible Services	Coaching/problem solving, mediation and conflict resolution, connection to other resources, housing search/stabilization assistance	Security deposit, documents/employment/transit costs related to housing, utility assistance, and reunification	Security deposit, rental assistance/arrears, utility deposit/assistance/arrears, legal fees, move in expenses, documents/employment/transit costs related to housing, and reunification	Referral and linkage to other services in another program with the CES area
<p><sup>1</sup> If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Section 8) with income up to 80% of area median income (AMI) she can also qualify.</p> <p><sup>2</sup> Participants that take the PTT but do not qualify for prevention can still receive light-touch and be referred to other programs.</p> <p><sup>3</sup> There is not currently a separate HMIS enrollment for diversion clients, as there is for prevention clients.</p> <p><sup>4</sup> According to LAHSA, the definition of imminent risk is that “the household will experience literally homelessness within the immediately preceding month” without assistance.</p>				

#### 4. Service Provision

If participants are deemed eligible for diversion or prevention services, they can receive up to six months of case management, direct services, and financial assistance; outlined in Figure 6.<sup>70</sup> According to LAHSA policy, the main difference between diversion and prevention is the length of time a participant may receive service. Diversion can be administered for up to 30 days (while prevention can be administered for up to six months).<sup>71</sup> Although not explicitly part of LAHSA policy, we discovered through service providers that some case managers administer what we termed *nonfinancial diversion*. Nonfinancial diversion is almost identical to financial diversion except that: 1) participants are not enrolled and thus not tracked in HMIS, and 2) participants do not receive any financial assistance from the prevention program. Figure 6 outlines the differences in eligibility criteria and services available for participants in nonfinancial versus financial diversion.

<sup>70</sup> Los Angeles Homeless Service Authority. “2018-2019 Prevention Program Scope of Required Services,” last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>71</sup> Los Angeles Homeless Service Authority. “2018-2019 Prevention Program Scope of Required Services,” last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

**Figure 7: Services Available: Diversion and Prevention<sup>72</sup>**

If you need...	A new home;	Landlord/lease holder negotiation;	Assistance for rental-related expenses;	Employment or additional income;	Or general fiscal literacy and management
Moving Expenses; *	X				
Security Deposit;	X				
Utility Deposit;	X				
Transportation costs; *	X				
Legal Fees, Advocacy or Referrals;		X			
Landlord Mediation;		X			
Rental back-pay or future assistance;		X	X	X	
Utility back-pay or future assistance;		X	X	X	
Employment Expenses; *			X	X	X
Grocery Food Cards*	X			X*	X
Housing-Focused Case Management (also budget planning/benefits assistance) *	X	X	X	X	X

**Moving Expenses\*** can include application fees, broker fees, essential furnishings [e.g. beds, kitchenware, etc.], or a Landlord Incentive Fee)

**Transportation\* costs must be** related to employment or housing search. Can include automobile repair if not DPSS funds

**Employment Expenses\*** can include costs related to uniforms, tools, license fees, certifications, **financial literacy and credit counseling/classes**, or short-term vocational training (indirectly) related to housing stability


**Grocery/Food Cards\* are only allowable if it is related to diverting a family (household?) to a temporary housing situation**

**Housing-Focused Case Management Services\***, something LAHSA includes under “Supportive Services”, can include home visits, information and referrals, monthly face-to-face meetings, assistance with budgeting or money management, assistance with accessing County and other mainstream benefits or services provided by partner agencies

### 5. Program Exit

Once a participant has reached six months of prevention services (or 30 days of diversion services), they are formally exited from the program. At this point, the case manager will work with the participant to create an exit plan, document the end of service provision in HMIS, and record the outcome of the

<sup>72</sup> A detailed list of the services available for diversion and prevention participants can be found in Appendix C.



participant (including housing status at exit). If, after the term of services has expired, a household was unable to resolve the housing crisis and is still at risk of becoming homeless or has entered homelessness, the household must be referred to another (more appropriate) homeless services program. LAHSA considers the participant to have been successful if a household does not enter crisis housing within six months of program exit.<sup>73</sup>

As noted throughout this paper, this method of tracking of participant outcomes does not allow us to evaluate the efficiency and effectiveness of the prevention program. For example, this does not track housing status one year after program exit, or compare participants' outcomes with those of identically-situated households that were not enrolled, making it impossible to determine what would have happened had the household not received services.<sup>74</sup>

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<sup>73</sup> Los Angeles Homeless Service Authority, "2018-2019 Performance Targets For LAHSA Contracts," last modified March 4, 2019, <https://www.lahsa.org/documents?id=1627-2017-2018-performance-targets-for-lahsa-contracts.pdf>

<sup>74</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 136.

## *A Closer Look: What are participants' outcomes?*

### How are service providers using the Prevention Targeting Tool (PTT)?

Only 53% of families enrolled in prevention were given the PTT and only 39% of single adults enrolled in prevention were given a PTT.

Of the single adults given the PTT, 70% were enrolled in prevention.

Of the families given the PTT, 63% were enrolled in prevention.

*Of the families and individuals given the PTT, the people who were enrolled in prevention had similar scores, on average, as those who were not enrolled.*

### How many families have been assessed with the Prevention Targeting Tool and what is their subsequent enrollment status?

Of the 1,053 family PTTs administered from December 2016 to April 2018,

- 662 (63%) were then enrolled in prevention.
- 51% of families report a sudden and significant loss of income or employment and/or uncontrollable and significant increase in non-discretionary expenses within the last 60 days
- Over 32% of families report major household trauma within 6 months
  - o "Major household trauma" can mean the death of a family member, separation or divorce or birth of a new child
- Over 17% are doubled up and have been told to vacate
- 42% being the leaseholder told to vacate
- 25% received a notice to vacate in the last month

### How long do participants receive services?

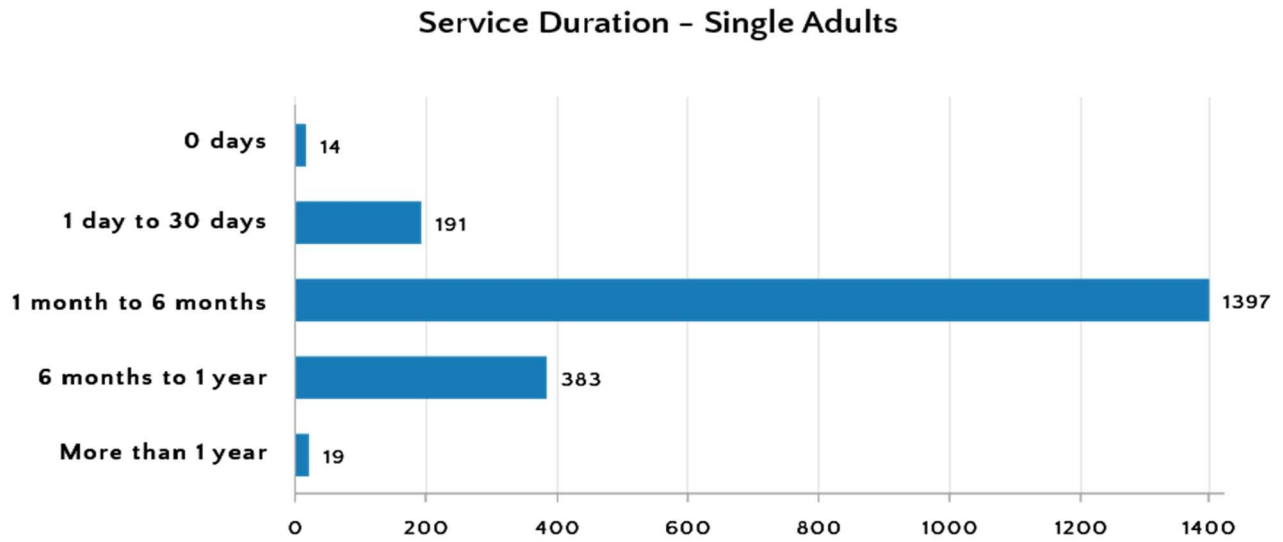
#### **Single Adults:**

Average enrollment = 3.0 months (88 days).

10% (209 households) are enrolled for 6+ months

of those, the average enrollment was 8.0 months (242 days).

**Figure 8: Service Duration – Single Adults**



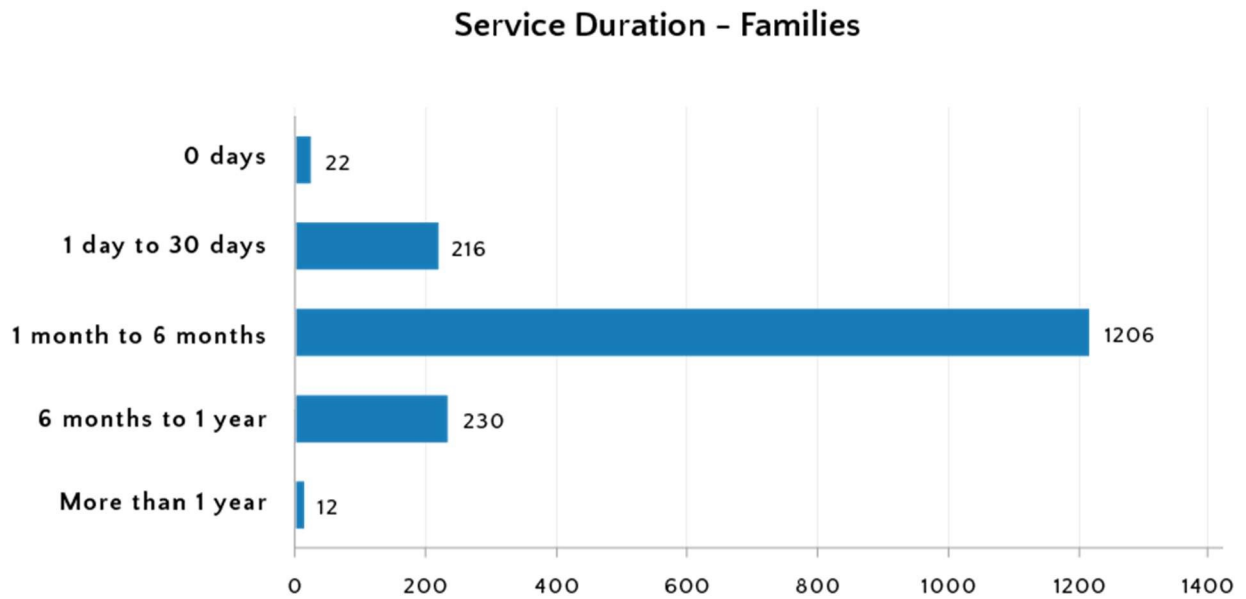
**Families:**

Average enrollment = 3.5 months (106 days).

15% of families (262 households) remained enrolled 6+ months

of those, the average enrollment was 8.4 months (252 days).

**Figure 9: Service Duration - Families**



## What are participants’ outcomes after they exit the program?

As may be expected, more clients who were initially enrolled in prevention exit into permanent housing than do all enrollees (this may be because only prevention participants are already housed at the time of program entry).

- 84.5% of the prevention population exits into **permanent housing**, compared to the 27.1% of the overall population.
- The majority of prevention participants exit into **permanent housing without a subsidy**.
- A much fewer proportion of prevention participants exit into **transitional** or interim housing than in the general population.
- Only 2.0% of prevention enrollees exit to **homelessness**, compared with 7.9% of all enrollees.

Over time, it appears that a higher percentage of single adults are exiting to permanent housing. The same is not true for families.

*We don’t know whether prevention caused these outcomes. To learn that, we would need to understand whether these participants would have achieved these outcomes without prevention assistance.*

**Figure 10: Prevention Outcomes Compared to Other Program Outcomes**

Destination, all Program Participants	Percent of Participants	Destination, Prevention Participants	Percent of Participants
Permanent Housing (Subsidy)	10.31	Permanent Housing (Subsidy)	12.51
Permanent Housing (no Subsidy)	15.16	Permanent Housing (no Subsidy)	71.26
Transitional Housing	3.43	Transitional Housing	0.55
Interim Housing	10.73	Interim Housing	1.97
Institution	1.94	Institution	
Literally Homeless	8.09	Literally Homeless	2.13
Missing Placement	24.11	Missing Placement	2.33
No Exit Interview	26.23	No Exit Interview	9.25
Total	100.00	Total	100.00

## Outcomes by household type

Of all single adults ever enrolled in the prevention program,

- 80% have exited the program
  - → **84% of them reported permanent housing status at exit.**

Of all families ever enrolled in the prevention program

- 68% have exited the program



- → 86% of them reported permanent housing status at exit.

**Figure 11: Prevention Outcomes by Household Type**

Outcome	Single Adults	Family
Permanent Housing (with subsidy)	24%	11%
Permanent Housing (without subsidy)	60%	75%
Transitional Housing	2%	0%
Interim Housing	3%	1%
Institutional Placement	0%	0%
No Placement	2%	1%
Deceased	0%	0%
Unknown	8%	9%
Missing	1%	2%
<b>Total Exits</b>	<b>2,082</b>	<b>1,757</b>

## Does success last?

We observe **22% of single adults and 16% of families who were enrolled and received prevention services reappearing for homelessness services within one year.**

- 8% of single adults seek prevention again, and 3% appear in interim housing or street outreach.
- 9% of families seek prevention again, and 1% appear in interim housing or street outreach.

## Chapter 5 | Original Research Findings

*In this chapter, we identify four main policy categories and potential recommendations to address potential barriers to program effectiveness based on stakeholder interviews and HMIS data analysis. These four categories are: service targeting, program administration, data collection, and funding. Under each category's findings, unique findings are separated into individual boxes. A formatting theme that will be replicated in both the policy options and recommendations chapters.*

### Targeting Findings

The fundamental problem with preventing homelessness in broadly-defined populations is that a prevention program may not be targeting the population most in need of these services. We cannot determine whether prevention is effective, because we don't know what would have happened to participants in the absence of the intervention (the counterfactual). When there is no way to know if the program is targeting "the right" households (those would be unable to avoid homelessness without assistance) we cannot determine whether the assistance those households received actually helped them avoid homelessness. Thus, we cannot determine whether the program is effective.

The **PTT is not being used to make consistent enrollment decisions**. Within the universe of households that have been screened, some **enrollment decisions appear to be arbitrary**. That is, some households score high enough on the PTT to be eligible for the program but are not enrolled. Others while others do not receive qualifying scores, but are enrolled, nonetheless. The HMIS data indicate that PTT score is not indicative of program enrollment, suggesting that case managers may be using some other decision rule to enroll participants. If the PTT questions are not determinative of enrollment, it is impossible to evaluate whether those questions are useful for identifying which households are most in need of prevention services. PTT scores for enrolled single adults appear to be nearly the same as the PTT scores of non-enrollees. Likewise, PTT scores for enrolled families appear to be nearly the same as the PTT scores of non-enrollees.

Figure 12: Mean PTT Scores

	Mean PTT for Enrolled	Mean PTT for Non-Enrolled
Single Adult	26.68	25.01
Family	20.12	20.85

**Providers do not have a consistent definition of participant "success"** upon exiting the program. Many define success differently, though most agreed upon a definition generally encapsulated by "stability" or "self-sufficiency" (11/14 providers). Specifically, this definition includes: participants who

remained in their original housing (3/14), self-sufficiency (7/14), linkage with services (3/14), a households never experiencing homelessness (3/14), or prevention eviction (2/14). Some service providers defined program success as no longer needing prevention services or avoiding eviction (though others felt that having an eviction notice does not necessarily imply a household will become homeless).<sup>75</sup>

LAHSA defines success as 1) exiting the program to permanent housing<sup>76</sup> (either obtaining or retaining that housing) and 2) remaining in permanent housing and not entering Crisis Housing<sup>77</sup> within six months.<sup>78</sup>

**Existing screening tools may not adequately target and account for particular characteristics of high-risk populations**, including LGBT, seniors, non-English speaking, undocumented, households on fixed incomes, and those with chronic medical conditions. Five providers mentioned this problem and suggested that these characteristics could be accounted for with more specific questions on the PTT, additional training, or translation services.

**Many providers implement independent internal enrollment eligibility criteria** to prioritize who to serve with their limited funding. Four providers had run out of funding by halfway through the fiscal year, and five more expected to do so. Therefore, case managers explained, they were screening households for additional, internal criteria before determining that a participant was eligible, even when they met the requirements outlined in the SRS.

Though every provider begins the enrollment process in the same way,<sup>79</sup> many providers were faced with resource constraints that led to their utilization of internal criteria to choose which participants to enroll. Thus, for some providers, part of determining eligibility is making a discretionary judgment call about whether the participant will be able to “successfully” exit the program: is this a participant who will benefit from us expending resources on her, in that prevention services will be effective in preventing homelessness for her after she exits the program?

Some examples are particularly illustrative. The vast majority of service providers (13/16) require a 3-day eviction notice or unlawful detainer, though several will consider a 30-day “pay-and-quit” to be sufficient proof of “imminent risk of homelessness.” Three providers explained that they prioritize

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<sup>75</sup> See discussion of indicators of homelessness vs. housing instability, page 21.

<sup>76</sup> See Appendix A for LAHSA’s permanent housing exit destinations in HMIS.

<sup>77</sup> Crisis Housing includes all interim housing and shelter, both LAHSA and non-LAHSA, indicated by emergency shelter in destination field in HMIS. See Glossary for the full definition of Crisis Housing.

<sup>78</sup> Los Angeles Homeless Service Authority, “2018-2019 Performance Targets For LAHSA Contracts,” last modified March 4, 2019, <https://www.lahsa.org/documents?id=1627-2017-2018-performance-targets-for-lahsa-contracts.pdf>

<sup>79</sup> The “funnel” of enrollment includes checking first for appropriate documentation, then asking whether the applicant meets the requirements (including ‘imminent risk of homelessness’), then assessing the household with the appropriate PTT to determine eligibility score.

enrolling participants who will be able to self-sustain after the 6 months expires and they can no longer receive assistance. For example, the case manager was asking whether the applicant had an income that could afford the current unit in the long-term; asking whether the unit was priced at market rate; or making a moral determination of whether the applicant had experienced “a financial difficulty that was unavoidable.” This means providers are substituting their judgment to target applicants whose circumstances are not the applicant’s “fault.”

Other providers explained that they had prioritized participants who:

- Had income deemed high enough to afford their current housing,
- Have an ability to budget realistically,
- Can to advocate for herself,
- Has an understanding of what resources are available to help her avoid homelessness in the case of another crisis,
- Already have access to secure and stable housing

We note that these providers’ intuition is likely in line with research that suggests that prevention programs are more likely to be effective when they define a narrow target population. Moreover, we are extremely sensitive to the enormous time and resource constraints that case managers face. However, we have identified this issue to flag it for further evaluation, and illuminate the effect of providers’ varying understandings of the appropriate scope and approach of the prevention program.

Service providers reported that the way **the PTT is administered can change a household’s score**. Six providers explained that they had to spend longer administering the tool when “digging into” an applicant’s history, and that answers could easily be “massaged” to make a given household eligible. Specifically, the tool is flexible enough to allow a case manager to nudge the participant toward a different score. In order for LAHSA to test the predictive power of the PTT questions, it must be administered in the same way to each applicant. Presently, providers may be inconsistently affecting scores on the margin and thus differentially determining which applicants are eligible for prevention.<sup>80</sup>

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<sup>80</sup> See *Data Management* section.

## Program Administration Findings

Seven service providers indicated **challenges presented by participants' landlords, including an unwillingness to accept third party checks or provide all paperwork required by the prevention program.** Providers reported that landlords were unwilling to provide the documentation needed for participants to receive financial assistance through the prevention program, including a W-9, proof of ownership, rental and lease agreements, housing and habitability inspections, or bills. Two service providers stated that due to current structural or processes in place, some of the checks to the landlords take weeks before arrival, far past the five-day turnaround required by the SRS.<sup>81</sup>

Service providers were **generally confused about administering diversion or light touch assistance and appropriate levels of service provision.**<sup>82</sup> For example, LAHSA expects diversion to be an informal conversation that occurs prior to intake with the prevention targeting tool. But four service providers directly stated that they did not understand diversion, and were instead enrolling households (who may have been more efficiently served with this intervention) in prevention. Six providers reported practicing diversion "infrequently" or "rarely" or discussed how diversion is "new" and "confusing." When asked to explain their understanding of diversion, responses ranged from "diversion is meant for somebody that's never entered the shelter" to a provider who devoted several hours a week to searching the Internet for local resources. Ultimately, the responses from service providers indicate that diversion is confusing and this program is underutilized.

**The visibility of the prevention program varies widely depending on where a household experiences a housing crisis.** Service provider interviews suggested that the referral process is ad hoc, and the general public is largely unaware of the prevention program. Participants learn about prevention services through a wide variety of ways: word of mouth, referral from other agencies (such as DPSS), or independent Internet research. Other providers were conducting their own outreach in the community, canvassing local schools, libraries, or Neighborhood Council meetings. One provider even explained that landlords were making calls on behalf of individual tenants.

**Service providers have varying access to legal services, even though both the literature and case managers identify legal aid as one of the more effective prevention services.**<sup>83</sup> Ten of 12 interviewees discussed legal aid and regularly utilize legal services. One provider suggested that it would be even more useful to have onsite legal services (e.g., attorneys on staff) for participants to access legal aid more quickly.

<sup>81</sup> Los Angeles Homeless Service Authority, "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>82</sup> For an overview of how Diversion and Light-Touch, see Figure 6.

<sup>83</sup> Carroll Seron et al., "The Impact of Legal Counsel on Outcomes for Poor Tenants in New York City's Housing Court: Results of a Randomized Experiment," *Law & Society Review* 35, no. 2 (2001): 419. <https://doi.org/10.2307/3185408>.

## Data Management Findings

**Program applicants who do not receive services do not have their risk factors recorded and outcomes evaluated.** Therefore, there is no record of households that apply for services but do not qualify--though those households' outcomes are the counterfactual for the outcomes of program participants. As discussed in the LAHSA Program Prevention Overview Section, this means that it is impossible to evaluate the efficiency and thus effectiveness of the program.

**There is no way to track participants' outcomes** beyond specifying whether the household is residing in a unit rented or owned by the participant. Current HMIS outcome options only show a participant's housing status at program exit. Thus, outcome data do not specify if participants were able to remain in their housing, if they had to move and obtain new housing, or if they encountered homelessness in the interim.

This data limitation is evidenced by the wide variety of potential exit destination that are collectively considered to be "permanent housing," which includes rental or ownership with a subsidy, living in a hotel or motel, or staying or living with family or friends (whether on a permanent or temporary basis).<sup>84</sup>

**LAHSA does not require providers to track the provision on nonfinancial services in HMIS.** As a result, we believe that some participants are receiving services identical to other nonfinancial prevention services with no record of what interventions were administered. Since these participants are not entered into the HMIS, neither the specific intervention nor outcomes are tracked. Service provider capacity and resources are expended when providing nonfinancial diversion, but it is impossible to track services that are administered if they do not include financial assistance. Thus, it is impossible to evaluate the effectiveness of these services.

**There is no HMIS data field to record when participants are enrolled in diversion,** as opposed to the prevention project. For example, there is no field for a case manager to enroll a participant in "Diversion" -- which is a separate program from "Prevention." Diversion has different eligibility requirement, different service options, and is limited to 30 days of assistance.<sup>85</sup>

**Not every household enrolled in prevention has been assessed with the PTT.** Many households are in the HMIS prevention program but do not have a PTT score, even though a PTT score is required in order to be eligible.

This data quality issue speaks to the potentially inconsistent administration of the tool. It is possible that either 1) participants are not always evaluated with the tool, or 2) providers administer the tool,

<sup>84</sup> See Appendix A for the range of outcomes considered to be successful exits to permanent housing.

<sup>85</sup> In a January 2018 meeting with CPL and the APP team, LAHSA leadership indicated they were open to and actively exploring the possibility of adding an HMIS build specific to diversion participants.

but do not record scores when they enroll a household. Regardless, this inhibits our ability to evaluate the tool's efficiency--that is, to determine whether it targets the households that would benefit the most from services.

## Funding Findings

**The current SPA funding allocation is based on the Point in Time (PIT) homeless count and it does not accurately meet geographic need for prevention services.**<sup>86</sup>

Of the 11 interviewees aware of their funding status two confidently stated they will not run out of funds by the end of the fiscal year. The remaining nine stated they stopped enrolling people due to lack of funding or that they anticipate running out of funding before the end of the fiscal year. Furthermore, four interviewees stated how their lack of funding prevented them from enrolling potential participant and one interviewee stated they would not be able to meet their participant goal based on their funding allocation.

**Low service agency funding can result in internal funding caps.** For example, four interviewees stated they follow internal funding cap guidelines to determine how much they can fund for each participant. Interviewees stated methods for developing these caps include:

- Averaging the to-date dollar amount spent on prevention participants:
  - *“We looked at all of the nine that I had done so far, and okay, what was the average amount of rental arrears that they needed? And it was about \$3,000 to \$4,000. And then the average amount of time they needed assistance going forward was about one to two months...”*
- Dividing the total funding amount by the number of participants the service provider is contractually mandated to serve.
- Using a “rental assistance calculator” to customize tapered assistance

**Data-informed regional funding allocations are difficult to establish because research on housing market characteristics that predict homelessness is mixed** (e.g. foreclosure rates, rent, vacancy rates, rent control, and proportion of renters).<sup>87</sup>

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<sup>86</sup> Los Angeles County Board of Supervisors, *Responses to CEO Recommendations to Measure H Funding for FY 17/18 and tentatively FY 18/19 and 19/20*. June 13, 2017, <http://file.lacounty.gov/SDSInter/bos/supdocs/114526.pdf>.

<sup>87</sup>Brendan O'Flaherty, “Wrong person and wrong place: For homelessness, the conjunction is what matters,” *Journal of Housing Economics* 13, no. 1. (2004): 13, [http://www.sciencedirect.com/science/article/pii/S1051-1377\(04\)00002-6](http://www.sciencedirect.com/science/article/pii/S1051-1377(04)00002-6).

Furthermore, there is a strong consensus that prior prevention research may not apply to Los Angeles due to **external validity concerns**, and that practitioners of homeless prevention should comprehensively evaluate risk factors associated with participants and applicants of their own programs.<sup>88</sup>

**Current funding allocations may not always provide sufficient financial resources to serve high-risk populations** (e.g. seniors, those with chronic diseases, persons with disabilities, those on fixed incomes, and survivors of domestic violence). Four providers explained that these populations face added barriers to avoiding homelessness, such as seniors spending disproportionate amounts of their income or public benefits on rent.

One interviewee stated that they would not be able to serve the amount of people required by their prevention program contract. Service providers serving high risk populations reported running out of funds due to these participants requiring additional financial services.

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<sup>88</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 136.



## Chapter 6 | Potential Policy Options

*In this chapter, we outline potential policy recommendations and continue to follow the four previously identified categories of policy concerns: service targeting, program administration, data collection, and funding. Each category is followed by individual options, broken into individual boxes.*

### Targeting Options

**Option 1: Add evidence-based predictors of eventual homelessness as questions on the PTT** in order to supplement case manager discretion.<sup>89</sup> For example, the study that examined the NYC Homebase program identified several indicators predictive of shelter entry for families, including previously experiencing homelessness, being doubled-up or not being the leaseholder, a pending eviction notice, receipt of public assistance, earning less than 30 percent of AMI, part time employment, and high levels of rent arrears or debt, being pregnant or having a child aged younger than two years, and various measures of household instability (number of moves in the last year, child protective services involvement, and adverse childhood experiences).<sup>90</sup>

The same study also identified predictors specific to single adults: having an income less than 50 percent of poverty level; the presence of mental health, substance abuse, and chronic physical health problems; a history of incarceration. Moreover, adverse childhood experiences including physical and sexual abuse and out-of-home placement are also predictive of single adult homelessness.<sup>91</sup>

**Option 2: Test the predictive power of the PTT to determine what indicators are predictive of homelessness** for the population being served in Los Angeles County. Researchers have evaluated homelessness prevention programs in other jurisdictions and determined that certain risk factors are reliable predictors of

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<sup>89</sup> Marybeth Shinn et al., "Efficient Targeting of Homelessness Prevention Services for Families," *American Journal of Public Health* 103, no. S2 (2013), <https://doi.org/10.2105/ajph.2013.301468>; Andrew L. Greer et al., "Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention," *Social Service Review* 90, no. 1 (2016): 130-55, <https://doi.org/10.1086/686466>; Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014).

<sup>90</sup> Marybeth Shinn et al., "Family Homelessness: Background Research Findings and Policy Options," U.S. Interagency Council on Homelessness, last modified May 2005, [https://repository.upenn.edu/cgi/viewcontent.cgi?article=1085&context=spp\\_papers](https://repository.upenn.edu/cgi/viewcontent.cgi?article=1085&context=spp_papers).

<sup>91</sup> Darcy Varney and Willem van Vliet, "Homelessness, Children, and Youth: Research in the United States and Canada," *American Behavioral Scientist* 51, no. 6 (February 2008): 715–20, <https://doi.org/10.1177/0002764207311983>.

homelessness.<sup>92</sup> However, these indicators are not necessarily externally valid to a different temporal and geographic space and cannot be generalized to a different policy environment.<sup>93</sup>

To address this, LAHSA needs to track potential participants who apply but are ultimately ineligible for prevention. By tracking those who apply but are not enrolled (and thus do not receive services), those households' risk factors and outcomes can be evaluated and compared to those who do receive prevention services. This would allow the County to conduct a study analogous to the one that rigorously evaluated the NYC prevention program.<sup>94</sup>

**Option 3: Consistently define participant success across service providers.** A countywide definition of success for prevention program participants should be defined in the SRS and include appropriate mechanisms for tracking these outcomes. Clearly outlining and communicating a common understanding of the program's goals across SPAs and providers, which should facilitate consistent implementation of the program across the County, as well as encourage consistent targeting across service providers.

We do not suggest any particular definition of participant success, but the goal of this option is that a consistent definition will ramify providers' practice of defining success in silos. Since providers are currently targeting and serving participants in line with their own independent definitions, this option encourages providers to target a population identified by LAHSA (which should be the households at highest-risk of experiencing homelessness in the absence of the program, *see Targeting Option 2*).

**Option 4: Record when households are enrolled in prevention without receiving a qualifying score on the PTT.** Case managers have the discretion to advocate to LAHSA and enroll households, even if the PTT scores do not meet the threshold. Documenting these special enrollments and households' outcomes will track case manager discretion in comparison to the predictive power of the PTT. This is crucial to implementing an efficient program that can target households' risk of experiencing homelessness and target services accordingly.<sup>95</sup>

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<sup>92</sup> Marybeth Shinn et al., "Predictors of homelessness among families in New York City: from shelter request to housing stability," *American Journal of Public Health* 88, no. 11 (1998): 1651-7, <https://www.ncbi.nlm.nih.gov/pubmed/9807531>

<sup>93</sup> Marybeth Shinn et al., "Predictors of homelessness among families in New York City: from shelter request to housing stability," *American Journal of Public Health* 88, no. 11 (1998): 1651-7, <https://www.ncbi.nlm.nih.gov/pubmed/9807531>

<sup>94</sup> 9. Marybeth Shinn, "Homelessness Prevention: A Review of the Literature," Center for Evidence-based Solutions to Homelessness, January 2019, [http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

<sup>95</sup> The Pew Charitable Trusts, "Targeted Evaluations Can Help Policymakers Set Priorities." Pew-MacArthur Results First Initiative, last modified March 9, 2018, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/targeted-evaluations-can-help-policy-makers-set-priorities>.

**Option 5: Strategically locate prevention services in communities with the highest need for these services.**

This strategy should be adopted in coordination with geographically targeting services by mapping participant's last known address. This prioritizes community-level need directed to households losing their housing, as opposed to the use of the PIT count of already homeless individuals to allocate funding for preventing homelessness. Other jurisdictions have successfully placed community centers dedicated to assisting households avoid homelessness by strategically placing these resources in the communities with the highest needs for such services.<sup>96</sup>

## Program Administration Options

**Option 1: Hire specific staff to disseminate LAHSA-level policy changes and enforce these policies.** A

managing position and designated staff would be in charge of overseeing day-to-day operations of prevention service providers within each SPA. Interviews showed service providers were confused about program features, including diversion, and additional staff could work with service providers to explain program features and field real-time questions.

**Option 2: Adopt active contract management to combine frequent data review with “regular collaborative meetings between government agency staff and service providers.”<sup>97</sup>** Active contract management is an inclusive approach to working closely with service providers, disseminating information to guide their decision making, and efficiently responding to the challenges service providers face when implementing policy.<sup>98</sup> Active contract management emphasizes using data and real time tracking to review interventions. Alternative ways of thinking about and metrics of evaluating program success can help alleviate concerns raised in complex service delivery. For example, where agencies struggle to improve the delivery of contracted services, active contract management prioritizes technical assistance and developing high-quality models of service delivery to “break down silos and address social issues more holistically.”<sup>99</sup> This approach is particularly promising where social services may be at an initial stage or yet missing a rigorous evidence base. Implementing

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<sup>96</sup> Shinn, Marybeth, “Homelessness Prevention: A Review of the Literature,” Center for Evidence-based Solutions to Homelessness, January 2019, [http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

<sup>97</sup> Jeffrey B Liebman, “Using Data to More Rapidly Address Difficult U.S. Social Problems,” *The ANNALS of the American Academy of Political and Social Science* 675, no. 1 (2017): 166-81, <https://doi.org/10.1177/0002716217745812>.

<sup>98</sup> Harvard Kennedy School, “Active Contract Management: How Governments Can Collaborate More Effectively with Social Service Providers to Achieve Better Results,” Government Performance Lab, accessed March 19, 2019, [https://govlab.hks.harvard.edu/files/active\\_contract\\_management\\_brief.pdf](https://govlab.hks.harvard.edu/files/active_contract_management_brief.pdf).

<sup>99</sup> Patrick Lester, “Using Active Contract Management to Improve Program Outcomes,” Social Innovation Research Center, last modified July 25, 2017, <http://www.socialinnovationcenter.org/archives/2696>.

active contract management for the prevention program could allow for a more inclusive approach to policy making and implementation, and such communication should reduce administrative inconsistencies and facilitate consistent service provision.

**Option 3: Increase utilization of existing landlord cash incentives who are resistant to accepting third-party payments or working with service providers.** The SRS includes a financial incentive that service providers can use to make accepting prevention participants more attractive for landlords, including third-party financial arrangements.<sup>100</sup> However, none of the service provider we interviewed mentioned the availability of this option, even when they specifically highlighted challenges with landlords.

**Option 4: Create a visual representation that demonstrates participant trajectory through the program, and disseminate this visualization to service providers.** This visual representation should include all prevention services and enrollment processes detailed in the SRS. Currently, service providers have different understandings of the overall program, specific interventions, and participant trajectory through the prevention program. Accordingly, the program is being administered differently across SPAs, making it difficult to determine effectiveness of the overall program. If the program is not being implemented consistently, it is impossible to evaluate the overall program's effectiveness. A solution to this could be visual representations. Visual representations are tools that "use basic and easily perceived attributes to represent data visually" to ease our understanding of complex data by demonstrating information in forms that are easily comprehended.<sup>101</sup> Therefore, this recommendation could clarify program expectations and participant trajectory to reduce differences in decision making.<sup>102</sup>

**Option 5: Locate trustworthy community partners who are better able to reach vulnerable communities that are unlikely to access government services** and who would very likely become homeless without a prevention program intervention.

For example, there is evidence that the Latinx community does not seek homelessness services to the extent that other populations in the County do. A recent report by UCLA's *Latino Policy and Politics Initiative* explains that language and cultural barriers tend to prevent Latinx households that are at risk of homelessness from accessing government funded services.<sup>103</sup> Some Latinx households may feel

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<sup>100</sup> Los Angeles Homeless Service Authority. "2018-2019 Prevention Program Scope of Required Services," last modified July 3, 2018, <https://www.lahsa.org/documents?id=2808-2018-prevention-srs.pdf>.

<sup>101</sup> Stephen Few, *Now You See it: Simple Visualization Techniques for Quantitative Analysis* (California: Analytics Press, 2009).

<sup>102</sup> We have included an example of a visual representation for participant trajectory prevention program to assist LAHSA with quick adoption of this participant trajectory. See page Appendix D: Participant Services Trajectory.

<sup>103</sup> Chinchilla, Melissa, "Stemming the Rise of Latino Homelessness," UCLA Latino Public Policy Initiative, 2019. Accessed March 19, 2019, [https://latino.ucla.edu/wp-content/uploads/2019/02/FINAL-DRAFT-02\\_08\\_19-](https://latino.ucla.edu/wp-content/uploads/2019/02/FINAL-DRAFT-02_08_19-)

shame from being characterized as homeless, while others may refrain from accessing government funded services for fear of being labeled a public charge.<sup>104</sup> Therefore, providers must understand where these communities are in order to ensure that LAHSA is targeting households that would be unable to avoid homelessness without an intervention, but who are unlikely to seek assistance from government services.

This could be accomplished by identifying trustworthy community partners through asset mapping.<sup>105</sup> Asset mapping is “the general process of identifying and providing information about a community’s assets, or the status, condition, behavior, knowledge, or skills that a person, group, or entity possesses, which serves as a support, resource, or source of strength to one’s self and others in the community.”<sup>106</sup> Asset mapping will allow LAHSA and community members to identify trusted resources in each SPA (e.g., churches, community health clinics, local businesses, schools, voluntary associations). By finding trusted resources in each SPA, LAHSA can better understand where communities (such as the Latinx community) may be seeking assistance when facing crisis. This could inform how LAHSA disseminates information about the prevention program, and more efficiently target households and communities at high-risk of experiencing homelessness.

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[Stemming-the-Rise-of-Homelessness.pdf?fbclid=IwAR3yxb2KKomlWXjQIZOikDfAFb-adcANPXFzADCDomejKiE7nYTqUwpYMo.](#)

<sup>104</sup>See Glossary for extended definition of public charge; Chinchilla, Melissa, “Stemming the Rise of Latino Homelessness,” UCLA Latino Public Policy Initiative, 2019, accessed March 19, 2019, [https://latino.ucla.edu/wp-content/uploads/2019/02/FINAL-DRAFT-02\\_08\\_19-Stemming-the-Rise-of-Homelessness.pdf?fbclid=IwAR3yxb2KKomlWXjQIZOikDfAFb-adcANPXFzADCDomejKiE7nYTqUwpYMo](https://latino.ucla.edu/wp-content/uploads/2019/02/FINAL-DRAFT-02_08_19-Stemming-the-Rise-of-Homelessness.pdf?fbclid=IwAR3yxb2KKomlWXjQIZOikDfAFb-adcANPXFzADCDomejKiE7nYTqUwpYMo).

<sup>105</sup> Southern Poverty Law Center, “Unlocking Your Community’s Hidden Strengths,” last modified November 2012, <https://www.splcenter.org/20121126/unlocking-your-community%E2%80%99s-hidden-strengths-guidebook-community-asset-mappinghttps://www.splcenter.org/20121126/unlocking-your-community%E2%80%99s-hidden-strengths-guidebook-community-asset-mapping>.

<sup>106</sup>Janice C. Burns et al., “Participatory Asset Mapping,” last modified April 2012, [https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/Participatory\\_Asset\\_Mapping.pdf](https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/Participatory_Asset_Mapping.pdf)

## Data Management Options

**Option 1: Add data field exit indicators to document when participants maintain their current housing** as opposed to simply whether they exit the program into permanent housing. Adding specific data field exit indicators would allow case managers the opportunity to more descriptively document participants' exit destination when they complete the program. We suggest that these options may be more appropriate for tracking the outcome of prevention participants, for whom "exit to permanent housing" may not be sufficiently descriptive, especially if the participant was housed at the beginning of the program. For example, options could include "maintained original housing," "briefly experienced homelessness," or "remained doubled up."

Having expanded data fields would 1) allow LAHSA to more precisely evaluate participant status at exit (creating more opportunities to measure success and various outcomes), and 2) track residential instability for participants who enter crisis housing in the future. For example, if households who have to move during the course of the prevention program (and thus exit to "obtained new housing" rather than "maintained housing"), are more likely to enter crisis housing later, then LAHSA can consider whether certain exit destinations are associated with higher risk of housing instability.<sup>107</sup>

**Option 2: Add data fields for diversion and light touch services.** This would ensure that participants who receive nonfinancial services but are not documented in HMIS. Furthermore, it would improve LAHSA's ability to evaluate outcomes for financial diversion participants. These services have distinct eligibility requirements and offer distinct types of interventions with shorter periods of services. LAHSA could instruct providers to track participants (and the interventions they receive) in the appropriate project build.<sup>108</sup> This could be accomplished by either adding completely separate project build, or an indicator to differentiate between programs in HMIS.

Separately tracking distinct projects and interventions would allow LAHSA to determine if some types of projects are more effective than others, and could inform decision about how to distribute resources, or scale up various aspects of the program.<sup>109</sup>

**Option 3: Require that providers administer the PTT prior to enrolling a household** into the prevention project, regardless of whether the household is actually eligible or ultimately enrolled. The

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<sup>107</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 42.

<sup>108</sup> "Project build" refers to the specific project (e.g., prevention, rapid re-housing) that case managers enter participants into when documenting households and service provision in HMIS.

<sup>109</sup> The Pew Charitable Trusts, "Targeted Evaluations Can Help Policymakers Set Priorities." Pew-MacArthur Results First Initiative, last modified March 9, 2018, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/targeted-evaluations-can-help-policy-makers-set-priorities>.

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PTT should be administered regardless of whether a household is enrolled in prevention, receives any services, or scores above the eligibility threshold, case managers should always administer the PTT, recording participants' answers and score. This will allow evaluators to examine which risk factors are predictive of homelessness, determine PTT "hit" and "miss" rates, and target prevention services more efficiently.

**Option 4: Require documentation when participants receive nonfinancial services, and track these interventions in HMIS.** This recommendation ensures that providers document all services administered to each household, including nonfinancial interventions, and do so in the appropriate project build.

This would allow assessment of which services are most effective, because LAHSA could track the outcomes of households that receive nonfinancial prevention services. Thus, LAHSA can potentially determine which nonfinancial services are both effective and less costly than financial services.

## Funding Options

**Option 1: Develop an evidence-based funding formula using housing market characteristics to guide how prevention funds are allocated.** LAHSA could partner with academic researchers to develop and evaluate geographic housing market characteristics.

This could include partnering with the USC Sol Price School on their USC Neighborhood Data for Social Change GIS database to track and evaluate housing-market characteristics (e.g. foreclosure rates, rent, vacancy rates, rent control, and proportion of renters). This database already includes foreclosure rates and rent prices. LAHSA could work with USC to add other criteria to track risk factors associated with homelessness. This database already tracks PIT homeless count data by neighborhood.

**Option 2: Use PTT data to determine the amount of eligible prevention program need across SPAs and inform future funding allocations.**<sup>110</sup> If the PTT is consistently administered across service provider, this data could be used as a proxy for the number of households that need prevention services in a given geographic area.

**Option 3: In the short-term, create a rainy-day fund for service providers** to access once they run out of prevention funding. LAHSA could create a rainy-day fund specific to prevention without necessarily increasing the total amount allocated to prevention for the fiscal year. Providers' request for such funding could also be used as a data point to help guide future funding allocations.

To avoid incentivizing potentially wasteful spending, LAHSA could request that agencies include in their application the average dollars spent per prevention recipient. Original interviews found that at least some service providers keep internal records of this.

**Option 4: Track data on the number of eligible high-needs populations seeking services** to evaluate if funding allocations should be increased for services to be effective for these populations.<sup>111</sup> We recommend that LAHSA be as intentional about serving other high-needs populations as they are with "survivors of domestic violence," for example. This option would require documentation of participants who are members of these potentially higher-needs groups. It would also illuminate whether members of these populations are in need of particular interventions or require more financial resources to avoid homelessness.






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<sup>110</sup> This option would be supplemented by the targeting option to administer the PTT to all applicants, not just those who are actually enrolled in prevention or light-touch services.

<sup>111</sup> High needs populations could be non-native english speakers, LGBT, seniors, those on fixed-income, those with disabilities or chronic medical conditions, survivors of domestic violence



## Deeper Dive: Dual Perspective of the Prevention Program

	<p>Gaby has been subject to wage theft. She could not pay full rent the past two months and decided she couldn't pay anything this month. She must save for food, living expenses, and her children. <b>At the beginning of the following month she received a 30-day Eviction Notice.</b></p>	<p><b>Taylor is a case manager.</b> She knows that it is 6 months into the fiscal year and the funds at her agency are nearly depleted. Her boss told her that people with 30-day notices should be turned away. She understands the financial bind, but thinks more money, not more eligibility requirements, is needed.</p>
	<p>Gaby visits her local prevention program but is told a <b>3-Day Eviction Notice is needed to be eligible.</b> Gaby leaves with phone numbers of other agencies who could help but must also continue to care for her family and find employment.</p>	<p>Taylor's hands are tied. She tries to assist Gaby with referrals but knows those resources have waitlists. <b>Taylor tells Gaby to return once she has a 3-day notice.</b></p>
	<p>Gaby has quit her job and sought out the referrals. She is now on waitlists for other prevention programs. <b>It's now 3 days from eviction and she returns to her local prevention program.</b> Taylor tells her they may not have enough money to pay rental arrears, but other assistance is possible.</p>	<p>Taylor welcomes Gaby but realizes that since Gaby's rent is higher than her average participant, past unpaid rental arrears and future month rent exceeds her agency's internal "funding caps." The cap was created by her agency created to serve a greater number of people. <b>She can only help with financial relocation assistance.</b></p>
	<p><b>After 3 months, Gaby has avoided homelessness.</b> She received utterly essential relocation and security deposit assistance <b>but lost residential stability.</b> She and her family must uproot from their home, their neighborhood, and their school.</p>	<p>Taylor has a pipeline of other time-sensitive rapid re-housing and prevention clients. <b>She does not have time to conduct an exit interview with Gaby.</b></p>
	<p>The prevention intervention successfully prevented homelessness but <b>took an extra 27 days</b> due to financial and implementation constraints. These constraints also resulted in Gaby moving instead of staying in her home. All due to the effects of financial and implementation constraints on participants and service providers.</p>	

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## Chapter 7 | Policy Option Evaluation

*In this chapter, we outline the five evaluative criteria used to evaluate our policy options. Furthermore, we specify what evidence we use to substantiate whether an option aligns with the evaluative criteria. These criteria are used to identify which policy alternatives best address our policy problem.*

### Evaluative Criteria

- 1) Effectiveness
- 2) Political Feasibility
- 3) Equity
- 4) Fiscal Feasibility
- 5) Administrative Feasibility


Readers may notice that we have not included efficiency as a criterion. An efficient homelessness prevention program would accurately target the ‘right’ population by only serving those households that are most likely to benefit from the intervention. Generally, this means the highest-risk population, that could only avoid homelessness if they receive services.

However, LAHSA’s homelessness prevention program does not have a clear, well-defined target population, and we have explained why the program has not been designed and implemented in a way that would allow us to evaluate outcomes and identify which potential participants are most at-risk for experiencing homelessness without services. This tradeoff is discussed further in the LAHSA Prevention Program Overview section.

The criteria we selected are based on political, operational, and values-based concerns. To justify which alternatives are most closely aligned with a value judgment (e.g., equity) or most closely aligned with political or operational concerns (e.g., political feasibility) we analyzed each policy options with these criteria. Information on the selected criteria and their evaluative methodology is below.

### Effectiveness

Proposed policies should successfully prevent those at risk of homelessness from becoming homeless. This means evaluating whether a particular type of prevention service (e.g., intensive case management, rental payments, legal aid, or landlord assistance) is effective at preventing homelessness and improving participant outcomes.



As we have noted in the LAHSA Prevention Program Overview section, we are unable to determine an assessment of outcomes, the effectiveness of various policies may depend on having a well-defined target population because one intervention may be effective for one population but not for another. For example, some policy alternatives that may be effective in preventing first-time homelessness may not be demonstrably effective at preventing chronic homelessness. Other options may be effective because they are part of an overall program which can be evaluated for its effectiveness. We utilize the methodology outlined in the Methodology section to evaluate the current prevention program.

## Political Feasibility

LAHSA is a collaborative effort between the City and County government, as well as dozens of contracted service providers and agencies. Decision making accordingly involves elected officials in multiple jurisdictions, homelessness nonprofits and agencies, people experiencing or at risk of homelessness, and various community actors. Moreover, prevention is funded with Measure H funds, which are earmarked to address already homeless individuals, and the prevention project is part of a larger contract that includes Rapid Re-Housing and Prevention and Diversion, which means that increasing funds allocated to prevention services could result in less allocated to serving people already experiencing homelessness.<sup>112</sup>

When evaluating political feasibility, we review prior policy stances approved by LAHSA by way of policy decisions and official directives, as well as directly engaging with leadership. Moreover, we relied on CPL to advise which policy recommendations may be more or less politically feasible.

## Equity

We seek policy alternatives that ensure services are accessible to people regardless of their circumstances, be it race, age, gender, family structure and zip code. Our team uses case studies of other prevention programs and feedback from stakeholder interviews to assess whether certain policies make services less accessible to specific populations or marginalized groups.

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<sup>112</sup>Los Angeles Homeless Services Authority, “2018 Rapid Re-Housing And Prevention Request For Proposals (RFP),” last modified December 14, 2018, <https://www.lahsa.org/documents?id=2806-2018-rapid-re-housing-and-prevention-rfp.pdf>.



## Fiscal Feasibility

Research in the Background section suggests that serving people before they become literally homeless is more cost effective than serving currently homeless populations (largely due to the cost of emergency medical services, emergency shelters, police activity, and other municipal services directed at serving acute needs and the chronically homeless). For example, assisting a head of household with a few months of rental arrears is less costly than emergency shelter and medical treatment. Though we cannot conduct a cost-benefit analysis, we account for limited funding and the need for policy options to be feasible given the fiscal constraints imposed by the County's budget.

When evaluating policy alternatives, we rely on case studies of costs incurred by jurisdictions providing homeless and prevention services, as well as the current funding landscape and the availability of Measure H funds.

## Administrative Feasibility

In addition to the criteria above, we want to evaluate whether policy options are within the capacity of LAHSA and their contracted service providers. This criterion accordingly evaluates organizational capacity (but not fiscal feasibility).

We utilize stakeholder interviews and evidence from prevention programs which have been implemented in other jurisdictions to conduct this analysis.

## Chapter 8 | Policy Evaluation and Recommendations

*In the next chapter, we analyze our suggested policy options using the above criteria and explain the justification for accepting or rejecting each policy option. Each category is followed by individual recommendations, broken into individual boxes. Each option is color coded green to indicate an accepted policy option and red to indicate a rejected policy option.*

Option Decision Key
Accept
Reject

### Targeting Recommendations

**Option 1:** Add evidence-based predictors of eventual homelessness as questions on the PTT in order to supplement case manager discretion.

We reject this option because we cannot determine which risk factors are indicative of homelessness specifically in Los Angeles County in the current time and policy landscape. Because the household characteristics associated with eventual homelessness vary across time and space, risk factors identified in New York City in 2008, for example, may not be externally valid to Los Angeles now.<sup>113</sup> Moreover, the tool is already developed and has been propagated to service providers, who are already administering it as written, implicating political and administrative feasibility concerns. Moreover, the questions currently on the PTT have not yet been rigorously evaluated for their predictive power, and thus we cannot justify recommending removing or adding to these questions until they have been analyzed.<sup>114</sup>

**Option 2:** Test the predictive power of the PTT to determine what indicators are predictive of homelessness for the population being served in Los Angeles County.

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<sup>113</sup> Andrew L. Greer, "Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency," (unpublished PhD diss., Vanderbilt University, 2014), 136.

<sup>114</sup> Marybeth Shinn et al., "Homelessness Prevention: A Review of the Literature," Center for Evidence-based Solutions to Homelessness, January 2019.

[http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness\\_Prevention\\_Literature\\_Synthesis.pdf](http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf).

We accept this option because it is necessary for LAHSA's ability to evaluate which risk factors to screen for and the appropriate target population for the prevention program. Since the indicators of homelessness are specifically dependent on the population being served, what services are offered, and the overall homeless service system in place, documenting the outcomes of households that are enrolled as well as households that are not will demonstrate which of these indicators should be used to screen the highest-need households. Only after a program is determined to efficiently target these households can be evaluated for its effectiveness.<sup>115</sup>

**Option 3: Consistently define participant success across service providers.**

We accept this option because it resolves a potential mismatch between LAHSA's and service providers' understandings of participant success, (i.e. the ultimate goal of prevention interventions). However, there may be political concerns where providers' experiences are out of step with the County's understandings of participant success and program outcomes. This option is administratively feasible because it does not require that providers change their behavior except to ensure it is aligned with County policy. However, implementation of this option may be challenging because defining success for prevention participants is inherently ambiguous. Finally, this step facilitates an efficient program because if service providers consistently define success, then they target the same population across providers. Moreover, this should be the population at highest risk of experiencing homelessness without the intervention, which is the definition of an efficient program. Efficiency is required in order to assess the program's effectiveness.

**Option 4: Record when households are enrolled in prevention without receiving a qualifying score on the PTT.**

We accept this option because this step is necessary for LAHSA to implement an efficient program and eventually determine the effectiveness. Additionally, it is important to document where participants are being served through the prevention program (as opposed to receiving services more correctly characterized as diversion or light touch services, see *Data Management Option 2*). These programs have different requirements for eligibility, and serve participants through different types of interventions.<sup>116</sup> Administratively, this may require greater expenditure of resources on the part of individual case managers, whose time is already extremely constrained. Finally, this option addresses equity concerns where some participants were being enrolled without a qualifying score because, for example, the participant had the capacity for self-advocacy or a case manager had more time to advocate on her behalf.

**Option 5: Strategically locate prevention services in communities with the highest need for these services.**

<sup>115</sup> Marybeth Shinn et al., "Predictors of homelessness among families in New York City: from shelter request to housing stability," *American Journal of Public Health* 88, no. 11 (1998): 1651-7.

<https://www.ncbi.nlm.nih.gov/pubmed/9807531>

<sup>116</sup> See Figure 6 for an explanation of diversion and light touch (as opposed to prevention).

We reject this option because it is administratively and politically infeasible to relocate existing services. The prevention program is not a pilot program, and providers have already been contracted to provide prevention services for their respective SPAs through the end of Fiscal Year 2021.<sup>117</sup> The physical relocation of these programs is impractical. In addition to existing contracted agreements with providers, program participants and previously served households already know where services can be accessed.

## Program Administration Recommendations

**Option 1: Hire staff dedicated to prevention to disseminate county policy changes and enforce these policies.**

We reject this option on the grounds that this process is already in place. LAHSA already dedicates resources to overseeing various projects administered by homeless service providers. Moreover, we do not have empirical justification for a specific management structure that would support the prevention project. There is no evidence that additional staff will facilitate clear communication of the County's policy and ensure adherence to that policy. Finally, there are fiscal limitations to adding additional staff.

**Option 2: Adopt active contract management to combine frequent data review with "regular collaborative meetings between government agency staff and service providers."**

We accept this option because active contract management is an effective method for coordinating efforts between government and contracted service providers. Active contract management builds upon the collection of data to improve the delivery of contracted services and collaborate effectively with providers to improve outcomes.<sup>118</sup> Moreover, this option is politically feasible because it aligns with other countywide efforts to collaboratively administer homeless services. Moreover, active contract management is politically as well as administratively feasible as it already being utilized in parts of LAHSA.<sup>119</sup> This option is fiscally feasible because it does not require hiring new staff or or implementing new programming.

**Option 3: Increase utilization of existing landlord cash incentives who are resistant to accepting third-**

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<sup>117</sup> Los Angeles Homeless Services Authority, "2018 Rapid Re-Housing And Prevention Request For Proposals (RFP)," last modified December 14, 2018, <https://www.lahsa.org/documents?id=2806-2018-rapid-re-housing-and-prevention-rfp.pdf>.

<sup>118</sup> Harvard Kennedy School, "Active Contract Management: How Governments Can Collaborate More Effectively with Social Service Providers to Achieve Better Results," Government Performance Lab, accessed March 19, 2019, [https://govlab.hks.harvard.edu/files/active\\_contract\\_management\\_brief.pdf](https://govlab.hks.harvard.edu/files/active_contract_management_brief.pdf).

<sup>119</sup> Harvard Kennedy School, "Los Angeles Homeless Services Authority Performance Improvement," Government Performance Lab, accessed March 19, 2019, <https://govlab.hks.harvard.edu/los-angeles-homeless-services-authority-performance-improvement>

**party payments or working with service providers.**

We reject this option because there is no evidence that increased incentives for landlords would increase the effectiveness of prevention. Fiscally, we cannot determine that the use of funds to placate landlords is more effective than assisting households directly.

Additionally, we can reject this option because it has already been addressed by the legislature: California passed a bill this year that requires landlords to accept third-party payments, which should ensure that prevention participants who receive rental assistance will not be discriminated against.<sup>120</sup>

**Option 4: Create a visual representation that demonstrates participant trajectory through the program, and disseminate this visualization to service providers.**

A visual representation helps clearly communicate prevention program interventions and service provision nuances (i.e. when to enroll a participant into HMIS or when to administer light touch services). The program's effectiveness cannot be determined unless it is implemented consistently across SPAs. Because this option facilitates consistent enrollment decisions and provision of services, it will allow LAHSA to evaluate effectiveness of services. Furthermore, this is a highly administratively and fiscally feasible option because it requires LAHSA to expend minimal additional resources.

**Option 5: Locate trustworthy community partners who are better able to reach vulnerable communities that are unlikely to access government services and who would very likely become homeless without a prevention program intervention.**

We accept this option because it is fiscally feasible, requiring minimal expenditure of County resources. Moreover, this option facilitates equitable distribution of services by highlighting the needs of marginalized and underserved communities. This option should be politically feasible as it aligns with LAHSA's role as a collaborative service provider and role in coordinating resources to prevent homelessness. This option is administratively difficult because participatory research and community engagement is time-consuming and requires the development of local relationships and partnerships, and gaining the trust of community partners and the neighborhoods they serve.

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<sup>120</sup> Landlord-Tenant: 3rd Party Payments, Assembly Bill 2219, California State Legislature 2017-2018 Session (2018).



## Data Management Recommendations

**Option 1: Add data field exit indicators to document when participants maintain their current housing** as opposed to simply whether they exit program into permanent housing.

We accept this option because it facilitates effectiveness. By tracking whether participants maintain current housing or move to new housing, LAHSA can evaluate which interventions are most effective at preventing households from experiencing interim homelessness or having to move. Moreover, it is administratively feasible to add data fields to the existing HMIS database, and case managers already conduct exit interviews and track participants' housing status when they exit the program. The only administrative concern is increased data fields can potentially generate confusion or require additional training to support prevention staff.

**Option 2: Add data fields for diversion and light touch services.**

We accept this option because it increases effectiveness by clearly documenting which services participants receive. Tracking specific project enrollments will improve LAHSA's ability to evaluate what services are most effective since each project has different eligibility requirements and service options. Moreover, it is administratively feasible because case managers already document interventions included in financial services. The most salient administrative concern is increased training for case managers and line staff who may need to become familiar with additional project builds and data entry fields in HMIS, though we are confident this option is administratively feasible nonetheless.

**Option 3: Require that providers administer the PTT prior to enrolling a household** into the prevention project, regardless of whether the household is actually eligible or ultimately enrolled.

We accept this option because it is politically feasible. It aligns service provider practice with existing County policy that requires the administration of the PTT before each prevention enrollment. Moreover, it is administratively feasible as case managers are already administering the tool to applicants, and need only record this data in HMIS. However, if this adds to the amount of time case managers must spend on applicants who are ultimately ineligible for the program, it may be transferring resources (case manager time) away from those who are eligible and more in need of the program, implicating equity concerns. Regardless, this policy option is necessary in order to collect the participant risk factors and outcome data required for LAHSA to administer an efficient and effective program.

**Option 4: Require documentation when participants receive nonfinancial services and track these interventions in HMIS.**

We accept this option because it ensures that potentially effective services are being documented, regardless of whether they incur an "explicit cost" in terms of direct financial assistance to the participant. It is important to track the provision of nonfinancial services because LAHSA can then assess whether these services are effective.

However, we have administrative concerns where service providers may have to dedicate additional capacity to track the services and outcomes of nonfinancial diversion participants.

## Funding Recommendations

**Option 1: Develop an evidence-based funding formula using housing market characteristics to guide how prevention funds are allocated.** LAHSA could partner with academic researchers to develop and evaluate geographic housing market characteristics.

We reject this option because of issues with political and administrative feasibility. In terms of administrative feasibility, providers have existing contracts and funding based on PIT homeless count allocation. Both service providers and LAHSA may be averse to creating a whole new mechanism to determine how to allocate funds if it results in different geographic funding allocations.

Furthermore (and more importantly), we do not know if this strategy would allocate funding according to local need for prevention services. As discussed in the *Findings* section, the reliability of housing market characteristics to predict risk of homelessness (and therefore predict the need for prevention services) has not been tested in the current policy landscape of Los Angeles County. Therefore, we cannot say that there is evidence that this would be an improvement on the use of the PIT allocation method.

**Option 2: Use PTT data to determine the amount of eligible prevention program need across SPAs and inform future funding allocations.**

We reject this option as both administratively and politically infeasible. Service providers are contracted to administer prevention services through Fiscal Year 2021.<sup>121</sup> Therefore, changing funding allocations according to a completely new formula is both unfair to these providers and infeasible given that contracts are already in place and providers have made plans accordingly.

Moreover, this option is likely to be politically infeasible, as all homeless service programs are allocated funding in accordance with the PIT count.<sup>122</sup> Although service providers are accustomed to administering the PTT, it is not clear if the PTT risk factors identify those most at-risk of homelessness

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<sup>121</sup>Los Angeles Homeless Services Authority, “2018 Rapid Re-Housing And Prevention Request For Proposals (RFP),” last modified December 14, 2018, <https://www.lahsa.org/documents?id=2806-2018-rapid-re-housing-and-prevention-rfp.pdf>.

<sup>122</sup> Los Angeles County Board of Supervisors, *Responses to CEO Recommendations to Measure H Funding for FY 17/18 and tentatively FY 18/19 and 19/20*. June 13, 2017, <http://file.lacounty.gov/SDSInter/bos/supdocs/114526.pdf>.

and in need of prevention services. Therefore, the PTT may not be any better for assessing geographic need for prevention services than the current funding allocation method.

**Option 3:** In the short-term, create a rainy-day fund for service providers to access once they run out of prevention funding.

We accept this option because it is politically, fiscally, and administratively feasible. It directly addresses the problem identified in interviews of some service providers having excess funds while others run out of funds halfway through the fiscal year. This option adds minimal administrative burden for providers. While LAHSA will need to dedicate some resources to managing a new fund, they will not need to generate a new funding source or conduct additional research.

In terms of political and fiscal feasibility, the option does not require LAHSA allocate additional Measure H funds for a given fiscal year. Nor does this option disrupt the current funding allocation which distributes funds according to the Point-in-Time count.

**Option 4:** Track data on the number of eligible high-needs populations seeking services to evaluate if funding allocations should be increased for services to be effective for these populations.<sup>123</sup>

We accept this option because it would collect data that potentially could increase the effectiveness and equity of the prevention program without creating obstacles to political, fiscal, or administrative feasibility. Many of these characteristics can be tracked with PTT questions or additional data fields in HMIS, and thus this option should not be administratively prohibitive.

If high-needs populations require more prevention program funding, then tracking these populations' need for prevention services across SPAs, and increasing geographic funding allocations accordingly, could ensure that recipients of prevention services have enough resources for the intervention to be effective. This also ensures equitable service provision to participants who have more intensive case management or financial needs than other prevention participants.

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<sup>123</sup> High needs populations could include non-native english speakers, LGBT folks, seniors, households those on fixed incomes, participants with disabilities or chronic medical conditions, or survivors of domestic violence.

## Chapter 9 | Key Takeaways

*In this chapter, we list all policy recommendations resulting from our original research and evaluative criteria. Furthermore, we specify which recommendations are fundamental for LAHSA to continue to administer their homelessness prevention program. Last, we list specific policy recommendations for how LAHSA can begin to work towards a more effective and efficient program.*

### Fundamental Policy Recommendations

1. **Design and implement an efficient prevention program.** An efficient program would only target those households who would become homeless in the absence of an intervention. We recommend that LAHSA clearly define the target population, which requires subjecting the PTT questions to rigorous evaluation of their predictive power and test other risk factors for their external validity.
2. **Determine which prevention services and what allocations of resources effectively prevent homelessness.** This requires a study of the counterfactual of prevention participants in order to determine which interventions are actually differential to participant outcomes.

### Specific Policy Recommendations:

- > Test the predictive power of the PTT to determine what indicators are predictive of homelessness for the population being served in Los Angeles County.
- > Consistently define participant success across service providers.
- > Record when households are enrolled without receiving a qualifying score on the PTT.
- > Adopt and implement active contract management to combine frequent data review with “regular collaborative meetings between government agency staff and service providers.”
- > Create a visual representation that demonstrates participant trajectory through the program and disseminate this visualization to service providers.
- > **Locate trustworthy community partners who are better able to reach vulnerable communities that are unlikely to access government services and who would very likely become homeless without a prevention program intervention.**
- > Add data field exit indicators to document when participants maintain their current housing as opposed to simply whether they exit the program into permanent housing.
- > Add data fields for diversion and light touch services.
- > Require that case managers administer the PTT prior to enrolling a household, regardless of whether the household is actually eligible or ultimately enrolled.
- > Require documentation when participants receive nonfinancial services and track these interventions in HMIS.
- > In the short-term, create a rainy-day fund for service providers to access once they run out of prevention funding.

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- > Track data on the number of eligible high-needs populations seeking services to evaluate if funding allocations should be increased for services to be effective for these populations.

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# Appendix A: Further Reading

## National Landscape

While homelessness has existed in various forms in the United States since the mid-1800's, the crisis of modern era homelessness began in the 1980's.<sup>124</sup> Federal action in the form of several pieces of legislation and strategic plans to confront the epidemic, such as the American Recovery and Reinvestment Act of 2009, (which included \$1.5 billion for a Homelessness Prevention Fund), and the federal annual McKinney Vento Homeless Assistance Grant appropriation (which received \$2.5 billion in FY2018) seek to address the issue.<sup>125</sup>

The Department of Housing and Urban Development (HUD) requires an annual count to estimate the extent of homelessness nationally. HUD requires jurisdictions be split geographically and apply for funds through Continuums of Care (CoC).<sup>126</sup> They furthermore require CoCs track participant service and metric information in administrative data collection systems, generally in a system known as the Homeless Management Information System (HMIS).<sup>127</sup>

As government agencies and service providers struggle to determine best practices for managing the homeless epidemic, and California specifically struggles with the most amount of people experiencing homelessness in any one state, the need for more homeless prevention interventions has reached critical levels.

## California Landscape

California not just leads in homelessness generally but also in unsheltered homelessness: 69 percent of people experiencing homelessness in this state--89,543 people out of 129,672--live somewhere not

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<sup>124</sup> National Academies of Sciences, Engineering, and Medicine, 2018. "Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness," Washington, DC: *The National Academies Press*, <https://doi.org/10.17226/25133>.

<sup>125</sup> National Alliance to End Homelessness, "Federal Funding for Homelessness Programs," accessed March 20, 2019, <https://endhomelessness.org/ending-homelessness/policy/federal-funding-homelessness-programs/>

<sup>126</sup> U.S. Department of Housing and Urban Development, "Continuum of Care Program," accessed January 18, 2019, <https://www.hudexchange.info/programs/coc/>.

<sup>127</sup> U.S. Department of Housing and Urban Development, "Homeless Management Information System," accessed January 18, 2019, <https://www.hudexchange.info/programs/hmis/>.

suitable for human habitation.<sup>128</sup> Los Angeles slightly exaggerates this trend: 39,396 of the 52,765 people experiencing homelessness in Los Angeles County are unsheltered.<sup>129</sup> Economic shocks and the state's rental climate exacerbate this problem. In 2018, Los Angeles median rental prices for a two bedroom were \$1,750 per month.<sup>130</sup> Even when renters can afford their units, tight housing markets have high eviction rates, and evictions are associated with shelter entry.<sup>131</sup> The homelessness crisis in Los Angeles is **only growing direr**, and government action is desperately needed to address the crisis and **prevent entry into homelessness**.

## Prevention Classifications

The literature identifies three primary classifications of homelessness prevention. The classifications include primary, secondary, and tertiary prevention:<sup>132</sup>

- Primary prevention is to prevent new individuals or families from becoming homeless in the first place.<sup>133</sup>
- Secondary prevention focuses on identifying newly homeless people and targeting services to quickly get them housed again. Secondary prevention, therefore, does not seek to reduce the number of new cases.<sup>134</sup>
- Tertiary prevention services are long term interventions intended for people with extended history of long-term homelessness.<sup>135</sup>

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<sup>128</sup> Meghan Henry et al., *Part I: Point-in-Time Estimates of Homelessness*. U.S. Department of Housing and Urban Development, (The 2018 Annual Homeless Assessment Report (AHAR) to Congress, December 2018), <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

<sup>129</sup> Los Angeles Homeless Services Authority, "2018 Greater Los Angeles Homelessness Count," accessed March 19, 2019, <https://www.lahsa.org/documents?id=2000-2018-greater-los-angeles-homeless-count-data-summary-total-point-in-time-homeless-population-by-geographic-areas>.

<sup>130</sup> Chiland, Elijah, "LA Rents Continue to Flatline," *LA Curbed*, last modified July 5, 2018, <https://la.curbed.com/2018/7/5/17538534/la-rental-prices-report-apartment-cost>.

<sup>131</sup> National Law Center on Homelessness and Poverty, "Protect Tenants and Prevent Homelessness," last accessed January 18, 2019, <https://www.nlchp.org/ProtectTenants2018>.

<sup>132</sup> Ann Montgomery et al., "Rethinking Homelessness Prevention among Persons with Serious Mental Illness," *Social Issues and Policy Review* 7, no. 1 (January 2013), 73-74, [http://works.bepress.com/dennis\\_culhane/123/](http://works.bepress.com/dennis_culhane/123/)

<sup>133</sup> Will Nicholas and Benjamin F. Henwood, "Applying a Prevention Framework to Address Homelessness as a Population Health Issue," *Journal of Public Health Policy* 39, no. 3 (2018): 283-93, <https://doi.org/10.1057/s41271-018-0137-9>; Marybeth Shinn et al., "The Prevention of Homelessness Revisited," *Analyses of Social Issues and Public Policy* 1, no. 1 (December 2001): 95-127, <https://doi.org/10.1111/1530-2415.00006>.

<sup>134</sup> Shinn, Marybeth & Baumohl, Jim & Hopper, Kim. (2001). The Prevention of Homelessness Revisited. *Analyses of Social Issues and Public Policy*. 1. 95 - 127. 10.1111/1530-2415.00006. [https://www.researchgate.net/publication/227600480\\_The\\_Prevention\\_of\\_Homelessness\\_Revisited](https://www.researchgate.net/publication/227600480_The_Prevention_of_Homelessness_Revisited)

<sup>135</sup> Dennis P. Culhane, Stephen Metraux & Thomas Byrne (2011) A prevention-centered approach to homelessness assistance: a paradigm shift?, *Housing Policy Debate*, 21:2, 295-315, DOI: [10.1080/10511482.2010.536246](https://doi.org/10.1080/10511482.2010.536246)

# Predictors of Homelessness Revisited

While predictors of homelessness generally vary across time, space, and social policy landscape, we have included a brief survey of the literature examining specific predictors of homelessness.

## Program-Level Factors

Research on Veteran prevention recipients finds that clients who received security deposit assistance were less likely to enter homelessness, while clients who received housing search assistance and rental payment assistance were more likely to enter homelessness.<sup>136</sup> While these findings were statistically significant, the fact that prevention enrollees' personal characteristics and experiences influence which specific services they receive convoluted efforts to isolate the effectiveness of a particular prevention service; it is possible confounding variables such as employment status covary with whether someone simply received security deposit assistance versus rental and housing search assistance.

## Community-Level Factors

Research that identifies statistically and economically significant program-level and community-level predictors of homelessness is more sparse. On one hand, a literature review of community-level housing market characteristics find that several conclude rent, vacancy, rent control, and climate predict homelessness rates while several studies which included such factors did not find them to be significant.<sup>137</sup> However, additional studies have found that vacancy and foreclosure rates in the geographic area where a Veteran client exited predict homelessness rates.<sup>138</sup>

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<sup>136</sup> Thomas Byrne et al., "Predictors of Homelessness Among Families and Single Adults After Exit From Homelessness Prevention and Rapid Re-Housing Programs," *Housing Policy Debate* 26, no. 1 (September 2015): 252-275, <https://doi.org/10.1080/10511482.2015.1060249>.

<sup>137</sup> Brendan O'Flaherty, "Wrong person and wrong place: For homelessness, the conjunction is what matters," *Journal of Housing Economics* 13, no. 1. (2004): 13, [http://www.sciencedirect.com/science/article/pii/S1051-1377\(04\)00002-6](http://www.sciencedirect.com/science/article/pii/S1051-1377(04)00002-6).

;Brendan O'Flaherty, "Homelessness as bad luck: Implications for research and policy," in *How to House the Homeless*, edited by Ingrid Gould Ellen & Brendan O'Flaherty, 143-182. New York: Russel Sage. 2010, <https://muse.jhu.edu/book/14998>.

<sup>138</sup> Thomas Byrne et al., "Predictors of Homelessness Among Families and Single Adults After Exit From Homelessness Prevention and Rapid Re-Housing Programs," *Housing Policy Debate* 26, no. 1 (September 2015): 252-275, <https://doi.org/10.1080/10511482.2015.1060249>.

# Comparison of Homebase and PTT Risk Factors

Bold indicates risk factors found in both Homebase and prevention program screening tools

Homebase screening tool	PTT
<b>Pregnancy</b>	<b>Dependent under 6 years</b>
<b>Child under 2 years</b>	
<b>Not currently employed</b>	Within the last 60 days household has experienced sudden and significant loss of income, <b>including loss of employment</b> and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses
<b>Household is not the leaseholder</b>	<i>Greater points are awarded for households who are not leaseholders and are at imminent risk of homelessness</i>
<b>Reintegrating from shelter, jail or treatment program</b>	<p><b>Any household member was recently (within last 6 months) discharged from an institution after stay of any length (any household member).</b>  <b>Examples of institutions include hospital, jail, prison, psychiatric hospital or substance abuse treatment facility.</b></p> <p><b>Any household member has a history of involvement in the foster care or criminal justice system.</b></p>
Currently receiving public assistance (TANF, SNAP or "One Shot" assistance)	Household income is <ul style="list-style-type: none"> <li>• \$0</li> <li>• Less than 30% of AMI</li> <li>• 30-50% of AMI</li> </ul>
<b>Involvement with protective services</b>	<b>Involvement with Adult or Child Protective Services</b>
<b>Self-report eviction or being asked to leave by landlord or leaseholder</b>	<b>Household has been told by leaseholder or landlord to vacate OR Unlawful detainer, 3-day, or 30-day notice</b>
Self-report applying for shelter in past 3 months	History of actual, literal homeless in past 3 years



Head of household reports having been in shelter as an adult	<ul style="list-style-type: none"> <li>• History of literal homelessness for Head of Household</li> <li>• Household is currently residing in Permanent Supportive Housing (PSH), a rent controlled unit, or utilizing a Housing Choice Voucher (HCV)</li> <li>• Within the past two years, household was housed through a homeless housing assistance program in LA County. (i.e., Homeless Housing Assistance programs: Permanent Housing, Homeless Section 8, Rapid Rehousing, etc.)</li> </ul>
Household head age 23–28	Head of Household is under the age of 25
Household head age 22 or younger	
Disruptive experiences in childhood	Any household member experienced adversity or housing disruptions during childhood (e.g., homelessness, placement in foster care, eviction, refugee or immigrant to the U.S., or more than 3 moves in a year)
Discord with landlord, leaseholder, or within household	Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from adult partner, birth of a new child.
No high school or GED	
Number of moves in the past year	
	Head of household or other household member has a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment)
	Household of 5 persons or larger that cannot be housed in less than 3 bedrooms.
	Head of household or any family member required to register as a sex offender
	Single parent

## Permanent Housing Indicators – LAHSA Performance Targets

The following data field headings and subsets are used by LAHSA to indicate prevention program participant exit destinations. These exit destinations are tracked as outcomes and evaluated by LAHSA to determine how service providers, and by extension LAHSA, achieve their performance targets. For example, all of the performance targets for family homeless prevention rely on the exit to permanent housing data field indicator.<sup>139</sup> It is worth noting, however, that these performance goals do not examine the specific type of permanent housing.

We refer to these exit destination data fields throughout the body of our report, particularly in the Options: Data Management and A Closer Look sections:

### Permanent housing, without subsidy

- rental by client, no ongoing housing subsidy
- owned by client, no ongoing housing subsidy
- staying or living with family or friends, either temporary or permanent tenure
- hotel/motel paid for without emergency shelter voucher

### Permanent housing, with subsidy

- permanent housing (other than RRH) for formerly homeless persons
- rental by client, with VASH subsidy
- rental by client, with other ongoing subsidy
- owned by client, with ongoing housing subsidy
- moved from one HOPWA funded project to HOPWA PH
- rental by client, with GDP TIP housing subsidy
- rental by client, with RRH or equivalent subsidy

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<sup>139</sup> Los Angeles Homeless Service Authority, “2018-2019 Performance Targets For LAHSA Contracts,” last modified March 4, 2019, <https://www.lahsa.org/documents?id=1627-2017-2018-performance-targets-for-lahsa-contracts.pdf>

## Appendix B: Types of Projects

	Non-Financial Diversion	Financial Diversion	Prevention	Light Touch
Length of Service	Up to 30 days		Up to 6 months	1 day
HMIS Enrollment	No	Yes	Yes	No
Income Eligibility	50% AMI <sup>140</sup>		50% AMI <sup>1</sup>	50% AMI <sup>1</sup>
Populations Served	All populations		All populations	All populations
Homeless Status	<u>Literally homeless</u> , imminently at-risk, fleeing DV		Imminently at-risk, fleeing DV	Imminently at-risk <sup>141</sup> , fleeing DV
PTT Score	Should occur prior to administration of PTT		19+ (21+ for Families)	0-18 (0-21 for families)
Possible Services	Coaching/problem solving, mediation and conflict resolution, connection to other resources, housing search/stabilization assistance	Security deposit, documents/employment/transit costs related to housing, utility assistance, and reunification	Security deposit, rental assistance/arrears, utility deposit/assistance/arrears, legal fees, move in expenses, documents/employment/transit costs related to housing, and reunification	Referral and linkage to other services in another program with the CES area

<sup>140</sup> If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8) with income up to 80% of area median income (AMI) they can also qualify.

<sup>141</sup> Persons that receive the PTT but do not qualify can still receive light-touch and be referred out

## Appendix C: Services Available

If you need...	A new home;	Landlord/lease holder negotiation;	Assistance for rental-related expenses;	Employment or additional income;	Or general fiscal literacy and management
You may qualify for...					
Moving Expenses; *	X				
Security Deposit;	X				
Utility Deposit;	X				
Transportation costs; *	X				
Legal Fees, Advocacy or Referrals;		X			
Landlord Mediation;		X			
Rental back-pay or future assistance;		X	X	X	
Utility back-pay or future assistance;		X	X	X	
Employment Expenses; *			X	X	X
Grocery Food Cards*	X			X*	X
Housing-Focused Case Management (also budget planning/benefits assistance) *	X	X	X	X	X

**Moving Expenses\*** can include application fees, broker fees, essential furnishings [e.g. beds, kitchenware, etc.], or a Landlord Incentive Fee)

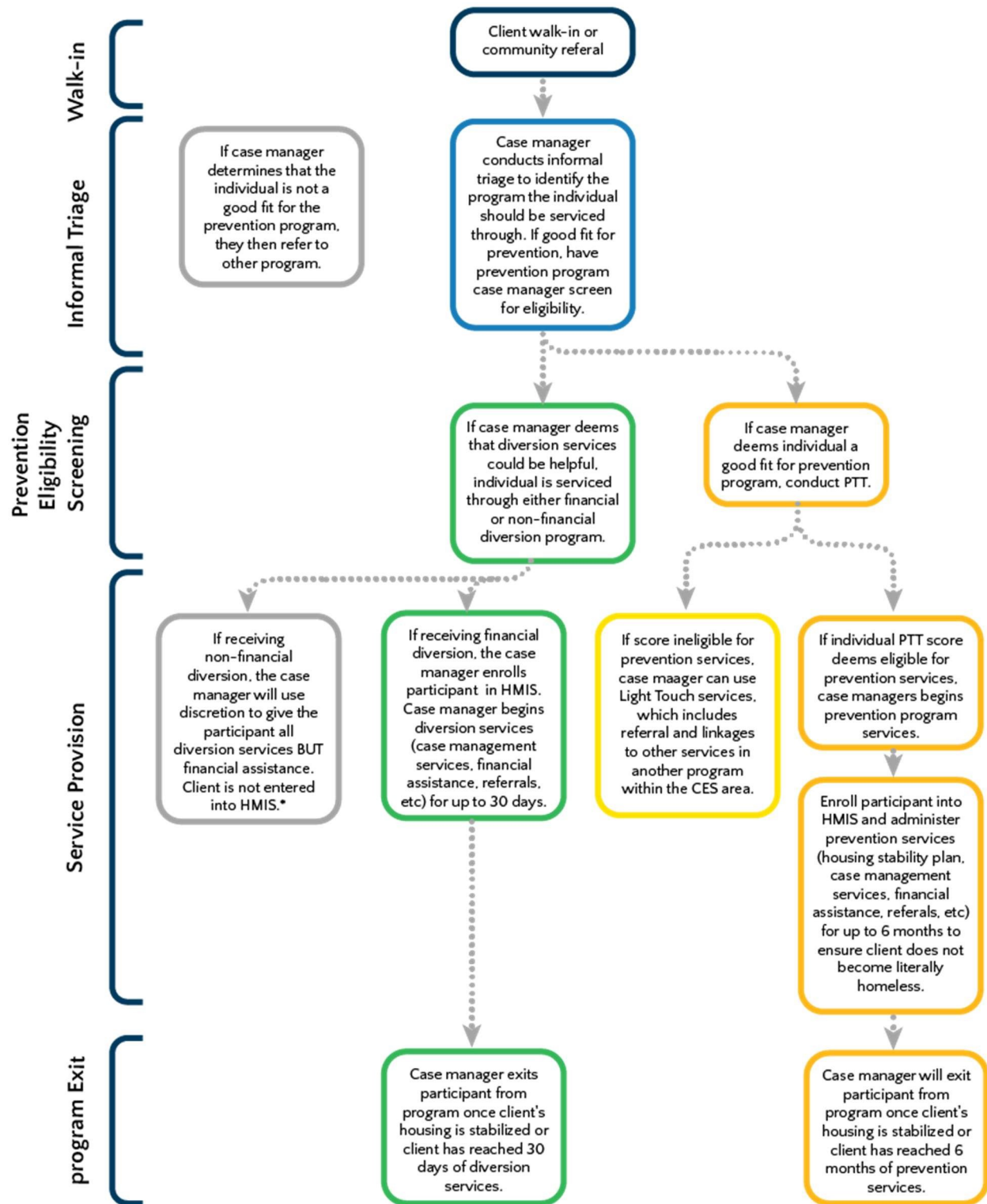
**Transportation\* costs must be** related to employment or housing search. Can include automobile repair if not DPSS funds

**Employment Expenses\*** can include costs related to uniforms, tools, license fees, certifications, **financial literacy and credit counseling/classes**, or short-term vocational training (indirectly) related to housing stability

**Grocery/Food Cards\*** are only allowable if it is related to diverting a family (household?) to a temporary housing situation

**Housing-Focused Case Management Services\***, something LAHSA includes under "Supportive Services", can include home visits, information and referrals, monthly face-to-face meetings, assistance with budgeting or money management, assistance with accessing County and other mainstream benefits or services provided by partner agencies

# Appendix D: Participant Service Trajectory



# Appendix E: Prevention Targeting Tools for Single Adults and Families



# Adult-Homelessness Prevention Targeting Tool

## Instructions:

The homelessness prevention targeting tool is designed to assist program staff with two functions: 1) verify eligibility for homelessness prevention assistance and 2) identify the most vulnerable adults who are most likely to experience literal homelessness if they do not receive assistance. In assisting with these two activities (verifying eligibility and targeting most vulnerable adults), the tool will support the goals of preventing the incidence of new cases of homelessness in Los Angeles County.

To administer the tool, agency staff should check each box for which the condition or attribute is present. Each checked box has a point value associated with it. After completing all questions, staff will add up the value of all checked boxes and assign a total score to the presenting household. As a screening tool the questions are designed to identify adults who are most likely to experience literal homelessness in the imminent future (within 1 month) and for whom the experience of homelessness will pose the greatest risk for increased trauma, severe health consequences, and/or greatest degree of instability. While no tool can precisely predict the future, this tool is based on national research and program evaluation data which identify conditions, characteristics, and attributes most closely associated with future incidence of literal homelessness.

**Step 1. Determine if the presenting household is eligible for prevention assistance.** Agency staff should document eligibility evidence by securing a copy of the eviction notice, ‘pay or vacate’ notice, or through written or oral communication with a friend/family member where the presenting adult is currently doubled up. In order to be eligible for prevention assistance, the presenting adult must provide third party documentation evidence and complete the Imminent Risk of Homelessness Certification Form.

**Step 2. Determine targeting priority based on vulnerability of housing barriers.** Agency staff will ask a series of questions of the prospective prevention participant to determine the presence of current or past conditions that are most closely correlated with the incidence of literal homelessness. Check each box where the condition is present or true for the adult.

**Step 3. Determine targeting priority based on local policy priorities.** Agency staff will ask a series of questions of the prospective prevention participant to determine whether they meet the criteria for local policy priorities. Check each box where the condition is present or true for the adult.

The prevention targeting tool is critical when an agency does not have sufficient resources or capacity to provide homelessness prevention services to every adult that meets homelessness prevention eligibility and is imminently at-risk of literal homelessness. An individual must score a 19 or higher on the targeting tool to receive homeless prevention services. This threshold will be evaluated throughout the program and may be altered depending on program availability. Adults that are both determined eligible for prevention and score within the appropriate range on the prevention targeting tool may receive the full range of homelessness prevention services. These adults should be enrolled in the homelessness prevention program and tracked within HMIS.

Those adults who do not meet the threshold should be provided **Light Touch Assistance**. *Light Touch Assistance* refers to the provision of all types of homelessness prevention assistance except temporary financial assistance. *Light Touch Assistance* is inclusive of mediation, case management, connection to community-based services and mainstream benefits, support accessing or maintain safe housing, and other forms of non-financial crisis response assistance, all which should not exceed more than 1 day of service. Households receiving *Light Touch Assistance* are considered enrolled in homelessness prevention program and are subject to the full requirements of client data collection and entry into HMIS.

Score Range	Possible Threshold Impact
0 – 18	Eligible for <i>Light Touch Assistance</i>
19 +	Scores of 19 and greater eligible for full homelessness prevention assistance



## Adult-Homelessness Prevention Targeting Tool

**Determine if the household meets the Annual Gross eligible income requirement:** All households must fall below 50% Area Median Income (AMI) in order to qualify for prevention services. If an individual or head of household is formerly a Homeless Section 8 holder with income up to 80% of area median income (AMI) they can also qualify for prevention services. See Income limit summary below on referenced chart or attached United States Department of Housing and Urban Development (HUD) link to provide the latest annual income limits summary.

<b>FY 2017 Income Limits Summary: Los Angeles-Long Beach-Glendale, CA HUD Metro FMR Area</b>								
<i>(Income Limits Summary for each fiscal year are found on HUD's website at <a href="https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn">https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn</a>)</i>								
<b>Income Limit</b>	<b>Household Size</b>							
<b>Area Median Income</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Extremely Low</b> 0-30% AMI	\$18,950	\$21,650	\$24,350	\$27,050	\$29,250	\$32,960	\$37,140	\$41,320
<b>Very Low</b> 31%-50% AMI	\$31,550	\$36,050	\$40,550	\$45,050	\$48,700	\$52,300	\$55,900	\$59,500
<b>Low</b> 51%-80% AMI	\$50,500	\$57,700	\$64,900	\$72,100	\$77,900	\$83,650	\$89,450	\$95,200

**Determine if the household meets the Age eligible requirement:**

All households must be over the age of 18 in order to qualify for adult prevention services. If the individual or head of household is between the ages of 18-24 they can choose to be served by either a youth prevention provider or an adult prevention provider.

If the adult prevention provider is serving a youth between the ages of 18-24 they shall use the Youth Homelessness Prevention Targeting Tool.






# Adult-Homelessness Prevention Targeting Tool

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ HMIS #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Minors: \_\_\_\_\_

**Instructions:** Check each applicable condition that is true for the prospective applicant (head of household). Each column (A- O) has a question(s) with an attached point value. If a column has more than one question, please make sure to select one answer when asked to 'select only one below'. Next add the total number of points at the end of the tool to obtain the total score. Lastly, staff administering the tool shall ensure the Staff Certification section is completed, dated and signed.

STEP 1: Determine Eligibility & Priority for Homelessness Prevention Assistance			Check if Applicable	Point Value
Household is at imminent risk of literal homelessness. Without prevention assistance the household will experience literally homelessness within the immediately preceding month (i.e. either living in a place not meant for human habitation or residing in an emergency shelter or transitional housing facility intended for persons and households who are homeless).				
1.	Housing Status (Select only one below)			
1a.	If <b>DOUBLED UP</b> , the household has been told by the lease holder to vacate the unit. Program staff has verified with lease holder that prospective PRV participant is no longer welcome and must vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
1b.	If <b>LEASE HOLDER</b> , the household has received an Unlawful Detainer ("Eviction") lawsuit by the property owner or manager. An Unlawful Detainer is a formal eviction action that is filed in justice court. Program staff has verified with property owner/manager that prospective PRV participant has received notice to vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
1c.	Currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, or other dangerous or life-threatening conditions that relate to violence against any household member.	<input type="checkbox"/>	5	
1d.	Staying in a hotel in which adult is paying out of pocket, but can no longer sustain in the unit due to costs. Agency staff have verified with adult costs of increase in hotel, debt to cost ratio, applicable after a certain amount of days paying out of pocket. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
2.	Imminent loss of current housing. Loss of housing means the prospective household will experience literal homelessness – either on the streets or staying in an emergency shelter. Imminent loss of current housing must be verified with a 'pay or vacate' notice, ledger record of past due rent, or court paperwork showing the prospective PRV participant is at risk of losing housing. (Select only one below)			
2a.	Have failed to respond to the Unlawful Detainer notice within 5 days of the court hearing or have received a court ruling with a date the person must move out.	<input type="checkbox"/>	5	
2b.	Have been served an Unlawful Detainer requiring court response or have an already determined court date.	<input type="checkbox"/>	4	
2c.	Have received a 3-day pay or quit notice with more than one month of rent owed.	<input type="checkbox"/>	3	
2d.	Have received a 3-day pay or quit notice with less than one month of rent owed.	<input type="checkbox"/>	2	
 If none of the items from STEP 1 are applicable and person scores a 0, adult does not meet eligibility requirements. Refer to community resources.			<b>SUBTOTAL:</b>	_____




## Adult-Homelessness Prevention Targeting Tool

<b>STEP 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers</b>				
Identify the barriers impacting household's ability to independently and quickly resolve housing issues and prevent literal homelessness from occurring in the imminent future.			Check if Applicable	Point Value
<b>3.</b>	<b>Household Annual Gross Income Amount (Select only one)</b>			
<b>3a.</b>	Current income is \$0, inclusive of financial assistance from friends and family, employment and entitlement programs (e.g. SNAP, SSI, unemployment insurance, disability payments, or child support payments).	<input type="checkbox"/>	<b>5</b>	
<b>3b.</b>	Income is less than 30% of Area Median Income (AMI) for household size (See chart)	<input type="checkbox"/>	<b>4</b>	
<b>3c.</b>	Income is between 31-50% of AMI for household size (See chart)	<input type="checkbox"/>	<b>3</b>	
<b>4.</b>	Within the last 60 days, adult has experienced sudden and significant loss of income, including loss of employment and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses	<input type="checkbox"/>	<b>3</b>	
<b>5.</b>	<b>Prior rental evictions at any time in the past (Select only one)</b>			
<b>5a.</b>	4 or more prior rental evictions	<input type="checkbox"/>	<b>5</b>	
<b>5b.</b>	2-3 prior rental evictions	<input type="checkbox"/>	<b>4</b>	
<b>5c.</b>	1 prior rental eviction	<input type="checkbox"/>	<b>3</b>	
<b>6.</b>	Required to register as a sex offender	<input type="checkbox"/>	<b>5</b>	
<b>7.</b>	History of involvement in the foster care system	<input type="checkbox"/>	<b>4</b>	
<b>8.</b>	<b>History of literal homelessness for Head of Household. Literal homeless includes living in a place not meant for human habitation (e.g., street, sidewalk, vehicle, park, abandoned building), a safe haven, an emergency shelter, transitional housing and hotels and motels paid or by a charitable organization. An episode would include staying in and of the above-mentioned places. (Select only one)</b>			
<b>8a.</b>	4 or more prior episodes OR total of at least 12 months within past three years	<input type="checkbox"/>	<b>5</b>	
<b>8b.</b>	2-3 prior episodes in past three years	<input type="checkbox"/>	<b>4</b>	
<b>8c.</b>	1 prior episode in past three years	<input type="checkbox"/>	<b>3</b>	
<b>9.</b>	History of literal homelessness during childhood	<input type="checkbox"/>	<b>2</b>	
<b>10.</b>	Current Adult Protective Services involvement	<input type="checkbox"/>	<b>2</b>	
<b>11.</b>	Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from adult partner, birth of a new child.	<input type="checkbox"/>	<b>3</b>	
<b>12.</b>	Recently (within last 6 months) discharged from an institution after stay of any length (any household member). Examples of institutions include hospital, jail, prison, psychiatric hospital or substance abuse treatment facility.	<input type="checkbox"/>	<b>1</b>	
	<b>Calculate Step 2 Subtotal.</b>	<b>SUBTOTAL:</b>	<u>          </u>	



# Adult-Homelessness Prevention Targeting Tool

## STEP 3: Determine Targeting Priority Based on Local Policy Priorities

Identify the factors relevant to local policy priorities that increase the risk that the prospective prevention participant will experience literal homelessness.		Check if Applicable	Point Value
13.	Most recently housed through a homeless housing assistance program in Los Angeles County.	<input type="checkbox"/>	5
14.	History of involvement in the criminal justice system that led to incarceration	<input type="checkbox"/>	4
15.	Adult has a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment)	<input type="checkbox"/>	3
16.	Adult is 55 years old or older	<input type="checkbox"/>	3
17.	Type of residence the adult is staying in (Select only one)		
17a.	Permanent Supportive Housing (PSH)	<input type="checkbox"/>	5
17b.	A unit using a Housing Choice Voucher (HCV) or under rent-control	<input type="checkbox"/>	3
 Calculate Step 3 Subtotal.		<b>SUBTOTAL:</b>	
<b>TOTAL POINTS</b>			

## HEAD OF HOUSEHOLD CERTIFICATION

*I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.*

Head of Household's Name: \_\_\_\_\_ Head of Household's Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## STAFF CERTIFICATION

*I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.*

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_



## Instructions:

The homelessness prevention targeting tool is designed to assist program staff with two functions: 1) verify eligibility for homelessness prevention assistance and 2) identify the most vulnerable households who are most likely to experience literal homelessness if they do not receive assistance. In assisting with these two activities (verifying eligibility and targeting most vulnerable households), the tool will support the goals of preventing the incidence of new cases of homelessness in Los Angeles County.

To administer the tool, agency staff should check each box for which the condition or attribute is present. Each checked box has a point value associated with it. After completing all questions, staff will add up the value of all checked boxes and assign a total score to the presenting household. As a screening tool the questions are designed to identify households who are most likely to experience literal homelessness in the imminent future (within 1 month) and for whom the experience of homelessness will pose the greatest risk for increased trauma, severe health consequences, and/or greatest degree of instability. While no tool can precisely predict the future, this tool is based on national research and program evaluation data which identify conditions, characteristics, and attributes most closely associated with future incidence of literal homelessness.

**Step 1. Determine if the presenting household is eligible for prevention assistance.** Agency staff should document eligibility evidence by securing a copy of the eviction notice, 'pay or vacate' notice, or through written or oral communication with a friend/family member where the presenting household is currently doubled up. In order to be eligible for prevention assistance, the presenting household must provide third party documentation evidence and complete the Imminent Risk of Homelessness Certification Form.

**Step 2. Determine targeting priority based on vulnerability of housing barriers.** Agency staff will ask a series of questions of the prospective prevention participant to determine the presence of current or past conditions that are most closely correlated with the incidence of literal homelessness. Check each box where the condition is present or true for the household.

**Step 3. Determine targeting priority based on local policy priorities.** Agency staff will ask a series of questions of the prospective prevention participant to determine whether they meet the criteria for local policy priorities. Check each box where the condition is present or true for the household.

The prevention targeting tool is critical [because our community does not have sufficient resources to provide homelessness prevention services to every household that may be eligible for services]. A household must score a 21 or higher on the targeting tool to receive homeless prevention services. This threshold will be evaluated throughout the system and may be altered depending on resource availability. Households that are both determined eligible for prevention and score within the appropriate range on the prevention targeting tool may receive the full range of homelessness prevention services. These households should be enrolled in the homelessness prevention program and tracked within HMIS.

Those households who do not meet the threshold should be provided **Light Touch Assistance**. *Light Touch Assistance* refers to the provision of all types of homelessness prevention assistance except temporary financial assistance. *Light Touch Assistance* is inclusive of mediation, case management, connection to community-based services and mainstream benefits, support accessing or maintain safe housing, and other forms of non-financial crisis response assistance, all which should not exceed more than 1 day of service. Households receiving *Light Touch Assistance* are considered enrolled in homelessness prevention program and are subject to the full requirements of client data collection and entry into HMIS.

Score Range	Possible Threshold Impact
0 – 20	Eligible for <i>Light Touch Assistance</i>
21 +	Scores of 21 and greater eligible for full homelessness prevention assistance



**Determine if the household meets the Annual Gross eligible income requirement:** All households must fall below 50% of the Area Median Income (AMI) to qualify for prevention services. If the head of household is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8), they can also qualify for prevention services with income up to 80% of the Area Median Income (AMI). See Income limit summary below (on referenced chart) or at the United States Department of Housing and Urban Development (HUD) link to determine the latest annual income limits.

FY 2018 Income Limits Summary: Los Angeles County, CA								
Income Limits Summary for each fiscal year are found on the United States Department of Housing and Urban Development's (HUD) website at: <a href="https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn">https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn</a>								
Income Limit	Household Size							
Area Median Income (AMI)	1	2	3	4	5	6	7	8
<b>Extremely Low</b> 0-30% AMI	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,740	\$38,060	\$42,380
<b>Very Low</b> 31%-50% AMI	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000
<b>Low</b> 51%-80% AMI	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300




# Families-Homelessness Prevention Targeting Tool

Head of Household First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ HMIS #: \_\_\_\_\_


Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Minors: \_\_\_\_\_


**Instructions:** Check each applicable condition that is true for the prospective applicant (head of household). Each column (A- 0) has a question(s) with an attached point value. If a column has more than one question, please make sure to select one answer when asked to 'select only one below'. Next add the total number of points at the end of the tool to obtain the total score. Lastly, staff administering the tool shall ensure the Staff Certification section is completed, dated and signed.

<b>STEP 1: Determine Eligibility &amp; Priority for Homelessness Prevention Assistance</b>				
Household is at imminent risk of literal homelessness. Without prevention assistance the household will experience literally homelessness within the immediately preceding month (i.e. either living in a place not meant for human habitation or residing in an emergency shelter or transitional housing facility intended for persons and households who are homeless).			Check if Applicable	Point Value
<b>1.</b>	<b>Housing Status (Select ONLY one below)</b>			
1a.	If <b>DOUBLED UP</b> , the household has been told by the lease holder to vacate the unit. Program staff has verified with lease holder that prospective PRV participant is no longer welcome and must vacate. Prospective participant lacks the resources to secure alternative housing arrangements.		<input type="checkbox"/>	<b>5</b>
1b.	If <b>LEASE HOLDER</b> , the household has received an Unlawful Detainer (“Eviction”) lawsuit by the property owner or manager. An Unlawful Detainer is a formal eviction action that is filed in justice court. Program staff has verified with property owner/manager that prospective PRV participant has received notice to vacate. Prospective participant lacks the resources to secure alternative housing arrangements.		<input type="checkbox"/>	<b>1</b>
1c.	Currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, or other dangerous or life-threatening conditions that relate to violence against any household member.		<input type="checkbox"/>	<b>5</b>
1d.	Staying in a hotel in which household is paying out of pocket, but can no longer sustain in the unit due to costs. Agency staff have verified with adult costs of increase in hotel, debt to cost ratio, applicable after a certain amount of days paying out of pocket. Prospective participant lacks the resources to secure alternative housing arrangements.		<input type="checkbox"/>	<b>5</b>
<b>2.</b>	<b>Imminent loss of current housing. Loss of housing means the prospective household will experience literal homelessness – either on the streets or staying in an emergency shelter. Imminent loss of current housing must be verified with a ‘pay or vacate’ notice from landlord/property manager, lease holder or motel/hotel, ledger record of past due rent, court paperwork showing the prospective PRV participant is at risk of losing housing. (Select ONLY one below)</b>			
2a.	Have failed to respond to the Unlawful Detainer notice within 5 days of the court hearing or have received a court ruling with a date the person must move out. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within <u>24 hours</u> .		<input type="checkbox"/>	<b>5</b>
2b.	Have been served an Unlawful Detainer requiring court response or have an already determined court date. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within <u>48 hours</u> .		<input type="checkbox"/>	<b>4</b>
2c.	Have received a 3-day pay or quit notice with more than one month of rent owed. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within <u>3 days</u> .		<input type="checkbox"/>	<b>3</b>
2d.	Have received a 3-day pay or quit notice with less than one month of rent owed. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within <u>1 week</u> .		<input type="checkbox"/>	<b>2</b>
2e.	Have received a 30-day Notice to vacate or experiencing a housing crisis that will lead to an expected loss of housing within 1 month. Or, lease holder (or motel/hotel management) has mandated prospective participant must leave within <u>1 month</u> .		<input type="checkbox"/>	<b>1</b>
 <b>If none of the items from STEP 1 are applicable and person scores less than 2, household does not meet eligibility requirements. Refer to community resources.</b>			<b>SUBTOTAL:</b>	



STEP 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers				
Identify the barriers impacting household's ability to independently and quickly resolve housing issues and prevent literal homelessness from occurring in the imminent future.			Check if Applicable	Point Value
3.	Household Annual Gross Income Amount (Select ONLY one)			
	3a.	Household current income is \$0	<input type="checkbox"/>	5
	3b.	Income is less than 30% of Area Median Income (AMI) for household size (See chart)	<input type="checkbox"/>	4
	3c.	Income is between 31-50% of AMI for household size (See chart)	<input type="checkbox"/>	3
4.	Within the last 60 days household has experienced sudden and significant loss of income, including loss of employment and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses		<input type="checkbox"/>	3
5.	Prior rental evictions at any time in the past (Select ONLY one)			
	5a.	4 or more prior rental evictions	<input type="checkbox"/>	5
	5b.	2-3 prior rental evictions	<input type="checkbox"/>	4
	5c.	1 prior rental eviction	<input type="checkbox"/>	3
6.	Head of household or any family member required to register as a sex offender		<input type="checkbox"/>	5
7.	Single parent		<input type="checkbox"/>	3
8.	At least one dependent child under age 6		<input type="checkbox"/>	3
9.	Head of Household is under the age of 25		<input type="checkbox"/>	3
10.	Household of 5 persons or larger than cannot be housed in less than 3 bedrooms.		<input type="checkbox"/>	3
11.	History of literal homelessness for Head of Household. Literal homeless includes living in a place not meant for human habitation (e.g., street, sidewalk, vehicle, park, abandoned building), a safe haven, an emergency shelter, transitional housing and hotels and motels paid or by a charitable organization. An episode would include staying in and of the above-mentioned places. (Select ONLY one)			
	11a.	4 or more prior episodes OR total of at least 12 months within past three years	<input type="checkbox"/>	5
	11b.	2-3 prior episodes in past three years	<input type="checkbox"/>	4
	11c.	1 prior episode in past three years	<input type="checkbox"/>	3
12.	Head of household or any household member(s) experienced adversity or housing disruptions during childhood. Examples of childhood adversity could include homelessness, placement in foster care, eviction, refugee or immigrant to the U.S., or frequent moves (>3 in 1 year)		<input type="checkbox"/>	2
13.	Current involvement with Adult Protective Services (APS) or Child Protective Services		<input type="checkbox"/>	2
14.	Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from adult partner, birth of a new child.		<input type="checkbox"/>	3
15.	Head of Household or any household member was recently (within last 6 months) discharged from an institution after stay of any length (any household member). Examples of institutions include hospital, jail, prison, psychiatric hospital or substance abuse treatment facility.		<input type="checkbox"/>	3
 Calculate Step 2 Subtotal.			<b>SUBTOTAL:</b>	



STEP 3: Determine Targeting Priority Based on Local Policy Priorities				
Identify the factors relevant to local policy priorities that increase the risk that the prospective prevention participant will experience literal homelessness.			Check if Applicable	Point Value
16.	Within the past two years (24 months), household was housed through a homeless housing assistance program in Los Angeles County. (i.e. Homeless Housing Assistance programs include CoC Permanent Housing, Homeless Section 8, Rapid Rehousing, etc.)		<input type="checkbox"/>	5
17.	Head or household or any other household member has a history of involvement in the foster care or criminal justice system.		<input type="checkbox"/>	4
18.	Head of household or other household member has a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment)		<input type="checkbox"/>	3
19.	Type of residence the adult is currently residing in (Select ONLY one)			
19a.	Permanent Supportive Housing (PSH)		<input type="checkbox"/>	5
19b.	A unit using a Housing Choice Voucher (HCV) or under rent-control		<input type="checkbox"/>	3
 Calculate Step 3 Subtotal.			<b>SUBTOTAL:</b>	
<b>TOTAL POINTS</b>				

HEAD OF HOUSEHOLD CERTIFICATION	
<i>I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.</i>	
Head of Household's Name: _____	Head of Household's Signature: _____
Date Completed: _____	

STAFF CERTIFICATION	
<i>I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.</i>	
Agency Name: _____	
Agency Address: _____	
Staff Name: _____	Staff Title: _____
E-Mail: _____	Phone: _____
Staff Signature: _____	Date Completed: _____



# Appendix F: 2018-2019 Prevention & Diversion Scope of Required Services



## 2018-2019 Prevention & Diversion Program Scope of Required Services

This Scope of Required Services (SRS) for Prevention and Diversion Services contains a written summary of, and links to, detailed information regarding the services that must be provided to eligible participants experiencing homelessness receiving Prevention and/or Diversion services. This SRS and the documents that are linked hereto, in combination with the Program Standards (contained in a separate document), the Program Profile and Performance Targets, together, comprise the entire Statement of Work for Prevention and Diversion services. LAHSA maintains the right to make changes related to prioritization, matching, and other aspects of the implementation of the complete Coordinated Entry System which will be notified to Contractors through policies, interim guidance, and other forms of guidance as it deems necessary. Any of these notices, will by fact of being sent to the Contractor, become a part of the Contractor obligations.

### SYSTEM OVERVIEW

1. The goal of Homelessness Prevention and Diversion is to assist low-income participants who are either homeless or at imminent risk of becoming homeless to secure and/or retain permanent housing. The work under this Contract provides services for both types of activities. Diversion and Prevention often work together as a continuum, or a “progressive assistance approach” to assist people in a housing crisis. Another way to think about these two services is to call them “Rapid Resolution” to a housing crisis. Through these services, participants seeking assistance are engaged about safe, alternative housing options immediately before, or quickly after, they become homeless. All applicants to the program must be screened for diversion to determine if it is possible for them to access other housing options and remained housed or be re-housed temporarily or permanently instead of utilizing transitional housing services. Prevention and Diversion Programs should be done in coordination with the regionally located Coordinated Entry System (CES) Lead agencies.
2. Prevention and Diversion programs are an integral part of the Coordinated Entry System (CES) which was created to ensure a consistent approach to access and delivery of services in LA County. Therefore, Prevention and Diversion must work in collaboration with the Coordinated Entry System (CES). CES Prevention and Diversion should fit seamlessly with the other CES Program components including: Outreach, Crisis Housing, Bridge Housing, and Rapid Re-Housing or Permanent Supportive Housing. For more detail about this involvement in CES please see the 2018-2019 Coordinated Entry System Program Standards.
3. All programs operating in the LA CoC CES system must operate with a Housing First, Harm Reduction, Low Barrier and Trauma-Informed Care approach. **Please see LAHSA Program Standards for more detailed definition of these terms.**

### Centralized Referral System

4. **Centralized Referral System (CRS):** The Centralized Referral System is a collaboration between LAHSA and the Los Angeles County Health Agency (Departments of Health Services, Mental Health, and Public Health) to facilitate successful referrals to the appropriate Diversion and Prevention provider.
  - 4.1. When a centralized referral system through the CES lead agency and/or CES Matcher is implemented for Prevention and Diversion across the county, the Contractor will participate in this system to the fullest.
  - 4.2. When the system utilizes HMIS for referrals, Contractor must participate in this practice. Upon implementation of Centralized Referral System, Contractor must be prepared to receive and accept referrals for Prevention and Diversion from Los Angeles County Health Agency (Departments of Health Services, Mental Health, and Public Health), as well as from the Coordinated Entry System.

## **DIVERSION**

### **Definition**

5. **Diversion** (also known as “Housing Problem-Solving” or “Rapid Exit from Housing Crisis”) is a short-term strategy with very little financial assistance that seeks to prevent homelessness by helping people experiencing a housing crisis at a time as close to the start of that crisis (and not necessarily imminently at risk) and seeking shelter or other homeless services to preserve their current housing situation or find another temporary housing location outside of the homelessness system. Diversion practice should look more like a guided conversation as opposed to an “intake assessment.” Most common Diversion activities include: coaching and problem solving; mediation and conflict resolution (with landlords and/or family and/or friends); connection to mainstream resources; housing search assistance; housing stabilization planning; and limited financial assistance. Diversion does not necessarily ensure that families will have housing that meets the standard affordability standard, nor is it designed to eliminate poverty or housing mobility.

### **DIVERSION ELIGIBILITY FOR SERVICE**

Eligibility for Diversion Programs can be found in **Appendix II.**

6. **Homeless Status.** Participants must be determined to be homeless or Imminent Risk (Categories 1, 2, & 4) per HUD’s Final Rule on “defining Homeless” (24.CFR parts 91,576 and 578).
  - 6.1 Contractors will be responsible for documenting the determination of the participant’s homelessness status by using LAHSA Approved LA CoC Homeless Certification Form or LA CoC Imminent Risk of Homelessness form.
  - 6.2 Contractor will be responsible for obtaining the LA CoC Homeless Certification form, or LA CoC Imminent Risk of homelessness form from any referring agency.
    - 6.2.1 All documentation is required to be placed inside the participant’s master file.
  - 6.3 Contractor will be responsible for entering the homelessness or Imminent-risk status in the Homeless Management Information System (HMIS).
7. **Income Requirement:** Participants must be determined to be income eligible by meeting income threshold at or below 50% Area Median Income (AMI) for Los Angeles County. If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8) with income up to 80% of area median income (AMI) they can also qualify.
  - 7.1 Contractor will be responsible for obtaining all income supporting documents.
    - 7.1.1 Contractor will be responsible for documenting, and determining the participant’s AMI, using the LAHSA Household Composition and Income Eligibility form.
    - 7.1.2 If participant cannot obtain documentation of income or provide proof of income, Contractor must complete the LAHSA Third Party Income Eligibility form to obtain the income being reported by the participant and/or household.
    - 7.1.3 If Contractor cannot obtain a LAHSA Third Party Income Eligibility form after attempting to do so, the participant shall complete the LAHSA Self-Certification of Income form.
  - 7.2 Contractor will be responsible for entering the reported income in HMIS.

8. Diversion Services should be attempted with every Participant as a starting point.
  - 8.1 Before utilizing the LA CoC Homelessness Prevention Targeting Tool, a Diversion conversation should take place.
  - 8.2 If that is unsuccessful, then the LA CoC Homeless Prevention Targeting Tool should be administered to determine whether the participant is eligible for Prevention Services.
9. Participants who identify as actively fleeing a domestic violence situation (Category 4) must be offered an immediate connection with and provided a referral to a domestic violence shelter at a confidential location to ensure the safety and well-being of the Participant.
  - 9.1 Contractors are also required to work collaboratively with domestic violence shelters to ensure that services are made available to eligible Participants participating in the domestic violence system.
10. Unaccompanied Minors are not eligible for enrollment or services. An exemption exists for unaccompanied minors who are legally emancipated.

## **DIVERSION SERVICES**

11. Case Managers providing Diversion assistance will provide a combination of direct services and limited financial assistance (if needed) to participants for up to thirty (30) days with the goal of stabilizing the participant's current (or new) housing arrangement (either where the participant is currently located, or an alternate, safe and stable housing arrangement). This removes the immediate need for additional homeless services including emergency shelter, Rapid Re-housing or transitional housing.
12. Contractors providing Diversion services and assistance either directly, or through subcontracted service arrangements, must be uniquely assessed for the types of services needed. The services that can be provided are listed below, but are not limited to this list. Greater details about eligible services and activities can be found in **Appendix IV**.
13. **Case Management Ratio:** It is recommended that Contractors must maintain a ratio of approximately one (1) Case Manager to every twenty-five (25) participants in each staff person's case load for optimal service delivery. However, considerations should be made for complexity of participant's challenges and availability of staff.
  - 13.1 Caseloads should be determined through consultation between line and supervisory staff while examining the level of acuity/need, the amount of contact that is needed to successfully engage the household, and the length of time needed to meet participants where they reside.
14. **Case Management & Supportive Services:** Contractors may assist participants with a range of funded or leveraged activities based on the stated needs of the participant, including:
  - 14.1 Initial conversation with participant to explore their current situation and why they can't remain there along with possible non-traditional alternatives.
  - 14.2 Mediation and/or dispute resolution with current or previous landlord, family, or friends.
  - 14.3 Referrals to mainstream services or other community resources.
  - 14.4 Direct financial assistance: Contractor may provide direct financial assistance needed to maintain and identify housing. This is limited to specifics in **Appendix IV**.

- 14.5 Non- Head of Household Utility Payment
- 14.6 Transportation (including bus/rail tickets for both local transportation and relocation)
- 14.7 Grocery cards
- 14.8 Fees to assist securing ID's, birth certificates, and social security cards.

## **FINANCIAL ASSISTANCE**

- 15. Eligible categories of financial assistance can be found in **Appendix IV.**
  - 15.1. Contractor must monitor and coordinate the use and disbursement of financial assistance.
  - 15.2. This includes timely and accurate data entry in the LA CoC HMIS system and documentation of financial expenditures in HMIS and the Participant file.
  - 15.3. Contractor will not provide financial assistance directly to any program Participant, rather will ensure that landlords, other such services are paid directly.
  - 15.4. Contract must ensure that all payments to such entities are timely.
  - 15.5. Past due payments to landlords or other such services could potentially be grounds for termination of the contract. Contractor must manage payment in a manner that does not result in lease violations for the participant or other penalties related to lack of timely payment.
- 16. All financial assistance paid on behalf of participant must have signed request from the housing navigation staff and a supervisor/manager staff within the program.
  - 16.1. Program must have policies and procedures for how financial assistance is determined and requested.
- 17. Provider must have policies and procedures around verification of financial assistance. Contractor must ensure that financial assistance is being paid to the appropriate party.
  - 17.1. Must have documented verification of ownership before providing security deposit. To reduce potential barriers to engaging new property owners, LAHSA encourages that programs do not ask for grant deeds or tax records and instead use a data base to confirm ownership.

## **DIVERSION LENGTH OF ENROLLMENT**

- 18. Participants will not receive more than thirty (30) days of Diversion assistance.
- 19. Contractor must exit participant from enrollment when the following conditions are met:
  - 19.1 Participant has completed program goals and is determined to have reached a reasonable level of stability in permanent housing.
  - 19.2 Diversion Participant is unable to resolve their housing instability within thirty (30) days; participant must then be referred to the appropriate CES program/resource dependent on their current circumstances (e.g. Homeless, or not). This should be done in collaboration with the CES Lead in the appropriate SPA.

- 19.3 Participant relocates to another CoC; however, the Mobility Rule allows for participants to continue in a neighboring CoC.
- 19.4 Participant utilizes reunification services or the participant self-resolves their housing crisis.
- 19.5 Contractors may exit participant if they are deemed a risk to the safety of the Contractor's staff.
- 20. Contactor must **NOT** exit participant from services (case management or financial) without the collaboration of the participant due to:
  - 20.1 Active substance use
  - 20.2 Non-Compliance
  - 20.3 Active health issues
  - 20.4 Failure to abide by participant budget
  - 20.5 Desire to be assigned another case manager
- 21. Contractor must complete an Exit Plan for all participants exiting the program.

**DIVERSION PARTICIPANT MASTER FILE**

- 22. Contractor must maintain a file for each participant enrolled in the program that includes, but is not limited to, Core Documents and necessary documentation of Financial Assistance provided to the participant:

22.1 Core Documents

22.1.1.	Participant Identification	Government Issued ID & Social Security Card
22.1.2.	Income Documentation	
22.1.3.	Participant Eligibility Screening Form	
22.1.4.	LA CoC Imminent Risk of Homelessness Certification Form; Or LA CoC Homeless Certification Form	
22.1.5.	Household Composition and Income Eligibility Form	
22.1.6.	Third Party Income Eligibility Form	
22.1.7.	Self-Certification of Income Form	If no Third-Party Income Eligibility Certification Form
22.1.8.	Asset Calculation Form	
22.1.9.	W-9 of Landlord	If providing Security Deposit
22.1.10.	Rental Agreement/Lease	Required for all housing placements
22.1.11.	3 Day Notice to Quit, Eviction Paperwork, court documents etc.	
22.1.12.	Habitability Standards for Permanent Housing Form	If providing Security Deposit
22.1.13.	Case Notes	Enter into HMIS
22.1.14.	Exit Summary Form	

## **PREVENTION**

### **Definition**

23. **Prevention** is short term assistance for low-income participants who are imminently at-risk of homelessness to resolve a crisis that would otherwise lead to a loss of housing. Most common prevention activities include: Short-term financial assistance; housing-conflict resolution and mediation with landlords and/or property managers; housing stabilization planning; legal assistance, and/or planning for exit from the program.

### **PREVENTION ELIGIBILITY FOR SERVICE**

Detailed eligibility for Prevention Programs can be found in **Appendix I & V.**

24. **Homeless Status:** Participants must be determined to be at Imminent Risk or Fleeing (Categories 2, & 4) per HUD's Final Rule on "defining Homeless" (24.CFR parts 91,576 and 578).
- 24.1. Contractors will be responsible for documenting the determination of the participant's homelessness status by using LAHSA Approved LA CoC Homeless Certification Form or LA CoC Imminent Risk of Homelessness form.
- 24.2. Contractor will be responsible for obtaining the LA CoC Homeless Certification form, or LA CoC Imminent Risk of homelessness form from any referring agency.
- 24.2.1. All documentation is required to be placed inside the participant's master file.
- 24.3. Contractor will be responsible for entering the homelessness or Imminent Risk status in the Homeless Management Information System (HMIS).
25. **Income Requirement:** Participants must be determined to be income eligible by meeting income threshold at or below 50% Area Median Income (AMI) for Los Angeles County. If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8) with income up to 80% of area median income (AMI) they can also qualify.
- 25.1. Contractor will be responsible for obtaining all income supporting documents.
- 25.1.1. Contractor will be responsible for documenting, and determining the participant's AMI, using the LAHSA Household Composition and Income Eligibility form.
- 25.1.2. If participant cannot obtain documentation of income or provide proof of income, Contractor must complete the LAHSA Third Party Income Eligibility form to obtain the income being reported by the participant and/or household.
- 25.1.3. If Contractor cannot obtain a LAHSA Third Party Income Eligibility form after attempting to do so, the participant shall complete the LAHSA Self-Certification of Income form.
- 25.2. Contractor will be responsible for entering the reported income in HMIS.
26. Before completing Prevention Targeting Tool, Diversion Services should be attempted with every Participant as a starting point.

- 26.1. Before utilizing the LA CoC Homelessness Prevention Targeting Tool, a Diversion conversation should take place.
  - 26.2. If that is unsuccessful, then the LA CoC Homeless Prevention should be administered to determine whether the participant is eligible for Prevention Services.
27. **Homeless Prevention Targeting Tool:** Contractors must assess participants seeking prevention assistance by utilizing the population-appropriate LA CoC Homelessness Prevention Targeting Tool. Before completing the population-appropriate tool, Contractor must check for Participants CES record in the Homeless Management Information System (HMIS), to verify that the Participant is not already active in another Diversion or Prevention Program.
- 27.1. LA CoC Homeless Prevention Targeting tools include:
    - 27.1.1. Adult-Homeless Prevention Targeting Tool
    - 27.1.2. Youth-Homeless Prevention Targeting Tool
    - 27.1.3. Families-Homeless Prevention Targeting Tool
  - 27.2. The targeting tool must be administered in a place that allows the participant needed privacy for answering the questions.
  - 27.3. Participants may be eligible for different benefits and services based on the participant’s result.
  - 27.4. In the Adult, Youth, and Family systems, participants must meet a minimum threshold result eligible for Prevention Services. Those scoring under the threshold, will be eligible for “light touch” services.
    - 27.4.1. Threshold results are specific to the population-specific targeting tool utilized.
    - 27.4.2. “Light Touch” services include referral and linkage to other services in another program within the CES area. “Light Touch” services will never be the provision of a name and number, but rather a “warm hand off” from the Prevention program to the new program that will provide assistance.
  - 27.5. Results on the Screening Tool will be determined by LAHSA and will be regularly re-evaluated. In the event that changes are made, LAHSA will inform Contractors in advance of implementing the changes.
  - 27.6. All Contractors must use the most recent version of the targeting tool.

## **PREVENTION SERVICES**

28. Case Managers providing Prevention Assistance will provide a combination of direct services and limited financial assistance (if needed) to participants for up to six (6) months with the goal of securing permanent housing placement at the end. Permanent housing may be accomplished through assisted self-resolution of the housing crisis where the participant remains in their current housing or, if needed, re-location and assistance moving into a new unit.
29. Contractors providing Prevention services and assistance either directly, or through subcontracted service arrangements, must be uniquely assessed for the types of services needed. The services that can be provided are listed below, but are not limited to this list. Greater details about eligible services and activities can be found in **Appendix III & VI.**



30. Contractors are to serve all eligible participants that reside in the SPA in which the Contractor is designated to serve.
31. **Case management Ratio:** It is recommended that Contractors maintain a ratio of approximately one (1) Case Manager to every twenty-five (25) participants for optimal service delivery. It is acceptable to maintain a lower-case manager to participant ratio when serving youth.
  - 31.1. Caseloads should be determined through consultation between line and supervisory staff while examining the level of acuity/need, the amount of contact that is needed to successfully engage the household, and the length of time needed to meet participants where they reside.
32. **Case Management & Supportive Services:** Housing-Focused Case Management Services are provided by Prevention staff to provide housing stabilization services to participants. These services will be provided prior to and after permanent housing is secured and should be focused on coordinating and delivering services that promote long term housing stability. Housing stabilization services may include, but are not limited to: home visits; information and referrals; a minimum of one (1) monthly face-to-face meeting with the participant; assistance with budgeting and/or money management; assistance with accessing County and other mainstream benefits and services provided by community partner agencies. As with all Housing First programs, services are not mandatory and it is the responsibility of the Prevention staff to work to make engaging in the services something that is attractive to the Participant.
  - 32.1. After the Participant has resolved their current housing crisis or has moved into permanent housing, the case manager and program participant will work together on issues that could reasonably be expected to jeopardize the housing. Stabilizing housing will most often include assistance to be able to pay the rent (any combination of budgeting, utilizing public assistance benefits and/or employment programs, and accessing free or low-cost goods/services). The Case Manager will help the household to connect with community resources to maximize their ability to pay rent, such as finding affordable childcare so the parent can work. For some program participants, the case manager may also assist the person to prevent a recurrence of past problems with lease compliance, care of the unit, and conflict with other tenants or the landlord. This may include reviewing lease language, practicing conflict avoidance or de-escalation. All resources are voluntary; the degree of engagement between participant and case manager and the person's choice will determine the services, timing and sequence of referrals.

Housing-focused case management sessions shall be dedicated to assessing and reassessing needs, educating participants on community resource opportunities, developing housing stability plans, scheduling appointments, and providing necessary follow up to ensure housing stability plans are progressing on schedule and needs are adequately being addressed.
33. Participants receiving services are encouraged to meet with the Case Manager as often as indicated by the Housing Stability Plan to monitor progress towards stability in permanent housing and to adjust the plan accordingly.
  - 33.1. Contractors are required to have a minimum of one in-person contact with the participant per month. Contractors are to use a progressive assistance model in determining the frequency of case management meetings.

## HOUSING STABILITY PLAN

34. **Housing Stability Plan:** Case Managers must develop a Housing Stability Plan in coordination with the participant. The Housing Stability Plan will be the road map of services that are to be provided, actions that need to be taken (by both staff and the participant) and referrals that need to be made.
- 34.1. Housing Plans summarize the participant's goals, and immediate action steps toward those goals. The Plans are updated as the person's situation changes, and steps are completed or revised. People in crisis experience varying levels of stress overload and may be unaware of the impacts on their ability to make or carry out plans, control emotions or recall information. They may agree to goal plans but be unable to carry them out. Accordingly, Prevention programs must avoid plans that include many action steps or require people to rapidly acquire new knowledge or skills or make significant or simultaneous behavior changes. Progress and problems implementing the plan should be reviewed and updated frequently.
  - 34.2. The Housing Stability Plan should be considered the participant's plan and should be signed by the participant as it is developed and updated.
  - 34.3. Once the Housing Stability plan is completed, the Contractor must record the date of completion in HMIS.
  - 34.4. Case Managers must complete a Monthly Update with the participant to assess progress towards achieving the goals defined in the Housing Stability Plan.
  - 34.5. Contractors must track all services and financial assistance provided to participants in HMIS with the goal of the participant achieving housing stability and sustainability upon exit from the program.
  - 34.6. Contractors must assist participants with a range of funded or leveraged activities based on the stated needs of the participant, in the Housing Stability Plan, including but not limited to:
    - 34.6.1. Crisis Intervention
    - 34.6.2. Physical Health Care
    - 34.6.3. Mental Health Care
    - 34.6.4. Mainstream Benefits Establishment
    - 34.6.5. Substance Use Treatment
    - 34.6.6. Education
    - 34.6.7. Life Skill
    - 34.6.8. Legal Services
    - 34.6.9. Employment Services
    - 34.6.10. Vocational Training
    - 34.6.11. Credit counseling
    - 34.6.12. Financial literacy training
    - 34.6.13. Transportation
    - 34.6.14. Reunification
    - 34.6.15. Childcare
    - 34.6.16. Tenancy Rights and Responsibilities
    - 34.6.17. Landlord Relations
35. Contractor must continually assess participant needs and provide individualized services needed to make progress towards housing stability.
- 35.1. Contractor must meet with participant at least once per month, face to face, preferably in the participant's home.

- 35.2. Contractor shall increase the intensity of case management services as needed. This includes increasing the frequency of meetings and home visits as needed.
- 35.3. Case management services should decrease as the participant's stabilization improves.

## HOUSING IDENTIFICATION

36. **Housing Identification:** Contractors must identify housing resources and develop relationships with property owners, property management companies, and landlords throughout their respective regions to increase the permanent housing opportunities for participants. Contractor will be responsible for identifying available and appropriate housing units, cataloging unit specifications, reviewing and negotiating leases with landlords/property managers and conducting unit site visits.
  - 36.1. In the event that the current housing of the Participant cannot be preserved, Contractor must assist participants in the housing search and placement process. Assistance includes:
    - 36.1.1. Contractor must assist participants in locating appropriate housing that meets the needs and expressed desires of the participants.
    - 36.1.2. Contractor must assist participants in meeting with landlords. This includes preparing the Participants to understand the requirements of the lease, the lease up process, and expectations for tenancy.
    - 36.1.3. Contractor must accompany participant when meeting with landlord.
    - 36.1.4. Contractor must provide transportation assistance for appointments, as needed.
    - 36.1.5. Contractor must provide financial assistance with necessary application fees.
    - 36.1.6. Contractor must allow for participant's choice regarding housing. Participant's choice must be considered and be a part of the assessment and planning for appropriate housing.
  - 36.2. Contractor must take all reasonable steps to ensure that the rent for the unit is reasonably in reach for the Participant once financial assistance has ended. Contractor must assist the participant with budgeting to ensure housing sustainability upon exit.
  - 36.3. Contractor must commit to a significant focus on identifying shared housing opportunities for participants, including organizing roommate matching for program enrollees.
  - 36.4. Contractor is responsible for necessary housing inspections and ensuring that housing meets habitability standards (**See Appendix III & VI.**)
  - 36.5. Contractors must provide support to their landlord partners as needed by: responding to calls of concern or for assistance in a rapid fashion; working collaborative with landlords to address participant lease violations; ensuring that rental payments are made on time; and providing dispute mediation for the Landlord and the Participant.
  - 36.6. Contractor must work with the LAHSA funded Housing Location contracted providers to ensure effective coordination
  - 36.7. Contractor must abide by the Rental and Lease Standards described in **Appendix V & VI.**

37. **Rent and Move-In Assistance:** Contractor must provide direct financial assistance needed to identify and maintain housing. This financial assistance includes both move-in assistance and monthly rental assistance to assist the participant in being able to maintain their housing while working to increase their income.
- 37.1. Rental Assistance must be flexible and individualized utilizing a Progressive Assistance approach and ensure the participant can reasonably be able to maintain the housing once the temporary rental assistance ends.
- 37.2. The goal of rental assistance must be to assist the participant in achieving the goals identified in the Housing Stability Plan with the goal of achieving housing sustainability.
- 37.3. Contractor must provide support regarding budgeting for housing expenses by helping the participant to understand their responsibilities as well as how to reduce costs to help maintain their housing.

### **FINANCIAL ASSISTANCE**

38. Eligible categories of financial assistance can be found in **Appendix III & VI.**
- 38.1. Contractor must monitor and coordinate the use and disbursement of financial assistance.
- 38.1.1. This includes timely and accurate data entry in the LA CoC HMIS system and documentation of financial expenditures in HMIS and the Participant file.
- 38.2. Contractor will not provide financial assistance directly to any program Participant, rather will ensure that landlords, utility providers and other such services are paid directly.
- 38.3. Contract must ensure that all payments to such entities are timely.
- 38.4. Late payments to landlords or other such services could potentially be grounds for termination of the contract. Contractor must manage payment in a manner that does not result in lease violations for the participant or other penalties related to lack of timely payment
39. All financial assistance paid on behalf of participants must have signed request from the housing navigation staff and a supervisor/manager staff within the program.
- 39.1. Program must have policies and procedures for how financial assistance is determined and requested
40. Provider must have policies and procedures around verification of financial assistance is being paid to the appropriate party.
- 40.1. Must have documented verification of ownership before providing security deposit or rental assistance. To reduce potential barriers to engaging new property owners, LAHSA encourages that programs do not ask for grant deeds or tax records and instead use a data base to confirm ownership.

### **PREVENTION LENGTH OF ENROLLMENT**

44. Prevention is a short-term intervention. Services can be provided for up to six (6) months, but should be provided with a Progressive Assistance approach that only provides as much as is needed to be successful.
45. Contractor may exit participant from enrollment when the following conditions are met:

- 45.1. Participant and Contractor agree that participant has completed the primary housing stability goals outlined in Housing Stability Plan.
  - 45.2. Case Manager determines, along with the participant, that the Participant is unable to resolve their housing instability prior to the six (6) month cap of services. Participant must then be linked to appropriate program/resources in coordination with the CES team in the appropriate SPA.
  - 45.3. Participant relocates to another CoC; however, the Mobility Rule allows for participants to continue in a neighboring CoC if monthly services can still be provided.
  - 45.4. Participant utilizes reunification services or the participant self-resolves their housing crisis.
  - 45.5. Contractors may exit participant if they are deemed a risk to the safety of the Contractor's staff.
  - 45.6. Participant has failed to be in contact with Contractor for ninety (90) days or more after all due diligence to re-engage with the participant has been taken by the Contractor.
46. Contactor must **NOT** exit participant from services (case management or financial) without the collaboration of the participant due to:
- 46.1. Active substance use
  - 46.2. Non-Compliance with the Housing Stability Plan
  - 46.3. Active health issues
  - 46.4. Failure to abide by participant budget
  - 46.5. Desire to be assigned another case manager
47. Contractor must provide necessary support in the form of a warm hand-off, when linking participant to another housing or supportive services program. Provider must work collaboratively with case managers in other program(s) as long as necessary to ensure that the transition is not disruptive to the participant.
48. Contractor must complete an Exit Summary Form for all participants exiting the Prevention program.

**PARTICIPANT MASTER FILE**

49. Contractor must maintain a file for each participant enrolled that includes, but is not limited to, Core Documents and necessary documentation of Financial Assistance provided to the participant:

49.1 Core Documents

46.1.1.	Participant Identification	Government Issued ID & Social Security Card
49.1.2	LA CoC Homeless Prevention Targeting Tool	Enter into HMIS
49.1.3	Income Documentation	
49.1.4	Participant Eligibility Screening Form	
49.1.5	LA CoC Imminent Risk of Homelessness Certification Form	
49.1.6	Household Composition and Income Eligibility Form	
49.1.7	Third Party Income Eligibility Form	
49.1.8	Self-Certification of Income Form	If no Third-Party Income Eligibility Certification Form
49.1.9	Asset Calculation Form	
49.1.9	W-9 of Landlord	If provided Security Deposit or Rental Assistance
49.1.10	Rent Reasonableness Form	
49.1.11	Rental Agreement/Lease	Required for all housing placements or rental assistance
49.1.12	3 Day Notice to Quit, Eviction Paperwork, court documents etc.	
49.1.13	Habitability Standards for Permanent Housing Form	
49.1.14	Housing Stability Plan	Enter date completed into HMIS
49.1.15	Budget Tool	
49.1.16	Case Notes	Enter into HMIS
49.1.17	Monthly Update	
49.1.18	Exit Summary Form	

**Appendix I. PREVENTION: Eligibility for Single Adults, Families and Youth**

Eligibility	County GF
<b>Population Served</b>	All populations
<b>Homeless Status</b>	<ul style="list-style-type: none"> <li>• Category 2 (At Imminent Risk of Homelessness), or Category 4 (Fleeing DV) according to HUD’s Final Rule on “Defining Homeless” (24.CFR parts 91, 576 and 578).</li> <li>• Status must be documented by using LA CoC Homeless Certification Form or LA COC Imminently at Risk of Homelessness Form</li> </ul>
<b>Standardized Assessment</b>	LA CoC Homeless Prevention Targeting Tool
<b>Income Threshold</b>	<p>At or Below 50% AMI</p> <p>If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8) with income up to 80% of area median income (AMI) they can also qualify.</p>

**Appendix II. DIVERSION Eligibility for Single Adults, Families and Youth**

Eligibility	County GF
<b>Population Served</b>	All Populations
<b>Homeless Status</b>	<ul style="list-style-type: none"> <li>• Homeless under Category 1 (Literally Homeless), Category 2 (At Imminent Risk of Homelessness), or Category 4 (Fleeing DV) according to HUD’s Final Rule on “Defining Homeless” (24.CFR parts 91, 576 and 578).</li> <li>• Status must be documented by using LA CoC Homeless Certification Form or Imminently at Risk for Homelessness Certification Form</li> </ul>
<b>Income Threshold</b>	<p>At or Below 50% AMI</p> <p>If a Participant is in subsidized housing AND currently or formerly under a homeless housing assistance program (i.e. Homeless Section 8) with income up to 80% of area median income (AMI) they can also qualify.</p>

**APPENDIX III. PREVENTION: Allowable Financial Assistance for All Populations for County GF FUNDED. Check with Contractor Financial Manager about whether YOUR program has budgeted for specific assistance category.**

Financial Assistance	Guidance: GF	Participant File: County GF
<b>Security Deposit</b>	Maximum allowable fee is double the deposit, along with the additional deposits such as keys, remote, mailbox, etc....Maximum of one (1) security deposit in a twelve (12) month period unless current housing situation does not work.	<ul style="list-style-type: none"> <li>• Copy of W9,</li> <li>• Proof of Ownership</li> <li>• Receipt or Lease Agreement.</li> </ul>
<b>Rental Assistance</b>	Rental Assistance is limited to six (6) months per a twelve (12) month period. Total rental assistance includes the first and last month's rent.	<ul style="list-style-type: none"> <li>• Housing and Habitability Inspection.</li> <li>• Lease/ Rental Agreement.</li> <li>• W9 and Proof of Ownership.</li> <li>• Receipt(s) for ongoing assistance.</li> </ul>
<b>Rental Arrears</b>	Maximum of three (3) months of arrears.  Three (3) months of rental arrears is equivalent to one (1) of the total rental assistance.	Statement of Bill that includes the cost of each month paid.
<b>Utility Deposit</b>	Eligible utilities include gas, electricity, water, and trash. Maximum of one (1) utility deposit per a twelve (12) month period.	Copy of bill or receipt of the payment.
<b>Utility Assistance</b>	Utility assistance is limited to six (6) month per a twelve (12) month period. Eligible utilities include gas, electricity, water, and trash. Total utility assistance includes the first month's rent.	Copy of Bill for each utility for each month paid.
<b>Utility Arrears</b>	Only if necessary to re-house; maximum of three (3) months of arrears per utility. Eligible utilities include gas, electricity, water, and trash.	Statement or Bill that includes the cost of each month paid.
<b>Legal Fees</b>	Maximum allowable is \$500. Legal Fees can pay the cost encored by the landlord for representation or the cost of filing an unlawful detainer.	Copy of bill or receipt of payment.



<p><b>Move-In Expenses</b></p> <ul style="list-style-type: none"> <li>• <b>Application Fee</b></li> <li>• <b>Broker Fee</b></li> <li>• <b>Essential Furnishing</b></li> </ul>	<p><b>Application Fee</b></p>		<p><b>Required Documentation</b></p>
	<p>Eligible cost includes applications, background checks, and credit check result fees.</p>		<ul style="list-style-type: none"> <li>• Receipt</li> </ul>
	<p><b>Broker Fee</b></p>		<p><b>Required Documentation</b></p>
	<p>Reasonable costs of a real estate broker for one (1) time in a twelve (12) month period. Fee cannot exceed \$250 per unit. The landlord not any employees working in entities funded by LAHSA or other public funds are permitted to receive a Broker Fee, this fee can only be provided to 3<sup>rd</sup> party real estate search agent. The party receiving the Broker Fee cannot receive the fee unless the participant successfully leases up the unit and has a move-in date.</p>		<ul style="list-style-type: none"> <li>• Copy of Agreement</li> <li>• W9</li> <li>• Lease/Rental Agreement must be in participant Master File.</li> </ul>
	<p><b>Essential Furnishing</b></p>		<p><b>Required Documentation</b></p>
	<p><b>Appliances:</b></p>	<p>Lamp, fan, microwave, refrigerator, &amp; stove.</p>	<ul style="list-style-type: none"> <li>• Copy of all receipts of all items purchased. If gift cards are used, receipts must be provided if they include the items purchased.</li> </ul>
	<p><b>Bedding:</b></p>	<p>Mattress, box spring, &amp; frame.</p>	
	<p><b>Furnishings:</b></p>	<p>Basic bedroom &amp; living room items including sofa, futon, love seat, dresser, coffee table, night stand, &amp; dining set.</p>	
<p><b>Linen:</b></p>	<p>Bath towels, dish cloth, comforter, sheets, bath mat, pillow, &amp; shower curtain.</p>		
<p><b>Kitchen:</b></p>	<p>Bakeware, cookware, dinnerware, flatware, &amp; glassware.</p>		

<ul style="list-style-type: none"> <li>• <b>Landlord Incentive Fee</b></li> </ul>	<b>Cleaning Supplies:</b> Trash can, trash bags, broom & pan, cleaner. Cleaning towels, vacuum, mop & pail, laundry detergent, sponges, toilet paper, & dishwashing liquid soap.	
	<b>Landlord Incentive Fee</b>	<b>Required Documentation</b>
	Landlord Incentive Fee is up to the total of one (1) month's rent. This fee is to be provided to landlords/property managers that agree to lease a unit to a CES Rapid Re-Housing participant. The participant must have a signed rental agreement/lease on file for the incentive fee to be paid.	<ul style="list-style-type: none"> <li>• Landlord Incentive Fee Form</li> <li>• W9</li> <li>• Lease/ Rental Agreement must be on file.</li> </ul>
	<b>Moving Costs</b>	<b>Required Documentation</b>
<ul style="list-style-type: none"> <li>• <b>Moving Costs</b></li> </ul>	<b>Moving Costs</b>	<b>Required Documentation</b>
	<b>Storage Fees:</b> Equivalent to three (3) months of storage fees/ arrears in a twelve (12) month period.  <b>Moving Expenses:</b> Cost of rental van & moving services. Limited to one (1) moving event in a twelve (12) month period.	<b>Storage Fee:</b> <ul style="list-style-type: none"> <li>• Copy of bill that reflects the monthly fee. A billing statement would be necessary if assistance for multiple months is provided in a single payment.</li> </ul> <b>Moving Expenses:</b> <ul style="list-style-type: none"> <li>• Receipt &amp; Detail Statement Bill, if provided.</li> </ul>
<b>General Housing Assistance:</b> <ul style="list-style-type: none"> <li>• Document Fees</li> <li>• Employment</li> <li>• Transportation</li> </ul>	<b>Document Fee</b>	<b>Documentation Required</b>
	Documentation acquisition fees such as for birth certificate, document court filing fees, identification, or other documents needed for employment or housing.	<ul style="list-style-type: none"> <li>• Receipt</li> </ul>

Total General Housing Assistance is not to exceed 3% of the total direct assistance category.	<b>Employment</b>	<b>Documentation Required</b>
	Expenses associated with gaining or keeping employment. Eligible items include but are not limited to: uniforms, tools, driver's license fees, license/certification costs required for employment, financial literacy class, credit counseling, and short term vocational training leading to employment or housing stability where other funding is not available.	<ul style="list-style-type: none"> <li>• Receipt</li> </ul>
	<b>Transportation</b>	<b>Documentation Required</b>
	<p><b>Automobile Repair:</b> Automobile repairs &amp; registration are allowable only if these costs are related to employment, housing search, or reunification.</p> <p><b>Public Transportation:</b> Public Transportation is an eligible cost if it is related to employment or housing search. Maximum assistance of four (4) total, one (1) month LA County Metro (or transit agency in Los Angeles County) passes in a two (2) year period. Providers are encouraged to use transportation on an <i>as needed</i> basis, including using tokens or replenishing TAP cards with limited funds as needed.</p>	<ul style="list-style-type: none"> <li>• Receipt of any automobile repairs or transportation passes/tokens purchased.</li> </ul>
<b>Reunification Services</b>	<p>Expenses paid directly to a transportation provider for relocation by bus, train, or plane, to reunify participant with family members who have agreed to provide housing outside Los Angeles County. Transportation mode selected must be the most cost-effective option available.</p> <p>Providers can use discretion regarding fuel cost for participants with automobiles</p>	<ul style="list-style-type: none"> <li>• Reunification Services Request Form</li> <li>• Receipt of any expenses</li> </ul>

	<p>seeking reunification assistance. In these cases, the provider must document mileage &amp; estimated fuel costs, &amp; provide gas cards for needed fuel. Automobile repairs needed for the reunification cases must be classified as General Housing Assistance and abide by the categories budget restrictions for that category.</p> <p>All reunification cases must meet documentation standards regarding cost and destination.</p>	
<b>Indirect Costs</b>	Must be less than 12%	
<b>Payment Standard</b>	Financial Assistance requests should take no more than five (5) business days to process. All payments must arrive on or before the prescribed due date.	

**APPENDIX IV. DIVERSION Financial Assistance for All Populations for County GF Funded**

Financial Assistance	Guidance: County GF	Participant File: County GF
<b>Security Deposit</b>	Maximum allowable fee is double the deposit, along with additional deposits such as key, remote, mailbox, etc. Maximum of one (1) security deposit in a twelve (12) month period unless current housing situation does not work. If the participant needs to move to a new location, additional security deposit may be provided on a case by case basis, with LAHSA approval.	Copy of W9 and Receipt or Lease Agreement.
<b>General Housing Assistance:</b> <ul style="list-style-type: none"> <li>• Document Fees</li> <li>• Employment</li> <li>• Transportation</li> </ul>	<b>Transportation:</b> <b>Automobile Repair:</b> Automobile repairs & registration are allowable only if these costs are related to employment, housing search, or reunification.  <b>Public Transportation:</b> Public Transportation is an eligible cost if it is related to employment or housing search. Maximum assistance of four (4) total, one (1) month LA County Metro (or transit agency in Los Angeles County) passes in a two (2) year period. Providers are encouraged to use transportation on an <i>as needed</i> basis, including using tokens or replenishing TAP cards with limited funds as needed.	<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Receipt of any automobile repairs or transportation passes/tokens purchased.</li> </ul>
	<b>Grocery/ Food Cards:</b>	<b>Required Documentation</b>
	Grocery Cards are eligible costs if it is related to diverting a family into a temporary housing situation. Maximum assistance of three (3) \$100 gift cards per a twelve (12) month period. Cards cannot be spent on alcohol and must be given to the diverted Head of Household.	<ul style="list-style-type: none"> <li>• Receipt of Gift Card Purchase</li> <li>• Signed Gift Card acceptance form.</li> </ul>

<b>Utility Assistance</b>	<b>Non-Head of Household Utility Payment:</b> Utility payments for family/friends to house a homeless family are an eligible cost if it is related to diverting a family into a temporary housing situation and not entering crisis housing. Maximum assistance of three (3) months per twelve (12) month period. Utility payments must be made to the home owner.	<b>Utility Payment</b> <ul style="list-style-type: none"> <li>• Copy of Bill for each utility for each month paid.</li> <li>• Letter from family/friend confirming family is staying at address identified on monthly bill.</li> </ul>
<b>Reunification Services</b>	<ul style="list-style-type: none"> <li>• Maximum of one-time assistance per twelve (12) months period.</li> <li>• Expenses paid directly to a transportation provider for relocation by bus, train, or plane, to reunify participant with family members who have agreed to provide housing outside of Los Angeles County. Transportation mode selected must be most cost-effective option available.</li> <li>• Providers can use discretion regarding fuel costs for participants with automobiles seeking reunification assistance. In these cases, the provider must document mileage and estimated fuel cost, and provide gas cards for needed fuel. Automobile repairs needed for reunification cases must be classified as General Housing Assistance and abide by the categories budget restrictions for that category.</li> <li>• All reunification cases must meet documentation standards regarding cost and destination.</li> </ul>	<ul style="list-style-type: none"> <li>• Reunification Services Request Form</li> <li>• Receipt of any expenses</li> </ul>
<b>Indirect Costs</b>	Must be less than 12%	
<b>Payment Standard</b>	Financial assistance requests should take no more than five (5) business days to process. All payments must arrive on or before the prescribed due date.	

<b>Housing Standards</b>	Unit must pass LAHSA Habitability Standards
<b>Fair Market Rent (FMR)</b>	Not Applicable
<b>Rent Reasonableness</b>	Unit must be determined to be affordable and sustainable for the participant upon exit.
<b>Lease Requirements</b>	A written lease between the owner and the program participant is required.
<b>Written Standards</b>	<ul style="list-style-type: none"> <li>• Contractor must create an Housing Stability Plan that:</li> <li>• Determines barriers to housing stability.</li> <li>• Develops goals to help participant reach housing stability.</li> <li>• Monitors progress towards goals.</li> <li>• Creates a plan with participant to exit program when participant has achieved housing sustainability.</li> <li>• Contractor must utilize LAHSA approved program documents.</li> </ul>
<b>Geography</b>	Contractors are permitted to locate housing outside of Los Angeles County if the participant desires to relocate. Participants must complete a Housing Habitability Standards Inspection Form as well as ensure that the Housing Stability Plan documents how relocating outside of Los Angeles County will ultimately result in the participant achieving housing stability. If the participant needs ongoing financial assistance and supportive services, Contractor must arrange to provide these services; geographic distance cannot be a barrier towards providing supportive services. Contractor cannot provide services remotely as monthly in-person meetings are still required. If the participant does not need ongoing assistance after entering permanent housing, Contractor can provide financial assistance and exit the participant. If Contractor assesses the needs of the participant and determines that the Contractor cannot meet the needs of the participant and if ongoing assistance is needed, Contractor must link the participant to another program in the CoC, to which the participant is seeking residence, prior to the participant entering permanent housing.

## DPSS FAMILY SPECIFIC PREVENTION APPENDIX

### DEFINITIONS

1. The DPSS CES for Families Contract Definitions is located at the following link: <http://file.lacounty.gov/SDSInter/bos/supdocs/113549.pdf> and is attached hereto and incorporated herein by reference.

### CONTRACTOR OBLIGATIONS

2. Contractor shall ensure that all eligible homeless and at-risk of homelessness CalWORKs WtW families, homeless CalWORKs non-WtW families and non-CalWORKs at risk of homeless families receive Homeless Benefits and Services.
3. To be eligible for services funded through the DPSS contract, the contractor must use two methods of verification:
  - a. First, contractor must receive verification from the out-stationed HCM or designated CalWORKs District HCMs, indicating the client's eligibility on the "DPSS-CES FOR FAMILIES PARTICIPANT ELIGIBILITY REQUEST FORM" on a monthly basis. Contractor must scan and upload these forms into HMIS every month.
  - b. Second, contractor must maintain and track through HMIS the participants receiving Homeless Benefits under this Contract funding to ensure that the limit for benefits is not exceeded.
    - i. Contractor must not bill for households beyond the four-month time limit for CalWORKs WtW families (up to four additional months if family is enrolled in the Family Stabilization Program) or eight-month time limit for CalWORKs non-WtW families and at risk of homelessness families.
  - c. If the household is non-CalWORKs, but is being funded through the DPSS Fraud Incentive funds for prevention services, there are no documentation standards that the HCM can verify. However, the household must meet the eligibility requirement for services funded under DPSS which are:
    - i. A Two-parent household with income below 50% of the Area Medium Income (AMI) with a minor child (or an 18 year old who will graduate from high school before their 19th birthday) who is either a U.S. citizen, legal resident or a trafficking victim; or
    - ii. One parent or needy or non-needy caretaker household with income below 50% of the AMI with at least one, teenager age 13 through 18 in the household that is either a U.S. citizen, legal resident or a trafficking victim.
4. Contractor must ensure that all financial services/assistance is entered into HMIS within 72 hours (3 business days). All expenditures shall be reconciled with HMIS to ensure accuracy.
5. Contractor must ensure that all families enrolled into CES for Families, meet with the DPSS collocated Mental Health Clinician and the collocated Substance Use Counselor for the initial assessment. All homeless CalWORKs families identified with a potential mental health/substance abuse need and are willing to accept a referral, will be referred to mental health/substance abuse services within one business day of being identified.
6. Contractor must ensure that all staff funded under this contract attend a Civil Rights Training, as required by Los Angeles County DPSS, on a biennial basis (every two years). The contractor must keep track of renewals and new certification (Within 90 days of employee beginning work under the Contract) and request the trainings to LAHSA as needed.



7. Contractor must ensure that all staff funded under this contract attend a Mandated Reporter Training, as required by Los Angeles County DPSS, on an annual basis (every year). The contractor must keep track of renewals and new certification (Within 90 days of employee beginning work under the Contract) and request the trainings to LAHSA as needed.
8. Contractor's staff is considered Mandated Reporters of suspected child and senior abuse and must report suspicions of child or senior abuse as required by California Law.
9. Contractor shall ensure that key management staff is present. When there is a vacancy, interim replacement is made within ten (15) calendar days of the creation of the vacancy to ensure all staff levels needed for the delivery of services is present. Contractor shall notify LAHSA in writing of any change in key management staff within ten (15) calendar days of the vacancy.
10. Contractor shall provide County within 10 business days of the commencement of this Contract with standards the Subcontractors use to certify fluency of staff in reading, writing, and speaking both English and the other language(s) in which they are providing services other than English (e.g., Native speaker and/or educational level in language).
11. Families that walk directly into a FSC (walk-ins) will be screened on site by a FRT and provided with a follow up appointment for an actual assessment by an FSC Housing Navigator. If time permits, the family may be screened and assessed on the day the family walked into the FSC.
12. Contractor us ensure that all families will receive a scheduled face to face appointment within one business day from the screening/referral date.
13. Contractor must schedule an appointment with FSC Case Manager within one business day from the screening/referral date for a standardized assessment, child safety evaluation, and individualized comprehensive housing plan based on the amount of barriers a family has to address to become stable in permanent housing.
14. Contractor must ensure that all families will receive a standardized assessment within five business days from the screening/referral date.
15. Contractor may work with one (1) Identified Partner per SPA to screen families and schedule assessment appointments with approval from DPSS after the first 90 days of the contract, contractor can expand the use of identified partners.
16. Contractor shall maintain a Homeless Benefits payment log for all families assisted on a daily basis, including shelter days, motel/hotel vouchers, rental subsidies and other financial assistance.
17. Contractors shall run weekly data evaluation reports to ensure that all data entered in HMIS is accurate, complete and meets the requirements for timely data entry. Contractors should maintain verification on file that these validation reports were run, reviewed, and that corrections were made.
18. A Contractor shall provide services for English and non- English speaking families in their preferred language through multi-lingual staff or language interpretation services available through DPSS. The Subcontractors shall work with the DPSS collocated HCMs to access the language interpretation services.

## **FRAUD REFERRALS**

19. When Contractors suspect that fraud is being committed against LAHSA funded programs, Contractor shall make a fraud referral to LAHSA.
20. When Contractors suspect that fraud is being committed against DPSS, Contractor shall make fraud referrals to the DPSS Welfare Fraud Prevention & Investigations (WFP&I). Information can be found on the Internet at: [http://dpss.lacounty.gov/dpss/fraud/online\\_reporting.cfm](http://dpss.lacounty.gov/dpss/fraud/online_reporting.cfm)

## **CUSTOMER SERVICE**

21. Contractor shall implement an active Customer Service Program in order to secure feedback from families regarding their experiences with the HFSS. The Customer Service Program must be approved by LAHSA and recommended changes to the Program must be made allowing a minimum of ten (10) business days for review.
22. LAHSA and/or County DPSS will monitor for the quality of the Contractor's Customer Service with randomly selected families for telephone and/or site surveys. LAHSA and/or County DPSS, at its sole discretion, may change the means of measuring this standard via a Change Notice.

## **COMPLAINTS**

23. Contractor shall maintain a Monthly Complaint Log
24. Contractor shall complete an Incident Report form, of all incidences received directly by Contractor.
25. Complaints which indicate abuse, neglect or exploitation of children shall be referred by Contractor to the Department of Children and Family Services within 24 hours.
26. Contractor shall comply with County DPSS Civil Rights requirements, which include but are not limited to the following:
  - a. Ensure public-contact staff attend the mandatory Civil Rights training provided by DPSS.
  - b. Ensure notices and correspondences provided to the family are in their designated threshold language and provide interpreters to ensure meaningful access to services to all families.
  - c. Maintain a record of all Civil Rights materials provided by DPSS and ensure all families are provided with the Civil Rights materials.
  - d. Use the Civil Rights forms, Complaint of Discriminatory Treatment, DPSS Form -PA 607, Civil Rights Complaint Investigation Process, DPSS Form PA-607, Exhibit , and Civil Rights Training Report, DPSS Form PA-607 Exhibit , as needed when a family complaints of discriminatory treatment, including alleged Americans with Disabilities Act (ADA) violation complaints.
  - e. Implement procedures for receiving Civil Rights complaints as follows:
    - i. Contractor shall provide and assist families with completing a DPSS Form -PA 607, Complaint of Discriminatory Treatment, in the family's primary language available at: <http://dpss.lacounty.gov/dpss/civilrights/forms.cfm>
    - ii. Contractor shall maintain a log of civil rights complaints using the HFSS Monthly Complaint Log, Attachment C.
    - iii. Contractor should submit form PA 607 within two (2) business days to the LAHSA Family System Integration Manager.

## **PROGRAM REPORTS**

27. Contractor shall submit a report of families served with benefits and services provided to families, complaints, and other reporting requirements as required by system funders to LAHSA.
28. Reporting requirements are outlined in the CES for Families Report Matrix. The matrix is located at the following link: [www.lahsa.org/contracts](http://www.lahsa.org/contracts) and is attached hereto and incorporated herein by reference.
29. Contractor shall only bill for families whose eligibility for Homeless Benefits under this Contract was verified by an FSC.

## **COMPUTER EQUIPMENT SUPPLIES AND SECURITY**

30. Contractor and Subcontractors that electronically transmit or store personal information (PI), protected health information (PHI) and/or medical information (MI) shall comply with the encryption standards set forth below. PI is defined in California Civil Code Section 1798.29(g). PHI is defined in Health Insurance Portability and Accountability Act of 1996 (HIPAA), and implementing regulations. MI is defined in California Civil Code Section 56.05(j).
31. Contractors' and Subcontractors' workstations and portable devices (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (a) Federal Information Processing Standard Publication (FIPS) 140-2; (b) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management – Part 1: General (Revision 3); (c) NIST Special Publication 800-57 Recommendation for Key Management – Part 2: Best Practices for Key Management Organization; and (d) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.
32. All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with: (a) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (b) NIST Special Publication 800-57 Recommendation for Key Management – Part 3: Application- Specific Key Management Guidance. Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit.
33. LAHSA must receive within ten (10) business days of its request, a certification from Contractor (for itself and any identified partners/Subcontractors) that certifies and validates compliance with the encryption standards set forth above. In addition, Contractor shall maintain a copy of any validation/attestation reports that its data encryption product(s) generate and such reports shall be subject to audit in accordance with the Contract. Failure on the part of the Contractor to comply with any of the provisions shall constitute a material breach of this
34. Contract upon which LAHSA may terminate or suspend this Contract.

## Appendix V. Prevention Eligibility for Families

Eligibility	DPSS Fraud Incentive
<b>Population Served</b>	<ol style="list-style-type: none"> <li>1. CALWORKs Family               <ol style="list-style-type: none"> <li>a. One or two parent needy or non-needy caretaker households, with at least one aided minor child receiving CalWORKs</li> </ol> </li> <li>2. Non-CalWORKs Family               <ol style="list-style-type: none"> <li>a. Two-parent household with income below 50% AMI with a minor child who is either U.S. Citizen, legal resident, or a trafficking victim; or</li> <li>b. One-parent household with income below 50% AMI with at least one teenager (13-18 years old) who is either U.S. Citizen, legal resident, or a trafficking victim.</li> </ol> </li> </ol>
<b>Homeless Status</b>	<ul style="list-style-type: none"> <li>• Category 2 (At Imminent Risk of Homelessness)</li> <li>• Status must be documented by using LA CoC Imminent Risk Certification Form.</li> </ul>
<b>Standardized Assessment</b>	LA CoC Prevention Screening Tool
<b>Income Threshold</b>	At or Below 50% AMI
<b>Length of Assistance</b>	No more than 6 months, must not surpass DPSS Eligibility, service months in Prevention count towards a family's ongoing DPSS eligibility.

## APPENDIX VI. Financial Assistance for DPSS Funded Prevention for Families

Financial Assistance	Guidance: DPSS	Participant File: DPSS
<b>Security Deposit</b>	Maximum allowable fee is double the deposit, along with additional deposits such as key, remote, mailbox, etc... Maximum of one (1) security deposit in a twelve (12) month period unless current housing situation does not work.	Copy of W9 and Receipt or Lease Agreement.
<b>Utility Deposit</b>	Eligible utilities include gas, electricity, water, and trash. Maximum of one (1) utility deposit per twelve (12) month period.	Copy of bill or receipt of payment.
<b>Rental Assistance</b>	Rental Assistance is limited to six (6) months per twelve (12) month period. Total rental assistance includes the first and last month's rent.	<ul style="list-style-type: none"> <li>• Housing and Habitability Inspection.</li> <li>• Lease/Rental Agreement.</li> <li>• W9.</li> <li>• Receipt(s) for ongoing assistance.</li> </ul>
<b>Utility Assistance</b>	<b>Not an allowable expense</b>	<b>Not an allowable expense</b>
<b>Rental Arrears</b>	Maximum three (3) months of arrears.	Statement or Bill that includes the cost of each month paid.
<b>Utility Arrears</b>	Only if necessary to re-house; maximum three (3) months of arrears per utility. Eligible utilities include gas, electricity, water, & trash.	Statement or Bill that includes the cost of each month paid.
<b>Move-In Expenses</b> <ul style="list-style-type: none"> <li>• Application Fee</li> <li>• Broker Fee</li> <li>• Essential Furnishings</li> </ul>	<b>Application Fee</b> Eligible costs include applications, background checks, and credit check score fees.	<b>Application Fee</b> <ul style="list-style-type: none"> <li>• Receipt</li> </ul>

<ul style="list-style-type: none"> <li>• Landlord Incentive Fee</li> <li>• Moving Costs</li> </ul>	<u>Broker Fee</u> <b>Not an allowable expense</b>	<u>Broker Fee</u> <b>Not an allowable expense</b>
	<u>Essential Furnishings</u> <b>Not an allowable expense</b>	<u>Essential Furnishings</u> <b>Not an allowable expense</b>
	<u>Landlord Incentive Fee</u> <b>Not an allowable expense</b>	<u>Landlord Incentive Fee</u> <b>Not an allowable expense</b>
	<u>Moving Costs</u> <b>Not an allowable expense</b>	<u>Moving Costs</u> <b>Not an allowable expense</b>
<b>General Housing Assistance</b> <ul style="list-style-type: none"> <li>• Document Fees</li> <li>• Employment</li> <li>• Transportation</li> </ul> <p>Total General Housing Assistance is not to exceed 3% of total direct assistance category.</p>	<u>Document Fees:</u> Documentation acquisition fees such as for birth certificate, document court filing fees, identification, or other documents needed for employment or housing.	<u>Document Fees:</u> <ul style="list-style-type: none"> <li>• Receipt</li> </ul>
	<u>Employment:</u> <b>Not an allowable expense</b>	<u>Employment</u> <b>Not an allowable expense</b>
	<u>Transportation:</u> <b>Automobile Repair</b> <b>Not an allowable expense</b>  <b>Public Transportation</b> Public transportation is an eligible cost if it is related to employment or housing search. Maximum assistance of four (4) total, one (1) month LA County Metro (or transit agency in Los Angeles County) passes in a two (2) year period. Providers are encouraged to use transportation on an <i>as</i> needed basis, including using tokens or replenishing TAP cards with limited funds as needed.	<u>Transportation</u> <ul style="list-style-type: none"> <li>• Receipt of transportation passes/tokens purchased.</li> </ul>
<b>Reunification Services</b>	<b>Not an allowable expense</b>	<b>Not an allowable expense</b>
<b>Indirect Costs</b>	Must be less than 10%	
<b>Payment Standard</b>	Financial assistance requests should take no more than five (5) business days to process. All payments must arrive on or before the prescribed due date.	

# Appendix G: Homelessness Prevention Service Provider Interview Questions

# HOMELESSNESS PREVENTION SERVICE PROVIDER INTERVIEW QUESTIONS

Version 7: 2018.11.28

## A. Introduction



Thank you for taking the time out of your busy schedule for meeting with us today. Our names are Robert Gamboa and Gabriela Solis. We are both graduate students at UCLA Luskin School of Public Affairs in the Public Policy Department.

**We are students doing research for our master's thesis for our graduate program.**

We are working with the California Policy Lab to investigate how Los Angeles County can best utilize their funding for homeless services. We are particularly interested in Prevention and Diversion Programs and understanding how those services look on the ground. We understand that prevention is one of the newer services you are providing. Mostly, CPL wants to know what challenges and opportunities you see as you carry out your work. Your responses will be anonymous, as we will report our findings to LAHSA in an aggregate manner.

We are going to ask you a short series of questions about Prevention and Diversion program administration based on your expertise. This interview should take 60 minutes. For note-taking purposes, we prefer to record this interview to ensure we capture all the information accurately. However, if there is something you do not feel comfortable answering feel free to omit the question or if you would like to say something off the record, let us know and we will pause the recording device. You may also choose to not be recorded and that would be fine as well.

May we proceed with the recording? Y/N

May we proceed with the interview? Y/N

## **Begin recording. State names and organization.**

Tell us about your yourself and organization.

*[Note to Interviewer: Not to be read verbatim but to be used as a guide on how to start the interview process.]*

*[Note: Items in bold are Priority questions and should be asked!]*

## **B. Program Administration**

1. Please walk us through your process for administering homeless prevention services. For example, from the moment someone seeking services walks through the door, what would their interaction with you look like?

a. (If not mentioned) Do you work with families? [Press for month]

**i. For how long have you administered prevention for families? (Ex: Beginning in July 2015)**

b. (If not mentioned) Do you work with Single Adults?

**i. For how long have you administered prevention for single adults? (Ex: Beginning in July 2015)**

c. (If not mentioned) Do you work with Transitional Age Youth?

**i. For how long have you administered prevention for youth? (Ex: Beginning in July 2015)**

[Note: This would confirm whether or not we have all the data, as we are missing corresponding assessments for many families enrolled in prevention.]

2. Do you practice diversion? If yes,

**a. How do you practice diversion? (Ex: Does it consist of family/friends/landlord mediation? Is financial assistance provided?)**



- i) **Under what circumstances would you enroll clients?**
  - ii) Do you enroll clients in diversion in HMIS when you practice diversion? [Note: service providers should do this if they administer financial assistance as part of diversion]
  - iii) If yes, what proportion of clients would you say you divert?
3. What are the top 3 most common needs for prevention clients?
- a. Do the types of households you serve with prevention services change year to year? Do they change seasonally?
4. How many members of your team work on prevention? What are their roles and responsibilities?

*Note to Interviewer: This open-ended question, strategically located at the beginning of the interview, is used to give the interviewee the flexibility to share openly about what prevention looks like in their SPA, without setting a framework on what we expect those services to be. Answers might be long and complex. The more detail they offer, the more you might want to follow up about interviewing and intake. We want somewhat specific information based on the SPA.*

## C. Eligibility Criteria

- 1. What are your eligibility requirements for prevention services? (Ex: Do you require someone to have a 3-day notice/ Do you serve couch surfers?)**

**How do you document eligibility?** (Ex: through the imminent risk form)

2. As you know, LAHSA requires that a person be at imminent risk of homelessness to qualify for prevention.
- a. **How do you define imminent risk of homelessness when you administer services?**

b. **In addition to LAHSA’s imminent risk standard, do you have any additional standards or internal policies you use to determine who should receive prevention services?**

3. **How do you proceed if a client is screened but is not eligible for prevention?**

4. Do you have any clients who you think meet prevention eligibility criteria but do not score high enough on the Prevention Targeting Tool? What is considered high enough?

If yes,

a. What proportion of qualifying clients would you say score below 21?

b. **Do you offer any services for these clients (clients who meet prevention eligibility criteria and score under 21 on the Prevention Targeting Tool)?**

If yes,

i) **What types of services do you offer? (Ex: financial assistance, case management, etc.)** [Note: Please make note if financial assistance is provided]

ii) For how long do you provide services (Ex: 1 day vs. six months)?

iii) Would you enroll these clients and record the services they receive in HMIS?

5. **Are there people eligible for prevention services that you think are unlikely to enter homelessness?**

## 6. Are there people eligible for prevention services that you think are highly likely to enter homelessness without assistance?

*Note to Interviewer: The goal of this interview section is to learn more about how each service provider specifically uses their own discretion when administering Prevention and Diversion Programs. We expect this section to help us determine the difference between SPAs in their homelessness prevention service delivery.*

### D. Prevention Targeting Tool

1. As you know, LAHSA created several tools to guide decisions around who should receive what homeless services.
  - a. When do you administer the CES for Families Screening Tool?
  - b. When do you administer the Prevention Targeting Tool (PTT)?
  - c. Do you find the PTT helpful in determining who should receive prevention services?
  - d. Are there any parts of the PTT you focus more on or skip over?
  - e. **How would you make this targeting tool more efficient and/or effective?**
  - f. Are there characteristics of clients who are currently housed when they come to you that you think are not accounted for in the tool but nonetheless particularly vulnerable to becoming homeless?

2. Do you ever make a “status update” within a client’s HMIS profile?

If yes,

- a. Under what circumstances would you make a status update?
- b. Do you ever complete an “annual assessment” within a client’s HMIS profile?
  1. Under what circumstances would you make an annual assessment?

3. **Do you conduct exit interviews with all of the clients receiving prevention?**

If yes,

- a. When do you conduct these?
- b. **Are there any circumstances in which you would not complete an exit interview?**
- c. How would you record this in HMIS? (Ex: How would you record someone who disappears)

*Note to Interviewer: The goal of this interview section is to gauge how the service provider is engaging with LAHSA policy guidance. In particular, we are interested in determining how often the LAHSA’s prevention screening tool is used, and if it is deemed a valuable tool.*

## **E. Services & Funding**

*[Note: Thinking about clients receiving prevention services, oftentimes, service providers have their own methods of determining how much financial assistance they offer a client.]*

**1. Aside from LAHSA, are there any other homeless prevention services to which you might refer clients?**

If yes,

- a. What types of referrals do you provide?
- b. Do you refer people to legal services?

**2. How do you decide how much rental assistance each person receives and for what length of time?**

3. Tell me about your funding structure for prevention services. Is the funding you currently have for prevention sufficient to carry out your work?

4. What are the different funding streams for prevention services? (Ex: family prevention, DPSS prevention, etc.)

**5. Have you ever run out of funding for prevention services?**

If yes,

- a. When did this occur?
- b. What did you do in response? (Ex: stop enrolling clients)**
- c. As a service provider are there other expenses you have to consider when providing homeless prevention services such as overhead costs, logistics, or other cost factors that may influence your decisions or outcomes?

- d. In a perfect world, how might you change how funds are allocated to homelessness prevention? For example, would you distribute the funding differently?

*Note to Interviewer: This interview section will help us understand if and how SPAs run out of funding. It can also help us gauge what other funds programs may have in excess or more flexibility in funding service requirements that can be used to think through policy recommendations.*

## F. Defining Success



- 1. What components of prevention have you found to be the most effective? For example, are there certain services that are critical for success (ex: family mediation)?**
2. How do you define “success” in homeless prevention?
- 3. How frequently do you encounter former prevention clients returning for services?**
4. **If you could redesign prevention services, what would you do differently?**

*Note to Interviewer: An issue identified through the literature review was the lack of specific, uniform definition for success in prevention services in Los Angeles County. This section will help us understand if there is a “success standard” throughout SPAs. Additionally, we allow interviewee the opportunity to share what they think a successful homeless prevention program should look like, in case they have viable innovative ideas we can further research.*

## G. Thank You



Thank you for your time today. We appreciate and value your input. We will let you know if we have any further questions. We will leave you with our business cards should you have any further information you would like to include. Thank you.

