

**Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
"Leading with Excellence"**

2021 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):
NAME OF PROJECT: FACILITATING BENEFIT ACCESS AT PRK SITES

DATE OF IMPLEMENTATION/ADOPTION: APRIL 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

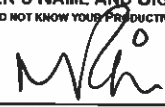
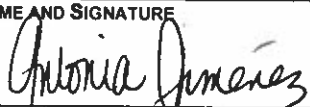
HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font.

1 The Department of Public Social Services (DPSS) partnered with Los Angeles Housing
 2 Services Authority (LAHSA) to provide services to homeless individuals residing at
 3 hotels under the Project Room Key (PRK). The PRK is a collaborative effort to secure
 4 hotel rooms for individuals experiencing homelessness and to prevent the spread of the
 5 COVID-19 virus. LAHSA identified 37 hotels for DPSS staff to co-locate.
 6 Prior to deployment, DPSS staff received LAHSA listings with names of individuals that
 7 were housed at these hotels and cross-referenced the names with the DPSS system
 8 to identify individuals who were currently receiving DPSS benefits. From May 11, 2020
 9 through March 31, 2021, DPSS deployed designated Eligibility Workers and In-Home
 10 Supportive Services (IHSS) Social Workers (SWs) to the identified hotels. Their primary
 11 goal was to address homeless individual's inquiries and to help them apply for
 12 departmental benefits, including IHSS. The project has proved to be a success, as
 13 approximately 2,348 DPSS services were provided to 4,427 homeless individuals
 14 residing at hotels under Project Room Key.
 15

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
\$ 0	\$ 0	\$ 0	\$ 0	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Social Services 12860 Crossroads Parkway South, City of Industry, CA 91746		TELEPHONE NUMBER (562) 908-8600
PROGRAM MANAGER'S NAME Rosa Orozco EMAIL RosaOrozco@dpss.lacounty.gov		TELEPHONE NUMBER (562) 908-8655
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)		TELEPHONE NUMBER (562) 908-6330
Maria Rivera	 DATE 4/24/21	EMAIL MariaRivera@dpss.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE		TELEPHONE NUMBER (562) 908-8600
Antonia Jiménez	 DATE 6/24/21	

ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame**. Use Arial 12-point font.

CHALLENGE

Access to public services during the COVID-19 pandemic proved to be a challenge for LA County’s vulnerable homeless population, due to their lack of internet access and the State’s Safer at Home Order. The Department was challenged to implement an initiative to help homeless individuals without internet access and/or limited knowledge about the Department’s programs and benefits, to apply for DPSS services amid the COVID-19 pandemic.

SOLUTION

In collaboration with LAHSA, DPSS provided outreach support to identified potentially eligible customers at designated hotels to assist them with access to our program services. DPSS efforts included:

- A review of the potential customer’s data on the Department’s system to identify individuals that would benefit from our programs;
- Coordination of specialized designated staff to provide onsite support to the homeless individuals housed at 37 hotels that did not have access to our programs; and
- Expediting the IHSS application process. The IHSS SWs conducted expedited application processing for the homeless, aged, and disabled population, which included in-person assessments of needed services and applications being processed within one day.

Through outreach efforts, over 2,348 different services were provided to 4,427 homeless individuals, as of March 2021.

BENEFITS

The Project Room Key has proven to be a success, as homeless individuals who may not have had access to the Department’s benefits during the pandemic, were able to be helped via this project. Through PRK, individuals experiencing homelessness received a variety of DPSS services which included issuance of different program benefits, Electronic Benefits Transfer cards, Verification of Benefits, Benefit Insurance Card replacements, IHSS assessments, etc., in addition to answering general inquires.

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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.

Project Room Key supports County Strategic Plan Goal I: Make Investment that Transforms Lives, which focuses on assisting at risk, high needs residents.

Through Project Room Key, DPSS provided outreach support to homeless individuals during the pandemic to obtain services that otherwise they may not have had access to due to their lack of internet access.

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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.

(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
\$ 0	\$ 0	\$ 0	\$ 0	<input checked="" type="checkbox"/>

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FOR COLLABORATING DEPARTMENTS ONLY

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

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
LOS ANGELES HOMELESS SERVICES AUTHORITY	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE <u><i>William Lehman</i></u> <small>William Lehman (Jun 24, 2021 18:04 PDT)</small> EMAIL: WILL LEHMAN, WLEHMAN@LAHSA.ORG	DEPARTMENT HEAD’S NAME AND SIGNATURE <u><i>Heidi Marston</i></u> <small>Heidi Marston (Jun 25, 2021 08:51 PDT)</small> EMAIL: HEIDI MARSTON, HMARSTON@LAHSA.ORG
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD’S NAME AND SIGNATURE EMAIL: _____