Homelessness Audit:

Interim Housing & Shelter Bed Data

kenneth mejia

LA CITY CONTROLLER

kenneth mejia
LA CITY CONTROLLER

TRANSPARENCY & ACCOUNTABILITY

December 5, 2023

Honorable Karen Bass, Mayor
Honorable Hydee Feldstein Soto, City Attorney
Honorable Members of the Los Angeles City Council

RE: Interim Housing Bed Availability Data

The results of the 2023 Greater Los Angeles Homeless count revealed that an estimated 46,260 people in the City were experiencing either sheltered or unsheltered homelessness, a figure exceeding the number of interim housing beds by nearly three times (16,100 beds). In December of 2022, Mayor Karen Bass declared a warranted State of Emergency around the homelessness crisis. Yet the woefully inadequate amount of both interim and permanent housing resources, as well as the antiquated and inefficient methods of data collection and housing referral processes, significantly inhibit efforts by the City to respond to the crisis with the urgency that it requires.

In this audit, our office worked to analyze and review current methods used to gather, use, and improve interim housing data. Due to the extremely limited amount of interim housing beds within city limits, it is vital that we maximize their use and ensure that providers know, on an up-to-date and day-to-day basis, when beds become available. Achieving this requires good quality data and a high level of coordination between outreach workers, program operators, and others to place participants into a shelter.

Right now, as documented by our Office's audit, the systems and data are lacking. We found:

- Data entry issues related to participant enrollments and exits, and bed attendance data
- LAHSA did not follow up with interim housing providers on their point-in-time sheltered homeless count data, despite red flags indicating potential data quality issues.
- A significant number of shelters have recently reported low bed utilization rates, increasing the risk that the number of sheltered homeless is being undercounted and that available beds may not be used efficiently.
- LAHSA attempted to develop a public facing shelter bed availability system (Find-a-Shelter) in the past, but low participation rates by providers and inaccurate data limited the usefulness of the system
- LAHSA's current system for tracking bed availability (Bed Reservation System) is so unreliable that LAHSA relies on daily census emails to track bed availability, rather than the reservation system

These data quality issues make it next to impossible for the City to have an accurate picture of how many beds we actually have available, and how many are being utilized in the City at any given time. When this

information is considered alongside laws like Los Angeles Municipal Code section 41.18 - which prohibits unhoused individuals from sitting, sleeping, or lying in designated areas, having reliable information about shelter bed availability is crucial to assessing the City's adherence to the Constitutional rights of unhoused individuals. Under a federal court's decision in the case of Martin v. Boise, the City of Los Angeles and other local jurisdictions in several western states cannot enforce local laws restricting camping in public spaces if they do not have sufficient shelter beds available for their homeless population.

We recommend that the City collaborate with LAHSA to take new steps to create a functioning shelter bed availability system, and improve the data quality that supports the existing shelter system. Changes are necessary not only because of the work LAHSA has carried out over the recent years, but because of its expanding responsibility in newer City efforts, like Inside Safe. Specifically, LAHSA should:

- Re-evaluate its information requirements and redesign a shelter bed availability system that is publicly accessible to facilitate referrals to all LAHSA-funded shelters;
- Develop and implement a plan to monitor, evaluate, and enforce its requirements on shelter program operators to enter bed availability and bed attendance data in a complete, accurate, and timely manner; and
- Follow up with all shelter program operators participating in the Annual Homeless Count that report bed utilization rates below 65% or more than 105%, and require them to correct their count of people experiencing homelessness in their shelter, or provide an explanation for low or high bed utilization rates.

As this audit reveals, the City currently lacks a centralized database that tracks interim housing availability and criteria for entry for interim housing sites.

To illustrate what our City needs, our team is launching an interim housing bed availability map that, while incomplete, serves as an example of what we could accomplish with more coordinated efforts across relevant stakeholders. The goal of this project is to centralize data on interim housing to make the landscape of resources more accessible and easier to understand. To date, our team has attempted to contact more than 350 interim housing sites in the City. We have collected information on population(s) served, requirements for entry, referral processes, current bed availability, and daily reporting practices for all sites.

With the work we have done thus far, we believe that a system like this is possible. We invite all necessary stakeholders (including LAHSA and the service providers that it works with) to join efforts and make an achievable dream a reality: the people of Los Angeles, including all of its unhoused neighbors, should know how many interim shelter beds are available on any given night.

Respectfully submitted,

Kenneth Mejia

KENNETH MEJIA
City Controller

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Executive Summary

The estimated number of people experiencing homelessness without shelter has increased significantly in the City of Los Angeles, almost doubling from over 17,600 in 2015 to more than 32,600 in 2023. This worsening crisis led Mayor Karen Bass to declare an emergency on December 12, 2022. Studies show that even short periods of unsheltered homelessness are especially dangerous and result in high mortality rates caused by a lack of treatment for serious physical and mental health issues.

Over the last several years, the City, Los Angeles County, and the Los Angeles Homeless Services Authority (LAHSA) have worked together to expand the shelter system, while also developing permanent housing and other interventions to address homelessness. Based on the Annual Homeless Count, the inventory of shelter beds within the City of Los Angeles has grown from approximately 9,500 beds in January 2015 to more than 16,100 beds in January 2023.

However, given the number of persons experiencing homelessness in the City of Los Angeles, available data strongly suggests that the current supply of interim housing is insufficient. **LAHSA's 2023 Annual Homeless Count estimated that 46,260 people in the City were experiencing either sheltered or unsheltered homelessness, a figure exceeding the number of shelter beds by nearly three times.**

As a limited resource, maximizing shelter utilization remains an important goal. Achieving this requires high quality data and effective coordination between outreach workers, program operators, and others to place participants into a shelter. **Recognizing this need, the City and County tasked LAHSA in 2016 with the responsibility of developing a bed availability system to facilitate referrals to shelters.**

Reliable and timely data on bed availability would lead to better and more efficient shelter referrals. It would also help the City meet its legal and moral obligations to offer shelter to those in need. High quality data on bed utilization would also inform evaluations of individual shelters or the shelter system as a whole.

This oversight audit focuses on City-funded, single-site, shelter facilities serving the adult homeless population, and offers findings and recommendations to improve the accuracy and timeliness of information provided by a shelter bed availability system. In addition, this report also provides findings and recommendations to improve the quality of shelter bed utilization data.

To that end, we evaluated LAHSA's efforts to develop a system to collect and provide accurate and timely information on shelter bed availability. More specifically, we sought to:

- assess the completeness of shelter counts for the Annual Homeless Count;
- evaluate existing efforts by LAHSA to develop a bed availability system for shelters;
- identify specific issues that hinder or prevent LAHSA from collecting better data; and
- determine the requirements and processes needed to provide an up-to-date snapshot of shelter bed availability.

Overall, we found that LAHSA should reevaluate and redesign its bed availability system, and do more to monitor and improve the quality of data entered by its contracted service organizations that operate its shelters.

What We Found

LAHSA has made two major attempts to create a shelter bed availability system. While both bed availability systems were intended to better provide shelter to unhoused individuals, neither is currently being used to facilitate referrals to shelters. Issues with the responsibilities, processes, and data required to support the bed availability systems prevent the systems from working as intended.

LAHSA's current bed availability systems are ill-suited to addressing the existing homelessness crisis in Los Angeles. Due to systematic weaknesses that we identified through this audit, LAHSA and others must still rely on emails and telephone calls to identify available shelter beds. While these cumbersome and less efficient methods are insufficient for the task of addressing the current emergency of homelessness, they became wholly inadequate in the face of acute crises, as demonstrated during the inclement weather events of the 2022-2023 winter season.

LAHSA's bed availability systems are not functional

In 2018, LAHSA launched Find-a-Shelter, a publicly-accessible web application that provides location, contact, and bed availability information for some shelters. However, low participation and inaccurate estimates limited its usefulness as a bed availability system:

- only seven shelters have ever participated, and only ten updates on daily bed availability were provided since its launch;
- without bed availability updates from shelter program operators, Find-a-Shelter instead relied on bed attendance data, which we found to be prone to data entry errors; and

- even when bed attendance data was accurate, it likely led to incorrect bed availability estimates because LAHSA's program rules allow participants to be absent from a shelter for up to three consecutive days before losing their assigned bed.

The current Bed Reservation System allows shelters to reserve beds and record bed utilization for participants, and is intended to provide LAHSA with bed availability to inform their referral decisions. However, information in the Bed Reservation System is so unreliable that LAHSA instead uses an inefficient system of daily census reports emailed by shelter program operators. We identified the following issues with this approach:

- the Bed Reservation System requires a significant amount of data entry to reflect changes in participant shelter enrollment status and bed availability;
- we found data entry changes by shelter program operators to be both too inaccurate and untimely to meet the needs of LAHSA's referral process; and
- LAHSA does not monitor or enforce their data entry requirements to make the Bed Reservation System functional as a bed availability system.

The harmful effects of a non-functional bed availability system were magnified during the 2022-2023 winter season. LAHSA contracted with 211 LA to answer the winter shelter hotline and make referrals to winter shelters. However, 211 LA found that the Bed Reservation System did not reliably provide bed availability information. Instead, 211 LA telephone operators resorted to calling multiple shelters to verify bed availability before making a referral. Having to constantly reach out to multiple winter shelters to confirm bed availability also added to the time it took for 211 LA to respond to calls and increased wait times for callers in general.

Data quality for bed attendance data could also improve

Unlike bed availability, bed attendance data documents when a bed is being used by a participant, and is used to determine a shelter's rate of bed utilization. For the purposes of Annual Homeless Count, bed attendance is also used to determine the number of sheltered individuals. **Although LAHSA requires its shelter program operators to record bed attendance, we found many errors with data entry and call into question the data's reliability:**

- the bed attendance data we reviewed contained many instances of overutilization and underutilization, pointing to issues with data quality;
- LAHSA does not investigate potential data quality issues that are indicated by bed utilization rates below 65% or above 105%; and
- a significant number of shelters have recently reported low bed utilization rates, increasing the risk that the number of sheltered homeless is being undercounted.

Given the data reliability issues we encountered, we could not use LAHSA's bed attendance data to assess individual shelter performance or determine whether beds across the system are being underutilized.

What We Recommend

Without further action, Los Angeles will continue without a functioning bed availability system, and outreach workers and others will have to rely on telephone calls and other inefficient and uncertain methods to identify available shelter beds.

LAHSA should take new steps to create a functioning shelter bed availability system and improve the data quality that supports the existing shelter system. Changes are necessary, not only because of the work LAHSA has carried out over recent years, but because of its expanding responsibility in newer City efforts, like Inside Safe. Specifically, LAHSA should:

- reevaluate its information requirements and redesign a shelter bed availability system that is publicly accessible to facilitate referrals to LAHSA-funded shelters;
- develop and implement a plan to monitor, evaluate, and enforce its requirements on shelter program operators to enter bed availability and bed attendance data in a complete, accurate, and timely manner; and
- follow up with all shelter program operators participating in the Annual Homeless Count that report bed utilization rates below 65% or more than 105%, and require them to correct their count of people experiencing homelessness in their shelter, or provide an explanation for low or high bed utilization rates.

Conclusion

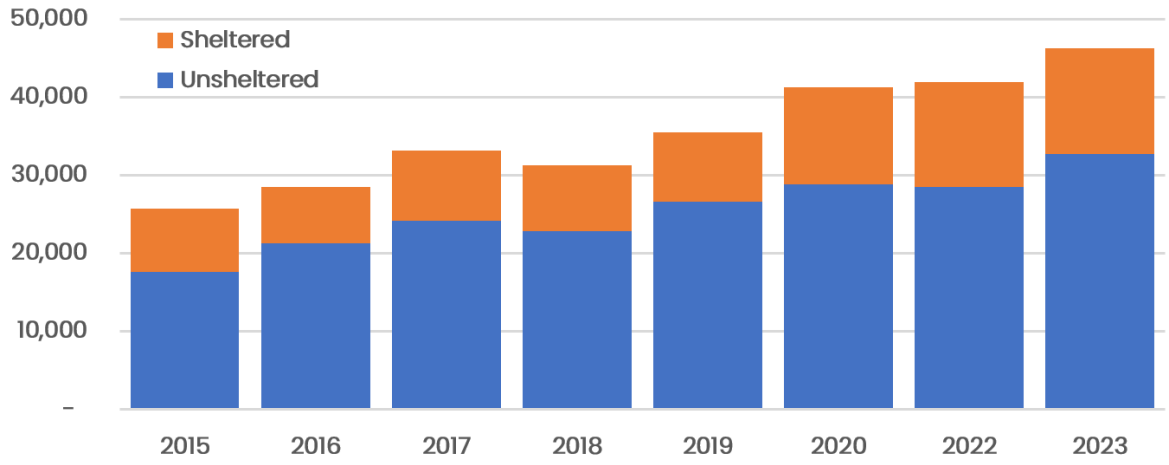
More than seven years after it was designated with this task, LAHSA still does not have a functioning bed availability system to facilitate referrals to shelters. While the City, County, and LAHSA have worked together to expand the shelter system, shelter beds remain a limited resource. Maximizing the value of this investment in more interim housing requires a working bed availability system to efficiently and quickly connect as many unsheltered people as possible to a shelter bed. By implementing the recommendations in this report, LAHSA can better facilitate referrals to shelters, improve the lives of unhoused Angelenos, and increase the operating efficiency of the shelter system.

BACKGROUND

Homelessness in the City of Los Angeles has increased dramatically since 2015. Each year, the Los Angeles Continuum-of-Care (CoC) and other CoCs throughout the country conduct a Point-in-Time Count of homelessness within their service areas. Based on these estimates, the number of people experiencing homelessness within the City of Los Angeles has increased from 25,686 in 2015 to 46,260 in 2023, an 80% increase in nine years.[1]

A defining aspect of homelessness in Los Angeles, and throughout the western United States, is the number of people experiencing homelessness without shelter. **An estimated 71% of individuals experiencing homelessness on the night of the 2023 Point-in-Time Count were unsheltered.** According to the annual Point-in-Time Count, unsheltered homelessness in Los Angeles increased by 85% between 2015 and 2023, from 17,687 to 32,680.

Figure 1. Sheltered and Unsheltered Homelessness Has Increased Dramatically in the City



Source: LAHSA Point-in-Time Count Data for the City of Los Angeles.

Note: Due to COVID-19, a Point-in-Time count of unsheltered homelessness was not conducted in 2021.

Beyond the staggering numbers, unsheltered homelessness is also associated with serious health and safety issues that highlight the dangers of living on the streets. A 2019 study by the California Policy Lab, based on more than 64,000 surveys collected across the country, found that **"unsheltered people—especially unsheltered women—report profoundly greater health challenges, higher rates of experiences of violence and trauma, and longer lengths of homelessness than people who are staying in shelter."**

[1] The City of Los Angeles is part of the Los Angeles CoC, the regional planning body that coordinates funding for housing and homeless services for most of Los Angeles County. The Los Angeles CoC does not include the cities of Glendale, Pasadena, and Long Beach, who have their own CoCs for coordinating homeless funding and services.

More recently, a 2022 literature review published in the American Journal of Preventive Medicine synthesized the evidence across 42 studies and concluded that:

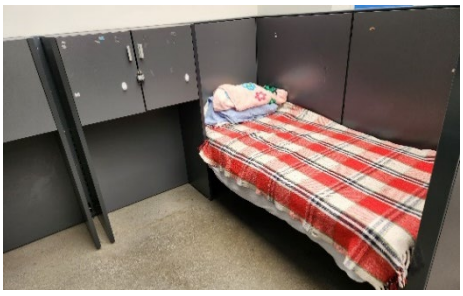
- unsheltered populations experience higher rates of chronic disease, serious mental illness, and substance abuse than sheltered populations;
- unsheltered homelessness is strongly associated with chronic homelessness that exacerbates serious mental illness and substance use, which is often co-occurring;
- despite having extensive unmet health needs, unsheltered populations have lower healthcare utilization and often lack health insurance; and
- these health disadvantages manifest in significantly higher mortality rates among those experiencing unsheltered homelessness.

Under Proposition HHH, much of the City's focus and resources have centered around increasing the supply of supportive housing and corresponding housing placements. However, the City of Los Angeles and the County of Los Angeles have also focused significant efforts on expanding the shelter system as part of their overall strategies to address homelessness.

Figure 2. Examples of Interim Housing in Los Angeles Provided in Different Settings

Roadmap Bridge Housing in South Los Angeles

A Bridge Home in San Pedro



Tiny Home Village in North Hollywood

Project Homekey Motel in Jefferson Park

This expanded shelter system includes a mix of interim housing models, including bridge housing in congregate settings under the City's COVID-19 Homeless Roadmap, beds in assigned cubicle spaces under the A Bridge Home program, Tiny Home Villages, and

hotel/motel rooms under Project Roomkey/Homekey.[2] Based on the Annual Homeless Count, the inventory of shelters in the City of Los Angeles has grown from approximately 9,500 beds in January 2015 to more than 16,100 beds in January 2023, with more than 94% of the increase in shelter beds occurring since January 2019.[3]

But despite these significant investments, shelters remain a limited resource relative to the urgent needs of unhoused Angelenos. **The 2023 Point-in-Time Count estimated that 46,260 people in the City were experiencing either sheltered or unsheltered homelessness, nearly three times the current number of shelter beds.**

Helping service providers, outreach workers, and unhoused residents find available shelter beds, and maximizing bed utilization to increase the efficiency of the shelter system, remain important goals for the Los Angeles CoC. **To facilitate the search for available beds, and more efficiently operate the shelter system, the City's and the County's homeless strategies envision having a bed availability information system that anyone can use to identify any available beds**.

This oversight audit focuses on City-funded, single-site, shelter facilities serving the adult homeless population, and offers findings and recommendations to improve the accuracy and timeliness of information provided by a shelter bed availability system. In addition, this report also provides findings and recommendations to improve the quality of shelter bed utilization data. Program managers and policymakers may be able to apply the lessons learned and recommendations in this report to shelters serving other populations, or operating in different settings, such as the Inside Safe program that was launched in December 2022.

LAHSA's Roles in the Los Angeles CoC and the Coordinated Entry System

The Los Angeles Homeless Services Authority (LAHSA) was created in 1993 through a joint powers agreement between the City and County to "provide homeless programs and services…in furtherance of the programs and goals of the County and City." LAHSA is governed by the LAHSA Commission consisting of 10 Commissioners: five of which are appointed by the Mayor and City Council, and five of which are appointed by the County.

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[2] Throughout this report, the terms "interim housing" and "shelter" are used interchangeably, and refer to various types of facilities and programs designed to provide temporary lodging for people experiencing homelessness.
[3] LAHSA did not provide us the estimated number of shelter beds within the City of Los Angeles. While there are issues with this methodology, for background purposes we estimated the number of shelter beds in the City by counting the number of beds in LAHSA's Housing Inventory Count data that were reported to be in Council Districts 1 through 15.

Within the Los Angeles CoC, LAHSA performs several key functions to coordinate and manage homeless services.

Lead Agency for the Los Angeles CoC

As its lead agency, LAHSA receives funding on behalf of the Los Angeles CoC from federal, state, county, city, and private sources. Although LAHSA directly provides some homeless services, it primarily functions as a passthrough entity and distributes the majority of the funding it receives through contract awards to other entities. LAHSA relies on these contracted service organizations to provide shelter, housing, and other homeless services. For its entire interim housing portfolio, LAHSA had 169 active contracts with over 50 service organizations to operate different programs during FY 2022-23.

LAHSA's contract agreements for interim housing include several Standards and Scopes of Required Services that define the requirements, expectations, and services that must be provided. For most of its interim housing contracts, LAHSA pays its contractors on a cost-reimbursement basis for allowable costs incurred to operate a shelter. The tables below highlight LAHSA's budgeted revenue sources and expenditure categories. **Notably, interim housing accounted for nearly 46% of LAHSA's projected spending.**

Table 1. LAHSA's Revenue Sources for FY 2022-23 (in $ Millions)

Budget Sources	Amount
County	$349 M
City	$264 M
State	$153 M
Federal	$77 M
Private	$2 M
Total	**$845 M**

Table 2. LAHSA's Budgeted Expenditures for FY 2022-23 (in $ Millions)

Expenditure Categories	Amount
Contracts with Service Providers	
Interim Housing	$388 M
Permanent Housing	$274 M
Other Services	$64 M
LAHSA Programs and Costs	**$119 M**
Total	**$845 M**

Source: LAHSA's February 16, 2023 Budget Presentation for FY 2022-23

Lead for the Los Angeles CoC Homeless Management Information System

LAHSA is also the lead agency for administering the Los Angeles CoC's Homeless Management Information System (HMIS). LAHSA and its contract service providers use HMIS to collect and analyze information related to:

- **homeless clients**, including personal identifiers, demographic data, and program enrollments and exits;
- **organizations and projects**, such as the names and other identifying information of service organizations, shelter facilities and other programs, location information, and a bed and unit inventory for shelters; and
- **program specific data**, such as bed nights used and other shelter services provided, client assessments, and case management notes.

The US Department of Housing and Urban Development (HUD) administers federal housing and urban development laws, which include the requirement that all CoCs use an HMIS. HUD also publishes and updates HMIS data standards, which define the data collection, management, and reporting requirements for an HMIS. LAHSA currently contracts with a vendor for an HMIS software solution that complies with HUD's HMIS data standards.

According to LAHSA, their HMIS userbase consists of over 5,500 active users, including staff working (1) within LAHSA, (2) at LAHSA-funded service organizations, and (3) at other organizations within the Los Angeles CoC service area that are not funded by LAHSA but choose to participate in and use HMIS.[4] Based on the 2023 Point-in-Time count, 414 of 522 shelter projects operating over 18,200 beds participate in HMIS. In addition to administering the Los Angeles CoC's HMIS, LAHSA provides training and technical assistance to their HMIS users.

LAHSA's Roles in the Coordinated Entry System

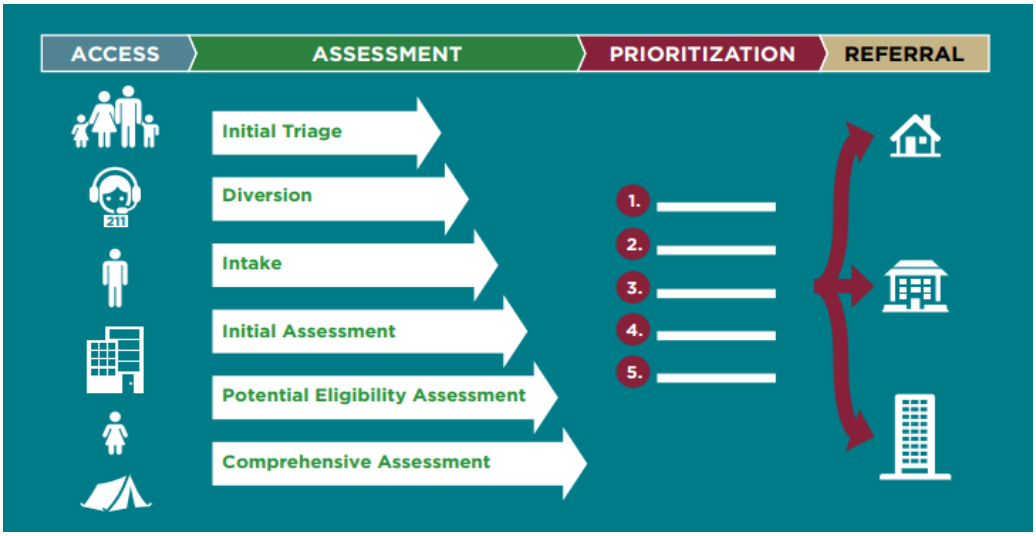
LAHSA plays a central role in managing and operating the Los Angeles CoC's coordinated entry system (CES) of homeless services and resources. Federal rules require CoCs to establish and operate a CES to prioritize and allocate limited resources, such as access to shelters and housing. According to HUD, a CES encompasses four core elements: access, assessment, prioritization, and referral.

LAHSA utilizes outreach workers, access centers, and other means to create a network of access points for the coordinated entry system. **LAHSA's outreach workers and access centers work to engage with people experiencing homelessness, gather information about their needs and preferences, connect them to available services, and refer them to the**

[4] Shelter projects operating within the Los Angeles CoC service area can be funded by other county entities (such as the Department of Health Services and Department of Mental Health), nonprofit organizations that rely on private fundraising, and faith-based rescue missions. Unless these shelters also receive funding from LAHSA, they are not required to enter data into or use LAHSA's HMIS.

interim housing community queue, which is a waitlist for participants interested in receiving shelter.

Figure 3. Core Elements of a Coordinated Entry System



Source: HUD Coordinated Entry Core Elements Guidebook

LAHSA previously used a CES assessment survey tool to determine a client's eligibility for some forms of interim housing, but discontinued its use after studies showed that its survey questions and scoring system may perpetuate and maintain racial disparities. Instead, LAHSA explained that, as of July 2022, it began using participants' length of stay in the community queue to prioritize them.

LAHSA employs teams of matchers to implement a centralized referral process. Matchers work to identify participants in the interim housing community queue, and refer them to shelters with an available bed based on their eligibility and gathered information about their needs and preferences.

Many shelters whose funding source originates from the City participate in centralized matching, and can only accept referrals (1) made by LAHSA's matchers from the interim housing community queue, or (2) in coordination with another referral source such as a Council District Office that wants to make offers of shelter as part of an homeless encampment clean-up operation or enforcement action. According to LAHSA, it must pause its own referrals from the interim housing community queue and hold available shelter beds open in order to coordinate referrals from a Council District office. Throughout the Los Angeles CoC, more than 6,000 shelter beds are centrally matched to participants.

While the majority of LAHSA-funded shelter beds are centrally matched, there are still many shelters, such as crisis and bridge shelter facilities, that can accept new participants without a referral from LAHSA. However, in most instances, even non-matched sites still have criteria that potential participants must meet to qualify for a shelter bed. As shown in **Table 3**, there are also many shelters in the Los Angeles CoC that are not funded by LAHSA.

Table 3. Shelters Vary on Their Funding, Matching Status, and HMIS Participation

Funding and Matching Status	HMIS Participation	Number of Shelter Projects	Number of Shelter Beds
LAHSA-Funded, Centrally Matched	Yes	132	6,258
LAHSA-Funded, Not Matched	Yes	122	5,027
Non-LAHSA Funded	Yes	192	6,574
	No	108	8,059
Total		**554**	**25,918**

Source: Data provided by LAHSA, as of 6/30/23.

The Evolving Shelter System in Los Angeles

Since 2016, the shelter system in Los Angeles has undergone significant changes to eligibility and referral criteria, operating model, and program design. The changes summarized in this section impact how people experiencing homelessness can access and stay in interim housing, and how shelter beds become available for new participants.

Eligibility and Referral Criteria for Shelters

While a person's homeless status and age are the main eligibility criteria to qualify for shelters serving the single adult population, the location where they are experiencing homelessness can limit which shelters they can access. According to LAHSA, many City-funded shelters have eligibility or referral criteria that are determined by the City Council or the Council District office representing the area where the shelter is located. For example, a shelter may be designated to serve a geographic catchment area that largely covers the Council District in which it is located, and will prioritize referrals for people experiencing homelessness within that limited area. For centralized matching purposes, LAHSA prioritizes participants experiencing homelessness within a shelter's catchment area for referrals.

Transitioning to the Reserve Bridge Shelter Operating Model

Prior to 2016, LAHSA-funded shelters operated under a night-by-night crisis model. Shelters under this model operated only 14 hours a day, and provided beds each night on a first-come-first-serve basis. Clients were required to leave each morning, with no guarantee that they would have access to a bed the next day.

According to LAHSA, the night-by-night shelter model contributed to instability for participants and limited the amount of time spent with case management staff to work toward permanent housing goals. **To serve as a pathway toward permanent housing, the City's and the County's Homeless Strategies sought to change the shelter system toward a "reserve bridge" model, with shelters open 24 hours a day and with more case management and other services**. Beginning in FY 2016-17, LAHSA began implementing those changes, with its contracts for City-funded interim housing requiring, among other things, 24/7 operations.

Another significant change to the City's shelter system, related to the reserve bridge model, is bed reservations for participants. Under its current Scopes of Required Services for various interim housing programs, LAHSA expects that participants will stay most nights at the shelter while they are working to resolve their homelessness. **To facilitate housing stability, LAHSA-funded shelters are able to reserve a bed for newly enrolled participants for 90 days.**

Beyond the initial bed reservation period, there is currently no hard limit to a participant's length of stay at a shelter. As long as they are enrolled, and shelter staff are documenting and reviewing their progress and engagement towards housing goals every 90 days, enrolled participants remain eligible to stay at the shelter.

Changes to Shelter Program Design Affecting Length of Stay

LAHSA has also adopted low-barrier guiding principles to minimize requirements or rules that prevent access or lead to removal.[5] LAHSA does not allow shelters to exit a participant for active substance use, lack of income, active health issues, mental health conditions, inability to abide by a personal budget, or medication noncompliance. **Under LAHSA's current requirements, shelter operators can only exit a participant from the shelter if they**:

- successfully secure some form of permanent housing;

[5] LAHSA describes a low-barrier program or service as one that accepts people as they are and prioritizes shelter, housing, and service connection over requiring behavior change and implementing disciplinary measures. An example of a low barrier guiding principle is Harm Reduction, which LAHSA says is intended to prevent a participant's termination from a program based solely on their inability to stop using drugs or alcohol or failure to take prescribed medications.

- self-resolve their housing crisis;
- are enrolled in another interim housing program;
- pose a serious or imminent risk to the safety of shelter staff or other participants;
- are hospitalized or incarcerated for seven or more days; or
- are absent for three or more consecutive nights, and the shelter is unable to successfully make contact.

While all of the changes to the shelter system described above were implemented to serve a purpose, these changes also impact the frequency at which an occupied shelter bed can become available for someone else to use.

The Importance of High Quality Data for Bed Availability and Bed Utilization

Given the dangerous health and safety risks of living on the streets, it is critical to quickly and efficiently provide interim housing to as many unsheltered Angelenos as possible, while more permanent housing options and other interventions are being developed. Because shelters are a limited resource, it is also crucial to maximize use of the City's significant investments to expand the shelter system by helping service providers, outreach workers, and others quickly locate available shelter beds. **Achieving these important goals requires high quality information on bed availability and bed utilization**.[6]

Access to high quality data is key to making accurate and informed decisions. In general, obtaining and using high quality data that is reliable and timely leads to better decision making. For LAHSA and the Los Angeles CoC's decisionmakers, the need for high quality data is no different. Having (or lacking) good information will impact any organization's ability to achieve its operational, reporting, monitoring, and performance goals. As shown in **Table 4**, high quality data on bed availability and bed utilization can be used to serve many purposes for the Los Angeles CoC.

Table 4. High Quality Data on Bed Availability and Bed Utilization Serves Many Purposes

Purpose	Description
Making and Receiving Appropriate Referrals	On a day-to-day basis, LAHSA's matching teams require accurate and timely data on available beds throughout the shelter system to make referrals from the community queue.

[6] Bed utilization measures how much of a shelter's bed capacity is being used by participants, while bed availability measures the number of beds that are open for new participant referrals.

	However, inaccurate data can result in referrals to shelters that do not actually have available beds. Further, vacant beds that are not made available become a waste of resources.
Matching Participants to Appropriate Resources	Bed availability data that includes information on the types of beds that are available—such as for male or female, congregate or single room, upper or lower bunk, or disability accessible—can lead to more appropriate referrals that match the needs and preferences of participants.
Legal Requirements	Under a federal court's decision in the case of *Martin v. Boise*, the City of Los Angeles and other local jurisdictions in several western states cannot enforce local laws restricting camping in public spaces if they do not have sufficient shelter beds available for their homeless population. Having reliable information about shelter bed availability would help the City ensure it is abiding by this interpretation of the Constitution.
Emergency Situations	Reliable information can also aid in certain acute, emergency situations. For example, knowledge about unused bed capacity could have helped to meet the unprecedented demand for shelter during the unusually wet 2022-2023 winter season.
Evaluating Shelter Performance	Reliable trend data on bed utilization can inform assessments of a shelter's performance, such as their ability to keep participants engaged and keep bed utilization high.
Evaluating the Shelter System	Bed utilization data across different facilities can also inform performance assessments of the shelter system and improve the effectiveness and efficiency of interim housing as a tool to access permanent housing.
Public Transparency	Creating a community-facing system to display information about shelters, eligibility criteria, and bed availability allows people experiencing homelessness, outreach workers, first responders, and members of the general public to see where beds are available.

Recognizing the importance of data on shelter bed availability, the City and County's respective homeless strategies designated LAHSA with the task of developing a bed availability system. The County's 2016 published homeless strategies document instructed LAHSA to "fully utilize the shelter bed assignment system in LAHSA's Homeless Management Information System **so that any provider seeking a shelter bed could readily identify any available beds**." The City's 2016 homeless strategy included similar language.

Under the County's 2017 implementation plans for its homeless strategy, LAHSA is responsible for implementing a full roll out of a bed availability system to enhance the shelter system. Similarly, the City's 2019 enhanced comprehensive homeless strategy tasked LAHSA with **developing, testing, and publicly releasing a bed availability application**.

This review did not evaluate the operational, legal, or performance aspects of the shelter system, as described in Table 4 above. However, to make more timely and better shelter referrals for people experiencing homelessness, and improve the efficiency and performance of the shelter system, LAHSA and the Los Angeles CoC will need to address the information system and data quality issues we identified in this report.

LAHSA's Bed Availability Systems Are Not Functional

More than seven years after the City and County designated the agency with the task, LAHSA still lacks a working bed availability system for shelters. LAHSA has made two major attempts to track and report on shelter bed availability, and each endeavor has resulted in information systems that did not function as intended.

Systems that produce high quality information require more than just technology. They also require people and processes to be organized together to obtain data, transform it into useful information, and communicate it to those that need it. **LAHSA's two attempts to create a shelter bed availability system were negatively affected by different issues arising from its contract service providers (and their assigned responsibilities), processes, and data that we discuss below**.

Without a reliable system, LAHSA, outreach workers and others do not have an easy way to track the supply of available beds. As we also discuss later in this report, these issues came to a head during the 2022-2023 winter season, when the demand for shelter outstripped supply, and the number of available shelter beds were not accurately known. Now more than ever,

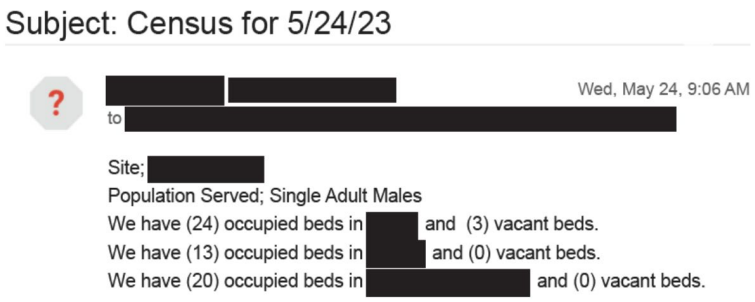
LAHSA needs a reliable bed availability system to help address the emergency of homelessness.

LAHSA's Current Bed Availability System Is Limited by Poor Data Quality

LAHSA's current bed availability system, referred to as the Bed Reservation System, is a collection of functions in HMIS that allows shelters to reserve beds and record bed utilization for participants. The Bed Reservation System was intended to provide LAHSA's central matching teams with bed availability information to meet the requirements of their referral process.

However, bed availability information in the Bed Reservation System is so unreliable that LAHSA is not using it to inform their referral decisions. To ensure that they refer neither too many or too few participants to a shelter, LAHSA's matchers instead rely on census reports emailed daily by shelter staff, like the one shown in Figure 4, to know how many beds are reserved for participants and where beds are available throughout the Los Angeles CoC.

Figure 4. LAHSA Relies on Daily Emails to Learn About Shelter Bed Availability



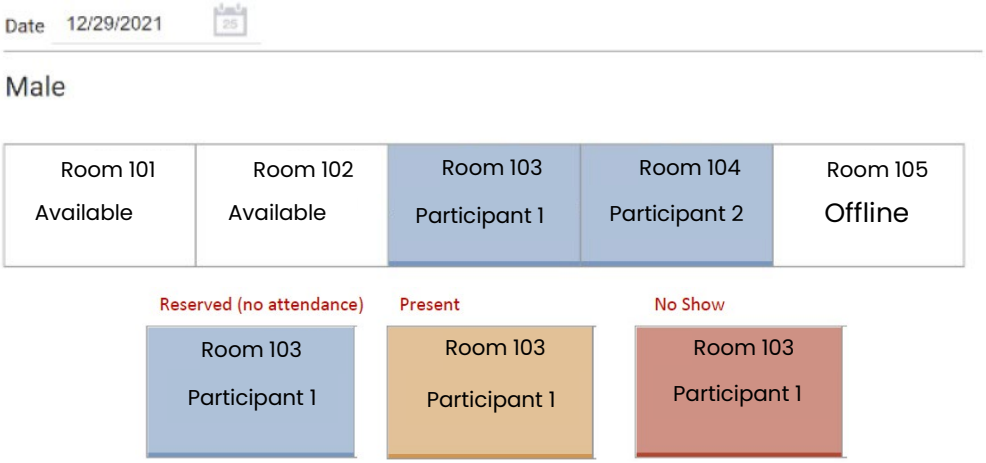
Source: Sample daily census email provided by LAHSA.

While LAHSA has been able to use this system of daily census emails to continue making centralized matching referrals, it has a number of problems. We identified a number of transcription errors from when LAHSA's matching teams copied the number of available beds from the emails they received into the daily tracking spreadsheets that they use to document their referrals. **More importantly, the system of daily census emails makes it more difficult and cumbersome for LAHSA to externally communicate the number of available shelter beds to Council offices, the Mayor's Office, and others who need the information to coordinate the City's homeless response.**

Inaccurate Enrollment and Exit Data

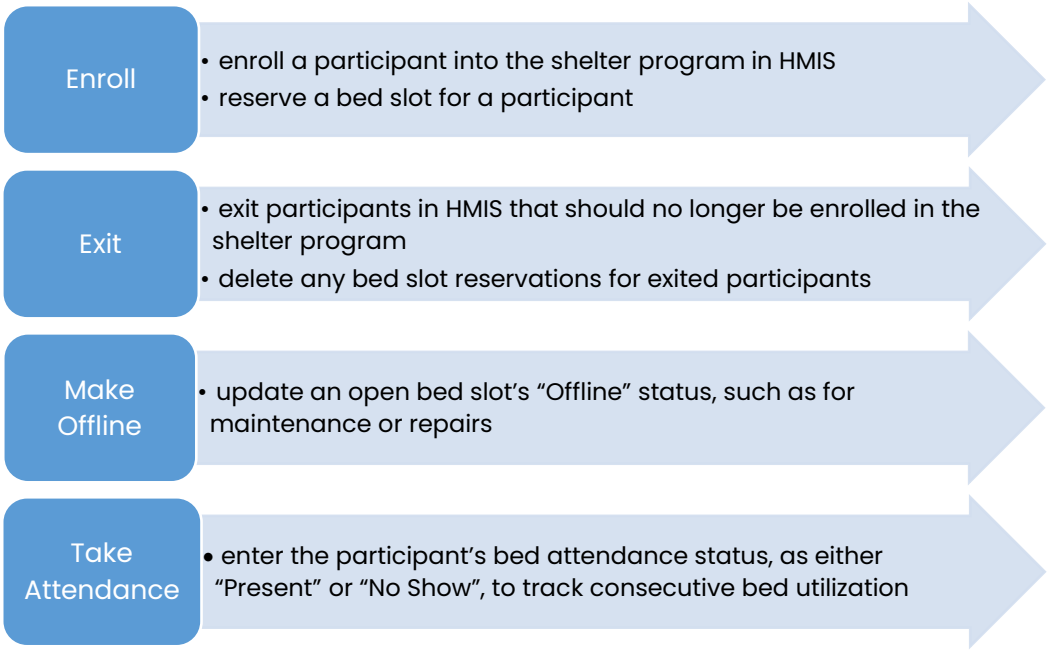
Each shelter that is centrally matched by LAHSA is set up in the Bed Reservation System to display their beds as slots that are either open, offline, or reserved, along with the participant's daily bed utilization status, as shown in **Figure 5**.

Figure 5. The Bed Reservation System Allows Shelters to Reserve Beds and Take Attendance



Source: Adopted from LAHSA's Job Aid for the Bed Reservation System.

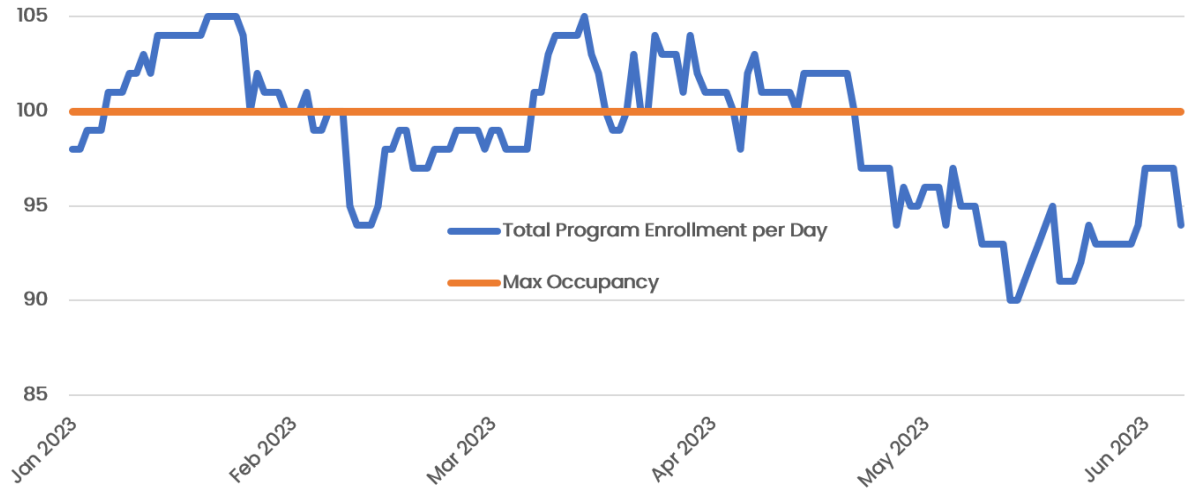
In order for a bed slot's reservation status or availability to be reflected in the Bed Reservation System, shelter staff must perform a number of actions in HMIS shown below:



The most important factor affecting bed availability in the Bed Reservation System is the quality of data in HMIS on participant enrollments and exits. Daily changes based on new enrollments and exits affect the total number of participants enrolled at a shelter, which in turn affect the number of beds available for new referrals. **Any data errors, as reflected in daily enrollment totals, would affect the shelter's ability to accurately display bed availability in the Bed Reservation System**.

For example, daily enrollment data shown in **Figure 6** for one shelter we selected erroneously reflect more participant enrollments than the facility's bed capacity. The 61 days (out of 157 days) where total daily enrollment exceeded the shelter's maximum bed capacity are indicative of a larger data quality issue related to participant exits that have not been recorded in HMIS.

Figure 6. HMIS Enrollment Data Often Exceeded Shelter One's Maximum Bed Capacity



Source: Analysis of LAHSA HMIS Enrollment Data.

To obtain a broader perspective, we selected six City-funded shelters, covering a variety of sizes and types, that participate in LAHSA's centralized matching process for referrals. We requested daily census emails for each of the six selected shelters for five days between January and May 2023, resulting in a total of 30 different daily census email reports.[7]

[7] We limited the scope of our review to begin on 1/1/2023 to ensure that shelter capacity was no longer significantly affected by COVID-19. During the pandemic, LAHSA required its funded shelters to "decompress" and reduce their bed capacity to comply with social distancing guidelines. By January 2023, nearly all shelters had "recompressed" to their original funded bed capacity.

Shelter Selected for Review	Shelter Type	Maximum Bed Capacity
Shelter One	A Bridge Home	100
Shelter Two	Tiny Home Village	230
Shelter Three	Roadmap Bridge Housing	150
Shelter Four	A Bridge Home	99
Shelter Five	Roadmap Bridge Housing	20
Shelter Six	Project Homekey Motel	22

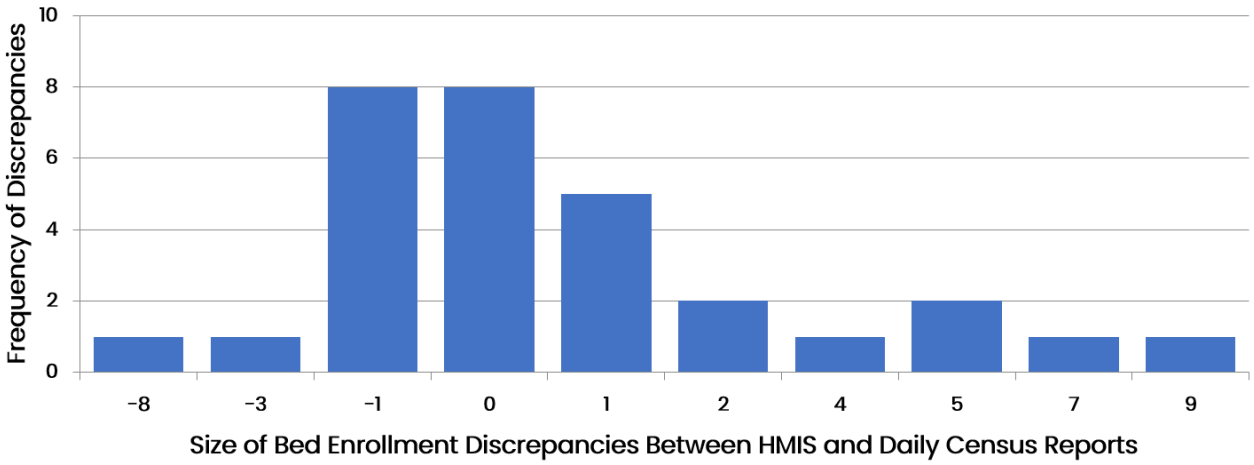
Our review found many discrepancies between total daily enrollment in HMIS and total beds occupied reported by shelter staff in their daily census emails. The frequency and size of these discrepancies, between total enrollments in HMIS and total bed reservations in the daily census email reports, represent the data errors that prevent the Bed Reservation System from being useful as a bed availability system.

When comparing total daily enrollment in HMIS to reported bed occupancy numbers among the six shelters selected for review, we found discrepancies in 22 of 30 instances reviewed (see **Figure 7** below). Only in eight instances were there no differences between the total enrollment in HMIS and the bed occupancy number emailed by shelter staff.

The size of the enrollment discrepancies also varied greatly. For example, one shelter's HMIS data reported a total enrollment of 83 participants, while its daily census report for that day showed that 91 of its beds were occupied, resulting in an enrollment data difference of -8. In another example, a shelter's HMIS data reported a total enrollment of 92 participants, while its daily census report for that day showed only 82 of its beds were occupied, resulting in an enrollment difference of +9.

As shown in **Figure 7**, we also found a combined 13 instances of enrollment discrepancies of either +1 or -1. While a difference of one reported available bed at a single shelter may not be considered significant, shelter beds are a limited resource, and these **inaccuracies can add up to many missed referral opportunities if LAHSA were to rely on its Bed Reservation System. Differences in reported bed availability can become more significant if enrollment inaccuracies are present in HMIS across LAHSA's entire portfolio of over 130 centrally matched shelter projects**.

Figure 7. The Frequency and Size of Data Discrepancies Inhibit the Bed Reservation System



Source: Analysis of HMIS Enrollment Data and Daily Census Reports from Selected Shelters.

Untimely Enrollment and Exit Data

Our review also found that a significant proportion of enrollments and exits were entered into HMIS in an untimely manner. While accurate data is critical, the timeliness of data entry also plays an important role in the usefulness of the information. Although real-time data may not be necessary and may be cost prohibitive to obtain, LAHSA's central matching process needs at least daily updates on bed availability to meet the needs of their referral process.

For the Bed Reservation System to accurately report bed availability in a timely manner to LAHSA's central matchers, shelter staff need to enter into HMIS any changes in a participant's enrollment status and the related bed slot reservations within the same business day. **Changes in enrollment status must be reflected in HMIS within the same business day so that LAHSA central matching team will know, by the beginning of the next business day, how many beds have become available for new referrals**. Enrollments or exits entered into HMIS one or more days after a change would be considered late for the purposes of making referrals to maximize the use of shelter resources.

To determine data entry timeliness for enrollments, we compared the difference between the participants' enrollment date and the date that these enrollment records were created in HMIS. We also compared the exit date and the date that the exit record was created for any

participants that were exited from the shelters we selected during the scope of our review period.[8]

As shown in **Table 5**, data entry timeliness varied across the shelters we selected for review, but took an average of 0.9 days to record an enrollment and 1.3 days to record an exit. Shelter staff entered a significant proportion of enrollments and exits into HMIS after one or more days, with late enrollments representing 8% and late exits 21% of the data available. If LAHSA were to rely on the Bed Reservation System to learn about bed availability, late enrollment and exit data would seriously impact its ability to make use of existing shelter resources.

According to LAHSA's Director of Interim Housing, shelter program operators often have to go through an internal review to process an exit. This additional review process could explain the added delays seen in the timeliness of exit data. However, these delays in decisionmaking and data entry result in delays to making the bed available for new participants.

Table 5. Untimely Data Entry Impacts Bed Reservation System's Usefulness

	Enrollment Data		Exit Data	
	Average Timeliness (Days)	% of Data Entered 1 or More Days Later	Average Timeliness (Days)	% of Data Entered 1 or More Days Later
Shelter 1	1.0	14%	1.1	5%
Shelter 2	0.2	5%	0.8	29%
Shelter 3	0.8	8%	1.0	16%
Shelter 4	2.3	8%	3.1	39%
Shelter 5	0.3	8%	0.6	16%
Shelter 6	0.0	0%	0.9	45%
Total	0.9	8%	1.3	21%

Source: Analysis of LAHSA's HMIS Data Entry for Enrollment and Exit Dates for Selected Shelters

[8] Our scope period is from 1/1/23 through 6/6/23, the date of our request to LAHSA. In total there were 975 participants with valid enrollment date data, and 525 participant records with valid exit date data.

LAHSA's Current Bed Availability System Was Not Reliable During the 2022-2023 Winter Season

During the colder months of the year, LAHSA contracts with service providers to set up and operate winter shelters as part of a seasonal program to stand up additional shelter capacity.[9] LAHSA's Winter Shelter Program traditionally operated under the night-by-night model, and required participants to leave each morning and line up again later in the day for a shelter that evening. However, for the 2022-2023 winter season, LAHSA changed the Winter Shelter Program to operate under the reserved bridge model of 24/7 service with reserved beds.

In a corresponding move, LAHSA required its winter shelter operators to begin using the Bed Reservation System to facilitate referrals and bed reservations in HMIS. LAHSA also contracted with 211 LA to answer requests through the Winter Shelter hotline and make referrals based on bed availability in the Bed Reservation System.[10] According to LAHSA, the 2022-2023 winter season was the first time they used the Bed Reservation System to manage bed availability for the Winter Shelter Program.

However, the Bed Reservation System's flaws related to inaccurate and untimely data entry were magnified by the unprecedented demand for shelters during the unusually wet winter. 211 LA explained that they received over 160,000 shelter-related telephone calls from single individuals for the Winter Shelter Program, but was only able to answer just over 83,000 calls.

From 211 LA's perspective, the Bed Reservation System for the Winter Shelter Program was never fully functioning as a reliable bed availability system. **Instead, 211 LA telephone operators resorted to calling multiple shelters to verify bed availability before making a referral**. Having to constantly reach out to multiple winter shelters to check on bed availability added to the time it took for 211 LA to respond to calls and increased wait times for callers in general. Given the difficult circumstances, 211 LA created an after action report that summarizes their experiences and recommendations for improving the Winter Shelter Program.

Among the many operational challenges highlighted in their after action report, 211 LA found that they had "consistently received inaccurate information regarding the number of available beds in shelters," and that "the total number of fixed beds for the program consistently and vastly overstated what was actually available each day to callers." **When**

[9] LAHSA's Winter Shelter program typically operates between November 1st and March 31st. For the 2022-23 winter season, LAHSA extended its Winter Shelter program to operate through April 8th.

[10] 211 LA is a nonprofit organization that operates Los Angeles County's 211 telephone line for information requests and referrals for County services.

attempting to reserve space for a caller, "211 LA often found that no beds were actually available…within minutes of receiving the initial count." To reduce call wait times, 211 recommended that LAHSA and shelter providers "provide reliable bed-count information to avoid [211] hotline agents having to call numerous shelter sites to locate an available bed."

While the limited number of winter shelter beds was a major factor in the lack of available beds, LAHSA was also unable to use the Bed Reservation System to effectively organize and coordinate the flow of bed availability information between stakeholders. **Recent incidents, such as hurricane-induced flooding, and the likelihood of more frequent inclement weather events in the future, highlight the need to implement a bed availability system and other processes to better prepare and coordinate emergency responses within Los Angeles.**

Insufficient Requirements for Data Entry and Monitoring

LAHSA's Scope of Required Services for shelters that participate in centralized matching requires shelter operators to enter enrollments and exits into HMIS **within 24 hours**. But for the Bed Reservation System to accurately and timely reflect bed availability in time for the central matching process, shelters should enter enrollments and exits into HMIS within the same business day.

Most importantly, LAHSA does not have a formal process to actively monitor and remediate data in HMIS that impacts the Bed Reservation System. According to its Deputy Chief Information Officer, LAHSA is working with the California Policy Lab to review its HMIS data and re-evaluate its key performance indicators for the homeless services system. As part of this review, LAHSA learned about the extent of data quality issues in HMIS, including many important fields in HMIS with missing data.

To start addressing data quality issues in HMIS, LAHSA has drafted a Data Quality Plan and Procedure that it plans to implement around the Spring of 2024. The draft plan defines certain data quality standards for LAHSA's contract service organizations to follow and establishes a procedure for monitoring, reporting, and fixing data quality issues.

While it is encouraging that LAHSA plans to begin tackling its HMIS data quality issues, its current draft plan does not include a process to address shelter bed availability or define standards for data entry timeliness. LAHSA should update and implement its draft Data Quality Plan and Procedure to include a process that addresses the data quality issues that impact the shelter bed availability system.

Find-a-Shelter Suffered From Low Participation and Inaccurate Estimates

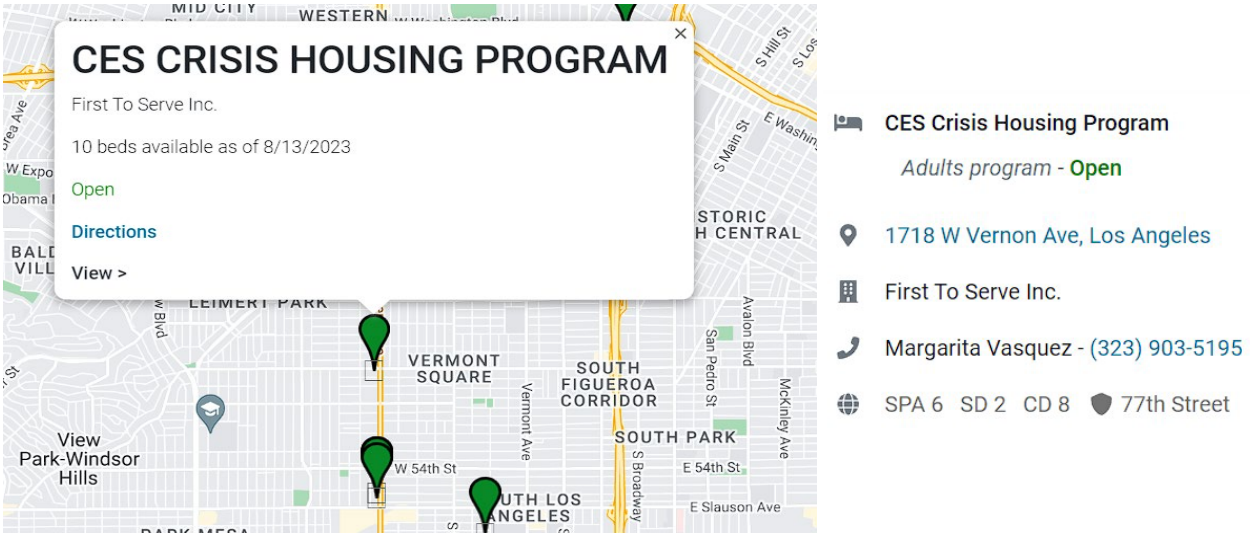
LAHSA's initial attempt at creating a shelter bed availability system, known as Find-a-Shelter, faced different issues that also limited its functionality. First introduced in early 2018, Find-a-Shelter is a web-based application for obtaining and reporting bed availability information. Although it is now a dormant project that LAHSA has not updated for some time, Find-a-Shelter still offers some lessons for creating a viable bed availability system.

Find-a-Shelter Is More Publicly-Accessible Than the Bed Reservation System

In 2018, LAHSA's goal for Find-a-Shelter was to "help providers that are interfacing with clients to ensure they are expediently placed in an available bed that night if one is available, without needing to spend additional time making phone calls and inquiries to an array of crisis housing providers." While the initial roll out for Find-a-Shelter focused on a limited number of facilities, LAHSA envisioned putting its entire portfolio of shelters on the application, and eventually extending it to allow additional beds beyond LAHSA-funded shelters to be shown.

With this in mind, LAHSA made Find-a-Shelter into a community-facing application. Unlike the Bed Reservation System, which is only available to LAHSA and their service providers that use HMIS, public users do not need any special access to use Find-a-Shelter. As shown in **Figure 8**, members of the public can go to the Find-a-Shelter website to find a list and map of some shelters within the Los Angeles CoC, with their location and contact information.

Figure 8. Find-a-Shelter's Public-Facing Application Provides Some Shelter Information



Source: LAHSA's Find-a-Shelter website, screenshot taken on 8/13/2023 at 8:30 AM.

A functioning, community-facing bed availability system would be especially useful for people trying to connect with a shelter that does not require a special referral. LAHSA still

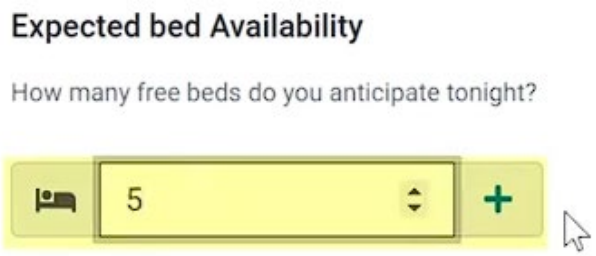
contracts with service providers to operate more than 60 crisis and bridge housing projects with a capacity of over 1,800 year-round beds. Crisis and bridge housing projects can receive referrals from sources other than LAHSA's central matching team. Using Find-a-Shelter to (1) obtain accurate and timely bed availability updates from these walk-up facilities and (2) communicate it to the public would provide a valuable resource for those seeking shelter.

Very Few Shelters Updated Their Bed Availability in Find-a-Shelter

To obtain accurate and timely bed availability information, LAHSA created a feature in Find-a-Shelter that allowed shelter staff to manually provide bed availability updates directly to the application. As shown in **Figure 9**, shelter staff can provide an update by logging into Find-a-Shelter to input an estimated number of available beds. Providing manual bed availability updates was especially important if estimates based on HMIS data were incorrect.

Despite LAHSA's effort to create this feature, very few shelter providers participated in Find-a-Shelter to update their bed availability. **Based on a log provided by LAHSA, only six shelters have ever provided bed availability updates on Find-a-Shelter. Of these seven shelters, only 10 updates to bed availability were ever made, with these updates occurring in 2019 and 2020.**

Figure 9. Shelter Staff Can Provide Basic Bed Availability Updates to Find-a-Shelter



Source: LAHSA Instructional Video for Find-a-Shelter.

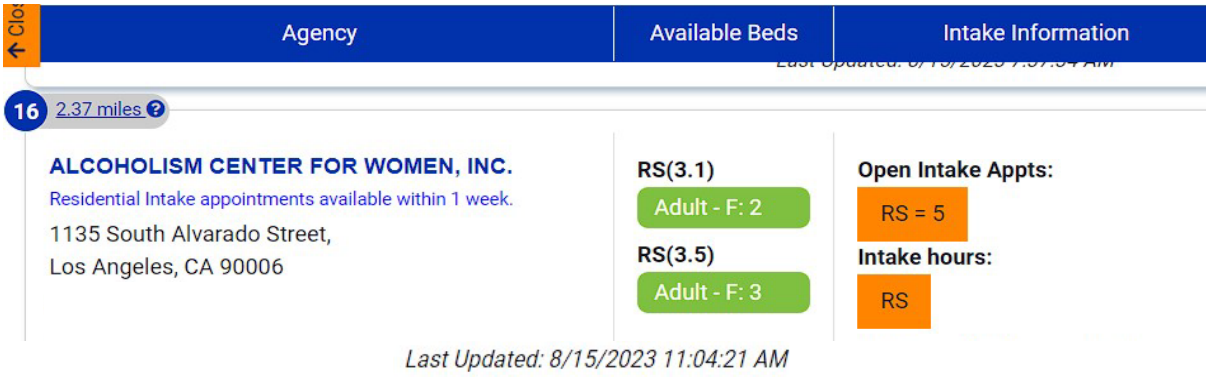
The lack of participation can be explained by the fact that LAHSA did not require its funded shelters to participate in updating bed availability in Find-a-Shelter. LAHSA management explained that service providers were already required to use HMIS and that mandating the use of another application could introduce additional administrative burdens. Still, as the funder for more than 60 crisis and bridge housing projects, LAHSA can require its contractors to use Find-a-Shelter, or any other application, to communicate bed availability updates.

An example from the Los Angeles County Department of Public Health demonstrates the authority that funding organizations can wield in enforcing new requirements for their contractors. Similar to LAHSA, the Department of Public Health's Division of Substance Abuse Prevention and Control (Substance Abuse Division) contracts with over 90 service organizations to provide its services to the public at over 350 sites throughout the County.

These services focus on substance abuse treatment and prevention, which include residential programs that must manage bed availability for patients who live at the facility while they engage in treatment and rehabilitation.[11] To obtain and communicate bed availability, the Substance Abuse Division developed the Service and Bed Availability Tool in 2017. **Like Find-a-Shelter, the Service and Bed Availability Tool provides a publicly available list and map of facilities, with location and contact information** (see **Figure 10**).

In June 2017, the Substance Abuse Division issued a bulletin to all of its providers, requiring them to update their bed availability at least daily on the Service and Bed Availability Tool.

Figure 10. Bed Availability Information for Substance Treatment Is Publicly Available



Source: Public Health Substance Abuse Division's Website for its Service and Bed Availability Tool.

The Substance Abuse Division also sends daily notifications to providers, monitors their participation, and follows up with them to increase their compliance. As a result of its requirements and monitoring, the Substance Abuse Division states that they have achieved over 90% compliance from their providers in providing daily bed availability updates. To increase provider participation in Find-a-Shelter or another bed availability application, LAHSA should implement similar participation requirements and monitoring protocols.

Find-a-Shelter Uses Data from HMIS That Likely Results in Incorrect Bed Availability Estimates

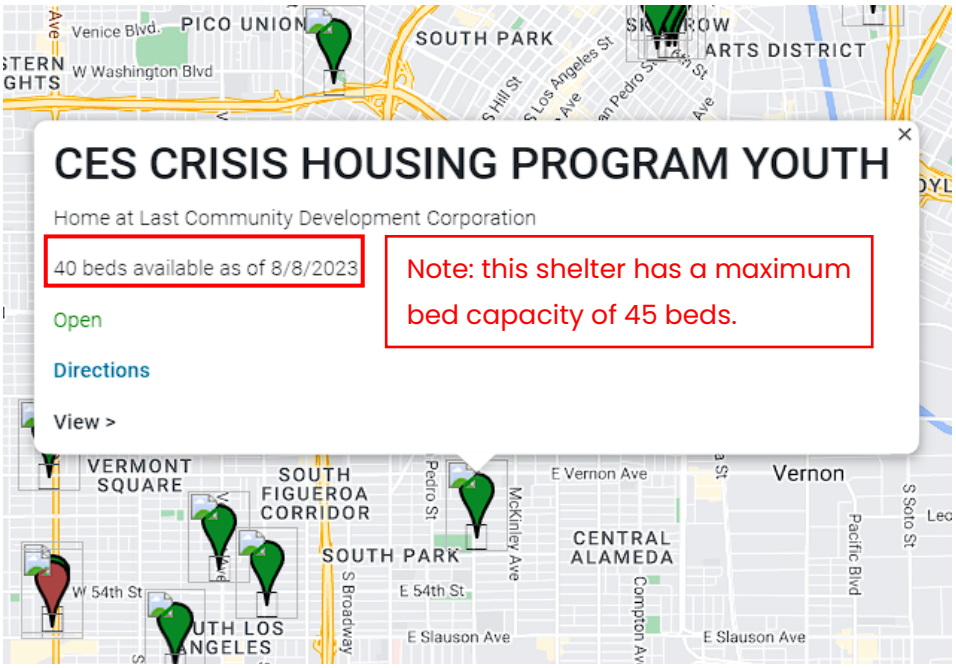
Without bed availability updates from service providers, LAHSA turned to data in HMIS to estimate the number of beds available. According to LAHSA, nearly all shelters in HMIS are set up to track each participant's daily bed attendance. For shelters tracked in this way, Find-a-

[11] Substance Abuse Division's programs largely serve lower income populations that qualify for Medi-Cal, the State's low-income health insurance plan. Over 33% of all patients served by Substance Abuse Division's providers were experiencing homelessness at the time of admission.

Shelter estimates bed availability by subtracting total daily bed attendance from the shelter's total bed capacity.

However, as we discuss later in this report, daily bed attendance data in HMIS is prone to data entry issues. Using bad data to estimate bed availability could lead to poor referral decisions. For example, the shelter shown in Figure 11 below has a maximum capacity of 45 beds. With 40 beds available as of August 8, 2023, Find-a-Shelter is implying that there were only five participants that stayed at this shelter that day, an extremely low rate of bed utilization that suggests likely data entry issues.

Figure 11. Find-a-Shelter Incorrectly Suggests This Shelter Has A Bed Vacancy Rate of 89%



Source: LAHSA's Find-a-Shelter website, screenshot taken on 8/10/23 at 4:45 PM.

Even if bed attendance data more reliably reflected bed utilization, using it would still result in inaccurate bed availability estimates. Under LAHSA's current Scope of Required Services, participants enrolled in a shelter program have a bed reserved for them for at least 90 (or more) days, and may not be exited from the shelter unless they have been absent for three or more consecutive days/nights and shelter staff have not been able to make contact with them.

For example, the shelter shown earlier in **Figure 8** has a maximum capacity of 39 beds, and had 10 beds available as of August 13, 2023 according to Find-a-Shelter. When we spoke with the shelter's program manager, he confirmed that they had 29 participants utilizing their

beds on that night, but that they had a total of 33 participants enrolled in the program with beds reserved for them. As a result, that shelter only had 6 beds available for new participants.

The manager we spoke with also stated that they have to field dozens of calls every day asking about bed availability at the shelter he oversees. **Establishing a functioning system that obtains and communicates accurate and timely bed availability information would reduce or eliminate these inefficiencies for both providers and seekers of interim housing**.

LAHSA Should Reevaluate and Redesign Its Shelter Bed Availability System

LAHSA is responsible for designing a system that its shelter operators can use to provide reliable bed availability information. While it will be important to create processes, assign responsibilities, and monitor the system to improve its operating effectiveness, **LAHSA should first reevaluate the information it needs to facilitate shelter referrals, and consider redesigning its system to better ensure that service providers will provide accurate and timely bed availability updates**.

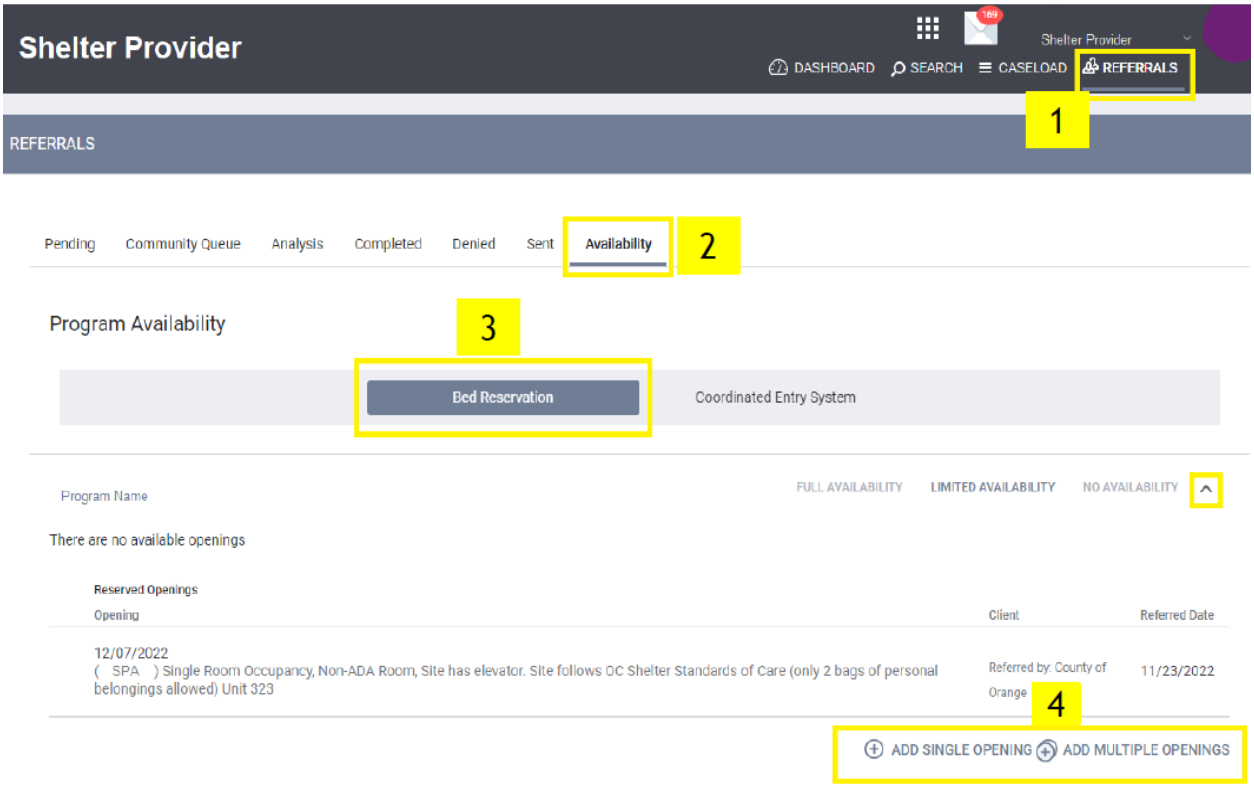
Because it is highly dependent on its contract service providers to enter accurate and timely data, LAHSA should also consider the perspective of shelter staff. Requiring providers to enter all of the data required by the Bed Reservation System within the same business day to show bed availability could impose a significant administrative cost. In addition, providers are not contractually incentivized to post bed availability because they are paid on a cost-reimbursement basis, rather than on a per-diem basis.

To address this, LAHSA could try to improve the effectiveness of the Bed Reservation System by providing more technical assistance and other resources to shelter staff, and begin monitoring and enforcing its current information requirements. **However, given the issues this report has highlighted with obtaining accurate and up-to-date enrollment and exit data from service providers, LAHSA should weigh the risks, benefits, and costs of continuing the Bed Reservation System and consider different approaches to obtaining bed availability information**.

To begin this process, LAHSA should consider simplifying their requirements for a bed availability system and focus on the information needed to facilitate shelter referrals. The daily census reports emailed by shelter staff to LAHSA are one example of simplified information requirements for referrals. From those emailed reports, LAHSA only needs to know the total number and type of beds that are occupied, offline, and available at each shelter.

Designing the bed availability system around these information requirements will better ensure that it fulfills the needs of the referral process.

Figure 12. LAHSA Could Use Other Features In HMIS To Obtain Bed Availability Information



Source: Orange County CoC Training Presentation for their Centralized Matching Process.

If it meets the needs of their referral process, one option LAHSA could consider is using a feature that is already available in HMIS to collect bed availability information. LAHSA can enable the Referral Availability feature in its HMIS, which creates a closed-loop referral process that would allow:

- shelter staff to post bed openings for referrals,
- LAHSA matchers to see posted bed openings and make a referral,
- posted bed openings to be held in reserve until either:
    - the participant accepts the offer, does an intake with the shelter, and the shelter closes the bed opening, or
    - the referral is denied or closed out, allowing the bed opening to be listed again as available for a new referral.

Several CoCs we spoke to, including Orange County, Sacramento County, and Alameda County, use the same HMIS vendor as LAHSA, and have been using the Referral Availability feature to obtain bed availability for their own shelter referral processes.[12]

After it has reevaluated and identified its information requirements, and chosen a method or technology to collect and distribute this information, LAHSA can then design processes and assign responsibilities to service providers and its own staff to increase the chances of a successful bed availability system.

Recommendations

The Referral Availability feature in HMIS is just one technology option to choose from. LAHSA could also decide to update Find-a-Shelter, or choose to follow an entirely different direction. As the lead agency for the Los Angeles CoC, it is up to LAHSA to decide how to organize its responsibilities, processes, data and technology to create a functioning bed availability system.

To fulfill the City's and the County's vision for a bed availability system that any provider seeking a shelter bed could readily use to identify any available beds, LAHSA should:

1. Reevaluate and simplify its information requirements for a shelter bed availability system. Following the County and City's goals for its Homeless Strategies, the shelter bed availability system should be designed to facilitate referrals to **all** LAHSA-funded shelters, including centrally matched shelters, as well as crisis and bridge housing facilities and other types of interim housing that are not centrally matched.
2. Redesign its bed availability system to meet its revised information requirements for facilitating shelter referrals. The redesigned system should include any changes to the responsibilities, processes, data, and technology necessary to make the shelter bed availability system more functional and the information it obtains and communicates more reliable for all users.
3. Make the redesigned bed availability system into a community-facing application so that outreach workers, first responders, or members of the public can access information about shelter locations, eligibility requirements, and bed availability, especially for interim housing projects that are open to the public and that do not require a referral from LAHSA.

[12] During our exit conference in November 2023, LAHSA explained that its HMIS vendor is replacing the Referral Availability feature with a new Inventory function, and that LAHSA's plan is to roll this out for all interim housing projects over the next year.

4. Develop and implement a plan to monitor, evaluate, and enforce its contracted service providers' participation and ensure that shelter bed availability information is entered and updated in a complete, accurate, timely, and valid manner.

Data Quality For Bed Attendance Could Improve

While bed availability measures how many beds are open for new referrals, bed utilization (as captured by daily bed attendance data) measures how much of a shelter's bed capacity is being used. Under LAHSA's reserved bridge model for interim housing, day-to-day bed attendance does not directly affect bed availability because shelter beds are reserved for enrolled participants in an effort to encourage housing stability.

Still, bed attendance data serves several important purposes. Up through the end of FY 2022-23, LAHSA used bed utilization as a key performance indicator for most forms of interim housing, setting a performance goal of 95% bed utilization.[13] LAHSA also uses bed attendance data to determine the number of sheltered people experiencing homelessness for the annual Point-in-Time count. Bed attendance data can also be used to identify enrolled participants that may need to be exited from a shelter due to excessive absences.

To properly manage shelters, accurately measure shelter performance, and count the number of sheltered homeless, LAHSA must monitor and enforce its requirements for entering accurate bed attendance data.

Daily Bed Attendance Contains Many Errors

LAHSA requires its shelter service to enter bed attendance data in HMIS. Under LAHSA's Scope of Required Services, providers must record bed attendance each day for every participant that is physically occupying a bed at their site at any point throughout the day. Each of the shelters we selected for review described following similar steps to track bed attendance.

- **First attendance check**: shelters typically have a soft curfew at 10 or 11 PM when shelter staff will note bed attendance against a program roster of enrolled participants.
- **Subsequent attendance checks**: several times throughout the night, shelter staff will note any participants that missed the soft curfew but have since returned.

[13] During the course of this audit, the Director of Interim Housing indicated that LAHSA was in the process of re-evaluating its performance measures for contractors, and is considering replacing a key performance indicator based on bed attendance with another measure based on enrollment rates.

- **Exceptions to attendance checks**: In addition, shelter staff also make bed attendance exceptions for participants that have overnight jobs or have requested to be excused for a limited number of days.
- **Enter bed attendance in HMIS**: Typically during the morning of the following business day, shelter staff aim to enter bed attendance into HMIS for each participant based on the previous night's bed attendance documentation.

However, our review identified significant issues with bed attendance data based on bed utilization rates. HUD guidance for data reported by CoCs to support the Annual Homeless Assessment Report (which is a HUD report submitted to Congress) suggests that bed utilization rates that are too low or too high can indicate the presence of data quality problems that should be scrutinized. According to HUD, bed utilization rates below 65% and above 105% of total bed capacity can point to data quality issues that should be investigated and addressed by Continuums of Care. If CoCs find legitimate reasons to explain bed utilization that is genuinely low or high, HUD also recommends documenting those clarifications. We believe that similar criteria for low and high bed utilization can also be reasonably applied to individual shelters to identify potential data quality issues.

The shelters we selected for review participate in LAHSA's centralized matching process, and have less control over how many of their beds are reserved for and used by enrolled participants. Therefore, we determined that a shelter's total daily bed attendance relative to their total daily enrollment (instead of maximum bed capacity) was a more fair and accurate reflection of bed utilization under LAHSA's current program design.

$$Bed\ Utilization\ Rate\ (\%) = \frac{Total\ Daily\ Bed\ Attendance}{Total\ Daily\ Shelter\ Enrollment}$$

In addition, because participants are allowed to be absent from their enrolled shelter for one or two consecutive days while still maintaining their bed reservation, we considered any bed utilization rate over 95% to be an indicator of potential overutilization that should be investigated.

Using these criteria, we found many instances of both underutilization and overutilization that indicate data quality issues with bed attendance data. As shown in Table 6, every shelter we selected had instances of underutilization or overutilization.[14] Some instances of low bed utilization include days in which shelter staff did not record any bed attendance data, or where bed utilization was extremely low and less than 20%.

[14] We reviewed daily bed attendance data for each of the six selected shelters from 1/1/2023 through 6/6/2023.

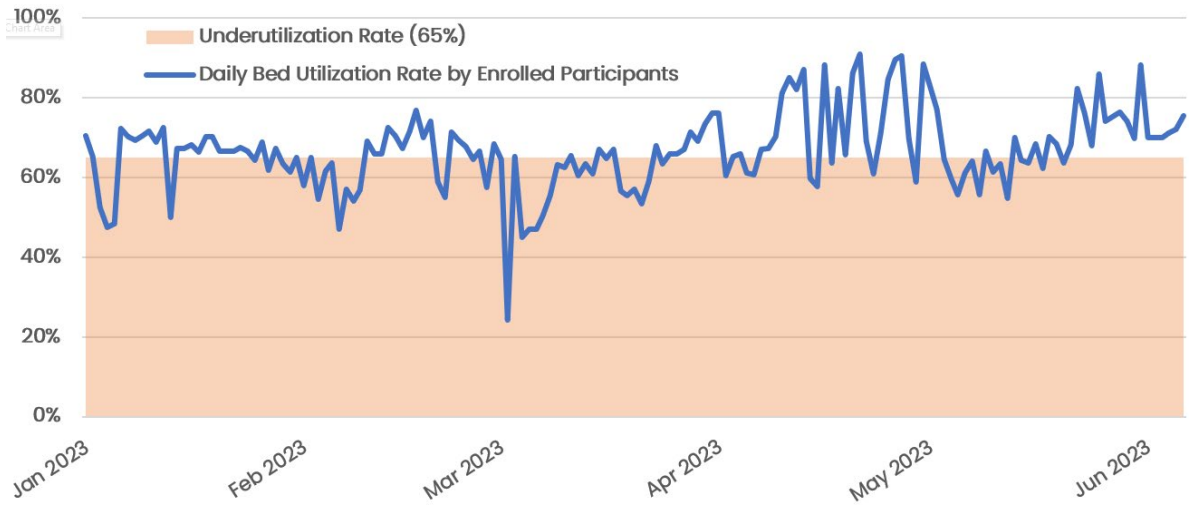
Table 6. Bed Utilization Rates That Are Too Low or Too High Indicate Potential Data Issues

Shelter	Number of Days with Bed Utilization:	
	Below 65%	Above 95%
Shelter One	60	0
Shelter Two	6	8
Shelter Three	11	61
Shelter Four	5	18
Shelter Five	1	124
Shelter Six	4	6

Source: Analysis of LAHSA's HMIS Data for Total Daily Bed Attendance and Total Daily Shelter Enrollment.

In one outlier example, Shelter One had a daily bed utilization rate below 65% for 60 days of the 157-day period we reviewed (see **Figure 13** below). This is the same shelter noted in **Figure 6** earlier in this report that had issues with enrollment data to the point where total daily enrollment often exceeded its maximum bed capacity.

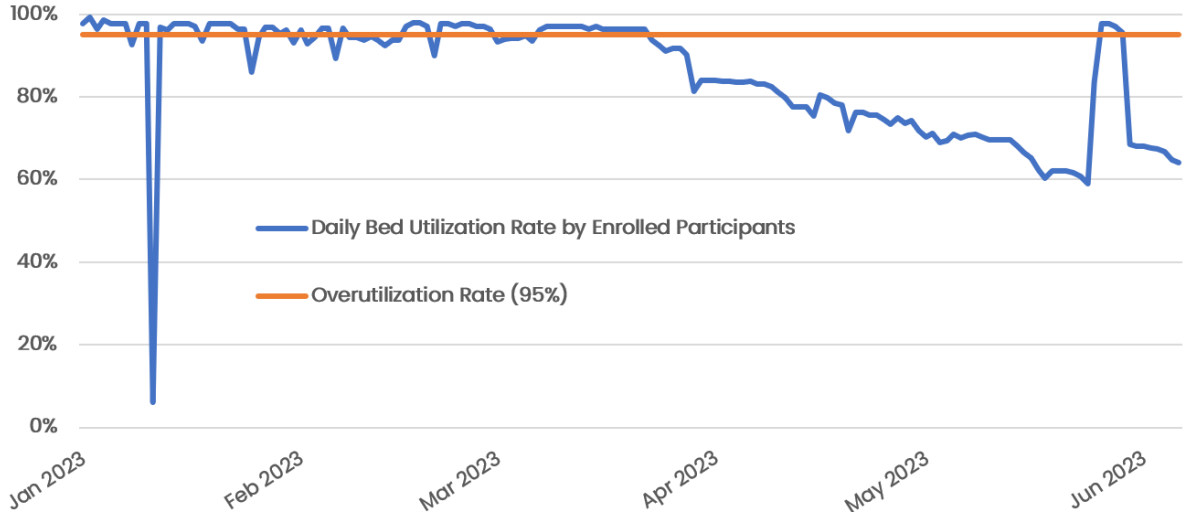
Figure 13. Underutilization of Beds At Shelter One Points to Potential Data Quality Issues



Source: Analysis of a Shelter's Daily Bed Attendance and Enrollment Data in HMIS.

We also observed bed overutilization in the HMIS data that was the result of other data quality issues. Shelter Three had daily bed utilization rates over 95% for 61 of the 157 days we reviewed (see **Figure 14** below).

Figure 14. Overutilization At Shelter Three Also Points to Potential Data Quality Issues



Source: Analysis of a Shelter's Daily Bed Attendance and Enrollment Data in HMIS.

Managers for this shelter reviewed their bed attendance documentation and provided the total attendance information shown in **Table 7**, verifying that their bed attendance data in HMIS was incorrect. The shelter managers explained that they believed they were supposed to enter bed attendance for every participant enrolled in their program, rather than only for those who were noted in attendance each night.

Table 7. Bed Attendance Data at Shelter Three Was Wrong Based on Documentation

Date	Total Daily Bed Attendance Based on:	
	HMIS Data	Bed Attendance Documentation
2/15/2023	122	101
3/23/2023	134	103
4/3/2023	113	103
5/23/2023	87	97

Source: HMIS Data and Testimony from Shelter Staff.

Another shelter's bed attendance data had even more instances of overutilization, with daily bed utilization rates over 95% on 124 of the days we reviewed. We found that staff at this shelter often recorded bed attendance data for their participants in batches and in advance of the actual bed attendance date. As shown in **Table 8**, shelter staff recorded 27% of the bed attendance data in HMIS before the actual date of bed attendance.

Table 8. Shelter Five Often Recorded Bed Attendance Data Before the Attendance Date

Bed Attendance Recorded:	Percentage
Before the Date of Attendance	27%
Same Day	37%
One Day Later	30%
Two or More Days Later	6%

Source: Analysis of a Shelter's Daily Bed Attendance Data in HMIS.

For example, on January 13, 2023, shelter staff added six bed attendance records for one participant, one for each day from January 12th through the 17th. This participant's HMIS data also shows two other periods where bed attendance was recorded in advance. Because bed attendance was often recorded before the actual date of attendance, we cannot rely on this shelter's HMIS data to know if their participants actually utilized their reserved beds.

Even with our limited review of the data for six shelters, we found significant issues with the daily bed attendance data in HMIS, raising significant concerns about the quality and reliability of daily bed attendance data.

Issues with Low Bed Utilization Could Also Affect the Annual Homeless Count

Since 2021, an increasing number of shelters have submitted bed attendance data for the annual Point-in-Time count that result in very low bed utilization rates. Although not a federal requirement, HUD guidelines suggest that bed utilization rates that are too low (less than 65% of total bed capacity) or too high (more than 105% of total bed capacity) should be investigated. **While we believe this is a reasonable standard for identifying potential data quality issues, LAHSA uses a different standard and does not follow up with many low utilization shelters to address potential data issues or obtain an adequate explanation.**

As a component of the annual Point-in-Time Count, LAHSA conducts a Housing Inventory Count to create an inventory of shelters and permanent housing projects that serve the unhoused. **All LAHSA-funded shelters are required to participate in the Housing Inventory Count, and submit their daily bed attendance data in HMIS to determine the number of sheltered people they are serving for the night of the Count.**[15] This count of people residing in shelters is used to determine the total number of sheltered residents in the Los Angeles CoC.

[15] Non-LAHSA-funded shelters can volunteer to participate in the annual Housing Inventory Count by submitting their shelter information to LAHSA.

As shown in **Table 9**, the number of shelters reporting low bed utilization rates has increased significantly since 2021.[16] While shelter "decompression" and the resulting loss in bed capacity during the pandemic can provide some explanation for low bed utilization in 2021 and 2022, nearly all shelters had "recompressed" to their original funded bed capcity by January 2023. **In the 2023 Housing Inventory Count, 159 out of 501 shelters (or more than 31%) still reported low bed utilization.** For shelters with bed utilization below 65%, the average bed utilization rate among these shelters was between 30% and 46%, a concerningly depressed number for the Point-in-Time Count that takes place in the winter towards the end of January.

Since at least 2020, LAHSA has chosen to only follow up with shelters reporting less than 10% or more than 120% bed utilization rates as part of its data validation process for the Housing Inventory Count. LAHSA explained that, in their experience, HUD only flags shelters reporting less than 10% or more than 120% bed utilization for further questioning during the Housing Inventory Count reporting process. However, we found that the Orange County CoC requires shelters participating in its Housing Inventory Count to provide an explanation for bed utilization that is less than 65% or more than 105%.

Table 9. A Large Number of Shelters Are Reporting Low Bed Utilization Rates

Year	Total Number of Shelter Projects	Shelters with Low Bed Utilization (<65%)		Shelters with Excessive Bed Utilization (>105%)	
		Number of Shelter Projects	Average Bed Utilization	Number of Shelter Projects	Average Bed Utilization
2017	304	66	45%	7	111%
2018	293	88	37%	8	111%
2019	353	68	46%	18	115%
2020	401	92	36%	25	148%
2021	519	**258**	30%	19	126%
2022	542	**200**	40%	18	121%
2023	501	**159**	40%	18	118%

Source: Analysis of LAHSA's Housing Inventory Count Data.

[16] Shelters in the Housing Inventory Count listed as "under development" were excluded from the analyses shown in Table 9 and Table 10. Shelters that are still under development are defined by HUD as "fully funded but not yet available for occupancy on the night of the CoC's Point-in-Time count" and do not report any bed attendance data for the purposes of counting the number of sheltered homeless.

Both under- or overutilization of shelter beds suggest potential problems with LAHSA's annual estimate of homelessness. Without following up with shelters that report less than 65% bed utilization, LAHSA's Annual Homeless Count may be missing many people experiencing homelessness in shelters due to poor data quality. **Questioning shelters that report low occupancy rates would also help LAHSA identify facilities with genuinely low bed utilization that could require additional problem-solving to address operational or performance issues**.

To determine the potential size of the problem, we adjusted for under- or overutilization reported in the Housing Inventory Count. We increased a shelter's total bed attendance count to 65% of its bed capacity if it had a low utilization rate below 65%, and decreased its Point-in-Time count to 100% of its bed capacity if it had a high utilization rate above 105%.

If LAHSA's count of sheltered homelessness were adjusted for under- or overutilization of beds, the number of sheltered individuals experiencing homelessness in 2023 would increase by over 1,600 people who were potentially not counted, representing almost 9% of the 19,013 that were included in the count (see **Table 10** below).

Table 10. Low Bed Utilization Can Undercount Sheltered Homelessness

Year	Total Sheltered Homeless Count	Sheltered Count, Adjusted for Under/ Overutilization	Potentially Uncounted Sheltered Homeless
2017	13,972	14,533	561
2018	12,385	13,370	985
2019	13,759	14,017	258
2020	17,616	18,255	639
2021	17,225	20,099	2,874
2022	19,233	21,082	1,849
2023	**19,013**	**20,684**	**1,671**

Source: Analysis of LAHSA's Housing Inventory Count Data.

LAHSA acknowledged that bed utilization rates that are too low or too high is a concern, but the agency believes that it is not fair to quantify the size of the problem. Although our exercise is not meant to produce an exact or precise estimate, adjusting the count of sheltered homelessness for under- or overutilization can help LAHSA measure the magnitude of data quality issues affecting the Annual Homeless Count. **With more than 31% of shelters in 2023**

reporting low bed utilization affecting up to 9% of LAHSA's count of sheltered homelessness, we believe the problem is large enough to warrant immediate action.

LAHSA is also unsure about how much of the problem can be attributed to (1) data quality issues that misrepresent the Point-in-Time count of sheltered homeless or (2) bed occupancy rates that are actually low or high. However, both issues should be addressed. **LAHSA should address its data quality issues to better inform its management and decisionmaking. LAHSA should also have a process to identify shelters with actual low utilization so that more people experiencing unsheltered homelessness can be referred to those shelters**. Addressing these issues with bed attendance data will require better monitoring and enforcement by LAHSA.

LAHSA Does Not Have a Process to Monitor and Evaluate Bed Attendance Data

Although shelter staff are required to enter bed attendance data in HMIS, and perform many other duties outlined in the Scope of Required Services, LAHSA is responsible for monitoring the effectiveness of the service organizations they contract with to operate the shelter system. However, LAHSA does not have an ongoing process to monitor or evaluate bed attendance data to improve its quality.

As a passthrough entity that receives and awards funding to subrecipient contract service organizations, LAHSA is required by federal rules to monitor the activities of its contractors to ensure that funding is used in compliance with the terms and conditions of the award. **While LAHSA has a plan in place to monitor subrecipient contract compliance, its monitoring process does not include sufficient steps to review bed attendance data in HMIS**.

LAHSA's subrecipient monitoring plan for Fiscal Year 2022-23 outlines several components, including a limited assessment of the data integrity of the HMIS data entered by service organizations. To assess HMIS data integrity, LAHSA's Grant Management and Compliance Department reviews a sample of participant files maintained by the contractor and compares it to information in HMIS to determine if:

- services provided to the participant match the data in HMIS;
- financial assistance payments are recorded in HMIS;
- housing and service case notes are consistently logged; and
- a consent form to share protected personal information exists.

LAHSA's subrecipient monitoring procedures do not include any additional steps to assess data quality in HMIS, including bed attendance data, by their contract service organizations.

Beyond its limited assessment of HMIS data quality through its subrecipient monitoring process, LAHSA does not currently have any other processes to actively monitor and improve HMIS data such as bed attendance. As noted earlier in this report, LAHSA is in the process of developing a data quality plan and procedure to improve data quality. However, the current draft of the data quality plan and procedure does not identify bed attendance data as a target for improvement.

Recommendations

To improve the quality of bed attendance data and ensure a more accurate Point-in-Time Count for sheltered homelessness, LAHSA should:

5. Develop and implement a plan to monitor, evaluate, and correct bed attendance data entered into HMIS by its contract service providers.
6. Follow up with all shelters participating in the Housing Inventory Count that report a bed utilization rate below 65% or above 105%, and require them to correct their count of people experiencing homelessness in their shelter or provide an explanation for bed utilization rates that are actually low or high.

LOS ANGELES HOMELESS SERVICES AUTHORITY
LAHSA

707 Wilshire Blvd. 10th Floor
Los Angeles, CA 90017
213 683.3333
www.lahsa.org

November 17, 2023

Devang Panchal *
Director of Auditing
Office of the Controller
City of Los Angeles
200 N Spring Street
Los Angeles, CA 90012

Re: Controller Audit of Shelter Bed Availability Data LAHSA Response

Dear Devang Panchel:

We would like to express our appreciation for our strong partnership with the Office of the Controller, City of Los Angeles, and welcome the continued collaboration to improve the accountability and transparency of the Los Angeles Homeless Services Authority's (LAHSA), while also improving the rehousing system's efficiency. LAHSA is in receipt of the DRAFT - Controller Audit of Shelter Bed Availability Data that was issued by the Office of the Controller on November 1, 2023. We appreciate the opportunity to collaborate with the City of Los Angeles Office of the Controller to strengthen LAHSA as an organization and are thankful for the opportunity to respond to the request.

Recommendation #1
LAHSA's bed availability systems are not functional

1. Reevaluate and simplify its information requirements for a shelter bed availability system. Following the County and City's goals for its Homeless Strategies, the shelter bed availability system should be designed to facilitate referrals to all LAHSA-funded shelters, including centrally matched shelters, as well as crisis and bridge housing facilities and other types of interim housing that are not centrally matched.
2. Redesign its bed availability system to meet its revised information requirements for facilitating shelter referrals. The redesigned system should include any changes to the responsibilities, processes, data, and technology necessary to make the shelter bed availability system more functional and the information it obtains and communicates more reliable for all users.
3. Make certain aspects of the redesigned bed availability system into a community-facing application so that outreach workers, first responders, or members of the public can access information about shelter locations, eligibility requirements, and bed availability.
4. Develop and implement a plan to monitor, evaluate, and enforce its contracted service providers' participation and ensure that shelter bed availability information is entered and updated in a complete, accurate, timely, and valid manner.

*The Audit Services Division's comments appear on page 46

LAHSA's Response to Recommendation #1.1 & #1.2

LAHSA acknowledges the need to redesign its bed availability system, as our goal for this system is to facilitate shelter referrals and service delivery to the population of unhoused individuals. LAHSA plans to improve the efficiency of our interim housing system by increasing the transparency regarding bed availability. We are developing and rolling out a comprehensive housing inventory module to facilitate improved, automated access to available beds in the Homeless Management Information System (HMIS); this module will start with motels and expand to include availability at all Interim Housing sites in the system no later than December 31, 2024. This rollout will be supplemented through the provision of training for all LAHSA Interim Housing providers to help further streamline the referral and matching processes. Below are some of the features we would like to highlight:

- Detail tracking of Sites, Buildings, Units, and Beds.
- Provide current occupancy rates.
- Unit/Bed availability in real-time in a dashboard.
- Provides visibility to service providers on multiple programs in the same building.
- Units can be taken offline if unavailable due to cleaning, damage, etc.
- Tracking of rooms being used as offices or other spaces.

Building out this new module should provide both LAHSA and its service providers with greater understanding of where clients are and what the availability of interim housing beds throughout the Los Angeles Continuum of Care (CoC) is in real-time.

LAHSA's Response to Recommendation #1.3

LAHSA plans to roll out a client portal within HMIS that facilitates onboarding, resource connection, and direct client communication to help facilitate improved, faster shelter access no later than June 30, 2025. 25% of the team developing the client portal had lived experience as people experiencing homelessness to ensure it was intuitive and accessible for its projected user base. In addition, the portal has already been piloted and implemented in Santa Clara County, providing confidence that it can be successfully applied in Los Angeles County as well. Some features of the client portal include:

- Resource directory that will allow clients to see a list of all shelters, access centers, and other pertinent information. 1
- Direct messaging with case managers in a secure, compliant environment.
- A list of the client's care team.
- Upcoming appointments.
- The ability to push alerts directly to the client. For example, if there is inclement weather, alerts can go directly to a client to tell them where shelters are opening

Recommendation #2
Data quality for bed attendance data could also improve

5. Develop and implement a plan to monitor, evaluate, and correct bed attendance data entered in HMIS by contract service providers.
6. Follow up with all shelters participating in the Housing Inventory Count that report a bed utilization rate below 65% or above 105% and require them to correct their count of people experiencing homelessness in their shelter or provide an explanation for bed utilization rates that are actually low or high.

LAHSA's Response to Recommendation #2.4 & #2.5

LAHSA is transitioning from bed utilization attendance data to enrollments and exits within HMIS as the standard way to understand bed availability. Using enrollments and exits provides a more accurate understanding of the availability of beds for new referrals, as enrollments for a bed are only made when a prior participant has exited from that bed, not when a participant is absent for the night. This process will reduce the administrative burden for our providers and improve accuracy. (2)

Data collection and dissemination are core to LAHSA's duty to advise policymakers with the data necessary to make informed decisions. LAHSA will monitor and evaluate enrollment and exits by generating a monthly data quality report. For providers not meeting the 95% threshold, technical assistance will be provided during office hours every month beginning January of 2024. In addition, the annual Contracts Performance Reports (CPR) will also demonstrate provider performance. LAHSA will be working in collaboration with our providers to improve data quality.

LAHSA's Response to Recommendation #2.6

LAHSA disagrees with this statement, as The Housing Inventory Count (HIC) process in the last three years only reviewed 10% to 120%, and not 65% to 105%. Although this is not a Housing & Urban Development (HUD) requirement, LAHSA is committed to ensuring all components of the Homeless Count, including the shelter count, are accurate. By implementing the new Inventory Module in HMIS, LAHSA will have better visibility and up-to-date information. LAHSA will acknowledge that we need to provide more assistance for our service providers with the HIC submissions. In the 2024 HIC, LAHSA will provide technical assistance for our service providers and streamline the HIC data collection process, especially when occupancy rates are outside the desired thresholds. (3)

Conclusion

LAHSA values the partnership with the Los Angeles City Controller in the work to end homelessness and looks forward to future engagements on how we can improve and refine the work. If you or your staff have any questions or require additional information, please contact Dr. Holly Henderson, DPA, Director, Risk Management, by email at hhenderson@lahsa.org.

Sincerely,

Va Lecia Adams Kellum

Dr. Va Lecia Adams Kellum,
Chief Executive Officer

COMMENTS ON THE RESPONSE FROM LAHSA

To provide clarity and perspective, we are commenting on LAHSA's written response to our audit. The numbers below correspond to the numbers we have placed in the margin of its response.

After our exit conference with LAHSA, we modified the language of recommendation to clarify that the community-facing application for the bed availability system would be especially useful for interim housing projects that are open to the public and that do not require a referral from LAHSA. Nevertheless, LAHSA's response does not address our recommendation to make information about shelter eligibility requirements and bed availability publicly available. While it is up to LAHSA to determine the technology and functionality it needs, we believe that information about shelter eligibility requirements and bed availability should be more publicly accessible. 1

While we respect that LAHSA, its Commission, and its funders will decide what data it needs to manage and oversee the Los Angeles CoC, bed attendance is still an important data point that it should consider continuing to collect and monitor. Under its current exit policy, LAHSA and its shelter program operators will still need to monitor bed attendance to ensure that participants who are absent for three consecutive days are exited. 2

Based on our discussion at the exit conference, we made technical changes to our audit report to make it clear that HUD's guidance to review bed utilization that is below 65% or above 105% is not a federal requirement. However, we still believe that HUD's guidance is reasonable standard to apply to shelters for the purposes of identifing potential data quality issues. Based on the results of our audit, we urge LAHSA to enhance its data collection process for the Housing Inventory Count to improve the accuracy of the sheltered homeless count and identify shelter program operators who need assistance with improving bed utilization. 3

Audit Services Division

The Office of the Controller was created by the Los Angeles City Charter as an independent office, and is headed by the Controller: the elected auditor, paymaster, and chief accounting officer for the City of Los Angeles. Under the Controller's leadership, the Office's Audit Services Division performs audits, investigations, and other oversight functions to help provide transparency, accountability, and improve City services for all Angelenos.

Audit Team

Brisela Murillo, Staff Auditor
Oswin Chan, Principal Auditor
Nicholas Ketter, Audit Manager
Devang Panchal, Director of Auditing

Contact

Phone: 213.978.7200
Email: controller.mejia@lacity.org
Website: https://controller.lacity.gov/

Copies of our audit reports are available at https://controller.lacity.gov/audits