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SACHI A. HAMAI
Chief Executive Officer

May 15, 2020

To: Supervisor Kathryn Barger, Chair
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Supervisor Shelia Kuehl
Supervisor Janice Hahn

From: Sachi A. Hamai
Chief Executive Officer

PILOTING A COMPREHENSIVE CRISIS RESPONSE TO ENSURE POST-COVID-19 HOUSING FOR HOMELESS OLDER ADULTS IN LOS ANGELES COUNTY (ITEM NO. 8, AGENDA OF APRIL 14, 2020)

On April 14, 2020, the Board of Supervisors (Board) directed the Chief Executive Office-Homeless Initiative, along with all appropriate County departments, and in coordination with the City of Los Angeles and State officials, to:

1. Report back in writing within 30 days with a strategy to provide long-term housing options to individuals experiencing homelessness who are aged 65 years or older and were provided emergency housing based on the COVID-19 emergency public health declaration; and

2. Report back in writing within 45 days with an interim report, followed by a multi-year implementation framework as part of Fiscal Year 2020-2021 Supplemental Budget deliberations, with cost estimates for the pilot program targeting all individuals experiencing homelessness who are aged 65 or older.

The CEO-Homeless Initiative re-convened the workgroup that assisted with developing the "Homelessness Crisis Response Framework", which was submitted to the Board on March 24, 2020. This workgroup consisted of representatives from the Chief Executive Office (CEO), Health Services (DHS), Mental Health (DMH), Workforce Development, Aging and Community Services (WDACS), the Los Angeles Homeless Services Authority (LAHSA), and the Corporation for Supportive Housing (CSH). The current workgroup also includes representatives from the City of Los Angeles Department of Aging (LADOA), United Way of Greater Los Angeles, and Professor Dennis Culhane from the University of Pennsylvania.

This memorandum provides background and status on Project Roomkey (PRK) and outlines options on how the County, LAHSA, and City of Los Angeles can leverage PRK to provide long-term housing to individuals who are aged 65 years and older (65+).

Background on Project Roomkey

On March 4, 2020, the State of California declared a state of emergency related to COVID-19. The Governor created PRK to combat the spread of COVID-19 and address the needs of the most vulnerable individuals in the community. This new statewide motel/hotel program seeks to provide asymptomatic people experiencing homelessness (PEH) throughout Los Angeles County who are at higher risk of serious complications from COVID-19 infection with emergency temporary housing in order to comply with the Safer at Home public health order issued by the County of Los Angeles and the State of California. People served through PRK include individuals age 65+ and/or who have certain underlying health conditions, (e.g., respiratory, compromised immunities, and/or a chronic disease). The County, in partnership with the City of Los Angeles and LAHSA, is using state and federal funding for this effort.

Status of Project Roomkey

The first PRK site opened on April 3, 2020 and additional occupancy agreements are being finalized on a weekly basis. Participants are projected to stay in the hotels/motels for three months. As of May 13, 2020, the County of Los Angeles has accomplished the following:

- The County, with assistance from the State of California, has finalized 30 agreements with hotels/motels, for people experiencing homelessness who meet the vulnerability criteria; several additional agreements are in the final stages of negotiations.
- LAHSA is working with various service providers to staff these hotels/motels, which are geographically dispersed throughout the County.
- The County and the City of Los Angeles are deploying disaster service workers (DSWs) to help staff the sites.
- Over 2,000 PEH have been placed in various hotels/motels with 2,478 available rooms. Approximately 600 additional rooms are in hotels/motels where occupancy agreements were very recently executed, and operations are scheduled to begin in the coming days.

As of April 30, 2020, there were 1,498 single adults enrolled in PRK, including 297 persons (or 20 percent) who were age 65+ at the time they enrolled in the program. Attachment I includes a profile of the demographic and service history of PRK participants. PRK participants are being assisted with benefits through the Department of Public Social Services (CalFresh, General Relief and Medi-Cal), obtaining identification

documents, linkages to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits, and transportation to medical appointments. Due to the vulnerability of this older population, LAHSA is also engaging skilled providers, where available, to supplement on-site services to meet the individual needs of the clients and provide support that will follow them into housing post-PRK including:

- expedited linkage to In-Home Supportive Services (IHSS);
- additional services similar to IHSS delivered by highly skilled and trained caregivers specializing in older adult services; and
- obtaining assistance in obtaining durable medical equipment (DME) and other assistive devices.

Exit Plan for Project Roomkey Participants

Participants are being assessed to determine which housing interventions are most appropriate to ensure that no PRK participant returns to the street. LAHSA's Housing Central Command (HCC) worked with system partners to develop the attached, modified, temporary prioritization protocol in response to the pandemic (Attachment II). This protocol provides an additional layer of prioritization for people who are identified as COVID high risk, as defined by being 65+, or having an underlying medical condition that increases a person's vulnerability to complications from COVID-19. The HCC is working to match COVID-vulnerable clients (including those who are 65+) in the Homeless Management Information System (HMIS), including the PRK, to appropriate long-term housing. Attachment III has a list of the various housing exit strategies.

Conclusion

A follow up report will be submitted on May 29, 2020, which will contain information on all individuals experiencing homelessness age 65+ in Los Angeles County. A final report will be submitted in September 2020, which will contain cost estimates for a multi-year pilot program targeting all individuals ages 65+ experiencing homelessness. If you have any questions, please contact Phil Ansell, Director of the Homeless Initiative, at (213) 974-1752 or by email at pansell@ceo.lacounty.gov.

SAH:FAD:TJM
PA:JR:RM:tv

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Health Services
Mental Health
Workforce Development, Aging and Community Services
Los Angeles Homeless Services Authority

Attachment I

OLDER ADULTS SHELTERED UNDER PROJECT ROOMKEY

A Client Population Profile and Recommended Approach to Ensure Retention of Housing through the Coming Transition Period

A 30-Day Report Back on a Motion Approved by the Los Angeles County Board of Supervisors on April 14, 2020 (Agenda Item No. 8)

Dennis Culhane,
University of Pennsylvania

Randall Kuhn,
University of California, Los Angeles

Andy Perry &
Max Stevens,
Los Angeles County
Chief Executive Office
Office of the Chief Information Officer

May 2020

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EXECUTIVE SUMMARY

This report is responsive to a motion approved by the Board of Supervisors on April 14, 2020, which instructs "*the Chief Executive Officer, along with all appropriate County departments, and in coordination with City and State officials, to…*[r]*eport back in writing within 30 days with a strategy to provide long-term housing options to individuals experiencing homelessness who are aged 65 years or older and were provided emergency housing based on the COVID-19 emergency public health declaration.*"

Project Roomkey

In response to the COVID-19 pandemic, Los Angeles County has, to date, executed agreements with 32 hotels/motels and is working with the Los Angeles Homeless Services Authority (LAHSA) to utilize these sites as emergency housing for high-vulnerability homeless persons under Project Roomkey.

- This report is based on 1,498 persons housed through Project Roomkey as of April 30, 2020.

Table A. Project Roomkey Clients, by Age Group*

Age Group	#	%Total
18-54	517	34.5
55-59	200	13.3
60-64	218	14.6
65+	297	19.8
Age Unknown	266	17.8
Total	**1,498**	**100**

The counts shown here represent persons provided with emergency housing as of April 20, 2020. Clients are placed in age groups based on the age on their Project Roomkey housing start date.

- A total of 297 of these persons provided with emergency housing are at least 65 years of age (19.8 percent).

A Long-Term Housing Strategy Built on Two Objectives, Thee Commitments, and a Familiar Model

This report recommends a strategic approach to transitioning older adults from Project Roomkey to long-term housing arrangements that adopts a variant of the Rapid Re-Housing (RRH) model as a basic framework and places a premium on health and safety from exposure to COVID-19. The strategy would pursue basic *two objectives:*

- Objective 1: Ensure all Project Roomkey clients are placed into safe permanent or interim housing upon moving out of the participating hotels and motels.
- Objective 2*:* Housing placements of older adults out of Project Roomkey must include *services that effectively address client vulnerabilities.*

To achieve these objectives, the County and LAHSA must commit to the following through a coordinated and collaborative effort with cities and with a broad range of stakeholders that straddle government jurisdictions:

- Where continued occupancy in hotels participating in Project Roomkey is not possible, immediate placement of all clients in permanent housing or a on a rapid path to permanent housing arrangements that are safe and do not introduce added health risks.
- Provision of Housing Stabilization Case Management Services to all clients, encompassing mainstream benefits enrollment (e.g. SSI, SSDI, GR, CalFresh), housing transition counseling, landlord negotiation, coordination of move-in assistance, and transition to community health and service supports.

- A flexible approach in fitting clients to a diverse range of possible long-term subsidized housing options on a client-by-client basis, one informed by specific needs and vulnerabilities and oriented around safety from potential COVID-19 exposure through opportunities for self-isolation and quarantine.

Leveraging the RRH Model's Familiarity and Flexibility. Project Roomkey's older adult clients represent a diverse group with diverse needs. The evidence gathered for this report demonstrates some of these needs, and assessments of necessary disability accommodations will identify others. Thus, some clients will be more ready for permanent housing than others, and different types of arrangements will be appropriate for varied types of clients, some of which will require more time than others.

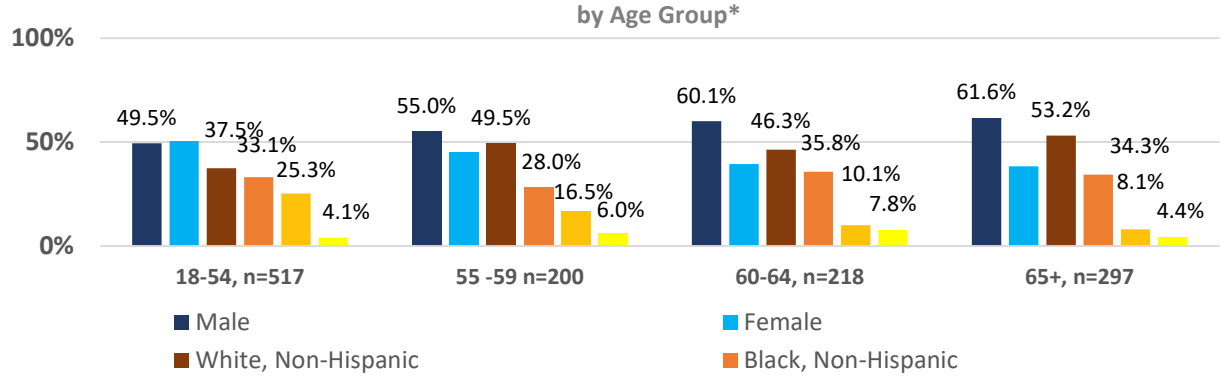
The appeal of RRH as a model in this context stems from model's flexibility as a path from temporary or interim housing to a relatively wide array of permanent subsidized housing possibilities, from shallow subsidies and Housing Choice Vouchers, to Permanent Supportive Housing, to Residential Assisted Living. RRH also represents a model with which there is considerable familiarity and experience across Los Angeles County's homeless service system in terms of management and the provision of services. Adopting a variant of the model would facilitate the transition process by shortening the time needed for ramp up and deployment, while still meeting the core needs of stability, safety, housing navigation and supportive services.

The Essential Importance Case Management. The proposed strategy commits the County and LAHSA to HSCMS as a critical component of the envisioned approach to housing older vulnerable adults. Different clients will require HSCMS at varied levels of intensity and engagement, but all Project Roomkey clients, particularly the older adults among them, will require these services to successfully navigate the transition out of the hotels and motels and to remain connected to essential health and supportive services.

A Profile of Older Adult Project Roomkey Clients: The Evidence Informing the Strategy

The long-term housing strategy for the older adults in Project Roomkey's client population is informed by administrative data residing in the Homeless Management Information System (HMIS) Additionally, Integrated data capabilities available to the Chief Executive Office (CEO) enabled de-identified information on Project Roomkey clients in HMIS to be matched against similarly de-identified records of services provided the Los Angeles County Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), and the Sheriff (LASD). The results were used to build a profile of the Project Roomkey population overall (*n*=1,498 clients with data that could be used for analysis as of April 30, 2020) and to examine clients who were at least 65 years of age on their Project Roomkey start dates to determine their distinct characteristics and needs.

Figure A. The Demographics of Persons Sheltered Under Project Roomkey, by Age Group*



Demographics and Vulnerabilities

Demographically, the program's 65+ clients are more male, and both more prevalently white and black but considerably less Hispanic than the other age groups.(Figure A). The analysis of vulnerabilities within the older adult subset of the Project Roomkey client population examines VI-SPDAT assessment scores and self-reported disability information in HMIS, and data on services clients received through LAHSA, as recorded in HMIS, over 12 months prior to their Project Roomkey start dates. This information is augmented with County service records spanning a two-year lookback from the Project Roomkey start date, which can provide additional proxies for client vulnerabilities.

- The distribution of 65+ clients into four vulnerability groupings, lowest to highest, based on their acuity scores is equivalent to the distribution within the Project Roomkey client population more generally, which is shown in Figure B.
- More than 90 percent of older adult Project Roomkey clients with recent disabilities recorded in HMIS report physical disabilities, almost 90 percent report chronic health conditions, half report mental health disabilities, more than a fifth report SUDs, and close to 15 percent report co-occurring disorders.

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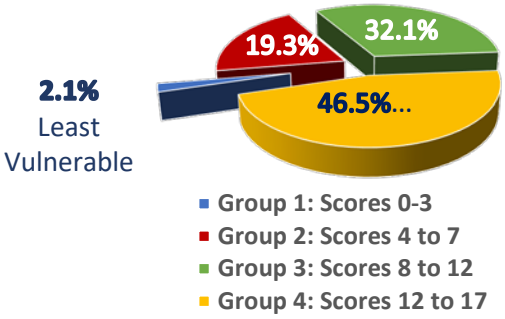
Figure B. The Project Roomkey Population, All Ages, as of April 30 2020, by Vulnerability Group

n=611 Assessed Clients*



*This is the number of clients with assessment scores recorded in HMIS dating back to April 2019.

Age is the Primary Factor Determining the Vulnerability of the Older Adult Clients

Older adult Project Roomkey clients are not, in the aggregate, the most vulnerable age group from the standpoint of any of the vulnerability measures or proxies used for this report. This is important to consider in developing the post Project Roomkey strategy and suggests that the primary variable at the basis of the older adult subset's vulnerability is age. Clients in the subset have significant vulnerabilities to be sure, but what distinguishes these persons from those in other age groups is that they are older and more at risk as a consequence of this.

Prioritization, Safety and Health.

The proposed strategy places heavy emphasis on the health and safety of older adults exiting Project Roomkey and is bound by a core principle that no client is to be released into unsheltered homelessness. Assuming older adults are to be prioritized in matching Project Roomkey clients to housing arrangements, this prioritization must not come at the expense of clients' safety during the COVID pandemic or of finding appropriate housing to meet each client's distinctive health and supportive service needs. Placement into permanent housing with the appropriate supports should framed as the first option for older adults. Where such placements are not possible, clients must be immediately placed in equally safe and appropriate interim housing and on a prioritized and expeditious path to permanent housing.

I. Reporting Back to the Board on Post COVID-19 Housing Options for Older Homeless Adults

On April 14, 2020, the Los Angeles County Board of Supervisors approved a motion that builds on a March 24, 2020 report issued by the Chief Executive Office's Homeless Initiative (HI/CEO) by aligning that report's recommendations with COVID-19-related emergency homeless services. The HI report described a pilot program that would target homeless adults who are at least 65 years of age (*older adults*) .

Project Roomkey. In the time between release of the March 24, 2020 report and approval of the April 14, 2020 Board motion, the County , in partnership with the State, launched Project Roomkey, working with partners across the homeless services system to provide emergency housing to those homeless adults, including older adults and/or those living with a chronic illness, who are at greatest risk of complications from COVID-19. As of April 30, 2020, 1,498 adults were sheltered through the program. The motion emphasizes the importance of "*ensur*[ing] *that those whom have been temporarily housed are able to remain housed"* and notes that these efforts are "*aligned with the recommendation in the March 24, 2020 report-back regarding efforts to eliminate homelessness amongst seniors."*

A Long-Term Housing Strategy. Accordingly, the motion instructs '*the Chief Executive Officer, along with all appropriate County departments, and in coordination with City and State officials, to*…[r]*eport back in writing within 30 days with a strategy to provide long-term housing options to individuals experiencing homelessness who are aged 65 years or older and were provided emergency housing based on the COVID-19 emergency public health declaration.*

Table 1. Project Roomkey Clients, by Age Group*

Age Group	#	%Total
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60-64	218	14.6
65+	297	19.8
Age Unknown	266	17.8
Total	**1,498**	**100**

The counts shown here represent persons provided with emergency housing as of April 20, 2020. Clients are placed in age groups based on the age on their Project Roomkey housing start date.

This report is responsive to this directive. A summary overview of Project Roomkey is provided in Section II; Section III offers a profile of the 297 older adults sheltered under Project Roomkey as of April 30, 2020. The profile examines these clients at two levels:

- The demographic composition of the program's older adult subset as compared to the larger Project Roomkey client population.
- Client Vulnerability Index (VI) scores and self-reported disability information in the Homeless Management Information System (HMIS) are assessed in combination with homeless and mainstream service use patterns associated with Project Roomkey clients to parse the older adult segment of the program's population into four groupings, from most to least vulnerable.

Necessary Commitments. This two-tiered population profile informs the transition strategy recommended in Section IV, the primary goal of which is to ensure that those housed through Project Roomkey retain housing upon conclusion of their emergency stays in participating hotels. Meeting this objective with respect to the program's older adult clients will necessitate commitments to the following:

- Where continued occupancy in hotels participating in Project Roomkey is not possible, immediate placement of all clients in permanent housing or a on a rapid path to permanent housing arrangements that are safe and do not introduce added health risks.

- Provision of Housing Stabilization Case Management Services to all clients, encompassing mainstream benefits enrollment (e.g. SSI, SSDI, GR, CalFresh), housing transition counseling, landlord negotiation, coordination of move-in assistance, and transition to community health and service supports.

- A flexible approach in fitting clients to a diverse range of possible long-term housing options on a client-by-client basis and as informed by specific client needs and vulnerabilities and assuring safety from potential COVID-19 exposure through opportunities for self-isolation and quarantine.

Section V concludes this report by looking at the next steps for the County and LAHSA assuming the recommended strategy is adopted.

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II. A Summary Overview of Project Roomkey

Project Roomkey (PRK) represents a collaboration between the County of Los Angeles, the State of California, the City of Los Angeles, and the Los Angeles Homeless Services Authority (LAHSA). Through PRK, persons who are vulnerable to COVID-19 and experiencing homelessness are provided with hotel and motel rooms to enable them to shelter safely in place. The program's purpose is not only to protect the health of its clients but also to protect hospital capacity and resources, since Project Roomkey clients are more likely than the general population to require hospitalization and intensive care should they become infected with the novel coronavirus. Roughly one fifth of Project Roomkey clients examined in this report at least 65 years old and, although the data are not exhaustive, they suggest that upwards of 90 percent have chronic health conditions. PRK housing is available temporarily during the COVID-19 emergency only, so PRK residents will require permanent housing solutions once the program comes to an end.

Project Roomkey is open to anyone experiencing homelessness who is vulnerable to complications of COVID-19, but who is not infected with the disease. That is, clients must neither be COVID-19 positive nor have COVID-19 symptoms, must be over 65 years of age and/or have a specific underlying medical condition that places them at higher risk for severe illness should they contract COVID-19, and must be referred to the program by a service provider or law enforcement officer. No walk-ins are accepted.

The County took a community-focused approach to identifying and referring PRK clients. For each PRK site, homeless services providers work first to identify clients experiencing homelessness in the city where the site is located. They then work to identify clients in adjacent cities and unincorporated areas, and finally refer clients from throughout the site's Service Planning Area (SPA). For that reason, the County has opened PRK sites in all 8 SPAs

Each hotel or motel that agrees to become a PRK site enters into an occupancy agreement for three months, with an option to extend the agreement as the pandemic continues. As of May 11, there were 3,101 rooms under contract, of which 2,011 were operational and 1,741 were occupied with 1,978 total clients.

III. A Comparative Profile of Older Adults Sheltered Under Project Roomkey

Older Adult Project Roomkey Clients in Relation to LAHSA's Larger Client Population. LAHSA and the HI sheltered a total of 1,498 single adults under Project Roomkey as of April 30, 2020. These adults comprise a small fraction - approximately 2 percent - of the single adults LAHSA is expected to serve overall in FY

2019-20 (Figure 1a).[1] Roughly one-fifth of these Project Roomkey clients, a total of 297, were at least 65 years of age at the time they were sheltered through the program.[2]

Older adults are disproportionately represented within Project Roomkey by design. Whereas older adults will account for roughly 7 percent of the single adults LAHSA is expected to serve in FY 2019-20 (Figure 1b) and, more specifically, 6 percent of those who meet the Department of Housing and Urban Development's (HUD's) eligibility criteria for services restricted to persons who are homeless, 19.8 percent of the Project Roomkey client population examined here is least 65 years of age (Figure 1c.).

Figure 1a. The PRK Study Population in Relation to LAHSA's Expected FY 2019-20 Single Adult Client Population
***N*=~73,000**

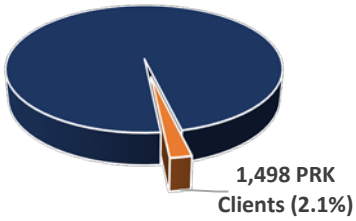


Figure 1b. Older Adults within LAHSA's FY 2018-19 Single Adult Population Overall
***n*=72,895**

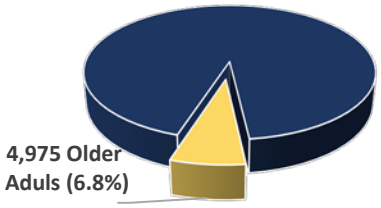
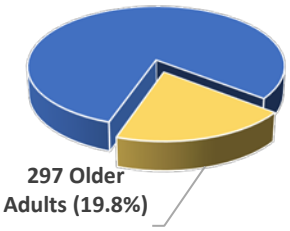


Figure 1c. Older Adults within the Larger PRK Study Population
***n*=1,498**

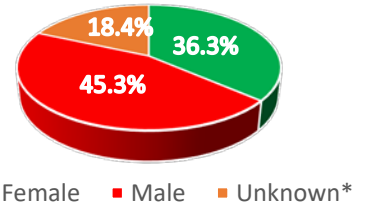


The older adult share of the program's total client population reflects the Center for Disease Control and Prevention's identification of older adults as "at higher risk for developing more serious complications from COVID-19 illness" than the general population.

The Demographics of the Overall Client Population. Basic aspects of the demographic composition of the full Project Roomkey client population are shown in Figure 2. Men constitute a larger share of those within the population whose gender is recorded in LA County's integrated data system (Infohub) (45.3% versus 36.3% female, Figure 2a). Non-Hispanic white clients comprise a plurality of the clients whose race and/or ethnicity is provided in Infohub (37.1%), but more than one-fifth of the population has no information at this level recorded in the system. Non-Hispanic Black and Hispanic clients *combined* comprise two-fifths of the overall client population (Figure 2b).

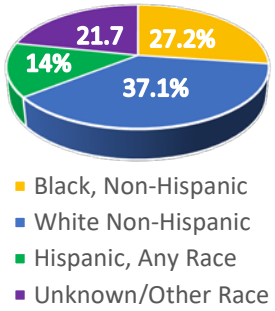
Figure 2. The Demographic Composition of the Project Roomkey Population, *N*=1498 Clients

2a. Clients by Gender



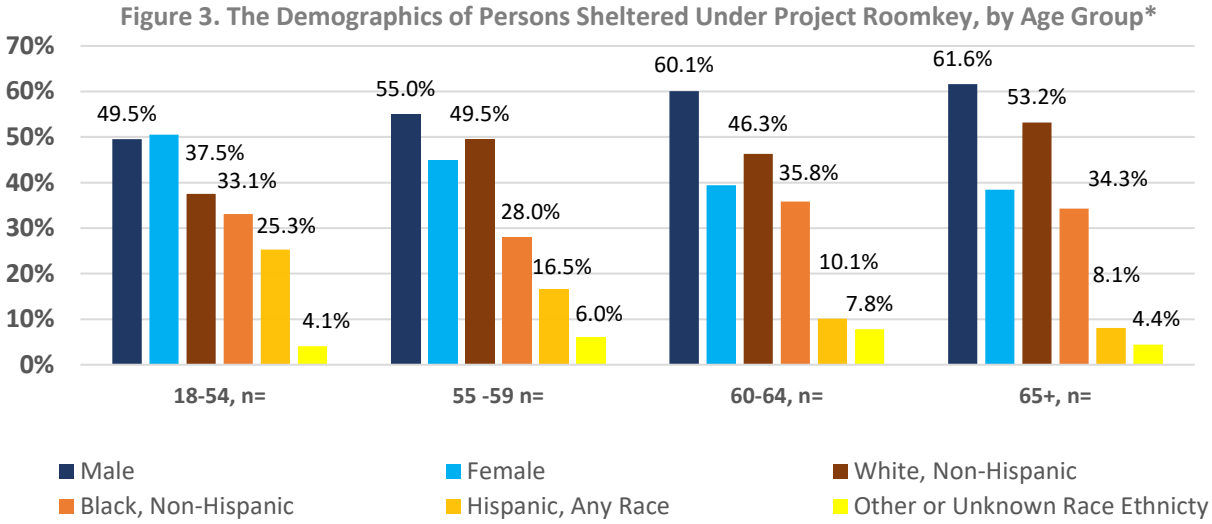
*Includes 2 clients coded in the data as *Other*

2b. Clients by Race/Ethnicity



[1] This proportional measurement is based on the number of single adults LAHSA served in FY 2018-19 (*n*=72,895) and an assumption that the agency will administer services provided to approximately the same number of single adults in FY 2019-20.
[2] *A total of 266 the PRK clients shown here (17.8% of the full PRK study population) cannot be placed into an age bracket due to missing information. Since these clients tend to also have other demographic information missing as well, they are not represented in this graph.

Figure 3 parses the demographic composition of the Project Roomkey population by age group. Note that age information is not presently available for close to 18 percent of the population (266 clients) and these persons tend additionally to have other information missing as well, which is why they are not represented in the Figure.

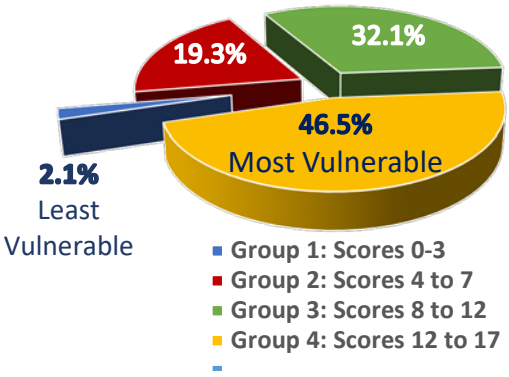


Gender. The gender distribution among clients aged 60 to 64 is equivalent to that of the 297 clients over 65. Roughly three-fifths of clients in both age brackets are men. The population becomes moderately less skewed towards men in the 55-to-59 bracket, where 55 percent of the clients are male. In the 18-to-54 bracket, women comprise a slight and statistically insignificant majority (51.5 percent versus 49.5 percent of the clients in the subset who are male). The proportion of women in the 18-to-54 subset is approximately 13 percentage points higher than for the Project Roomkey population as a whole. At the same time, the proportion of men in the 65+ bracket is roughly 16 percentage points higher than the distribution in the program population as a whole. These uneven distributions in both brackets might be different if the needed information were available for the 266 clients in the program whose gender is presently unknown.

Race and Ethnicity. The racial and ethnic composition of the population becomes less evenly distributed with age. Within the 18 to 54 bracket white, black and Hispanic clients comprise 37.3 percent, 33. 1 percent and 25.3 percent of the subset respectively, while race/ethnicity is unavailable for 4.1 percent. In the 55 to 59 bracket, the proportion of white clients spikes to almost half the subset, while the black subset is more than 20 percentage points lower and roughly 10 percentage points lower than the black portion of the 18 to 54 bracket. Similarly, the share of Hispanic clients in the 55 to 59 bracket is approximately 9 percentage points lower than what is observed in the 18 to 54 subset. Relative to the 55 to 59 bracket, higher proportions of the 60 to 64 and 65+ subsets are black (slightly more than one-third in both groups), but the Hispanic portions of both groups are significantly smaller.

More than half of the 65+ subset is white (53.2 percent versus 37.1 percent of the full client population). Black clients are also over-represented in the 65+ subset by comparison with the overall client population, though to a lesser degree (37.1 percent versus 27.2 percent of the population). By contrast, the representation of Hispanic clients declines systematically with each age group from one-quarter of the 18 to 54 subset, to 16.5 percent of the 55 to 59 subset, to 10.1 percent and 8.1 percent of the 60 to 64 and 65+ subsets respectively. The share of Hispanic clients within the 65+ subset is almost half the share of Hispanic clients in the client population as a whole (8.1 percent versus 14 percent).

Figure 4. The Full Project Roomkey Population, as of April 30, by Vulnerability Group
n=611 Assessed Clients*



*This is the number of clients with assessment scores recorded in HMIS dating back to April 2019. Within the full Project Roomkey client population (*N*=1,498 clients), a total of 716 of the 1,217 with any LAHSA enrollments recorded in HMIS dating back to April 2019 (58.8%) meet the HUD standard for chronic homelessness.

Vulnerabilities. The standard source used to measure vulnerability levels of persons with homeless services system encounters is their CES assessment VI-SPDAT scores. The vulnerability profile approach taken for this report is to first examine the mean of each client's VI-SPDAT scores dating back to April 2019. The mean scores are parsed by four vulnerability groups from Least (Group 1) to most vulnerable (Group 4). The distribution of the Project Roomkey population into the vulnerability groups is then refined and validated through analyses of any self-reported disability information in HMIS and client homeless and mainstream service use patterns, including jail system involvement.

Assessment Scores. Figure 4 shows the 611 assessed Project Roomkey clients in our study population, regardless of age. The distribution suggests LAHSA's effort to prioritize the most vulnerable homeless clients either in facilities or on the streets has been successful.

Table 2. Assessment Scores Dating Back to April 2019

Project Roomkey Clients by Age Group	Clients with Any CES Score* #	Clients with Any CES Score* % Row *n*	Average Score+
All Project Roomkey, *N*=1,498	611	40.8	10.7
All with Known Age, *n*=1,232	611	49.6	10.7
18 to 54, *n*=517	241	46.6	11.0
55 – 59, *n*=200	94	47.0	10.5
60-64, *n*=218	116	53.2	10.8
65+, *n*=297	151	50.8	10.4

*The counts shown are the number of clients with any SPDAT score dating back to April 1, 2019.

+All client scores recorded in HMIS dating back to April 1, 2019 are included in these measures. These averages are averages shown in the column are therefore the *average client mean VI-SPDAT score.*

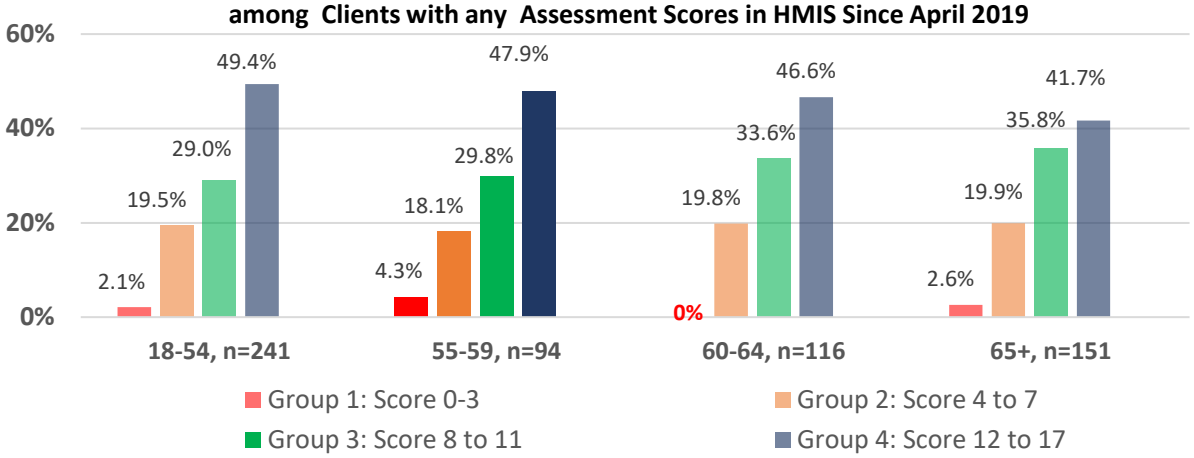
Whereas approximately 47 percent of the assessed subset have mean VI-SPDAT scores placing them in the most vulnerable grouping, 2.1% have scores placing them in the least vulnerable grouping. By extension, while 78.6% have mean scores that place them in the two most vulnerable groups, 21,4% have mean scores that place them in the two least vulnerable groups.

Table 2 shows the number of clients with such scores and the *average mean client assessment score* by age group. All four age groups are similar in terms of both mean client scores and the proportion of clients with scores recorded in HMIS over the one-year lookback, which suggests that analysis based on the available scores is not likely to be skewed by outliers.[3]

[3] The average mean client VI SPDAT score shown in Table 2 for the full Project Roomkey population is approximately two points higher than the average for all single served by LAHSA in FY 2018-19 who had SPDAT scores over a lookback period of the same duration.

Vulnerability Levels Parsed within Age Groups. Figure 5a presents the distribution of vulnerability within age groups. The share of older adults in the highest vulnerability group is approximately five percentage points below the average across all four groups, but the share of older adults in the two highest vulnerability groups (77.5 percent in Group 3 and Group 4) is only one percentage point lower than the average across all four age groups.

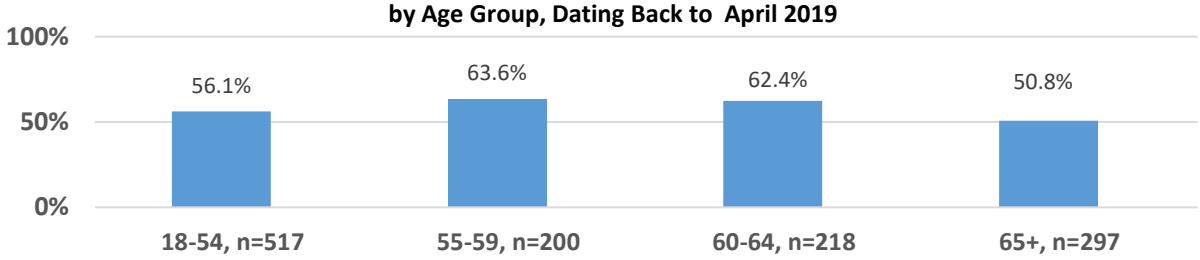
Figure 5a. Project Roomkey Client Vulnerability Score Grouping, by Age Group and among Clients with any Assessment Scores in HMIS Since April 2019



The share of older adults in the highest vulnerability group is approximately five percentage points below the average across all four groups, but the share of older adults in the two highest vulnerability groups (77.5 percent in Group 3 and Group 4) is only one percentage point lower than the average across all four age groups. One noteworthy difference in looking at older adult Project Roomkey clients is the comparatively low percentage who are chronically homeless, the lowest among the four age groups. An average of 61 percent of those in the 18 to 54, 55 to 59 and 60 to 64 age groups taken together are chronically homeless versus roughly 51 percent in the older adult subset.

Figure 5b shows, per HMIS, the chronically homeless portion of each of the four age groups. One noteworthy difference in looking at older adult Project Roomkey clients is the comparatively low percentage who are chronically homeless, the lowest among the four age groups. An average of 61 percent of those in the 18 to 54, 55 to 59 and 60 to 64 age groups taken together are chronically homeless versus roughly 51 percent in the older adult subset.

Figure 5b. Project Roomkey Clients Identified as Chronically Homeless HMIS, by Age Group, Dating Back to April 2019



Self-Reported Disability Information in HMIS. As is the case for VI-SPDAT assessment scores, self-reported disabilities recorded in HMIS are available for a subset of the Project Roomkey population. Table 3 provides the numbers and percentages of clients served through the program with disability information available in HMIS by age group, again dating back to April 1, 2019.

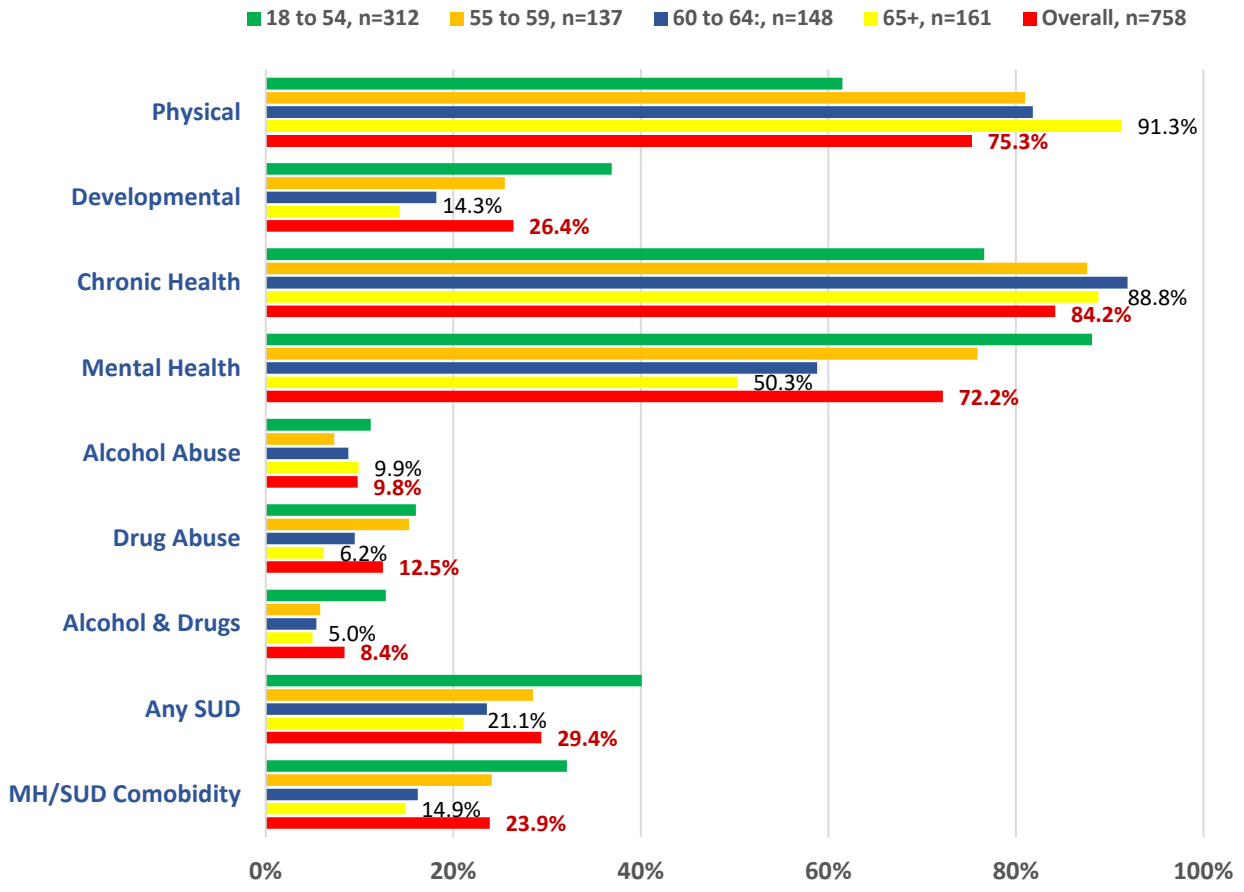
In general, the segment of the Project Roomkey population for whom disability information available is higher than the segment who have VI-SPDAT scores available within the same 12-month lookback period (i.e. disability information is known for roughly 62 percent of those in the Project Roomkey client population versus roughly half of the same subset for whom assessment scores within the same 12-month period are available in HMIS).

Table 3. Clients & Available Disability Reports

Project Roomkey Client Age Groups	Report in HMIS	
	#	% Row *n*
All Project Roomkey, *N*=1,498	772	51.5
All with Known Age, *n*=1,232	758	61.5
18 to 54, *n*=517	312	60.3
55 -59, *n*=200	137	68.5
60-64, *n*=218	148	67.8
65+, *n*=297	161	54.2

Relative to the rest of the program population examined in this report however, a smaller portion of the older adult segment of the Project Roomkey population have recent disability reports in HMIS. Figure 6 summarizes the information in these reports for our four Project Roomkey age groups and for the program population overall.

Figure 6.
Self-Reported DIsabilities within Project Roomkey Client Age Groups



Approximately 54 percent of the older adult segment versus an average of 61.5 percent client population overall and an average of roughly 66 percent among all clients under 65. This difference may mean that older adult clients are not proportionally represented in information drawn from disability reports overall, regardless of age, but inferences drawn from the disability reports are nevertheless based on a slightly

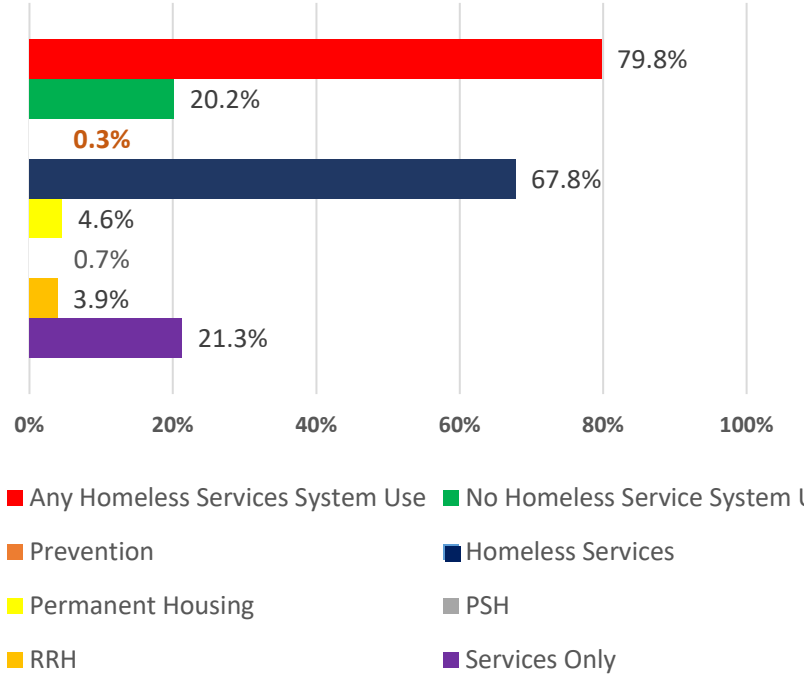
larger share of the older adult subset (roughly 54 percent) than those drawn from the client mean SPDAT scores (approximately 51 percent).

Three-quarters of the overall Project Roomkey client population examined here have physical disabilities. Not surprisingly, the older adult segment of the population is above average at this level of analysis as roughly nine out of ten clients in the 65+ subset are physically disabled and close to the same proportion have chronic health conditions. While behavioral health disorders are not as prevalent among older adult Project Roomkey clients reporting any disorders, roughly 50 percent of the 65+ subset nevertheless report mental health issues, 21 percent report Substance Use Disorders, and 15 percent report co-occurring disorders.

A smaller but nevertheless sizable segment have mental health conditions, including mental health conditions coupled with physical health disabilities and SUDs. The appropriate housing strategy for the program's older adult age group must therefore place the heaviest emphasis on physical health but also sufficiently establish channels through which older adults with other types of disabilities can obtain housing and supportive services as well.

Engagement with the Homeless Services System. Homeless and mainstream service use patterns offer an additional vulnerability proxy that can help validate the distribution suggested by the SPDAT scores and the disability data in HMIS and act as a check against faulty assumptions and inferences. Service use can also add refinement to the distributions produced with other measures and indices and inject important specifications into the process of developing a strategy to transition older adults into post PRK housing arrangements.

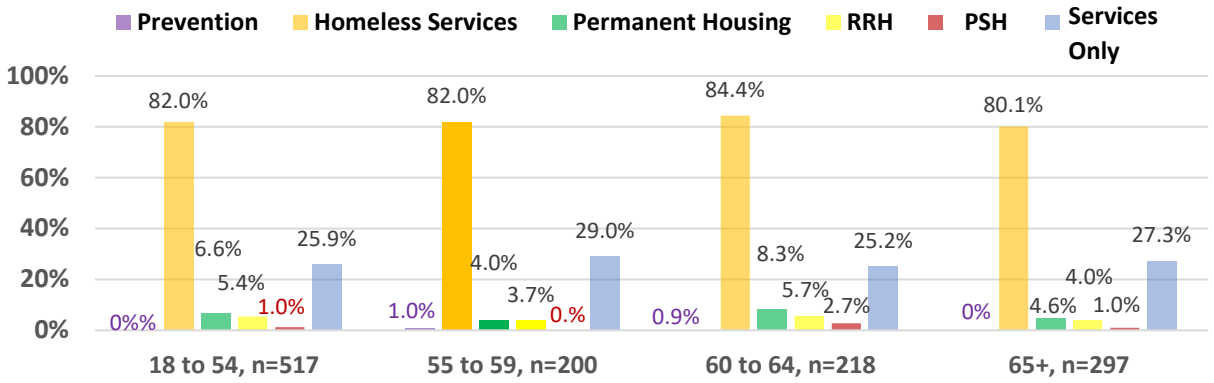
Figure 7. Use of the Homeless Services System Among Project Roomkey Clients Over a One Year Lookback period
***N*=1,498**



As shown in Figure 7, four-fifths of the overall Project Roomkey population had records of using LAHSA services at some point during the 12months prior to their Project Roomkey start date.

Two Thirds of the client population – and three quarters of those who used LAHSA services during the one-year lookback period – used *homeless services,* i.e. interim and bridge housing, emergency shelter and Street Outreach. Figure 8 presents the same population during the 12 months prior to the client Project Roomkey start date, parsed by age.

Figure 8. Engagement with LAHSA Over a One-Year Lookback Period Among Project Roomkey Clients, by Age Group



Figures 7 and 8 together show that, regardless of age, no prevention services use is observed among Project Roomkey clients. As a matter of policy, LAHSA does not make prevention services available to persons who are *literally homeless*.

The homeless services use patterns by age group mirror the patterns observed for the overall Project Roomkey population. Only small portions of each age group were placed in permanent housing during the lookback period, including less than one in 20 of every client in the 65+ age, and almost all these placements were into Rapid Re-Housing.

Table 4. Clients with SSI Records in HMIS

Project Roomkey Client Age Groups	On SSI at Program Entry	
	#	% Row *n*
Overall *N*=1,498	321	21.4
All with Known Age, *n*=1,325	297	22.4
18-54, *n*=517	59	11.5
55-59, *n*=200	49	24.5
60-64, *n*=218	62	28.4
65+, *n*=297	127	42.8

Information on SSI Receipt in HMIS The Supplemental Security Income program provides a federally-funded monthly cash grant and medical coverage to persons who are unemployable due to permanent disability and eligibility is otherwise automatic for persons who are at least 65 years of age. In California, recipients receive their Medi-Cal eligibility through SSI. In Los Angeles County, those covered under Medi-Cal who are not on SSI maintain their eligibility through DPSS.

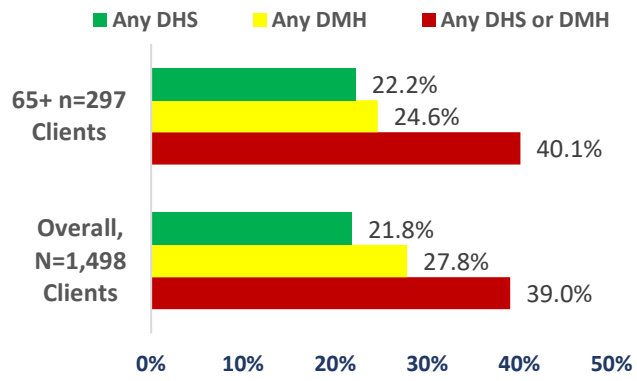
Roughly 21 percent of the Project Roomkey clients examined for this report have records of SSI receipt in HMIS (Table 4). Among older adults in the study population, approximately 43 percent have records of SSI eligibility in HMIS, a rate considerably lower than what is observed for older adults with records in HMIS more generally. A total of 3, 117 of the 4,957 older single adult clients with FY 2018-19 enrollments in HMIS (62.9 percent) had records of SSI receipt in the system. However, the rates shown in Table 4, are diluted by the subset of clients with no service records to speak of in HMIS who are nevertheless included in the underlying denominators.

At the same time, assuming the percentages shown offer a reasonable approximation of SSI receipt amongst a subset of the population that is automatically eligible by virtue of their age, the implication is that connecting older adult clients to benefits for which they are eligible must be a key aspect of the Project Roomkey transition strategy.

Mainstream Medical Services Use. Patterns of mainstream service use offer an additional vulnerability proxy that help strengthen the inferences drawn from the distribution of SPDAT scores, disability reporting in HMIS, and patterns of homeless service use.

Given the high-vulnerability criteria for Project Roomkey prioritization, however, it is perhaps somewhat surprising to find that roughly 60 percent of the overall Project Roomkey population were served by neither DHS nor DMH during the two years prior to their program start dates (Figure 9).

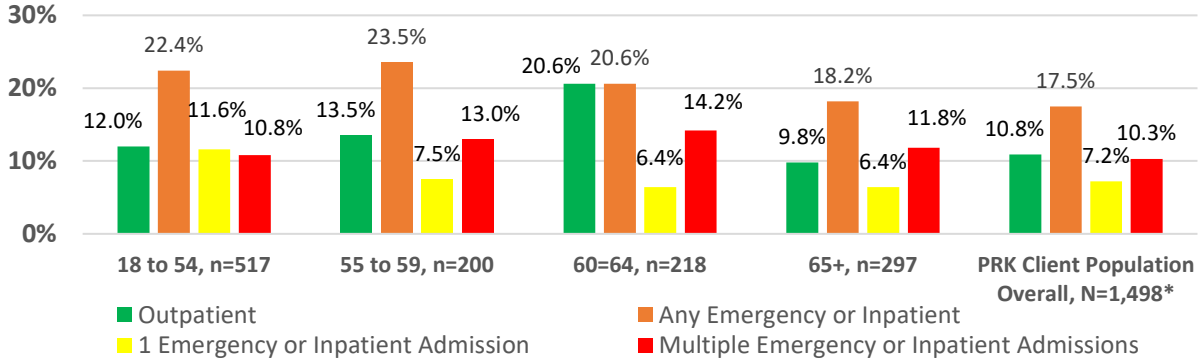
Figure 9. Project Roomkey Clients Using DHS and/or DMH Services During a Two-Year Lookback Period



It is important to note, however, that non-County health service providers are not represented in Figure 10. The same caution exercised in drawing inferences from other data sources that do not include relatively large segments of the Project Roomkey population is to be applied in examining health service use patterns as well.

Use of DHS Services. Figure 10a shows clients using DHS services during the two years prior to their Project Roomkey start dates. While the patterns are similar across the four age groups, a somewhat smaller segment of the older adult subset used DHS services during their two-year lookback periods.

Figure 10a. Project Roomkey Clients with DHS Episodes and Encounters Over a Two-Year Lookback Period , by Age Group and Servcie Modality



*This combined total includes 266 Project Roomkey clients whose age was unknown at the time of this writing.

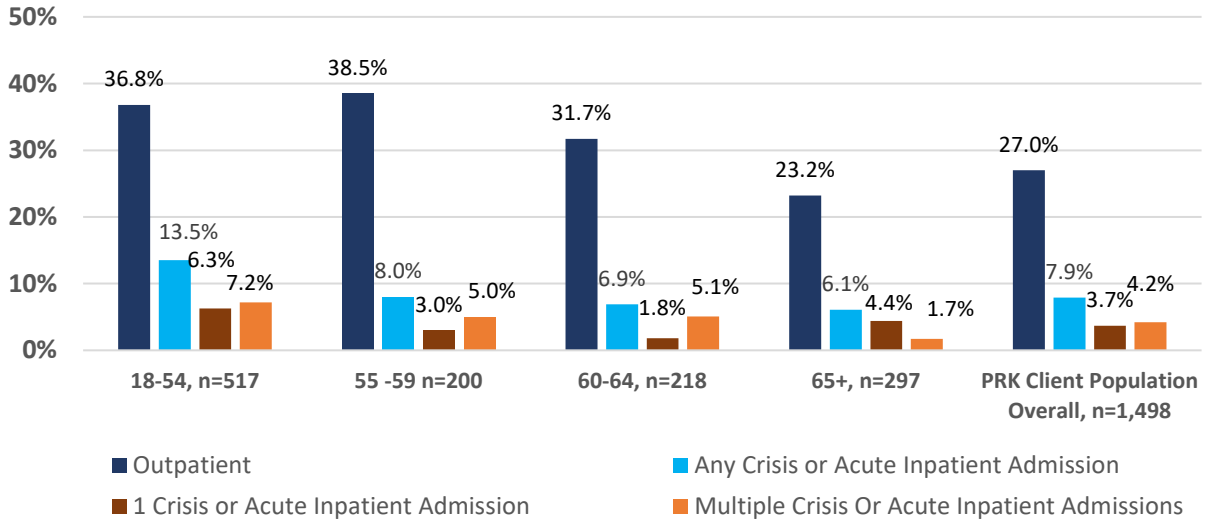
Despite the roughly 9 of every 10 older adult Project Roomkey clients with disability reports in HMIS who report chronic health conditions, the less prevalent use of DHS services observed here is likely due to the larger proportion of persons 65+ persons covered under Medi-Cal, in which case they will use DHS services if the department is their Medi-Cal Managed Care provider. Across all age groups and in looking at the program population overall, regardless of age, client use of Emergency Rooms significantly outstrips use of outpatient services, a pattern which tends to be more commonly observed among the uninsured and in this instance may to some degree reflect Project Roomkey clients who are not enrolled in Medi-Cal and not on SSI.

Use of DMH Services. Figure 10b. shows Project Roomkey clients receiving treatment through DMH over the two-year observation period, parsed by service modality and age group. The patterns in the graph are consistent with the typical patterns of mental health services provision, where the overwhelming number of services are outpatient encounters that are components of treatment provided on an ongoing and routine basis.

Approximately 14 percent of the 18 to 54 Project Roomkey client subset had Acute Inpatient episodes and/or Crisis Stabilization encounters over their two-year lookback periods. Only between 6 percent and 8 percent of each of the other three age groups received these types of services. Echoing the earlier analysis if mental illness and substance abuse self-reports (Figure 7), rates of outpatient and inpatient service use are substantially lower among older age groups.

Medical Diagnoses. As shown in Figure 9, approximately 22% of the full project Roomkey population and the older adult subset received service through DHS in the two years prior to their Project Roomkey start date. The diagnoses associated this DHS service use are shown in Appendix A . In most diagnostic areas older adults are not appreciably differentiated from the client population as a whole in terms of the frequency of certain types of diagnoses.[4]

Figure 10b. Project Roomkey Clients with DMH Episodes and Encounters Over A Two-YearLookback Period, by Age Group and Servcie Modality



Aside from the comparative analysis, however, the information produced through the analysis of DHS service use among older adults in the Project Roomkey client population is highly suggestive and useful in showing, for example, that close to 70 percent of these DHS patients are diagnosed with blood disease or circulatory issues, while 61 percent are diagnosed with complications stemming from endocrine disorders, including diabetes, and 35 percent are diagnosed with musculoskeletal issues. Moreover, the

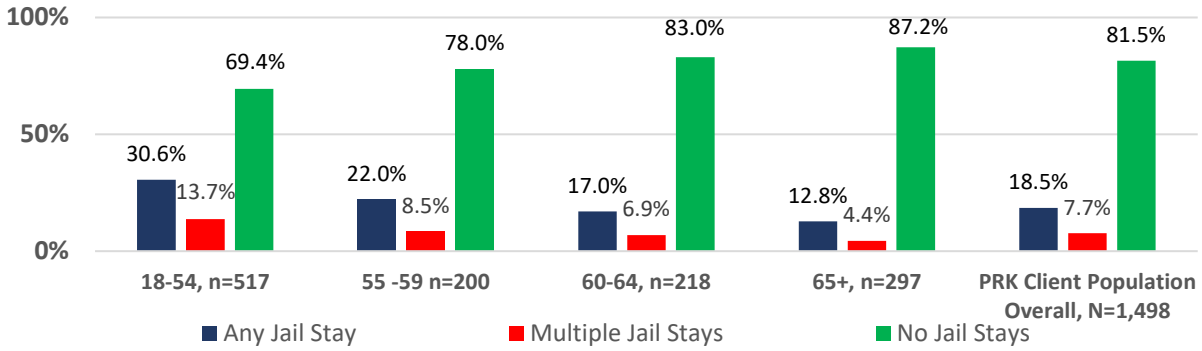
[4] Some exceptions to this, however, are genitourinary disease (kidney disease and kidney failure), which was diagnosed in roughly 44 percent of the older adult DHS service users in our study population during the two year look back versus 30 percent of the DHS service users in the study population overall, and psychiatric and mental health diagnoses, which were included in approximately two-thirds of the DHS records for the full Project Roomkey during the lookback period versus slightly more than half of the DHS records for the 65+ subset. This is fairly consistent with information provided in the HMIS disability records.

percentages shown in Appendix A (Figure A1) suggest that many patients are diagnosed with a broad range of overlapping health problems.

Figure A2 in Appendix A shows the diagnoses associated with the DMH service users during the two-year lookback period. Similar to what is observed with DHS, a comparison of older adults and the overall study population in terms of their DMH diagnoses is not particularly instructive since the distributions are similar. Figure A2 is nevertheless useful in showing that the most common diagnoses, regardless of age, are *Mood Disorders* and *Schizophrenia or other Non-Mood Psychotic Disorders*. That more than three fifths of the or DMH service users among Project Roomkey's older adult clients were diagnosed in at least one of these categories during the observation period is relevant to planning for the older adult transition out of Project Roomkey housing.

Jail System Involvement. Jail system involvement, and especially *repeated* involvement, is an added behavioral health vulnerability barometer. Figure 11 is based on the same two-year lookback approach and indicates that the number of Project Roomkey clients with jail stays decreases with age. Close to 31 percent of the 18 to 54 client age group spent time in jail at some point during the two-year observation window and more than one in eight of those in this age group were jailed more than once. Within the 55 to 59 age group, 22% were jailed over two years but the number jailed multiple times decreases to 8.5% (approximately 1 in 12).

Figure 11. Project Roomkey Clients With and WIthout Records of Jail Stays Ove A Two-Year Lookback Period, by Age Group



Within the older adult age group, 13 percent were jailed over two years and roughly 1 in 22 were jailed multiple times. Figure 13 affords a comparison of the older adult subset and the population as a whole and shows that the 65+ clients are generally less ensnared in the jail system than the other Project Roomkey client age groups.

Profile Summary

Table 3 summarizes the two-pronged comparative profile conducted here to show the contours of the older adult subset within the context of the larger Project Roomkey population, both demographically and in terms of the available evidence on the distribution of vulnerability within the age group. The program's 65+ clients are more male, and both whiter and blacker but considerably less Hispanic than the other age groups, particularly the 18 to 54 group.

The 65+ client acuity scores are equivalent to the larger client population. Their scores place a smaller portion of the age group into the highest vulnerability grouping but the combined total of clients in Groups 3 and 4 is in line with the rest of the study population. At the same time, however, a smaller proportion

of older adult clients are chronically homeless when compared with other Project Roomkey client age groups.

Disability reporting in HMIS provides several important angles. At one level, more than 90 percent of those older adult clients with recent disabilities recorded in HMIS report physical ailments and almost 90 percent report chronic health conditions. At a second level, half the older adult Project Roomkey subset reports mental health disabilities, which is significant but also more than 20 percentage points lower than the proportion reporting mental health disabilities in the population as a whole. Similarly, at a third level, more than a fifth of the older adult subset reports SUDs in the HMIS disability reports and close to 15 percent report co-occurring disorders. While these percentages are important to consider in developing a transition strategy for the program's older adults, they are lower than the shares observed in the client population overall.

Patterns of homeless services use across all age groups are similar. Roughly 80 percent of the older adult subset with any records of receiving LAHSA services over the 12-month lookback used services reserved for persons who are *literally homeless*.

Mainstream health service use patterns indicate that smaller segments of older adult Project Roomkey clients receive emergent, inpatient, acute inpatient and crisis stabilization treatment through DHS and DMH by comparison with other client age groups, though with respect specifically to DHS this is, as noted above, likely due to the higher proportion of persons in the 65+ age bracket who are covered under Medi-Cal and use non-DHS Managed Care Providers. Additionally, a significantly smaller share of the older adult age group has records of recent involvement in the County's jail system.

Table 5. Comparison of Older Adults with Other PRK Clients

	Higher	Lower	Equivalent	Mixed
Male	✓			
Black	✓			
White	✓			
Hispanic		✓		
Acuity Measure			✓	
Chronically Homeless		✓		
Disability				✓
Homeless Services Use			✓	
DHS Resource Intensive Services		✓		
DMH Resource Intensive Services		✓		
Jail Involvement		✓		

Age is the Key Factor Determining the Vulnerability of the Older Adult Client Subset. Table 3 shows that the 65+ adults in the Project Roomkey population are not rated *higher* in any of the row categories that are not demographic. This is important to consider in developing the post Project Roomkey strategy and suggests that the primary variable at the basis of the older adult subset's vulnerability is age. Clients in the subset have significant vulnerabilities to be sure, but what distinguishes these persons from those in other age groups is that they are older and more at risk as a consequence of this.

IV. A Housing Transition Strategy

Two Goals and Three Commitments. A strategy for transitioning adult clients who are at least 65 years old out of Project Roomkey must be guided by two inter-related goals, the first of which is not specific to older adults but can rather be framed as a core programmatic principle:

- Ensure all Project Roomkey clients are placed into safe permanent or interim housing upon moving out of the participating hotels and motels.

At the same time, our analysis suggests that the Project Roomkey client population's 65+ age group consists of persons with permanent or chronic physical health conditions and that roughly half will have mental health disorders as well. In addition, older adults have a variety of unique needs that must be met in any permanent housing placement, such as accommodations for limited mobility, visual impairment, hearing impairment, and/or memory issues. The housing arrangements into which Project Roomkey clients transition must therefore be coupled with the appropriate health and mental health supportive services and disability accommodations.

- *Safe housing coupled with services that effectively address client vulnerabilities.*

To meet these two goals, the County and LAHSA must work with a broad array of stakeholders to make three commitments, which themselves will require planning and ongoing assessment:

- Where continued occupancy in hotels and motels participating in Project Roomkey is not possible, place all older adults either directly into permanently housing or on a prioritized path, ideally not to exceed 90 days from interim to permanent housing arrangements.
- Establish Housing Stabilization Case Management Services (HMSCMS) for all older adult clients, encompassing benefits enrollment (SSI and SNAP/CalFRESH), housing transition counseling, landlord negotiation, coordination of move-in assistance, and transition to community health and service supports.
- Adopt a flexible approach in fitting clients to a diverse range of possible long-term .housing options on a client-by-client basis and as informed by specific needs.

Managing the Transition

An Emphasis on Safety and Health. Planning for the transition of clients, regardless of their age, from Project Roomkey hotels and motels to other housing arrangements will involve not only LAHSA, the HI, the Office of Emergency Management (OEM), and other offices in the CEO, but also the three County health departments and additional County and non-County stakeholders. Transitioning Project Roomkey clients must be approached with an emphasis on their continued safety, including maintaining their ability to isolate or quarantine themselves as necessary. As plans for moves into permanent housing are made, preference should be given for clients to continue their temporary residence in hotels or motels until a long-term option that meets their safety requirements becomes available. If a temporary move is necessary, clients should be provided alternative interim housing that also continues to maintain their safety. At the same time, placement in permanent housing should be expeditious.

Accounting for Project Roomkey Clients and Matching them to the Appropriate Housing Arrangements. Management of the transition must place a premium on accurate recordkeeping that can inform and drive tactical decision making with reliable counts of persons housed under Project Roomkey at any particular point in time, as well as with information on the hotel and motel facilities where clients are residing, their move-in and projected move-out dates, and the supportive services and accommodations they will continue to need after exiting the program.

This systematic client population account must then be linked to a second account of the inventory of permanent and interim housing facilities and slots so as to enable the planning process to match Project Roomkey clients to appropriate and available housing arrangements. The mechanism through which this systematic account is produced must be flexible enough to absorb and accurately reflect ongoing changes.

We recommend the HI, OEM and LAHSA work with the Office of the Chief Information Officer (OCIO) to determine if the tools currently being deployed to link Project Roomkey clients to appropriate housing arrangements are sufficient and to identify existing technical capacities that could be expeditiously leveraged to strengthen the process. Similarly, given the high costs of unexpected and unplanned housing transitions, we recommend careful consideration of near-real-time systems for tracking client housing and homeless trajectories.

Appropriate Permanent Housing as the First Option for Older Adults. Assuming older adults are to be prioritized in matching Project Roomkey clients to housing arrangements, this prioritization must not come at the expense of clients' safety during the COVID pandemic or of finding appropriate housing to meet each client's distinctive needs. Placement into permanent housing with the appropriate supports should framed as the first option. Where such placements are not possible, clients must be immediately placed in equally safe and appropriate interim housing and on a prioritized and expeditious path to permanent housing.

As discussed below, clients will require a range of long-term interventions depending on their particular situation and vulnerability. Some of these interventions, however, including some shared housing and residential care, will not be feasible or appropriate in the short term due to clients' continued need to self-isolate during the pandemic. For this reason, a longer-term, stable temporary housing option will be necessary for some Project Roomkey clients to allow them to live safely until an appropriate permanent placement can be identified. A variant of the Rapid Rehousing model could serve this purpose.

A Variant of the Rapid Rehousing Model Provides a Framework

Rapid Rehousing (RRH) is typically considered a standalone program leading to a permanent housing exit from homelessness. In the case of Project Roomkey's older adult clients, however, a variant of RRH that applies the modality's core features flexibly could provide the programmatic framework for managing the transition of all clients from hotels and motels into safe and appropriate permanent housing, especially since finding such housing and then processing applications for various housing assistance programs can take time and Project Roomkey clients are presently limited to 90 days of residence in the participating hotels and motels.

Leveraging the Model's Familiarity and Flexibility. As discussed above, Project Roomkey's older adult clients represent a diverse group with diverse needs. The evidence gathered for this report demonstrates some of these needs, and assessments of necessary disability accommodations will identify others. Thus, some clients will be more ready for permanent housing than others, and different types of arrangements will be appropriate for varied types of clients, some of which will require more time than others.

The appeal of RRH as a model in this context stems from the model's flexibility as a path from interim housing to a relatively wide array of permanent housing possibilities as discussed below. RRH is also a model with which there is considerable familiarity and experience across Los Angeles County's homeless service system in terms of management and the provision of services. Adopting a variant of the model would facilitate the transition process by shortening the time needed for ramp up and deployment, while still meeting the core needs of stability, safety, housing navigation and supportive services.

HSCM will be a Core Component of the Transition. Given a high-vulnerability older adult subpopulation and the need to both integrate health and supportive services with their housing arrangements and ensure the coordination and continuity of care, housing stabilization case managers (HSCMs) will be critical to the success of the transition, monitoring and tracking connection to and engagement with

services and treatment, but also negotiating with landlords, facilitating move-in assistance, and conducting eligibility assessments to ensure clients are connected to all benefits for which they are eligible (e.g. SSI, SSDI, GR, CalFresh).

The HSCM will also be responsible for transitioning clients to community and in-home supports that will enable them to remain safely housed, including assistance with daily living and in-home health care, as necessary. We recommend that the County and LAHSA explore whether the costs associated with providing these case management services can be covered by Medi-Cal. Because the effort to house all older Project Roomkey clients will require a broader range of housing placement options than homeless housing navigators may be familiar with (see below), HSCMs may require additional training to serve all of their clients successfully.

Move-in Costs and Flexible Financial Assistance. Another core component of RRH is the provision of financial assistance to facilitate the transition to housing. This can include lease-up (first- and last-months' rent and security deposit) and other move-in expenses, as well as temporary rent assistance. RRH rent assistance could serve as a bridge to a permanent subsidy, for up to a year, and, if necessary up to two years. Consideration might be given as to whether FEMA funding could pay for the temporary rent assistance and move-in costs.

Subsidy Options

While some Project Roomkey clients fit comfortably within the established categories governing housing placement through the Coordinated Entry System, others do not. Therefore, a range of subsidy options must be considered to ensure that all clients transition successfully to permanent housing.

Shared Living Housing Allowance ("shallow subsidy"). All clients capable of independent living should be offered the option of a Shared Living Housing Allowance (hereafter "housing allowance"). The housing allowance is intended as a supplement to SSI, that might enable clients to secure a room in a shared living arrangement with friends, family, partners, or roommates or as a boarder. The allowance is intended to be used in combination with some contribution of the client's income. The housing allowance could be paid directly to the provider of that housing. HSCM staff should work with clients to assure that the. housing provides for health and safety, including the ability to self-isolate and quarantine. The appeal of the housing allowance is that it is flexible, portable and supports client choice and can also be provided relatively quickly, compared to other subsidy options. The housing allowance is less costly than a traditional voucher, and the duration of the commitment is limited to the client's need. The County could seek state support for the housing allowance. Consideration should be given to the impact of shared living and rental allowance income on lowered SSI payments, and whether a waiver should be sought for this initiative as a demonstration project.

Permanent Supportive Housing (PSH). Clients in need of on-going intensive case management and behavioral health supports and who are not able to secure housing with a housing allowance should be provided PSH either through DHS's Housing for Health Program, which includes PSH provided through DMH, or through PSH options made available by LAHSA. It should also be noted that the City of Los Angeles's Measure HHH PSH MOU with the County is expected to increase PSH capacities appreciably over the next five years.

Housing Choice Voucher (HCV) or Equivalent. Clients unable to secure housing with the housing allowance and who are not candidates for PSH should be prioritized for a housing subsidy (Housing Choice Voucher or equivalent). The HCV can come from existing voucher turnover or from newly designated funding sources for this purpose.

Assisted Living/Residential Care. Those who cannot live fully independently will require placement in assisted living or in residential care homes. Clients should be placed in settings that provide private bedrooms and bathing facilities, and that have adequate safeguards against coronavirus exposure.

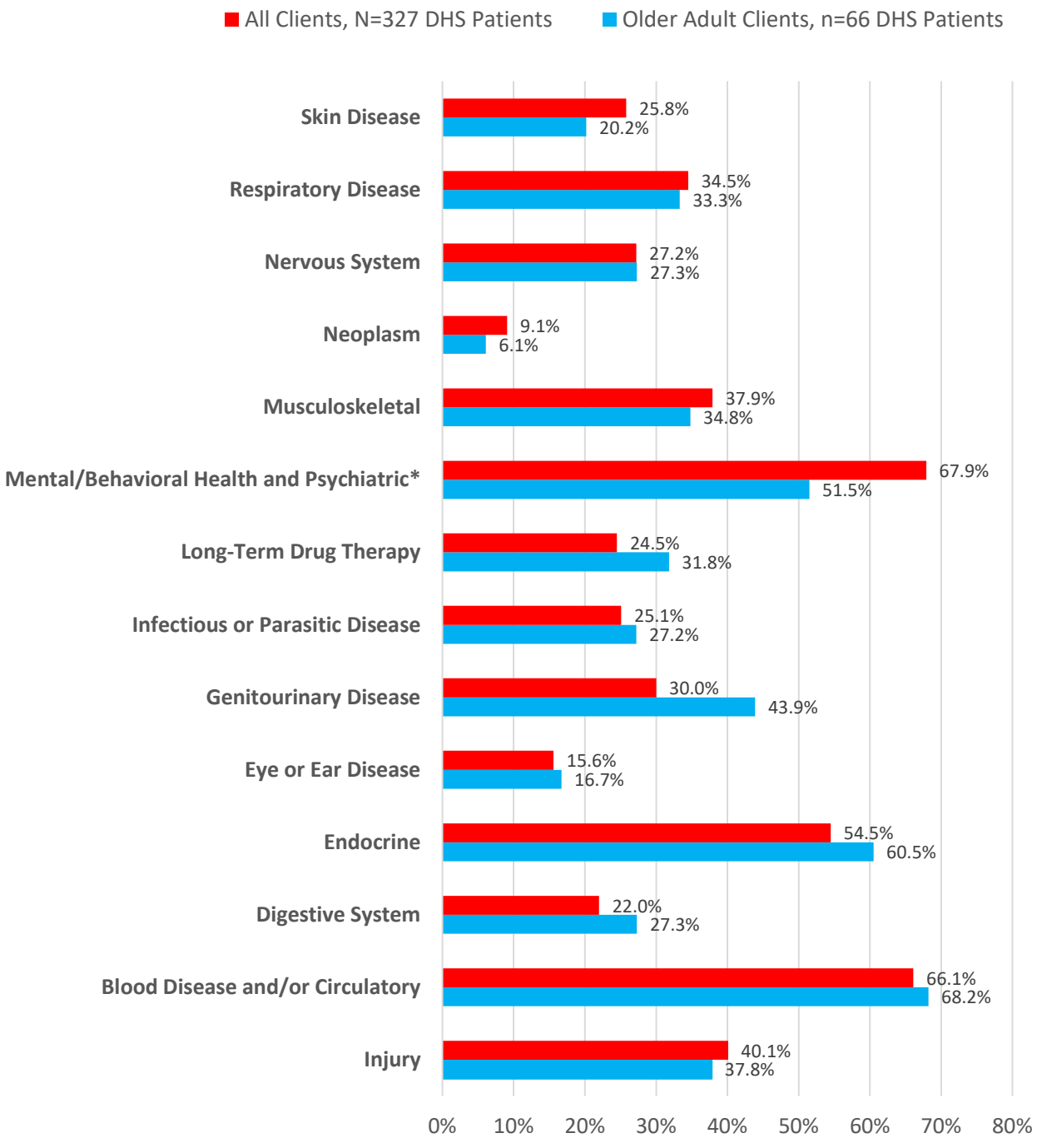
V. Next Steps

The April 14, 2020 Board motion to which this report responds directs CEO to assume lead responsibility in developing "*a strategy to provide long-term housing options to individuals experiencing homelessness who are aged 65 years or older and were provided emergency housing based on the COVID-19 emergency public health declaration."* The strategy offered here looks to the flexibility of the RRH model to place older adults transitioning out of Project Roomkey either into permanent housing built around four possible housing subsidy types , or interim housing with an expedited path to one of the same four subsidy types. Decisions regarding whether clients will move directly into permanent housing or will first be placed in interim arrangements, as well as the selection of the appropriate subsidies for given clients would be made based in consultation with Housing Stability Case Managers and based on the health and supportive services needs and client vulnerabilities in question.

The proposed strategy places heavy emphasis on the health and safety of older adults exiting Project Roomkey and is bound by a core principle that no client is to be released into unsheltered homelessness. Different clients will require HSMS at varied levels of intensity, but all Project Roomkey clients, particularly the older adults among them, will require these services to successfully navigate the transition out of the hotels and motels and to remain connected to essential health and supportive services. While this report and its charge has focused on persons 65 and over, the profile data provided here indicate substantial vulnerability and disability across age groups in Project Roomkey. Parallel efforts should examine the feasibility of creating an SSI screener for people under 65, which along with the administrative data, could indicate the potential for presumptive eligibility, immediate access to cash payments, and an aggressive application outreach and support effort through the County's CBEST program. The housing and housing transition supports described here could similarly be extended to people under 65 as resources are made available.

From Strategy to a Plan. The transition strategy recommended here is a high-level post-Project Roomkey roadmap. The next step is the formation of a group responsible for creating a more operationally-detailed implementation plan that assigns roles and responsibilities, assesses housing inventories, accounts for services facilities and staffing resources, specifies timetables, and identifies funding sources. Development of this plan is likely to be led by CEO and will also rely significantly on DPH, as well as DHS, DMH, LAHSA and numerous other County and non-County stakeholders dedicated to a successful Project Roomkey transition.

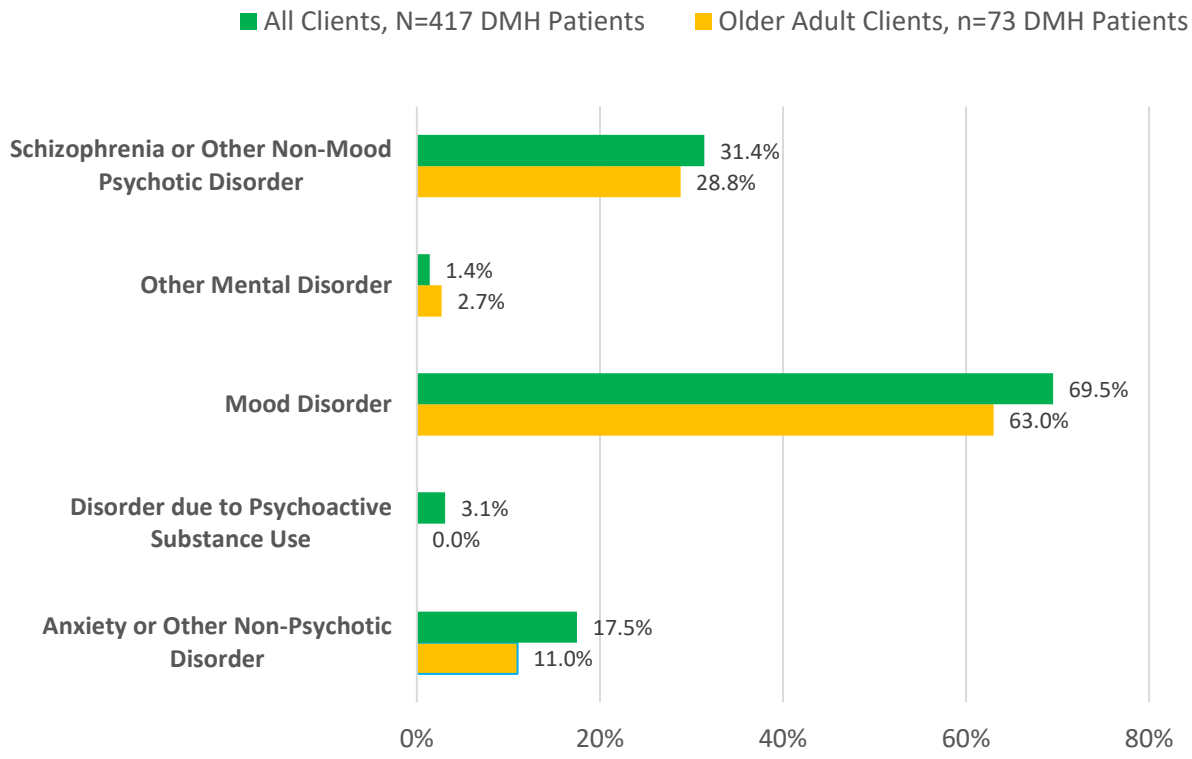
Figure A1. Project Roomkey Clients and their DHS Diagnoses Over a Two-Year Lookback Period
(Clients Counted Once Per Diagnosis)



*Includes co-occurring disorders.

Figure A2. Project Roomkey Clients and their DMH Diagnoses Over a Two-Year Lookback Period
(Clients Counted Once Per Diagnosis)

(Clients Counted Once Per Diagnosis)



Emergency Coordinated Entry System Prioritization and Matching Procedures due to COVID-19 Pandemic
April 24, 2020

Goal: To ensure as many people experiencing homelessness with high-acuity needs AND who face high-risks of death, or illness from exposure to COVID-19 (referred to as COVID-19 high-risk) are matched to permanent housing resources as quickly as possible.

Immediate COVID-19 Matching Procedure (Effective period: 4/24/2020 – 4/29/2020)

1. Matchers will match people who meet the following three criteria to Permanent Supportive Housing (PSH) (up to 80 percent of available PSH resources):
    - Recorded Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment scores of 15, 16 or 17.
    - Staying in Project Roomkey or those identified by DMH/DHS who are staying in alternate sites, because they chose not to relocate to Project Roomkey sites.
    - Case managers affirm that PSH is a feasible housing setting for the person.
2. Matchers will match up to 20 percent of available PSH from the community queue, using standard Coordinated Entry System (CES) operating procedures.
3. Resources whose eligibility criteria are not likely to align with the needs and characteristics of the COVID-19 high-risk group identified above [e.g., transitional age youth (TAY) and Family resources] should be matched using standard CES operating procedures.
4. VASH resources should be matched in conjunction with Veteran's Administration (VA) Medical Center staff, using standard CES operating procedures.

Interim COVID-19 Matching Procedure (Effective period: 4/29/2020 – 5/29/2020*)

1. Matchers will match people who meet the following three criteria to PSH (up to 80 percent of available PSH resources):
    - Recorded VI-SPDAT assessment scores of 15, 16 or 17. [After people with scores of 15 or higher are matched, persons with scores of 12, 13 and 14 will be matched, according to the same interim emergency procedure.]
    - Identified in Homeless Management Information System (HMIS) as being COVID-19 High-Risk, as documented using the Clarity Tier 1 Assessment. COVID-19 High-Risk forms may be recorded in HMIS even if the person does not want to be considered for placement in a Project Roomkey site.
    - Case managers affirm that PSH is a feasible housing setting for the person.
2. Matchers will match up to 20 percent of available PSH from the community queue, using standard CES operating procedures.
3. Resources whose eligibility criteria are not likely to align with the needs and characteristics of the COVID-19 high-risk group identified above (e.g., TAY and Family resources) should be matched using standard CES operating procedures.
4. VASH resources should be matched in conjunction with VA Medical Center staff, using standard CES operating procedures.

* Policy will be reassessed no later than this date, and will be extended, modified, or suspended based on current needs.

Considerations

1. This policy allows people who have high-acuity needs and are identified as COVID-19 High-Risk to have access to housing opportunities, even if they choose not to move into Project Roomkey. While completing the Clarity Tier 1 Assessment will create some additional burden for providers, HMIS is the only feasible way to quickly and systematically operationalize the concept of COVID-19 High-Risk within the matching process.
2. Given the importance of housing those in the COVID-19 High-Risk group quickly, this policy advantages people in known locations who are actively working with a provider. However, the 20 percent allowance ensures that others with high-acuity who are on the community queue awaiting housing also have access to housing opportunities.

Longer Term Housing Options for Project Roomkey Participants (Age 65+)

No.	Existing or New Resource	Housing Option Name	Description of Housing Options
1	Existing	Permanent Supportive Housing (PSH) – (Scattered Sites)	Provides housing and supportive services on a long-term basis for people experiencing homelessness who have disabilities. Already-funded and available PSH rental subsidies and services could be prioritized for people exiting Project Roomkey sites.
2	Existing	Permanent Supportive Housing (Project-Based Turnover Units)	Existing PSH units that have been recently vacated and there is a slot for a new client.
3	Existing	Rapid Rehousing	Provides temporary financial assistance and supportive services to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing. Already-funded slots could be prioritized for people exiting Project Roomkey sites.
4	Existing	Residential Care Facilities for the Elderly (RCFEs)	RCFEs are for individuals ages 60+ and are non–medical facilities that provide room, meals, housekeeping, supervision, storage and distribution of medication, and personal care assistance with basic activities of daily living, such as hygiene, dressing, eating, bathing and transferring. Clients pay a portion of their income to the RCFE.
5	Existing	Family Reunification (including a Problem-Solving approach)	Problem-Solving (also known as "Diversion" or "Rapid Resolution") is a crisis response philosophy and approach focused on supporting individuals and families experiencing a housing crisis to quickly identify and access alternative housing resources. Problem-Solving may include reunifying with family or friends.
6	Existing	Interim Housing	Interim Housing is temporary housing for individuals that are homeless. Individuals in Project Roomkey sites could be transitioned to existing Interim Housing as beds are available; Including space available in sites that have been decompressed during the emergency that could be re-filled (if feasible by the time Project Roomkey sites close).
7	Existing	Recuperative Care	Offers a safe place for persons experiencing homelessness that need to heal from an illness or injury. Stays are often short term (6 -12 months).

8	Existing	Sober Living	Sober living homes are group residences for people who are recovering from addiction. In most instances, people who live in sober homes must follow certain house rules and contribute to the home by doing chores. Residents often pay a portion of their income to the rent. People exiting Project Roomkey that are interested in a sober living environment could transition to these homes.
9	New	Permanent Supportive Housing (New Pipeline)	There is a current pipeline of new project-based PSH that could be prioritized for people exiting Project Roomkey sites.
10	New	Interim Housing (New Pipeline)	There is a current pipeline of new Interim Housing that could be used for people exiting Project Roomkey sites.
11	New	Shallow Subsidies	A low-dollar subsidy (typically $300 - $500/month) for people with a regular income who can pay a major portion of their own rent. May be particularly well-suited for older adults with a fixed income, such as SSI or Social Security.