EVALUATION OF THE

Conrad N. Hilton Foundation Chronic Homelessness Initiative 2015 REPORT

December 2015

Abt
ASSOCIATES

Executive Summary

Under a September 2011 contract with the Conrad N. Hilton Foundation, Abt Associates has been conducting an evaluation of the Hilton Foundation's Chronic Homelessness Initiative, with the goal of answering the overarching question: **Is the Chronic Homelessness Initiative an effective strategy to end and prevent chronic homelessness in Los Angeles County?** The evaluation is designed to provide both progress on interim milestones related to improving the systems for serving people experiencing chronic homelessness and estimates of the effect of permanent supportive housing (PSH) on residents and on the problem of chronic homelessness. Since the beginning of the Chronic Homelessness Initiative, the Foundation has awarded more than $56.7 million in multiyear grants to 29 nonprofit groups working in LA and beyond. Grantmaking has concentrated on three broad areas: homelessness systems change, targeted program delivery, and knowledge dissemination. The Foundation has shown leadership across the three funding areas by its willingness to take reasonable risks to innovate, by spurring other community stakeholders to action, and by expanding the reach of the Initiative beyond direct investments.

The Foundation articulated six strategic goals for the Initiative. The goals represent significant milestones toward the ultimate goal of ending and preventing chronic homelessness in Los Angeles. In this fourth annual evaluation report, we provide updates on progress towards each goal. These status updates are summarized below and elaborated in the body of this report. Many of the five-year goals have been exceeded, and systems change efforts have created momentum for continued success.

Build demonstrated action by elected and public officials to support addressing chronic homelessness.

Elected officials have widely endorsed the Home For Good community plan to end chronic and veterans homelessness. The Mayor, City Council, and County Board of Supervisors have made substantial additional resource commitments for PSH and other solutions to homelessness. They have pursued policies consistent with the strategy of Home For Good, in effect endorsing a core community plan for ending chronic homelessness.

Leverage $205 million in private and public funds for PSH.

Through spring 2015, the Home For Good Funders Collaborative has leveraged the Foundation's seed investment to raise more than $562.1 million ($18.9 million in private funds and $543.2 million in public funds) for PSH and related services to address the needs of those who are chronically homeless and of other highly vulnerable people experiencing homelessness.

Create 5,000 units of PSH.

Through the Funders Collaborative and direct grant-making, the Foundation has supported the creation of 5,434 project-based and scattered-site units of PSH for chronically homeless people. Between 2011 and 2014, more than 6,700 new PSH units (including 2,648 Foundation-supported units) were made available throughout LA County. More than 4,200 additional PSH units (including another 2,624 Foundation-supported units) were in the development pipeline (in pre-development, under construction, or with tenant-based voucher funding committed) by early 2015.

Establish a system of prioritizing chronically homeless persons for PSH

A coordinated entry system (CES) was established with Foundation support to identify and prioritize individuals who are chronically homeless for PSH. The CES was introduced as a pilot program in Skid Row and is now used countywide through service planning area (SPA) CES hubs. Most stakeholders now support CES, though infrastructure to facilitate full use of CES by all PSH providers is still being developed and put into place. Changes in county leadership and at the Los Angeles Homeless Services Authority (LAHSA) have permitted LAHSA to adopt CES as a key mechanism for determining priority access to PSH and to integrate it with the existing Family Solutions System and the nascent coordinated entry system for transition-age youth.

Increase capacity of developers and providers to effectively provide PSH.

PSH providers are increasingly willing to accept chronically homeless individuals despite their greater service needs and vulnerability. The Foundation has supported an expansion of technical assistance to develop SPA-specific capacity to produce PSH in underserved areas of the county such as the San Gabriel Valley, the Gateway Cities, and South LA.

House 1,000 of the most vulnerable chronically homeless persons in PSH and prevent 1,000 persons from becoming chronically homeless.

From 2011 through 2014, Home For Good has tracked the placement in PSH system-wide of more than 9,500 chronically homeless individuals, including more than 3,700 individuals placed directly by Hilton-funded grantees.

Despite this substantial progress, the community continues to face numerous challenges in its efforts to end chronic homelessness. The number of individuals experiencing chronic homelessness in Los Angeles County increased by nearly 5,000 between the January 2013 point in time count and the January 2015 count. To make significant headway in reversing that trend, the efforts initiated in the first four years of the Initiative need to be taken to scale and formalized.

Recommendations

In August 2015, the Foundation's Board of Directors approved a strategic direction for Phase Two of the Initiative, which will continue to focus on the same three broad funding areas over the next five years (2016 to 2020). With LA City and County elected officials poised to align their strategies with Home For Good and to provide substantial resources to end chronic homelessness, the evaluation team recommends a focus of Phase Two on continued systems change backed up by resource commitments at a scale that meets current and anticipated need. The following recommendations reflect activities that are already under way at some level in Los Angeles, but we want to reinforce their importance to the overall success of the Initiative and to point to additional work that needs to be done with the encouragement of the Foundation.
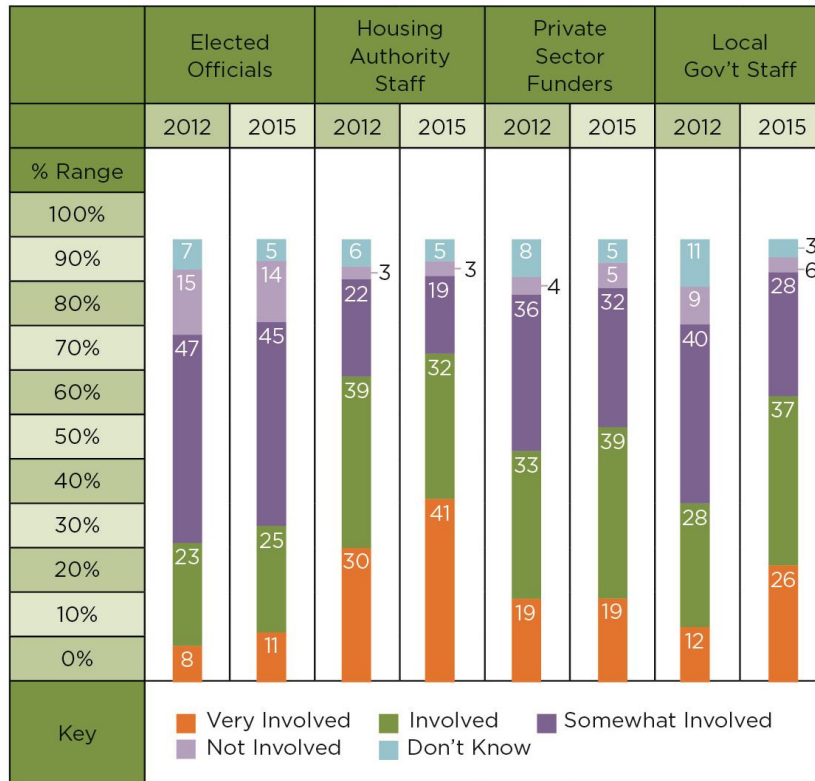
1. **Formalize the infrastructure of the Home For Good community plan to end chronic homelessness.**
   a. Continue to cultivate ownership of the Home For Good community plan among the Mayor, City Council, and county officials so that they align their strategic planning with Home For Good and invest in efforts that are already underway and planned.
   b. Clearly define roles and responsibilities of leaders and systems of care. Consider establishing a more comprehensive governance structure that formally coordinates policy making and resource allocation related to homelessness across all major systems and homeless populations so efforts within the community are well-integrated and targeted to achieve the greatest impact. Having a formalized community-based governance structure is a requirement of U.S. Department of Housing and Urban Development grants and is consistent with needs for a more formalized governance structure that have been identified over the course of the evaluation.
   c. As part of system planning for new resources, establish ongoing funding sources to support crucial functions of the Home For Good community plan. As the public sector has been successfully engaged, community leaders should also consider opportunities to transition key functions to organizations with sustainable funding sources.

2. **Scale the countywide prioritization system to meet the need and establish sustainable resources to support it.**
   a. Ensure that SPA-level (or other appropriate subregion) placement goals sum to a level that will meet the full countywide need and establish a process for SPA-leads and participating agencies to access citywide and countywide PSH resources.
   b. Establish an ongoing funding source for the coordinating structure of the prioritization system across SPA-level operations. Alternatively, transition key functions of the coordinating structure to organizations with sustainable funding sources.
   c. Build out homeless management information system (HMIS) infrastructure and use data to support ongoing placement, prioritization, and planning.

3. **Scale the permanent supportive housing inventory to meet the need.**
   a. Establish an agreed-upon community understanding of the number of PSH units and level of funding needed to fill the need countywide. This identified need should be determined in concert with other identified housing needs, such as rapid re-housing or other housing resources for clients who are not as highly prioritized or not experiencing chronic homelessness, to ensure it is reflective of and aligned with broader community plans and goals.
   b. Establish a concrete strategy to secure local, state, and federal funding sources to develop units or dedicate subsidies to meet the full countywide need.
   c. As units and subsidies are committed, ensure they are aligned with the countywide prioritization system.

4. **Develop service commitments adequate to meet the defined PSH need (including all subpopulations) and formalize their relationship to the countywide prioritization system.**

    a. Develop protocols to formalize how SPA-level outreach providers identify and engage relevant service systems for each individual placed in PSH and provide for service transitions that support housing placement and sustainability.

    b. Establish an agreed-upon community understanding of service models and funding levels needed to support a chronically homeless individual placed in PSH. This includes defining the responsibilities of homeless programs, PSH providers, and local, state, and federally-funded mainstream systems to deliver the model.

    c. Identify the community goal for the number of service slots needed within each service category to meet the needs of all individuals targeted for PSH and the strategy for engaging mainstream systems and private funders to meet the goal.

5. **Dedicate resources to the development of a community-wide strategy for responding to highly vulnerable populations at risk of chronic homelessness.**

    a. Establish an agreed-upon community understanding of the size and unique needs of subpopulations most at risk of becoming chronically homeless in Los Angeles.

    b. Develop or expand investment from partner systems, especially the criminal justice system, health systems, and Department of Children and Family Services (DCFS).

6. **Establish a state and national advocacy strategy to foster support and significant resources for the community plan to end chronic homelessness.**

7. **Establish a strategy for continuing to build developer and provider capacity across underserved geographic communities, with clearly defined roles and responsibilities for local and national technical assistance providers.**

Perception of Stakeholder Group's Level of Involvement in Addressing Chronic Homelessness
(2012 and 2015)

% Range	Elected Officials 2012	Elected Officials 2015	Housing Authority Staff 2012	Housing Authority Staff 2015	Private Sector Funders 2012	Private Sector Funders 2015	Local Gov't Staff 2012	Local Gov't Staff 2015
Don't Know	7	5	6	5	8	5	11	3
Not Involved	15	14	22	3	36	5	9	6
Somewhat Involved	47	45	39	19	33	32	40	28
Involved	23	25	30	32	19	39	28	37
Very Involved	8	11	—	41	19	19	12	26

(Key: Very Involved, Involved, Somewhat Involved, Not Involved, Don't Know)

Source: CHI Stakeholder Survey (2015 n=464; 2012 n=379)

Systemwide Placements of Chronically Homeless Persons in PSH
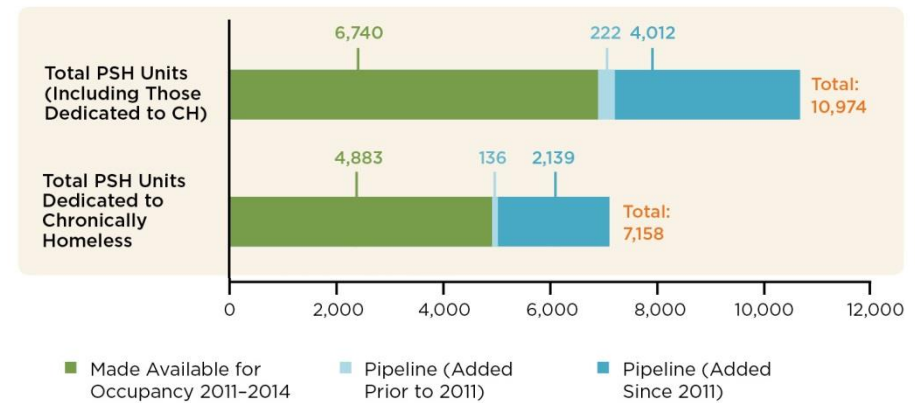*(January 2011 – December 2014)*

	2012	2013	2014	2015	Total
Total placements of individuals experiencing chronic homelessness	2,099	2,779	2,845	1,808	9,531

Source: United Way Greater LA

Systemwide Project-based and Tenant-based PSH Units
(January 2011 – December 2014)

Total PSH Units (Including Those Dedicated to CH): 6,740 — 222 — 4,012 — Total: 10,974

Total PSH Units Dedicated to Chronically Homeless: 4,883 — 136 — 2,139 — Total: 7,158

Key: Made Available for Occupancy 2011–2014; Pipeline (Added Prior to 2011); Pipeline (Added Since 2011)

Source: PSH Inventory Group

Private and Public Funding Aligned through Funders Collaborative for PSH
(through August 2015)

Public — Original Goal: $75M — Revised Goal: $175M — $543,178,267

Private — Original Goal: $15M — Revised Goal: $30M — $18,854,032

Key: 2012, 2013, 2014, 2015

Source: United Way Greater LA

PSH Operator Capacity Scorecard
(selected measures)

	Year 1	Year 4	Change
PSH units occupied by chronically homeless individuals (HMIS)	48%	72%	↑
Operators collaborating with service providers (survey)	74%	69%	↓
Providers offering case management (survey)	85%	86%	↑
Clients retaining housing (or moving to other permanent housing) for 1 year or more (HMIS)	84%	90%	↑

Source: CHI Stakeholder Survey; LAHSA