

#### **Board Report**

Los Angeles County
Metropolitan Transportation
Authority
One Gateway Plaza
3rd Floor Board Room
Los Angeles, CA

File #: 2019-0718, File Type: Informational Report Agenda Number: 33.

### OPERATIONS, SAFETY AND CUSTOMER EXPERIENCE COMMITTEE OCTOBER 17, 2019

SUBJECT: QUARTERLY UPDATE ON METRO'S HOMELESS OUTREACH EFFORTS

ACTION: RECEIVE AND FILE

#### RECOMMENDATION

RECEIVE AND FILE Update on Metro's Homeless Outreach Efforts.

#### **ISSUE**

In spring 2016, Metro created the Metro Homeless Task Force to address the displaced persons that have turned to Metro system and property for alternative shelter. Out of the Task Force, Metro created the Metro Transit Homeless Action Plan which was presented to the Metro Board of Directors in February 2017. The Action Plan's goals are to enhance the customer experience, maintain a safe and secure system, and provide coordinated outreach. Components of the plan include Metro's coordination with County and City Measure H and Measure HHH. The plan also called for the hiring of two C3 teams (County, City, Community) through the County Department of Health Services as indicated by Metro's Board of Directors. The C3 teams are to provide coordinated and responsive outreach to the homeless and to ultimately get them in housing resources.

#### **BACKGROUND**

In 2017, after an extensive study and community review, PATH was contracted (via The Dept. of Health Services) to begin a pilot program-two multi-disciplinary teams (MDTs-consisting of a Mental health Specialist, a Substance Abuse Specialist, and a Generalist often with lived experience-supported by a medical professional shared between the teams) on the Metro Red Line, M-F, 7 am to 3:30 pm. After a few months of operation, the data supported adding additional coverage and in 2018 the Metro Board decided to expand to eight teams operating across the system, with some teams working 11 pm to 7:30 am and others 7 am to 3:30pm. Flexibility has been built into the approach, and the current deployment of teams during two shifts has proven to provide the best coverage and greatest flexibility in addressing the shifting needs on the system.

#### **DISCUSSION**

The PATH MDT approach to homeless outreach is an evidence-based "whatever it takes" practice

proven effective in building rapport and helping people who are experiencing homelessness to move off the streets and into permanent housing in accordance with their needs, abilities and desires. PATH teams offer services and support including meeting simple basic human needs, support in obtaining required documentation, connections to mental and physical health support, transportation support, housing location support, referrals to programs designed to assist people in finding/obtaining/maintaining permanent housing, etc. The approach is supportive, and thus PATH works in partnership with security and law enforcement whose approach typically focuses on security and enforcement for the benefit of all Metro riders.

#### Daily:

PATH teams "huddle" at Union Station daily at 7 am, providing teams an opportunity to communicate and receive any specific news/info/assignments in response to any requests from Metro, Metro Security, LAPD, other law enforcement, service and community partners. A typical pattern of deployment is engaged (please see below) with the understanding that we are available to respond to specifics of each day. PATH team members will typically be reaching out to offer services as well as continuing the engagement process and providing on-going support to those with whom they have already connected.

#### Communication:

All PATH team members are equipped with cell phones and ipads. Program Managers coordinate requests for immediate response and all are in constant communication regarding location and availability. Given the changeable nature of the work, this is essential. Team documentation takes place in the field.

The communication with Metro Security and other law enforcement partners is continual. LAPD and others will attend morning huddles as needed to communicate any needs/concerns.

#### Data:

PATH teams enter data into the federally-mandated Homeless Management Information System (HMIS) to record information/case notes/documentation. Data collection, analysis, and presentation are performed by the Health Service Department. The PATH teams provide Metro with a basic monthly report including numbers of contacts, numbers of folks connected to services, and number of folks who have been connected to permanent support programs, with YTD and Contract-to-date totals.

#### Oversight/Cooperation:

The PATH Metro MDTs work in partnership with the Health Services Department which provides guidance, training support, data support, etc. PATH's communication is continual and they meet at least monthly for review and support. PATH deploys Program Managers who directly oversee MDTs as well as Associate Directors who provide direction, administrative leadership and support, as well as "boots-on-the-ground" guidance, engagement and accompaniment for the MDTs. PATH also provides licensed clinical support for the teams. The PATH team is in regular communication with Metro Security as well as with the Metro Project Manager to coordinate services and meet pressing

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needs.

#### General Deployment strategy and line coverage specifics:

At any given time PATH teams will be found across Metro rail/bus lines, responding to specific observations and requests as well as doing outreach to people in need. Staff are deployed at 3 a.m. - 11:30 a.m. and 11 a.m. - 7:30 p.m. Focus is on the Red Line, with Union Station as a priority. When the teams reach terminus points the teams leave the trains and outreach the bus system as well.

#### **Union Station coverage:**

Swing shift red line team specifically cover Union from 3:30-5:30am. Red and Gold line teams also sweep Union each time they pass through Union throughout the shift, which provides additional hours of coverage throughout the day.

Day teams rotate specifically covers Union from 7:30-9:30am. If there are individuals seeking assistance, the team remains longer to provide services. If the team is not encountering anyone looking for services, they disperse to their assigned lines. Red and Gold line teams also sweep Union each time they pass through throughout the shift, which provides additional hours of coverage throughout the day.

Security/LAPD contacts day time manager and nighttime managers when individuals are interested in services at Union or other stations, and when a team is not on-site, the closest available team member is assigned to respond.

Both teams begin their shifts with a huddle at Metro headquarters. The swing shift teams then disperse to the terminus points to outreach as the gates open. The day shift teams attend the huddle, and then either meet with clients for pre-scheduled appointments, or proceed to their assigned lines for outreach.

Once an individual is encountered who is interested in services, the team spends time working toward housing and related services with that individual. Team members accompany clients to appointments such as medical or mental health, take individuals to obtain documentation such as ID's, attend housing related appointments, take clients to shelters, etc. The bulk of outreach work is in assisting the individuals with the tasks necessary to obtain housing and health. As the program has continued, the teams have become very familiar to folks experiencing homelessness on the system, and much of the team's time is spent with these follow-up activities. When the teams are not working with a specific individual, they spend their time outreaching their assigned lines and locating new individuals to assist.

People who are experiencing homelessness may have difficulty trusting staff members or express that they are not initially interested in services. In these situations, the team continues to build rapport through repeated contacts, offers of assistance, or items such as food and water. For individuals who have been homeless for a considerable amount of time or have serious mental health issues, the team may spend months or even years building rapport before a person agrees to move forward with housing related services.

In addition to working with individuals, the team also attends outreach coordination meetings throughout the county in order to obtain additional resources and coordinate client care.

#### PATH Impact Stories resulting in Stable Housing

- I. July 10th, two PATH Outreach Team members brought Mr. Mathew Norwood, a youthful African American, to the Leadership Academy program at Metro to share his testimony. Mr. Norwood had been using drugs and was disconnected from family; he described himself as "lost." Mr. Norwood became homeless for two years and sought shelter at Union Station. PATH engaged Mr. Norwood for some time before he agreed to accept assistance. July 10th was a memorable day in the life of Mr. Norwood. Mr. Norwood described the "rough life" he lived and expressed profound gratefulness for PATH's persistence in reaching out to him. At the conclusion of Mr. Norwood's presentation, he joyfully said that he had been reunited with his family and that PATH was accompanying him to sign his lease for permanent housing that afternoon. All present gave Mr. Norwood a standing ovation!
- II. Client is a 41 year old female who has been working with PATH Metro MDT since March 2019. June 2019, client returned to school. As a result of engaging in mental health services, the client is in the process of being reunified with her children. Client Quote: "Months ago I wouldn't believe any of this could happen."
- III. S is a 54 year old African American male who became homeless in January 2019, after he could no longer pay for a room in Compton, CA. He was staying at various homeless shelters throughout LA, and often rode the Metro trains to stay safe during the day. S is highly functioning and capable of living on his own; however, he was unable to independently find a housing opportunity that he could afford on GR.

On 4/23/19, Metro MDT Substance Use Specialist Julian engaged S at the 7<sup>th</sup> and Metro Red Line Station. To build rapport, Julian accompanied S to a nearby wash station to shower and do laundry. After an assessment, Julian and S decided to work toward a housing plan. Based on S's capabilities and independence, Julian began the referral process to Skid Row Housing Trust's affordable housing units. S continued to stay at the VOA shelter in LA through this process. By mid-May, Julian ensured that S was document ready, in case an affordable SRO unit became available through SRHT. In early June, S and Julian attended a leasing interview at SRHT and he was successfully approved for an affordable unit. Unit inspection was completed and S utilized his savings to pay the deposit.

As a result of his engagement with Substance Use Specialist Julian, S was able to get connected to an appropriate housing opportunity. This was vital to get S out of the shelter system and into permanent Housing. Julian provided consistent case management services to ensure that S remained document ready and supported at his leasing/move-in appointments. S moved into his new apartment at the SRHT St. Marks Hotel on 8/15/19.

#### IV. Cumulative Performance Metrics:

a. Through PATH C3 Outreach Team workers, 145 homeless individuals were permanently housed beginning May 17, 2019 - August 31, 2019.

#### LAPD Outreach

- V. Reported several contacts during the month of July resulted in positive contacts with individuals that were interested in services. There is ongoing efforts to bring these outreach efforts to a long-term solution. The most significant success for July is the 35 new contacts by HOPE's DMH clinician that has resulted in several individuals being connected to outpatient mental health and other services.
- VI. LAPD TRSG HOPE Officers and DMH engaged a homeless female on 08/06/19 while conducting outreach at the Orange Line/De Soto Station.

During their contact officers determined that Brenda had been enlisted in the U.S. Army from 2001 to 2006 and had been deployed to Iraq three times. While in the service she met her husband and they later had a child together. Approximately one year later she separated from her husband and moved from Texas to New York where she attempted to start a small business and attend law school. Due to child custody and other family struggles Brenda fell into homelessness. Brenda decided to move to Alaska and starting working while living out of a motorhome. After working a seasonal job, she relocated to Seattle. She again attempted to operate a small business but approximately six months into living in Seattle she was involved in a traffic collision causing her to lose her motorhome and all of her belongings. After becoming homeless she relocated to Santa Clarita followed by Compton and then set up camp along the Orange Line at De Soto. Brenda is an admitted Meth user and based on the initial assessment she has been for approximately two years.

Officers and DMH confirmed her Veteran status and transported her to the VA in the San Fernando Valley to apply for benefits. She was also connected to PATH. PATH placed Brenda into a motel in West Hollywood while working on more permanent housing. On 08/27/19 officers transported to Brenda to the WLA VA to transfer her case and connect her to a social worker for further benefits. On 08/28/19 it was determined that Brenda will receive full benefits and will be placed into shared housing.

#### Homeless Projects in Progress:

- 1. Faith Leader Survey
  - o Goal: identify faith leaders' concerns, perceptions and recommendations
  - o Serves as a basis for open discussion/exploration
  - o Identifies areas of collaboration to mitigate homelessness on Metro's system
  - o Supports continuity of connection between Metro and faith leaders (post-Faith Leader Roundtable event)

#### 2. Faith Leader Roundtable Events

o Opportunity to follow-up and collaborate with faith leaders on:

hosting Connect Days
partnering with entities that provide necessities (food, shelter, clothing)
providing counseling (voluntary)
providing welcome home boxes containing household items
purchasing welcome home boxes (empty boxes to be filled)

As a result of the Korean Faith Leader Roundtable Event, August 8<sup>th</sup>, Pastors expressed interest in reconvening to expand the homelessness conversation. One Pastor, Timothy Park, contacted the homeless SSLE's project manager in mid-July with a request to connect four (4) homeless individuals to PATH services. Pastor Park, PATH team members, the four homeless individuals and project manager met to begin the intake process. PATH continues to work with these individuals.

#### 3. Esri Mapping Tool

The Esri app is a location strategy to reduce homelessness. Introducing the Esri mapping app to C3 Homeless Outreach efforts will prove to be an effective tool to strategically deploy resources where needed in near real- time. The use of the Esri app will revolutionize the traditional manner of data collection thereby increasing efficiency and accuracy in deployment and data collection.

- o The Esri mapping app will enable C3 Outreach team members to:
- o Identify the geographic location of the homeless transit population in near real-time.
- o Count the homeless transit population in point-in-time surveys.
- o Connect homeless persons with support and services.
- o Report and analyze homeless activity.
- Assess risk factors and indicators.

The use of the Esri mapping tool will enhance the Customer Experience by ensuring that homelessness is addressed rapidly throughout the System.

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#### **ATTACHMENTS**

Attachment A - Homeless Snapshot Outreach June-August 2019

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Phillip A. Washington Chief Executive Officer

# Metro Homeless Snapshot – By System Outreach

#### C3 Teams

Performance Measure	Number Served August 2019	Project Year to date Number Served (May 2017 - August 2019)
Contacts with unduplicated individuals	192	5,818
Unduplicated individuals engaged	68	3,071
Unduplicated individuals provided services (obtaining vital documents, follow-up activities, transportation, CES packet, clinical assessment, etc.) or successful referral (supportive services, benefits linkage etc.)	93	2,462
Unduplicated individuals engaged who are successfully linked to an interim housing resource	51	1,034
Unduplicated individuals engaged who are linked to a permanent housing resource	7	358
Unduplicated individuals engaged who are permanently housed	10	145

# Law Enforcement Homeless Outreach (June 2019 – August 2019)

ACTION	LAPD HOPE	LASD MET	LBPD Q.O.L	Total
Contacts	3,181	1,595	129	4,905
Referrals	59	897	26	982
5150 Hold	30	46	2	78
Mental Illness	52	537	26	615
Substance Abuse	97	445	16	558
Veterans	6	30	1	37
Shelter	1	15	3	19
Motel With Housing Plan	2	1	0	3
VA Housing	3	0	0	3
Return To Family	0	2	2	4
Transitional Long Tern Housing	2	0	1	3
Detox	8	0	0	8
Rehab	1	3	0	4



## **LAHSA Point-In-Time Count on Metro**

- Friday, January 25, 2019 from 5am 7am
- 55 Volunteers
- Count on platforms only

Individuals experiencing homelessness on Metro station platforms categorized by line

Station Line or Station	Individual Adults	
Blue	20	
Ехро	3	
Blue/Expo	9	
Gold	30	
Green	4	
Purple	12	
Red	21	
Red/Purple	20	
Union Station	100	
TOTAL	219	



Source: 2019 Greater Los Angeles Homeless Count, LAHSA

# LA Metro's Transit Homeless Action Plan

Quarterly Board Update 2019-0718



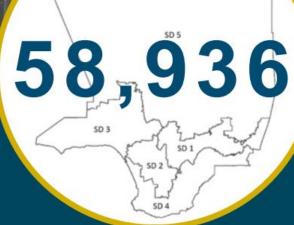
# LA County Homeless



People experiencing homelessness at point-in-time count

CITY OF LOS ANGELES
16% Increase





COUNTY OF LOS ANGELES 12% Increase

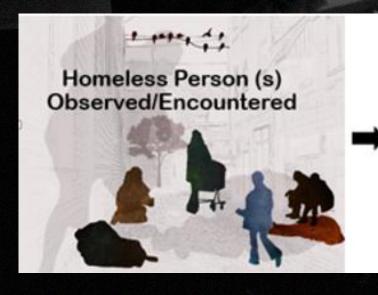
The LA CoC total number was 56,257 a 12% increase from 2018. The LA CoC is Los Angeles County excluding Glendale, Pasadena, & Long Beach CoCs.







## LA Metro's Homeless Action Plan



Research

Education

Coordination

Outreach

- Enhanced ridership experience
- Improved public safety for all passengers
- Coordinated and responsive homeless outreach and engagement



## **Holistic Approach**





# **C3** Teams Outreach Results

Performance Measure	Number of Persons Served	Cumulative of Persons Served
	Jan-Aug 2019	(May 2017-Aug 2019)
Contacts with unduplicated individuals	1,768	5,818
Unduplicated individuals engaged	667	3,071
Unduplicated individuals provided services (obtaining vital documents, follow-up activities, transportation, CES packet, clinical assessment, etc.) or successful referral (supportive services, benefits linkage etc.)	899	2,462
Unduplicated individuals engaged who are successfully linked to an interim housing resource	446	1,034
Unduplicated individuals engaged who are linked to a permanent housing resource	69	358
Unduplicated individuals engaged who are permanently housed	75	145

