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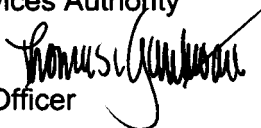
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February 3, 2004

TO: Mitchell Netburn
Executive Director
Los Angeles Homeless Services Authority

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

SUBJECT: HOMELESS RESIDENT IN LOS ANGELES COUNTY



How many and what percent of your organization's annual client load are homeless individuals and families?

The primary healthcare services, which are offered in the Public Health Centers, are Tuberculosis, Sexually Transmitted Disease and Acute Communicable Diseases. Of these services, Tuberculosis treatment services track homeless patients and have resources to support patients in shelters for the duration of their disease. The percent of homeless patients receiving TB care varies between Service Planning Areas (SPA's) ranging from 0% in SPA 1 (the Antelope Valley) to about 10% in SPA 4 (Metro LA) with 7% as an estimate of the average. In 2002 lot number of TB cases equal 1,025, with 77 cases identified as homeless. 2003 data is not available.

A fewer number of our Sexually Transmitted Disease Clinic patient are homeless as well. However, this is less easily documented and the STD program does not have funds identified to shelter these individuals. Of the population cared for by the Office of AIDS Policy and Programs (OAPP) in 2002, approximately 12.7% were homeless of 24,513 total clients (~ 3113 clients). The Alcohol and Drug Program Administration (ADPA) serviced 36,757 individual clients in 1999-2000 of which 23% (or 8454) reported being homeless.

1 What procedure does your organization use to identify homeless people?

In the public health clinics patients are identified as homeless through direct questioning. If not have a family member or friend's address to give, we code their zip code as 99999 and leave the address blank. In addition, our public health nurses are required to make home assessments of newly discharged TB patients; homelessness is often identified at these assessments. OAPP clients are identified during the intake process, which identifies current homelessness as well as clients having a history of homelessness. ADPA services are provided through contracts with community organizations. As part of the registration discharge form, clients are asked, "Are you homeless?"

2. How much do you estimate that your organization spends each year on services related to homeless people?

As recorded in the Tuberculosis Control Program office, \$275,653 was spent for lodging, meals, bus tokens, and calling cards for the homeless in the clinic population in 2003. OAPP estimates that 12.7% of their 95 million dollar budget goes towards homeless clients. ADPA spends 36,800,000.

3. What specific policies and practices produce the outcomes that your organization currently achieves in preventing and eliminating homelessness?

Our Tuberculosis Control Program offers housing in residential hotels for the period of medical disability from Tuberculosis. Public health nurses participate with the wet/cold weather shelters. OAPP makes referrals to Housing Opportunities for People with AIDS, which provides cash to pay for housing; however these funds are not allowed to be used on long term housing. ADPA is involved in a number of jointly funded programs that service homeless persons, such as Los Angeles Homeless Services Authority, Services for General Relief and CalWORKS, Community Assessment and Services Centers, and Los Angeles Men's Program. ADPA also provides information of assessment services, shelter projects, and other services for the homeless population.

4. What specific changes in resources, policies or practices on the part of your organization would make it possible to reduce the number of homeless people in Los Angeles County?

An increase in the variety of residential venues available for our TB patients would be invaluable. Currently, the minimal rent stipend we are able to offer limits where our patients can be placed; other sites cannot afford to participate with us. In addition, social and mental service resources would be beneficial. Policy changes that would enable distinct departments such as Department of Social Services, Mental Health, and Health Services to communicate and share resources and expertise would be beneficial for the homeless as well as others in need.

Change the federal grants to allow for better long-term subsidies for housing for people living with AIDS. Also, funding intensive outreach to screen for drug and alcohol addiction in shelters and other homeless venues and creating enough treatment slots to deal with those unearthed by this effort would significantly improve our impact on this population.

5. What specific changes in resources, policies or practices on the part of other organizations would reduce the number of homeless people in the County of Los Angeles?

Improved availability of mental health services and substance abuse services would decrease the number of homeless in Los Angeles County. The lack of custodial mental health facilities and the legal deterrents for their use, and rampant illegal drug use contribute significant numbers to our homeless population. People tend to get thrown out of housing for substance abuse or for mental health issues. We would achieve better results in treating this disease if these individuals were allowed to remain in a very supportive housing.

Outreach services that assist those needing medications for mental disorders may be productive. In our Skid row homeless population, the community worker knew their patients by sight and delivered their anti-tuberculosis medication on street corners or wherever needed. Psychotropic drugs may be able to be managed in a similar manner. Greater numbers of drug programs and an early identification of those at risk may prevent some families and individuals from becoming part of the homeless.

More job training resources and using the school systems to provide students with marketable skills before they graduate would contribute.

After screening and treatment for substance addiction this population still has difficulty affording rent. Some capacity for low cost long term residential placement so that a family or individual could get a job, and get themselves going again must be created.

6. What additional outcomes in preventing and eliminating homelessness could be achieved if specific policies and practices that you suggest in response to questions 5 and 6 were implemented?

Decreasing homelessness would lower the rate of Tuberculosis, sexually transmitted diseases, and acute communicable diseases in our community. We could also have the opportunity to better treat mental illnesses and substance abuse. Forty percent (40%) of homeless individuals have a substance abuse issue. Fully 31% of OAPP clients that are homeless report a diagnosis of AIDS at intake (ie. this population has higher disease acuity rather than the earlier stage of being HIV test positive) and higher rates of substance abuse. Decreasing homelessness would hopefully allow for earlier diagnosis of HIV status. Overall, it would lead to a healthier, safer, more productive society.

If you have any question or need additional information, please let me know.

TLG:bt

cc: David E. Janssen
Carlos Pineda