

LA COUNTY'S HOMELESS INITIATIVE

Annual Performance Evaluation:
Year Six: The Initiative in Transition

DECEMBER 2023

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PUBLIC SECTOR ANALYTICS

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LA County's Homeless Initiative Year Six: Initiative in Transition

In July 2023, the Office of the Homeless Initiative (HI) within Los Angeles County's Chief Executive Office commenced its eighth year and the seventh since the County began receiving Measure H sales tax proceeds to fund services at the basis of a coordinated approach to ending the homelessness crisis. This evaluation examines Year 6, which occurred in the County's 2021-22 Fiscal Year (FY), as well as the first six years of the HI overall.

Year 5 was the final year before the implementation of a new guiding framework implemented in response to a reassessment of the HI's originating strategies for addressing the Countywide homelessness crisis. In Year 6, the HI therefore underwent a significant transition after the Los Angeles County Board of Supervisors approved the new approach, which aimed to streamline and consolidate 51 HI strategies into five primary activities: Coordination, Prevention, Connection, Housing, and Stabilization. The renewed framework additionally introduced a new "supporting activities" category to encompass previous strategies focused on capacity building and coordination across public services domains. The HI's new approach places renewed emphasis on collaboration with key partners integral to ending the homelessness crisis, including the Homeless Rehousing System, the County's Mainstream Government Systems, and local cities.

ORGANIZATION OF THIS REPORT

Unlike previous HI performance evaluations, which were largely centered around traditional homeless services outcome measures associated with HI strategies, this report seeks alignment with the increased focus on system performance built into the HI's new framework. While traditional analysis of selected metrics from previous reports is retained in Section II, both because the metrics remain important and for the sake of continuity — i.e., annualized and cumulative counts of permanent housing (PH) and interim housing (IH) placements, as well as of households assisted by prevention programs — this report reflects a shift in the center of gravity within the new framework from traditional client level outcomes to the effectiveness and efficiency of the homeless services system.

Moving forward, evaluation of system performance will benefit considerably from a set of Key Performance Indicators (KPIs) developed by the Los Angeles Homeless Services Authority in partnership with UCLA's California Policy Lab (CPL). In this report, we look at selected parts of Year 6 through the lens of these KPIs and offer a preview of the information these metrics will make available to policymakers and program managers in the future.

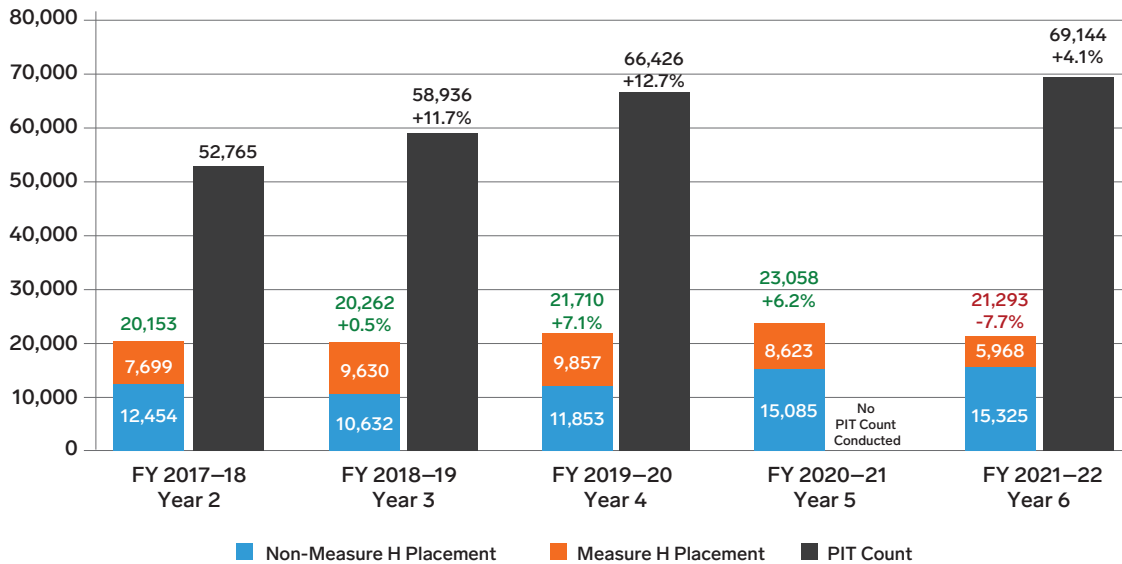
Building on the analysis conducted for previous HI evaluations, Section III once again examines System Throughflow but now does so with the addition of year Six and the advantage of system-based analysis that demonstrates client transitions across various touchpoints within the homeless service system. Since client connections to the mainstream services system are critical to improved homeless services system throughput within the HI's new framework, the throughflow examined in Section III is linked in Section IV to client connections to benefits administered by the Department of Public Social Services (DPSS), as well as treatment and service provided through the Department of Mental Health (DMH). Concluding the report, Section V considers the implications drawn from the findings presented in previous chapters and offers data collection and measurement recommendations for future analysis of homeless services system performance.

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THE RATIONALE FOR A NEW HI FRAMEWORK

In no small measure, the Board of Supervisors instructed the HI to reconsider the Initiative's initial framework because the magnitude of the homelessness crisis, as measured by LAHSA's annual point-in-time (PIT) homeless counts, continued to grow despite generally increasing housing placement and retention rates. Despite a systemwide total of over 106,000 permanent housing placements since the start of Measure H in FY 2017-18, Figure ES-1 clearly demonstrates the degree to which the PIT count's rate of growth over this period outpaced the rate of growth in permanent housing placements.

Figure ES-1. Annual Systemwide Permanent Housing Placements and Point-in-Time Homeless Counts in the First Five Years of Measure H*



*PH Placement Tallies shown here are de-duplicated counts of persons placed.

Percentage Changes are relative to the Previous Tally)

*PH Placement Tallies shown here are de-duplicated counts of persons placed.

Measure H-funded PH placements were almost 22.4 percent lower in the fifth year of the sales tax by comparison with the first year and close to 40 percent lower than the total registered in the third year. Placements funded by other sources more than offset the decline in those funded by Measure H.

As shown in Table ES-1, however, while the PIT count total conducted in March 2021 was 31 percent higher than the PIT count total registered five years earlier, the *systemwide* total number of persons placed (i.e., the sum of Measure H-funded and non-Measure H funded permanent housing placements during FY 2021-22) was only 5.7 percent higher than the systemwide total recorded five years earlier.

Table ES-1. Fifth Year vs. First Year of Measure H

Annual Measures	+/-	
	#	%
Non-Measure H PH Placements	+2,871	23.1
Measure H PH Placements	-1,731	22.4
Systemwide PH Placements Overall	+1,440	5.7
PIT Count	+16,379	31.0

Despite registering a systemwide count of more than 106,000 persons placed in PH between FY 2017-18 and FY 2021-22, the development and implementation of a new HI framework was necessary because the annual and overall placement totals were not sufficient to counterbalance the expanding numbers of persons experiencing homelessness Countywide.

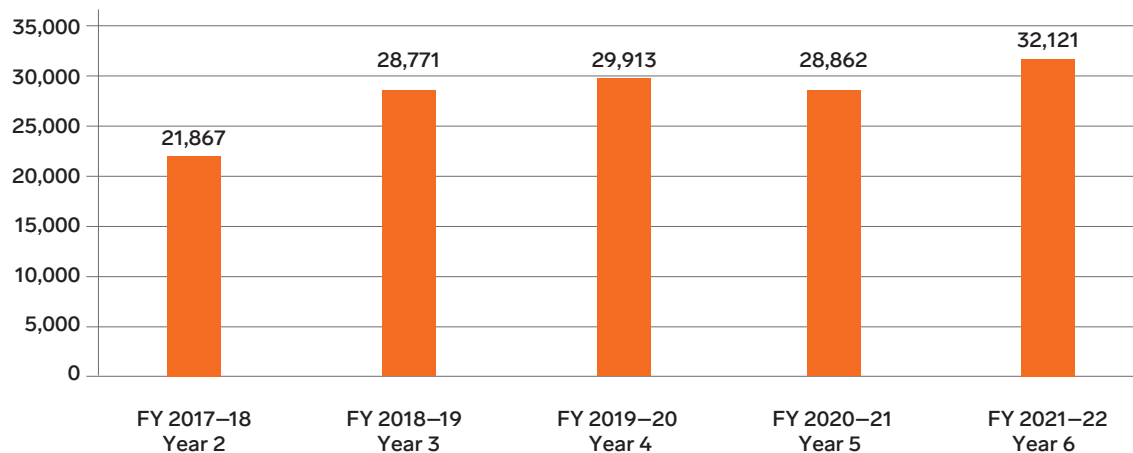
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TRADITIONAL OUTCOMES STILL MATTER WITHIN THE NEW FRAMEWORK

The essential “top line” benchmark measures at the center of the previous five HI performance evaluations, will continue to hold significance in assessing the effectiveness of the initiative moving forward, particularly trends in PH and Interim Housing (IH) placements.

- ▶ Although Systemwide PH placements have remained consistent in absolute terms since the start of Measure H, ranging from 20,000 to 23,000 annually, placements decreased by nearly 8% in Year Six of the HI (which was Year Five of Measure H) as shown in Figure ES-1.
- ▶ Los Angeles County has made notable progress in growing the region’s shelter capacity by almost 68%, from less than 16,000 to over 26,000 between 2019 and 2023.¹
- ▶ This expansion in shelter capacity has corresponded to a significant expansion in interim placements, which rose by nearly 50%, from approximately 22,000 to over 32,000 since the County began receiving Measure H revenues as shown in Figure ES-2.
- ▶ The collected data show that the cumulative tally of distinct homeless individuals utilizing services in IH facilities surpassed the 130,000 mark by the conclusion of Year 6.

Figure ES-2. IH Placements Over the First Five Years of Measure H.



SYSTEM PERFORMANCE

From an analytical point of view, the increased focus the new HI framework places on system performance requires examining the duration of stays and transitions across different touchpoints within the homeless service system. The KPIs developed by LAHSA and UCLA/CPL will be critical to measuring progress, tracking changes in homelessness over time, evaluating effectiveness of service types and interventions, and identifying the specific needs of individuals experiencing homelessness. These KPIs are structured around four overarching service types: Street Outreach (SO), IH, TLS, and PSH. The analysis of system performance summarized in this report, as well as the measurement of traditional outcomes are driven by data from Homeless Management Information System (HMIS) and Department of Health’s (DHS) Comprehensive Health Accompaniment Management Platform (CHAMP) system.

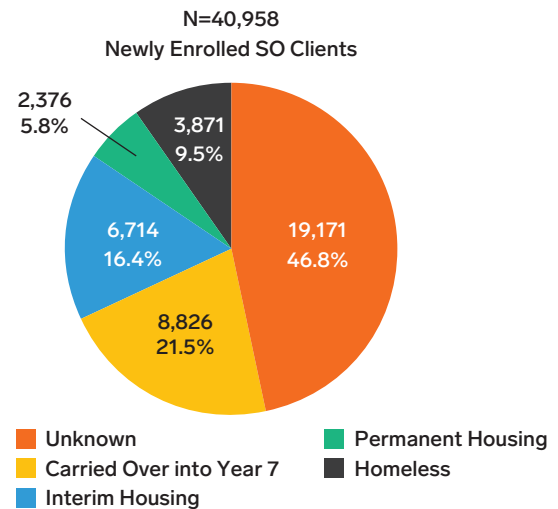
¹ See LAHSA 2023 shelter count and housing inventory count presentation available at <https://www.lahsa.org/documents?id=7232-2023-greater-los-angeles-homeless-count-deck>

Street Outreach Programs

In Year 6 of the HI, total Street Outreach (SO) program enrollments grew by 25% over the Year 5 total. The enrollment numbers surged from over 52,000 to approximately 65,000, primarily due to expansion in the number of individuals carried over from the previous year. Additionally, the annual count of new SO enrollments remained consistent between Years 5 and 6, holding steady at around 41,000. Figure ES-3 shows the volume of homeless individuals who enrolled in SO programs in Year 6, along with their subsequent transitions to other programs.

- ▶ Nearly 68,000 service users opened new enrollments recorded in HMIS in Year Six, two-thirds of whom enrolled in SO programs during the same year.
- ▶ Among these SO clients (roughly 41,000 individuals), 2% remained engaged solely in SO programs, while 16% transitioned to IH facilities, and 6% either transitioned to TLS or PSH programs or self-resolved their homelessness, while 9% of transitioned to various homeless destinations.
- ▶ As discussed in more depth below, 47% of the newly-enrolled SO clients in Year 6 exited from SO programs to unknown exits destinations. There are many reasons SO programs are unable to locate and continue working with participants they encounter, such as movement of persons during sweeps, reluctance of SO clients to move forward, lack of immediate resources to offer, hospitalizations, arrests, and mortality. Mental illness and/or substance use disorders can also result in challenges maintaining contact.

Figure ES-3. Outcomes Observed Among those Newly Enrolled in SO Programs in Year 6



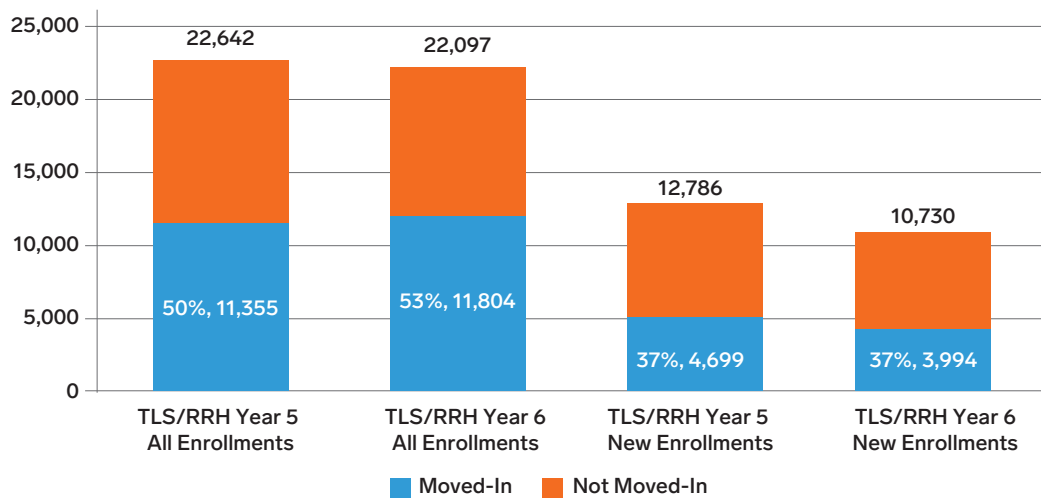
Enrollments and Housing in TLS Programs

TLS programs (previously Rapid Re-Housing) have played a pivotal role in the HI's approach to transitioning homeless individuals and families into stable permanent housing. While the County's homeless services system has demonstrated commendable efficacy in enrolling homeless individuals and families into TLS programs, the increasingly tight and unaffordable rental market in the Los Angeles Metro Region has posed significant challenges to placing TLS recipients into lasting permanent housing solutions. Figure ES-4 provides an inferential sense of the market's impact on placement results.

- ▶ The data used for this report show no significant change in overall TLS enrollments systemwide between Years 5 and 6 of the HI. In each year, enrollments remained consistent at around 22,000.
- ▶ Due to the increasingly difficult housing market, however, a larger proportion of Year Five enrollments were carried over into Year 6, which in turn led to a 16.1% decrease in *new TLS enrollments*, from 12,786 in Year 5 to 10,730 in Year 6.

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Figure ES-4. Individuals Enrolled and Moved-In PH via TLS Programs in Years 5 and 6



Encouraging TLS Signs Despite the Headwinds of a Tight Housing Market

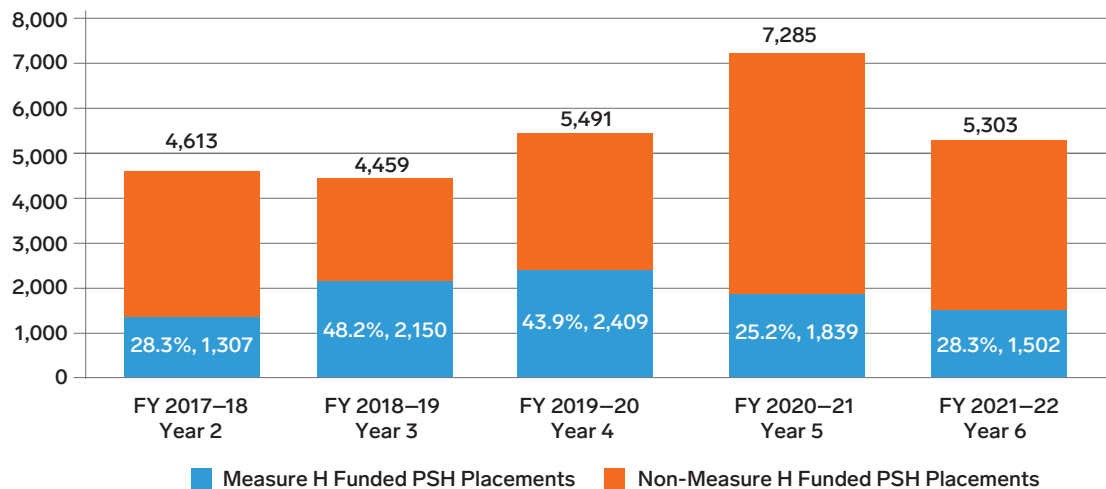
Given these dynamics, it is unsurprising that the absolute number of newly-enrolled individuals and families moving into permanent housing declined by 15 percent, from 4,699 in Year 5 to 3,994 in Year 6. Nevertheless, some encouraging signs are observed in the Year 6 TLS results:

- ▶ While the numbers of Newly-enrolled TLS clients moving into permanent housing declined due to the market-driven decrease in new enrollments, the proportion of the newly enrolled clients moving into permanent housing in Year 6 remained consistent with Year 5 at 37%.
- ▶ In looking at the systemwide TLS client population as a whole, the number of individuals and families moving into permanent housing overall increased in both absolute and relative terms between Year 5 and Year 6:
 - The number of TLS enrollees moving into permanent housing grew from 11,355 in Year 5 to 11,804 in Year 6, an increase of roughly 4 percent.
 - Although the number of TLS enrollees overall (new and carried over) was down from Year 5, the percentage moving into permanent housing grew from 50% in Year Five to 53 percent in Year Six.
 - The proportional increase in TLS clients placed in permanent housing in Year 6 indicates an improvement in move ins among those carried over from the previous year.
- ▶ Throughout the 5-year period of Measure H, the annual count of PH placements via TLS and RRH programs displayed fluctuations, hovering around 7,000 placements annually.
 - Notably, over 80% of these TLS/RRH placements were secured through Measure H-funded initiatives. However, Year 6 marked an exception, as the proportion of placements from Measure H-funded projects decreased to nearly 62%. This decline was offset by an increase in placements from non-Measure H funded TLS programs.

PSH Placements

In the four-year period from the initiation of Measure H through Year 5 of the HI, Countywide PSH capacity expanded significantly. Specifically, the number of PSH beds grew from 16,000 to over 23,000, an increase of 44%. As shown in Figure ES-5, moreover, annual placements in PSH systemwide from the start of Measure H through Year 5 of the HI grew by 58%, from 4,600 to nearly 7,300. However, while the total number of persons housed in PSH remained steady at roughly 22,000 during Years 5 and 6 of the HI, new placements declined by a third in Year Six.

**Figure ES-5. Annual Totals of Individuals Placed in PSH Over Five Years
Parsed by Placements Funded and not Funded by Measure H**



A closer look at the distribution of annual systemwide placements by funding source in Figure ES5 shows, that the roots of the Year 6 decline can be traced back to the onset of COVID-19 and the deadliest phase of the pandemic in Year Five, which had a dramatic slowing effect on Measure H funded PSH placements. Whereas Measure H revenues were used to house roughly 44% of the systemwide PSH placement in Year Four, Measure H funded PSH placements in Year 5 declined by 24% in absolute terms, and the Measure H share of systemwide PSH placements declined to 25.2%. Remarkably, however, the 7,285 systemwide PSH placements recorded in Year 5, encompassing persons placed during the most dangerous phase of the public health emergency, represents a 33% increase over Year 4 and a 58% increase over the first year of Measure H.

This points to the critical importance non-Measure H resources assumed in enabling PSH placements to continue through the heart of the pandemic. By comparison with Year 4, PSH placements not funded by Measure H were higher in Year 5 by a staggering 76.7% (5,446 versus 3,082). This explosive growth therefore at once drove the systemwide increase relative to the Year 4 PSH total and offset the decline in Measure H-funded placements. It is worth noting in this context that, while virtually all of Measure H-funded PSH is administered by DHS/HFH, HFH also recorded 1,742 non-H PSH placements in Year 5 and thereby accounted for close to one third of the Year 5 non Measure H-funded PSH overall and significantly offset the reduction in PSH placements funded by Measure H.

Since, however, a significant portion of the Year 5 growth in non-Measure H PSH was enabled by resources made available in response to the pandemic, it is unsurprising to find that non-Measure H placements in Year 6 decreased by 28.3% (from 5,303 to 3,801). At the same time, Measure H funded PSH continued to face the ongoing long-term effects of the pandemic and fell by another 18% (from 1,839 to 1,502) in Year 6. The decline across both Measure H and non-Measure H PSH resulted in a 27.2% decrease in systemwide placements in Year Six relative to Year 5, the first overall year-to-year decline since Measure H revenues became available to Los Angeles County.

MEASURE H

In March 2017, voters approved Measure H, the landmark quarter-cent County sales tax meant to provide funding for a comprehensive Countywide approach to homelessness encompassing 51 interconnected strategies. The sales tax creates an ongoing revenue stream and provides funding that would otherwise be unavailable, which pay for homeless services, including Street Outreach, interim housing, rental subsidies, and supportive services.

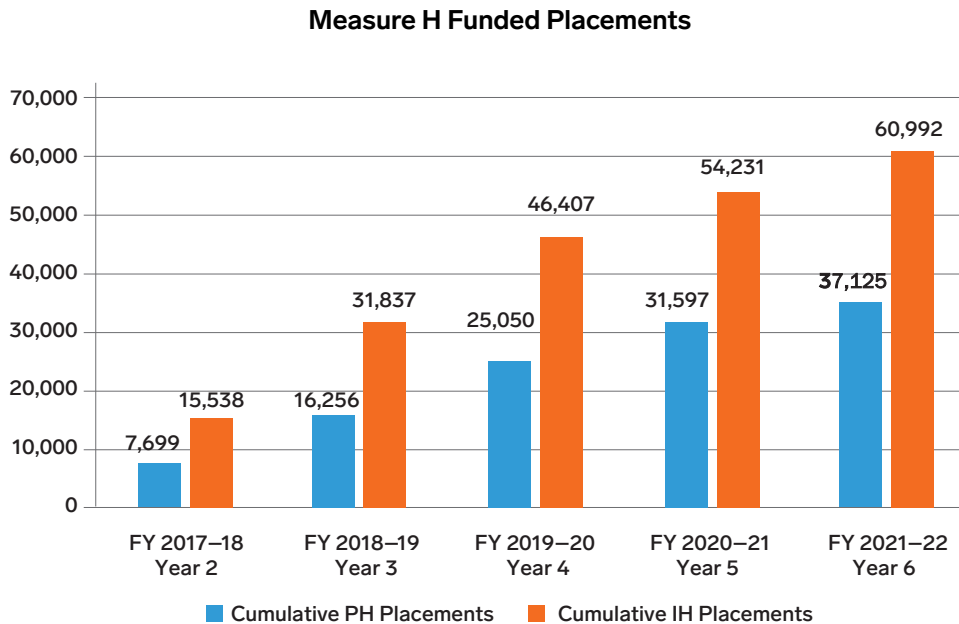
Measure H funds became available in Year 2 of the HI. In Year 1, the County had allocated \$100 million to launch the strategies, and then continued to approve annual budgets thereafter, which by FY 2019-20 consisted of a \$460 million spending plan that widened and intensified the County's fight against homelessness. In Year 6 of the HI (FY 2021-22), Measure H generated approximately \$454.8 million. Through Year 6, Measure H provided funding for 17 strategies, HI strategies. The largest investments of these funds to date have been made in Permanent Supportive Housing, Interim Housing, and Street outreach.

This report highlights the degree to which Measure-H funds have contributed to prevention of homelessness and placement of homeless households in interim and permanent housing in Year 6, as well as over the first five years through which the County has received revenues through the sales tax. Although the Measure H share of systemwide permanent housing placements decreased in Years 5 and 6 of the HI, data in HMIS and the CHAMP system show that more than 37,000 homeless individuals were placed in Measure H-funded permanent housing over the first five years during which these revenues were available to the County and its partners, while nearly 60,692 individuals have been sheltered in HI-funded interim housing programs (Figure ES-6).

- Starting from Year 2, a remarkable increase is observed in the aggregate count of households benefiting from Measure H-funded homelessness prevention strategies. Over this period, the household count surged from 1,115 to 4,325, marking an increase of close to four times.
- HI strategies recorded 7,699 PH placements in Year 2, the first year of Measure H and a cumulative total of 37,000 Measure H-funded PH placements through 6. This cumulative total represents an almost fivefold increase over the Year 2 total.
- Cumulative HI-funded IH placements over five years of Measure H funding total to almost 61,000. This reflects close to a fourfold increase relative to the baseline Year 2 total (15,528 placements; see Figure ES-6).
- As of the end of Year 6, Measure H funds have accounted for 39% of cumulative systemwide PH placements and 52% of cumulative systemwide IH placements over the five years during which these revenues have been available.
- The D-7 program administered by DHS and funded by Measure-H, which offers services along with rental subsidies for PSH clients, has seen remarkable growth over the past five years. The count of individuals actively participating in the D-7 program surged from fewer than 3,000 in Year 2 to exceed 16,000 in Year 6.
- TLS programs have consistently played a substantial role in providing permanent housing placements. On average, more than 80% of these placements during the last five years were funded by Measure H.

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Figure ES-6. Cumulative Totals of Individuals Placed in PH and IH Over Five Years



HOMELESS SERVICES SYSTEM THROUGHFLOW AND POPULATION DYNAMICS

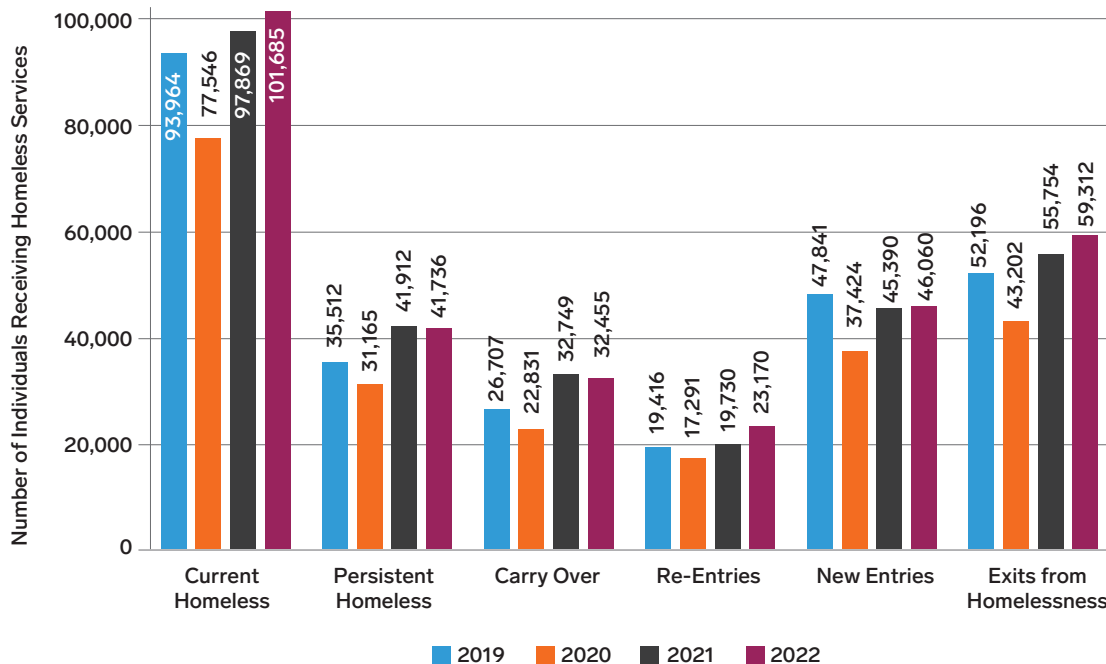
The new HI framework places a heightened emphasis on homeless services system throughflow, improvement of which is seen as a key component in reversing a longstanding growth trend in the size of the population that experiences homelessness at any particular point in time. This report utilizes HMIS and CHAMP data to analyze the homeless services system throughflow by displaying monthly and annual trends in current and persistent homelessness, which provides valuable insights and policy implications.

As shown in Figure ES-7, the number of individuals receiving homelessness services in Calendar Year 2022 continued to increase, albeit at a slower rate compared to previous years. The total number of individuals using homelessness services increased by 4% relative to the previous year, reaching nearly 102,000. New entries remained consistent around 46,000 in 2022. However, the number of re-entries, consisting largely of episodic users of homelessness services, experienced an 18% increase, and this contributed to an overall expansion in the number Persons Experiencing Homelessness (PEH). On a positive note, the number of *persistently homeless* clients using homeless services remained stable for the first time because of a steady decline in monthly numbers of individuals receiving homeless services and an increase in the number of exits from using homelessness services. Despite the decline, the share of service users who were persistently homeless remained over 40% in 2022.²

² For the sake of consistency and to maintain a continuous narrative with earlier reports, the term 'persistently homeless' refer to individuals facing severe barriers that result in prolonged episodes of homelessness, specifically those who have received homeless services for 6 or more months within the previous 12 months. HI describes this same group of individuals as 'persistently underserved' to prevent any implication that 'persistent homelessness' is solely a consequence of individual client actions or behavior.

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Figure ES-7. Number of Individuals, Entries into and Exits from Using Homeless Services
Number of Persons in HMIS 2019–2022



This report examines the homeless episodes of new entries, episodic users of homeless services, and persistently homeless services over a period of two years. The analysis shows that only 7% of the newly homeless group in Calendar year 2021 continued to receive services in the following year, indicating a positive trend in preventing newly homeless individuals from transitioning into chronic or persistent homelessness. Approximately one-quarter of the 2021 homeless services users examined successfully secured PH, with a higher proportion observed among the persistently homeless. Nearly 70% of the cohort exited HMIS-tracked services within a two-year period, mostly to unknown destinations, highlighting the importance of understanding the circumstances associated with unknown exits to accurately assess the true extent of homelessness.

Finally, the analysis of individuals who stayed in and transitioned across HMIS touchpoints in Year 6 reveals that approximately three out of five individuals were engaged by providers through street outreach and over 42% of the population receiving homelessness services enrolled in IH programs. Significant proportions of these groups exit HMIS very quickly to unknown destinations. In Year 6, roughly one out of seven PEH enrolled in HMIS exited to PH, while one out of nine individuals who had exited to PH returned to homelessness. More than half of these placements occurred through TLS programs.

CONNECTION TO THE MAINSTREAM SERVICE SYSTEM

The new HI framework recognizes the importance of mainstream county government systems in addressing homelessness effectively. It emphasizes the need for collaboration and coordination among various county departments to create a comprehensive and impactful response to the homelessness crisis by taking on new responsibilities and actively participating in identifying individuals within their client populations who are at risk of homelessness. This report focuses on the connections between individuals and families receiving homelessness services and the DPSS and DMH and provides insights into how these departments can address homelessness more effectively using DPSS and DMH data.

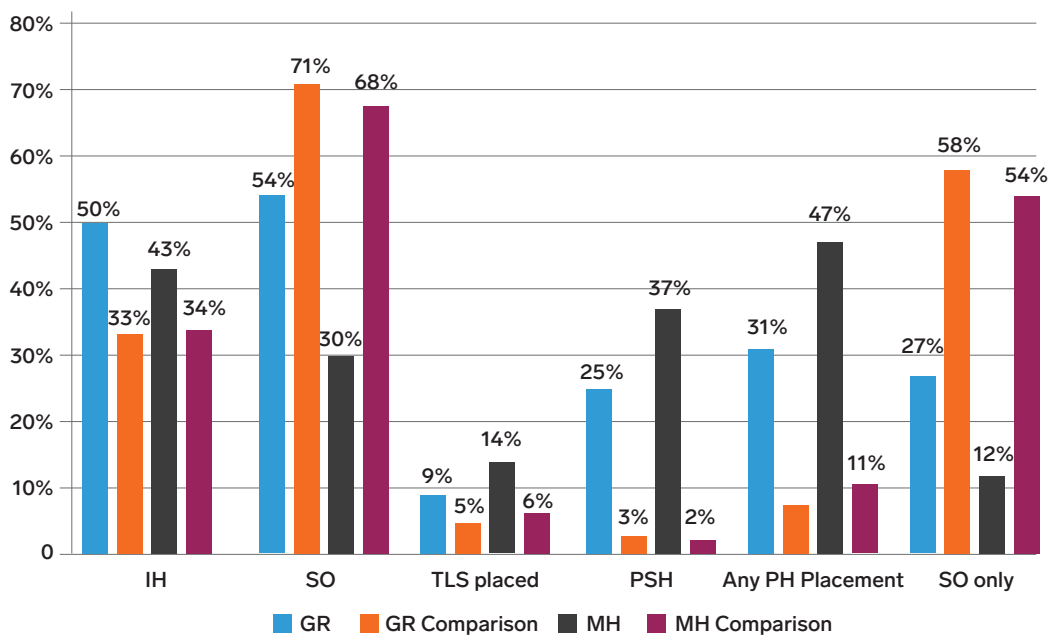
This study highlights the positive impact of engagement of homeless individuals with the GR program and mental health treatment on homeless outcomes. Whether homeless individuals enroll in homeless services as GR participants or they enroll in the GR program while receiving homelessness services, the connection leads to better outcomes compared to PEH

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with no participation in the GR program. Similarly, whether PEH access mental health treatment while receiving homeless services or initiate mental health treatment while accessing homeless services, this connection leads to improved outcomes, particularly facilitating the transition to IH and PH at higher rates. A summary of these findings are shown in Figure ES-8 for the GR group started receiving homelessness services during or following their GR participation and for the mental health treatment group who commenced receiving homeless services during or subsequent to their outpatient treatment.

The study reveals that individuals connected to GR have higher rates of transitioning from street outreach programs to other programs in the HMIS and higher rates of enrollment in IH and TLS programs, as well as higher placement rates in permanent housing, particularly in PSH. Episodes of homelessness tend to be shorter for those engaged with GR, and longer service duration is correlated with shorter periods of receiving homelessness services. While the majority of comparison group members stayed only in SO, this proportion was only 27% and 12% for the GR and MH groups. However, the study also highlights some challenges. The transition from GR to HMIS is long and only a small fraction of HMIS clients (approximately 12%) are matched against the GR homeless population in 2021. The study also highlights the positive impact of connecting homeless individuals to other public assistance programs such as CalWORKs, CalFresh, and Medi-Cal eligibility.

Figure ES-8. HMIS Outcomes of 2021 GR and Outpatient Mental Health and Comparison Groups



The study demonstrates that individuals connected to mental health treatment have higher rates of transitioning from street outreach programs to other programs in the HMIS and also exhibit higher rates of enrollment in IH and TLS programs. Notably, nearly half of individuals receiving outpatient services and approximately one-third of those receiving acute mental health treatments successfully transition to TLS or PSH housing, in contrast to much lower percentages for those without a connection to mental health services. However, the study also identifies challenges in the transition process. The transition period from outpatient treatment to HMIS is relatively long and only a small fraction of HMIS clients are matched against the DMH records.

Introduction

This is the sixth in a series of annual reports that document and assess outcomes related to Los Angeles County's Homeless Initiative, which was established in the County's Chief Executive Office in 2016 to bolster and coordinate efforts to reduce homelessness Countywide. The analysis provided in this, and the previous five annual performance evaluation reports is based on administrative data collected by LA County departments and the Los Angeles Homeless Services Authority (LAHSA).

Year 6 of the evaluation was a transitional year for the HI. The Los Angeles County Board of Supervisors approved a change in approach to streamline and combine a set of 51 strategies (the original 47 plus four subsequent additions) to focus on five primary activities: Coordination, Prevention, Connection, Housing, and Stabilization. An additional category of "supporting activities" combines previous strategies that addressed cross-cutting capacity building and coordination. The new framework also renews focus on key partnerships, including the Homeless Rehousing System, the County's mainstream government systems, and the cities and unincorporated areas that together comprise the County.

Unlike previous HI performance evaluations, which were largely centered around traditional homeless services outcome measures associated with HI strategies, this report seeks alignment with the increased focus on system performance built into the HI's new framework. While analysis of selected metrics from previous reports is retained in Section II, both because the metrics remain important and for the sake of continuity – i.e., the number of PH and IH placements, the number of households assisted by prevention programs, and returns to homelessness – this report reflects a shift in the center of gravity within the new framework from traditional client level outcomes to the effectiveness and efficiency of the homeless services system. Moving forward, a new set of KPIs developed by LAHSA and the CPL at UCLA will be used to assess system performance. A subset of these KPIs are previewed in this report.

1.1. DEVELOPMENT AND IMPLEMENTATION OF A NEW FRAMEWORK

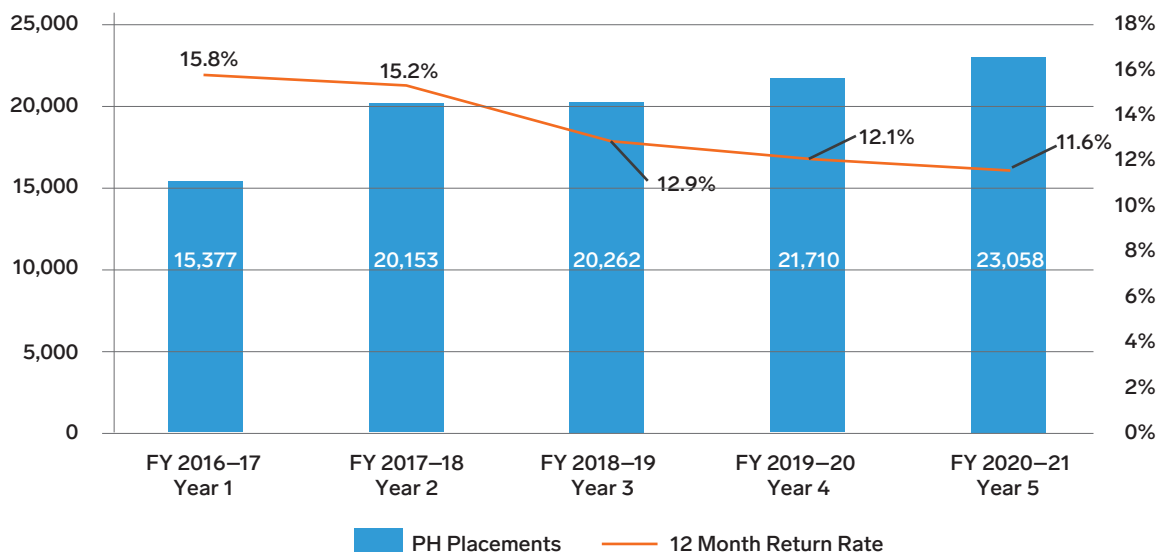
On April 20, 2021, the deepening Countywide homelessness crisis led the Board of Supervisors to reevaluate its initial strategies. The mandate encompassed a thorough engagement with stakeholders to critically assess the efficacy, strengths, and limitations of the original strategic approach. This decision came despite the upward trajectory of housing placements and improved retention rates achieved in the five years since the inception of the HI in 2016 as shown in Figure 1-1.

1.1.1. A New Approach Developed in Three Phases

A three-phase review and planning process was undertaken. In the first phase, the County conducted an internal assessment of previous government reports on homelessness and planning documents created in response to the mounting Countywide homelessness crisis. This assessment informed the development of a new draft framework, which the HI created in close consultation with the CEO. The County invited the public to a presentation explaining the new approach and to provide input and feedback. The second phase gathered feedback on the plan through a series of engagement sessions that brought the HI and County departments together with LAHSA, representatives from the eight Service Planning Areas (SPAs), city leaders, persons with lived homeless experience, and homeless services providers. The third phase refined, enhanced, and finalized the new plan based on analysis of findings from the stakeholder engagement sessions.

SECTION 1

Figure 1-1. Number of Systemwide PH Placements and 12 Months Return Rates*



*Measure H funds became available in Year 2

1.1.2. Logic and Rationale

That permanent housing placements are the most critical components of an effective response to the Countywide homelessness crisis was a point of consensus among stakeholders engaged during the development of the HI's new framework. Yet, the engagement sessions also revealed widespread agreement that the available permanent housing resources have not been optimally scaled. While the homeless services system cannot single-handedly end the crisis, most of the major challenges within the system, including bottlenecks in interim housing, the growing number of underserved people whose homelessness is persistent or recurrent, and the continued growth in PIT counts, are driven by permanent housing placements that fall short of demand. The convergence of several factors is responsible for this shortage, including an insufficient volume of subsidies and, most importantly, a scarcity of affordable units for those who receive these scarce subsidies, but also a lack of landlord acceptance of vouchers and rapid rehousing clients. Stakeholders emphasized the importance of a streamlined and more collaborative effort to increase rehousing resources as the most essential goal for the new framework.

A need to orient mainstream County departments as the first line of defense against housing instability and subsequent homelessness was also a broad point of agreement. These departments have a depth of resources, service histories with the clients most persons who are either homeless or at risk of homelessness, and housing and support resources available to them, which must be deployed proactively to prevent homelessness. Stakeholders also pointed to the key role local partners from cities can play in identifying housing opportunities and placements beyond what the County can achieve alone and as potentially integral co-investment partners in the HI efforts. Additionally, a greater systemwide awareness of, commitment to ending, and accountability with respect to racial inequities in various service systems, as well as the need to obtain input from those with lived experience of homelessness to ensure the responsiveness of services to client needs, were also common themes among stakeholders engaged during the development of the new HI framework.

The HI's final report back to the Board of Supervisors motion on April 11, 2022, describes the relationships between the previous strategies and the five components of the new framework (Coordination, Prevention, Connection, Housing, and Stabilization). The mapping of the initial strategies to these five components is elucidated in Appendix B.

1.2. DEVELOPMENT AN INCREASING EMPHASIS ON SYSTEM PERFORMANCE

1.2.1. Optimal Performance Requires A New Level of Coordination

The HI's new framework places increased emphasis on homeless services system performance, meaning the efficiency and timeliness with which the system resolves client homelessness. With a renewed focus on maximizing housing placements and taking upstream preventive action, key providers, County departments, and city partners are tasked with establishing higher degrees of collaboration. Coordination across these HI partners is required to ensure mainstream preventive resources and services are delivered to persons at risk, as well as to route County services clients experiencing homelessness to timely CES assessments and resources available through the Rehousing System.

1.2.2. Throughflow Analysis Again Underscores the Implications of the Persistently Underserved

This report continues the “throughflow” analyses based on data included in the previous three HI performance evaluations.³ These analyses highlighted increasingly lengthy homelessness spells and growth in the frequency of system re-entries as leading causes of the growth in annual PIT homeless counts, as opposed a rise in new entrants into the homeless services system. Although rates of persistent client homelessness stabilized in Year 6, the duration of homelessness and returns to the homeless services system remain critical to an understanding of why the magnitude of the population experiencing homelessness at any given point in time continues to expand. This repeated finding underscores, once again, that targeting the persistently underserved segment of those who experience homelessness – i.e., those who remain homeless for lengthy periods of time and frequently return to the system after exit - is the key to reversing the protracted expansion of homelessness Countywide.

Efforts to improve the effectiveness of services and interventions provided to the persistently underserved will benefit from new KPIs, not among those previewed here, which are being developed by LAHSA and CPL to measure the efficiency of assessments, placement timelines, and Street Outreach performance. But appreciable reduction in persistent homelessness and re-entry will necessitate an expansion in rehousing resources and in housing supply more generally, as well as timely and targeted provision of rehousing placements and stabilization services.

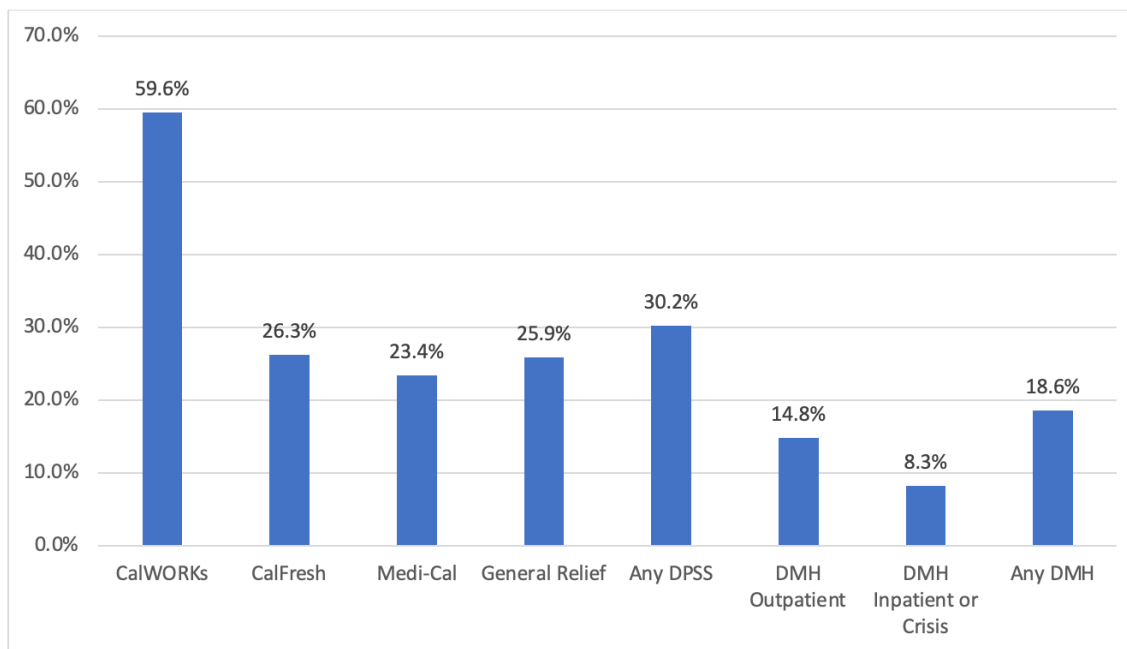
1.2.3. The Mainstream Services System and Homeless Services System Performance

The role County mainstream services departments with respect to homeless services system performance is not always immediately visible but nevertheless highly important in connecting their clients experiencing homelessness to the Homeless Rehousing System, and in connecting their clients at risk of homelessness to critical benefits and services. Tracking these activities and their effects on the homeless services system, possibly in an additional set of KPIs, would be helpful to the overall effort to improve system performance.

Figure 1-2 demonstrates the degree to which individuals accessing homeless services are linked to various service programs offered by DPSS and DMH in 2021, which is relatively modest. This underscores a significant opportunity for enhancing coordination and collaboration between homeless service providers and the county departments responsible for delivering mainstream programs.

³ Broadly speaking, the analysis relies on HMIS data as the foundation for tracking the service utilization patterns of homeless households. Furthermore, CHAMP) data is also integrated into the analysis, when assessing IH and PSH placements.

Figure 1-2. Match Rates of the 2021 HMIS Cohort by DPSS and DMH Programs



Previous evaluations included an assessment of mainstream services use pre- and post-permanent housing placement (PSH and RRH) (i.e., inpatient and emergency services use, arrests, and jail days). Alternatively, this report will examine DPSS and DMH intervention connection points, the timeliness of referrals to LAHSA or DHS services, the types of services that clients access, and the results in terms of homeless rehousing placements.⁴

1.2.4. Traditional Service Delivery Measures and Outcomes Still Matter

The traditional “top line” measures of homeless housing assistance from previous evaluations will continue to be important within the HI’s new framework,, including tracking trends in clients whose homelessness is prevented, and placements in IH, TLS and PSH, both through HI dedicated resources and systemwide. Sections II and III will provide greater detail, but results suggest that enrollments in prevention programs and IH placements increased in Year 6 and PH placements declined. Returns to homelessness after PH placement continued to trend downward in Year 6.

1.3. DATA SOURCES

Our analysis of HI performance and outcomes and system throughflow in Sections II and III is informed by administrative records collected by the following agencies serving the County’s homeless population.

- ▶ The LA County DHS administers the County’s publicly run network of hospitals and other medical facilities and services. In addition to health and medical services, DHS provides homelessness care and support through several programs. The DHS homelessness services included in this report’s measures are recorded in the department’s CHAMP system.
- ▶ The LAHSA is the coordinating agency over the Greater Los Angeles Continuum of Care(CoC), which is a HUD jurisdiction that encompasses most of LA County. Services administered through LAHSA are recorded in the HMIS for the Greater Los Angeles CoC.⁵

⁴ The analysis draws upon a comprehensive dataset comprising HMIS and CHAMP data, along with service utilization information sourced from the DPSS and the DMH. However, it’s important to note that the analysis does not delve into the connection between mainstream service systems and homeless prevention because of the absence of prevention data from County departments, which impedes the feasibility of conducting such an analysis.

⁵ The cities of Long Beach, Pasadena, and Glendale are outside the Greater Los Angeles CoC. LAHSA made outcomes data on HUD-funded services for these cities available to us for this evaluation.

SECTION 1

In addition, for the service connections analysis presented in Section IV, we used de-identified service data from DMH and DPSS, which were linked to HMIS data using the County's Enterprise ID.

Since HMIS include clients with multiple IDs over the five years of HI implementation, a robust entity-resolution process was completed to assign unique IDs to all homeless persons studied. The same process was used to match HMIS clients to DHS clients over time.

REPORT OUTLINE

The remainder of this report will be divided into four sections. Section II reviews the Traditional Outcomes in Year 6 and for all six years of the HI (prevention, IH placements, PH exits, and returns to homelessness services) by HI and non-HI programs, by household type, and other demographic categories of interest. Section III provides an analysis of System Throughflow, continued from previous reports but enhanced with a preview of the system KPIs developed by LAHSA in partnership with CPL. Section IV looks at client connections to DPSS and DMH services in relation to system performance and throughflow, focusing specifically on various touchpoints for homeless clients within each agency. Section V concludes the report with reflections on the overall implications of the report's findings, a discussion of data, and policy recommendations.

Traditional Performance Measures

Year 6 was a transitional year for the HI during which the Initiative trained much of its focus on the implementation of the new operative framework described in the previous section. Although this evaluation was written to align with the transition, we retain a subset of measures from the first five evaluations because they are important in their own right and permit us to gauge key Year 6 outcomes comparatively against previous years, examine these outcomes in a broader context, and consider six years of HI operations as a whole. In this second section of our report, then, we use data covering July 2021 through June 2022 – the County’s 2021-22 Fiscal Year and the HI’s sixth year – to update fundamental information previously reported on receipt of prevention services, permanent and interim housing placements, and returns to homelessness.

2.1. PREVENTION

Homelessness Prevention services assist households that meet the stated criteria for imminent risk of homelessness. When prevention assistance meets its intended objective, assisted households either retain or regain housing stability without having to use more costly homeless and rehousing services. During the last four years, a deepening of the countywide homelessness crisis combined with a substantial increase in HI-affiliated resources allocated to [or spent on] prevention in response to the crisis were the twin factors that led to almost doubling of the number of households receiving Measure H-funded homelessness prevention services. In Year 6, almost 85% of all prevention recipients received their services through Measure H-funded homelessness prevention programs.

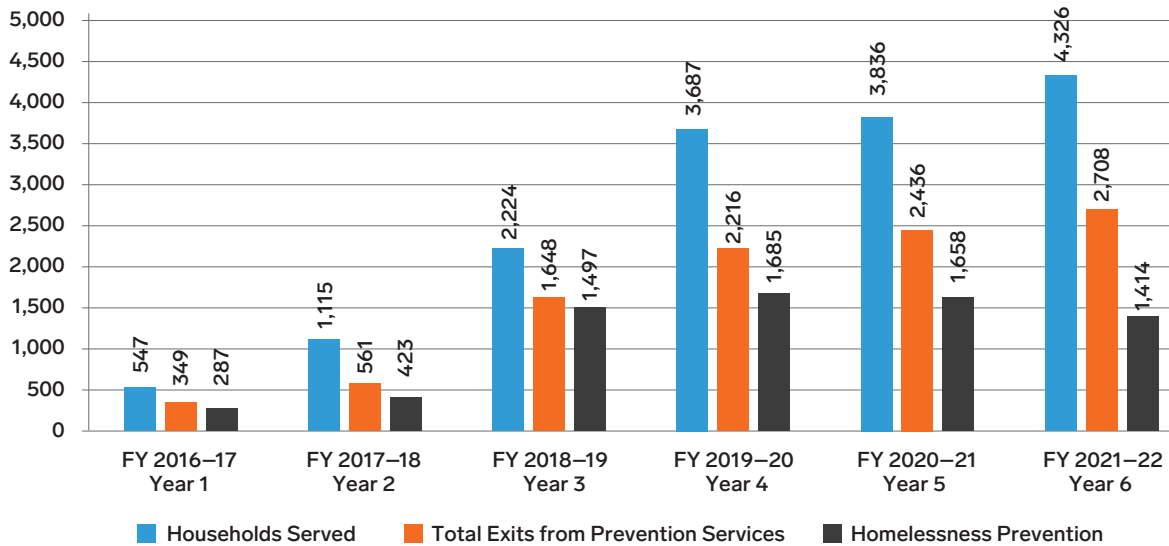
Homelessness prevention programs were administered under two of the HI’s originating strategies focusing on families and unaccompanied adults/individuals respectively. Figure 2-1A shows three annualized program outcomes for all households served through HI-affiliated prevention services: Households Served with HI prevention assistance, Exited from Prevention Services regardless of outcome, and Homelessness Preventions, which are the subset of the households exiting from prevention services where the deployment of prevention resources successfully enabled households to avert homelessness.

Figure 2-1 illustrates that starting from Year 2, with the commencement of Measure H revenues, there was a remarkable increase in the aggregate count of households benefiting from Measure H-funded prevention initiatives. This count surged from 1,115 to 4,325, marking an almost quadruple increment. Over the course of this five-year period, there was also a substantial upswing in the overall number of departures, escalating from 561 to 2,708, representing an increase of more than fourfold. Nevertheless, the tally of households prevented from homelessness exhibited a consistent trend over the preceding four years. Notably, during this period, the prevention rate, denoting the proportion of homelessness preventions among individuals who exited from prevention services, experienced a reduction from nearly 90% to 52%.

Figures 2-2 and 2-3 are the family and individual household subsets of the total households shown in Figure 2-1. The two figures combined show that the Year Six growth in the use of prevention services was entirely a function of increased use among single adults.

SECTION 2

Figure 2-1. Family and Individual Households Annually Receiving HI-Affiliated [or Measure H-funded] Homelessness Prevention Services Over Six Years*

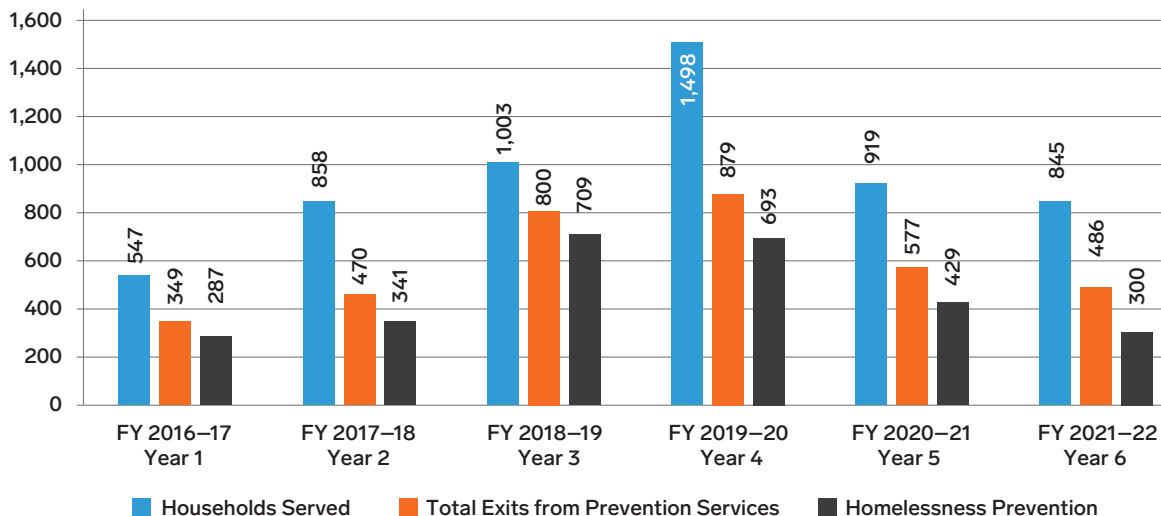


*The HI prevention program for unaccompanied adults/individuals did not begin operations until Year 2.

2.1.1. Prevention Services for Family Households

- ▶ Following a noteworthy expansion of almost threefold in the count of families benefiting from Measure H-funded prevention services throughout the initial four years of the Initiative, the subsequent three years witnessed a sequential reduction in the annual cumulative figures.
- ▶ The peak of 1,498 families served in Year 4 saw a decline to 845 in Year 6, marking a substantial reduction of nearly 46%. This decline in the volume of family households served resulted in the Year 6 aggregate falling marginally below the Year 2 total of 858 households served.
- ▶ Additionally, the Year 6 prevention rate for family households stands at 61.7%, constituting the lowest annual rate recorded thus far.

Figure 2-2. Family Households Annually Receiving HI-Affiliated Homelessness Prevention Services Over Six Years

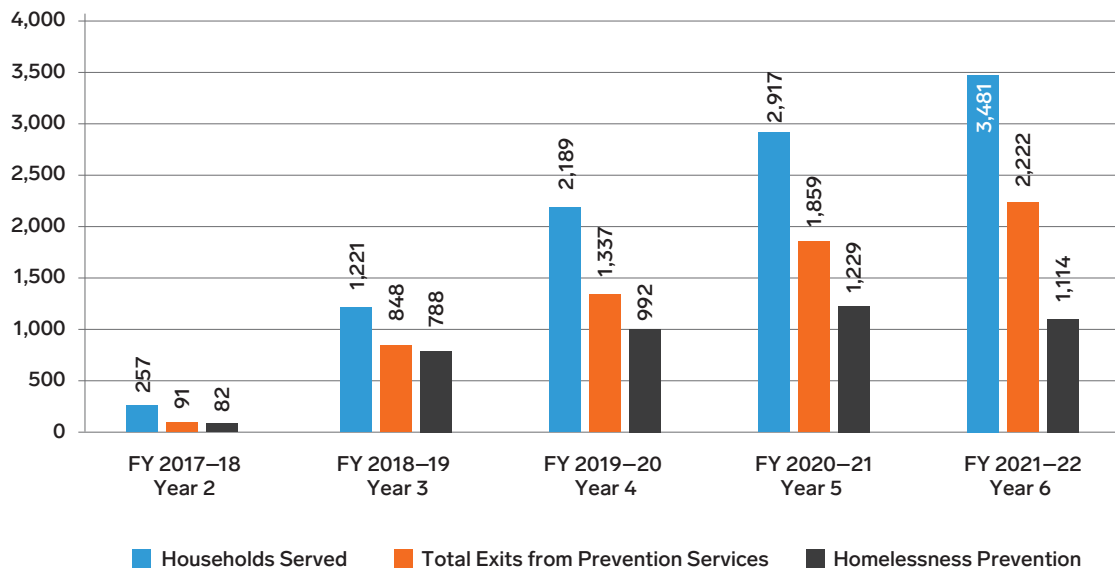


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2.1.2. Prevention Services for Individuals

- ▶ In stark contrast to family prevention services, the trajectory of individual households benefiting from Measure H-funded homelessness prevention services depicted a fifth consecutive year of expansion in Year 6. The count ascended to 3,481, marking a notable uptick from the 2,917 households assisted in Year 5, reflecting an increase of 19.3%.
- ▶ Simultaneously, the count of individuals who successfully completed the program mirrored the growth rate of those served in Year 6. However, homelessness preventions among individuals who transitioned from permanent housing declined from 1,229 (a rate of 66.1%) in Year 5 to 1,120 (a rate of 50.4%) in Year 6.

Figure 2-3. Individual Households Annually Receiving HI-Affiliated Homelessness Prevention Services Over Six Years*



*The HI prevention program for unaccompanied adults/individuals did not begin operations until Year 2.

2.1.3. Prevention Outcomes Remain Difficult to Interpret

Although prevention is essential to the HI's reworked approach to the Countywide homelessness crisis, prevention in the context of the new approach refers to a set of upstream processes and activities that differ from the prevention services discussed above. As characterized in the new framework, homelessness prevention is a key component of the renewed importance the HI gives to County mainstream services systems. The framework calls upon core County departments to enhance their efforts to identify individuals and families within their client populations at risk of homelessness and to coordinate in an effort across agencies to connect these segments of those they serve to services and resources intended to prevent them from falling into homelessness and thereby divert them from recourse to the homeless services system. This form of prevention is more proactive in seeking to avert housing emergencies early in the crisis cycle, before the emergencies become unmanageable.

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In contrast to the proactive orientation of the prevention efforts envisioned in the HI's new framework, the more traditional prevention services examined in this section are typically used at the peak of the housing crisis cycle, when the individual or family household seeking these services is on the verge of eviction or a range of other events that can leave them unhoused. The HI has provided traditional homelessness prevention services since its inception and used Measure H resources to fund them since Year 2. The Year 5 HI performance evaluation noted that the outcomes yielded from these services are difficult to interpret, which remains no less true one year later. One source of the difficulty is the scarcity of information that establishes criteria for differentiating effective from ineffective prevention.

Relatedly, persons receiving prevention services for individuals increased in every successive year since the HI began receiving Measure H revenues in Year 2 through Year Six, yet the prevention rates associated with these services also declined in each of these successive years. Is this to be expected, or does it indicate a need to examine the provision and use of these services more closely?

A second factor contributing to the difficulty involved in assessing traditional homeless services outcomes is that prevention rates such as those shown in this report are inferential insofar as there is no way, outside of conducting Randomized Control Trials (RCTs), to be certain that the assumed causal impact of prevention services is real or that the outcome different would be in the absence of these services. Here, however, potentially clarifying information is on the horizon thanks to the Homelessness Prevention Unit (HPU), housed within DHS's Housing for Health Program. The HPU is currently leveraging a long-standing agreement between the County and the California Policy Lab (CPL) at UCLA to conduct RCTs in an effort to produce precisely the type of causal evidence that would address much of the ambiguity surrounding the impact and efficacy of prevention services. Data on clients served by the HPU to date were not available for this evaluation but analysis of the results of the RCTs is forthcoming.

Even if the causal questions are bracketed and one proceeds with the assumption that the inferred effects of prevention services are real, a third and final reason that interpreting prevention outcomes is difficult is that these inferred effects are shortsighted when converted into outcome metrics. Prevention rates indicate the percentage of individual and family households that received prevention services and resources and subsequently averted homelessness, but these rates do not measure of longer-term stability among those who remain housed. To what extent are assisted households still housed three, six and 12 months after receiving homelessness prevention services? Longitudinal analysis that gets at this complex question would add considerable value to deliberations over how intensively to invest in homelessness prevention services.

2.2. PERMANENT HOUSING PLACEMENTS

One of the central performance measures for a homeless services system is the number of people that resolve their homelessness over a given year either independently or using permanent housing (PH) resources available through the system. In this and previous evaluation reports, we refer to these resolutions as *permanent housing placements*.⁶

Figure 2-4 tallies the unduplicated number of persons placed in permanent housing Countywide and Systemwide in all six years of the HI. The chart shows annual totals parsed by placements funded and not funded by Measure H.

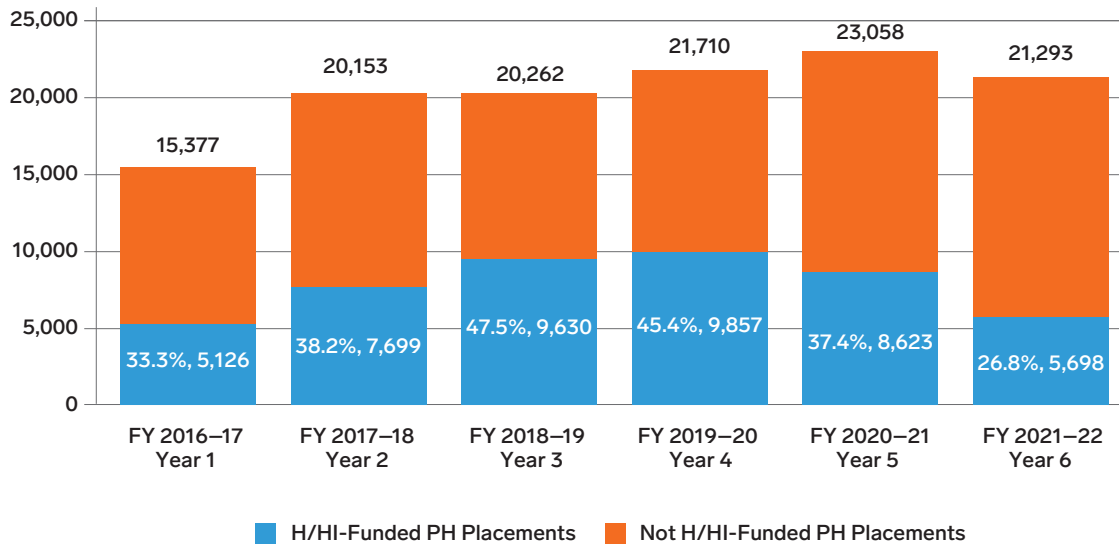
- ▶ After increases in each of the HI's first five years, including a 31 percent increase in Year 2, which was the first year of Measure H, the number of persons placed in Year 6 decreased by 1,765, or 7.6%, from 23,058 to 21,293.
- ▶ Following its peak of nearly 50% in Year 3, the proportion attributed to Measure H-funded PH placements exhibited a consistent decline, culminating in Year 6. This metric showed a significant decrease from 37.4% in Year 5 to 26.8% in Year 6.

⁶ In all HI performance evaluation reports, in other words, we have reported annual *permanent housing placements* in a manner consistent with the homeless services system convention of categorizing system permanent housing placements and self-resolved exits from the system as placements and by presenting total annual placements as the sum of system placements and self-resolved exits from the system.

SECTION 2

- ▶ A portion of this reduction was countered by the escalation in non-Measure H-funded PH placements, which have shown a persistent rise since Year 3 and reached 15,600 placements by Year 6.

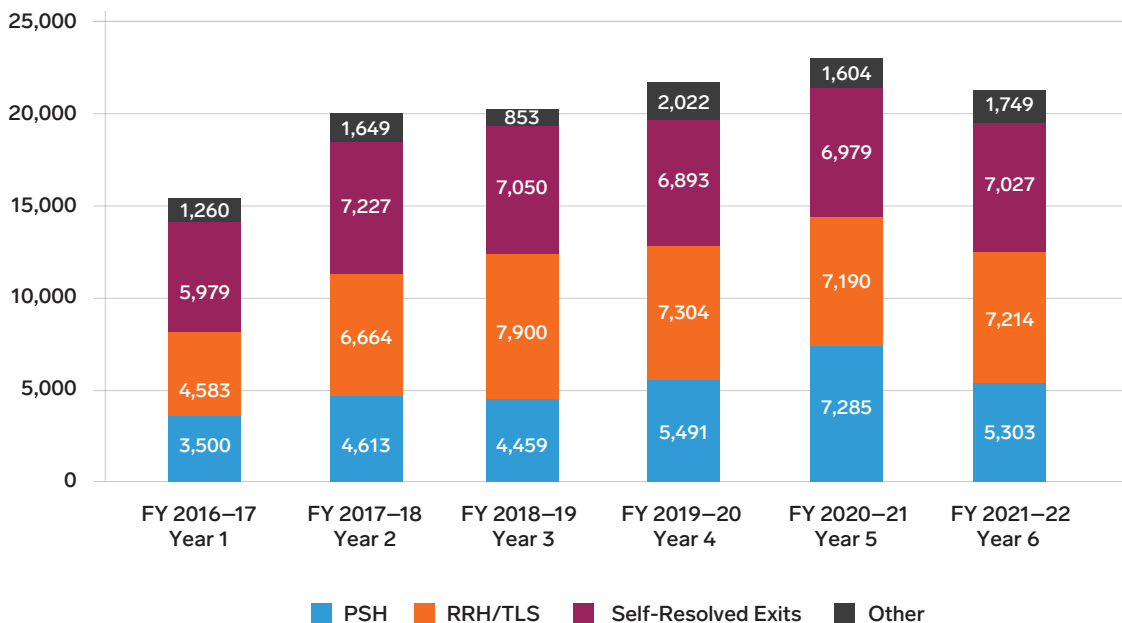
Figure 2-4. Number of Systemwide Permanent Housing Placements Over Six Years of the HI, Annual Totals Parsed by Placements Funded and not Funded by Measure H*



*Measure H funds became available in Year 2

Figure 2-5 illustrates the distribution of permanent housing placements categorized by housing types during the initial six-year period of the HI.

Figure 2-5. Number of Systemwide PH Placements Over Six Years of the HI by Housing Type



SECTION 2

- ▶ Throughout the span of six years encompassing the HI project, there was a notable constancy in the distribution proportions of PH placements across various housing types. Generally, the allocation of PSH placements remained approximately one quarter of the total, while placements involving TLS, formerly referred to as RRH and self-resolved exits (inclusive of private market rentals, stable arrangements with family or friends, etc.) each constituted around one-third of the aggregate placements.
- ▶ The residual fraction, constituting less than 10% of the PH placements, pertained to other forms of placements that were not documented within the HMIS, such as those originating from programs like the Los Angeles County Development Authority Housing Choice Voucher initiative or the Long Beach HMIS system.
- ▶ In terms of PSH placements, the involvement of funding from the 'H' program exhibited a substantial presence, surmounting 50% in Year 3, before starting to decline, reaching 28% by Year 6. The data concerning these placements emanated from HMIS and DHS data. To uphold data accuracy and preempt duplications, a cross-reference was conducted, aligning DHS and LAHSA PSH placements. In cases where an identical individual was identified within both systems, a singular placement was accounted for.
- ▶ Regarding TLS/RRH placements, the prevalence of funding from the 'H' program held firm at approximately 85% over the span of years. However, this proportion encountered a decline to 62% by Year 6, which was offset by the inclusion of placements emanating from non-'H' funded TLS programs.

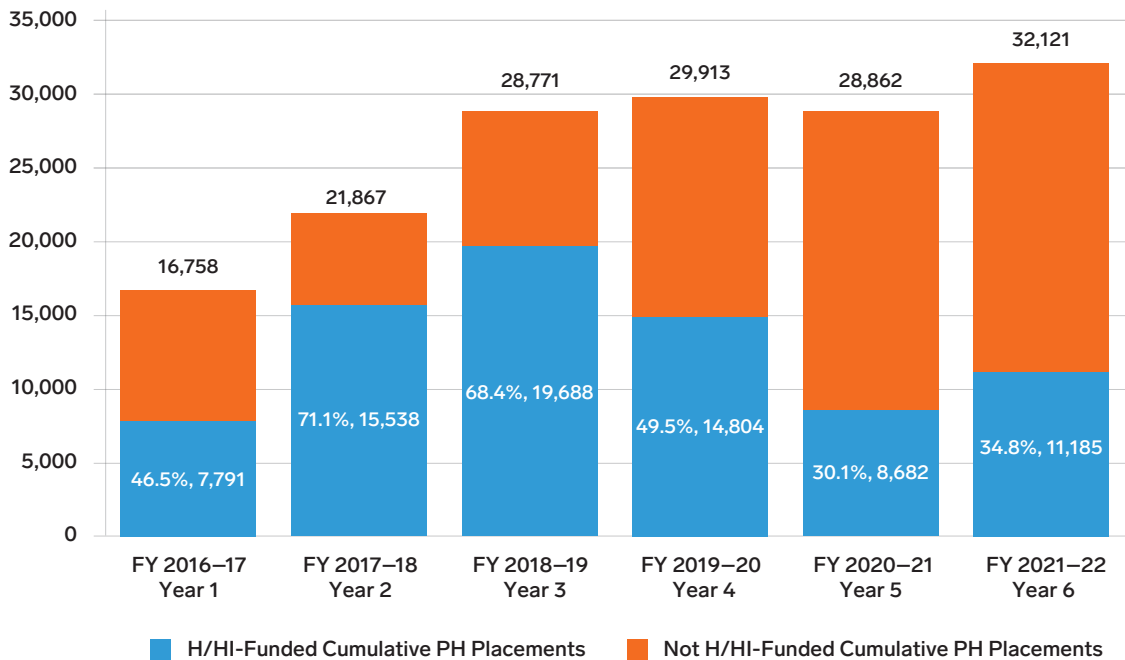
2.3. INTERIM HOUSING PLACEMENTS

The concept of interim housing (IH), encompassing shelters, transitional housing, and akin facility types, addresses the pressing need for secure temporary lodging for individuals who lack viable overnight accommodations. An ideal scenario involves the transitory nature of these establishments, thereby facilitating brief stays and subsequent transitions to more enduring housing arrangements. An essential facet of the HI involves augmenting the availability of IH options, thereby increasing both the occupancy rate of such facilities and the accessibility to essential support services. A fundamental benchmark in assessing IH's efficacy lies in enumerating the populace seeking refuge within these premises, comprising both individual and family households. This metric serves as an indicator of IH's capability to meet the immediate exigencies of the homeless population.

Figure 2-6 provides an overview of the unduplicated count of individuals placed within interim housing facilities, spanning Countywide and Systemwide contexts over the course of six years within the HI framework. This graphical representation delineates annual totals categorized by placements bolstered by Measure H funding and those not so funded.

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Figure 2-6. Number of Systemwide Interim Housing Placements Over Six Years of the HI, Annual Totals Parsed by Placements Funded and not Funded by Measure H*



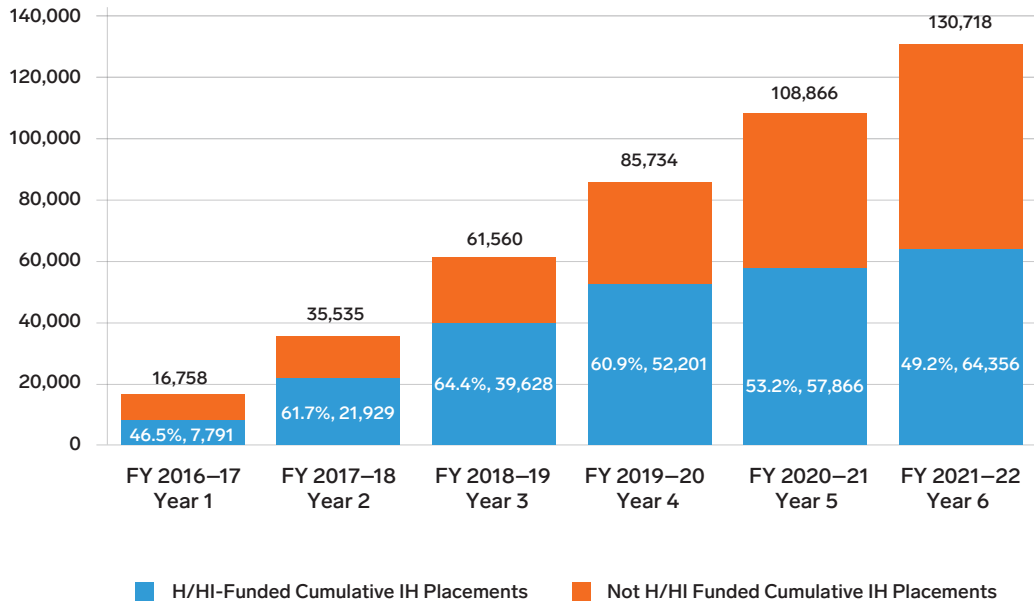
*Measure H funds became available in FY 2

- ▶ Over the initial four years of the HI's operation, a consistent upward trajectory in IH placements was observed. A marginal decline transpired in Year 5, attributed to a significant reduction in Measure H-funded placements during the COVID-19 crisis.
- ▶ An overall surge in the number of IH placements materialized in Year 6, manifesting an 11.3% increase from 28,862 placements in Year 5 to 32,121 placements.
- ▶ While the COVID-19 pandemic resulted in substantial reductions of H-funded IH placements in Years 4 and 5, a significant resurgence was observed in Year 6. The number of individuals accommodated in IH facilities, partially or fully funded by Measure H, expanded by more than 30% in Year 6, exceeding 11,000 placements.
- ▶ Year 6 witnessed a distinctive shift, with approximately 35% of IH placements being underpinned by Measure H funding.

Figure 2-7 illustrates the cumulative count of de-duplicated interim housing placements during the initial six years of the HI program. By Year 6, the combined count of individuals housed in IH had reached nearly 131,000. Notably, the proportion of cumulative IH placements attributed to Measure H exhibited a consistent decline, decreasing from 53% in FY 5 to below 50% by FY 6.

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Figure 2-7. Cumulative and De-Duplicated IH Placements over Six Years of the HI*



*All counts in Figures 2-6 and 2-7 are de-duplicated counts of persons placed in IH, which is why the annual cumulative totals in Figure 2-7 are not equal to the additive totals in Figure 2-6.

2.4. RETURNS

This metric at the system level is centered around individuals who initially transitioned to permanent housing but subsequently experienced a return to homelessness. It serves as a tool to assess the effectiveness and durability of PH placements in facilitating lasting exits from homelessness. The concept of 'return to homelessness' refers to instances where individuals, having secured a PH placement, reengage with homeless services within 6 to 12 months of their initial placement, as documented in the HMIS. The data presented pertain to households that completed their homelessness episode within the first two quarters of the respective fiscal years, enabling a monitoring period of 6 to 12 months. Figure 2-8 depicts the rates of reentry into homelessness assistance. For each year within the HI program, the analysis focuses on PH placements corresponding to exits within the first half of the year:

- ▶ The 6-month reentry rate declined from 11.5% to 7.7% between Years 1 and 3, and after a slight increase to 8.0% in Year 5 decreased again to 7.2% in Year 6.
- ▶ Over the span of 12 months, return rates steadily decreased, dropping from 15.8% in Year 1 to 11.4% by Year 6.

SECTION 2

Figure 2-8. Rates of Return to Homelessness Following a PH Placement over 6 Years

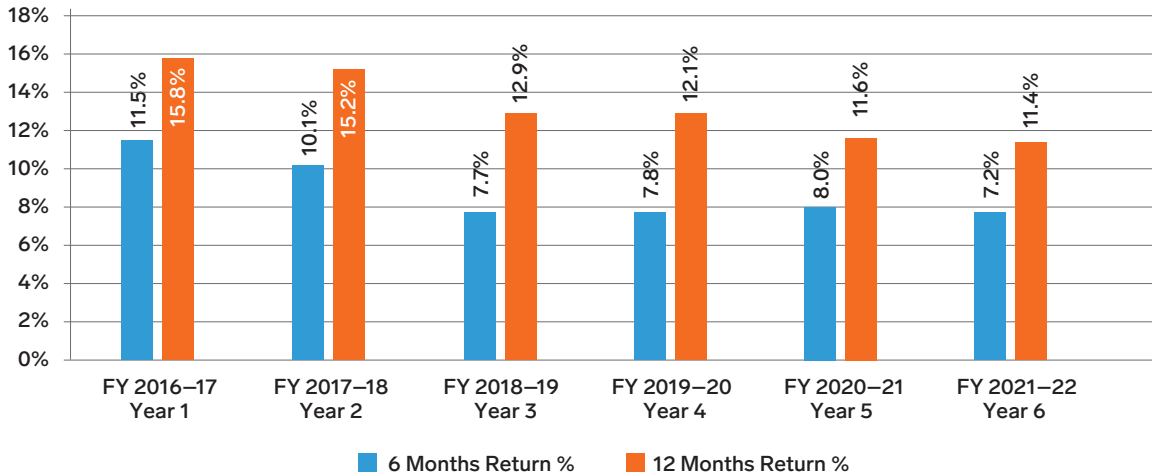
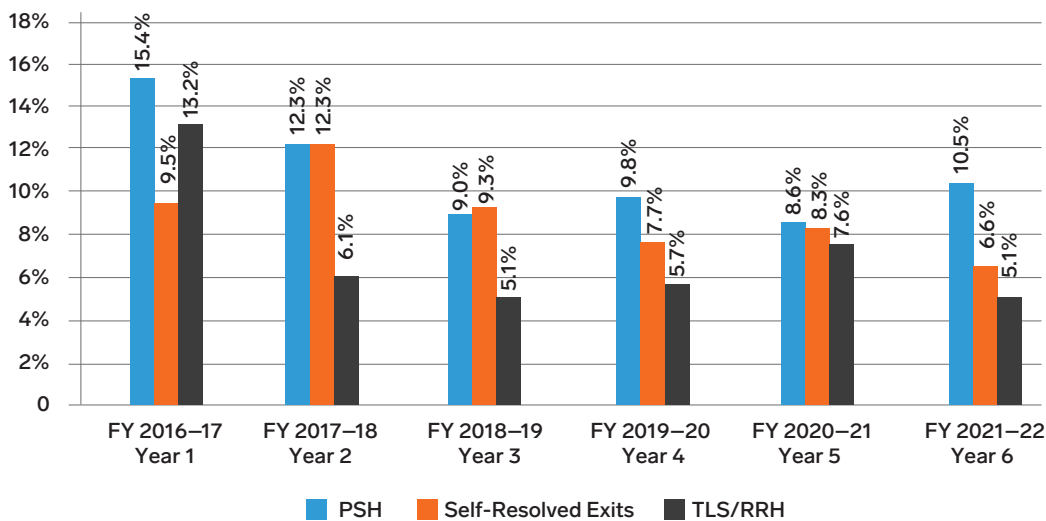


Figure 2-9 provides an illustration of the 6-month reentry rates broken down by placement type:

- ▶ In Year 6, the rates rose from 8.6% to 10.5% for PSH placements, while simultaneously decreasing from 8.3% to 6.6% for self-resolved exits.
- ▶ The most notable shift was observed in TLS/RRH placements, with a rate of 5.1% in Year 6, reflecting a decrease of nearly 2.5% compared to Year 5.

Figure 2-9. 6-Month Rates of Return to Homelessness by Placement Type over 6 Years



SECTION 2

2.5. OUTCOMES BROKEN DOWN BY DEMOGRAPHIC CATEGORIES

In this section, we have conducted an analysis of fundamental outcomes associated with the delivery of four essential categories of homeless services: preventive services, placements in PH, stays in IH, and instances of returning to homelessness subsequent to PH placements. Within this framework, we proceed to deconstruct these outcomes across a spectrum of demographic classifications. This analysis not only imparts supplementary insights into HI-linked and comprehensive homeless service provision but also lays the groundwork for potential future investigations into subgroup differentials with a finer granularity.

Presented in Table 2-1 are the quantitative representations of individuals engaged in the aforementioned four outcomes, constituting the foundational counts utilized as the basis for the forthcoming proportions. All numerical data herein pertain to Year 6 and reflect distinct individuals. It is noteworthy that the individuals encompassed by these figures received assistance from both H-funded and not H funded programs. Moreover, DHS programs are included in the numbers attributed to PH and IH.

Table 2-1. Number of Individuals Receiving Four Key Homeless Outcome Services

Type of Outcome	Population
Prevention Services	7,346
Permanent Housing Placements	21,293
Stays in Interim Housing	32,121
Permanent Housing Returns (in 12 months)	1,006

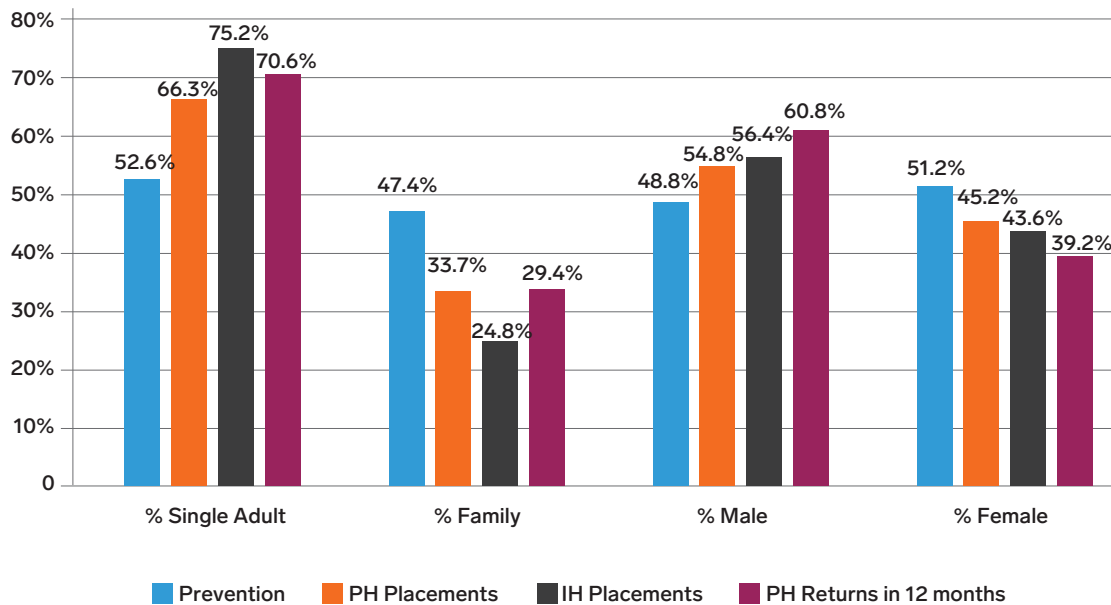
2.5.1. Household Type and Gender Distribution

Figure 2.10 provides comprehensive breakdowns of household structures and gender compositions within the populations associated with each of the four distinct outcomes. The classification of household composition simplifies into two categories: individual or family households. Typically, individual households are synonymous with single-adult arrangements, whereas family households generally encompass multiple members, often including at least one parent or guardian alongside one or more children.

- ▶ Across the spectrum of these four outcomes, the prevailing pattern is one where the majority of individuals experiencing homelessness are classified as individual households. The proportions fluctuate, ranging from a slight majority (52.6%) among those availing prevention services to a more pronounced three-quarters (75.2%) within the IH facility residents.
- ▶ Examining the distribution by gender, it is evident that most adults within individual homeless households are male, while within family homeless households, the preponderance is toward females. This trend closely mirrors the resemblances observed in the household and gender distributions delineated in Figure 2-11.
- ▶ However, the divergence in gender distributions isn't as stark as that seen in the delineation between individual and family households. Thus, in terms of gender distributions, a subtle majority of recipients of prevention services are female (51.2%), while there are smaller majorities of males among the other three outcomes.

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Figure 2-10. Household Type and Gender Distribution in Year 6



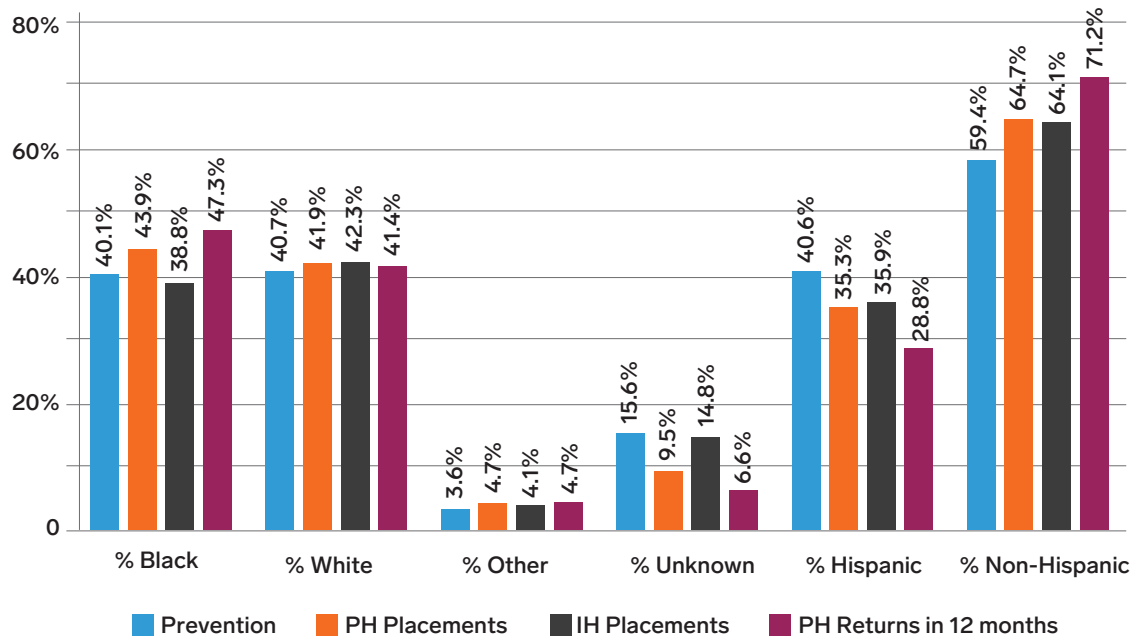
2.5.2. Racial and Ethnicity Distribution

Figure 2-11 visually presents the racial and ethnic distributions within the various outcome populations. A consistent trend across homeless populations reveals a pronounced overrepresentation of Black individuals and a relative underrepresentation of Hispanic ethnicity. The proportions depicted herein reaffirm this pattern.

- ▶ In alignment with this, it's worth noting that LA County, with its population being approximately 8% Black, witnesses a significantly higher presence of Black individuals within the four outcome populations. This proportion ranges from 38.8% among those with IH stays to 47.3% for individuals experiencing returns to homelessness after initial PH placements.
- ▶ The distribution of White individuals within these populations is relatively parallel, holding similar proportions for each outcome. The one notable deviation occurs within the return population, with 47.3% being Black (compared to 43.9% in PH placements) and 42.3% being White (compared to 41.9% in PH placements). It is important to acknowledge that a substantial portion of all four populations, ranging from 6.6% to 15.6%, lacks available race-related data.
- ▶ Given that Hispanics constitute about 48% of LA County's total population, their representation within the covered services consistently falls below the 40% mark. Notably, the population receiving prevention services stands out as having the highest proportion of Hispanics. Additionally, considering that Hispanics account for 35.3% of individuals placed in PH, their representation within the subset experiencing a return from PH exits back into homelessness is notably lower, at 28.8%.

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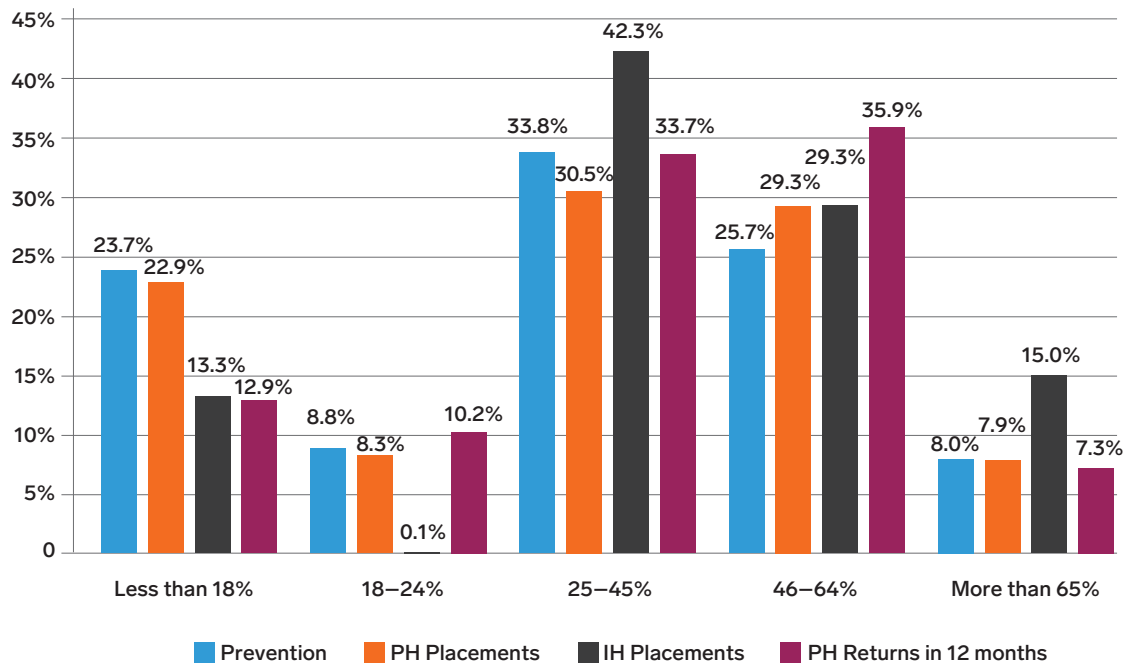
Figure 2-11. Race and Ethnicity Distribution in Year 6



2.5.3. Age Distribution

Figure 2.12 delves into the age distributions of the populations of the four distinct outcome groups.

Figure 2-12. Age Distribution in Year 6



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- ▶ Individuals under the age of 18 are predominantly affiliated with family homeless households. This age bracket notably prevails among the populations demonstrating the most substantial proportions of family households: individuals benefiting from prevention services (23.7%) and those achieving transitions to PH (22.9%). This representation slightly decreases among those undergoing IH stays (13.3%) and those experiencing returns to homelessness (12.9%).
- ▶ Intriguingly, within the 18-24 age range, the presence of individuals opting for IH stays is negligible, accounting for less than 10% across the other categories.
- ▶ Furthermore, individuals aged 25 to 45, as well as those above 65, exhibit their most prominent proportional representations within the IH stay outcomes. This underscores a significant prevalence of individuals within these age brackets availing interim housing accommodations.

2.6. KEY FINDINGS

This section retains essential outcome measures related to individuals receiving prevention services, transitioning to permanent housing, utilizing interim housing, and experiencing returns to homelessness post-placement in permanent housing. These measures permit direct comparisons with data recorded during the initial five years of the HI program. Here is a summarized overview of Year 6 outcome measures:

In Year 6, family households accessing HI-associated prevention services decreased from 919 to 845, while individual households increased from 2,917 to 3,481.

- ▶ Following year-to-year increases during the initial five years of HI, the number of PH placements decreased from 23,058 to 21,293 between Years 5 and 6, signifying a 7.6% decline. This reduction was primarily attributed to the decrease in Measure H-funded PH placements by almost 3,000. The percentage of H-funded PH placements also dipped from over 37% to below 27%, a decline compensated by non-Measure H placements.
- ▶ A record-breaking 32,121 individuals utilized IH in Year 6, marking an 11.3% increase from Year 5. The proportion of H-funded IH placements also climbed from over 30% to nearly 35%.
- ▶ Cumulative and de-duplicated IH placements exceeded 130,000. Nearly half of cumulative IH placements were funded by H in Year 6.
- ▶ Rates of individuals returning to homelessness after exiting to permanent housing maintained a consistent range of 7–8% at six months and decreased from 12.9% to 11.4% at 12 months over the most recent four years of the HI program.

These findings carry significant implications for the five principal activities—Coordinate, Prevent, Connect, House, and Stabilize—integral to the new HI framework. These outcomes are comprehensive system-level indicators reflecting services partly financed by HI funding. While each indicator reveals overarching trends, they simultaneously provoke specific inquiries about the dynamics underpinning these trends. Analogous to the primary activities in the new framework, these measures serve as overarching concepts encapsulating subordinate dynamics. Several outcomes in this section directly align with the Prevent, House, and Stabilize activities, potentially serving as a foundation for assessing which evaluation measures from the previous framework should be retained and integrated into the new framework.

The Dynamics of Homelessness Services Use

Each year in January, the number of individuals experiencing homelessness at any given time within Los Angeles County is tallied. According to the Los Angeles Homeless Services Authority's (LAHSA) Point-in-Time (PIT) count, the number of individuals experiencing homelessness in the County rose from 52,765 in 2018 to 58,936 in 2019, a nearly 12% increase, and further increased to 66,436 in 2020, reflecting an additional rise of almost 13%. The number of individuals experiencing homelessness in the County was not only unacceptably high but was also rising at a significant rate prior to the COVID-19 pandemic. As it did for other Continuums of Care, Los Angeles opted not to carry out an unsheltered PIT count in January 2021 in response to the pandemic. Even though, a PIT count conducted in February 2022 revealed that 69,144 individuals were experiencing homelessness in LA County at that time, indicating a 4.1% increase from 2020 and offering a sharp contrast to the preceding counts between 2018 and 2020, the 2023 PIT count of PEH showed yet another sharp increase by 9.2 % reaching 75,518.

Several factors like lack of affordable housing, lack of access to mental health, substance abuse services and healthcare, and systemic issues such as racism and discrimination are behind the scale of homelessness in Los Angeles. The housing affordability crisis in particular has generated over a half million severely rent-burdened households. Despite an ongoing effort of the County's homelessness service system (Measure H and non-Measure H combined), which recorded over 20,000 PH placements in each of the last five fiscal years, factors outside the purview of that system are too strong to slow the increase in the homeless population.

This section assesses the dynamics of the homelessness services system over a four-year period (2019-2022). The aim is to provide a deeper understanding of recent counts and the trend post-COVID-19, as well as to address the key policy question of whether additional action can be taken from within the system to alleviate the problem. While it may not be possible for the expanded range of available services to fully offset the influx of individuals and families into homelessness, resulting in year-over-year PIT count decreases, comprehending these dynamics can be useful in designing more effective homeless interventions and programs. This section is structured following the format presented in the Year 5 report, which displays the annual and monthly numbers of individuals experiencing homelessness. Additionally, a cohort of the homeless population is tracked over two years to assess differences among homeless groups. The section also features a flow analysis and several metrics used to examine the transition of homeless individuals across different touchpoints within the homelessness service system in Year 6.

3.1 ANNUAL AND MONTHLY NUMBERS OF INDIVIDUALS WHO ACCESS HOMELESSNESS SERVICES

For this study, we have utilized data obtained from the HMIS for a duration of four years, ranging from 2019 to 2022. To ensure harmonization with the LAHSA's PIT counts, we chose to utilize calendar years instead of fiscal years as in our Year 5 report. Nonetheless, it is important to acknowledge that our flow analysis differs from LAHSA's homeless counts, for two fundamental reasons.⁷ Primarily, our estimations are based exclusively on HMIS records and comprise only homeless individuals enrolled in any HMIS-tracked projects, with the exception of prevention programs. Homeless households that are not enrolled in HMIS, most importantly unsheltered individuals without a street outreach contact, are not included in our analysis. Secondly, while LAHSA's annualized estimates are projections derived from January PIT counts and surveys, our estimations are not projections but rather are based on micro data retrieved from HMIS at various intervals. As a result, our estimates are not aligned with LAHSA's annualized figures and are intended to provide an alternate outlook on the dynamic changes of homelessness services use within Los Angeles.⁸

A comprehensive explanation of our methodology is presented in Appendix B, which outlines the definitions and assumptions employed to calculate the various homelessness measures. Thorough data processing was performed to develop an accurate representation of homelessness durations, which was based on the recorded episodes in HMIS.

The homeless population in HMIS comprises three distinct groups annually:

- ▶ Previous carryover: homeless individuals who were previously served in HMIS in the preceding year and remained homeless in HMIS in the current year.
- ▶ Re-entries: homeless individuals who were previously provided with HMIS services in the past years and returned to HMIS in the present year; and
- ▶ New entries: homeless individuals who were served by HMIS for the first time in the present year.

Some of these individuals exit HMIS during the year, while the rest remain homeless and become the carryover for the following year.

Figure 3-1 illustrates the annual number of homeless persons, entries into homelessness, and exits from homelessness over a four-year period, using the definitions stated in Appendix B. The data show a consistent trend across all metrics, with a decline during the pandemic's first year and subsequent increases in 2021 and 2022, surpassing levels observed in 2019. These are the primary findings:

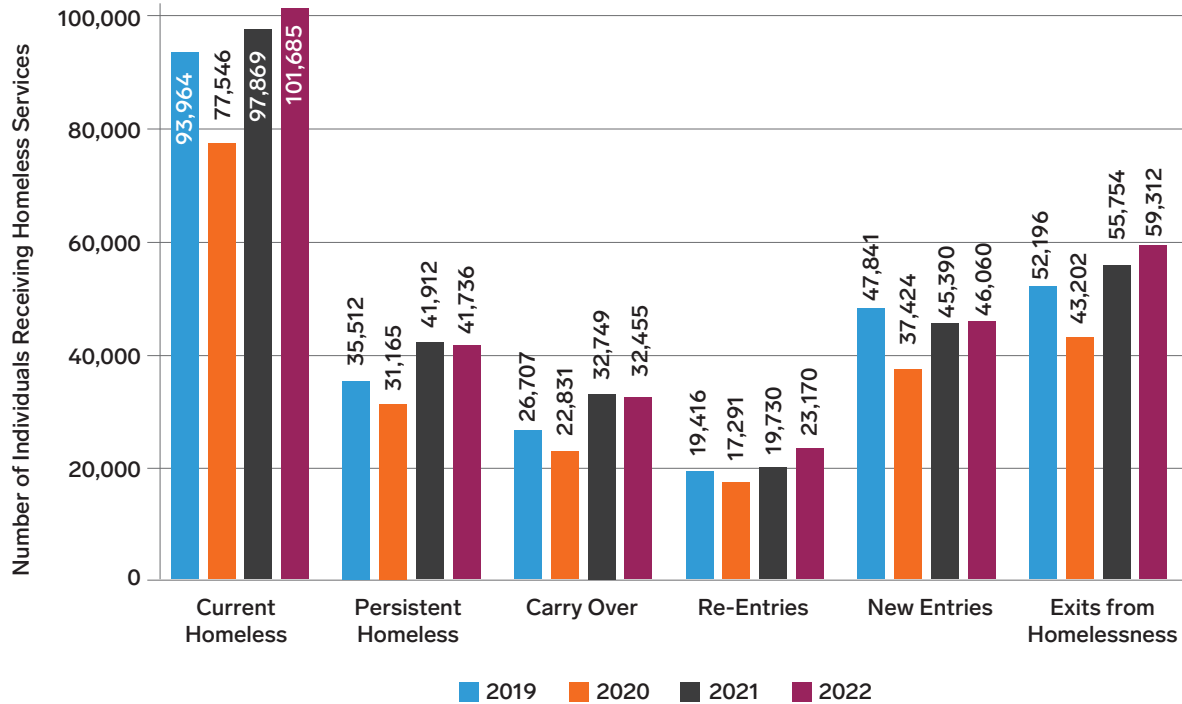
- ▶ After experiencing a two-year annual increase of approximately 13%, the number of individuals who received homeless services dropped by 17% to below 78,000 in 2020 following the onset of the COVID-19 pandemic and the measures implemented by LAHSA, such as the reduction of bed capacity in the shelter system. In the second year of the pandemic (2021), the number of homeless individuals receiving HMIS-recorded services rose to almost 98,000, which exceeded the 2019 level by over 4%. The numbers continued to increase in 2022, with a similar rate of approximately 4%, reaching almost 102,000.
- ▶ As anticipated, the counts provided by HMIS in Figure 1 are lower than the PIT counts annualized because many unsheltered homeless individuals do not have services records in the HMIS. These estimates are similar to recent PIT rates of change, which showed an increase of 12.7% between January 2019 and January 2020 and an increase of 4.1% between January 2020 and January 2022. However, our estimate in 2022 is significantly lower than the rate of increase in PEH estimated by the 2023 PIT count, which was over 9% implying that the proportion of homeless persons not receiving homelessness services grew in 2023.

⁷ See Greater Los Angeles Homeless Count, 2019 results, available at: <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>; Greater Los Angeles Homeless Count, 2022 results, available at: <https://www.lahsa.org/documents?id=6545-2022-greater-los-angeles-homeless-count-deck>.

⁸ For LAHSA PIT annualized estimates, see 2022 Los Angeles Continuum of Care Homeless Count, Methodology Report, July 2022, USC, pp. 26-27, available at: <https://dworakpeck.usc.edu/sites/default/files/2022-09/2022%20USC%20Homeless%20Count%20Methodology%20Report.pdf>.

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Figure 3-1. Number of Individuals, Entries into and Exits from Using Homeless Services
Number of Persons in HMIS 2019–2022



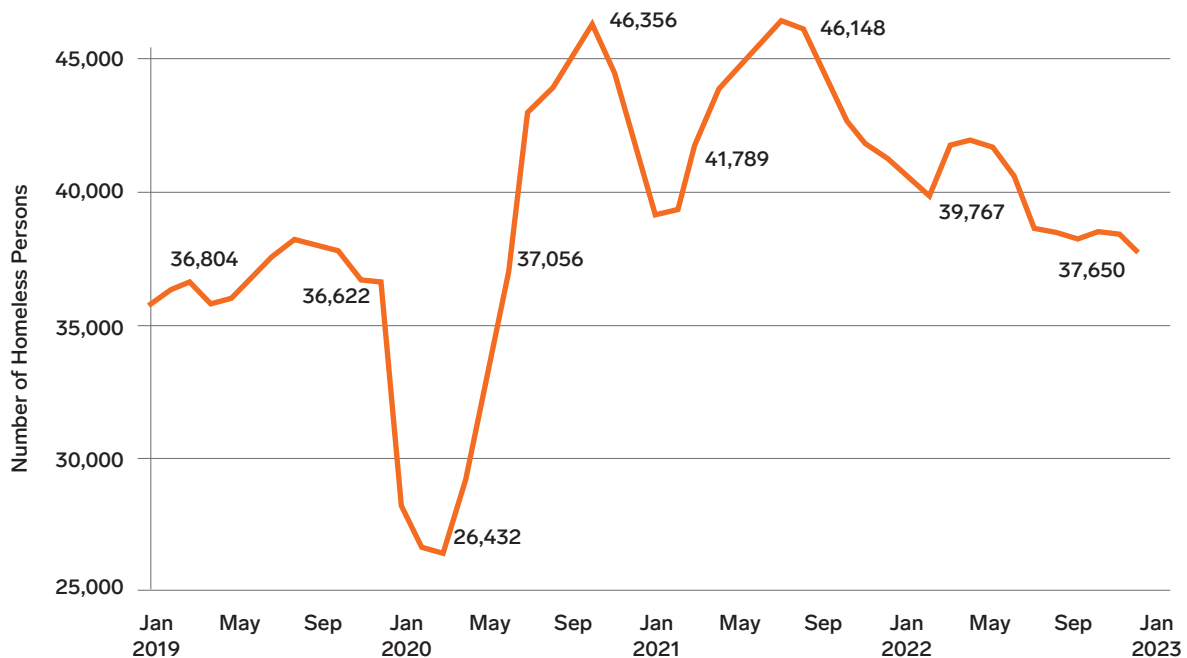
- ▶ In 2021, we observed a slowdown in the rate of increase of the number of persistently homeless persons, which had increased by 40% before the pandemic. While the number of persistently homeless individuals continued to rise in 2021, reaching almost 42,000, it was at a substantially lower rate of 18%. In 2022, the number of persistently homeless persons remained at the same level for the first time during our study period. Nevertheless, their share in the total number of individuals receiving homeless services remained above 40%.
 - Persistent homelessness is defined as the receipt of HMIS services for six or more months in the previous 12 months. The new county plan refers to these individuals as “persistently underserved.”
- ▶ The previous carryover group exhibited a similar pattern, as persistently homeless individuals constitute more than 70% of this group. After experiencing an increase of 22% between 2019 and 2021, this group remained at the same level, below 33,000, in 2022.
- ▶ The number of re-entries increased from almost 20,000 to over 23,000 between 2021 and 2022, an increase of almost 18%. The increase in the number of re-entries was enough to account for the 4% increase in the number of individuals receiving homeless services in 2022.
- ▶ New entries followed the overall trend. After decreasing by more than 10,000 during the first year of the pandemic, the number increased by 20% in 2021 and slightly increased to over 46,000 in 2022, which is still below the highest level observed in 2019 (almost 48,000).

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- ▶ Exits increased from over 52,000 in 2019 to almost 56,000 in 2021, an increase of over 7%, after dropping to below 44,000 in 2020 because of the impact of the pandemic. Exits continued to increase in 2022, exceeding 59,000, which significantly contributed to the stationary state of persistently homeless individuals in Year 6.
- Exits from homelessness include permanent placements and unknown exits with no return to HMIS within the next six months.

Figure 3-2 shows the monthly number of homeless persons receiving HMIS services between 2019 and 2022.

Figure 3-2. Monthly Number of Current Homeless Persons 2019–2022



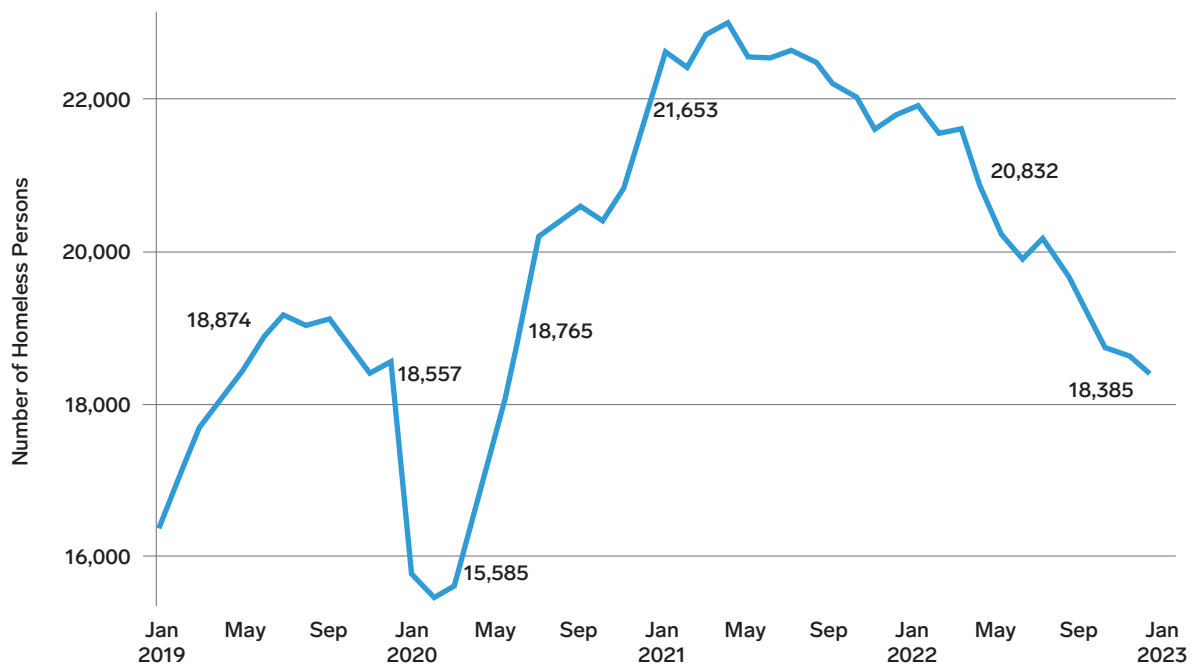
- ▶ The number of homeless individuals who received services through the HMIS for at least one day in a given month demonstrated various phases and trends between 2019 and 2022:
 - In 2019, the number remained stable at around 36,000.
 - However, in the spring of 2020, the monthly count experienced a significant decline as a result of the COVID-19 pandemic, plummeting below 27,000.
 - Subsequently, the number of homeless service users steadily rose and peaked in October 2020, reaching nearly 46,000.
 - Throughout 2021, the monthly number of homeless persons cycled, and as of August 2021, it remained at 46,000, which is approximately 20% higher than the levels observed during the fall of 2019.
 - Ultimately, from September 2021 onwards, the monthly count of homeless individuals receiving services through HMIS continuously decreased, dropping below 37,000 by December 2022 to levels akin to those observed in 2019.

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Figure 3-3 shows the monthly number of persistently homeless persons between 2019 and 2022.

- ▶ The monthly number of persistently homeless individuals also demonstrated several patterns over time:
 - Early in 2019, the number increased from 16,000 to 19,000 and remained at that level for the second half of the year.
 - In contrast, during the first year of the pandemic cycle, the number decreased to below 16,000 before exceeding 20,000 in the summer of 2020, continuing to increase until January 2021, reaching nearly 23,000.
 - Following a period of stasis in the first half of 2021, the monthly number of persistently homeless individuals continuously declined, falling below 19,000 in the fall of 2022 to levels observed in 2019.

Figure 3-3. Monthly Number of Persistent Homeless Persons 2019–2022



3.2 TRACKING HOMELESSNESS EPISODES OF VARIOUS HOMELESS GROUPS IN 2021 AND 2022

Homelessness is a complex problem that affects individuals in different ways, and use of typologies can help us to better understand the needs and challenges of different homeless groups, and to develop more effective strategies to prevent and end homelessness. The most widely used homeless typology comes from a 1998 study by Kuhn and Culhane and categorizes homelessness based on the duration and frequency of shelter use.⁹ There are three groups in Kuhn and Culhane's typology. The first and largest group are transitionally homeless individuals or families, whose homelessness typically follows a crisis or transition, such as job loss, eviction, or domestic violence, and whose homelessness is relatively brief, with low rates of additional homelessness after their initial exit from the homeless services system. In the second group, chronically homeless individuals experience few albeit extended episodes of homelessness, which are exacerbated by high prevalence of barriers to escaping homelessness, such as disabilities, mental health or substance abuse issues, and/or a history of incarceration. Finally,

⁹ See Kuhn, R., and Culhane, D.P. (1998), Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data, *American Journal of Community Psychology* 26(2): 207-232, available at <https://pubmed.ncbi.nlm.nih.gov/9693690/>.

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a more residual, third group shows episodic homelessness patterns, in which individuals and families experience repeated periods of homelessness interspersed with periods of housing stability (or possibly undocumented unsheltered homelessness). These individuals may cycle in and out of homelessness because of factors such as financial instability, lack of support networks, and/or difficulty maintaining employment.

In this section, we adapt this transitional-chronic-episodic typology to a cohort of people with records of homeless services use in the LA County HMIS database in 2021. We divided this 2021 HMIS cohort into three groups based upon their homeless services use in 2021 and prior years and followed them into 2022 and 2023. The typology designations are three groups previously introduced and described in Figure 3.1. “New entries” consist of homeless individuals who were served by HMIS for the first time in 2021, and correspond to the transitional group in Kuhn and Culhane’s typology. The “previous carryover” group, consisting of those in the 2021 cohort who were also in HMIS in 2020, corresponds to the chronically and persistently homeless. Finally, “re-entries” include homeless individuals who exited homeless services in 2020 or earlier and returned to HMIS in 2021, which we used to stand in for the episodically homeless group.

Figure 3.4 depicts the transitions of three distinct groups of homeless individuals between different stages of homelessness services use over two years, as captured by the HMIS data. The figure presents data for nearly 100,000 individuals who utilized HMIS services at least once during 2021. To facilitate interpretation of the figure, percentages are utilized, where 1% corresponds to 1,000 individuals, given the approximate size of the population. As illustrated in Figure 3.1, the 2021 cohort comprises three groups:

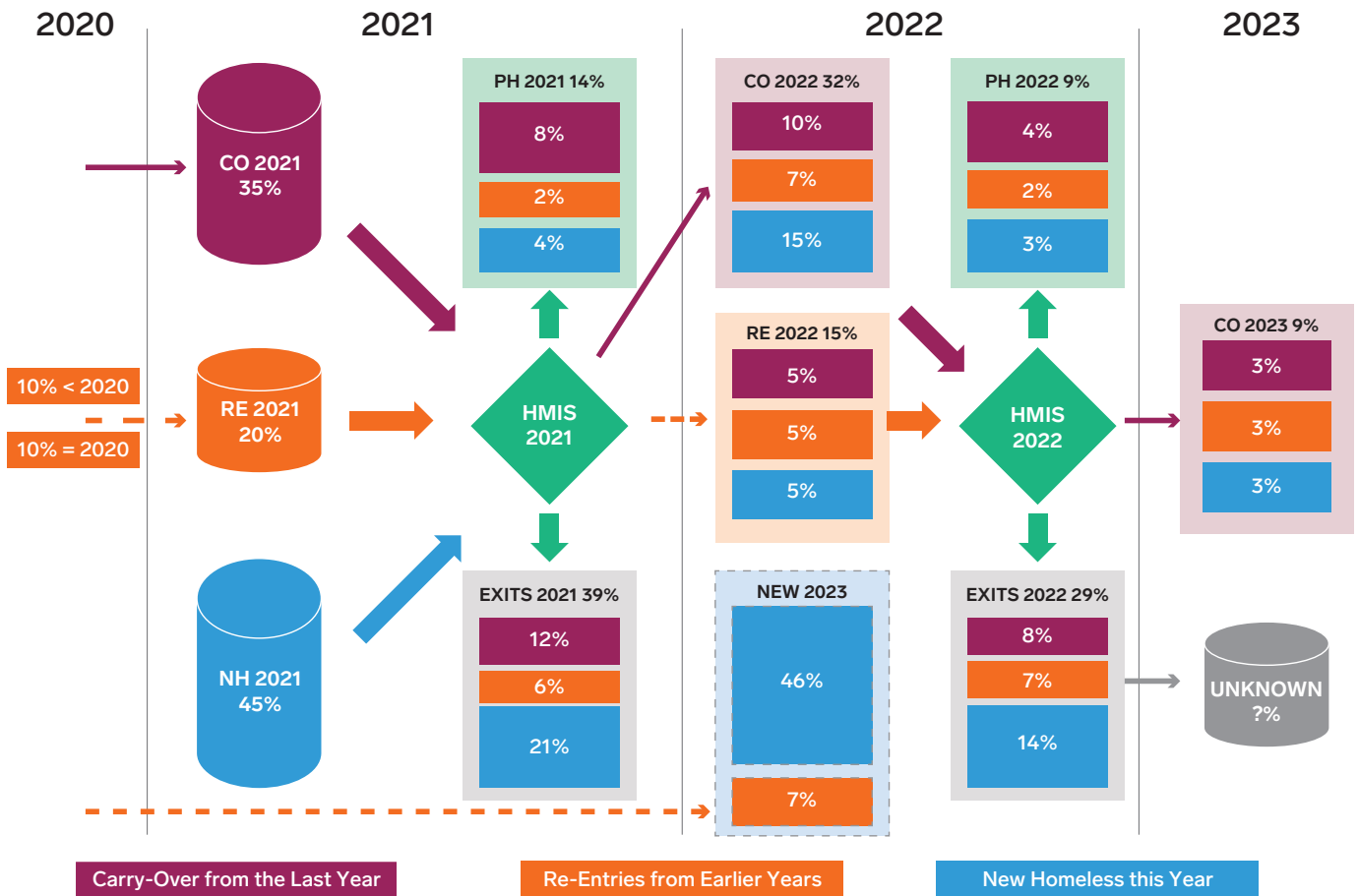
- ▶ The “new homeless” (NH) group, in blue, comprises 45% of the cohort;
- ▶ The “previous carryover” (CO) group, in red, comprises 35% of the cohort; and
- ▶ The “re-entries” (RE) group, in orange, constitutes 20% of the cohort.

The figure shows the complexity of the different patterns by which different groups in the homeless population make use of homeless services. The color coding facilitates tracking each group over time. Nearly half (47%) of the 2021 cohort also received homeless services in 2022, and 9% received such services in 2023 (more individuals will re-enter HMIS later in 2023, as discussed later). Subsequent to their initial 2021 shelter stay, the cohort takes four basic paths:

- ▶ Nearly a quarter (14% in 2021 and 9% in 2022) of the cohort exited to PH (PH 2021 and PH 2022) and did not return to homelessness. PH included PSH, TLS placements, and self-resolved exits to PH.
- ▶ Almost 70% (39% in 2021 and 29% in 2022) of the cohort exited HMIS over two years to other or unknown destinations (EXITS 2021 and EXITS 2022). Most on this path will not reappear on HMIS after 2021, although, for some, what look to be “exits” from homelessness instead may involve unsheltered homelessness that is off the radar of HMIS.
- ▶ Thirty-two percent of the cohort remained in HMIS and become the CO group in 2022 (CO 2022). Between 2022 and 2023, 9% of the cohort remained in homeless services continuously (CO 2023).
- ▶ Fifteen percent of the cohort exited from HMIS-recorded services in 2021 with subsequent record of homeless services use in next year (i.e., the RE group).

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Figure 3-4. Tracking Homeless Groups in 2021 and 2022



In following the people in the 2021 HMIS cohort through their complex homeless services use patterns over the subsequent years, several critical findings emerged:

- ▶ Almost all newly homeless individuals followed a transitional pattern insofar as they made a lasting exit from HMIS-related services by 2023. Conversely, only 3,000 of the 45,000 newly homeless individuals continue to receive homeless services after two years, making up less than 7% of the 2021 HMIS cohort.
- ▶ Among those in the 2021 HMIS cohort demonstrating episodic (i.e., re-entries) and chronic (i.e., carryover) patterns of HMIS services use, higher proportions remained in HMIS after two years. Eleven percent of these two groups continued to receive homeless services in 2023, and this number will increase with new re-entries in 2023.
- ▶ Large majorities in all three groups exited the HMIS-recorded services system and did not reenter. While a small fraction of these exits are recorded as homeless exits, the vast majority of them are unknown exits. In order to assess the real extent of homelessness, it is critical to understand the profile of unknown exits, a point that has been emphasized in previous reports.

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- ▶ Of the 23% of the 2021 cohort who exited to PH (14% in 2021 and another 9% in 2022), more than half were from the CO group, which includes high proportions of chronically and persistently homeless individuals. These data suggest (but cannot verify) that housing placements for PSH and other housing specifically for homeless households appear to be reaching those with persistent homelessness. In contrast, while over one-third of the CO group exited to PH over two years, only 15% of the newly homeless group exited to PH. Instead, the NH group accounted for most other and unknown exits, indicating living arrangements made on their own that they exited to.
- ▶ Lastly, tracking the episodes of the 2021 cohort reveals that one of the critical tasks for policymakers, homelessness programs, and providers is to prevent a small fraction of the homeless population who become homeless for the first time from becoming chronically or persistently homeless. Recent numbers are encouraging, as only 3% of the newly homeless group of the 2021 cohort continued to receive homeless services over two years. The significant downward trend in the monthly count of persistently homeless households in Figure 3.3 also supports this observation.

The analysis presented in Figure 3.4 reveals two important details that require clarification. Firstly, in 2022, a box labeled “New 2023” appears, which includes newly homeless individuals who entered HMIS in 2023 (46%), as well as those who re-entered HMIS in 2022 and received services before 2021 (7%). This group is not tracked, as they are not part of the 2021 cohort. They constitute the 2022 cohort along with the CO 2022 and RE 2022 groups, which are members of the 2021 cohort who received HMIS services in 2022.

Secondly, there is an “unknown” box in 2023, which refers to homeless individuals who are expected to re-enter HMIS in 2023 during the later months when the data becomes available. Based on the previous years, an estimated 20% of individuals receiving homeless services in Year 1 engage with HMIS in the third year, including the 9% carried over from 2022 to 2023 (i.e., CO 2023). An additional 10-12% would comprise individuals who re-enter HMIS in 2023 after exiting in 2021 or 2022, as well as a small fraction of those exited to PH and returned to homelessness.

3.3 KEY PERFORMANCE INDICATORS: TOUCHPOINTS AND TRANSITIONS

To assist individuals experiencing homelessness in navigating this system, LA County has been coordinating and managing a range of homelessness services and touchpoints, including outreach programs, emergency shelters, transitional housing, permanent supportive housing, and other supportive services. This effort involves the participation of LAHSA, multiple County departments' stakeholders, and service providers.

Comprehending the transitions between these different touchpoints is crucial for providing effective support and minimizing the likelihood of homelessness becoming chronic. Analyzing these transitions can offer valuable insights into the effectiveness of existing support programs and identify areas where additional resources or changes to service delivery could improve outcomes for individuals experiencing homelessness. In this context, KPIs can be used to measure the number of homeless individuals, track changes in homelessness over time, evaluate the effectiveness of programs and interventions, and identify the needs of those experiencing homelessness. LA County has taken significant steps toward using KPIs in addressing the central goal of preventing and reducing unsheltered homelessness.¹⁰

The KPIs developed by the County are structured around four main goals: connecting unsheltered individuals to interim housing, preparing them for permanent housing placement, increasing the number of people and families who move from interim housing to permanent housing, and reducing the time from system entry to permanent housing placement. While the previous two sections provide helpful information on aggregate annual and monthly trends and the track records of different homeless groups over time, they do not offer insights into the homeless populations flowing across various HMIS touchpoints in a given year.

¹⁰ See “System Key Performance Indicators Figures,” LAHSA, September 2022, available at: <https://www.lahsa.org/documents?id=6602-system-key-performance-indicators-presentation-september-2022>.

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This section explores the number and characteristics of homeless persons within HMIS by different touchpoints presenting different KPIs. First, we analyze all individuals who received homeless services in four critical homelessness service touchpoints—outreach, interim housing, time-limited subsidies, and permanent supportive housing—in Years 5 and 6. This analysis includes all enrollments (new and continuing) and also presents different types of exits from all programs. Next, we examine the transitions across these touchpoints using the Year 6 HMIS data. The analysis of transitions covers only those individuals who entered HMIS in Year 6, excluding continuing enrollments, and focuses on the number and characteristics of populations in transition, as well as the average time between different touch-points.

3.3.1 Street Outreach

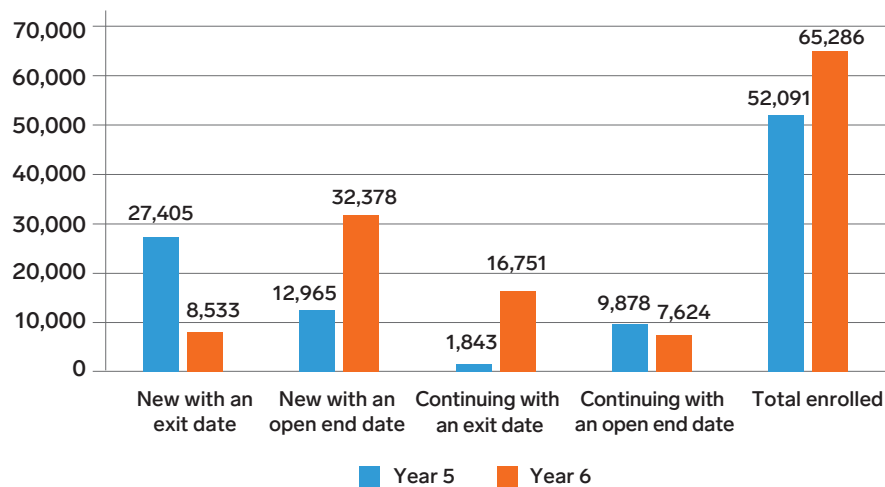
Figure 3.5 shows the number of homeless individuals enrolled and active in Street Outreach (SO). The outreach program is designed to identify and engage individuals or families who are experiencing homelessness but are not connected to any services. The goal is to provide support and connect individuals living on the street to interim housing.

In Year 5, over 52,000 individuals participated in SO programs, which increased by 25% to over 65,000 in Year 6. Two types of engagements were identified: new enrollments and continuing enrollments. Since the data were not entirely accurate in revealing exit dates for all enrollments, only continuing enrollments from the prior year were included, while enrollments with earlier start dates were disregarded.

The differences between the two years are significant:

- ▶ In Year 5, the share of new enrollments was larger (77.5%) than in Year 6 (66.7%). However, in Year 5, more than half of this group exited in the same year, while almost half of them remained enrolled in Year 6 with an open date.
- ▶ The number of new enrollments was similar in both years, at approximately 40,000. Nonetheless, among individuals newly enrolled in SO, the number who exited in the same year dropped from over 27,000 to almost 8,500, while the number of persons with continuous enrollments increased from almost 13,000 to over 32,000.

Figure 3-5. Enrollments in Outreach Programs in Years 5 and 6



- ▶ Consequently, a large group of homeless persons was enrolled in SO programs in Year 6 and moved to the next year with continuous enrollments. In contrast, in Year 5, the largest group included persons with new enrollments who had exited in that year.
- ▶ There were so many more participants continuing enrollment from Y5 to Y6 because of the shift in strategy and focus from light-touch COVID interventions to longer-term interventions that prioritize interim and permanent housing placements. For example, SO focus has shifted to getting participants document-ready, supporting Encampment Resolutions such as Inside Safe and Pathway Home, and aligning with new CES prioritization guidelines.

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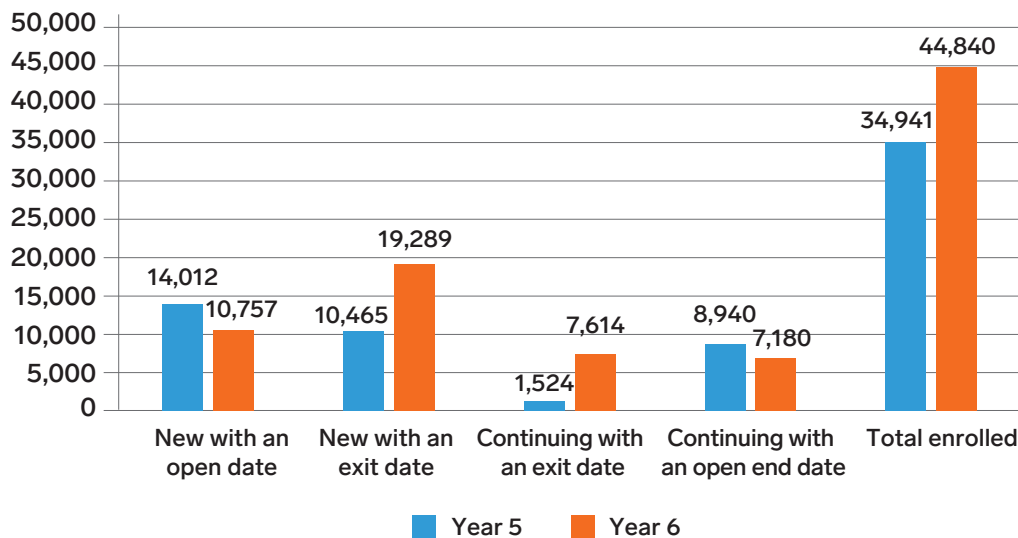
3.3.2 Interim Housing

Figure 3.6 depicts the number of homeless individuals actively enrolled in Interim Housing (IH). IH programs such as emergency shelters, transitional housing, and crisis/bridge housing are designed to offer temporary housing to individuals or families experiencing homelessness during their transition to stable housing. The goal of these programs is to facilitate the movement from IH to permanent housing, and the typical duration of stay in this program is shorter than that in permanent supportive housing.

In Year 5, almost 35,000 individuals were enrolled in IH, which increased by 28% to almost 45,000 in Year 6. The numbers of IH enrollments include IH managed by DHS, which accounted for less than 10% of the total in both years. The data indicate the following:

- ▶ In Year 6, compared to Year 5, the number of persons who enrolled and exited IH in the same year almost doubled, highlighting the impact of the pandemic on Year 5. In Year 6, the turnover rate in IH beds increased, and more homeless persons were served in IH programs.
- ▶ The share of new enrollments remained around 70% in both years since, with the exception of IH stays starting late in a year, continuing enrollments should be rare.
- ▶ Approximately 20% of homeless persons stayed in IH multiple times, while the remaining 80% had only one stay.

Figure 3-6. Enrollments in Interim Housing Programs in Years 5 and 6



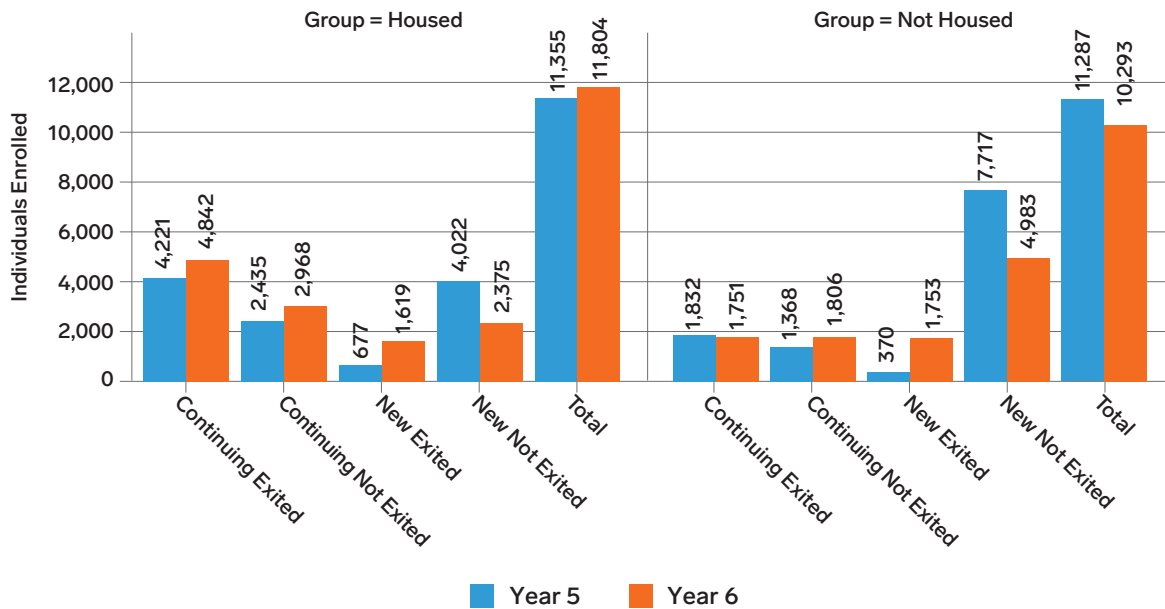
3.3.3 Time Limited Subsidies

Formerly referred to as Rapid Rehousing, Time Limited Subsidies (TLS) are temporary permanent housing subsidies and services aimed at assisting homeless individuals and families to move into permanent housing promptly. TLS provides relocation, stabilization services, and rental assistance with the primary objectives of increasing placements from interim to permanent housing and reducing the time from enrollment to permanent housing placement. Figure 3.7 illustrates the number of individuals enrolled in TLS programs in Years 5 and 6 and splits them by whether they have obtained housing. Even after enrolling in TLS and receiving assistance from housing specialists, recipient households often find the logistics of locating suitable housing to be a challenge. Figure 3.7 also distinguishes recipients by whether a household exited the TLS program in Year 6 or was still participating at the end of Year 6, and by whether their TLS participation commenced in Year 6 (new) or had started in a previous year. Exits from the TLS program may be due to reaching the time limit of the subsidy or by an early exit, and there is no available data on the stability of the housing arrangement at TLS exit.

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Figure 3.7 shows that the total number of TLS participants dropped 2.4% in Year 6, from 22,642 in Year 5 to 22,097. However, an increased percentage of TLS participants were housed in Year 6 (53.4%) compared to Year 5 (50.1%). New enrollments in Year 6 (10,730) declined by 16.1% from Year 5 (12,786), and very similar percentages of new enrollees obtained housing in both years (36.6% in Year 5 and 37.2% in Year 6). For those who first entered TLS programming in the previous year and continued into the next year (i.e., ongoing participants), overall numbers increased by 15.3% in Year 6, with the proportion of ongoing participants who were housed also increasing. All in all, while there has been a decrease in the number of new TLS participants in Year 6, the ongoing participants in Year 6 have been more successful in gaining housing and in making exits from the program.

Figure 3-7. Enrollments in TLS Programs in Years 5 and 6
Housed and Not Housed Persons



3.3.4 Permanent Supportive Housing

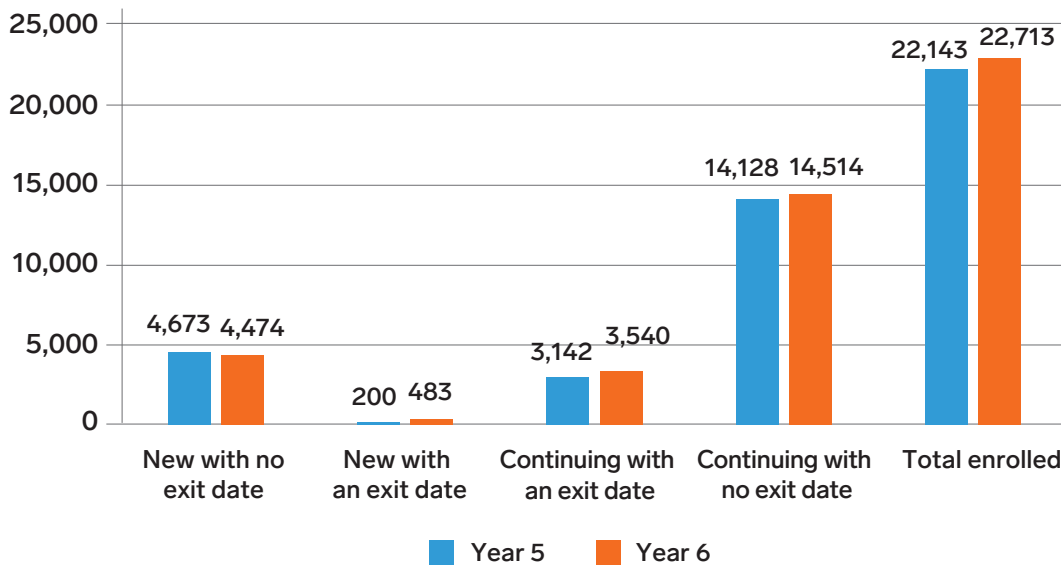
The Permanent Supportive Housing (PSH) program is designed to provide long-term, affordable housing solutions coupled with intensive support services to the most vulnerable individuals or families who have experienced chronic homelessness and have disabilities. The program aims to provide ongoing support services to participants in order to help them maintain their housing stability, including access to healthcare, mental health services, and other supportive services. The primary objective of the PSH program is to increase the number of placements and retention in permanent supportive housing.

Figure 3.8 illustrates the number of homeless individuals enrolled in PSH. Similar to other project types, two types of engagements were identified for PSH: new enrollments and continuing enrollments. Unlike the numbers observed from Outreach, IH, and TLS programs, no significant differences were found between Years 5 and 6. Figure 3.8 includes data for both PSH programs administered by both LAHSA, which are retrieved from HMIS, and by the DHS, which are retrieved from the CES. If a homeless person was recorded by both systems, only one PSH enrollment is included.

Between Years 5 and 6, PSH enrollments increased from 22,143 to 22,713, approximately 2.6%. The numbers of new and continuing enrollments remained almost at the same levels. The share of new enrollments was over 20% in both years, with the largest share belonging to continuing projects from earlier years.

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Figure 3-8. Enrollments in Permanent Supportive Housing Programs in Years 5 and 6



3.3.5 Exits From Homeless Services Programs

The measurement of exits from homeless programs is a critical metric that enables the evaluation of the effectiveness of such programs and provides insight into the progress made in addressing homelessness. Understanding program exits can assist policymakers and service providers in making informed decisions on how to improve homeless programs and increase the number of successful transitions to permanent housing. Here, we present data on exits from homeless programs in Los Angeles County during Years 5 and 6, with an emphasis on destination type by four main program types: street outreach (SO), interim housing (IH), and PSH and TLS. We grouped exit destinations into nine categories: deceased, sheltered homeless destinations, unsheltered homeless destinations, institutional exits (hospitals, foster care, and jails), self-resolved permanent housing (PH) exits, PSH exits, TLS move-ins, temporary destination exits, and unknown exits (where no exit interviews were conducted, data were not collected, or clients refused to provide information regarding their destination).

Table 3.1 presents the distribution of exit destinations by program type, including the destinations of the last exits of individuals in a given year, as well as the total number of all exit destinations. We found that all exit types, except for PSH exits, increased significantly between Years 5 and 6. The number of all exits, which may include multiple exits for the same individuals, increased by more than 50%, from over 70,000 in Year 5 to almost 107,000 in Year 6. In Year 6, more than half of all exits were SO exits, and nearly half of destinations were unknown. If we consider the last destinations of individuals, we found that the proportion of unknown exits was 41% in Year 5 and almost 47% in Year 6. Furthermore, the number of homeless individuals who exited one of the four programs increased from almost 60,000 in Year 5 to over 81,000 in Year 6, representing an almost 38% increase.

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Table 3-1. Exits by Destinations and Program Types in Years 5 and 6

Year 6	Last Exits	SO Exits	IH Exits	PSH Exits	TLS Exits	All Exits
Deceased	787	125	171	371	178	845
Homeless Sheltered	6,279	5,435	5,760	57	685	11,937
Homeless Unsheltered	11,838	9,603	3,582	89	917	14,191
Institutional Exits	1,497	213	1,457	135	227	2,032
Self-Resolved PH Exits	12,152	862	4,359	447	5,087	10,755
PSH Exits	1,372	0	0	2,802	0	2,802
TLS Exits	4,438	243	2,085	47	4,524	6,899
Temporary Destination Exits	4,977	1,199	3,484	79	826	5,588
Unknown Exits	37,786	37,447	12,550	0	1,626	51,623
Total	81,126	55,127	33,448	4,027	14,070	106,672
Year 5	Last Exits	SO Exits	IH Exits	PSH Exits	TLS Exits	All Exits
Deceased	537	77	112	311	49	549
Homeless Sheltered	4,677	2,220	5,105	27	352	7,704
Homeless Unsheltered	7,281	5,519	2,698	50	500	8,767
Institutional Exits	986	136	868	116	100	1,220
Self-Resolved PH Exits	11,217	750	3,973	395	4,362	9,480
PSH Exits	1,843	0	0	2,763	0	2,763
TLS Exits	4,230	109	1,772	0	4,165	6,046
Temporary Destination Exits	3,675	561	2,410	167	1,077	4,215
Unknown Exits	24,462	20,586	8,126	0	1,137	29,849
Total	58,908	29,958	25,064	3,829	11,742	70,593

3.3.6 Number of Individuals Stayed in and Transitioned Across HMIS Touchpoints

Figure 3.9 depicts the approximately 68,000 individuals who, in Year 6, enrolled in one of the four major homeless programs covered in this analysis (IH, SO, TLS, and PSH) and their movement between these service programs and/or out of this services system. In doing so, it presents an integrative model of the stocks and flows that were presented, program by program, in the previous parts of Subsection 3.3. Continuing enrollments, and some of the less common exit types from Table 3-1, are not included in this model.

Figure 3.9 shows at a glance where those entering each of the programs move to. The orange- box and arrows, for example, represent Street Outreach (SO) enrollments. Nearly 60% of the new Year 6 enrollments (40,958) entered LA County's homeless system via the SO program. Of these enrollments, 6,714 (16.4%) proceeded to IH facilities; 1,323 (3.2%) entered the TLS program, and 1,053 (2.6%) exited to some type of PH arrangement. Combining these three types of progressive engagement, depicted as rightward movement in the figure, accounts for 22.2% of all new SO enrollments. In contrast, a combined 23,042 (56.3%) SO enrollments proceeded to become less engaged with homeless services, as indicated by leftward movement in the figure: 3,871 (9.5%) to continued homelessness and 19,171 (46.8%) to unknown destinations. The remaining 8,826 (21.5%) SO enrollments remained engaged with SO services and would be considered continuing enrollments in Year 7.

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Interim Housing (IH) enrollments, represented by the gold square and arrows, can be broken down in a similar fashion. Of the 27,693 new IH enrollees, 7,764 (28.0%) showed progressive engagement, with 3,405 (12.3%) exiting to PH arrangements and 4,359 (15.7%) moving to TLS program participation. This again contrasts with the 14,407 (52.0%) enrollments who became less engaged with the services system: 6,803 (24.5%) who remained homeless and 7,604 (27.4%) who exited to unknown locations. Finally, there were 5,522 (19.9%) enrollments who remained in IH at the end of Year 6.

The third program, time-limited subsidies (TLS), shown in green in Figure 3-9, had a smaller number of new enrollments (10,730) than the previous two programs. Of the TLS enrollments, a little more than one-third (3,876 enrollments, or 36.1%) successfully leveraged the subsidy to obtain permanent housing, and 1,622 (15.1%) left the program before obtaining PH (987 remaining homeless and 635 exiting to unknown locations). The remaining enrollments (5,232, or 48.8%) shown in light green remain in TLS and are still trying to use the subsidy for a PH arrangement. This last group includes enrollments that occurred throughout Year 6, and presumably most of those remaining in the TLS program enrolled toward the end of Year 6. About half of the new TLS enrollments come from SO (n=1,323) or IH (n=4,359) programs.

Finally, based on the data regarding the flow of permanent housing (PH), shown in blue in Figure 3-9, several observations can be made. During Year 6, more than 10,300 individuals, representing almost 15% of the population under study, exited to permanent housing. Among these exits, over a quarter, or approximately 2,700, were in PSH, with just under 2,000 of these placements being direct entries to the HMIS. The remainder followed an IH stay or SO. Over half of the exits to PH were made through TLS programs. Nearly 4,000 of these placements were move-ins of individuals already enrolled in TLS, with over 1,200 enrolling in TLS after an IH stay. The remaining 1,200 placements occurred following an IH stay or SO. Additionally, there were almost 2,500 self-resolved exits from an IH or SO program. Of those exited to PH, over 11% returned to homelessness, as evidenced by their new enrollment in HMIS after the placement date in Year 6. The rate of return was highest for PSH placements, at over 16%. The return rates for TLS placements and self-resolved exits were 8% and 13%, respectively.

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Figure 3-9. Number of Individuals Stayed in or Moved Across HMIS Programs in Year 6

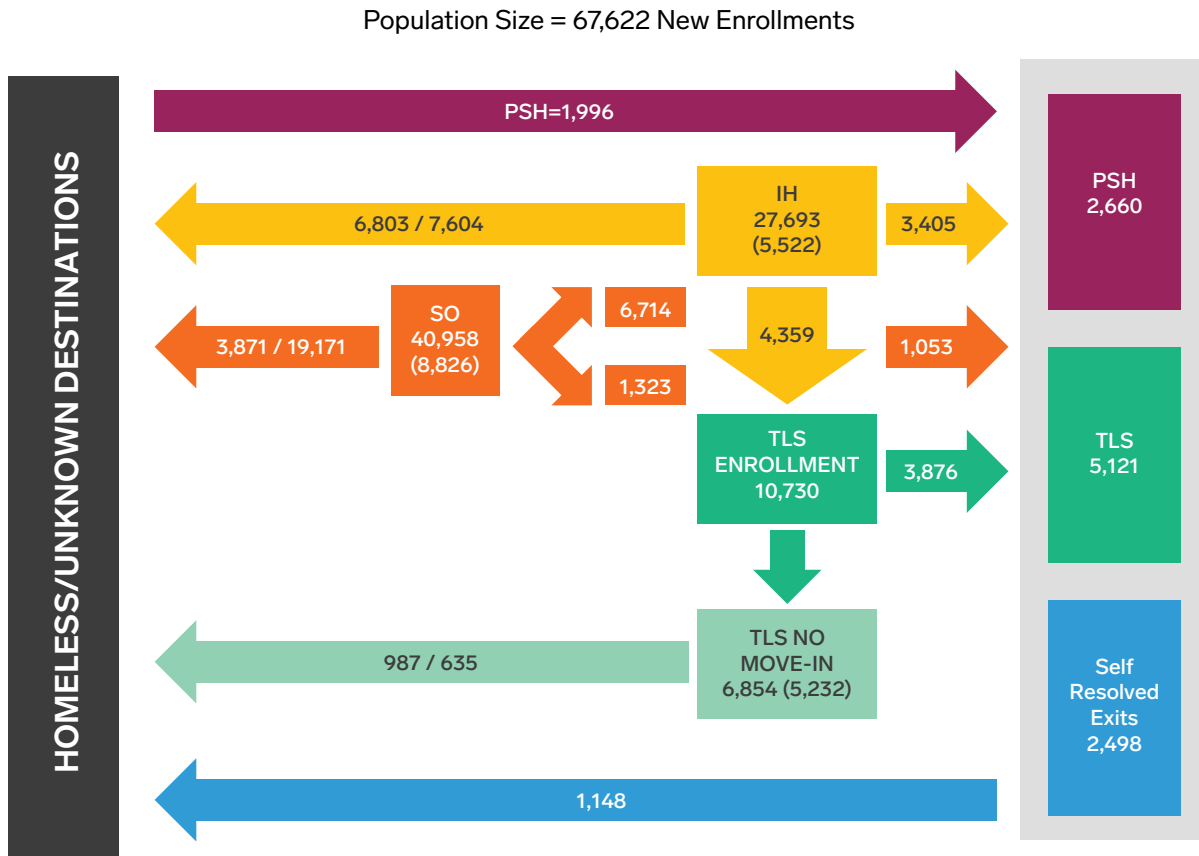


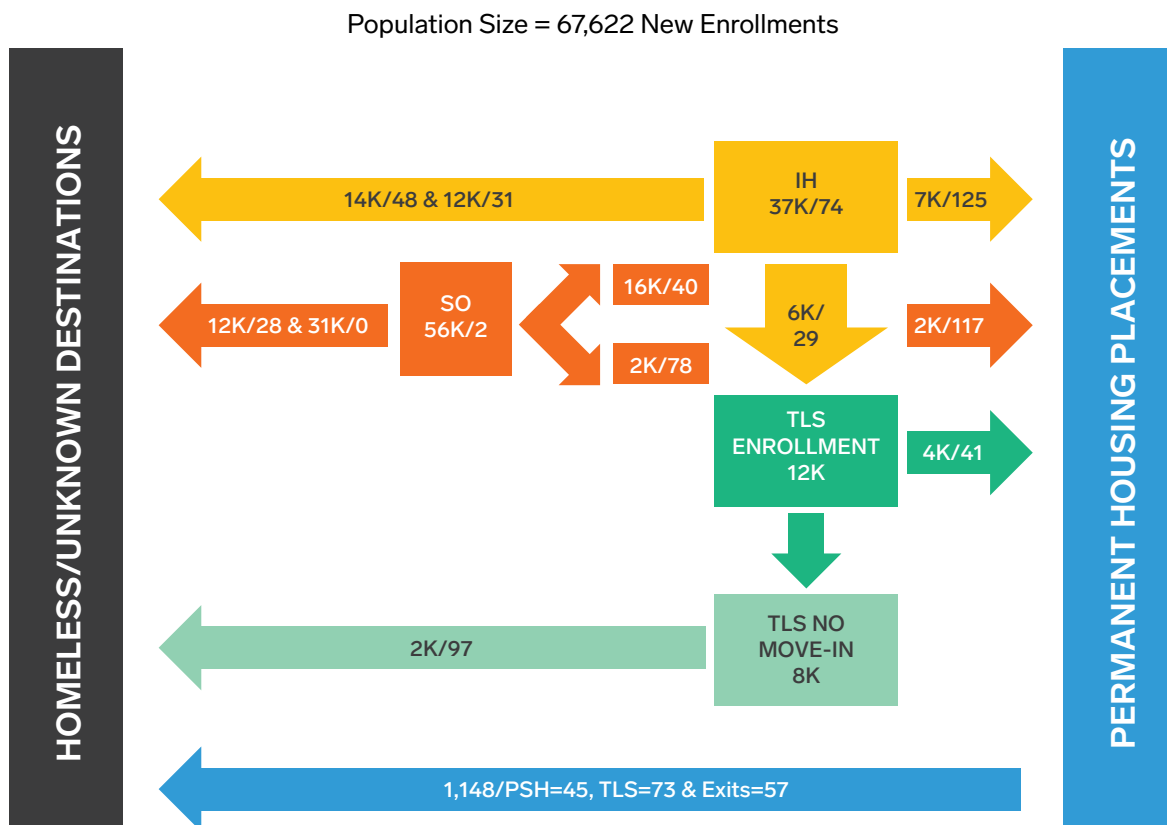
Figure 3-9 Description

- ▶ Boxes represent the number of people enrolled in a specific program. The numbers in parentheses reflect people who stayed in that program without an exit during Year 6.
- ▶ Arrows represent the flow of people between different programs. Two numbers separated by a slash (/) refer to exits to homeless/unknown destinations. Arrows to the right show the flow from programs to PH, and arrows to the left depict exits to homeless and unknown destinations.
- ▶ The orange flow indicates individuals enrolled in and exited from SO.
- ▶ The yellow flow indicates individuals enrolled in and exited from IH.
- ▶ The green flow indicates individuals enrolled in and exited from TLS programs. The light green flow represents those enrolled in TLS but stayed unhoused.
- ▶ The blue flow shows PH placements, including PSH, TLS, and self-resolved exits.
- ▶ The black box shows homeless and unknown destinations.
- ▶ For the SO flow, for example, there were 40,958 individuals with new enrollments in SO programs in Year 6. 8,826 stayed with no exit, and 3,871/19,171 exited to homeless and unknown destinations. 6,714 of them moved to IH, and 1,323 of them enrolled in TLS programs. Finally, 1,053 of them exited to PH without going through IH or TLS touchpoints.

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Figure 3.10 presents an analysis of the stays in or transitions between four HMIS programs in Year 6, akin to Figure 3.9. Instead of depicting the number of homeless individuals, the boxes indicate the number of episodes or enrollments in each program, while the numbers in the arrows indicate the number of transitions and the median days of these transitions, separated by a slash (/). This analysis focuses on the study population of roughly 68,000 homeless individuals who enrolled in one of the four programs in Year 6, excluding continuing enrollments. For the SO flow, for example, there were almost 56,000 new enrollments in SO programs in Year 6. The median stay time in SO was 2 days. Almost 12,000 and 31,000 of these enrollments exited to homeless and unknown destinations, with an average of 28 and 0 days, respectively. Almost 16,000 of them moved to IH in an average of 40 days, and almost 2,000 of them enrolled in TLS programs in an average of 78 days. Finally, 2,000 of them exited to PH without going through IH or TLS touchpoints in 117 days.

Figure 3-10. Number of and Time Between Transitions Across HMIS Programs in Year 6



Based on the data illustrated in Figure 3.10, the following observations can be made:

- ▶ The number of stays and transitions is higher than the number of unique individuals enrolled in or moved between these programs, particularly for SO and IH programs.
- ▶ Around 56,000 enrollments were recorded in SO programs, and approximately 43,000 of these enrollments exited to homeless or unknown destinations. The median length of stay in SO programs was only 2 days, since a considerable number of individuals exited on the same day of their enrollment, with most going to unknown destinations.
- ▶ Approximately 16,000 transitions were made from SO to IH programs, taking an average of 40 days. The median durations from SO to TLS enrollments and PH placements were 78 and 117 days, respectively.

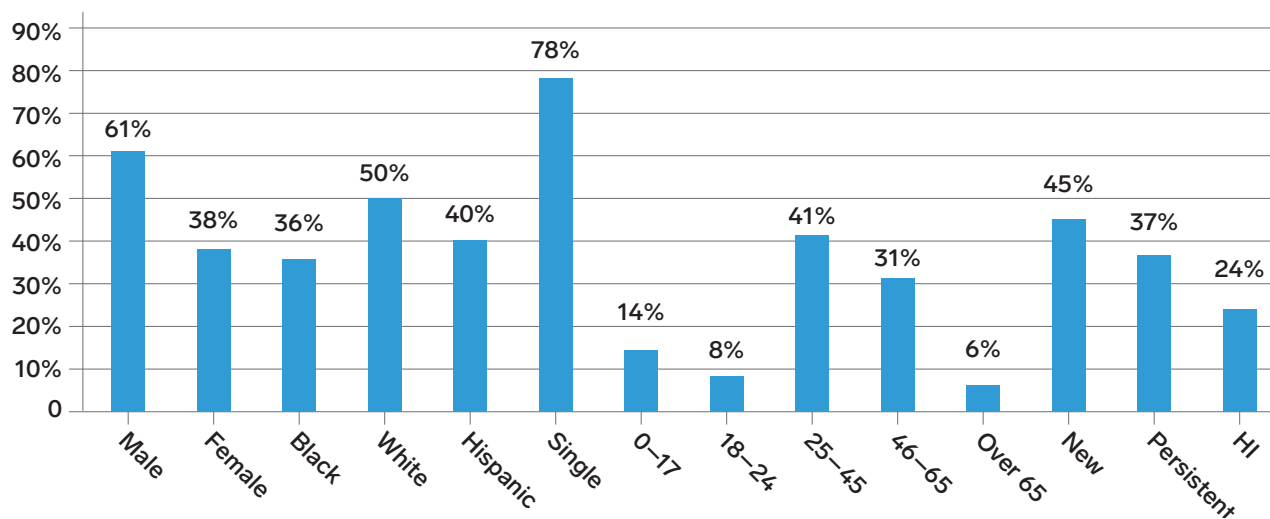
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- ▶ Approximately 37,000 stays were recorded in IH programs, of which around 26,000 exited to homeless or unknown destinations. The average time to move to these destinations was 48 and 31 days, respectively. The median length of stay in IH programs was 74 days in Year 6. The average duration from IH stays to TLS enrollments was 29 days, and to PH placements was 125 days.
- ▶ Out of the 12,000 TLS enrollments, nearly 4,000 moved to PH placements in an average of 41 days. The remaining 8,000 TLS enrollments did not result in a move-in, and almost 2,000 exited to homeless or unknown destinations in 97 days.
- ▶ The median days of return to homelessness after PSH and TLS placements and self-resolved exits were 45, 73, and 57 days, respectively.

3.3.7 Characteristics of Individuals Enrolled in Homeless Programs in Year 6

Here we present demographic characteristics, homelessness types, and share of enrollment in HI programs for nearly 104,000 individuals who received homeless services in HMIS, as well as over 17,000 individuals who received interim and permanent supportive housing from DHS. Figure 3.11 displays these values for the entire population; numbers do not add up to 100% because of residuals such as the unknown gender category and married household types, which are not shown. The new and persistent homeless definitions used are the same as those discussed earlier, and the HI bar refers to the proportion of individuals enrolled in an HI-affiliated program.

Figure 3-11. Characteristics of Individuals Enrolled in Homeless Programs in Year 6



Tables 3.2 through 3.5 display the enrollments for four key program areas: SO, IH, PSH, and TLS. Comparing these figures to those in Figure 3.11 allows us to identify differences between the general population and specific program enrollments. Each table shows several KPIs, including the numbers for new and continuing enrollments. In accordance with the definition used, a greater proportion of individuals with new enrollments were newly homeless, while most of those with continuous enrollments were persistently homeless.

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Table 3.2 presents the characteristics of individuals enrolled in Street Outreach, which were displayed in Figures 3.5 and 3.9 above. Although new and continuing enrollments are similar and closely aligned with the proportions of the general homeless population in Year 6, there are significant differences across groups moved from SO programs. Groups that exited to homeless or unknown destinations or stayed in SO with no exits consisted of more males and singles and were newly homeless relative to the general population. A very small fraction of these individuals were in an HI program. There were more Blacks and fewer Hispanics and more persistently homeless individuals among those moved from SO to a TLS enrollment or placed in PH. They were also older and more likely to be affiliated with HI programs.

It seems appropriate that outreach teams move in a higher percentage of older, “persistently homeless” individuals into permanent housing while losing touch with a higher percentage of single, “newly homeless” men who are more likely to self-resolve their situation. Outreach housing a smaller representation of Hispanic participants may be partially explained by additional barriers and fewer resources for undocumented folks and monolingual speakers. Outreach housing a higher percentage of Black participants seems appropriate given the vast over-representation of Black people experiencing homelessness.

Table 3-2. Characteristics of Individuals Enrolled in Street Outreach in Year 6

Program Type	Gender		Race		Hispanic	Single	Age Group					Homeless Type		HI
	Male	Female	Black	White			0-17	18-24	25-45	46-65	Over 65	New	Pers.	
All Enrollments (N=65,286)														
Continuing	66%	34%	35%	50%	33%	85%	11%	5%	37%	39%	8%	0%	79%	10%
New	66%	33%	29%	52%	38%	89%	8%	6%	46%	35%	5%	58%	25%	8%
HMIS New Enrollments (N=40,958)														
SO-IH	61%	39%	33%	55%	39%	89%	3%	10%	44%	37%	6%	44%	45%	26%
SO-TLS	59%	41%	36%	52%	33%	81%	1%	6%	44%	42%	8%	40%	54%	43%
SO-PH	58%	41%	43%	46%	31%	88%	2%	7%	39%	43%	10%	34%	56%	29%
SO-HM	68%	32%	26%	54%	40%	85%	14%	5%	42%	34%	5%	65%	20%	2%
SO-UNK	67%	31%	29%	51%	38%	90%	9%	4%	49%	34%	5%	63%	18%	2%
SO-OPEN	68%	32%	30%	53%	36%	90%	9%	7%	44%	35%	5%	59%	22%	3%

Table 3.3 showcases the demographic characteristics of individuals enrolled in interim housing programs, as depicted in Figures 3.6 and 3.9. While new and continuing enrollments were similar, there were some exceptions where the latter were older and less affiliated with HI programs. In comparison to the general homeless population, the groups staying in IH programs were composed of slightly fewer White and Hispanic individuals and had higher affiliation rates with HI programs. Groups that exited to homeless or unknown destinations from IH programs were mostly male and single, with a smaller proportion of them being enrolled in an HI program. Meanwhile, the groups that moved from IH to TLS enrollment were primarily composed of families with young children, and three-quarters of them were in an HI program. Individuals who were placed in PH after staying in IH also showed higher proportions of families with young children and affiliation with HI programs.

Table 3.4 presents the demographic characteristics of individuals enrolled in TLS programs, as shown in Figures 3.7 and 3.9. New and continuing enrollments were very similar. In contrast to the general homeless population, individuals enrolled in TLS programs included more females and Black people, and much lower rates of singles. They were primarily composed of families with young children and showed much higher affiliation rates with HI programs. Individuals who were moved into PH after enrolling in a TLS program were older and included more Black people and fewer Hispanics and singles. On the other hand, those who stayed enrolled with no move-in were primarily families with young children, with many of them enrolled in an HI program, while including fewer Black people and more Hispanics.

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Table 3-3. Characteristics of Individuals Enrolled in IH in Year 6

Program Type	Gender		Race		Hispanic	Single	Age Group					Homeless Type		HI
	Male	Female	Black	White			0-17	18-24	25-45	46-65	Over 65	New	Pers.	
All Enrollments (N=44,840)														
Continuing	61%	39%	40%	45%	34%	75%	12%	6%	36%	37%	9%	7%	82%	31%
New	58%	41%	38%	42%	36%	75%	13%	10%	43%	29%	5%	52%	36%	45%
HMIS New Enrollments (N=27,693)														
IH-TLS	51%	49%	39%	40%	39%	41%	31%	7%	36%	22%	5%	54%	40%	74%
IH-PH	54%	45%	42%	41%	36%	61%	21%	11%	34%	28%	6%	46%	46%	54%
IH-HM	61%	38%	35%	50%	38%	81%	9%	11%	43%	31%	6%	50%	36%	36%
IH-UNK	60%	39%	42%	39%	33%	81%	9%	9%	50%	29%	4%	50%	32%	50%
IH-OPEN	51%	44%	38%	38%	34%	77%	11%	12%	43%	29%	5%	58%	26%	41%

Table 3-4. Characteristics of Individuals Enrolled in TLS Programs in Year 6

Program Type	Gender		Race		Hispanic	Single	Age Group					Homeless Type		HI
	Male	Female	Black	White			0-17	18-24	25-45	46-65	Over 65	New	Pers.	
All Enrollments (N=22,097)														
Continuing	52%	48%	43%	46%	38%	45%	27%	7%	31%	27%	8%	0%	91%	57%
New	54%	46%	41%	42%	38%	45%	29%	8%	32%	25%	6%	48%	43%	59%
HMIS New Enrollments (N=10,230)														
TLS-PH	55%	45%	47%	40%	32%	62%	15%	7%	37%	33%	9%	38%	49%	52%
TLS-HM	56%	44%	34%	51%	36%	61%	17%	7%	38%	28%	10%	45%	49%	48%
TLS-UNK	57%	42%	42%	47%	37%	53%	26%	7%	36%	23%	7%	44%	41%	45%
TLS-OPEN	52%	47%	37%	42%	43%	29%	43%	8%	28%	18%	4%	56%	38%	69%

Lastly, Table 3.5 presents the demographic characteristics of individuals enrolled in PSH programs. New and continuing enrollments were similar, except for new enrollments having more singles and higher affiliation with HI programs. In comparison to the general homeless population, individuals placed in PSH programs included more Black people and fewer White and Hispanic people, and more singles, and were generally older and with higher affiliation rates with HI programs. We did not show any sub-groups moved from PSH to another program because almost all individuals placed in PSH stay for long periods of time, with the exception of a small fraction returning to homelessness.

Table 3-5. Characteristics of Individuals Enrolled in PSH Programs in Year 6

Program Type	Gender		Race		Hispanic	Single	Age Group					Homeless Type		HI
	Male	Female	Black	White			0-17	18-24	25-45	46-65	Over 65	New	Pers.	
All Enrollments (N=22,713)														
Continuing	59%	41%	45%	42%	31%	81%	10%	4%	33%	41%	12%	16%	63%	26%
New	62%	38%	45%	42%	28%	88%	6%	5%	32%	45%	12%	17%	63%	36%

3.4 KEY FINDINGS

This section examines various dimensions pertaining to the dynamics of homelessness services utilization in Los Angeles County, spanning a period of four years from 2019 to 2022. The primary objective of this research is to provide insights into several important aspects:

- ▶ The annual and monthly figures for individuals accessing homelessness services, with a specific focus on comprehending the dynamics within the homelessness service system, particularly in relation to persistent homelessness.
- ▶ The tracking of homelessness episodes and the significance of comprehending different groups of people experiencing homelessness (PEH), including those who have recently become homeless, those who have re-entered the system, and those who have experienced continuous and/or persistent homelessness. This understanding is crucial for devising effective strategies aimed at prevention and intervention tailored for specific groups.
- ▶ The examination of enrollment and transition patterns within diverse homelessness services and touchpoints throughout Los Angeles County, shedding light on areas of growth, program efficacy, and challenges linked to program retention and the placement of individuals in permanent housing, all within the framework of the county's KPIs.
- ▶ The assessment of the number of individuals enrolled in various homeless programs, their transitions between different programs, and their associated characteristics.

The analysis of annual and monthly numbers of individuals receiving homeless services reveals the following key findings:

- ▶ The number of individuals receiving homelessness services continued to rise in 2022 at a rate equivalent to that observed in 2021, with a 4% increase, reaching nearly 102,000.
- ▶ The number of persistently homeless individuals remained stable for the first time, accounting for over 40% of the total individuals receiving homeless services.
- ▶ The previous carryover group, predominantly consisting of persistently homeless individuals, remained steady, below 33,000 in 2022. In contrast, re-entries into homelessness increased by almost 18% in 2022, contributing to the overall increase in the number of individuals receiving homelessness services.
- ▶ New entries followed the overall trend, remaining around 46,000 in 2022. Exits from using homelessness services continued to rise, exceeding 59,000, which was 6% higher than in 2021.
- ▶ From September 2021 onwards, the monthly count of individuals receiving homelessness services continuously decreased, dropping below 37,000 by late 2022.
- ▶ Similarly, after a period of stability in the first half of 2021, the monthly number of persistently homeless individuals steadily declined, falling below 19,000 in the fall of 2022.

The analysis of tracking the 2021 cohort of individuals in HMIS reveals the following key findings:

- ▶ As anticipated, the majority of transitionally homeless individuals successfully resolved their housing stability issues and exited HMIS by 2023. This is supported by the fact that only 7% of the newly homeless group continued to receive services, indicating a positive trend in preventing newly homeless individuals from transitioning into chronic or persistent homelessness.

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- ▶ Approximately one-quarter of the 2021 cohort successfully secured PH, with a higher proportion observed among the previous carryover group, suggesting that homelessness services prioritize individuals with greater needs and/or barriers in accessing PH.
- ▶ Nearly 70% of the cohort exited HMIS-tracked services within a two-year period, mostly to unknown destinations, highlighting the importance of understanding the circumstances associated with unknown exits to accurately assess the true extent of homelessness.

The analysis of enrollments and transitions in different HMIS programs and touchpoints in Years 5 and 6 reveals the following key findings:

- ▶ The number of individuals enrolled in the SO program increased from over 52,000 in Year 5 to over 65,000 in Year 6, with a significant proportion remaining enrolled in Year 6.
- ▶ IH programs also saw an increase from almost 35,000 to 45,000, accompanied by higher turnover rates and a decrease in the length of stay.
- ▶ TLS programs experienced a slight decrease in enrollments, with a notable increase in the number of individuals housed after enrolling, reaching 12,000. Nonetheless, the number of individuals exiting TLS without moving into PH also rose, indicating the need for additional support for successful transitions.
- ▶ PSH enrollments remained stable at around 22,000, with ongoing projects representing the majority, which highlights the significance of maintaining long-term support services.
- ▶ Exits from homelessness services programs significantly increased between Years 5 and 6, with more than 50% of the exits occurring in the SO program. Unknown destinations accounted for a significant proportion of the exits. Overall, the number of individuals exiting any of the four programs increased by almost 38%.

The analysis of individuals who stayed in and transitioned across HMIS touchpoints in Year 6 reveals the following key findings:

- ▶ Approximately three out of five individuals were engaged by providers through street outreach, and the remaining two out of five individuals engaged with HMIS through other programs. The median length of stay in SO programs was only 2 days.
- ▶ Among those enrolled in SO programs, more than half exited to either homeless or unknown destinations, and 20% of individuals remained enrolled. A small proportion (16%) transitioned to IH placements within a short time (40 days or less), and less than 6% enrolled in TLS programs within 78 days or moved into PH in average of almost 6 months.
- ▶ Over 42% of the population receiving homelessness services enrolled in IH programs. Almost half exited to either homeless or unknown destinations within 5 to 6 weeks. Approximately 30% either enrolled in TLS programs within 30 days or moved into PH within 4 months.
- ▶ Almost 16% of the population enrolled in TLS programs, with half of these enrollments coming from SO or IH programs. Among TLS program enrollees, around one-third moved into PH within 40 days, while half remained enrolled without an exit or move-in.
- ▶ In Year 6, roughly one out of seven PEH enrolled in HMIS exited to PH, while one out of nine individuals who had exited to PH returned to homelessness. More than half of these placements occurred through TLS programs.

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The analysis of the characteristics of individuals who stayed in and transitioned across HMIS touchpoints in Year 6 reveals the following key findings:

- ▶ In SO programs, those who exited to homeless or unknown destinations were predominantly male, single, and newly homeless. Conversely, individuals transitioning from SO to TLS or PH were more likely to be Black, older, and affiliated with HI programs.
- ▶ In IH programs, individuals staying in IH were slightly underrepresented in White and Hispanic groups and had higher rates of affiliation with HI programs compared to the general homeless population. Males, singles, and those not enrolled in an HI program were more likely to exit to homeless or unknown destinations.
- ▶ TLS programs saw higher enrollment of females, Black individuals, and families with young children compared to the overall homeless population. Individuals placed in PH after participating in TLS programs tended to be older and more frequently Black, and fewer were Hispanic or single.
- ▶ PSH programs showed that individuals placed in PSH were more likely to be Black, singles, and older compared to the general homeless population. They also had higher rates of HI program affiliation.

Service Connections of Homeless Population

Numerous studies have consistently demonstrated a higher prevalence of mental health disorders among the homeless population when compared to the general population. This disparity is particularly pronounced among the unsheltered homeless individuals in Los Angeles County. The research consistently portrays a cyclical relationship between homelessness and mental health, as pre-existing mental health conditions are associated with an increased vulnerability to experiencing homelessness, while the experience of homelessness itself leads to the development or exacerbation of mental health issues.

A similar relationship can be observed between homelessness and poverty. Various studies and data sources consistently highlight the near ubiquity of poverty within the homeless population. In Los Angeles County, the prevalence of homelessness among the poverty population is notably high as a result of the housing affordability shortage. Poverty and homelessness are intertwined and mutually reinforcing. Poverty can increase the risk of homelessness through factors such as job loss, lack of affordable housing options, inadequate social support systems, and limited access to healthcare and education. Conversely, experiencing homelessness often deepens poverty by disrupting employment, exacerbating health issues, and hindering access to social and economic resources.

Recognizing the interconnectedness of these complex phenomena is crucial for the development of integrated interventions and effective policies that can address the needs of this vulnerable population. Addressing mental health disorders and poverty among the homeless population requires a multifaceted approach that includes direct involvement of county departments and agencies, encompassing both short-term assistance and long-term strategies.

In this section, we present a preliminary analysis that delves into the relationship between homelessness and the utilization of mental health services provided by the Department of Mental Health (DMH) and public assistance programs provided through the Department of Public Social Services (DPSS). This analysis is critical to understanding and addressing homelessness in the county while providing insights into the interconnectedness of homelessness and mental health and poverty issues.

The relationship between homelessness and county services can be examined within three distinct contexts:

- ▶ County departments serving clients at risk of homelessness: Key focal points are determining the speed and effectiveness of interventions in providing services, and how these interventions prevent homelessness and divert clients from the homelessness services system.
- ▶ County departments serving individuals experiencing homelessness: Key focal points are assessing how promptly and effectively these departments are able to refer clients to the homelessness services system, and the impact of these referrals on clients' ability to resolve their homelessness and navigate through the homelessness services system.
- ▶ Individuals receiving homelessness services: Key focal points are evaluating how quickly and effectively LAHSA's (Los Angeles Homeless Services Authority) providers connect their clients to the county services system, and the effect of these connections on their ability to resolve their homelessness and navigate through the county services systems.

While limited data availability prevented us from studying the first area, we conducted a descriptive analysis to examine the service connections of homeless individuals over time, addressing the remaining questions.

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4.1 DATA AND MATCH RATES

For this study, we aim to assess the program participation of homeless individuals in two distinct domains: specialty mental health services and treatment provided through DMH, and social services benefits administered through DPSS. DMH specialty mental health services and treatment encompasses outpatient services, acute and subacute inpatient care and crisis stabilization services, while the social services benefits programs provided through DPSS and considered here are the following:

- ▶ California Work Opportunity and Responsibility to Kids (CalWORKs), which Provides temporary financial assistance and employment-focused services to families with minor children.
- ▶ CalFresh, which Assists low-income households by increasing their food-purchasing power.
- ▶ Medi-Cal eligibility services, through which DPSS administers comprehensive Medi-Cal health care coverage for eligible adults, children, and families.
- ▶ General Relief, which is Los Angeles County's version of State-mandated indigent aid benefits provided to eligible adults unaccompanied by dependent children - also referred to as single adults - with cash assistance and employment training services.

To conduct our analysis, we employed a longitudinal design and utilized cohorts in two different ways. Firstly, we selected a cohort of individuals who commenced receiving homelessness services from providers affiliated with LAHSA and DHS in 2021. We then tracked their trajectories within the homelessness and county service systems for the subsequent 12 months, potentially extending until the end of 2022. Secondly, we identified a cohort of individuals who received county services in 2021, and we traced their homelessness trajectories after they initiated the utilization of homelessness services. Cohort analyses were performed separately for different types of services, and, to ensure an adequate sample size, DMH acute care and crisis stabilization treatment data were consolidated. The selection of cohorts employed 2020 data to eliminate persons from the study who had homelessness or service participation prior to that year. Ultimately, we also included comparison groups comprising homeless individuals who did not utilize county services.

It is essential to note that this analysis does not constitute a formal evaluation of the effectiveness of any specific programs in addressing homelessness in the county. Furthermore, it does not employ a pre-post analysis using comparison groups, similar to the approach adopted in our earlier report that evaluated the effectiveness of various housing placements on health, mental health, and incarceration outcomes.¹¹ Instead, our study focuses on examining the trajectories of homeless individuals within county service systems to provide insights into service connections over time, with a specific emphasis on the KPIs explored in the previous section. The primary objective of this study is to examine various pathways within the homelessness services system and explore the extent to which individuals transition out of homelessness by utilizing mental health and public assistance programs over a specific period of time.

To conduct the analysis spanning the years 2020 to 2022, we utilized four datasets:

- ▶ HMIS data: Includes information on clients, placements, and characteristics of people experiencing homelessness (PEH).
- ▶ DHS CHAMP data: Provides details on clients, placements, and characteristics of homeless individuals served by Housing for Health, the PSH program run by DHS.
- ▶ DMH service use and client data: Contains information on service dates and types.
- ▶ DPSS service use data: Includes data on program participation in CalWORKs, CalFresh, General Relief, and Medi-Cal eligibility.

¹¹ See Toros, H., Culhane, D., and Metraux, S. (2022), LA County's Homeless Initiative: Annual Performance Evaluation Year 5 Outcomes, available at: [2022-11-9-Evaluation-for-Year-Five-of-the-Countywide-Homeless-Initiative.pdf \(lacounty.gov\)](#).

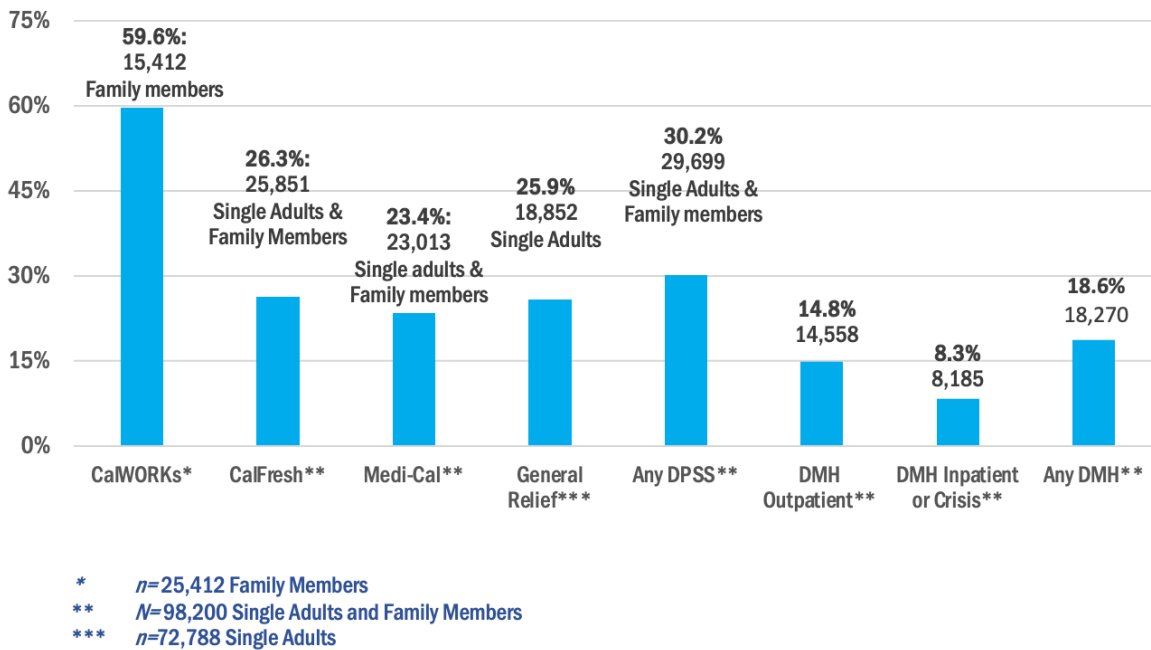
SECTION 4

Robust entity resolution techniques were applied to unique and anonymized but linkable system identifiers provided by the County for this report were utilized to establish matches between the Coordinated Entry System (CES) client population recorded in HMIS, and clients using services and benefits provided through DPSS and DMH.

The 2021 homeless services cohort assembled for this analysis consists of 98,200 individuals. Approximately one-third of these individuals also received benefits through at least one DPSS-administered social services program during the same year. However, this rate of receipt based on the overall and undifferentiated cohort understates the CES-DPSS nexus for several reasons, the most immediate of which is that the full cohort consists of both single adults and family members, whereas the unit of receipt in CalWORKs is the family household, the constituents of which are limited to family members, while the unit of receipt for GR is limited to single adults. Medi-Cal and CalFresh are programs available to both families and single adults.

The cohort match rates shown in figure 4.1 are therefore based on family household a family household denominator for CalWORKs (n=10,047 families served through the CES in 2021), a single adult denominator for GR (n=72,788 single adults served through the CES in 2021) and a full CES cohort denominator for Medi-Cal and CalFresh (n=98,200 individuals served through the CES in 2021 [72,788 single adults + 25,412 family members]).¹²

Figure 4-1. Match Rates of the 2021 HMIS Cohort by DPSS and DMH Programs



When the data are parsed to correspond to the client subpopulation eligible to receive each of the four social services programs examined here, they show that close to three-fifths of the family members in the 2021 homeless services cohort were members of CalWORKs aided households in 2021, while slightly more than one quarter of the full cohort were aided through CalFresh during the year. Among the 72,788 single adults in the cohort, 18,852 received General relief benefits.

¹² There were over 1.1 million CalFresh participants and over 2 million Medical eligible persons. There were approximately 130,000 and 140,000 individuals, respectively in CalWORKs and GR programs who received benefits for at least one month during 2021.

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While the data show slightly less than one quarter of the full cohort receiving healthcare and medical coverage through Medi-Cal, this coverage rate is affected by data lags and rises to approximately 40 percent when the observation period for the same population is extended beyond one year. Moreover, the Medi-Cal coverage rate varies considerably by different segments of homeless services users and, as is also true with respect to other benefits programs shown in Figure 4.1, the coverage rate/rate of receipt would be higher if the population exhaustively included Intensive Case Management Services and Permanent Supportive Housing clients recorded in the DHS/HFH CHAMP system. It should additionally be noted that the cohort rates of receipt for all social services programs considered here are unavoidably understated due to the inability to account for those in the underlying denominators who are ineligible for various programs based on factors not visible in the available data sources, such as receipt of social security benefits and citizenship status.

The match rates for DMH outpatient services and other services, which encompassed acute care and crisis stabilization, were 15% and 8%, respectively. There were approximately 130,000 and 140,000 individuals, respectively in CalWORKs and GR programs who received benefits for at least one month during 2021.¹³

4.2 CONNECTIONS OF INDIVIDUALS IN COUNTY SYSTEMS TO HOMELESS SERVICES SYSTEM

We examined the homeless service trajectories within the county service systems for the 2021 HMIS cohort. This specific cohort consisted of nearly 60,000 individuals who received homeless services exclusively in the year 2021 and had no recorded interactions within the HMIS during the preceding year of 2020. Subsequently, for each distinct service type, we selected a sub-group from within this cohort comprising individuals who were matched with those individuals who had received the specific county service under analysis in 2021 for a minimum duration of 1 month.

The primary objective of this analysis is to assess the speed and extent of county departments' referrals of their homeless clients to the homeless services system. Additionally, we aimed to explore the various pathways that individuals follow throughout their experience of homelessness over the course of a year, including exits to permanent housing. To achieve this, we conducted the analysis separately for different county service types, enabling a comprehensive understanding of the intricate connections and interactions between homeless individuals and the county service system.¹⁴

4.2.1 General Relief Program

The GR program plays a crucial role in supporting the homeless population in Los Angeles County. It serves as a critical safety net for individuals who are ineligible for other state or federal cash assistance programs, providing financial aid to help meet their basic needs. In addition to providing financial support, the GR program plays a significant role in connecting individuals to various county services and resources, including homeless service providers, mental health services, and other social support programs.

Among the 60,000 individuals in the HMIS cohort, a total of approximately 6,000 individuals participated in the GR program over the study period. The small size of this cohort reflects the match rate between HMIS and GR populations. The analysis focuses on two crucial time points: the first month in 2021 when the county service is provided to the cohort individuals, and the first month when individuals received homeless services in 2021. The service and homelessness trajectories were tracked before and after these time points for pre and post data analysis.

An examination of the cohort's previous months of services use revealed the following observations:

- ▶ Approximately one-third of the 6,000 matched cohort persons had no prior history of GR participation, while nearly 30% had continuous GR participation, and the remaining 40% had participated in GR for varying durations before their first month of GR participation in 2021. The median duration of GR participation prior to the first GR month in 2021 was 7 months.

¹³ DMH clients includes the entire population, both homeless and non-homeless individuals.

¹⁴ In this section, we did not include the analysis of the CalWORKs program because of its low match rate with the HMIS population. The findings and results of the CalWORKs program were similar to those presented for the GR program. Similarly, we excluded the analysis of the Medical Eligibility program, as its cohort exhibited a similar profile and yielded comparable results to the CalFresh program. To streamline the analysis and simplify the presentation of findings, we focused on presenting the results of the GR and CalFresh programs alongside the analysis of mental health services.

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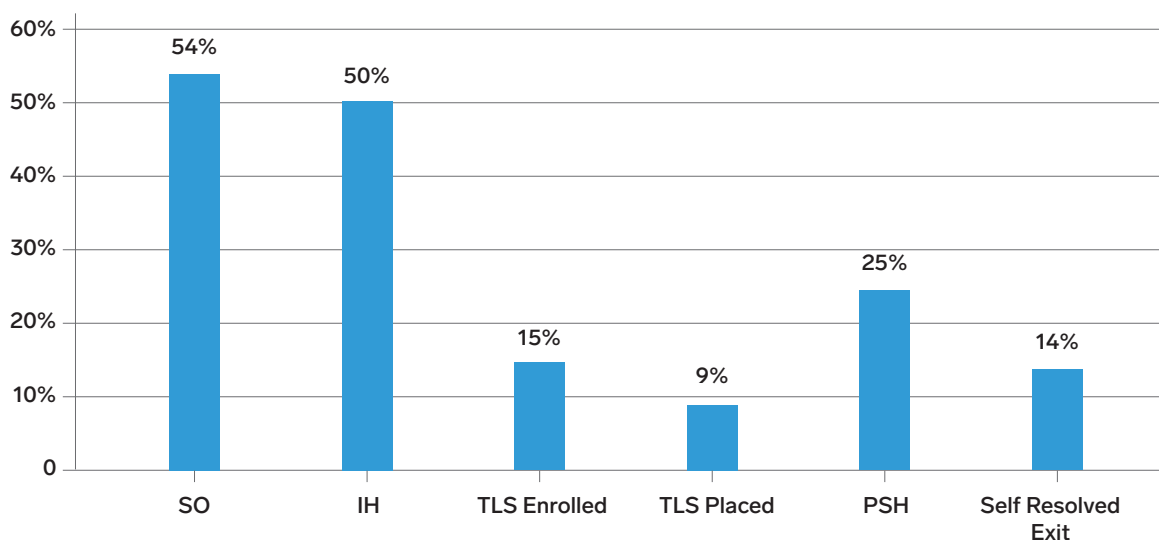
- ▶ When individuals with a matching GR record started receiving homeless services in 2021, over 60% of the homeless population were enrolled in the GR program for at least 1 year. Only about 10% of the cohort enrolled in both HMIS and GR in the same month, while it took 2 to 11 months for the remaining GR participants to start receiving homeless services.

Examining the homelessness trajectories following the starting time in HMIS yielded the following insights:

- ▶ More than three-quarters of the 6,000 GR participants began receiving homeless services while still participating in the GR program, indicating that the majority of this population was already experiencing homelessness while enrolled in GR. About a quarter of the cohort enrolled in HMIS after exiting the GR program earlier.
- ▶ In the 12 months following the initiation of homeless services, over 40% of the cohort exited the GR program, and nearly 75% exited HMIS.
- ▶ Less than 10% of the population used homelessness services while continuously participating in the GR program throughout the year.
- ▶ The largest sub-group consisted of continuous GR participants for 12 months who exited HMIS, accounting for almost half of the matched population. Their average length of homelessness was 4 months, significantly shorter than the rest of the population, which averaged 9 months.

Almost 5,000 HMIS participants in the GR program, accounting for over 80% of the total, enrolled in one of the four major HMIS programs—SO, IH, TLS, and PSH. Figure 4.2 compares the homeless program participation rates of the HMIS population enrolled in the GR program. The figure shows that more than half of these participants enrolled in outreach programs and remained in interim housing. Around 15% enrolled in TLS, and approximately 10% of them (equivalent to nearly 60% of those enrolled in TLS) were placed in TLS housing. Additionally, a quarter of the participants were placed in PSH, including placements facilitated by DHS. Approximately 14% of participants exited homelessness through self-resolution.

Figure 4-2. Participation in Homelessness Programs among the 2021 HMIS Cohort Enrolled in GR



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Further analysis reveals the following observations:

Over 30% of those enrolled in both HMIS and GR were either housed by TLS or PSH. When considering self-resolved exits as well, the exit rate to PH for individuals receiving homelessness services while participating in or after exiting the GR program exceeds 36%.

► One year after entering HMIS:

- Less than 30% of GR participants were still receiving homelessness services, and two-thirds of them were still enrolled in GR.
- Over 40% were still enrolled in GR but had exited HMIS.
- The remaining nearly 30% had exited both the GR and HMIS programs.

Additionally, over a quarter of individuals receiving homeless services were only enrolled in street outreach programs. More than half stayed in interim housing, while 16% transitioned to permanent housing. Approximately 20% exited to PH directly. The median duration of stay in street outreach and interim housing was 7 and 5 months, respectively. GR participants moved to interim housing enrollments in the same month as their entry to HMIS. The median time between interim housing and TLS enrollment and subsequent placement was 2 and 4 months, respectively.

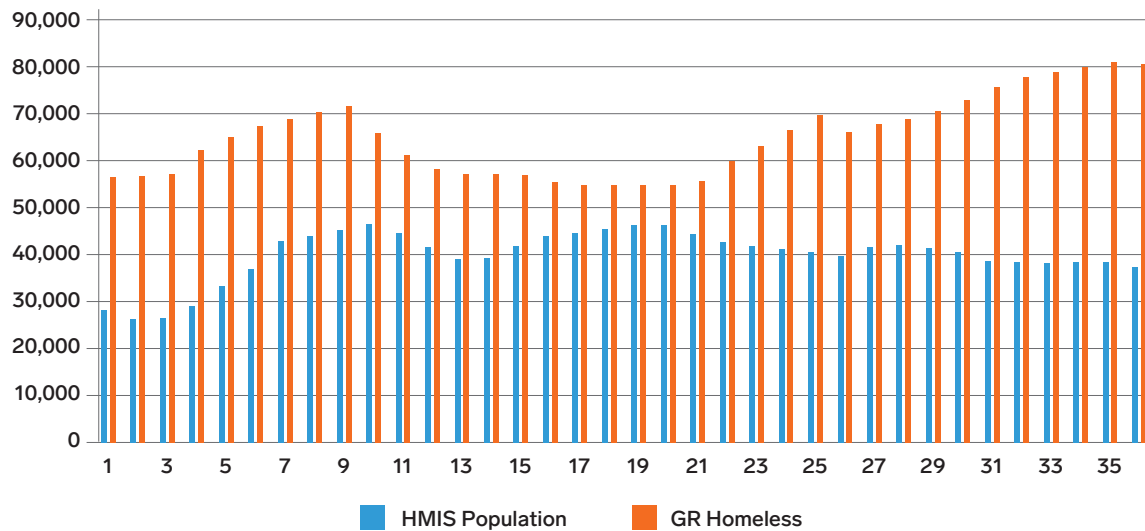
In general, our analysis supports the positive impact of GR participation on various homelessness outcomes compared to those who did not participate in GR. Specifically, individuals who participated in the GR program exhibited higher rates of exiting homelessness into permanent housing. Their episodes of homelessness were also generally shorter. Additionally, a higher proportion of GR participants experienced exits from receiving homeless services altogether.

These findings suggest that the GR program plays a beneficial role in facilitating pathways out of homelessness and reducing the duration of homelessness for individuals in Los Angeles County. However, only a small fraction GR participants, approximately 12%, were matched against the HMIS population in 2021. Determining the exact number of homeless individuals within the GR population of 140,000 in 2021 presents challenges. An estimate can be derived by utilizing the homelessness indicator entered by the DPSS for each individual when they provide district office addresses. While this indicator may overestimate homelessness because individuals may continue to use the district office address even after exiting homelessness, it serves as an upper bound for estimating the extent of homelessness among GR participants. Between 2020 and 2022, based on the homelessness indicator, approximately two-thirds of the GR population experienced homelessness.

As depicted in Figure 4.3, the monthly numbers of GR participants with the homeless indicator show a somewhat cyclical pattern during the study period, starting in 2020 in the 50,000 range and trending to over 70,000 in September 2020 before trending back into the 50,000 range and, for a second time, trending up to 70,000 in early 2022, dipping for three months, and then climbing to surpass 80,000 for the last months of 2022. This in part reflects a general increase in GR participation; by the end of 2022, the GR population surpassed 120,000 after remaining below 100,000 until that point. The figure also includes the monthly numbers of individuals receiving HMIS homeless services (as illustrated in Figure 3.2). Two critical observations can be made from this depiction. First, although many individuals receiving homelessness services are not enrolled in GR, their monthly numbers consistently remained lower than the homeless GR population. Second, the gap between the two populations significantly widened in 2022, as the ratio of the HMIS population to the GR homeless population dropped from 85% to below 50%.

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Figure 4-3. Monthly GR Participants with the Homelessness Indicator Compared to Overall Numbers of HMIS Homeless Services Recipients (GR & non-GR) in 2020–2022



4.2.2 CalFresh Program

CalFresh, also known as the Supplemental Nutrition Assistance Program (SNAP), plays a significant role in supporting the homeless population in Los Angeles County. CalFresh is a federal assistance program that provides eligible low-income individuals and families with funds to alleviate food insecurity and improve the overall well-being of vulnerable populations, including homeless individuals. In addition to addressing immediate food needs, the CalFresh program is often connected to other social services and resources. Eligibility for CalFresh serves as a gateway to accessing other supportive programs, such as job training, employment services, healthcare assistance, and housing support. These additional services can provide PEH with the necessary resources and support to address their underlying needs and work toward long-term stability. During 2021, there were over 1.1 million participants in the CalFresh program in Los Angeles County. Among the 60,000 individuals in the HMIS cohort, a total of approximately 13,400 individuals matched with these CalFresh participants—the group that will be analyzed below. As done in the previous section for the GR program, the service and homelessness trajectories were tracked before and after entries into CalFresh and HMIS in 2021.

An examination of the months preceding the match of individuals in the cohort revealed the following observations:

- ▶ Approximately a quarter of 13,400 matched cohort persons had no prior history of CalFresh participation, while over 36% had continuous CalFresh participation, and the remaining 40% had participated in CalFresh for varying durations before their first month of CalFresh participation in 2021. The median duration of CalFresh participation prior to the first CalFresh month in 2021 was 9 months.
- ▶ When individuals started receiving homeless services in 2021, over two-thirds of the homeless population were already enrolled in the CalFresh program for at least 1 year. Less than 5% of the cohort enrolled in both HMIS and CalFresh in the same month, while it took more than 1 month for the remaining CalFresh participants to start receiving homeless services.

Examining the homelessness trajectories following the starting time in HMIS yielded the following insights:

- ▶ Almost 70% of CalFresh participants began receiving homeless services while still participating in the CalFresh program, indicating that the majority of this population was already experiencing homelessness while enrolled in CalFresh. About 30% of the cohort enrolled in HMIS after exiting the CalFresh program earlier.

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- ▶ In the 12 months following the initiation of homelessness services, less than a quarter of the cohort exited the CalFresh program, and nearly 75% exited HMIS.
- ▶ Less than 8% of the population remained users of homelessness services while continuously participating in the CalFresh program throughout the year.
- ▶ The largest sub-group consisted of continuous CalFresh participants for 12 months who exited HMIS, accounting for over 40% of the population. Their average length of homelessness services use was 3 months, significantly shorter than the rest of the population, which averaged 7 months.
- ▶ An equally large sub-group, comprising over 40% of the population, consisted of individuals with partial CalFresh participation (6 months on average) but a longer length of homelessness services use (7 months).

Almost 11,000 participants in the CalFresh program, accounting for over 80% of the total, enrolled in one of the four major HMIS programs—SO, IH, TLS, and PSH. The participation rates reflect the findings presented for the GR program in Figure 4.1, where almost half of these participants enrolled in outreach programs and remained in interim housing. Around 18% enrolled in TLS, and approximately 11% of them (equivalent to over 60% of those enrolled in TLS) were placed in TLS housing. Additionally, almost a quarter of the participants were placed in PSH, including placements facilitated by DHS. Similar to the GR program, approximately 70% to 80% of individuals enrolled in these HMIS programs while they were also receiving CalFresh.

Further analysis reveals the following observations:

- ▶ Over 31% of those enrolled in HMIS were either housed by TLS or PSH. When considering self-resolved exits as well, the exit rate to permanent housing for individuals receiving homeless services while participating in or after exiting the CalFresh program reaches 40%.
- ▶ One year after entering HMIS:
 - Less than 30% of CalFresh participants were still receiving homelessness services, and two-thirds of them were still enrolled in CalFresh.
 - Almost 55% were still enrolled in CalFresh but had already exited HMIS.
 - The remaining less than 20% had exited both the CalFresh and HMIS programs.

Additionally, it was found that almost a quarter of individuals receiving homelessness services enrolled in street outreach programs only. Almost half of the population stayed in interim housing, while 17% transitioned to permanent housing. Approximately 22% exited to PH directly. The median duration of stay in street outreach and interim housing was 7 and 6 months, respectively. For CalFresh participants who moved to interim housing enrollments in the same month as their entry to HMIS, the median time between interim housing and TLS enrollment and subsequent placement was 1 and 4 months, respectively.

4.2.3 Mental Health Services

Overall, mental health services for the homeless population in Los Angeles County play a pivotal role in addressing mental health needs, promoting recovery, and supporting individuals in their journey toward stable housing and improved quality of life. Different types of mental health treatments, including outpatient, acute care, and crisis interventions and stabilization, collectively contribute to addressing the mental health needs of the homeless population. In addition, mental health services serve as a vital link to additional support services, connecting PEH with resources such as substance abuse treatment, vocational training, housing assistance, and healthcare services. By addressing mental health concerns, these services contribute to overall stability and well-being, increasing the likelihood of successful transitions out of homelessness.

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In 2021, a significant number of individuals in Los Angeles County received outpatient services from DMH, with over 225,000 clients availing themselves of such services. Additionally, more than 53,000 DMH clients received acute care, crisis intervention, and stabilization treatments. Within the HMIS cohort of 60,000 individuals, approximately 3,000 individuals were matched with outpatient clients, and another 1,800 were matched with clients receiving acute care mental health services (in this section, “acute care” services refers to the combined group of people receiving acute or crisis intervention or stabilization services). The trajectories of service utilization and experiences of homelessness were analyzed for these matched groups before and after their entries into DMH treatment and HMIS in 2021.

A careful examination of the months preceding the matching cohort led to the following observations:

- ▶ Among the matched HMIS group, over 44% had no prior history of mental health outpatient treatment, with a median duration of outpatient services before the first HMIS month in 2021 being 3 months.
 - The prior treatment history was even sparser for the matched acute care group, where over 70% had no previous mental health treatment 1 year prior to their HMIS enrollment.
- ▶ Regarding individuals who started receiving homelessness services in 2021, 45% of the homeless population had received such services for at least 1 year. Only less than 8% of the cohort both enrolled in HMIS and received outpatient services in the same month. On average, it took 10 months for matched outpatient clients to start receiving homelessness services.
 - In contrast, these numbers differed for clients receiving mental health acute care. Only 14% of them had been in treatment for 1 year, and one-third of them enrolled in HMIS in the same month or the month following their treatment. The transition to homelessness services was quicker for this group, with an average of 5 months.

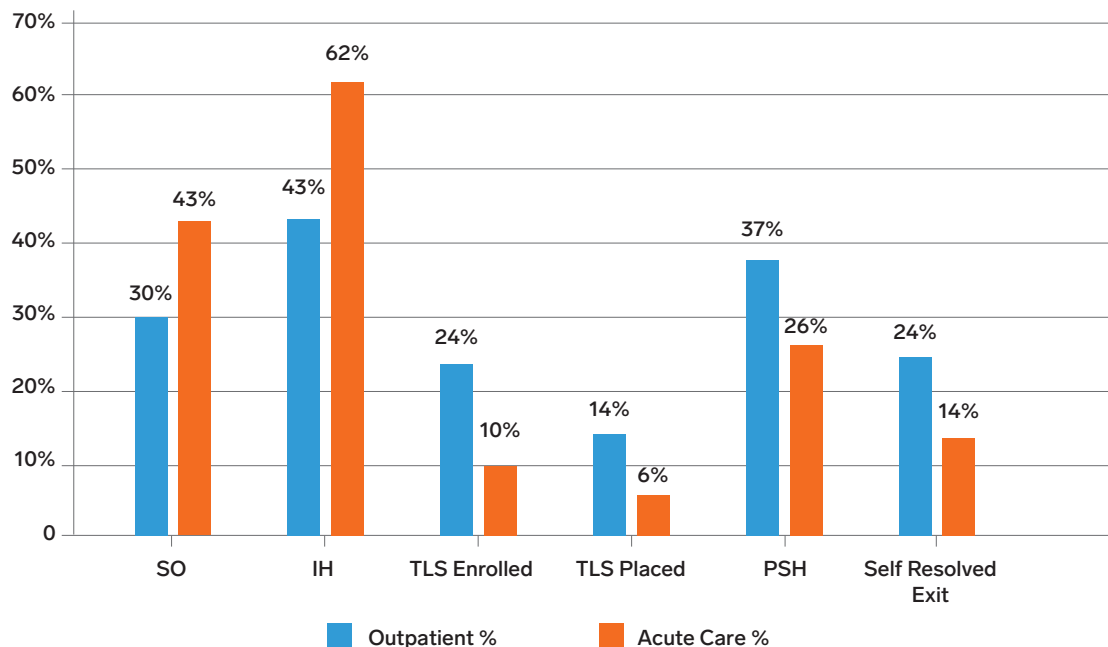
Analyzing the trajectories of homelessness following the initiation of HMIS revealed the following insights:

- ▶ Almost 70% of outpatient participants began receiving homelessness services while still receiving mental health services, indicating that the majority of this population was already experiencing homelessness while undergoing mental health treatment. About 30% of the cohort enrolled in HMIS after being discharged from outpatient services earlier.
 - A reversal of this pattern was observed for clients receiving mental health acute care, where only 35% began receiving homeless services while still receiving mental health services, while the remaining two-thirds enrolled in HMIS after being discharged from treatment.
- ▶ Over the 12 months following the initiation of homeless services, nearly 78% of the outpatient services group exited HMIS, with an average length of receiving homeless services being 6 months.
 - Similar numbers were observed for the acute care group, with 75% exiting HMIS after an average duration of 5 months.
- ▶ Two main sub-groups, comprising over 80% of the outpatient population, consisted of individuals with different lengths of treatment. The larger group had a shorter average service time (5 months) and longer duration of homelessness (7 months), while the smaller group had a longer average service time (11 months) and shorter duration of homelessness (3 months).
 - For clients receiving mental health acute care treatment, the largest sub-group (half of the population) included clients with a short treatment time (2 months) and partial use of homelessness services during the tracking period, with an average duration of 6 months.

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Figure 4.4 presents the distribution of HMIS programs, revealing significant differences between the two studied groups. The matched outpatient clients had lower enrollment rates in street outreach (30%) and interim housing (43%) compared to the group using acute care mental health treatments, where the enrollment rates were 43% and 62% for these two programs, respectively. Conversely, the outpatient group showed much higher placement rates, with approximately 24% enrolled in TLS and around 10% placed in TLS housing. Additionally, 37% of the group were placed in PSH, including placements facilitated by DHS. Approximately 24% of participants exited homelessness through self-resolution. In contrast, these rates were lower for the group using mental health acute care, at 10%, 6%, 26%, and 14%, respectively. It is also worth noting that while approximately two-thirds of individuals enrolled in these HMIS programs while receiving outpatient services, for the second group using acute care treatments, participation in HMIS programs usually did not overlap with mental health treatment.

Figure 4-4. Participation in Homeless Programs among the 2021 HMIS Cohort Receiving Mental Health Services



Further analysis revealed the following observations:

- ▶ Almost half of the matched outpatient clients enrolled in HMIS were either housed by TLS or PSH. When considering self-resolved exits as well, the exit rate to permanent housing for individuals receiving homeless services while participating in or after exiting outpatient treatment exceeded 56%.
 - In comparison, these rates were lower for the matched group using acute care treatments, with almost 30% of this group receiving homelessness services placed in PH, including TLS and PSH. With the addition of self-resolved exits, the rate increased to 35%.
- ▶ One year after entering HMIS among the matched outpatient clients, approximately a quarter of them were still receiving homelessness services, about one-third were still under treatment but had already exited HMIS, and the remaining over 40% had exited both the treatment and HMIS programs.
- ▶ Additionally, it was found that less than 12% of outpatient clients receiving homeless services only enrolled in street outreach programs. Almost 45% of them stayed in interim housing, while approximately 20% transitioned to permanent housing. Approximately 38% exited to PH directly.

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- For the matched clients using mental health acute care, almost 63% of them stayed in interim housing, while the proportion of the street outreach-only group was below 20%.
- ▶ The median duration of stay in street outreach and interim housing was 5 and 6 months, respectively. The median time between interim housing and TLS enrollment and subsequent placement was 1 and 4 months, respectively, for both groups.

4.3 CONNECTIONS OF INDIVIDUALS RECEIVING HOMELESS SERVICES TO COUNTY SYSTEMS

In this section, we shift our focus to the second question formulated earlier, which examines the relationship between homelessness and county service connections, specifically from the perspective of LAHSA and homelessness service providers. The primary objective of this analysis was to evaluate the promptness and extent of the homelessness services system's successful connection of PEH to public social assistance and mental health services. Additionally, we aimed to investigate the diverse pathways that individuals traverse during their experience of homelessness over the course of a year, including exits to permanent housing. To accomplish this, we conducted a separate analysis for different types of county services, allowing for a comprehensive understanding of the complex connections and interactions between PEH and the county service systems.

Similar to the previous analysis, the study cohort consisted of individuals who received homelessness services in the year 2021. However, we specifically selected matched records to county services. Subsequently, we identified sub-groups comprising individuals who were matched with those individuals who had received the specific county service under examination in 2021. Because of this approach, the population sizes varied depending on the county program. The program cohorts only included individuals who participated in that specific program after their entry into the HMIS. This restriction significantly reduced the size of the cohorts. As in the previous section, the analysis focused on GR and mental health services. To avoid redundancy, the analysis of the CalFresh cohort was omitted in this section because of the strikingly similar results to those of the GR analysis.

4.3.1 General Relief Program

In 2021, a total of 38,000 individuals received homelessness services and matched to public assistance records. Fewer than 3,000 individuals were newly enrolled in the GR program subsequent to their homelessness service use, and this group constitutes the GR study cohort. The analysis focuses on when they received their first month of GR assistance, and their subsequent service trajectories.

Among the 3,000 individuals enrolled in the GR program, more than 40% of them joined the program simultaneously with their initiation of homelessness services. The median time between their entry into HMIS and enrollment in the GR program was 2 months, indicating a prompt connection to GR once PEH were connected to it. However, fewer than 10% of the homelessness service user cohort made this connection, similar to the findings in the previous section.

Examining the homelessness trajectories over a 12-month period following enrollment in the GR program revealed the following observations:

- ▶ Nearly 75% of the cohort remained enrolled in the GR program for 10 months or longer. Fewer than half of them exited the program within a year, mostly after extended periods of participation. The average duration of stay in the GR program was 11 months.
- ▶ Within the 12 months following the initiation of homelessness services, approximately 70% of the GR cohort exited HMIS, with an average homelessness service duration of 6 months, predominantly during their participation in the GR program.
- ▶ Around 10% of the population remained homeless while continuously participating in the GR program throughout the year.

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- ▶ Two main sub-groups, accounting for nearly 90% of the cohort, exhibited different lengths of tenure in the GR program. The larger group (60% of the cohort) had a longer average GR participation period (12 months) and a shorter duration of homelessness services use (4 months), while the smaller group had a shorter average GR participation (9 months) and a longer duration of homelessness service use (11 months).

Out of the total cohort, approximately 2,400 participants in the GR program (over 80%) enrolled in one of the four major HMIS programs: SO, IH, TLS, and PSH. Figure 4.6 illustrates that more than half of these participants joined outreach programs and remained in interim housing. Approximately 18% enrolled in TLS, and around 10% were placed in TLS housing. Furthermore, 15% of the participants were placed in PSH, and 11% exited homelessness through self-resolution. The majority of individuals enrolled in these HMIS programs while also participating in the GR program, with nearly 100% overlap for street outreach, interim housing, and TLS enrollment.

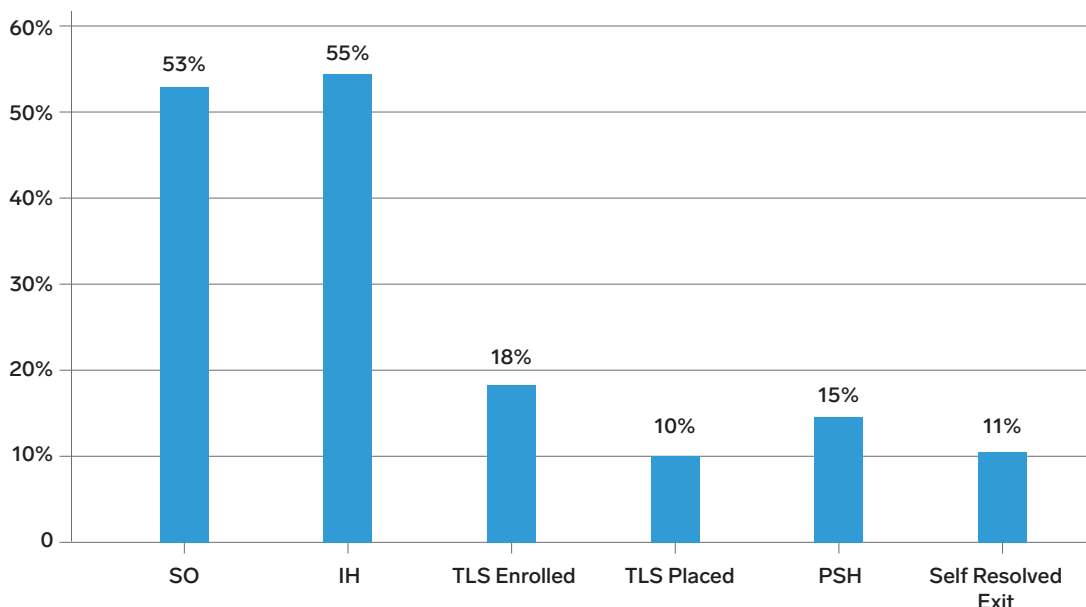
Further analysis yielded the following observations:

Over 23% of those enrolled in HMIS and GR were either housed by TLS or PSH. When considering self-resolved exits as well, the exit rate to permanent housing for individuals receiving homelessness services while participating in or after exiting the GR program exceeded 28%.

- ▶ One year after enrolling in the GR program:
 - Fewer than 35% of GR participants were still receiving homelessness services, and approximately two-thirds of them remained enrolled in the GR program.
 - Over one-third were still enrolled in the GR program but had exited HMIS.
 - The remaining nearly 30% had exited both the GR and HMIS programs.

Additionally, it was observed that more than a quarter of individuals receiving homelessness services enrolled in street outreach programs only. Over half of them stayed in interim housing, while 16% transitioned to permanent housing. Approximately 10% exited directly to permanent housing. The median duration of stay in street outreach and interim housing was 9 and 7 months, respectively. GR participants transitioned to interim housing enrollments in the same month as their entry into HMIS. The median time between interim housing and TLS enrollment, as well as subsequent placement, was 1 and 5 months, respectively.

Figure 4-5. Participation in Homelessness Programs among the 2021 HMIS Cohort after GR Enrollment



4.3.2 Mental Health Services

In 2021, approximately 12,000 homeless clients received outpatient mental health services, while around 8,000 received “acute care” treatment (“acute care” again refers to acute and crisis intervention and stabilization services), both without prior treatment within 12 months. Among them, we identified a group of over 5,000 individuals who initiated outpatient treatment concurrent with their receipt of homelessness services, constituting the outpatient study cohort. Additionally, a comparable cohort for concurrent use of “acute care” mental health services consisted of nearly 3,000 clients. The analysis first examines the time to receipt of mental health treatment after enrollment in homelessness services. Subsequently, we track their mental health and homelessness services trajectories.

Among the 5,000 individuals who received outpatient mental health services, almost 40% of them joined the program either simultaneously or within the next month of initiating their homelessness services. The median time between their entry into the HMIS and enrollment in treatment was 3 months, indicating a prompt connection to mental health services. For the 3,000 individuals receiving acute care mental health services, over 30% of them began their treatment at the same time as their initiation of homelessness services. The median time between entry into HMIS and enrollment in acute care mental health treatment was 4 months.

Examining the trajectories of homelessness over a 12-month period following enrollment in mental health services revealed the following:

- ▶ More than 70% of outpatient clients completed their treatment within a year, with most of them receiving services for short durations. The average duration of outpatient treatment was 5 months.
- ▶ Within the 12-month period following the initiation of homelessness services, nearly 70% of the outpatient cohort exited HMIS after receiving homelessness services, with an average duration of homelessness services use of 6 months, which typically overlapped with outpatient mental health visits. Over 70% of them were discharged from outpatient services.
- ▶ Over 85% of clients receiving acute care completed their treatments, with an average treatment duration of 1 month. Over 70% of them exited HMIS, with an average homelessness duration of 6 months.
- ▶ The cohort could be divided into two main sub-groups, representing almost 95% of the cohort, with different durations of homelessness and mental health services use. The larger group (60% of the cohort) had a shorter average period of mental health services use (3 months) and a longer duration of homelessness services (8 months), while the smaller group had a longer average time in mental health services (9 months) and a shorter duration of homelessness services (2 months).
- ▶ The main subgroup of the cohort receiving acute care treatment consisted of 80% of individuals with very short average treatment periods (1 month) and 7 months of receiving homelessness services.

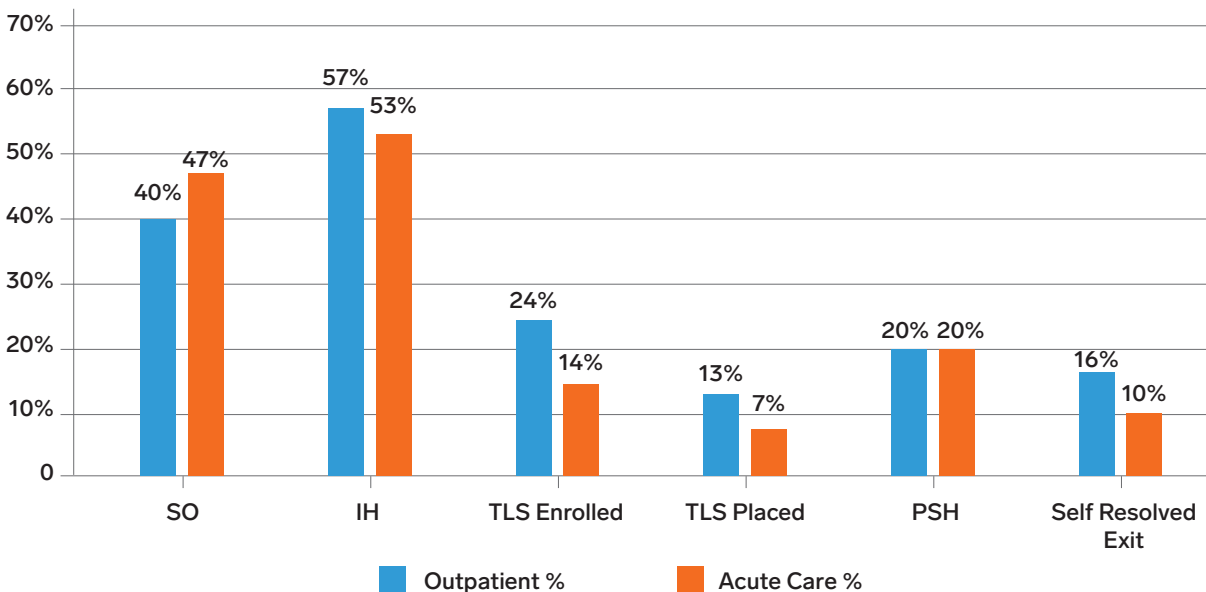
Over 80% of members of both cohorts enrolled in one of the four major HMIS programs. Figure 4.6 presents the distribution across these HMIS programs. The matched outpatient clients had lower enrollment rates in street outreach (40%) and higher enrollment rates in interim housing (57%) compared to the group using acute care mental health treatments, where the enrollment rates were 47% and 53%, respectively. The outpatient group showed significantly higher enrollment and placement rates in TLS, with 24% and 13%, compared to the group with acute care treatments, with 14% and 7%. About 20% of both groups were placed in PSH.

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Further analysis yielded the following observations:

- ▶ Fewer than one-third of the outpatient clients enrolled in HMIS were either housed by TLS or PSH. When including self-resolved exits, the rate of transitioning to permanent housing for individuals receiving homeless services while undergoing outpatient treatment reached almost 38%.
 - In comparison, these rates were lower for the matched group using acute care mental health treatments, with over 25% of this group receiving homeless services being placed in PH, including TLS and PSH. With the addition of self-resolved exits, the rate exceeded 30%.
- ▶ One year after entering HMIS among the matched outpatient clients, over 35% of them were still receiving homelessness services, fewer than 20% were still under treatment but had already exited HMIS, and the remaining over 46% had exited both the treatment and HMIS programs.
 - For clients receiving acute care mental health treatments, these proportions were slightly different, with 33%, 11%, and 56%, respectively.

Figure 4-6. Participation in Homelessness Programs among the 2021 HMIS Cohorts after Starting to Receive Mental Health Services



Additionally, it was found that fewer than 14% of outpatient clients receiving homelessness services enrolled in street outreach programs only. Over 55% of them stayed in interim housing, while approximately 20% transitioned to permanent housing from interim housing. These numbers were similar for the second group.

The median duration of stay in street outreach and interim housing was 9 and 7 months, respectively, for the outpatient group, and 9 and 5 months, respectively, for the acute care mental health treatment group. The median time between interim housing and TLS enrollment and subsequent placement was 1 and 5 months, respectively, for both groups.

4.4 COMPARISON GROUPS

In this section, we begin by comparing individuals who initiated receiving homelessness services in 2021 without any affiliation with County public assistance programs, specifically focusing on the GR program. Since the analysis results for the CalFresh group were similar to those of the GR group, we will only present the service connections with the GR program for two distinct scenarios: individuals who received homelessness services while participating in the GR program, as discussed in section 4.2.1, and individuals enrolled in the GR program while receiving homeless services, as presented in section 4.3.1. Additionally, we explore a similar comparison between individuals who started receiving homelessness services in 2021 without any connection to mental health services and HMIS individuals who had received prior mental health treatment, as discussed in sections 4.2.3 and 4.3.2.

This analysis serves as a preliminary comparison that examines homelessness outcomes and KPIs over a 12-month period, providing initial insights into the impact of GR participation and mental health treatment on homelessness outcomes.

4.4.1 Comparison with Individuals not Enrolled in Public Assistance Programs

The comparison group consists of approximately 38,000 individuals who began receiving homelessness services in 2021 with no previous engagement in 2020. Furthermore, this group had no prior connection to public assistance programs before or during 2021. Figure 4.8 illustrates the results for the GR-1 group, representing individuals who started receiving homelessness services during or following their GR participation, as discussed in section 4.3.1. The GR-2 group refers to individuals connected to GR concurrent with or after receiving homelessness services and reflects the results presented in section 4.3.1.

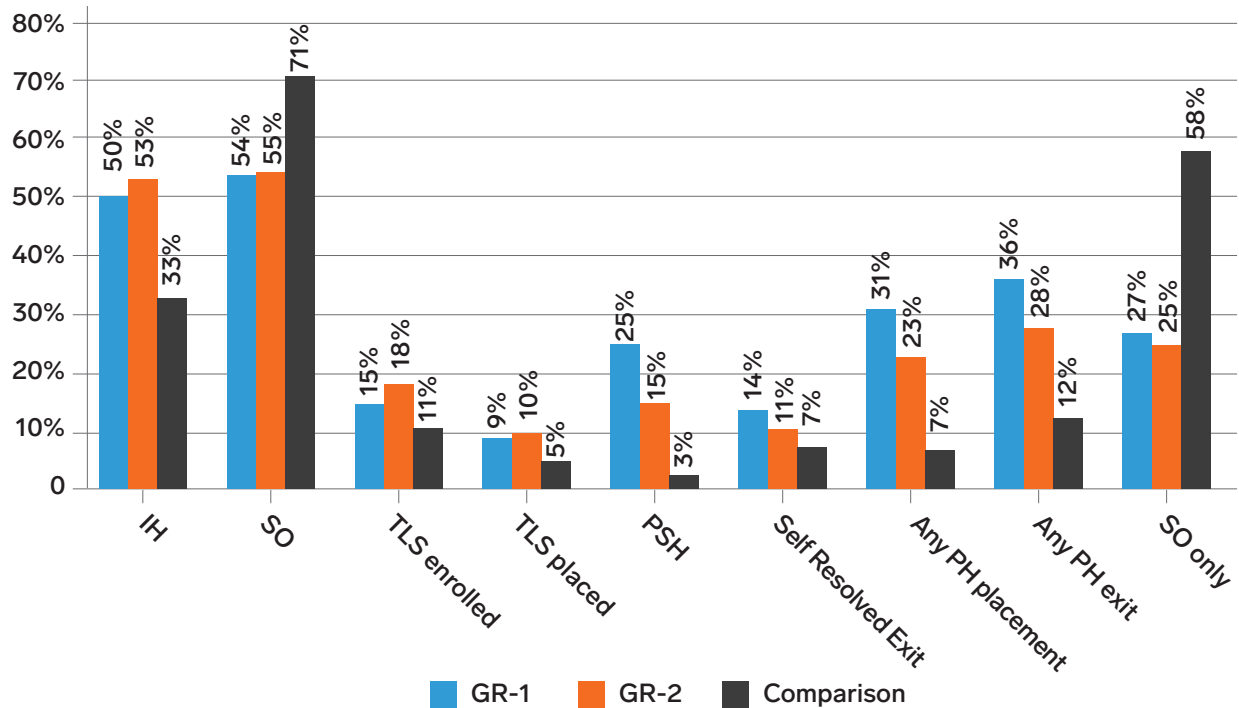
We observe some differences among these groups, but the most significant contrasts arise when comparing the two GR groups with the comparison group, consisting of individuals with no connection to public assistance. The average duration of receiving homelessness services was slightly longer for the program groups, at 6 months compared to 5 months for the comparison group. The comparison group also exhibited a higher exit rate from HMIS, at 83% compared to 75% and 70% for the GR-1 and GR-2 program groups, respectively. Notably, when tracking HMIS program enrollment over a year, significant differences emerge, as depicted in Figure 4.8.

The data presented in Figure 4.7 reveal the following insights:

- ▶ The majority of individuals in the comparison group, who had no service connections, primarily enrolled in street outreach and subsequently exited the homeless services system with limited engagement. Specifically, 71% of this group enrolled in SO, and 58% did not receive any other services, either remaining in SO or exiting HMIS.
- ▶ In contrast, the program groups exhibited lower SO enrollment rates, at 50% and 53% for the two GR groups, respectively. Only about a quarter of these groups stayed and/or exited SO without further engagement with the homeless services system.
- ▶ More than half of the program group individuals stayed in interim housing, which significantly surpassed the comparison group's rate of 33%.

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Figure 4-7. HMIS Outcomes of 2021 GR and Comparison Groups
GR-1: Enrolled in HMIS after GR/GR-2: Enrolled in GR after HMIS



The most substantial differences were observed in placement outcomes:

- ▶ The proportion of individuals enrolled in TLS was 15% and 18% for the two GR groups, respectively, higher than the 11% observed in the comparison group.
- ▶ The disparity was even more pronounced for TLS placements, with rates of approximately 10% for both program groups and 5% for the comparison group.
- ▶ The most noticeable distinction was found in PSH placements, where the rates for the program groups were 25% and 15% compared to only 3% for the comparison group.
- ▶ When considering self-resolved exits, the proportions of individuals with any transition to permanent housing for the GR groups were 36% and 28%, respectively, more than twice the 12% observed for the comparison group.

In general, the data suggests that a connection with GR programs has a positive impact on homelessness exits. The assistance provided by these programs appears to facilitate the transition of homeless individuals to interim and permanent housing. Conversely, homeless individuals without public assistance are more likely to exit the system without known destinations or placements in permanent housing. Another possible interpretation is that the comparison group had higher rates of employment, thus lower likely eligibility for GR and transitioned out of homeless from unsheltered locations, including vehicles.

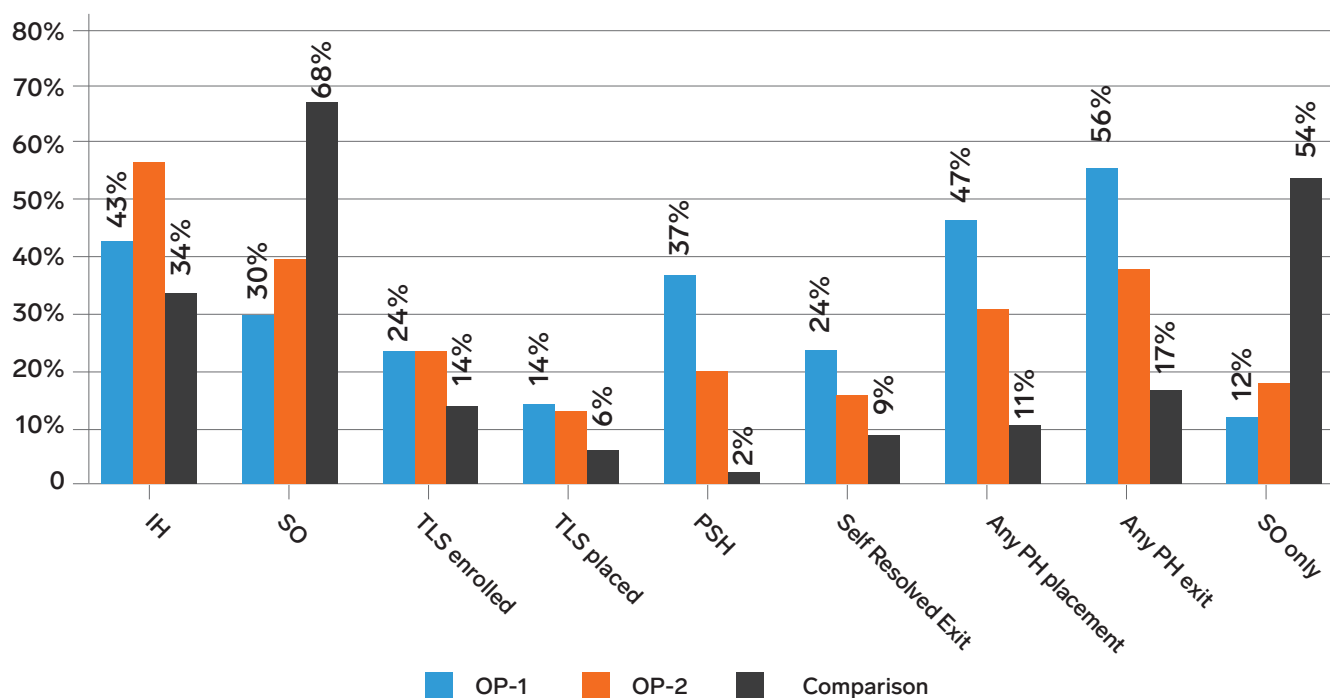
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4.4.2 Comparison with Individuals not Receiving Mental Health Treatment

The comparison group comprises approximately 37,000 individuals who initiated their utilization of homeless services in 2021 without any prior engagement in 2020. Furthermore, this group had no previous mental health connections before or during 2021. Figure 4.8 provides an illustration of the outcomes for the OP-1 group, consisting of individuals who commenced receiving homeless services during or subsequent to their outpatient treatment, as discussed in section 4.3.3. The OP-2 group refers to individuals who received outpatient treatment while concurrently accessing homeless services, reflecting the findings presented in section 4.3.2. Figure 4.9 presents a similar comparison for the two groups who received acute care, including acute care and crisis intervention and stabilization.

While certain differences exist between the two outpatient groups, the most noteworthy disparities emerge when comparing these groups to the comparison group, which encompasses individuals with no connections to mental health services. The average duration of homeless service utilization was marginally lengthier for the program groups, at 6 months compared to 4 months for the comparison group. The comparison group also exhibited a higher rate of exit from the HMIS, at 82% compared to 78% and 70% for the OP-1 and OP-2 program groups, respectively. Notably, when observing HMIS program enrollment over the span of a year, substantial discrepancies become apparent, as depicted in Figure 4.8.

Figure 4-8. HMIS Outcomes of 2021 Outpatient Mental Health and Comparison Groups
OP-1: Enrolled in HMIS after Outpatient Services/OP-2: Received Outpatient Services after HMIS



The data presented in Figure 4.8 provides the following insights regarding the comparison group to those who used outpatient services:

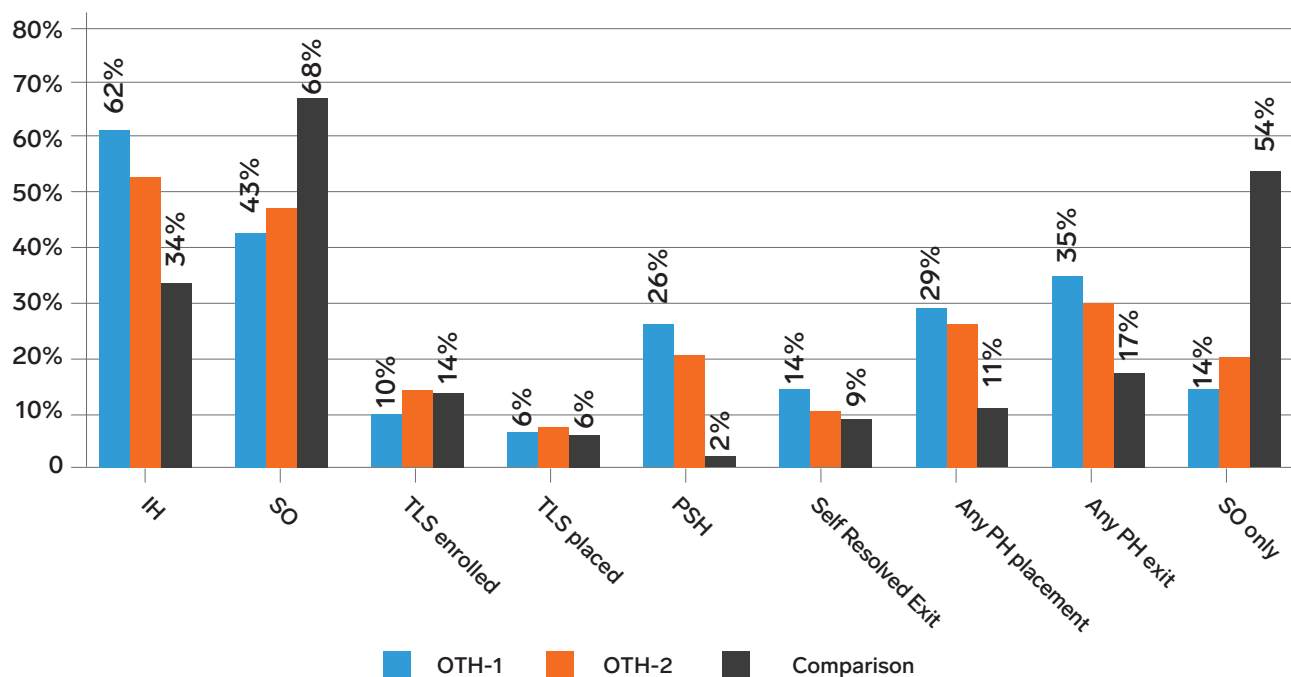
- ▶ The majority of individuals in the comparison group, who lacked any mental health connections, predominantly engaged in street outreach and subsequently terminated their involvement with the homelessness services system with limited engagement. Specifically, 68% of this group enrolled in SO, and more than half did not receive any additional services, either by remaining in SO or exiting the HMIS.

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- ▶ In contrast, the program groups exhibited significantly lower rates of SO enrollment, at 30% and 40%, respectively. Fewer than 20% of these groups remained in or exited SO without further engagement with the homelessness service system.
- ▶ Approximately half of the individuals in the outpatient groups stayed in interim housing, surpassing the comparison group's rate of 34%.
- ▶ Nearly a quarter of individuals in both outpatient groups enrolled in TLS, and approximately 14% of them were successfully housed. These figures were significantly higher than the 14% and 6% observed in the comparison group.
- ▶ The most noteworthy distinction was observed in PSH placements, with rates of 37% and 20% for the two outpatient program groups, respectively, compared to a mere 2% for the comparison group.
- ▶ When considering self-resolved exits, the proportions of individuals transitioning to any form of permanent housing for the outpatient groups were 56% and 38%, respectively, more than three times and twice the 17% observed for the comparison group.

There are notable differences between the two groups receiving mental health acute care. However, as previously mentioned, the most significant disparities arise when comparing these groups to the comparison group, which consists of individuals with no connections to mental health services. The average duration of utilization of homeless services was slightly longer for the program groups, with 6 months compared to 4 months for the comparison group. Additionally, the comparison group exhibited a higher rate of exit from the HMIS, at 82% compared to 70% for the two program groups.

Figure 4-9. HMIS Outcomes of 2021 Acute Care Mental Health and Comparison Groups
OTH-1: Enrolled in HMIS after Acute Care/OTH-2: Received Acute Care after HMIS



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The data presented in Figure 4.9 provides similar insights to those discussed for outpatient services. The key differences observed are as follows:

- ▶ The acute care groups had higher rates of SO enrollment, at 43% and 47% respectively, although still lower than the 54% observed for the comparison group.
- ▶ The disparities in interim housing were more pronounced, with approximately 62% and 53% of individuals in the acute care groups staying in interim housing, significantly higher than the comparison group's rate of 34%.
- ▶ Enrollments and placements in TLS for both groups were lower compared to the outpatient groups, with the same rates of 14% and 6% observed in the comparison group.
- ▶ However, similar differences were observed for PSH placements, with rates of 26% and 20% for the two other treatment groups, respectively, compared to only 2% for the comparison group.
- ▶ When considering self-resolved exits, the proportions of individuals transitioning to any form of permanent housing for the acute care treatment groups were 35% and 30%, respectively, approximately twice the 17% observed for the comparison group.

Similar to the service connections with public assistance programs, the data suggest that a connection with mental health services has a positive impact on homelessness outcomes. Both outpatient and acute care mental health treatments appear to facilitate the transition of homeless individuals to interim and permanent housing at higher rates than seen for homeless individuals with no mental health treatments. Alternatively, a selection effect is possible, whereby people who are not mental health service users may have a lower need for mental health services and have access to interim housing resources beyond the homelessness programs, including vehicular shelter.

4.5 KEY FINDINGS

In this section, we presented a preliminary analysis that examined the association between homeless services and the utilization of mental health services provided by DMH and public assistance programs administered by the DPSS. The primary objective of this research is to provide initial insights into:

- ▶ Assessing the speed and extent of successful connections made by county departments to the homelessness services system for their homeless clients.
- ▶ Evaluating the promptness and extent of the homelessness services system's successful connection of homeless individuals to public assistance programs and mental health services.
- ▶ Exploring the diverse pathways individuals traverse during their experience of homelessness over a year, with a specific focus on exits to permanent housing and the County's other KPIs.

The analysis of connections made by departments to the homelessness services system reveals the following key findings:

- ▶ Approximately one-third of the 2021 HMIS cohort with almost 100,000 individuals were matched with clients who utilized county services, and the match rate increased to 38% over a three-year period.
- ▶ Nearly a quarter of the individuals who received homeless services in 2021 were participants in the CalFresh and GR programs or eligible for Medicaid.

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- ▶ Approximately 6,000 individuals participated in the GR program and had a connection to HMIS in 2021. Of this cohort, over 60% had enrolled in the GR program within at least the year prior to initiating homeless services in 2021.
- ▶ Within the 12 months following the initiation of homeless services, over 40% of the cohort exited the GR program, and nearly 75% exited the HMIS program.
- ▶ More than half of these participants enrolled in outreach programs and remained in IH, while over 30% of GR participants enrolled in HMIS were either housed by TLS or PSH.
- ▶ The monthly count of GR participants with a connection to HMIS who were receiving homeless services remained relatively low.
- ▶ The match rates for DMH outpatient services and acute care were observed at 15% and 8%, respectively.
- ▶ Among the matched outpatient group, over 44% had no prior treatment history, while over 70% of the matched acute care group had no previous treatment.
- ▶ Almost 70% of outpatient participants began receiving homeless services while still receiving mental health services, compared to 38% for clients receiving acute care treatments. Within a year, over three-quarters of both groups exited HMIS, with an average length of receiving homeless services being 6 months.
- ▶ On average, it took 10 months for matched outpatient clients and 5 months for acute care mental health clients to start receiving homeless services.
- ▶ Almost half of the matched outpatient clients enrolled in HMIS were either housed by TLS or PSH. In comparison, these rates were lower for the matched group in acute care treatments, at almost 30%. Almost two-thirds of the latter group stayed in IH at higher rates than the outpatient group (43%).

The analysis of connections made by the homelessness services system to public assistance and mental health programs reveals the following key findings:

- ▶ The median time between entry into the HMIS and enrollment in the GR program was 2 months, demonstrating a prompt linkage between HMIS and GR.
- ▶ Within the 12 months following enrollment in the GR program, about 75% of the cohort remained enrolled for 10 months or longer.
- ▶ Approximately 70% of the cohort exited the homeless services system within 12 months, with an average duration of homelessness of 6 months.
- ▶ While over half of the GR-HMIS cohort enrolled in SO or IH programs, less than a quarter were successfully housed by TLS or PSH.
- ▶ The median duration between entry into the HMIS and enrollment in outpatient treatment was 3 months, while for acute care it was 4 months.
- ▶ More than 70% of outpatient clients and over 85% of clients receiving acute care exited their treatments within a year, in averages of 5 months and 1 month, respectively.
- ▶ Following the initiation of homeless services, approximately 70% of both groups exited HMIS, with an average timeframe of 6 months within 1 year.

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- ▶ Almost one-third of the matched outpatient clients and a quarter of the matched clients receiving acute care treatments, upon enrolling in HMIS, were successfully housed by TLS or PSH. Less than half of both groups enrolled in street outreach programs, while over half remained in interim housing.

The comparative analysis involving individuals receiving homeless services with no connections to public social assistance or mental health treatment reveals the following key findings:

- ▶ Individuals who participated in the GR program while simultaneously receiving homeless services exhibited longer average durations of receiving homeless services in comparison to those without public assistance, who primarily enrolled in SO programs.
- ▶ The GR program groups displayed lower rates of SO enrollment but significantly higher rates of staying in IH, as well as of placements in TLS and PSH. The most significant distinction was observed in PSH placements, with rates of 25% and 15% for the two program groups, compared to a mere 3% for the comparison group.
- ▶ In the context of mental health services, the comparison group predominantly engaged in SO, while the outpatient program groups exhibited lower SO enrollment rates and higher rates of staying in IH, as well as of enrollments and placements in TLS and PSH.
- ▶ When self-resolved exits are examined, the proportions of individuals transitioning to any form of PH for the outpatient groups were 56% and 38%, respectively, which were more than three times and twice the 17% observed for the comparison group.

Conclusion

This report is the sixth in a series of annual reports that examines impacts and dynamics of LA County's Homeless Initiative based upon administrative data from LA County services and the LA Homeless Service Authority. This report reflects the changes to the structure of HI, approved by the LA County Board of Supervisors, that streamlined and combined the 51 strategies from the previous framework and now focuses on five primary activities: Coordinate, Prevent, Connect, House, and Stabilize. This report responds by organizing its findings into initial Key Performance Indicators (KPIs) that will reflect the new HI structure and will continue to be developed and curated in subsequent iterations of this annual report. In doing this, Section 2 consolidates measures from previous annual reports that provide continuity with key measures from previous reports in assessing progress with the new framework. New KPIs are presented in the subsequent two sections: Section 3, an assessment of the dynamics of LA's overall homelessness services system over a four-year period (2019–2022); and Section 4, which focuses on connections between the homeless population and LA County's mental health services (Department of Mental Health) and public assistance (Department of Public Social Services, or DPSS) systems. In this section, we complete the restructuring of this report by fitting our recommendations, based upon findings in previous sections, within the five components that anchor the new framework.

5.1 COORDINATE

The Coordinate component of the new framework underscores the importance of creating a coordinated system that links critical infrastructure and drives best practices. Implicitly, this component also highlights the array of challenges presented by a complex system of homeless and related services in integrating resources and services and thereby maximizing their effectiveness. One example of coordination is the Coordinated Entry System (CES), in which the Homeless Rehousing system works in tandem with mainstream government systems to ensure that there is “no wrong door” for clients seeking housing stabilization assistance. In another, Partner Cities are charged with regional and local annual planning efforts that ensure that their work is not only aligned with getting clients entry into various systems of support (CES and County departments), but with each of the components where local partners can play a more direct role in leveraging access to HI resources, especially housing opportunities.

Findings in this report show the importance of aligning mainstream assistance programs with homeless services (see subsection 5.5) and underscore our recommendation to **improve coordination between LA County departments**. County departments and the homeless services system play a critical role in serving individuals at risk of homelessness and those experiencing homelessness. To improve outcomes and access to services, it is essential to enhance coordination and collaboration among these entities. Streamlining referral processes is key to ensuring that individuals are promptly and effectively connected to the appropriate homeless services. Improved efficiency of referrals means that homeless individuals can receive the support they need in a timely manner, reducing the risk of prolonged homelessness. Overall, a collaborative and coordinated approach among county departments and the homeless services system is necessary to improve the overall effectiveness and efficiency of services provided to homeless individuals. By working collaboratively and implementing targeted strategies, the county can better support homeless individuals and facilitate their transition out of homelessness.

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5.2 PREVENT

“Prevent” is the first line of defense against homelessness and includes measures that keep households from experiencing homelessness. Measuring prevention has inherent challenges, as it is often difficult to ascertain whether a household would have become homeless in the absence of prevention services. Many assistance programs also have secondary homelessness prevention functions. Nonetheless, well-funded and appropriately targeted programs seeking to keep households from losing their housing and becoming homeless is a key part of any systemic effort to address homelessness. As we report, HI funding has been instrumental in building homelessness prevention assistance programming, and, in Year 6, 84.1% of all prevention recipients received their services through an HI-funded program.

Subsection 2.1 summarizes the services provided by homeless prevention programs in LA County, and shows their reach to be modest. For families, after a spike of 1,498 families served in 2020, the volume of families that have received homeless prevention services has flattened to pre-COVID levels (850–1,000 annually). The number of individual (i.e., non-family) households receiving homeless prevention assistance has progressively increased in the six years since the initiation of HI, with a record 3,481 individuals assisted in Year 6. However, at these levels, prevention programming will have a minimal impact on the number of people who experience homelessness systemwide.

To have prevention be one of the pillars of HI, we recommend that **prevention services continue to expand and be made more available to broader populations**. At a minimum, this would need to be manifest in the numbers of homeless households that receive prevention services as shown in the KPI related to prevention and covered in Subsection 2.1. But successfully integrating prevention as a component of a more general response to homelessness will also mean that mechanisms for identifying risk for homelessness among vulnerable populations, such as those served by County medical health and income support programs covered in Section 4, need to be implemented and enhanced prevention services be made available to them. More comprehensive data collection on these populations, as well as on the services provided and the extent to which these services were instrumental in preventing homelessness, would also need to be implemented as part of making prevention services more integral to an overall response to homelessness. There is also a need for developing and implementing new and innovative methods for identifying and diverting people who are at high risk for homelessness, such as are outlined in a 2021 report by the California Policy Lab.¹⁵

5.3 CONNECT

Connect embodies the mechanisms that facilitate linkages and that provide services that help individuals experiencing crisis and destitution navigate a pathway through large and complex system to a stable exit. This report contains findings on LA County’s street outreach (SO) services, the most critical facet of the connect domain. SO services represent the primary connection point between people experiencing homelessness in unsheltered circumstances, which is the large majority of LA County’s homeless population, and the county’s sprawling homeless services system. Outreach must, on one hand, engage with the estimated 55,000 people who are estimated to be unsheltered on a given night, and link them with services that, while vast, fall short of meeting a demand of this magnitude.

Subsection 3.3.1, which provides an overview of street homeless services based upon HMIS data, shows that SO services increased the number of people contacted annually from 52,091 households in Year 5 (2021-22) to 65,286 in Year 6, a 25.3% increase. This means that, in Year 6, just about two-thirds of those who experienced homelessness and were provided with HMIS-recorded services (see Figure 3-1) received an SO contact, and 60.6% of new Year 6 enrollments entered LA County’s homeless system via the SO program (Figure 3-9). This clearly establishes SO as the central connecting node of LA County’s homeless services system.

¹⁵ See Preventing Homelessness: Evidence-Based Methods to Screen Adults and Families at Risk of Homelessness in Los Angeles, California Policy Lab, 2021, available at: [Preventing Homelessness: Evidence-Based Methods to Screen Adults and Families at Risk of Homelessness in Los Angeles – California Policy Lab \(capolicylab.org\)](https://www.calpolicylab.org/preventing-homelessness-evidence-based-methods-to-screen-adults-and-families-at-risk-of-homelessness-in-los-angeles).

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What is less clear from these data is where people go following their receipt of SO services. How many of the 65,286 persons engaged by SO services had further, ongoing contacts, either with SO services or some other aspect of the homeless services system? Figure 3-9 has the start of an answer to this question, with 6,714 (9.9%) documented as moving to an interim housing stay and 1,323 (2.0%) receiving a time-limited subsidy. However, the figure also shows that more than half of the homeless individuals with an SO contact “exited” their engagement to either some homeless (9.5%) or to unknown (46.8%) destinations, while approximately 20% remain enrolled without an exit. Furthermore, a significant number of individuals exit on the same day they enroll, resulting in very short engagements.

Based on these findings, we recommend **continuing to strengthen and expand SO services and to focus on continuity of care**. The former appears to be ongoing but given the size of LA County’s homeless population and the preponderance of unsheltered homelessness within this population, more SO services are indicated. But further increasing the volume of services is insufficient, as more data and research should focus on discerning the effectiveness of the services provided. This includes not only services provided in an SO structure, but also on the extent to which SO services effectively connect with other services, thereby providing continuity of care with targeted case management, interim housing, and other follow-up services to address individual needs and housing instability. It is also recognized that, as HI strengthens and expands SO, there may be a delay in achieving corresponding metrics as the County hire into the specialties on the new Multi-Disciplinary Teams, in alignment with the changing Homeless Count numbers and demographics.

5.4 HOUSE

“House,” the most critical component of the new framework, encompasses efforts to rapidly rehouse clients using both interim and permanent housing. Simply put, in order to make progress toward the objective of reducing homelessness, it is crucial to increase the number of individuals exiting into permanent housing placements. There has been progress made, as over a four-year period, LAHSA’s permanent housing inventory has increased from over 27,000 to almost 35,000 units, and Year 5 witnessed nearly 13,000 additional permanent units in the pipeline.¹⁶ Additionally, LA County has been actively expanding its Permanent Supportive Housing (PSH) capacity, with expectations to surpass 10,000 units by the fiscal year 2024–25.

Despite this, findings in this report indicate that exits to permanent housing at best remain flat and that there is a need to **increase transitions to permanent housing**. There was a 7.6% decline in the numbers of people exiting to permanent housing in Year 6 as compared to Year 5, and the Year 6 numbers were consistent with levels of exit to PH in Years 2, 3, and 4 (see Figure 2-2). Of the 21,293 people with Year 6 PH exits, 26.8% were in conjunction with programs funded with HI resources. Breaking down these Year 6 PH exits by exit type show that the two PH exit types most commonly facilitated through homeless services—PSH and TLS—both had small increases in total tenancy.

Even though almost 100,000 homeless individuals have exited to permanent housing over a five-year period, these numbers have not been sufficient to counterbalance the growing size of the homeless population in Los Angeles County. Factors beyond the control of the homelessness service system, such as the prevalence of rent-burdened households and the region’s severe housing affordability crisis, contribute to the persistence of homelessness by creating significant barriers to achieving permanent housing placements. Nevertheless, it is crucial to intensify and enhance efforts to streamline the process of matching individuals with suitable housing options, provide essential support services, and address the various barriers individuals face in accessing and maintaining permanent housing. These intensified efforts should focus on improving the efficiency of the housing placement process and delivering the necessary support services to ensure successful transitions to permanent housing for homeless individuals and families.

Ensure effectiveness and accessibility of PSH. During Year 6, although the total enrollments remained stable at around 22,000 (Figure 3-8), the number of new placements in PSH declined significantly to almost 5,000. This contrasts with a trend, before Year 6, of annual PSH placements consistently and substantially increasing. Over the four years prior to Year 6,

¹⁶ See LAHSA 2022 shelter count and housing inventory count presentation and inventory counts available at: <https://www.lahsa.org/documents?id=6545-2022-greater-los-angeles-homeless-count-deck> and LA CoC Shelter Count & Housing Inventory Count (HIC) ([lahsa.org](https://www.lahsa.org)).

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the number of placements increased by 58%, rising from approximately 4,600 to almost 7,300. Simultaneously, the county witnessed a substantial growth in PSH capacity, expanding from around 16,000 to over 23,000 units, marking a notable increase of nearly 44%. Additionally, LA County has been actively expanding its Permanent Supportive Housing (PSH) capacity, with expectations to surpass 10,000 new units by fiscal year 2024-25 (i.e., Year 7). Given this, the groundwork exists to resume expanding the numbers of PSH placements made and the overall number of formerly homeless households placed into PSH. But in light of the Year 6 results, progress toward this goal needs monitoring.

The second means for increasing exits to PH arrangements is to **strengthen the Time-Limited Subsidy program**: The TLS program plays a vital role in facilitating the timely transition of homeless individuals and families into permanent housing. While the county's homeless services system has demonstrated commendable performance in placing homeless individuals and families in TLS (previously referred to as rapid rehousing) programs, the challenging rental market in Los Angeles, characterized by unaffordable rent prices, has significantly hindered the county's efforts. This situation prompted recent policy changes to ensure that TLS providers do not exceed their contracted capacity. As a result, the number of move-ins to permanent housing through TLS programs has remained stagnant, hovering around 7,000 over the past five years of HII. Furthermore, there has been no observed change in TLS enrollments between Years 5 and 6, as the figures have consistently remained at approximately 22,000.

The analysis of new enrollments in Year 6 indicates that more than half of the individuals who transitioned to permanent housing did so through the TLS programs, emphasizing the significance of this housing intervention. On average, these transitions occurred within a month, underscoring the promptness and efficiency of TLS housing. Moreover, the TLS programs demonstrate commendable performance, as approximately half of all enrollments originate from either the street outreach or Interim Housing (IH) programs, with fewer individuals exiting to homeless or unknown destinations compared to other programs. However, it is worth noting that approximately half of all TLS enrollees continue to remain enrolled without experiencing an exit or move-in event.

To address these challenges, concerted efforts should be directed toward augmenting the number of homeless individuals who are successfully housed through TLS programs, which constituted a mere 16% of the new enrollments in HMIS during Year 6. Additionally, reducing the number of individuals enrolled but not housed requires the expansion of affordable housing options, facilitating improved access to rental assistance, and enhancing the effectiveness of relocation and stabilization services.

Strengthen efforts to prevent and mitigate persistent homelessness. This report presents findings indicating that in 2022, the number of persistently homeless individuals did not experience an increase for the first time, and there was a steady decline in monthly persistently homeless figures. Moreover, when the 2021 cohort was tracked in the HMIS over a two-year period, only 11% of individuals categorized as episodically (re-entries) or chronically (carryover group) homeless continued to receive homeless services in 2023. However, it is important to note that this percentage is expected to rise with additional re-entries occurring this year. Despite this decline, the share of the persistently homeless population remained over 40% in 2022. This group consists of homeless individuals who face multiple barriers to escaping homelessness, such as disabilities, mental health issues, and substance abuse problems.

Furthermore, the General Relief (GR) population with the homeless indicator saw a significant increase in 2022, growing from approximately 60,000 to 80,000 individuals. This population serves as a proxy for the unsheltered homeless population that does not utilize homeless services. It is worth noting that only a small fraction of this population matches with HMIS records. The substantial increase in the GR population in 2022 may counterbalance the decreasing trend observed in the persistently homeless population. The magnitude of persistent homelessness, which exceeded 40,000 individuals in 2022, necessitates the continuation and intensification of targeted interventions for this group. Immediate access to support services, including mental health counseling, substance abuse treatment, and case management, should be provided to address the population's complex needs.

Continue the efforts for prevention and early intervention. One effective approach to addressing homelessness is through targeted interventions aimed at individuals who are at risk of becoming persistently homeless but have a higher likelihood of successfully transitioning out of homelessness once placed into permanent housing. By addressing homelessness at its early stages, policymakers can prevent its escalation and reduce the need for more intensive and costly interventions in the future. These individuals can be targeted during the initial contact with the HMIS during the assessment process for newly identified homeless individuals.

SECTION 5

The data analysis confirms that, as anticipated, the majority of new homeless individuals who accessed HMIS resolved their housing stability issues and exited the system within two years. However, approximately 7% of this group continued to receive homeless services, which still accounts for around 10% of the persistently homeless population. Swift identification of this subgroup is crucial to provide targeted interventions that address their immediate crisis and prevent their transition into persistent homelessness. Priority should be given to time-limited subsidies, financial assistance, and other supportive services aimed at quickly securing stable housing for these individuals.

There is also a need to continue to **expand and strengthen Interim Housing services**. The report findings reveal that nearly half of the homeless population enrolled in HMIS programs accessed IH programs. Recognizing the significance of IH in providing temporary shelter and support, LA County has successfully increased the region's shelter capacity by almost 65% over a span of five years under the HII, from less than 16,000 to over 25,000.¹⁷ This expansion in shelter capacity aligns with the growth in interim placements, which rose by nearly 50% from approximately 22,000 to over 32,000 during the same period. Furthermore, the data indicates that over 130,000 homeless individuals utilized IH facilities, as discussed in Section 2.

However, despite the impressive expansion of shelter capacity, the data shows that almost half of newly enrolled individuals in IH programs exit to homeless or unknown destinations. Out of the approximately 37,000 recorded stays in IH programs, around 26,000 individuals exited to homeless or unknown destinations 6 and 4 weeks after entering, respectively. The significant number of these exits may suggest that IH programs do not adequately meet the needs of all unsheltered groups, who may require more intensive and targeted engagement to facilitate their transition to Permanent Housing (PH). Additionally, the data indicates that close to 30% of individuals who began receiving homeless services in Year 6 successfully transitioned to PH, which aligns with the primary objective of IH. Prioritizing and expediting the transition from IH stays to TLS enrollments and permanent housing would contribute significantly to reducing the size of the unsheltered population.

5.5 STABILIZE

The Stabilize component seeks to scale the services critical to rehousing and stabilizing clients in permanent housing placements. Two key elements of this are examined in this report: assessing the extent to which persons who exit homelessness to permanent housing return to homelessness, and the extent to which the homeless population can draw on support from other LA County services to facilitate exiting homelessness and remaining stably housed.

Continue to monitor returns to homelessness. Providing effective ongoing support and services to individuals after they have been housed is crucial in preventing a relapse into homelessness. Results related to returns to homelessness are presented in Subsection 2.4. These rates have stabilized to where, for the previous three years, between 7% and 8% of those exiting to PH receive homeless services in the 6-month post-exit period, and between 11% and 12% receive homeless services in the 12-month post-exit period. When broken down by exit type, there is a 10.5%/14.1% (6-month and 12-month) return rate for those exiting homelessness to PSH and corresponding 5.0%/10.4% and 6.6%/10.0% return rates for TLS and other PH exits, respectively. It is difficult to find benchmarks for comparison, other than there being a general 15% turnover rate, reported widely and consistently across various studies, for people placed in PSH. The findings here (and also among newly enrolled homeless individuals in Year 6) are consistent with this benchmark. Rates of return for the other two exit categories are substantially lower and indicate that the large majority of persons exiting to housing, whether on their own or with TLS assistance, do not return to homelessness. While these findings are positive overall, they also raise a range of questions that constitute the next step in ensuring that people who exit to housing remain stable in that housing. For example, it remains unknown whether a substantial proportion of these exits face housing instability that is not captured by simply whether or not they reappear in HMIS data. Another area to explore is identifying specific dynamics that drive returns to homelessness or specific subpopulations that are more vulnerable to returning to homelessness. These are examples of topics that, if better understood, could lead to mitigative efforts and further reductions in returns to homelessness.

¹⁷ See LAHSA 2022 shelter count and housing inventory count presentation available at: <https://www.lahsa.org/documents?id=6545-2022-greater-los-angeles-homeless-count-deck>.

SECTION 5

Another vector falling under the Stabilize component is the role of existing non-homeless supports in facilitating housing stability and supplanting the need for homeless services. Section 4 examines several aspects of the interactions between the homeless population and more generalized assistance services and leads to several recommendations.

Strengthen the connection of homeless populations with the GR program. This study highlights the positive impact of engagement with the GR program upon homeless outcomes in two different scenarios. Whether homeless individuals enroll in homeless services as GR participants or enroll in the GR program while receiving homeless services, the connection leads to better outcomes compared to homeless individuals with no participation in the GR program. This is based upon specific findings in this report:

- ▶ Individuals connected to GR have higher rates of transitioning from street outreach programs to other programs in HMIS.
- ▶ Homeless individuals connected to GR show higher rates of enrollment in interim housing and TLS programs.
- ▶ The placement rate in TLS is twice as high for those connected to GR, while PSH placements with GR connections are 5 to 8 times higher than for those without a connection to public assistance for the two different connection types.
- ▶ Approximately one-third of the population with GR connections successfully transition to permanent housing, whereas only slightly over 10% of those without a GR connection achieve this transition.
- ▶ Episodes of homelessness tend to be shorter for those engaged with GR. Within 12 months of initiating homeless services, nearly 75% of this group exits the HMIS, with only a small fraction remaining continuously homeless.
- ▶ The majority of those connected to GR remain enrolled in the program for extended durations, and longer service time is correlated with shorter periods of receiving homeless services.

While GR receipt facilitates the transition of homeless individuals to interim and permanent housing, the study also highlights some challenges. The transition from GR to HMIS is longer, with over 60% of the homeless population being enrolled in the GR program for at least 1 year before appearing in HMIS, in contrast to a much shorter transition period from HMIS to GR (only 2 months). Additionally, only a small fraction of HMIS clients (approximately 12%) are matched against the GR homeless population in 2021, and the ratio of the HMIS population to the GR homeless population has decreased from 85% to below 50% between 2021 and 2022.

These findings suggest the need for extra efforts on both the agency side and the homeless services system side. Agencies should work to engage homeless GR recipients with the homeless services system, while homeless service providers should strive to increase the participation of homeless individuals in the GR program. Moreover, given the longer transition period from GR to homeless services, there is a need to streamline these transitions through more efficient referral systems and enhanced communication between the DPSS and homeless service providers.

Expand access to public assistance programs. Findings in Section 4 also demonstrate that homeless individuals who were connected to other public assistance programs such as CalWORKs, CalFresh, and Medi-Cal eligibility experienced higher levels of engagement with HMIS programs and showed significantly higher exit rates to permanent housing.

Comparatively, the match rates between the HMIS cohort and individuals receiving CalFresh and/or Medi-Cal benefits were approximately a quarter, which is much higher than the match rates with the GR program. However, there is still a need to address the relatively low match rates between homeless individuals and all public assistance programs.

To address this issue, it is important to implement measures that increase participation rates in these programs. Participation can help homeless individuals gain access to the financial assistance and support provided by these programs, which can significantly contribute to their ability to move out of homelessness. Ensuring that homeless individuals are aware of and able to access these resources is crucial in supporting their journey toward stability and permanent housing.

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Improve the connection of the homeless population with mental health services. The study shows that both outpatient and more intensive mental health treatments like acute care, crisis intervention, and stabilization have a positive impact on homeless outcomes. Whether homeless individuals enroll in homeless services while receiving mental health treatment or start the treatment while receiving homeless services, the connection between mental health treatment and homeless services leads to better outcomes.

The positive impact of engagement with mental health treatment on homelessness outcomes is evident in various ways:

- ▶ Individuals connected to mental health treatment have higher rates of transitioning from SO programs to other programs within the HMIS.
- ▶ Higher enrollment rates in IH and TLS programs are observed, especially for those receiving outpatient services.
- ▶ Placement rates in TLS and PSH are significantly higher for individuals receiving mental health treatment compared to those without any mental health services.
- ▶ Nearly half of the individuals receiving outpatient services and approximately one-third of the population receiving other mental health treatments successfully transition to TLS or PSH housing, compared to a much lower percentage for those without a connection to mental health services.
- ▶ Individuals receiving mental health treatment stayed homeless for an average of 6 months, and approximately three-quarters of them exited the HMIS within 12 months of initiating homeless services.
- ▶ Most individuals receiving outpatient services enrolled in HMIS while on treatment, while those receiving other mental health treatments enrolled in HMIS after completing their treatment.
- ▶ Longer durations of treatment were associated with shorter periods of receiving homeless services, indicating a negative correlation between treatment time and homelessness duration.

However, the study also highlights certain challenges and areas for improvement:

- ▶ The transition from outpatient treatment to HMIS was relatively long (10 months), compared to the transition from HMIS to outpatient treatment (3 months). Similar discrepancies were observed for individuals receiving other mental health treatments.
- ▶ The matching rates between homeless services and mental health clients were relatively low, suggesting the need for increased efforts to connect homeless individuals with mental health service needs to the homeless services system.
- ▶ Efforts should be made to increase treatment rates for homeless individuals with mental health service needs and streamline the transition process through improved referral systems and enhanced communication between mental health providers and homeless service providers.

All in all, strengthening the connection between mental health treatment and homeless services can significantly improve homelessness outcomes. Addressing the challenges and implementing strategies to increase engagement and streamline transitions can help homeless individuals with mental health service needs to receive the support they require to successfully move out of homelessness.

Facilitating access to mental health services, public assistance programs, and social support resources is crucial. Coordinated efforts should be made to ensure that homeless individuals are aware of these services and can easily access them. Tailored application processes, targeted outreach efforts, and enhanced coordination among agencies can help improve access and outcomes for individuals seeking public assistance and mental health services

5.6 SUPPORTING SERVICES

So far, the recommendations put forth have been matched with the components of the new Coordinate, Prevent, Connect, House, and Stabilize framework. Beyond this, several of the original HI strategies have been consolidated in a set of cross system “supportive activities” categories, intended to support successful implementation of the new core framework components. Most of these strategies address coordination and infrastructure needs, including regional planning, enhanced data sharing, training and capacity building, and quality improvement and standardization of best practices. They also include creating advisory roles for people with lived experience, and activities to advance racial equity, including through increased accountability. Several additional recommendations from this report cut across the components of the new framework and are included here.

Enhance data collection and analysis. Accurate and comprehensive data collection and analysis are essential for understanding the dynamics of homelessness and evaluating the impact of interventions. This study demonstrates the value of comprehensive and integrated data systems to support evidence-based decision-making, monitor trends, and assess policy effectiveness over time. The county should continue and enhance its efforts for data collection, sharing, and integration across relevant departments and agencies to enable comprehensive and accurate analysis of homelessness, its connections to mental health— and poverty-related issues, and service utilization.

Furthermore, the study highlights the significance of data on homelessness episodes and transitions between different homelessness programs and touchpoints. Analyzing episodes and transitions provides valuable insights into trends, patterns, service gaps, and opportunities for more effective resource targeting. Therefore, LA County should prioritize collecting and analyzing such data in their efforts to collect homelessness KPIs to enhance understanding and improve outcomes for individuals experiencing homelessness.

Address high exit rates to unknown destinations. The data analysis reveals that a significant portion of individuals exiting SO and IH programs do so for unknown destinations. To address this issue, it is crucial to improve data collection methods, conduct comprehensive exit interviews, and enhance data sharing between different systems. These measures will enable a more accurate understanding of program effectiveness and outcomes. There is a pressing need for enhanced tracking mechanisms to monitor individuals’ progress after leaving homeless programs and to improve data sharing and coordination among service providers, law enforcement agencies, and community organizations. This will help gain insights into the experiences of households who have left the HMIS system after a contact or episode of homelessness.

Furthermore, addressing the issue of unknown exits is essential to strengthen efforts aimed at reducing unsheltered homelessness. The substantial increase in unknown exits in recent years implies the need for targeted interventions. Between Years 5 and 6, the proportion of exits to unknown destinations rose from 42% to nearly 48%, surpassing 50,000 exits. Additionally, when tracking homeless individuals over a two-year period, it was observed that over two-thirds of the 2021 cohort exited the HMIS system, predominantly to unknown destinations. Policies focusing on targeted outreach and engagement strategies should be implemented to reach these individuals and provide appropriate services and programs. This includes increasing the availability of emergency shelters, bridge housing, and safe alternatives to living on the streets, ultimately mitigating the growth of the unsheltered homeless population.

Continuously monitor, evaluate, and adjust interventions through Key Performance Indicators (KPIs). Developing and utilizing KPIs is crucial for measuring progress, evaluating intervention effectiveness, and identifying areas for improvement. LA County should continue refining and expanding its KPI framework to track the number of homeless individuals, measure changes in homelessness over time, evaluate program effectiveness, and identify the specific needs of those experiencing homelessness.

Regular monitoring and evaluation using KPIs will inform evidence-based decision-making, resource allocation, and policy adjustments. It is essential to include mental health and poverty programs in the monitoring and evaluation efforts, as these areas are closely interconnected with homelessness. By including these aspects, LA County can gain a comprehensive understanding of the impact of interventions and make data-driven decisions to prevent and reduce unsheltered homelessness effectively.

5.7 CONCLUDING REMARKS

The recommendations in this section are weighted toward the House and Stabilize components of the new HI framework, and to supportive activities that impact all five components of the framework. This largely reflects our converting the analyses we performed in previous years into KPIs and then fitting them into the new framework. Housing, for example, is the most scrutinized of the five components and has been given the most attention over the six years of reports on HI performance. The two other sections that examine, in turn, homeless services system dynamics (Section 3) and mainstream LA County services supports for the homeless population (Section 4) provide KPIs that naturally align themselves with the House and Stabilize components, respectively. To achieve more balance between this report and the new structure, additional KPIs should be developed and assessed for the remaining components.

Developing new KPIs would also require identifying additional data sources and in some cases collecting new data. The most prominent example of this is the Coordinate component, which focuses on dynamics between services and providers that are difficult to measure with the data available for these HI reports, which are based upon HMIS and other person- and services-oriented data. However, among all of the components there are multiple opportunities to identify and develop new KPIs that will increase the utility of this report in better understanding the successes, limitations, and impact of the HI on homelessness and the homeless services system. The new structure for the HI will open up numerous opportunities to do so.

Technical Appendix

This section provides a comprehensive explanation of the methodology employed in Section 3 to estimate the monthly and annual flows into and out of homelessness. The methodology used in this study closely follows the approach developed for the Year 5 report, which is summarized below. The analysis is based on a dataset comprising four years of HMIS data, covering the period from 2019 to 2022. The dataset includes information on clients, projects, enrollments, and exits. Monthly arrays of homelessness indicators were constructed for all individuals recorded in HMIS. A value of 1 was assigned to indicate enrollment in a homeless program during a specific month, while a value of 0 denoted non-enrollment.

Each individual in the dataset may experience one or more episodes of homelessness over time, with each episode having a distinct start and end date. The duration of an episode can range from a single month to multiple months. In cases where there are multiple entries or exits within a given month, all these occurrences are aggregated and considered as a single episode for that month. Despite certain limitations, this approach effectively operationalizes the data and enables a thorough assessment of the flow dynamics. It facilitates the identification of entries, exits, re-entries, and re-exits, allowing for the accurate estimation of monthly homelessness metrics such as entries, exits, and the total number of homeless individuals in a given month.

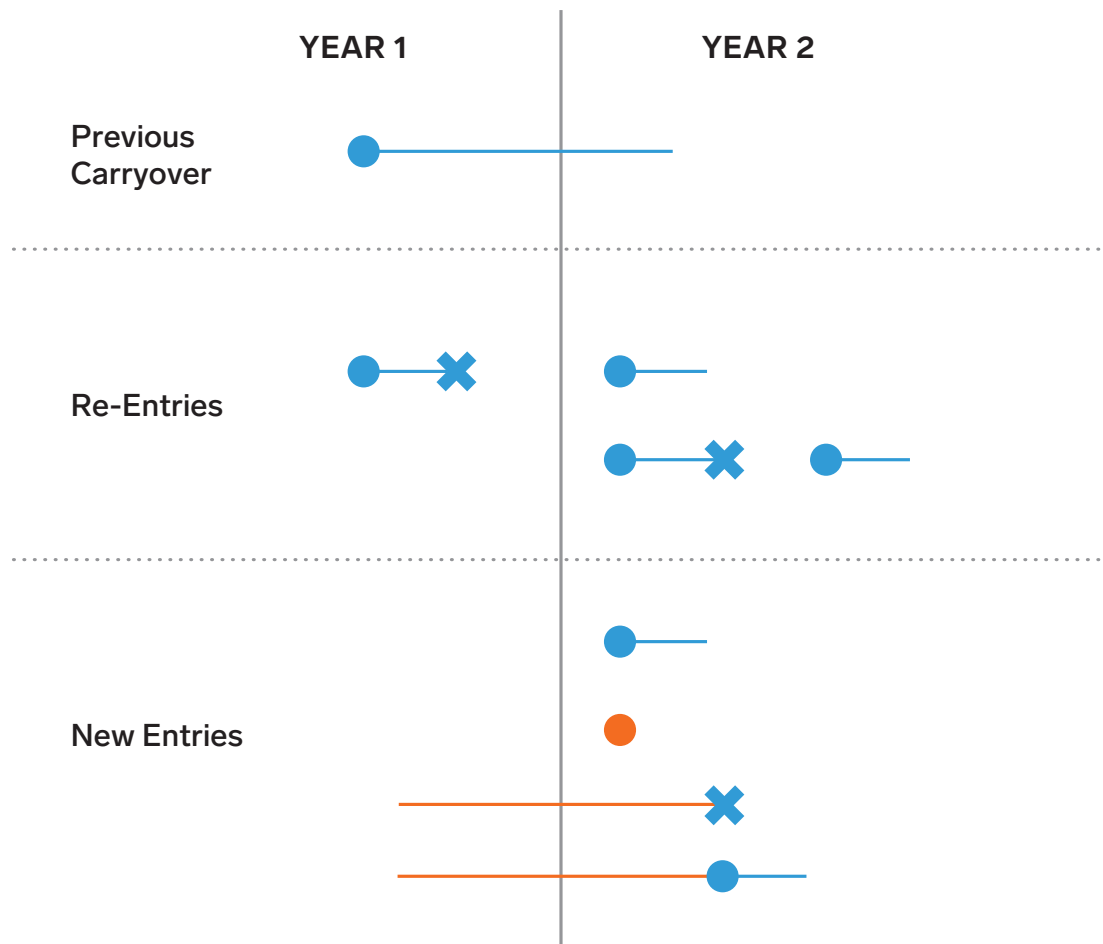
To illustrate the various types of homelessness episodes, Figure A-1 provides visual examples. The figure depicts blue circles representing entries to homelessness through HMIS enrollments, orange circles indicating permanent placements recorded in HMIS, blue crosses symbolizing exits to homeless destinations, blue lines representing homelessness episodes, and orange lines reflecting placement episodes. This visual representation enhances the understanding of the different pathways and transitions within the homelessness continuum.

In our analysis, we classified individuals into three distinct categories, as illustrated in the accompanying figure:

- ▶ **Previous carryover:** This category comprises individuals who were already homeless and receiving HMIS services at the end of Year 1 and remained homeless at the beginning of Year 2. Essentially, it represents a continuous episode indicating that a person experienced homelessness in December of Year 1 and January of Year 2. The entry into homelessness occurred in Year 1 or earlier.
- ▶ **Re-entries:** This category includes individuals who had previously experienced homelessness and received HMIS services in the preceding years but returned to homelessness (as recorded in HMIS) in Year 2. A re-entry can also occur in Year 2 if a person enters and exits homelessness (as recorded in HMIS) and subsequently re-enters later in the same year. However, to avoid double-counting, our annual estimates only consider the initial entry and disregard subsequent re-entries.
- ▶ **New entries:** This category pertains to individuals who became homeless and started receiving HMIS services for the first time in Year 2. These new entries can manifest in various ways. The most common scenario is when a person enrolls in HMIS for the first time, typically through an outreach project. Another example is when a homeless individual is placed in TLS and PSH at the time of enrollment, which is recorded as a single instance of homelessness because the person was homeless at the time of placement. Additionally, a new entry can occur when a placement episode concludes with an exit to a homeless destination. Similarly, the final case involves a placement episode ending with an enrollment in a homeless program within HMIS.

These categorizations allow us to effectively differentiate and analyze the various trajectories and patterns of homelessness experienced by individuals within the dataset.

Figure A-1: Homelessness Episodes



Given the presence of various data quality issues within the HMIS data, we implemented several assumptions and modifications to improve data accuracy. The key assumptions and enhancements employed in our analysis are as follows:

- ▶ **Exclusion of homelessness prevention enrollments:** All enrollments related to homelessness prevention were excluded from the analysis.
- ▶ **Handling open-ended enrollments:** Many HMIS enrollments lacked exit dates and were considered open-ended. To address this, we adopted specific strategies. For instance, in cases where separate outreach enrollments occurred over multiple months without exit dates, the person was considered homeless throughout those months, assuming an enrollment each month. If an exit date was missing, we utilized service episodes to determine an exit date whenever service data were available for an individual.
- ▶ **Treatment of TLS and PSH projects:** When a person was placed in a TLS or PSH project, it was assumed that the individual was homeless at the time of placement. Consequently, the corresponding month was considered a homeless month for that particular individual.

APPENDIX A

- ▶ Handling exits to homeless destinations: In cases where a person exited to a homeless destination, it was assumed that the individual would remain homeless for the subsequent 30 days. As a result, the known homeless episode was extended by 1 month.
- ▶ Treatment of unknown exit destinations: In instances where the exit destination was unknown (undeclared, missing, or categorized as “other”), the person was tracked in HMIS for the following 6 months. If no new enrollment occurred during this period, the exits were assumed to be non-homeless destinations. Conversely, if a new enrollment was recorded, the exits were assumed to be into homeless destinations.
- ▶ Addressing 1-month gaps in homelessness: If there was a 1-month gap of non-homelessness between two consecutive months of homelessness and receiving HMIS services, it was assumed that the person was still homeless during the intervening month.

By implementing these assumptions and enhancements, we aimed to mitigate the impact of data quality issues and generate more reliable results in our analysis.

Furthermore, we incorporate an additional homelessness category termed “persistently homeless.” This group comprises households that have been homeless and receiving HMIS services for 6 months or more within the preceding 12 months. This definition serves as a proxy for chronic homelessness, aiming to highlight individuals who experience prolonged periods of homelessness, with many transitioning into chronic homelessness after enduring persistent homelessness.

Monthly calculations involve summing all homeless categories, such as entries or re-entries, on a monthly basis for all individuals experiencing homelessness within the dataset. Annual calculations, on the other hand, entail determining the unique count of individuals who have experienced homelessness at least once each year. The previous carryover group is exclusively used for annual calculations, since it is not relevant for monthly figures. Quarterly numbers are derived by aggregating the monthly figures.

To ensure accurate tracking of homeless clients over time, a unique identifier is assigned to each individual within the homeless population recorded in HMIS. Robust entity resolution techniques utilizing fuzzy matching algorithms were developed to identify and handle duplicate personal IDs across different time periods.

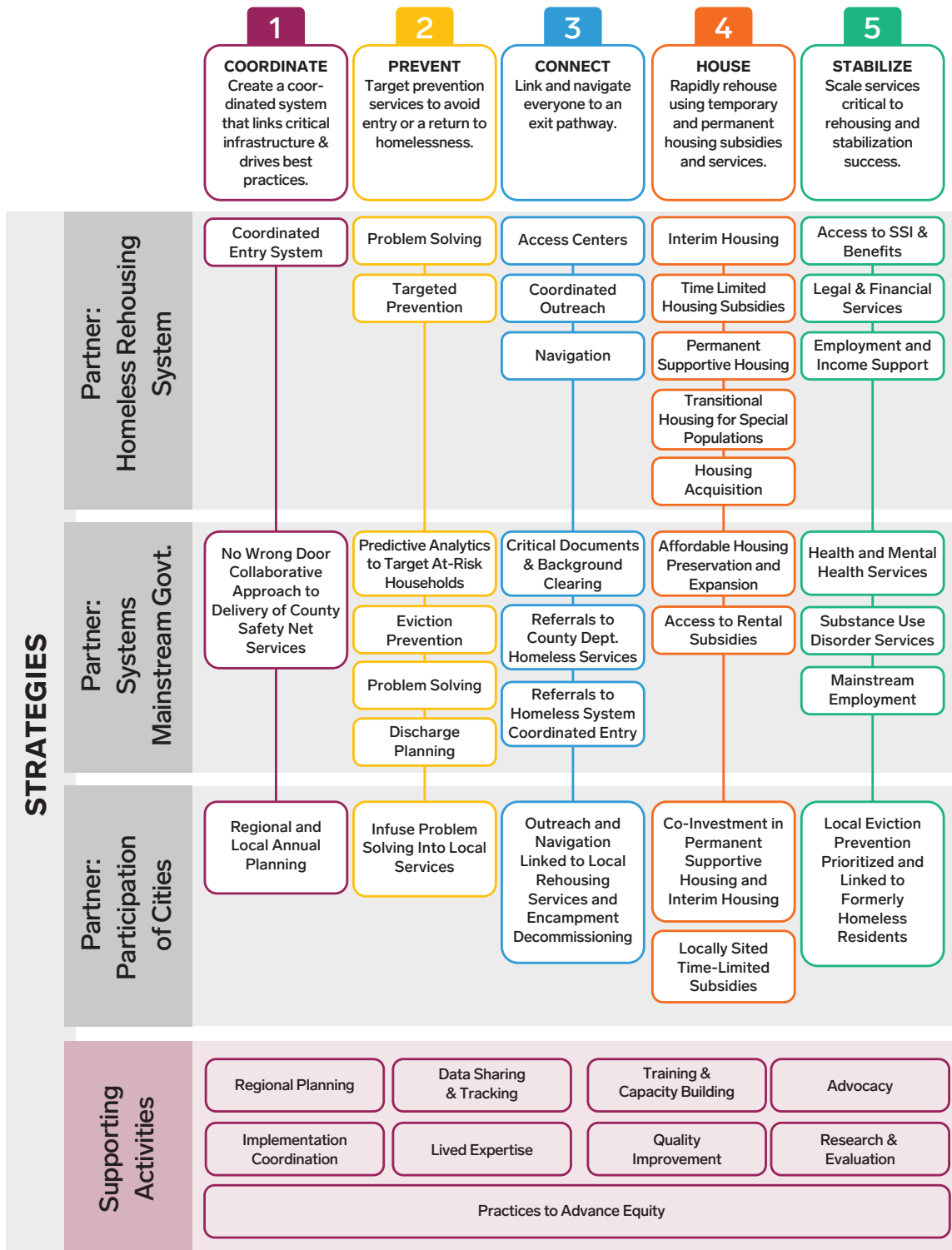
However, it is essential to acknowledge certain limitations associated with our methodology. The most significant limitation pertains to our definition of homelessness, which relies exclusively on HMIS data. Consequently, individuals who are homeless but do not engage with a homeless program in HMIS are excluded from our analysis. This exclusion comprises individuals who may be part of the PIT count or even those entirely outside the scope of both HMIS and PIT counts. As such, these groups remain unknown. Nevertheless, our analysis consistently captures a substantial portion of the homeless population in Los Angeles County, effectively illustrating their dynamics over the years.

Secondly, a considerable proportion of exits within HMIS either have an unknown destination or are categorized as unknown. This limitation introduces an unknown but noteworthy undercount of homelessness in the data. As previously mentioned, we have implemented data enhancements to mitigate this limitation, but it still persists and necessitates further assessment.

Lastly, it is important to note that our analysis does not capture short instances of homelessness lasting less than 1 month. Instead, multiple brief instances are aggregated within a single month. However, given our primary focus on examining long-term dynamics, this limitation has minimal impact on our analysis.

New LA County HI Framework

Figure B-1 New Los Angeles County Framework to Combat Homelessness



PUBLIC SECTOR ANALYTICS