

**Quality and Productivity Commission**  
**34<sup>th</sup> Annual Productivity and Quality Awards Program**  
**“Leading with Excellence”**

**2021 APPLICATION – PLEASE CONSIDER FOR COVID-19 IMPACT AWARD, TOO**

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):

**NAME OF PROJECT: LA COUNTY COVID-19 RESPONSE FOR PEH**

**DATE OF IMPLEMENTATION/ADOPTION:** MARCH 16, 2020

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2020)

**CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE COVID-19 IMPACT AWARD ONLY.** (Projects must be implemented on or before December 31, 2020. **Note:** Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

**PROJECT STATUS:** \_\_\_\_\_ Ongoing       One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?** \_\_\_\_\_ Yes       No

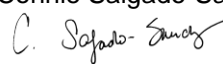
**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1  
2 People experiencing homelessness (PEH) between ages 18 to 29 and 30 to 49 are  
3 respectively 13.7 and 4.6 times more likely to die from COVID-19 (COVID) than their  
4 housed age-matched peers. Coordinating and implementing the LA County COVID  
5 homeless response was a joint effort, and included LAHSA, DHS and their HFH program,  
6 DMH, DPH, and the Homeless Initiative (HI) and Real Estate units within CEO’s Office.  
7 Together, these agencies: implemented specialized COVID Response Teams; developed  
8 testing, contract tracing, and outbreak management strategies for PEH; implemented  
9 infection control measures; distributed needed supplies; stood up a vaccination program  
10 for PEH; began a medical shelter program and expanded available interim beds; delivered  
11 meals to PEH; launched PRK and PHK; created a workforce member care program;  
12 developed an in-home care giving program; and decompressed hospitals. Through these  
13 activities and the unprecedented coordination between the aforementioned County  
14 departments and LAHSA, the homeless population in LA County maintained a significantly  
15 lower COVID positivity rate than the general population throughout the pandemic.

**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$ N/A	\$ N/A	\$ N/A	\$ N/A	<input checked="" type="checkbox"/>

**ANNUAL = 12 MONTHS ONLY**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Health Services - Housing for Health 238 E 6 <sup>th</sup> St Los Angeles CA 90014	<b>TELEPHONE NUMBER</b>
<b>PROGRAM MANAGER’S NAME</b> Sarah Mahin      EMAIL smahin@dhs.lacounty.gov	<b>TELEPHONE NUMBER</b> (323) 274-3600
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b> (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME) Connie Salgado-Sanchez, M.P.H. 	<b>TELEPHONE NUMBER</b> (213) 288-8483  <b>EMAIL</b> cosanchez@dhs.lacounty.gov
<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b> Christina R. Ghaly, M.D. Signature on file	<b>TELEPHONE NUMBER</b> (213) 288-8101

**\*\*ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE\*\***

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**Outreach Team Support:** Early in the COVID-19 pandemic, LA County mobilized its extensive street outreach infrastructure to provide life-saving resources to unsheltered homeless neighbors. Numerous agency teams united under the direction of DHS, DMH, DPH and LAHSA guidance. Outreach coordinators shared vital information with their networks and created strategies to address the unprecedented crisis. Teams provided personal protective equipment (PPE), COVID-19 education, wellness checks, food and hygiene resources to tens of thousands of vulnerable clients. Street teams became the critical link to connect unsheltered clients to many other vital resources.

**COVID Response Teams:** In response to COVID-related needs for PEH, DHS enriched the clinical capacity of outreach teams to create 30+ COVID Response Teams (CRTs). CRTs have collaborated with outreach teams to perform COVID testing and wellness checks for sheltered and unsheltered people experiencing homelessness (PEH). From April 2020 to May 2021, CRTs have: assessed 321 interim housing sites to provide guidance, training and supplies to improve COVID safety for PEH and staff; visited over 2,897 encampments to provide wellness checks, testing and infection control; and provided over 165,000 COVID tests. CRTs supplied PPE to shelters and trained over 250 shelters on proper PPE use. During the winter 2020 COVID surge, CRTs formed rapid response teams to support shelters with timely COVID testing, contact tracing, and quarantine/isolation planning.

**Testing Strategy:** DPH developed an aggressive testing strategy that was implemented by Housing for Health (HFH) across the homeless services systems. Surveillance testing of asymptomatic persons and shelter staff was implemented by June 2020, allowing for early identification and isolation of COVID-19 cases to prevent unchecked transmission. This was followed by outbreak investigations and more comprehensive facility-wide testing.

**Infection Control Preparedness:** Educational posters, checklists and assessment tools helped shelters prepare clients and staff for the pandemic. Clinical guidance and pocket cards were developed for medical providers and outreach staff to support assessments in the field and in facilities. Agency partners utilized these resources to echo DPH guidance to providers and clients.

**Contact Tracing Strategy:** A unique location-based contact tracing strategy tailored for PEH was created by DPH. With DHS and LAHSA, contact tracing surveys were developed and implemented by numerous partners at the point of testing with positive results referred to DPH for follow-up. DPH investigated over 11,500 persons to ascertain COVID diagnosis and performed contact tracing of 7,200 PEH and 1,038 staff cases. CRTs developed a field-based symptom screening, testing, vaccination, and contact tracing mobile application in partnership with DPH and LAHSA, registering over 13,000 vaccine doses on this integrated platform and developing a data exchange with the State immunization database.

**Outbreak Management:** Outbreak management guidance was updated regularly for investigators, including training on epidemiological data collection for DHS partners in outbreak management. DPH conducted 813 outbreak investigations. Through the coordinated response among all partners, the average positivity rate in PEH remained below 10%, half of that reported by other large urban jurisdictions.

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**Vaccination Program:** As leaders for COVID vaccination for PEH in LA County, HFH and DPH partnered with cities, community clinics, DMH, LAHSA, and community-based organizations in a widespread effort to provide targeted, trauma-informed and mobile vaccinations to PEH. HFH and DPH convene weekly partner meetings to coordinate vaccination efforts.

From Feb. 3 to June 1, 2021, CRTs administered over 13,000 vaccinations to PEH, vulnerable community members, and homeless service agency staff in shelters, Project Roomkey and Project Homekey locations, SROs and Permanent Supportive Housing (PSH), access centers, food and shower lines, and encampments across LA County. 40 clinics occur on a weekly basis at over 250 locations in all eight Service Planning Areas.

Vaccine choice is offered, with Moderna, Pfizer, and Johnson & Johnson vaccines available to single adults, families, and transitional aged youth. For two-dose vaccines, a 75% follow-up rate among PEH was achieved through use of text messages, email reminders, cell phone calls, and alerts in homeless service information systems. An after-care line provides access to nurse advice. To address health disparities in vaccine access and delivery, HFH created working groups with other organizations and individuals who have lived expertise in homelessness and other community stakeholders. The result is a culturally competent, trauma-informed vaccine information campaign with educational materials and community-based trainings.

**Medical Shelters:** Through numerous partnerships with LA County agencies and others, HFH created and staffed COVID-19 Quarantine and Isolation sites (QI) for PEH and others who could not safely isolate at home. Between March 19, 2020 and May 2021, medical shelter sites have served more than 6,800 individuals.

**Mass Shelter Expansion Program (MSEP):** From March 20, 2020, to Nov. 9, 2020, 32 sites at 25 Recreation and Parks centers and seven trailer sites within the City of LA, in partnership with LAHSA, effectively reduced exposure to COVID by providing interim housing to PEH. MSEP served approximately 3,225 individuals who received meals, showers and help with obtaining IDs, cell phones, social security cards, income assistance, exit plans, and on-site services from DMH.

**Food Program:** HFH launched a partnership with World Central Kitchen (WCK) to provide meals for the unsheltered population and PSH residents throughout LA County five days a week, growing to seven days a week. From April 30, 2020 to May 31, 2021, 1,248,108 outreach meals were distributed. 5,000 outreach meals are allocated each weekday and in October 2020, 1,280 weekend meals were added. Meals provided in-kind by WCK and funding from LAHSA and United Way made this initiative possible, becoming the largest free food distribution effort ever implemented by WCK. COVID Relief Funding from the County has been the biggest source of funding, which CEO's office helped secure.

**Workforce Member Care:** Since March 2020, HFH provided COVID-19 guidance, materials, webinars and telebriefings to staff and providers in partnership with DPH, DMH

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and LAHSA. Weekly webinars reached 50-150 outreach providers, interim housing sites, and Enriched Residential Care (ERC) facilities, with recordings provided to hundreds more.

**Project Roomkey:** In partnership with the State, LA County and LAHSA launched Project Roomkey (PRK) in April 2020 to move vulnerable PEH off the street and into safer indoor settings. PRK has served 8,427 distinct individuals across 37 PRK sites. Some 2,625 clients exited PRK into Temporary Housing, and 1,096 have exited into Permanent Housing. The LA County Chief Executive’s Office worked closely with LAHSA and the State to reach over 750 properties, negotiate and document leasing of 38 sites for 4,177 rooms, coordinate across partner organizations, liaise with local governments and law enforcement, and ensure that clients’ needs were met. LAHSA contracted with local providers to operate PRK sites and secured vendors for security, food and nursing. HFH supported a recuperative care program at one PRK site provided in-home caregiving services for people who needed a bridge to IHSS at any PRK site. DMH provided mental health services, while DPH and HFH and service teams provided testing and vaccinations.

**Project Homekey (PHK):** The Governor made Coronavirus Relief Funds available to purchase properties for permanent or interim housing for PEH. The LA County CEO’s office worked closely with other County departments and agencies to apply for funds, identify and acquire properties, and operationalize 10 sites. The sites will be converted to Permanent Supportive Housing (PSH) by the end of calendar year 2022. HFH worked with the County CEO’s office to open and operate six new PHK sites as temporary interim housing sites and one as PSH. The PHK sites provided 448 new Interim Housing (IH) beds for PEH, including people who needed to transition out of temporary PRK facilities at these sites. Three more sites are operated by LAHSA in collaboration with the Housing Initiative (HI), providing another 296 IH beds.

**In-Home Care Giving (IHCG):** HFH’s IHCG program grew during COVID due to the expansion of PRK, where many people coming indoors into PRK sites required more supports for bathing, cleaning, medication reminders and grocery shopping assistance. 154 clients now receive IHCG services.

**Interim Housing (IH):** LAHSA, DMH and DHS IH created an Air Traffic Control (ATC) collaborative in which daily conference calls were held to review all the incoming referrals and to prioritize those most vulnerable to COVID who were living outdoors. ATC worked together to maximize all interim housing beds within LA County, to shift people to higher/lower levels of care and to decompress sites, as needed. ATC continues and now assists facilities to increase their bed capacity safely.

**Enriched Residential Care (ERC):** Licensed ERCs serve individuals that require care and supervision. From the pandemic’s start, DMH and HFH collaborated with DPH, the State and other partners to ensure that these high-risk facilities were equipped to mitigate and manage COVID-19 outbreaks. ERC programs provided critical support to overwhelmed hospitals by expediting placements for PEH requiring further care upon discharge, making nearly 500 placements to ERC facilities and creating turnover in precious hospital beds.

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font.

The LA County COVID response for people experiencing homelessness exemplifies a collaborative effort by multiple county agencies to aggressively address society’s most complicated social, health, and public safety challenge in a generation (Goal 1). Collectively, agencies functioned together to respond extremely nimbly to the quickly-evolving COVID pandemic and ensure the safety of the most vulnerable population within LA County, the homeless, and the workforce who provide them services, preventing a possible catastrophe.

Positioning preventative initiatives (Strategy I.1) at the center of the response, the collaborative effort yielded a notably lower COVID positivity rate among people experiencing homelessness than the general population and homeless populations in other large jurisdictions. The County COVID Response developed affordable housing (Strategy I.1.5) through Projects Roomkey and Homekey, resulting in a historic number of units quickly available to individuals experiencing homelessness as places of safely shelter. Additionally, the response increased the availability of subsidized housing for vulnerable populations (Strategy I.2.1).

In addition, access to wrap around health services that integrated comprehensive care increased for individuals experiencing homelessness (Strategy I.2.2). Agencies worked together to identify need and build bridges and referral networks across our agencies to meet that need quickly.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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\$	\$	\$	\$	<input checked="" type="checkbox"/>

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**FOR COLLABORATING DEPARTMENTS ONLY**

*(For single department submissions, do not include this page)*

<b>DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS</b>	
Department of Public Health, 313 N. Figueroa Street, Los Angeles, CA 90012	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
Catherine Mak - "SIGNATURE ON FILE"	Dr. Barbara Ferrer - "SIGNATURE ON FILE"
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS</b>	
Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, CA 90020	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
Angel Baker - "SIGNATURE ON FILE"	Dr. Jonathan Sherin - "SIGNATURE ON FILE"
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS</b>	
Chief Executive Office, 500 W. Temple Street, Los Angeles, CA 90012	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
Jose Chew - "SIGNATURE ON FILE"	Fesia Davenport - "SIGNATURE ON FILE"
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____