Photo courtesy Conrad N. Hilton Foundation.

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.**

SECTION ONE

Introduction and Background

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 supportive housing residents and on the problem of chronic homelessness.[1]

Abt has long been at the forefront of research and technical assistance aimed at reducing and preventing homelessness, helping policymakers understand the magnitude and causes of homelessness and evaluating the impact and cost-effectiveness of homeless assistance programs. Julia Brown leads the evaluation of the Chronic Homelessness Initiative, with Brooke Spellman as principal investigator, Dr. Jill Khadduri as the senior quality advisor, and Carol Wilkins. Additional support for this year's report was provided by Meghan Henry, Joyce MacAlpine, Nichole Fiore, Mark Silverbush, Galen Savidge, and Hannah Weiss. More information on the core Abt evaluation team is contained in Appendix A.

The 2015 report is the fourth annual evaluation report. It covers January 2011 through August 2015. We include the results of interviews, administrative data, and a stakeholder survey. Results in this report are compared against baselines established in earlier reports when possible. Each of the previous annual evaluation reports is available on the Foundation's website at https://www.hiltonfoundation.org/learning.

1.1 About the Chronic Homelessness Initiative

The Foundation formally launched a five-year Chronic Homelessness Initiative in 2011,[2] which focuses on grant investments and Foundation leadership in **three broad areas**:

1. Facilitating systems change by creating an enabling environment for PSH
2. Strengthening targeted programs and pilots through leveraged grants
3. Developing and disseminating knowledge for the field

The Foundation has shown leadership across the three funding areas by being willing to take reasonable risks to innovate and find new solutions, by spurring other community stakeholders to action, and by expanding the reach of the Initiative beyond direct funding investments. Community efforts have been stimulated by the involvement of the Foundation and its staff, both as a funder and as a participant.

For 2011–2015, the Foundation articulated the following **strategic goals for the Initiative**, which represent significant milestones toward the ultimate goal of ending and preventing chronic homelessness in Los Angeles:

- **Demonstrated action by elected and public officials** to support a systemic approach to addressing chronic homelessness
- **$15 million in private funds** leveraged directly for PSH and **$75 million in public sector funds** realigned for PSH
- **3,000 new PSH units** constructed or in the development pipeline and **1,000 scattered-site PSH units** made available with necessary operating and service funding
- **Development and implementation of a system for prioritizing** chronically homeless persons for PSH
- **Increased capacity** of developers and providers to provide PSH effectively
- **1,000 of the most vulnerable** chronically homeless persons housed in PSH and **1,000 people prevented** from becoming chronically homeless

In August 2015, the Foundation Board of Directors approved a strategic direction for Phase Two of the Initiative, continuing to focus on the same three broad areas over the next five years, 2016 through 2020. The Foundation is now in the process of defining updated Initiative goals for the five-year period beginning in 2016.

1 Appendix B lists terms and acronyms used in this report, such as permanent supportive housing (PSH).

2 More details about the history of the Initiative can be found in the 2012 report. Information and links to related reports can be found in Appendix C.

This report tracks progress on the first phase goals described above and provides recommendations related to the Foundation's Phase Two Chronic Homelessness Initiative strategy.

1.2 Summary of Hilton Foundation Grant Investments

Since the beginning of the Chronic Homelessness Initiative, the Foundation has awarded more than $56.76 million in multiyear grants to 29 nonprofit groups to support systems change, targeted program delivery, and knowledge dissemination. The current local grantees are working on regional systems change and capacity-building, providing direct services to chronically homeless individuals through the coordinated entry system (CES), developing and administering PSH, and advocating for public policies that would best position the community to eliminate chronic homelessness.

Photo courtesy Conrad N. Hilton Foundation.

The systems change grantees include **United Way of Greater Los Angeles (UWGLA)**, which focuses on building political will to address chronic homelessness, aligning funding for PSH through the Home For Good Funders Collaborative, and expanding and institutionalizing CES. The **Corporation for Supportive Housing (CSH)**, drives changes in the unit production and housing placement systems through program-related investment, such as predevelopment loans and developer technical assistance, as well as developing partnerships with systems that discharge into homelessness such as the criminal justice system. **CSH, Western Center on Law and Poverty, Housing California, and Southern California Association of Nonprofit Housing** each work through state and local political channels to expand the supply of affordable housing. Grants to **Brilliant Corners** (flexible housing subsidies in partnership with LA County Department of Health Services), the National Health Foundation (bridge housing available through CES), and **Pathways to Housing** (support to the Veterans Affairs—Greater Los Angeles Healthcare System (VA) to grow the Veterans Affairs Supportive Housing (HUD-VASH) program) build the infrastructure of resources available for vulnerable populations.

At the beginning of the Initiative, the targeted program grantees primarily focused on piloting approaches for providing direct services to clients. These grantees' efforts have grown to include support for CES implementation. **Community Solutions** and **UWGLA** are supporting local, service planning area (SPA)-level lead agencies in formalizing and growing their coordinated entry systems. The Foundation has also made direct grants to CES lead agencies **LA Family Housing** (SPA 2), **Center at Blessed Sacrament** and **Lamp Community** (SPA 4), and **St. Joseph Center** (SPA 5) to support CES infrastructure and PSH placements. Additional grants fund innovative supportive service models for clients at **Brilliant Corners** (focusing on probationers), **Downtown Women's Center** (focusing on highly vulnerable women), Housing Works (opportunities for meaningful activities for housed clients), **Mental Health America** (focusing on vulnerable chronically homeless individuals), **National Health Foundation** (focusing on clients with high medical needs), **OPCC** (focusing on clients with high medical needs), **Pathways to Housing** (focusing on veterans), and **Skid Row Housing Trust** (focusing on clients with high medical needs). In most cases, clients access these programs through CES.

Other program grants to **Clifford Beers, LA Family Housing, Brilliant Corners, SRO Housing**, and **Skid Row Housing Trust** support PSH unit development or housing subsidies to clients. This Initiative area also includes sub-grants for **CSH** pilot projects targeting key at-risk populations, such as transition-age youth (TAY) and clients being discharged from institutions.

The knowledge dissemination grants include funding to **Community Solutions**, **CSH**, and **UWGLA** to build the development, service, or data management capacity of community-based organizations. Funding in this area also includes the evaluation of the Critical Time Intervention (CTI) pilot at **Downtown Women's Center** and support to **Enterprise Community Partners** to research the PSH funding landscape and options for preserving and reforming current PSH financing.

Section 2 of this report discusses the cumulative impact of these efforts and gauges the extent to which identified milestones are being achieved. Though the evaluation is not an assessment of individual grantees' performance, some basic annual results disaggregated by grantee are provided in Appendix D.

1.3 About This Evaluation

This formative evaluation of the Chronic Homelessness Initiative is intended to provide ongoing learning throughout the course of the Initiative to help the Foundation and local stakeholders move toward achieving the Foundation's strategic goals. The evaluation is designed to do the following:

- Track progress on the strategic goals through outcome and process-focused measures over time.
- Advise grantees on which data to collect and which outcomes to measure to help them benchmark their progress.
- Use annual reports, related discussions, and evaluation findings to improve results at the Initiative and individual program levels.

The 2015 report has three main sections, including this introductory section describing the Initiative and the evaluation approach. Section 2 presents key findings on progress toward meeting each of the six strategic goals of the Initiative. As in past years, this section provides an overarching assessment of the progress toward each goal to date, in terms of both the Foundation's direct activity and the community's status as a whole. A green check mark signifies steady progress toward meeting the goal, and a yellow triangle indicates slow or uneven progress. Section 3 discusses the implications of the findings and provides our recommendations. Additional data we collect for each measure are appended to the main report to ensure that all measures reported in previous years are updated for 2015.

1.4 Data Collection and Sources

The data used to evaluate progress against the outcome and process measures were collected from a range of sources and in most cases are the same sources used in previous reports.

Data were collected to measure progress against the Chronic Homelessness Initiative's six strategic goals. The data used to measure progress toward each goal are listed in Exhibit 1.1, along with the time frame for which progress is reported. The rest of this section describes each data source briefly, noting any changes from previous reports in the way the data were collected.[3]

3 For more information about data limitations and challenges during the course of the evaluation, see the 2012 and 2013 reports.

Exhibit 1.1: Data Sources for the 2015 Evaluation Report

Measurement Area	Source(s)	Time Period Reported
Public perception of political will and concrete action by civic leaders toward ending chronic homelessness	• Stakeholder Survey • Stakeholder Interviews	June—October of each calendar year, 2012–2015
Public and private funds leveraged with Hilton Foundation investments (funds committed)	• Home For Good Funders Collaborative • Grantee Reports	January 2011–August 2015
Housing inventory (units opened or vouchers added) and pipeline (units added to the development pipeline or vouchers committed for future years)	• Los Angeles Homeless Services Authority PSH Inventory Group • Grantee Reports	Calendar Years 2011, 2012, 2013, and 2014; Additional pipeline data collected spring 2015
Implementation of a system to prioritize chronically homeless people for PSH	• Stakeholder Interviews • Home For Good • Grantee Reports	January 2014–August 2015
System-wide housing placement activity	• LA Homelessness Analysis Collaborative	Calendar Years 2011, 2012, 2013, and 2014
Provider capacity to serve chronically homeless persons, including adherence to the Standards of Excellence	• Grantee Reports • Grantee Interviews • Stakeholder Survey • Homeless Management Information System • Consumer Focus Groups	Grant Years 2011–2012 through 2014–2015

Stakeholder Survey: The 2015 web-based stakeholder survey collected the same information as the 2014 survey, with a few minor updates to reflect current local initiatives. The 2014 survey was sufficiently similar to the 2012 and 2013 surveys that comparison across all four years is possible in most cases. The survey is designed to gauge community sentiment about chronic homelessness and current response efforts and to broadly document actions taken under the auspices of the Initiative to develop PSH or otherwise address chronic homelessness. The email list for the survey was provided by Hilton Foundation staff, and was originally developed by combining current mailing lists from Home For Good, Community Solutions, and CSH. In prior years, the San Gabriel Valley Consortium on Homelessness sent the survey directly to its members; this year the consortium was able to provide the list directly to us, adding nearly 2,000 unique email addresses to our list. Also new this year, a mailing list of over 700 unique email addresses was added courtesy of the National Veterans Foundation. As a result, our mailing list increased from approximately 1,500 in prior years to nearly 4,000 this year. While we acknowledge the value of an increased range of perspectives, we note that doubling the number of invited participants may affect the comparability of this year's survey data with data from prior years.

Of the 3,915 individuals invited to participate, 536 started the survey (about a 14 percent response rate), and 443 completed the survey. By contrast, in 2014, 394 individuals started the survey, a 25 percent response rate. We believe the decreased response rate reflects the expansion of our mailing list to new individuals unfamiliar with the survey. More details about the respondents, disaggregated by stakeholder groups, are provided in Appendix E.

Photo courtesy Conrad N. Hilton Foundation.

Site Visits and Interviews: Evaluation team staff made five site visits, one each in December 2014, February, April, June, July, and October 2015 for interviews and meetings related to the CES implementation, SPA capacity-building, integration of homeless management information system (HMIS) data into a repository of county service data (the Enterprise Linkage Project), and PSH inventory. In late winter, we conducted in-depth telephone interviews with grantees, leaders, and key stakeholders (including local coalition representatives) related to the CES implementation and expansion process. Over the summer and fall, we interviewed civic leaders representing elected officials or government agencies about evolving political will.

Consumer Focus Groups: During the spring of 2015, the evaluation team conducted focus groups with 26 residents of four different PSH projects. The sites were located in the San Fernando Valley, Metro Los Angeles, the Westside, and South Los Angeles and included clients from the same PSH providers as in the three previous years to encourage continuity and measure any changes in project activities or perspectives of residents. This year, the focus group questions included a new focus on CES's role in the PSH assessment and placement process.

Permanent Supportive Housing Inventory Group: The Los Angeles Homeless Services Authority (LAHSA) continues to aggregate data from a PSH inventory group that includes representatives from LAHSA, the Housing Authority of the City of Los Angeles, the Housing Authority of the County of Los Angeles, Los Angeles Housing Department, Community Development Commission of Los Angeles County, the VA Greater Los Angeles Healthcare System, the LA County Department of Mental Health (DMH), CSH, UWGLA, and Shelter Partnership. In early 2015, the PSH inventory group's data and process were integrated more formally with the Housing Inventory Count (HIC) update process required of LAHSA by the U.S. Department of Housing and Urban Development (HUD). HIC, with some additions of pipeline units from the PSH inventory group, is the source of the unit production counts in this report.

Placement Tracking by the Los Angeles Homelessness Analysis Collaborative (HAC): From 2011–2013, PSH providers submitted quarterly aggregate PSH placement counts through a tracking system established by UWGLA and Community Solutions. In late 2013, UWGLA established the Homelessness Analysis Collaborative to bring together key stakeholders, including LAHSA, City and County Housing Authorities, VA, DMH, Department of Health Services (DHS), CSH, and others. This group developed consistent protocols for setting community placement goals and tracking placements by merging administrative datasets rather than through direct report. In 2015, the responsibility for merging those administrative data has been shifted to LAHSA; this report uses data from the 2014 HAC methodology for consistency with other community reports.

Other Grantees: Grantee data about placements and fund leveraging were gathered primarily from annual grant progress reports submitted to the Hilton Foundation. The evaluation team contacted grantees to review and verify placement data contained in the reports. Data about additional funding leveraged by PSH projects receiving loans from CSH (supported by program-related investments from the Hilton Foundation) were extracted from CSH's Portfol tracking system.

HMIS: In addition to providing placement data (via HAC), LAHSA was able to provide HMIS data on the changing rate of provider acceptance of chronically homeless persons into PSH and rates of retention. LAHSA also is expanding the use of HMIS to encompass CES tracking and set continuum-wide goals, though the results of that expansion are yet to be realized.

Other Documentation:

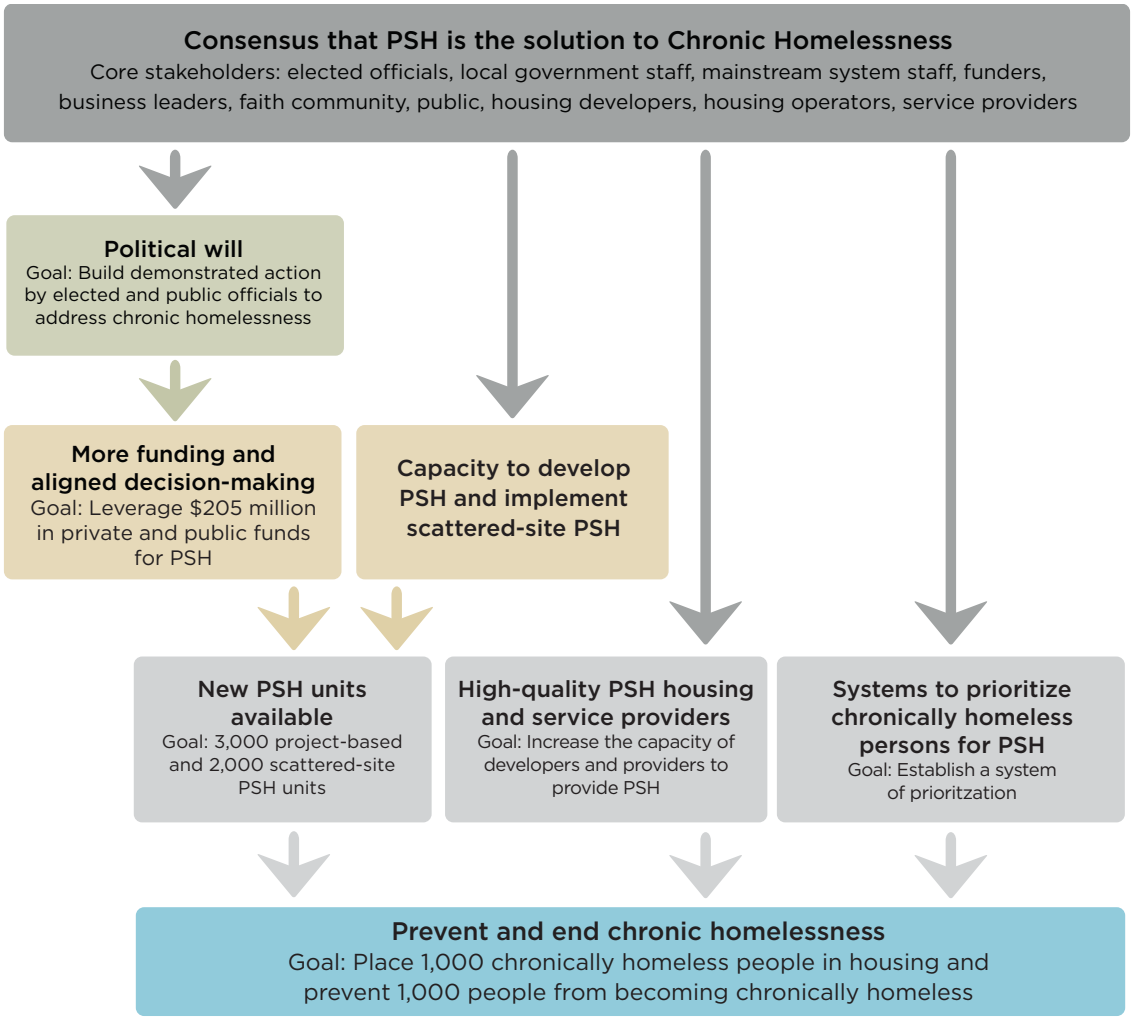
- LA County Board of Supervisors and city resource commitments as documented by published reports and information provided in response to requests from the evaluation team
- Grant decisions related to adopting and implementing new prioritization policies
- Point-in-time (PIT) count data from the Los Angeles area continuums of care
- Related evaluation reports for local initiatives

SECTION TWO

Status of Progress Toward Initiative Goals

The evaluation design is predicated on a Theory of Change[4]—a model that illustrates the individual actions of the partners and how the actions sequentially and cumulatively are expected to lead to the desired goal of ending chronic homelessness. The diagram in Exhibit 2.1 illustrates the Theory of Change model for the Initiative.

Exhibit 2.1: Theory of Change for the Chronic Homelessness Initiative*



** Includes revisions to original goals effective November 2013*

Community consensus that PSH is the solution to chronic homelessness drives changes in political will, funding for PSH, development of PSH units, PSH provider capacity, and prioritization of the chronic homeless population for PSH. Development capacity and increased funding are critical to creating more PSH units. The ultimate goal of ending chronic homelessness requires more units, a coordinated system to help chronically homeless people access those units, and high-quality services to help people retain their housing. Each step shown in the Theory of Change is related to a Chronic Homelessness Initiative strategic goal, as shown in the boxes in the diagram. The status of progress toward these goals is described in the following subsections.

4 A Theory of Change is an analytic approach that helps multiple stakeholders to identify a clear long-term goal and then relate measurable indicators of success and planned actions to that goal. For an evaluation, a Theory of Change helps to create a framework for the research questions and the measures of change on which the evaluation will focus.

2.1 Progress toward Goal to Build Demonstrated Action by Elected and Public Officials to Address Chronic Homelessness

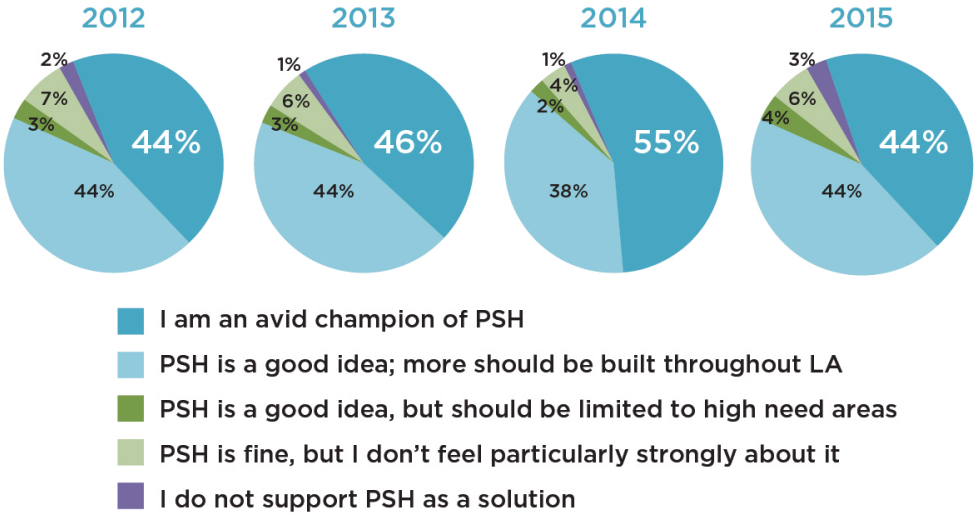
Overall Status

To prevent loss of support from elected officials due to several key leadership changes, stakeholders focused efforts on raising awareness and support from candidates during and following local campaigns, as well as continued engagement of elected and public officials that were retaining their positions. Many of those who are working toward the goals of the Hilton Foundation's Chronic Homelessness Initiative report that there is now significantly greater interest in homelessness among local leaders in Los Angeles than at any time in the past decade. Many stakeholders say that LA is at a critical moment with significant recent commitments for new funding to address chronic homelessness and more alignment on the issue among elected officials and leaders in most of the key local government agencies. The County of LA, City of LA, LAHSA, and Home For Good are embarking on a collaborative planning process to develop coordinated and complementary LA County and LA City strategies to combat homelessness in support of a broader effort to end homelessness throughout the region.

Measure: Level of consensus among key stakeholders that PSH is an effective intervention for people who experience chronic homelessness and for other vulnerable homeless people

Since the initial survey in 2012, survey results have demonstrated consistently high stakeholder support for PSH, as shown in Exhibit 2.2. In 2015, 88 percent of respondents expressed strong support for PSH, either indicating that they are avid champions (44 percent) or that they think PSH is a good idea and would like to see more of it throughout Los Angeles (44 percent). This result is a reversion to 2012 rates of support for PSH after two years of steady, if slight, increases in support; however, the actual number of people who indicated support for PSH was higher in 2015 (344 people) than in 2014 (310 people). The decline in the rate of support for PSH may reflect the expansion of the survey to additional community members who are less familiar with PSH rather than an erosion of support. Nonetheless, additional outreach may be needed to cultivate support among the community at large, a constituency presumably needed to ensure political support and action into the future.

Exhibit 2.2: Stakeholder Opinions about PSH, 2012–2015



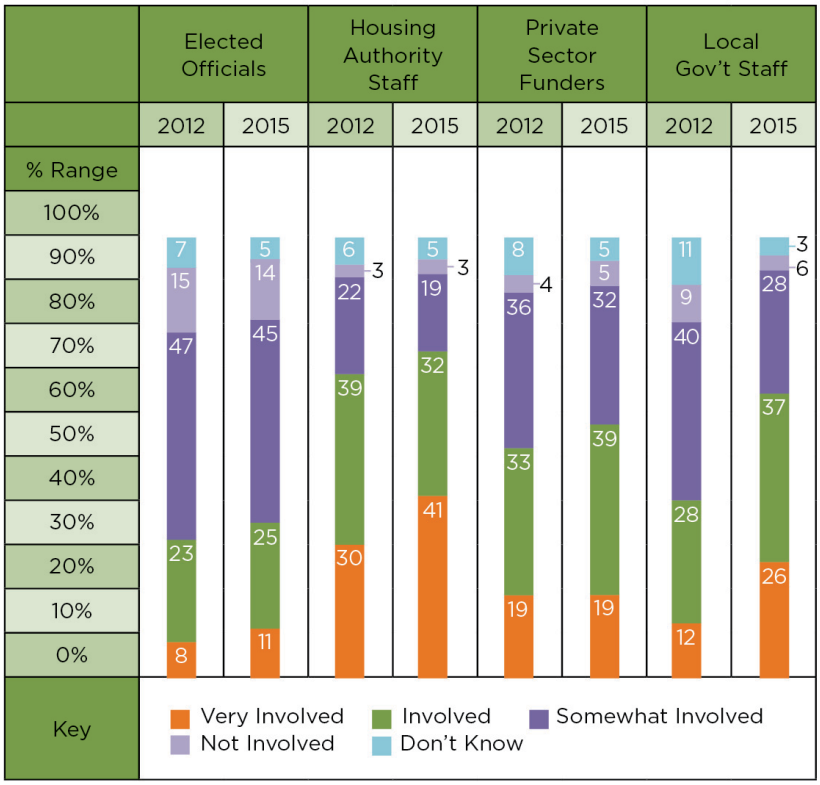
Sources: Abt Associates Stakeholder Surveys: June 2015, n=416; June 2014, n=336; June 2013, n=365; and July 2012, n=330; all stakeholder types.

In 2015, eight elected officials completed the survey, of whom four (50 percent) described themselves as avid champions and four (50 percent) think PSH is a good idea and would like to see more of it throughout Los Angeles. Thus, 100 percent of elected official respondents this year are strong supporters of PSH. In 2014, only five elected officials responded, of whom only four (80 percent) were avid champions or supporters.

Measure: Community perception of the engagement of key stakeholder groups in addressing chronic homelessness

According to survey respondents, key stakeholder groups are perceived to be more involved in addressing chronic homelessness now than in 2012, as shown in Exhibit 2.3. In particular, substantially more respondents in 2015 identified local government staff and housing authority staff as "very involved" in addressing chronic homelessness. While some of the 464 stakeholders responding to this question were rating their own stakeholder group, each stakeholder group represented only a small number of the total respondents, ranging from nine elected officials and their staffs to 51 local government employees. More information about respondents' assessment of their own stakeholder group's degree of involvement can be found in Appendix F.

Exhibit 2.3: Perception of Stakeholder Group's Level of Involvement in Addressing Chronic Homelessness, 2012 and 2015



Sources: Abt Associates Stakeholder Surveys: June 2015, n=464, and July 2012, n=379; all stakeholder types.

Measure: Reported actions taken by elected and public agency officials in support of PSH

By summer 2015, stakeholders were reporting that more focused political will to address chronic homelessness had emerged since 2014. Many stakeholders now say that LA is at a critical moment and that interest in addressing homelessness from elected officials is greater now than at any time in the past decade, with more alignment on the issue among elected officials in the city and county and leaders in key local government agencies. Elections in 2014 brought two new members to the County Board of Supervisors. Several grantee organizations and other community stakeholders who have been involved in efforts to end chronic homelessness spent time educating candidates and newly elected Board members about the issues related to homelessness, affordable and supportive housing, and criminal justice reform. In 2015, two Board members hired experienced senior staff members from local non-profit agencies to focus full time on the issue. Many stakeholders remarked that they have been influential additions to the group of senior staff members who work to coordinate the actions of elected and public agency officials in the City and County of Los Angeles.

The 2015 PIT count results, released in May 2015, fueled a shared sense of urgency among those already engaged in efforts to end homelessness.[5] In spite of the ambitious and increasingly well-coordinated efforts to house more than 20,000 homeless people in LA County since 2011, including more than 9,000 chronically homeless people, the 2015 PIT count showed that homelessness overall had increased by 12 percent from 2013 to 2015. Chronic homelessness had increased by 54 percent during the same two-year period.

This news was deeply disappointing to many—but not a complete surprise. During interviews in 2014 and early 2015, local government officials often said that they had observed growing numbers of people, many of whom appeared to be sick or highly vulnerable, living on the streets. The PIT count results confirmed these impressions and media attention to the count results added pressure for elected and government officials to act. In this section, in which we report on actions taken by public officials in support of PSH, we will catalogue the actions and resource allocations made over the past year (since the 2014 report), by city and county elected officials and by leaders in county agencies. At the end of the section, we will discuss the planning efforts currently under way to align city and county resources around a single "strategy" to end homelessness, planned for release in February 2016.

5 http://www.lahsa.org/homelesscount_results

City of LA: Actions Taken by the City Council and Mayor

As we reported last year, Home For Good and other community leaders have successfully engaged LA Mayor Eric Garcetti in addressing homelessness. In July 2014, he pledged to end veteran homelessness in LA by December 2015 and chronic homelessness by 2016, consistent with the Home For Good plan.

In April 2015, the LA City Administrative Officer (CAO) Miguel Santana released a report recommending greater coordination across city departments, increased funding for outreach and case management, and collaboration to use CES to better coordinate action across service providers, local government agencies, and communities. In response, the LA City Council voted unanimously to create an Ad Hoc Committee on Homelessness.[6] The report showed that LA had been spending more than $100 million annually across at least 15 agencies and departments on costs related to homelessness without a focused plan.[7]

In September 2015, the Mayor's office and City Council declared a "state of emergency as it relates to the current shelter crisis" and announced a commitment of $100 million over the next year to address the problem.[8,9] Stakeholders report that it remains unclear if this will be a one-time or annual funding commitment. The preliminary plans for the resources focus on housing people through CES, developing strategies to prevent homelessness, and responding to street homelessness.

LA County: Actions Taken by the Board of Supervisors and Agency Leaders

Allocations by the Board of Supervisors

According to data provided by the county's Chief Executive Office, the Board of Supervisors allocated a substantial portion of the $17.6 million Homeless Prevention Initiative (HPI) funding administered by the board offices to projects related to PSH: $7.5 million (43 percent) to PSH projects and associated outreach and supportive services. The projects related to PSH are listed in Exhibit 2.4. In addition, shortly after the Mayor and City Council's announcement in September, the Board of Supervisors voted to allocate $50 million to respond to homelessness in the county. Although some of the resources are reportedly dedicated to short-term shelter needs, and $10 million was allocated by the Board of Supervisors in October to DHS for a rapid re-housing program, the majority of the funding will be strategically deployed after a community planning process.[10] In late October, the Board of Supervisors made a commitment to dedicate $20 million for affordable housing in the 2016-2017 fiscal year and established the goal of reaching $100 million per year of new funding for affordable housing by 2020-2021.

Exhibit 2.4: Fiscal Year 2014-2015 LA County Homeless Prevention Initiative Funding

Supervisor Office Funding for PSH Projects and Programs Related to PSH

- Mosaic Gardens at Pacoima
- Mosaic Gardens at Willowbrook
- Francisquito Senior Apartments
- Menlo Family Apartments
- Del Rey Square Affordable Housing
- Integrated Recovery Network Housing & Supportive Services
- Tiki Apartments
- Blue Hibiscus
- Venice Chronic Homeless Intervention Project
- TAY Independent Living Program
- Gateway Connections Program
- Vehicular Homeless Outreach Program
- Long Beach Homeless Veterans Initiative
- MHSA Housing

Total allocated by board members for PSH-focused projects	$7.5 million

Source: Chief Executive Office of Los Angeles County

The HPI total allocated to projects related to PSH is a reduction from the $10.18 million or 64 percent of the HPI funding that was dedicated to PSH projects in FY 2013-2014 but is still higher than the level of funding that was allocated by board members two years ago. These locally-driven allocations are in addition to the HPI funding allocated for countywide projects.

6 http://www.josehuizar.com/council_votes_to_create_homelessness_committee

7 https://www.documentcloud.org/documents/1906452-losangeleshomelessnessreport.html

8 http://clkrep.lacity.org/onlinedocs/2015/15-1138_mot_09-22-2015.pdf

9 http://www.latimes.com/local/lanow/la-me-ln-homeless-funding-proposals-los-angeles-20150921-story.html

10 http://www.latimes.com/local/lanow/la-me-ln-county-homeless-money-20150929-story.html

Countywide Homeless Prevention Initiative

During the 2014–2015 fiscal year, implementation of key components of LA County's plan for reallocating countywide HPI funding got under way, including $6.8 million to implement the county's new Single Adult Model (SAM) described in last year's evaluation report. In January 2015, Libby Boyce (who had been coordinating many county homeless assistance programs through her position with the county's CEO) moved to a new position as the SAM director at the Department of Health Services.

In May 2015 the Department of Mental Health selected nonprofit service providers to create seven Multidisciplinary Integrated Teams (MITs) to provide street- and shelter-based intensive engagement and support as part of the implementation of SAM. The MITs are supported by a combination of the county's HPI funding and federal funding through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH). The Board of Supervisors directed DMH to allocate the seven MITs to the SPAs with the highest rates of homelessness as demonstrated by the 2015 homeless count. They also directed the County CEO and DMH to identify funds that can be used to add one MIT in the Skid Row area and to augment staffing for the MITs in SPA 6, SPA8, and SPA 2. The MITs are designed to provide time-limited services using the CTI model to connect homeless individuals with housing assistance and ongoing support services from other programs. Stakeholders implementing the MITs have indicated they intend to work closely with CES.

In addition, more than $4 million in HPI funding was allocated for the DHS Flexible Housing Subsidy Pool to provide about 330 rental subsidy slots for homeless people who receive county-funded General Relief (GR) benefits (plus 80 slots for those identified by the MITs). The LA County Department of Public Social Services (DPSS) identified the highest priority homeless adults who have been receiving GR benefits for the longest time and have the greatest utilization of county services, including county health and mental health services. Starting in July 2015, DPSS began making formal referrals so that the DHS Housing for Health program could begin efforts to place these high utilizers of county services in PSH.

Housing for Health

During 2014 and 2015, the DHS Housing for Health program continued to grow, and additional funding was allocated to the Flexible Housing Subsidy Pool (FHSP) to expand the housing options for homeless people with complex needs who are frequent users of DHS services. The Housing for Health program and the FHSP receive broad support from elected officials, as well as other stakeholders and leaders of local government agencies. The Housing for Health budget grew to $14 million in the 2014–2015 fiscal year and is expected to reach more than $20 million in 2015–2016.

By spring 2015, the program had created 700 units of permanent housing and had an additional 1,500 permanent housing units in the pipeline, including tenant-based rent subsidies and project-based units. The FHSP program design allows DHS and its contractors to be nimble in responding to opportunities to secure housing units, and flexible in the approach to delivering intensive case management services linked to housing for homeless people with complex needs. The DHS commitment to funding intensive case management services through partnerships with community providers, using a Housing First approach for homeless people who are often not connected to other mainstream services, makes the program very attractive to housing partners. In late 2015, policymakers in both the City of Los Angeles and the county's criminal justice system were making plans to use the FHSP to provide rapid re-housing assistance to help move more homeless people into housing, with time-limited support. DHS also was continuing to expand the availability of interim housing options including recuperative and stabilization units or beds. DHS began working with the California Department of Health Care Services to explore ways to use Medi-Cal financing to provide higher levels of care for homeless people who need more nursing care and would otherwise meet the eligibility criteria for nursing home admission.

Stakeholders reported widespread respect and appreciation for the accomplishments of DHS, and its success in cutting through bureaucracy and getting hundreds of chronically homeless people into housing with the flexible services needed to support stability. "DHS has moved aggressively to build an infrastructure, they are very engaged [in] using their resources to build a mini-continuum of their own." At the same time, they are sometimes criticized for taking a more impatient, "go it alone" approach, with a greater focus on the priorities of the health care system (e.g. reducing hospital costs) rather than working through potentially slower-moving CES or other collaborative partnerships.

"They have clearly expressed that they want to align these resources with CES and build infrastructure, but how this works in practice is not clear." It has been "challenging to articulate the value of CES" for DHS housing providers, who "see this (CES) as less efficient, less access to resources they have had." However, neither system on its own can provide full coverage of the population. Both systems working together would represent a system one step closer to a 'no wrong door' approach. For example, while DHS can reach high-users of public hospitals, there are many areas of the county that lack public hospital resources, and therefore highly vulnerable chronically homeless individuals in those areas may not be connected to DHS and the resources of the FHSP. DHS continues to meet with LAHSA, HACLA, and United Way to work on the process for getting referrals to provide housing and services for homeless people who are prioritized through CES. Some opportunities for alignment include adding their wait-listed clients into the CES, using CES access points to screen for potential Housing for Health clients, and using the CES to triage among those eligible for FHSP.

MHSA Housing-Related Investments

In July 2014, DMH announced a 3-year allocation plan that increases funding for the Mental Health Services Act (MHSA) Housing Trust Fund, which pays for services for people with mental illness who are in PSH, from $487,750 in FY 2014-2015 to $2.1 million in 2015-2016 and $2.7 million in 2016-2017. In June 2015, DMH approved an additional $7.5 million allocation to the Trust Fund. The allocation plan adopted in July 2014 also committed a total of $4.55 million over three years for the MHSA Housing Program, which provides capital funding for PSH administered through the California Housing Finance Agency. In 2015, a member of the Board of Supervisors allocated an additional $1.2 million in HPI funding for the Housing Program. DMH leadership has committed another $17.5 million in MHSA funding to the Housing Program in 2015-2016, pending approval by the Board of Supervisors. MHSA funding has also supported an Integrated Mobile Health Team (IMHT) model that has been implemented by several Hilton Foundation grantees with additional support provided through the Hilton Foundation Initiative. DMH used findings from an evaluation of IMHT that showed improvements in the number of clients engaged in services and reductions in the number of clients using emergency room or inpatient care to inform its decisions about allocating ongoing funding to sustain some MHSA innovation programs.[11] Three of the five IMHTs, which have been implemented by Mental Health America (MHA), St. Joseph Center and OPCC, and Exodus Recovery (partnering with Skid Row Housing Trust), are being sustained with MHSA funding combined with Medi-Cal revenues. With their Federally Qualified Health Center (FQHC) partners, these programs will continue to deliver integrated services that are targeted to highly vulnerable homeless people and linked to PSH.

Evaluation results showed improvements in the number of clients engaged in services and reductions in the number of clients using emergency room or inpatient care. The evaluation identified some of the challenges related to creating and sustaining long-term partnerships between DMH providers and FQHCs, including a lack of clarity about billing and reimbursements (because of differences between DMH and FQHC funding mechanisms), challenges related to team structure and leadership that hamper effective collaboration among behavioral health and medical staff, and legal and technical (electronic health record) barriers related to sharing client information to facilitate integrated care.

Criminal Justice Departments

Over the past year, the connections between homelessness and the criminal justice system have received increasing attention, including a focus on the need to create alternatives to incarceration for persons with mental illness, many of whom are also homeless. The LA district attorney released a task force report in July 2015 on strategies to divert mentally ill offenders from jail. The report includes recommendations to provide more permanent supportive housing, as well as community-based treatment services, for mentally ill individuals, including those with criminal records.

A motion adopted by the LA County Board of Supervisors a few weeks later established an Office of Diversion and Reentry within DHS to coordinate countywide efforts to divert and do discharge planning for people who have mental illness or substance use issues and who are homeless or at risk of becoming homeless upon discharge from jail. The action by the County Board of Supervisors creates a diversion fund, which is expected to be more than $100 million over the next five years. Forty percent of this funding is for housing, including rapid re-housing, PSH, and other types of housing with supportive services to be implemented in coordination with the county's SAM and CES. Another 50 percent of the funding in the diversion fund will be used to expand successful or promising diversion and anti-recidivism programs, especially those administered in community settings.

11 http://file.lacounty.gov/dmh/cms1_226026.pdf

Expansion efforts will include the integrated health programs, multidisciplinary integrated teams, and a redesigned Just In Reach program (described in the 2013 evaluation report); the launch of a Pay for Success initiative, for which planning is underway, will also be supported.

In addition, the Probation Department agreed to transfer $6 million over two years to fund two initiatives: Breaking Barriers, a rapid re-housing model for homeless persons on probation who are employable, which has also received grant funding from the Hilton Foundation as part of this Initiative, and specialized Board and Care or other housing options for the most vulnerable and medically complex homeless people who are on probation. The RAND Corporation has been retained to evaluate the program. These initiatives seek to prevent discharges from jail to homelessness and recidivism for probationers experiencing homelessness. Both of these efforts are intended to support housing stability for people who are considered to be at particularly high risk of chronic homelessness.

Opportunities for Expanded Substance Abuse Treatment

Photo courtesy Conrad N. Hilton Foundation.

In January 2015, the LA County Department of Health Services proposed that the county create a health agency to oversee DHS, DMH, and the Department of Public Health (DPH), which includes the County's Substance Abuse Prevention and Control (SAPC) system.[12] The LA County Board of Supervisors approved this proposal later in the year. Many stakeholders see this consolidation as an opportunity for greater alignment of county resources and approaches to meeting needs related mental health, substance use disorders, health, and homelessness. Stakeholders see the consolidation of the three departments under a single agency leader as an opportunity to address some differences in the housing and services approaches of DMH and DHS. As one person explained, "This is a move in the right direction… Right now, if DHS and DHM are not in agreement about how to work together, there's not someone to resolve those differences. It would be good if we can…resolve conflicts and gaps." In particular, they see this as an opportunity to transform SAPC, which has not been engaged in housing first approaches to homelessness. While many of the adults who experience chronic homelessness have serious substance use disorders, most treatment programs funded by SAPC do not use practices such as motivational interviewing and harm reduction that are effective in engaging the most vulnerable and chronically homeless people. As one stakeholder explained, "We are so far behind around substance abuse… Everyone has given up and nothing is happening on substance abuse services for this population."

A new Medicaid waiver was approved in the summer of 2015, under which California will be able to make several changes in the Drug Medi-Cal program, which provides Medi-Cal (Medicaid) reimbursement for covered substance use treatment services. The waiver allows counties to create organized delivery systems for treatment and recovery support services. It also gives counties greater responsibility for selecting qualified providers and setting rates, as well as the opportunity to use Medi-Cal funding to cover a broader range of treatment services, including some services that could potentially be delivered in or more closely connected to housing or other homeless assistance programs. These changes will not happen overnight, and some current providers of substance use treatment services may be slow to change their practices, but over the next few years there will be some opportunities to use these resources in new ways.

12 http://www.latimes.com/local/lanow/la-me-ln-health-department-memo-20150122-story.html

Changes at the Los Angeles Homeless Services Authority

In December 2014, Peter Lynn became the new Executive Director at LAHSA. Many stakeholders who have been engaged in efforts to end chronic and veteran homelessness were pleased with this appointment, because Lynn, as manager of the Housing Choice Voucher (Section 8) program at HACLA, had been a strong and committed partner in Home For Good. In the months following Lynn's appointment, LAHSA staff and outside partners described a change in LAHSA's organizational culture and a much stronger commitment to engagement, collaboration, and partnership with others in the City of LA, County Board of Supervisors, and county agencies.

Under Lynn's leadership, LAHSA has become much more actively involved in CES implementation and has called for additional funding support for CES from the city and county. In some cases LAHSA has hired staff from Community Solutions and CSH, bringing expertise and responsibility into LAHSA for ongoing program implementation, notably in the areas of CES oversight and implementation of a coordinated entry system for transition age youth.

While acknowledging the impact of new leadership at LAHSA, some stakeholders continue to raise concerns about the LAHSA governance structure. LAHSA's 10-member governing board is made up of commissioners appointed by elected officials in the city and county. This governance structure does not meet federal requirements for Continuum of Care governance, and some stakeholders believe that a more effective leadership structure would include representatives from the local government agencies that have significant funding and program responsibilities related to homelessness. The governance structure also tends to constrain LAHSA's ability to advocate strongly for additional resources, because commissioners, who are appointed by the Mayor, LA City Council, and County Board of Supervisors, must be willing to empower LAHSA leadership to advocate for spending priorities that may not be fully supported by those elected officials. In addition, stakeholders stress that Home For Good must continue to play a key role in creating space for collaboration and discussions that are unlikely in public forums such as the LAHSA Commission. United Way plays a critical role in convening and facilitating the Home For Good Funders Collaborative, which complements LAHSA's role managing some public funding.

Responding to the PIT Count: Joint Strategizing to End Homelessness

In stakeholder interviews and in public media, local government officials and elected officials and their staff members expressed consistent support for strategies that provide permanent supportive housing for the most vulnerable and chronically homeless people and for a coordinated entry system that prioritizes and matches the neediest people to PSH. At this point, there is little question that political will to address homelessness includes solid support for prioritized access to an expanded supply of PSH.

At the same time, there is tremendous, justifiable political pressure to do something urgently for the tens of thousands of people experiencing homelessness in LA and not only for the relatively small number of people who are being prioritized for PSH. As one leader said, "Countywide we have 29,000 unsheltered people, including 18,000 to19,000 people in the City of LA. Are we going to immediately come up with resources to build enough housing to house 19,000 people? …Meanwhile, we need alternatives to sleeping on the sidewalks."

One potential strategy for reducing the street population is the DHS, DMH, and LAHSA coordinated street outreach planned for Skid Row called C3: County + City + Community. Four interdisciplinary teams, comprised of staff from DMH, DHS, LAHSA, plus AmeriCorp members, will provide same-day access to interim housing and access to permanent housing through CES. C3 will involve Lamp Community (the area CES lead), existing CES outreach teams, and the additional Skid Row DMH MIT for SPA 5. DMH will increase Lamp's contract for Field Capable Clinical Services and Lamp will hire MIT staff.

In an effort that launched in September 2015, LA County, LA City, LAHSA, and Home For Good are embarking on a collaborative planning process that includes a series of topic-focused policy summits (from October–December 2015). The purpose of this process is to develop coordinated and complementary LA County and LA City strategies to combat homelessness in support of broader efforts to end homelessness throughout the region. Several local government officials described the need to set goals that are informed by data and some shared knowledge about what the right numbers need to be.

"We have not articulated a goal for how much new housing we need. We have been pretty good at capturing how many homeless people there are, but what we haven't done yet is to say [how many people need rapid re-housing, tenant subsidies, or permanent supportive housing with a lot of services]."

Others agreed but wondered whether elected leaders will have the appetite to support investments at the scale needed to match the goal of ending and preventing chronic homelessness in every area of the county. Phase Two of the Initiative will provide ongoing opportunity to track progress toward these community goals.

2.2 Progress Toward Goal To Leverage $205 million in Private and Public Funds for Permanent Supportive Housing

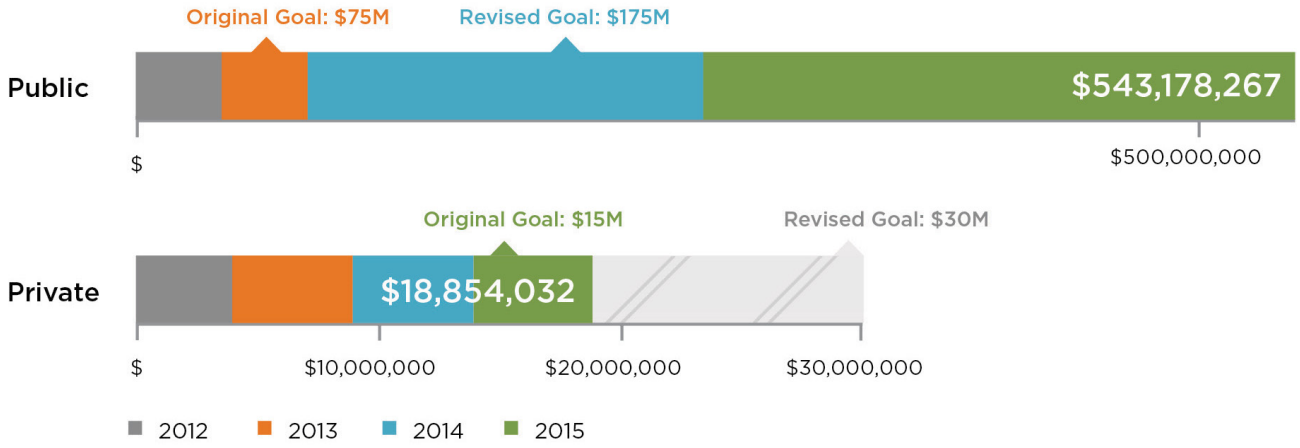
By the end of September 2015, more than $561 million in private funds and public funds had been leveraged through the Home For Good Funders Collaborative. Public resources, in particular, have been committed through the Home For Good Funders Collaborative at an unparalleled pace, and the public funding goal (revised in 2013) has more than doubled. Noteworthy progress was also made on the private fundraising goal. While private funding may need to continue to be diversified, the goal of using private funding to spur public commitments has been met.

Overall Status

Measure: Amount of funding aligned toward PSH by the Home For Good Funders Collaborative

The work of the Home For Good Funders Collaborative to align public and private funders to support PSH has been seeded by the Hilton Foundation since 2012.[13] While the Funders Collaborative does not provide all the resources being used to support PSH within the county, the funding and public resources (including scattered-site vouchers and service commitments) allocated through the Funders Collaborative provides the clearest measure of funds directly leveraged by the Foundation's Chronic Homelessness Initiative. Progress toward the Foundation goal is shown in Exhibit 2.5. By September of the 2015 Funders Collaborative request for proposal (RFP) cycle, $543.2 million in public funding had been aligned toward PSH, far exceeding the goal of $175 million (revised from an original goal of $75 million). Although the private funding leveraged through the Collaborative has not yet met the revised goal of $30 million, funds leveraged exceed the original goal of $15 million, and the cumulative total of public and private funding far outstrips the cumulative goal. Four new private funders— the Mayor's Fund, Pacific Western Bank, Real Change Movement, and WM Keck Foundation— along with two new public funders—the LA City Council and LAHSA —committed funding to the Collaborative this year.

Exhibit 2.5: Private and Public Funding Aligned Through Funders Collaborative for PSH



Source: Home For Good Funders Collaborative (Commitments made January 2011–September 2015)

A table detailing all participating funders and their commitments is provided in Appendix G. The bulk of the private funding this year was again granted to support the expansion of the CES throughout the county, described in more detail in Section 2.4. The public funding includes scattered-site vouchers (valued based on a 15-year rental assistance commitment),[14] and services (valued for the term of the grants awarded) that will be used for clients identified through CES, with notable new commitments from HACLA of 500 Homeless Veteran Initiative vouchers and 547 new scattered-site units paired with DMH/DHS services.

13 Private funders are offered two options for participating in the Funders Collaborative: either granting funding to UWGLA, which is then distributed to grantees (pooled), or granting the funds directly to recipients selected through the Funders Collaborative process (aligned). As long as these funds are directed toward PSH or CES-related activities, they are included as leveraged funds and are considered to contribute to this goal. Public funders that commit resources through the single RFP are included toward this goal as long as the resources are dedicated to PSH or CES-related activities.

14 Public vouchers are valued at $10,000 per year based on the annual value assigned to them by the participating PHAs, (except for HUD-VASH vouchers, which are valued at $9,600 per year by the VA) for 15 years of use. Although this measurement approach produces some challenges when PHAs do not keep their commitments when units turn over or when, over time, the utilization of these vouchers does not match the level of initial commitments made by the PHAs, this is the methodology selected by the Funders Collaborative and is retained here for consistency.

Additional public resources of $9.7 million were included in the collaborative RFP this year and support the intent of the collaborative but are not specifically dedicated to PSH. This funding supports PSH indirectly by providing vouchers to help people move out of supportive housing in order to make more PSH units available to homeless people prioritized through CES and by providing funding for developments that are not yet paired with services but may become PSH in the future.

Foundation grantees also reported that they had directly raised an additional $20.7 million to support their housing projects between 2011 and 2014: $13.7 million in public funding and $7 million in private grants. Developments supported by CSH's loan-making programs have leveraged an additional $123.3 million in public and $201.4 million in private funding. More details about grantee fundraising are provided in Appendix G.

Measure: Improved alignment among funders

Over the past three years, the Home For Good Funders Collaborative has successfully assembled a core group of funders to coordinate decision-making about funding PSH-related activity, and has become a strong and stable funders' leadership group. The group has successfully worked to get public and private funders to direct their funding toward PSH and related activities. For the past two years, the Funders Collaborative has focused on implementation and expansion of CES countywide, including grants to SPA leads to fund time-limited services for high-priority individuals placed in PSH through the SPA's CES. Each SPA lead works closely with partner agencies within the SPA. By focusing the grant-making at the SPA level, including establishing SPA-level outcomes, the Funders Collaborative has shifted providers toward these more collaborative partnerships. However, providers report that the $3,000 amount provided per individual is not sufficient to provide necessary services unless clients are already matched with mainstream service funding. They also report that it is challenging to make these connections when clients do not "bring" their service connections with them into housing, making it difficult to transition within the timeframe envisioned by the Funders Collaborative.

The Funders Collaborative has an opportunity to strengthen the connections between mainstream resources and the housing and service providers who are accepting CES referrals into PSH. In some cases, this may mean helping the providers of services for PSH tenants access additional funding sources such as Medi-Cal. In other cases, it may be a process of facilitating improved linkages between CES and mainstream service providers who can support people after they move into housing. This may require some mainstream mental health service providers to make more frequent home visits and to strengthen their collaborations with housing providers or public housing authorities. It also may require a clearer funding strategy by the Collaborative to focus private and some public resources on specific service gaps, such as supporting clients with service needs that are unable to be transitioned to mainstream resources, especially those who do not qualify for mainstream mental health services (e.g. people with substance abuse disorders or those who are not eligible for DMH services).

Additional data related to this goal are reported in Appendix G.

2.3 Progress Toward Goal To Create 5,000 Units of PSH

Overall Status

Through its direct grants and support of the Funders Collaborative (which has actively worked to secure public commitments for housing as part of CES implementation), the Foundation has contributed to the creation or dedication of 5,434 units of PSH, including existing vouchers or units being paired with services and dedicated to chronically homeless people. Since January 2011, the Foundation has reached 99 percent of the five-year goal. The work of CSH to support the development pipeline, DHS's Flexible Housing Subsidy Pool (FHSP) vouchers, and the commitment of the Housing Authority of the City of Los Angeles (HACLA) to make housing subsidies available for people prioritized through CES continue to provide the bulk of the new units. New resources have been dedicated to development and the overall community pipeline is showing some signs of growth.

Measure: Number of new PSH units supported by the Chronic Homelessness Initiative

One of the Foundation's five-year strategic goals calls for the creation of 3,000 project-based PSH units and 2,000 scattered-site (i.e. tenant-based) PSH units. The latter goal increased in 2013 from 1,000 units.

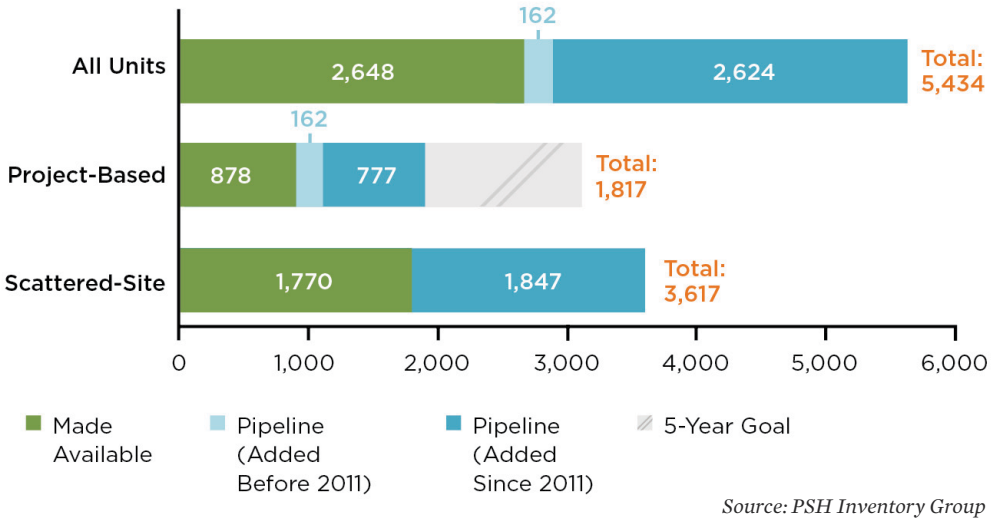
Through a CSH-administered predevelopment loan initiative and direct grant-making, the Foundation has supported the development of 1,817 units of project-based PSH housing from January 2011 thru June 2015, 61 percent of the five-year 3,000 unit goal. The 2012 dissolution of California's redevelopment agencies has hindered achievement of this goal. While the County has established a policy to dedicate at least $15 million a year for affordable housing out of "boomerang" funds to partially offset this significant decrease in dedicated public funds and has increased this commitment to $25 million in the 2014-2015 fiscal year, the City of Los Angeles has not made a similar commitment to using the City's portion of "boomerang" tax revenues. New legislation signed September 2015 (SB 207 and AB 2, the latter creating a Community Revitalization and Investment Authority) may partially replenish this funding source and thus enable the development of more project-based PSH units.

Based on commitments secured through the Funders Collaborative, the Foundation has surpassed its goal for tenant-based supportive housing, with the dedication of 3,617 tenant-based supportive housing units for chronically homeless people. While some of these units have not yet been leased-up, the commitments have been formalized.

Exhibit 2.6 depicts all 5,434 Foundation-supported units, disaggregated by housing type and development stage.

Exhibit 2.6: New Foundation-Supported PSH units, January 2011– September 2015

Goal: 3,000 project-based and 2,000 scattered-site PSH units



Source: PSH Inventory Group

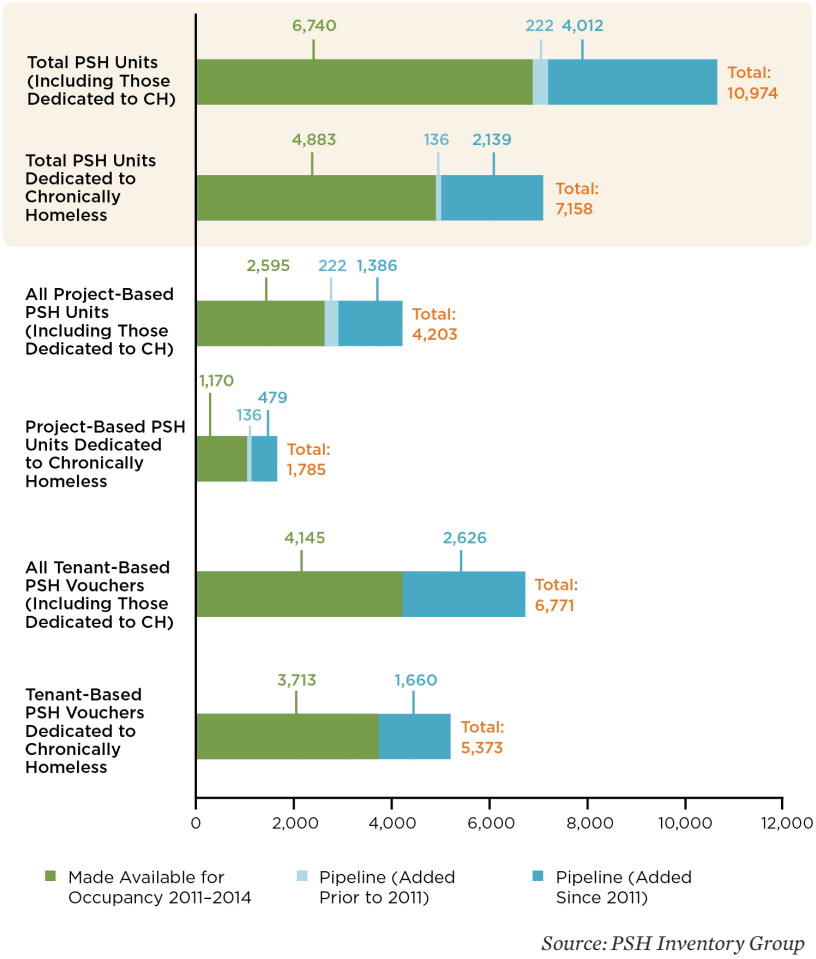
Measure: Number of new system-wide PSH units

Between January 2011 and December 2014, 6,740 new PSH units (including the Foundation-supported units) were made available throughout LA County. An additional 4,234 units (including the Foundation-supported units) were in the pipeline (in pre-development, under construction, or with tenant-based voucher funding committed) by early 2015.[15]

15 The project inventory was developed by the PSH Inventory Group, as described in Section 1.4. The group's list incorporates data from the local Continuum of Care HIC, a HUD-required inventory of temporary and permanent housing units, but includes projects and units that may not appear on the HIC because they are still in early development. The PSH Inventory Group and LAHSA's HIC and HMIS teams continue to work internally to reconcile differing unit counts and CH-dedicated bed counts provided by the PSH funders (PSH Inventory Group) and the PSH providers (through LAHSA's annual HIC reconciliation processes).

Not all PSH is dedicated to people experiencing chronic homelessness. However, projects continue to dedicate substantial new and turnover units to chronically homeless (CH) people, likely a direct result of the outreach and prioritization efforts of the Initiative. On par with prior years, 60 percent of the pipeline units are dedicated to chronically homeless people. A very small, steadily decreasing number of units have been in the pipeline since before 2011. By the end of 2014, only two projects were in that status, and both have since opened. The system-wide units—cumulative, project-based, and tenant-based—are shown in Exhibit 2.7.

Exhibit 2.7: New PSH Units for Individuals, System-wide 2011–2014



Source: PSH Inventory Group

The **Housing Authority of the City of Los Angeles (HACLA)** continues to be a strong partner with Home For Good and the LA County DMH and DHS. HACLA manages seven programs that provide housing subsidies for homeless people. The newest of these programs is the Homeless Veterans Initiative, which provides 500 tenant-based vouchers for homeless veterans who are not eligible for services from the VA healthcare system (generally because of their military discharge status). HACLA applied for and received 547 additional units through HUD's Continuum of Care (CoC) Program that will be paired with DHS and DMH services this year.

During the past year HACLA has worked with community partners to increase the use of CES to fill vacancies in housing programs, including turnover in supportive housing projects and tenant-based vouchers. As CES expanded, there have been some challenges, including concerns that CES was slowing down the process of filling vacancies. HACLA's goal is to fill four out of five vacancies through CES, while allowing partner agencies to use one out of five vacancies for other eligible homeless persons. This is intended to provide an option for some vulnerable homeless people who may be unable or unwilling to answer questions on the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), an essential part of the CES screening process.

HACLA's current approach allocates housing vouchers through partnerships with specific organizations, and those organizations fill vacancies with people who have been prioritized through CES. To better support CES implementation, HACLA is considering changes that would allocate vouchers instead to one lead organization in each SPA, so that these resources more clearly "belong" to the community rather than to a few organizations.

Stakeholders report that the **Department of Health Services'** FHSP (supported by the Foundation through a grant to Brilliant Corners) is a successful program. PSH programs are finding these rent subsidies to be flexible and easy for their clients to use; landlords like the FHSP because the funds are flexible enough to accommodate holding a unit before a client moves in, and the screening process is more straightforward than public housing authority (PHA) processes. In its collaboration with DHS, HACLA is working to use FHSP resources to help facilitate the use of vouchers. For example, HACLA has developed tools and materials that Brilliant Corners can use to inspect housing units to ensure that they meet HUD's Housing Quality Standards (HQS).

HACLA is considering using FHSP to pay for a vacant apartment long enough to fill it with a Housing for Health client, and then transition the tenant to a HACLA voucher to pay ongoing rental assistance.

The **Housing Authority of the County of Los Angeles (HACoLA**) is also a partner in countywide efforts to end homelessness, and has committed housing vouchers for homeless individuals and families. While stakeholders describe some continuing challenges in accessing housing assistance from HACoLA for chronically homeless people in parts of LA County that are outside of the city of LA, some important progress has been made in the last year. In part this reflects a shift in the agency's Board leadership, which has become more supportive of using HACoLA's housing resources for homeless people who have the greatest need for assistance. This support allows HACoLA to be a more active partner in ending chronic homelessness by better aligning its resources and policies. In spring 2015, the LA County Board of Supervisors, which is also the HACoLA Commission, directed HACoLA to make changes in its administrative policies regarding criminal background screening for applicants in the housing voucher program. Previously, HACoLA's policies had excluded anyone on probation or parole and those with past convictions for drug offenses. The policy changes make HACoLA's screening policies consistent with HACLA's, and HACoLA staff report this change removes a major obstacle to assisting many homeless people.

In addition, over the last year HACoLA took steps to streamline the process for issuing VASH vouchers to facilitate more rapid access to housing for homeless veterans, and worked with community partners to align the housing resources in its Continuum of Care supportive housing program (Shelter Plus Care) with CES and the Family Solutions System.

While HACoLA leadership previously committed 100 Housing Choice Vouchers through the Home For Good Funders Collaborative, in practice the number of vouchers being used to house chronically homeless people has fallen short of this commitment. In 2014, in response to federal guidance, HACoLA established a homeless preference on its waiting list for the voucher program, replacing a previous policy of set-asides that allocated a designated number of vouchers to specific organizations or program initiatives (such as the commitment to Home For Good).[16] This change has created significant challenges for HACoLA and its community partners. Since this change was implemented, HACoLA reports that despite issuing more than 1,500 applications to homeless people who qualify for the preference, many of the people who were referred by community organizations did not complete the application process, while others have not yet been able to find and successfully lease a unit. Coordination among HACoLA, homeless people, and providers of supportive services has been challenging, and HACoLA staff believe that many homeless applicants do not receive the case management support they need to complete the application and housing search process.

The waiting list preference is available only to organizations that have established memorandums of understanding (MOUs) with HACoLA. HACoLA has MOUs with DMH and DHS, but does not have MOUs with most CES lead agencies. In 2015, HACoLA notified its partner organizations that they should use CES and the Family Solutions System (FSS) to prioritize homeless persons who are referred to HACoLA for a waiting list preference. HACoLA is now considering proposing a change in its approach that could be adopted as part of its new Administrative Plan for the fiscal year that begins July 2016. One option under consideration would replace the current approach to using MOUs to implement the waiting list preference, and instead take referrals directly from CES and FSS lead agencies, with the expectation that people will be more likely to receive the case management and housing navigation support they need to use vouchers successfully if they are coming through a coordinated entry system.

With the waiting list preference, persons who are homeless will move to the top of the list and be contacted to complete the application process when HACOLA pulls names from the list, but this does not happen on a predictable schedule, because voucher turnover rates are low, averaging only about 50 vouchers a month. Instead HACoLA tracks voucher utilization, and currently commits all turnover vouchers to households that qualify for a homeless preference, with no cap on the number of households who can qualify for this preference. Because of uncertainty about when and how many individuals or families who qualify for a waiting list preference will be selected from the wait list, some organizations are reluctant to make a referral to HACoLA's voucher program for a person who could be prioritized for housing assistance more quickly through CES or the DHS Housing for Health program.

16 HUD's guidance on housing individuals and families experiencing homelessness through the Public Housing and Housing Choice Voucher programs, contained in Notice PIH 2013-15.

Without a way to predict when a voucher might become available for a person who qualifies for a waiting list preference, there is no procedure in place to match people who have been prioritized through CES to HACoLA housing subsidies.

DHS has determined that the HACoLA waiting list preference is unworkable for the Housing for Health program. Housing for Health is not referring clients to the waiting list because DHS has access to other types of subsidies, including FHSP, without the uncertainty and delay associated with the HACoLA vouchers. DMH has taken a different approach, referring to HACoLA some homeless people who have lower priority scores and are unlikely to get matched to housing quickly through CES.

Given the significant need for housing resources for people who are experiencing or at risk of chronic homelessness in parts of LA County that are served by HACoLA, and HACoLA's commitment to being a strong partner in solution to homelessness, there is an opportunity for some of the Foundation's grantees to work more closely with HACoLA to develop solutions to some of the challenges related to the implementation of the waiting list preference in the voucher program, and to facilitate changes that would better align these resources with CES.

2.4 Progress Toward Goal To Establish a System of Prioritizing Chronically Homeless People for PSH

Over the last year, the Coordinated Entry System (CES) has expanded from pilot sites throughout the county to a full coverage system, and providers and community leadership have demonstrated buy-in within each of the county's eight service planning areas. A funding system has been established to support CES implementation, and leadership capacity is being built at the sub-region level. Although processes still need to be formalized, the system has been successfully established and has become part of the "norm" for intake and assessments countywide.

Overall Status

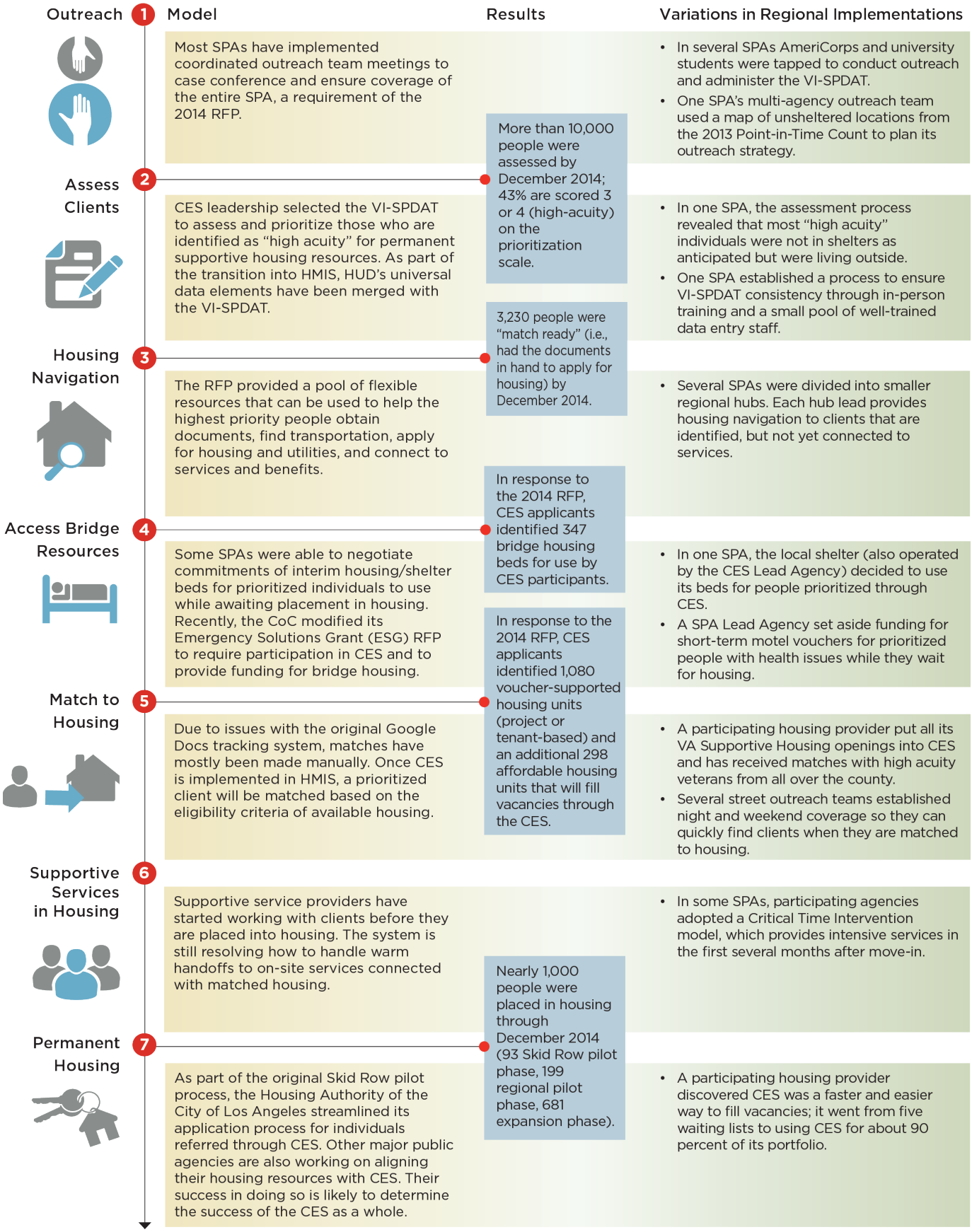
Measure: Status of implementation of a community-wide prioritization system

Countywide Expansion of the CES in 2014: In the 2014 report, we described the two phases of CES implementation: the Skid Row pilot, and then the expansion phase over the winter of 2013–2014. Near the conclusion of the second pilot phase, the Home For Good Funders Collaborative issued an RFP to fund infrastructure and regional coordinators to support sustained expansion of the CES within each SPA of the county. The RFP required providers in each SPA to designate a single lead agency responsible for organizing and distributing funding to partner agencies based on agreed-upon roles and describe how the CES would be rolled out to the entire SPA, thereby extending CES coverage throughout the county.

Responses to this funding opportunity and the resulting structure of CES differed across the county. SPAs that comprise several distinct cities or service systems distributed funding to several points of entry for each service system, referred to as SPA "hubs." Other SPAs have trained outreach workers and case managers to universally administer the VI-SPDAT at all participating agencies. The SPA leads also entered less formal relationships with some agencies that were willing to commit bridge housing, permanent housing, or service resources to people prioritized through CES. Although the models are being implemented at the SPA level, the ultimate goal is to have the entire county covered in a single, integrated system where walk-in centers are available in at least one location within each SPA and engagement with an outreach worker anywhere could provide additional points of entry. The countywide implementation status as of December 2014 is summarized in Exhibit 2.8.

As discussed in the previous section, HACLA has committed to filling housing units through CES. To reinforce the value of CES as the primary means of accessing service-rich PSH, in 2014 HACLA required all CoC Program (formerly Shelter Plus Care) sponsor agencies to partner with their local CES lead to fill turnover units. Additionally, when LAHSA recently issued an RFP for emergency shelter programs, the RFP required agencies to become partners with their local CES implementation as a condition of funding. Other county agencies intend to create similar policies as CES becomes more fully established.

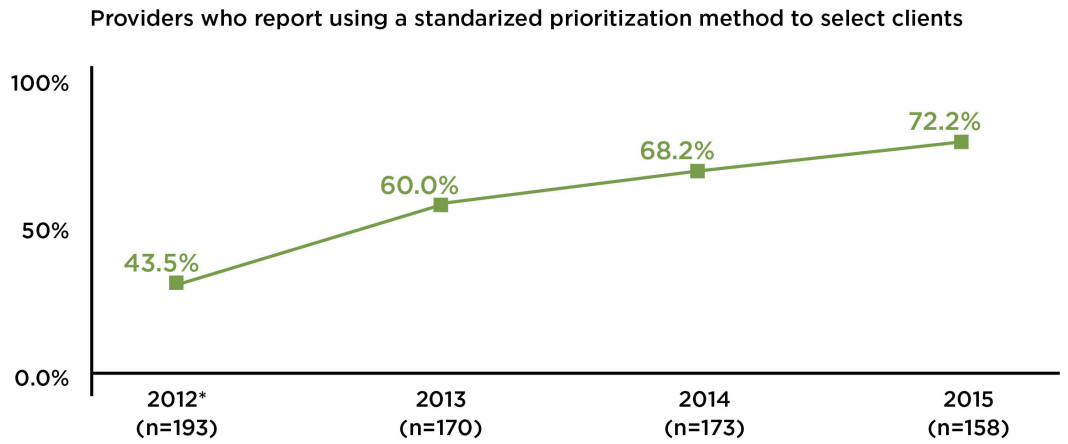
Exhibit 2.8: CES Model and Implementation Results through December 2014



Sources: Interviews, United Way

Adoption of Prioritization Practices: The coordinated entry system can be successful only if providers use it to fill available units. The stakeholder survey asked PSH providers whether they use CES or another standardized prioritization method to select people for units when they become available, as opposed to a first-come, first-served approach, and, if so, which prioritization method they use. Over 72 percent of PSH provider respondents in 2015 report using a standardized prioritization method, as compared with less than 44 percent in 2012. Of those, nearly 90 percent are prioritizing according to CES (using the VI-SPDAT tool), LAHSA's family prioritization system, Frequent Users Systems Enhancement (FUSE, also commonly referred to as the 10th decile tool), or DHS/ DMH criteria. While this survey is not representative of all PSH providers, and respondents may have filled only a portion of their units in this way, the substantial upward trend represented by the figures (shown in Exhibit 2.9), from 43 percent in 2012 to 72 percent in 2015, reflects strong adoption of CES or similar prioritization approaches among PSH providers.

Exhibit 2.9: Use of Prioritization Approaches, 2012–2015



**In 2012, this question was phrased slightly differently than in the 2013-2015 surveys; these results represent an estimated combination of the equivalent questions in 2012.*

Source: Abt Associates Stakeholder Survey, June 2015, June 2014, June 2013, July 2012; PSH provider stakeholders

Transition to HMIS: Technology is essential for managing all the information collected through CES and for matching people to housing vacancies in a CoC as large as Los Angeles County. In the initial phases of CES, a Google Docs database called Performance Management and Communications Platform (PMCP) was used, but it could not handle the complexity or volume of CES when the process expanded to all eight SPAs. During the year-long planning process for transition of the CES database into the Homeless Management Information System, CES lead agencies used a patchwork of temporary systems and strategies to work around technology issues. In April 2015, the Homeless Management Information System (HMIS) assessment tool went live to accept new clients.

HMIS implementation has been challenging. Clients had not originally granted consent to share data via HMIS, so clients who needed to be transitioned from the PMCP into the HMIS had to sign additional consent forms. Analysis of PMCP data by the evaluation team showed that significant proportions of the clients were missing various stages of assessment data, and one SPA bypassed using the data collection platform for many of the assessed clients. Anticipating that some agencies might continue to have challenges using the more complex HMIS platform, LAHSA staff plan to provide some technical assistance to SPAs to support ongoing HMIS use.

Once the data are collected in HMIS, LAHSA will be able to use the data to evaluate the efficiency and effectiveness of the CES. The new data will allow for tracking of client referrals, matches, placement status or time to placement, retention rates, and available units. The evaluation team anticipates working with LAHSA and CSH to establish a protocol for evaluating the system, providing recommendations for ongoing monthly or quarterly evaluation monitoring and related data collection improvements, and providing recommendations for development of CES policies and procedures.

In addition, the evaluation team recently worked with the County Chief Executive Office to conduct an analysis of the Enterprise Linkage Project (ELP) data system—a repository of data from DHS, DMH, DPH, the Sheriff's Department, and DPSS—to determine if the data could be merged with HMIS records.[17] The analysis found that the data elements in ELP and HMIS are compatible, which means that a critical piece of the technical groundwork for integrating the records in the two systems is in place. The data matches between these departments and the HMIS were significant, which makes a powerful case for integrating the systems and creating a permanent infrastructure for routinely updated, multidisciplinary data on Los Angeles County's homeless population. Regularly integrated ELP/HMIS data would reveal which policies and programs are effective in ending cycles of chronic homelessness and efficient in the deployment of limited public resources.

Additional data related to this goal are reported in Appendix H.

17 Abt Associates, LA County Chief Executive Office Service Integration Branch, and LAHSA. Linking Data across the Homeless Management Information System and the Enterprise Linkages Project: Results from an Exploratory Data Match. July 2015.

2.5 Progress Toward Goal To Increase Capacity of Developers and Providers To Effectively Provide PSH

Overall, provider capacity to serve chronically homeless clients appears to be improving, though providers continue to report challenges. Recently, knowledge development grantees have looked beyond individual provider capacity, in an effort to improve overall capacity to serve clients within SPAs, particularly those SPAs with relatively fewer resources and higher PIT counts of people experiencing chronic homelessness. Foundation-related activities have helped SPAs establish CES-related goals and provided them with technical assistance resources to improve development capacity and refine their CES implementations.

Overall Status

Measure: Capacity to operate PSH

As in last year's report, the evaluation team has tracked adherence to the United Way Standards of Excellence through questions in the annual stakeholder survey and through LAHSA's HMIS data. Exhibit 2.10 is a system-wide capacity scorecard for PSH programs that reflects many of the standards. Data on some of the evaluation's capacity metrics have been collected since the beginning of the evaluation. Others were added in 2013 or 2014, so trend data is more contracted for some metrics than others.

Several of these indicators continue to increase or stay relatively flat at high levels, suggesting that providers are providing consistently appropriate on-site or in-home services and following the principles of low-demand housing. However, some indicators have dipped significantly in this most recent year: a "warm handoff" approach, rapid placement times, and the provision of basic case management services. While a broader array of providers are now engaged in the system via CES, some providers have reported slower placement times and more challenging service connections when using the CES process.

In interviews, stakeholders have reported that individuals who are prioritized through CES are generally identified, assessed, and prioritized by outreach/engagement providers. Outreach providers typically maintain contact with individuals imminently awaiting housing in order to facilitate placement and provide transition support to stabilize people in housing when a PSH vacancy occurs. Some PSH providers have internal outreach/engagement capacity, and others work with external outreach partners. Similarly, some PSH providers have internal case management staff to support ongoing housing stability and retention. Others work with external service partners to provide the "support" associated with permanent supportive housing, or partner with external agencies to provide more clinical services or even augmented housing stabilization support if the PSH provider's standard offerings are not sufficient to meet the needs of the more vulnerable chronically homeless individuals being placed in their units. Stakeholders have reported that these transitions between assessment, housing placement, and housing stabilization providers have been challenging to navigate. When these resources do not match up – for example, in situations where a client is working with a service provider, but available housing incorporates on-site services, it is not always clear how to best navigate a handoff. This is especially problematic when mainstream service providers have limited experience or capacity to serve high-needs clients in their homes and provide them with the support they need to maintain housing stability. Without assertive engagement, stakeholder report that they are concerned some tenants are not getting enough support, particularly when they have substance abuse problems.

Exhibit 2.10: PSH Operator Capacity Scorecard, 2012–2015

PSH Provider Capacity Metric	Source	Year 1*	Year 2	Year 3	Year 4	Change
PSH units occupied by chronically homeless individuals	HMIS	47.6% (n=1,251)**	51.2% (n=1,638)**	65.8% (n=1,434)**	72.3% (n=1,428)	↑
Operators with formal or informal agreements with placement staff to facilitate "warm handoffs"	Survey	73.7% (n=38)	73.5% (n=34)	90.7% (n=43)	68.6% (n=70)	↓
Engagement workers reporting a placement time of less than two months	Survey	--	20.8% (n=173)	26.3% (n=175)	18.6% (n=167)	↓
Engagement workers who do not use "housing readiness" criteria to select people for PSH	Survey	--	84.3% (n=102)	85.6% (n=118)	93.0% (n=114)	↑
PSH providing case management services	Survey	85.2% (n=68)	95.7% (n=140)	92.5% (n=146)	86.2% (n=138)	↓
PSH providing assistance linking to Medi-Cal or other mainstream benefits	Survey	--	72.1% (n=140)	80.1% (n=146)	79.0% (n=138)	→
Providers for which all tenants have leases or occupancy agreements	Survey	--	--	96.2% (n=105)	92.0% (n=87)	→
Providers with no restrictions on the length of tenancy	Survey	--	--	85.7% (n=105)	82.8% (n=87)	→
Providers with no requirements such as sobriety, service use, or curfews to maintain tenancy	Survey	--	--	58.1% (n=105)	71.3% (n=87)	↑
Providers setting a maximum rent of 30 percent of tenant income or less	Survey	--	--	79.0% (n=62)***	80.4% (n=46)	→
Providers who measure tenant satisfaction	Survey	--	--	58.3% (n=103)	55.8% (n=86)	→
Providers reporting that all tenants are provided CA Tenant Rights and Responsibilities Information	Survey	--	--	72.5% (n=102)	78.8% (n=85)	↑
Clients retaining housing for one year or more or who move to other permanent housing within one year	HMIS	84.4% (n=596)**	85.9% (n=839)**	88.8% (n=944)****	89.9% (n=455)	↑

**Year 1 for HMIS data is calendar year 2011; year 2 is calendar year 2012; year 3 is calendar year 2013; year 4 is calendar year 2014 (or January 1 to June 30, 2014, for the retention measure). Year 1 for the survey data is summer 2012; year 2 is summer 2013; year 3 is summer 2014; year 4 is summer 2015.*

***Adjustment in calculation method from 2014 report, which reported on placements by individuals, rather than households.*

****Correction to 2014 report.*

*****In 2014 report, we had 6 months of data due to the timing of the measure. It has been updated to reflect the full year of data.*

Measure: Tenant perspective on provider capacity

In spring 2015, the evaluation team conducted focus groups with 26 residents of four different permanent supportive housing projects. The sites were located in the San Fernando Valley, Metro Los Angeles, the Westside, and South Los Angeles and included clients from the same PSH providers as the focus groups in the three previous years to encourage continuity and measure any changes in project activities or resident perspectives. This year, the focus group questions included a new focus on the role of CES in the PSH assessment and placement process.

Focus group participants were residents of both project-based housing and market-rate housing in the community (using tenant-based vouchers). While this feedback cannot be considered representative of all chronically homeless individuals placed in PSH, it provides an important perspective and recommendations that may not otherwise be evident to providers and system planners.

Referral and Entry: While CES had expanded its reach to all SPAs by the end of 2014, none of the residents had heard of it. Only a few of the residents knew that they completed the VI-SPDAT survey, although all of the residents indicated that they completed a substantial amount of survey questions and paperwork before obtaining their housing. Thus, some residents may have completed the VI-SPDAT survey without identifying it as such.

Most residents who were aware that they had completed the VI-SPDAT found the survey to be thorough and felt that it was conducted in a non-judgmental way. In some instances, residents said that the VI-SPDAT facilitated their connection to new services. A few of the residents commented that the survey was "very personal." Length of homelessness and substance abuse questions were the ones most frequently remembered by residents who completed the survey.

There were major differences in the messaging that the residents received after completing the VI-SPDAT survey. Residents who completed the survey with a case manager from their current PSH agency often appeared to receive clearer information about the next steps in the process than clients who completed the survey in emergency shelter locations. Given that one of the purposes of the VI-SPDAT assessment is to promote fairness in the allocation of PSH resources, it would make sense to examine this issue closely as CES expands. The CES team has already modified the survey tool to add an introduction intended to standardize delivery of the survey to clients.

Overall, many PSH residents continued to be confused about who qualifies for PSH. Several residents indicated that they were told, prior to applying for PSH, that they would have to stay in shelter for several more months to achieve CH status and thus qualify for PSH.

Services: Most residents felt that their PSH had appropriate services. Case management, peer advocacy and support groups, mental health assistance, substance abuse counselors, and medical assistance were most often cited by residents as services that are making their housing a good fit.

As was the case last year, some tenant-based residents reported loneliness and disconnection with their neighborhood. Additional support for tenants living in community locations may be needed up front. Specific supports suggested by residents were help establishing a good relationship with their landlords, help navigating Section 8 voucher administrative processes, and assistance with transportation to community events and food stores. At one project site where two residents had died and not been discovered for several days, residents felt that more regular visits should be organized by staff.

One of the focus groups was conducted at a PSH program that served youth. Their residents cited a lack of orientation to available services and to expectations about the building's subpopulations and norms. As one resident put it, "I had no sense of what this place is."

While none of the residents talked explicitly about programs to help them move on from their PSH tenancies, they did point to services at their PSH projects that can help accomplish those goals: money management, benefits navigation, assistance with Section 8 applications, and mental health counseling.

Housing First/Harm Reduction Perspectives: At three of the four sites residents indicated that staff was overly tolerant of drug use or mental health issues of other residents. These residents felt that program staff should evict problem neighbors. Some participants urged that new PSH and affordable housing be built in safer locations and away from areas with high levels of drug dealing.

Measure: Capacity to expand PSH

With the support of the Foundation, CSH worked to implement a new capacity-building campaign starting in 2014 called 88 Communities Strong. The initiative is intended to include technical assistance to developers serving SPAs 1, 3, 6, 7, and 8 (not including the City of Long Beach). A "Supportive Housing Laboratory" will provide grants, needs assessment, technical assistance, and a learning community to support increasing the supply of PSH. The campaign is aiming to support development of PSH in the identified SPAs by April 2017. CSH has retained the Urban Institute to evaluate the capacity-building efforts of 88 Communities Strong.

CSH has also been working collaboratively with other local efforts to enhance the capacity of providers and developers to provide PSH. In August 2015, Home For Good, LAHSA, Community Solutions, and CSH staff jointly convened CES SPA leaders to explore SPA-level data points, potential partnerships, and potential SPA-level goals.

Both the results of the 88 Communities Strong initiative and progress toward SPA-level goals will be reflected in the final evaluation report.

Additional data related to this goal are reported in Appendix I.

2.6 Progress Toward Goal To House 1,000 of the Most Vulnerable Chronically Homeless Persons in PSH and Prevent 1,000 Persons From Becoming Chronically Homeless

Overall Status

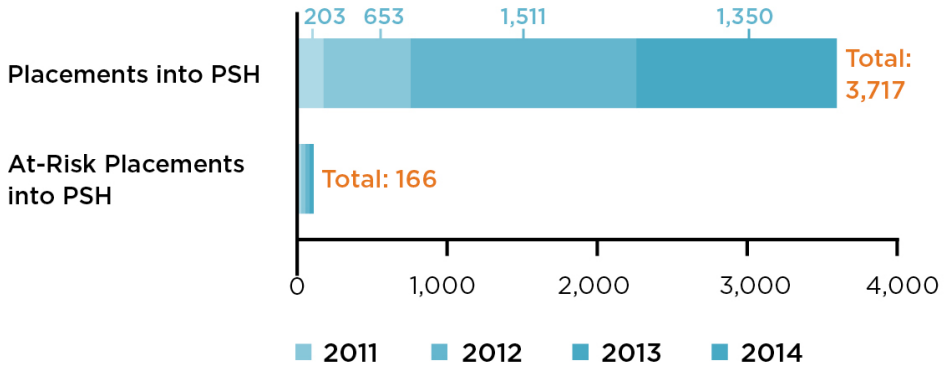
The Foundation's grantees have directly supported the placement of 3,717 chronically homeless individuals in PSH, which is nearly quadruple the original placement goal of 1,000. Although direct Foundation-funded efforts to prevent chronic homelessness fell short of the 1,000 person prevention goal, the evaluation team believes the overall intent of the goal to house 2,000 people has been met. There is still not a systematic approach to measuring inflow into chronic homelessness or a community-wide strategy to target resources to highly vulnerable people who are not yet chronically homeless, although the Initiative is supporting innovative programs such as Breaking Barriers, for homeless people involved in the criminal justice system, and the development of a coordinated entry system for transition aged youth, both of which seek to prevent chronic homelessness. The PIT count numbers released by LAHSA in 2015 suggest that the inflow into homelessness and chronic homelessness is likely a much larger-scale problem than the community initially realized. Clearly, as the Foundation approaches Phase Two of the Initiative, developing a strategy to address the inflow into chronic homelessness through prevention efforts will be critical to success in ending chronic homelessness.

Measure: Number of housing placements into PSH supported by the Initiative

Through targeted programming grants and sub-grants by CSH and the Funders Collaborative, the Foundation has supported the placement of 3,717 chronically homeless individuals into PSH, far exceeding the 1,000-person placement goal. This includes placements made through the end of calendar year 2014.

Prevention placements continue to be minimal—at this point, small-scale programs have placed 166 non-chronically homeless, transition-age youth (TAY) or prison re-entry clients (55 in 2012, 59 in 2013, and 52 in 2014).[18] Foundation-supported placements are shown in Exhibit 2.11.

Exhibit 2.11: Foundation-Supported Placements, 2011–2014



Source: Grantee reports; CSH and Home For Good subgrantee reporting

Measure: Number of system-wide housing placements into PSH

From 2011 through 2014, system-wide placements tracked by Home For Good have reached nearly 10,000 individuals placed in PSH, including the 3,717 individuals placed directly by Foundation-funded grantees (Exhibit 2.12). In 2014, Home For Good changed its method of collecting system-wide placement data and no longer relies on self-reports from individual placement agencies. In late 2013, Home For Good began convening the Homelessness Analysis Collaborative (HAC), a group of representatives from LAHSA, the VA, housing authorities, and other community stakeholders. The group devised a standard methodology for unduplicating system-wide data collection through HMIS, the VA's HOMES data system, and the housing authorities' data systems. Home For Good used this unduplicated data to track and report placement numbers for 2014. It is likely that the change in methodology has had at least a partial impact on the apparent decline in overall placements and the increase in placements of veterans in 2014. As of late 2015, the HAC leadership indicated that they plan to eventually transfer responsibility for tracking and unduplicating these data to LAHSA. Currently, methodological refinements are being tested with veterans' placement data and are being conducted with the support of the HAC and HUD technical assistance providers. This process may result in a future update to the 2014 placement numbers.

18 Some of those identified as chronically homeless were also TAY (13 individuals), re-entry (70 individuals), and veterans (125 individuals).

Exhibit 2.12: Placements of Persons Experiencing Chronic Homelessness in PSH

	Total Placements across all PSH** types				Total
	2012	2012	2013	2014	2011–2014
Total placements of individuals experiencing chronic homelessness*	2,099	2,779	2,845	1,808	9,531
Subset of placements representing chronically homeless veterans using HUD-VASH vouchers	1,008	940	731	1,164	3,843

** The data related to the placements of chronically homeless individuals in PSH were collected by the Home For Good HAC and reflect an unduplication of HMIS, VA, and housing authority data.*

***Each data collection agency reports the housing type into which the client was placed. In prior years, the placement agency's self-report included placements in new project-based, turnover project-based, and scattered-site units. In 2014, due to the changed data collection methodology, different data were collected about the placement situation. This total reflects all placements into PSH, VASH, and rental situations with "other subsidies."*

Sources: Home For Good and Community Solutions quarterly data collection. Results differ from totals presented by Home For Good because placements into non-PSH situations are not included.

In the first few years of the Initiative, a significant proportion of these placements were made by the VA and PATH in conjunction with the HUD-VASH vouchers. In 2012, chronically homeless veterans represented 50 percent of placements. By 2013, as placements from all sources increased, placements by the VA and PATH fell to 26 percent of placements. But in 2014, a significant proportion of the placements were again using HUD-VASH vouchers. This may be due at least in part to the change in counting methodology but also likely reflects the significant countywide efforts to end veteran homelessness by the end of 2015. Los Angeles received nearly 900 new HUD-VASH vouchers in 2014–2015 and new allocations from the Supportive Services for Veterans Families (SSVF) program that could be used to fund move-in costs and bridge subsidies, if needed. Within calendar year 2014, 1,164 chronically homeless veterans were placed in PSH with HUD-VASH vouchers.

Exhibit 2.13 reports the number of individuals placed through 2014 who were prioritized because they were identified as being at risk of chronic homelessness. To date, the at-risk placements are all non-chronically homeless veterans who were targeted through Home For Good.

Exhibit 2.13: Placements of Persons At Risk of Chronic Homelessness in PSH

	Total Placements across all PSH types				Total
	2011	2012	2013	2014	2011–2014
Placements of individuals at risk of chronic homelessness	864	1,347	1,137	1,410	4,758

Sources: Home For Good and Community Solutions quarterly data collection. Results differ from totals presented by Home For Good because placements into non-PSH situations are not included.

Measure: Number of unsheltered chronically homeless persons in Los Angeles County

Exhibit 2.14: Countywide Measures of Chronic Homelessness

	Increase (or decrease) in Chronic Homelessness Count (January 2011 to January 2015)				
	Jan-11	Jan-13	Jan-15	Number	Percent (2011 to 2015)
Counted on night of PIT (sheltered & unsheltered) countywide	9,265	8,795	13,501	4,236	45.7
Los Angeles CoC	7,668	7,475	12,356	4,688	61.1
Glendale CoC	102	89	57	-45	-44.1
Pasadena CoC	421	205	183	-238	-56.5
Long Beach CoC	1,074	1,026	905	-169	-15.7

Source: LAHSA, Glendale, Pasadena, and Long Beach CoC PIT count data

In 2015, LAHSA released its annual PIT data. As of January 2015, 13,501 people experiencing chronic homelessness were counted on the streets or in emergency shelters in LA County, a substantial increase from the 2011 and 2013 counts (Exhibit 2.14). Overall, the number of individuals and families experiencing homelessness in LA County on the night of the count increased by 12 percent between 2013 and 2015, from 39,463 to 44,359 people. The increase of nearly 5,000 individuals is nearly entirely represented by the increase in chronically homeless individuals, suggesting a need to more fully understand how and why so many individuals are becoming chronically homeless.

While the counts provide important benchmarks to assess progress in ending chronic homelessness, nightly census figures are less precise than they seem and actual counts of homelessness may be lower than reported. LAHSA tracks confidence intervals of the system-wide and SPA-level counts from which upper and lower bounds of the counts can be derived. Given the confidence intervals in 2013 and 2015, the actual increase could be smaller or bigger than reported. Regardless, the PIT counts provide the best available information to show changes in the level of chronic homelessness.

It is possible that the impact of the strategies undertaken thus far may not yet be observed in available PIT counts. For instance, CES was implemented in 2014 to help PSH providers target their openings to individuals who are highly vulnerable and chronically homeless, but those efforts have only recently been scaled up countywide and are still taking hold. Most PSH vacancies during the past two years have been filled outside of the emergent CES. So individuals other than those included in previous PIT counts may be filling the PSH vacancies, leaving the majority of people who were chronically homeless in 2013 in the same state. Looking forward, CES efforts should help to ensure the most vulnerable are placed in PSH, and the HMIS tracking should assist in determining whether those prioritized are the same as those who are housed. However, even if some reductions in chronic homelessness are observed in the next PIT count, the investments need to be taken to scale to truly achieve the goals of the Home For Good plan. People are not moving out of chronic homelessness quickly enough, and more people are becoming chronically homeless each month.

Why people are becoming not just homeless but chronically homeless remains unclear. Perhaps there has been a substantial inflow of people who were homeless and at imminent risk of chronic homelessness in 2013, whose subsequent homelessness has caused them to meet the definition now. Historical HMIS data is not available to understand these patterns. Attempts to review winter shelter data over the previous four years reveal that individuals who are served in winter shelters in consecutive years are just as likely to lose their chronic homeless designation in HMIS (a designation based on a collection of data about length of time homeless and disability status) as they are to gain a chronic homeless designation. This is despite the fact that their reappearance in two consecutive years suggests that they are more than likely long-term homeless. This analysis reveals that data on chronic homelessness status in HMIS is not reliable. Hopefully, recent efforts to support the implementation of the VI-SPDAT in HMIS will improve long-term tracking of individuals and provide insight into the cohort of people who become chronically homeless. Data about the annual inflow into chronic homelessness and the pathways the chronically homeless follow and their characteristics should help identify which mainstream service systems could be used to help develop prevention strategies.

Many local stakeholders also point to changes in local rental housing markets, including rising rents and increased competition among renters searching for available apartments. A July 2015 Mayoral Housing, Transportation & Jobs Summit focused attention on the shortage of affordable rental housing in Los Angeles. With rents rising much faster in California than in other parts of the country, and faster than incomes for low-wage workers and people relying on public assistance, people may be finding it more difficult to return to housing after they fall into homelessness or to lease up tenant-based vouchers.[19]

In previous years, we have estimated the gap in PSH supply as the difference between the chronic homeless count and the new and turnover PSH housing units coming online. Our understanding is that LAHSA, Home For Good staff, and CSH are working closely with HUD technical assistance providers to develop estimates of unit and funding gaps in the system. To avoid conflict with those projections when they are released, we will defer tracking progress against those goals to future reports.

19 http://www.lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf

SECTION THREE

Conclusion and Recommendations

Significant progress is being made on Hilton Foundation Chronic Homeless Initiative goals, as shown in Exhibit 3.1. Many of the five-year goals have been exceeded, and systems change efforts have created a critical opportunity to push for continued success. Nonetheless, more investment is needed to take these efforts to scale to reach the ultimate goal of the Initiative—preventing and ending chronic homelessness. This section of the report summarizes the accomplishments of the Initiative to date and provides recommendations for building on the momentum of these accomplishments to carry the Initiative into the next five-year strategy.

Exhibit 3.1: Summary of Progress on Hilton Foundation Initiative Goals, Fall 2015

Build Demonstrated Action by Elected and Public Officials To Support Addressing Chronic Homelessness

- The Home For Good goals and strategies have been by endorsed by the Mayor, City Council, and County Board of Supervisors. These elected officials have followed policies consistent with the strategy of Home For Good and made significant additional resource commitments for PSH and other solutions to homelessness.
- Public sector partners are sustaining or expanding their commitments to addressing chronic, veteran, or other high-priority homeless populations. In particular:
  - HACLA has made significant commitments of Housing Choice Vouchers for PSH through CES.
  - DHS established the FHSP (with Foundation support).
  - DMH formalized and expanded service commitments to Home For Good.
- Since the advent of Home For Good, most community partners have joined the funding collaborative or have aligned their funding strategies with Home For Good as the core community plan responding to homelessness. New LAHSA leadership is fully committed to Home For Good and is proactively working with staff to better integrate LAHSA into community planning efforts.
- Annual surveys indicate continued consensus on PSH as a solution to chronic homelessness.

Leverage $205 million in Private and Public Funds for Permanent Supportive Housing (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.
- Since the start of the Initiative, the Foundation has supported Home For Good to create a fully functioning Funders Collaborative with a consolidated application (4 application rounds through 2015), a coordinated fund distribution process, and a common reporting tool.
- Home For Good has developed a consensus among funders around CES as implementation became more formalized, and this sent a strong signal to providers to support the CES implementation.
- The Foundation issued a report on the Funders Collaborative to disseminate learning beyond Los Angeles.

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.
- The Foundation continues to support development of individual development projects and the Flexible Housing Subsidy Pool through loans and grants.
- The community has had success in securing tenant-based voucher commitments to PSH, with services provided through public mainstream agencies and service gaps filled in part by the Funders Collaborative.

Establish a System of Prioritizing Chronically Homeless Persons for PSH

- The Foundation support of the Community Solutions-organized vulnerability registries was the starting point for the CES; Foundation support for the CES continues through Funders Collaborative and direct system-change grants to support full scale adoption of CES.
- Most major PSH housing and service providers – including DMH, DHS, HACLA, and HACoLA – have become participants in the CES strategy to varying degrees.
- Changes in leadership at the County and at LAHSA have permitted LAHSA to adopt CES as a key strategy and integrate it with the existing Family Solutions System and the nascent transition-aged youth coordinated entry system.
- The Foundation issued a report on the CES implementation process to disseminate learning beyond Los Angeles.
- Several other initiatives such as Project 50, Project 60, and the FUSE pilot explored use of administrative data to identify the top homeless users of mainstream systems in order to prioritize housing to those using mainstream systems in ineffective and expensive ways (and who would presumably have better health outcomes and lower costs if housed in PSH). The FUSE initiative fueled engagement of hospitals and health partners in addressing chronic homelessness – perhaps a key driver of the FHSP subsequently initiated by the County.

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.
- CES planning is increasing the number of PSH providers (and potentially affordable housing providers) who are willing to target or dedicate turnover units to people who are chronically homeless.
- The Foundation has supported an expansion of technical assistance to develop SPA-specific capacity to produce PSH and in underserved areas of the county such as the San Gabriel Valley, the Gateway Cities, and South LA.

House 1,000 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 - of more than 9,500 chronically homeless individuals, including more than 3,700 individuals placed directly by Hilton-funded grantees.

Despite clear progress on the Initiative goals, the community continues to face numerous challenges to ending 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. The efforts developed in the first four years of the Initiative need to be taken to scale and formalized in order to make significant headway in reversing this trend.

Over the course of this year's evaluation, the evaluation team identified a number of recommendations for community or Foundation action needed to address barriers encountered during the past year that the Foundation should consider as it enters the second phase of its Initiative.

Recommended Actions

1. Formalize the infrastructure of the Home For Good community plan to end chronic homelessness.

The Mayor, City Council and county officials have recently shown notable leadership and interest in ending chronic homelessness and have committed significant funding to support immediate action. The Foundation and its Home For Good partners need to 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.

As the community's strategy to end chronic homelessness shifts from a campaign to system management and continuous improvement, roles and responsibilities will likely shift among public and private partners and may even be subsumed by agencies that do not exist today.

Thus, the community must agree upon clearly defined roles and responsibilities of leaders and systems of care. Stakeholders should 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.

Finally, the community should regularly assess where planning, decision-making and management functions should be housed to ensure that agencies' strengths and resources are leveraged to meet the needs of the time. 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, while maintaining the flexibility and nimble responsiveness of private agencies and partnership.

2. Establish clear funding goals that align with the number of housing subsidies, new PSH units, and services required to address unmet and predicted needs.

While the Foundation's efforts engaged many new funding partners and leveraged substantial resources to fund PSH housing and services during the first phase of the Initiative, the amount required to address chronic homelessness far exceeds the levels secured to date. Unfortunately, the full amount required may quickly overwhelm stakeholders. To break the funding goal into manageable pieces, the community should create concrete estimates of the type and level of resources needed and the extent to which the resources can be met through targeting or reallocation of existing resources and through partnerships with mainstream systems. Further, stakeholders should use the process of examining the costs of providing housing and services for each person housed to build consensus on the service delivery models required to ensure that individuals who were formerly chronically homeless can maintain their housing.

3. Identify opportunities to expedite and increase access to mainstream housing programs, and dedicate more flexible funding to address very specific needs and barriers.

Both the City and County PHAs have committed a substantial number of subsidies to the Home For Good Funders Collaborative. However, the community must explore strategies to increase the use of homeless limited preferences to provide access to Housing Choice Vouchers (HCV) and to increase the use of CoC Program (formerly Shelter Plus Care) vouchers for chronically homeless people, particularly those prioritized and matched through CES. One strategy could be to explicitly analyze lessons learned from the Flexible Housing Subsidy Pool (FHSP) and the rapid voucher issuance process of spring 2013 to determine if the standard voucher application and lease-up procedures could be adapted to make HCV and CoC Program vouchers more attractive to landlords and more efficient to process.

In addition, partners need to determine how to how to effectively use the more flexible, lower barrier FHSP subsidies without undermining efforts to fully utilize the more restrictive vouchers administered by PHAs and governed by federal regulations. If FHSP is needed to expedite housing placement for vulnerable, priority populations, the community could consider how to shift FHSP clients to HCVs or other available housing resources once they are housed. LAHSA should also work with the PHAs to maximize use of CoC Program funds to cover costs that are not eligible under CoC or PHA voucher programs. The community should identify other strategies to target flexible resources such as the FHSP to the highest need groups that are unable to use other available housing resources, using population-specific projection data to estimate the level of resources needed.

Finally, the community should explore innovative housing models such as rapid re-housing and shared housing and how those strategies can be best used with high-need populations.

4. Define a strategy to increase the engagement of mainstream systems to help fund and deliver housing and supportive services.

The community has made significant progress in building consensus for PSH as a solution to chronic homelessness, but efforts to scale up the response will require substantial additional resources and strong partnerships with mainstream service systems. To secure their support, public officials of mainstream agencies need to understand the extent of overlap between their constituencies and those experiencing chronic homelessness.

PIT Count and VI-SPDAT assessment data can be used to estimate service needs related to mental health, health care, substance abuse, domestic violence, child welfare, and other issues—countywide and for individual SPAs. These data could then be used to advocate for explicit service commitments from each mainstream system to meet needs and to identify gaps that will require additional resources as well as the implementation of service strategies that include active engagement, home visits, and practices that are more effective for people who have experienced chronic homelessness. These mainstream systems should naturally include Medi-Cal, criminal justice systems, and SAPC, but may also include more "upstream" systems such as Department of Children and Family Services and Workforce Investment Boards. Finally, the community could use these data as part of CES implementation to develop unit and service projections by subpopulation for each SPA and to allocate countywide service resources among SPAs. To support the pairing of mainstream services with housing, the community must also create an intentional process through CES to match housing units with services of relevant mainstream providers and the steps individuals need to take to enroll in mainstream service systems.

5. Develop protocols and relationships to facilitate transitions between outreach/engagement providers, PSH providers and PSH-affiliated service providers.

To expedite the CES process and strengthen outcomes, the community should develop explicit protocols for brokering transitions between assessment, housing placement, and housing stabilization service providers. Whether countywide or at the SPA-level, CES protocols should clearly identify the role of each agency (or group of agencies) in the assessment and housing placement process, provide a mechanism to match housing units with appropriate services for the individual being placed, define expectations for how long outreach providers should stay involved with tenants after PSH placement, and articulate how outreach staff should transition clients to PSH case management providers (either on-site or affiliated service providers) and how PSH providers should help tenants access relevant mainstream service systems. The Foundation or Funders Collaborative could consider supporting pilot efforts to explore use of day centers or client activity programs to meet specialized service needs of housed clients.

To ensure that the protocols are effective and implemented well, the community should develop an ongoing CES evaluation and monitoring process that enables stakeholders at the county- and SPA-levels to determine whether the CES assessment, pairing, placement, transition processes are functioning as designed and are achieving desired results.

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

Data from recent counts suggest high numbers of people are becoming chronically homeless each year. The community needs to better understand the extent of inflow into chronic homelessness and their needs, as well as opportunities to identify and intervene for subpopulations most at risk of becoming chronically homeless in Los Angeles. Similar to the strong partnership the homeless and healthcare and mental health systems have been developing, the homeless system must develop partnership and or expand investment from other systems that interface with subpopulations most at risk of becoming chronically homeless, especially the criminal justice system, the substance use disorder treatment system, and Department of Children and Family Services (DCFS).

7. Establish a state and national advocacy strategy to foster support for the resources needed to fund PSH housing and services at the scale needed to fully implement the community plan to end chronic homelessness.

Preventing and ending chronic homelessness in Los Angeles will require more than locally-controlled resources and action. The significant resources that the federal government has provided to fund PSH vouchers for homeless veterans enabled tremendous progress toward the local goal to end veteran homelessness. Similar federal attention and investment in housing and services for individuals who are chronically homelessness would allow for more immediate and substantial progress. The state too should be a significant partner in this effort, whether as a funder of PSH or policymaker relative to mainstream systems. The Foundation and community should explore how a state and national advocacy strategy could be used to foster support and marshal resources to support local efforts. Meeting the need will likely require significantly increased state and federal resources, in addition to increased local resources.

8. 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.

Providers are being asked to change the population they are targeting, the housing and service models they are delivering, the mechanisms for identifying and enrolling their clients, and the neighborhoods in which they are working. Change is challenging, and the need for intentional capacity building for housing developers, PSH and affordable housing operators, supportive service providers, CES implementers, and even local leaders, should not be underestimated. The system change partners involved in implementing Home For Good need to continue to identify and support strategies to build capacity for organizations and staff working at all levels, with clearly defined roles for local and national technical assistance providers to ensure that resources are used as efficiently and effectively as possible.

APPENDIX A

Evaluation Team Background

Principal Investigator

Brooke Spellman is a national leader in conducting research and developing strategies to improve policy and programmatic responses to homelessness and poverty. She has expertise in using homeless management information system (HMIS) and mainstream system administrative data to understand homelessness, patterns of homeless service utilization, client outcomes, and homeless and mainstream system costs. She led a U.S. Department of Housing and Urban Development (HUD) study on the costs of homelessness and is now leading a study of HUD's Rapid Re-Housing Demonstration Program.

Project Quality Advisor

Dr. Jill Khadduri has worked extensively on homelessness, particularly on the intersection of rental housing assistance and efforts to reduce homelessness, and is the author of several publications on that topic. Since 2002, she and Dr. Dennis Culhane have been Co-Principal Investigators of HUD's Annual Homeless Assessment Report. She was Co-Director of the 2007 National Symposium on Homelessness Research and Principal Investigator for a study completed in 2014 of public housing agency efforts to serve homeless households through mainstream housing assistance programs.

Core Evaluation Team

Julia Brown joined Abt Associates in 2012 from Feeding America, where she was the Manager of Research. She brings experience in housing and food security research and program evaluation. Previously, she held several positions within the City of Santa Monica Human Services Division, including managing the city's HUD-funded supportive housing and HMIS projects and implementing locally driven homeless service programming.

Carol Wilkins is a national expert on permanent supportive housing with 25 years of experience. She has led the design and implementation of several major evaluations of new program models and systems change initiatives supported with philanthropic investments as well as national public policy and systems change efforts.

Related work in the Los Angeles Region

In addition to working on the Conrad N. Hilton Foundation evaluation, members of our team work with key stakeholders in the evaluation on other contracts and projects. Due to the "process" nature of the evaluation (i.e., we share results and information with stakeholders as we are learning it in order to support and improve the work of the Initiative where possible), we are able to play a more engaged role in the work than in other types of evaluation. We wish to be clear, though, about other work members of the evaluation team are doing in Los Angeles simultaneous with the evaluation efforts:

- Downtown Women's Center (DWC): Abt was contracted by DWC for a short-term project in 2014 to analyze client data gathered by DWC using their Measurement Guide evaluation tool. The work of developing the evaluation tool was funded in part by the Hilton Foundation. In 2015, Julia Brown and Mark Silverbush were invited by DWC to update the 2014 analysis with additional years of data.
- HUD Technical Assistance: Abt is the lead TA provider in Los Angeles for HUD's Priority Community Initiative, which focuses on providing TA for communities throughout the United States with the highest documented numbers of persons experiencing homelessness. The specific work plan tasks include refinements to LAHSA's CoC governance and decision-making structures to support more inclusive and transparent CoC system planning. Matt White is leading the HUD LA TA tasks. In addition, Carol Wilkins has worked through a separate HUD TA contract on state policy work related to new Medi-Cal financing for services (1115 waiver and Health Homes benefits) that can be linked to housing assistance for homeless people.
- LA County Homelessness Initiative Planning Process: Carol Wilkins was invited to co-author the policy brief on opportunities related to Medi-Cal and the Affordable Care Act (ACA) and participate in the related Policy Summit meetings.
- PSH Inventory Group: As a part of data collection efforts for the evaluation, team members participate on LAHSA's PSH Inventory Group. Galen Savidge participates as a representative of the Foundation evaluation team for purposes of gathering data. Matt White participates and convenes the meetings as a HUD technical assistance provider to support the community in improving their Housing Inventory Chart and using PSH data for local planning purposes.
- LAHSA TAY CES Evaluation: Carol Wilkins has partnered with Focus Strategies to evaluate the pilot implementation of a TAY CES.

APPENDIX B

Terms and Acronyms

Acronym	Term
CAO	City Administrative Officer
CH	Chronic Homelessness
CES	Coordinated Entry System
CoC	Continuum of Care
CSH	Corporation for Supportive Housing
CTI	Critical Time Intervention
DHS	Department of Health Services
DMH	Department of Mental Health
DPH	Department of Public Health
DPSS	Department of Public Social Services
ELP	Enterprise Linkage Project
ESG	Emergency Solutions Grant
FHSP	Flexible Housing Subsidy Pool
FQHC	Federally Qualified Health Center
GR	General Relief
HAC	Homelessness Analysis Collaborative
HACLA	Housing Authority of the City of Los Angeles
HACoLA	Housing Authority of the County of Los Angeles
HCV	Housing Choice Voucher
HIC	Housing Inventory Count
HMIS	Homeless Management Information System
HPI	Homeless Prevention Initiative
HQS	Housing Quality Standards
HUD	U.S. Department of Housing and Urban Development

Acronym	Term
HUD-VASH	Veterans Affairs Supportive Housing
IMHT	Integrated Mobile Health Team
LAHSA	Los Angeles Homeless Services Authority
MOU	Memorandum of Understanding
MHA	Mental Health America
MHSA	Mental Health Services Act
MIT	Multidisciplinary Integrated Teams
NIMBY	Not In My Backyard
PMCP	Performance Management and Communications Platform
PATH	Projects for Assistance in Transition from Homelessness
PHA	Public Housing Authority
PIT	Point-in-Time
PSH	Permanent Supportive Housing
RFP	Request for Proposals
SAM	Single Adult Model
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPC	Substance Abuse Prevention and Control
SPA	Service Planning Area
SSVF	Supportive Services for Veterans Families
TAY	Transition-Age Youth
UWGLA	United Way of Greater Los Angeles
VA	Veterans Affairs—Greater Los Angeles Healthcare System
VI-SPDAT	Vulnerability Index-Service Prioritization Decision Assistance Tool

APPENDIX C

Related Reports

Abt Associates. "Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative 2014 Report," Conrad N. Hilton Foundation, 2014. https://hilton-production.s3.amazonaws.com/documents/8/attachments/Evaluation_of_the_Conrad_N._Hilton_Foundation_Chronic_Homelessness_Initiative_2014_Report_Abt_Associates_Inc._October_2014.pdf?1439473929

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Abt Associates, Los Angeles County Chief Executive Office Service Integration Branch, and LAHSA. "Linking Data across the Homeless Management Information System and the Enterprise Linkages Project: Results from an Exploratory Data Match." July 2015.

Los Angeles County Office of the City Administrative Officer. "Report on Homelessness in Los Angeles, including how the City allocates resources." April 16, 2015. https://www.documentcloud.org/documents/1906452-losangeleshomelessnessreport.html

City of Los Angeles. Motion: State of Emergency. September 22, 2015. http://clkrep.lacity.org/onlinedocs/2015/15-1138_mot_09-22-2015.pdf

Los Angeles Homeless Services Authority. Homeless count results and related reports, 2005-2015. http://www.lahsa.org/homelesscount_results

APPENDIX D

Annual Results and New Grant Summaries for Hilton Foundation Grantees

Results for Grants Funded Prior to September 2014

Grantee Organization	Grant Term	Grant Amount	Target One (through term of grant)	Actual Performance through 2014/2015 Report	Target Two (through term of grant)	Actual Performance through 2014/2015 Report
Brilliant Corners (Flexible Housing Subsidy Pool)	Jan. 2014-Dec. 2017 (Interim Report)	$4,000,000	In 2014, house 300 homeless people; by 2015, house a cumulative total of 600 people; by 2016, a cumulative total of 1200 people; by 2017, a cumulative total of 2400 people	In the first 8 months of this grant, 263 FHSP housing units were acquired and 140 homeless individuals were housed (early report). Brilliant Corners is on track to meet their goal of 300 units by the end of 2014	Develop a sustained and growing new rent subsidy source that will allow the project to double the number of clients being housed each year	FHSP received an influx of funding from the Department of Mental Health ($500,000 per year) and the Homeless Prevention Initiative (just over $4 million per year)
Clifford Beers Housing Inc.	Jan. 2014-Dec. 2016 (Interim Report)	$500,000	Complete or have in the pipeline 6 PSH projects, which ultimately yield at least 80 units for chronically homeless individuals and 120 units for homeless, mentally ill and low-income individuals/ families. Additionally, convert 24 existing supportive housing units to target chronically homeless clients	121 new units completed; 101 new units in development; 4 supportive housing units converted to target chronically homeless population	75 percent retention rate one year after people are housed	94 percent retention rate for chronically homeless individuals; 100 percent retention rate for other homeless individuals
Community Solutions	March 2014-March 2016 (Interim Report)	$350,000	Fully scale CES county-wide; improve the beta version of the system, and design and manage the data system used for CES to provide critical matching and automation features	CES is now county-wide, with SPA 1 still in a pilot phase and SPAs 2-8 operating more established systems. HMIS has launched a new CES module, including a unified CES survey tool which incorporates the VI-SPDAT and HUD HMIS intake	By March 1, 2016, each SPA will have a SPA-wide structure for coordinated outreach and housing navigation, which will include integrating rapid re-housing and affordable housing resources into their systems	SPAs 1-8 have a coordinated outreach and housing navigation structure in place

Grantee Organization	Grant Term	Grant Amount	Target One (through term of grant)	Actual Performance through 2014/2015 Report	Target Two (through term of grant)	Actual Performance through 2014/2015 Report
Corporation for Supportive Housing	April 2014-March 2017 (Interim Report)	$6,000,000 ($3M of which is regranted)	Support the development of high-quality PSH through technical assistance, grants and loans, and advocacy for increased investment in PSH. Create 2,000 units of SH to include: 600 newly constructed SH units, 100 preserved existing SH units, 400 units of converted affordable housing or market-rate housing, and 900 units through scattered site rental assistance programs	In the first year of the three-year grant, CSH has launched a Supportive Housing Laboratory to provide TA and financial support in underserved SPAs. In addition, 547 SH units have been created: 307 newly constructed SH units; 0 preserved existing SH units; 30 converted affordable housing units; and 210 units through scattered-site rental assistance programs. 180 new affordable (non-SH) units have been created.	Engage mainstream service agencies and support service providers in housing vulnerable populations, including: homeless older adults (100 units); chronically homeless frequent users of the health care system (700 units); homeless TAY (150 units); homeless, formerly incarcerated individuals (300 units)	CSH has contracted with two organizations who are conducting research to determine best practices for housing older adults in a variety of settings; 148 chronically homeless frequent users of the health care system have been housed and 172 scattered site units have been created for this population; 30 TAY units are in development; CSH is working to increase the capacity of SH providers to meet the needs of formerly incarcerated individuals, rather than create new units for this population
	Oct. 2013-Dec. 2015 (Interim Report)	Just In Reach: $1,500,000	Develop tools for targeting program participants; provide services to 200 inmates; permanently house 135 of those inmates	20 extremely vulnerable clients have been housed. CSH launched the Temporary Housing & Bridge Subsidy program to provide services to clients and is targeting program participants through strong partnerships within criminal justice, such that reentry and diversion now include a discussion on housing and the VI-SPDAT	Establish clear outcomes and metrics and conduct a cost study	Programmatic goals and a metric have been developed, including a target number of people to be housed, housing retention rates, and rates by which the program aims to reduce recidivism. JIR 2.0 will undergo an outcomes evaluation
Downtown Women's Center	Jan. 2013 - Dec. 2015 (Interim Report)	$450,000	99 CTI participating women from Skid Row will secure housing	86 CTI participants secured housing as of December 2014	80% of those housed will retain housing during the project period	100% remained housed through the end of the reporting period

Grantee Organization	Grant Term	Grant Amount	Target One (through term of grant)	Actual Performance through 2014/2015 Report	Target Two (through term of grant)	Actual Performance through 2014/2015 Report
Enterprise Community Partners	Sept. 2012 - Aug. 2014 (Final Report)	$190,000	Produce a white paper presenting analysis of PSH funding landscape and options for preserving and reforming current PSH financing	Enterprise finalized three white papers and an Executive Summary, which discuss the financial and policy landscape for PSH production	Examine innovative PSH financing models, including Medicaid/pay for performance	Enterprise identified a no-cost underwriting reform (targeting relief) and listed exploring alternative financing models as a policy recommendation in one of their reports.
Housing Works	Mar. 2012- Apr. 2015 (Final Report)	$ 570,000	75 chronically homeless persons or families will obtain PSH during the reporting period	207 persons accessed PSH with rent subsidies	90% will retain housing for the grant period	97% retention rate
LA Family Housing	July 2013- June 2014 (Final Report)	Klump Capital: $250,000	Create 11 new units of PSH	11 new units of PSH created	House 11 formerly chronically homeless individuals in the newly created units	11 formerly chronic individuals secured housing
	Sept. 2014- Aug. 2016 (Interim Report)	$1,000,000	Place 229 chronically homeless individuals into permanent housing	374 homeless individuals were placed in permanent housing, including 186 at a 1-2 acuity level and 188 at a 3-4 acuity level	92% of clients (210 individuals) placed in housing will remain housed after twelve months of being placed	98% retention rate
Mental Health America	Jan. 2014- Dec. 2016 (Interim Report)	$1,500,000	1,000 homeless individuals housed by 2016 at a rate of 28 homeless individuals housed per month	179 individuals were housed in 2014 (an approximate rate of 15 people per month)	85 percent retention rate	It is too soon to assess retention rate
OPCC	Jan. 2012- Dec. 2014 (Final Report)	$ 750,000	40 chronically homeless individuals housed over three years (20 on service registry; 20 referred from hospitals and FQHC)	42 individuals were placed in permanent housing (16 from the Santa Monica Service Registry and 26 from hospitals or FQHCs)	85% will retain housing for at least 6 months	100% of those housed have retained their housing for at least 6 months (38/42) or are on track to do so, but have not yet been housed for 6 months (4/42)

Grantee Organization	Grant Term	Grant Amount	Target One (through term of grant)	Actual Performance through 2014/2015 Report	Target Two (through term of grant)	Actual Performance through 2014/2015 Report
Southern California Association of Nonprofits	Aug. 2014-July 2016 (Interim Report)	$100,000	Generate public sector financial investment in affordable housing development and preservation, including funding and land use policy	The Mayor's budget, as adopted by the Council in May 2015, includes $10 million for the Affordable Housing Trust Fund, the first new funding for the trust fund since 2008	Develop new methodologies allowing SCANPH members to contribute to the development of housing that is affordable to Very Low Income residents and that can be built at a scale that addresses the need	Anticipate Supervisor Kuehl will be introducing a motion to dedicate a percentage of TIF funds for affordable housing. Met with all working groups and surveyed members about where they have the strongest political ties and started a letter writing campaign. 137 letters to supervisors with 50 endorsers
SRO Housing	Jan. 2013 - Dec. 2015 (Interim Report)	$ 500,000	House 100 chronically homeless people in permanent supportive housing by dedicating 100 units for this purpose. Of the100 dedicated units, 40 will be in current SRO housing facilities, 40 in newly constructed or rehabilitated structures, and 20 will be converted from Transitional Housing to PSH	567 chronically homeless people have been housed--308 of whom have in PSH in existing SRO facilities, 219 in newly constructed/ refurbished facilities, and 40 in units converted from transitional housing to PSH	80% of the individuals housed will retain their housing for at least one year	88% of those housed in Year 2 maintained their housing for at least one year
Skid Row Housing Trust	June 2013-May 2014 (Final Report)	$ 750,000	80 chronically homeless, high mortality-risk individuals per year will be placed in PSH	249 individuals have been housed total	80% will remain housed for 12 months	152 (62%) of the 247 housed from 2011-2013 remained housed at the time of the final report (note that for some clients, this is a longer retention rate than the objective requires)

Grantee Organization	Grant Term	Grant Amount	Target One (through term of grant)	Actual Performance through 2014/2015 Report	Target Two (through term of grant)	Actual Performance through 2014/2015 Report
United Way of Greater LA/Home For Good	Sept. 2012-Aug. 2015 (Final Report)	$7,775,000 (incl. $5.5M challenge grant to be regranted through the Funders Collaborative	Deepen the impact of the Home For Good Funders Collaborative to align funds for PSH: • Fund a minimum of 1,200 units of PSH each year of the grant • Secure $12.25 million from private funders to match Hilton investment	• Secured $629M in public funds • Funded over 3,700 units of permanent supportive housing	Shift housing and services delivery systems to create an effective and efficient Housing First system	• The Funders Collaborative supported scaling CES countywide and improving the system through trainings • 13,900 persons were engaged and assessed through CES • 1,851 persons were placed into permanent housing

Target Goals for Grants Funded September 2014 or Later

Grantee Organization	Grant Term	Grant Amount	Grant Summary	Target One (through term of grant)	Target Two (through term of grant)
Brilliant Corners	July 2015-June 2017	$2,000,000	Brilliant Corners will develop and implement a Rapid Rehousing program targeting people on probation (Breaking Barriers) in partnership with the Los Angeles County Probation Department, among others. Rental assistance, housing stabilization, case management, and connections to other resources such as employment services, will be provided for 24 months to probationers deemed eligible by the VI-SPDAT	Provide housing and employment services to 200 transitioning probationers	90% housing retention rate at 12 months post housing placement
Center at Blessed Sacrament	Dec. 2014-Nov. 2015	$120,000	The Center at Blessed Sacrament proposes to direct CES expansion in the unincorporated areas of SPA 4 by developing hubs and supporting greater alignment. Funding will be sub-granted to the lead agencies of each new regional CES Hub in SPA 4	Place four people in housing, using a maximum of $3,000 per placement	Staff a full time position in each hub to serve a community coordinating role and lead each CES design team through the 100-day challenge (January 15- April 25)
Housing California (Renewal)	Nov. 2014-Oct. 2016	$200,000	Housing California proposed a number of advocacy efforts, including to campaign for a bill that would create at least $200 million annually by 2016 to support affordable homes; and efforts to advance prioritized admissions to (and boarding at) public colleges/ universities for homeless students	Advance public policy solutions that promote the development of affordable and supportive housing, and otherwise assist individuals exiting homelessness	Mobilize constituencies and educate policymakers in support of policy and funding to end homelessness and address housing needs in California; build public support to resolve homelessness and the insufficient supply of affordable housing via media
Housing Works (Renewal)	March 2015-Feb. 2018	$600,000	Housing Works will develop Empowerment Works, a proposed social enterprise offering enrichment activities, a supportive community, and employment opportunities for scattered-site PSH residents with DHS Housing for Health and Brilliant Corners. Housing Works will also conduct initial background research and then develop a business plan that would employ formerly homeless clients	8-12 tenants employed, once the business is in operation (2nd year)	All current partners renew MOU, plus three new housing or service partners commit

Grantee Organization	Grant Term	Grant Amount	Grant Summary	Target One (through term of grant)	Target Two (through term of grant)
Lamp Community	Apr. 2015 - Mar. 2017	$1,200,000	Lamp Community will expand CES across SPA 4 by opening two regional hubs in underserved areas (North East and Silverlake/ Westlake). Lamp intends to house15 individuals via each new hub (30 total), and train and empower local leaders through a 100-Day Challenge, similar to the CES pilot projects. Funding will also support a SPA-wide Healthcare Outreach and Retention Specialist	122 housing placements representing all newly incorporated areas	90% housing retention rate by participating agencies
The National Health Foundation	June 2015-May 2017	$250,000	The National Health Foundation was awarded funds to strengthen and expand their recuperative care program, particularly “bridge housing,” an innovative model that provides temporary (maximum of 2 weeks), supportive, “pod model” housing to chronically homeless individuals who are recovering from an acute physical hospitalization	House 150 homeless individuals in PSH	95% retention rate at six months; 90% retention rate at one year
Pathways to Housing	Sep. 2014-Jan. 2016	$700,000	Pathways to Housing will provide program support for the “A Place to Call Home LA” initiative to help veterans experiencing chronic homelessness and complex clinical needs to leave the streets	70 veterans move into housing per month and 85% of veterans are in stable housing after 12 months	Provide housing-related resources, including: furniture packages for 300 veterans, security deposits for 70 veterans, and application fee assistance for 35 veterans
Skid Row Housing Trust	June 2015-May 2016	$400,000	A new ACA initiative, Health Homes for Patients with Complex Needs, is launching in California in January 2016. Skid Row Housing Trust will: (1) prepare managed care organizations to support the unique needs of chronically homeless and PSH individuals, and (2) ensure that chronically homeless and PSH patients understand their new benefits. Skid Row Housing Trust will also design and implement a program for PSH providers to incorporate health homes into their services and potentially study the effects of ACA health coverage on the health status of this population	1,000 clients access Health Home services; pilot health homes model	Assess the feasibility of a research study on the impact of Health Homes on the health status of chronically homeless adults/ PSH residents who are newly eligible for health coverage under the ACA by tracking these individuals’ health over time. If a study is determined to be valuable and achievable, prepare a detailed timeline, budget, and work plan

Grantee Organization	Grant Term	Grant Amount	Grant Summary	Target One (through term of grant)	Target Two (through term of grant)
St. Joseph Center	July 2015-June 2017	$1,200,000	St. Joseph Center was awarded funds to support the Coordinated Entry System (CES) as Lead Agency for SPA 5. They will expand and strengthen CES partnerships, the geography of client outreach, and the number of clients reached and assessed	Assess at least 750 chronically homeless individuals using the VI-SPDAT, and enter their data into the Coordinated Entry System (HMIS)	Move 70 people into permanent housing, 80% of whom will receive supportive services to retain housing stability through the duration of this contract period
United Way (Renewal)	Aug. 2015-July 2017	$6,000,000 (incl. $1.1M to support Home-Walk and $2.5M challenge grant to be regranted through the Funders Collaborative)	These funds will support three strategic initiatives by UWGLA: the Home for Good Funders Collaborative; strengthening and institutionalizing CES, including incorporating it into HMIS; and building public and political will through HomeWalk and the Business Leaders Task Force	Increase percentage of PSH targeting through CES: • 1,250 targeted placements in Year 1; 1,500 targeted placements in Year 2 • 45% of non-veteran chronically homeless permanent placements occur through CES in Year 1; 60% in Year 2	Home for Good Funders Collaborative reaches $1 Billion; other financial goals include: • Release $330 Million in Year 1 and $350 Million in Year 2, with awards announced each Summer • Raise $7.1 Million for the 2016 RFP and $7.2 Million for the 2017 RFP in aligned and pooled private sector funds • Raise $100,000 through Business Leaders Task Force
Western Center on Law and Poverty (Renewal)	Dec. 2014-Nov. 2016	$100,000	Western Center on Law and Poverty received funding to support three systemic legal advocacy campaigns, one of which strives to "protect and expand funding resources for permanent supportive housing and mitigate displacement of chronically homeless people." Additional activities and outputs will include: • Work to ensure that new Infrastructure Finance Districts can use affordable housing funds • Reduce barriers to new affordable housing construction • Foster anti-displacement measures through inclusionary zoning and other means	Support affordable housing development and fight policies that would weaken LA County's ability to build such housing	Litigate 19 existing housing cases and file new cases to preserve affordable housing or protect tenants from displacement

APPENDIX E

Survey Respondent Details

Five hundred and thirty six people started the 2015 survey, 142 more than in 2014. While the number of respondents increased, the percentage of respondents by self-identified stakeholder group has remained relatively constant since 2012. The table below offers a comparison of response rates by self-identified stakeholder group over the four years this survey has been administered.

Stakeholder Survey Responses

Stakeholder Type	2015: Number of Respondents and Percentage of Total	2014: Number of Respondents and Percentage of Total	2013: Number of Respondents and Percentage of Total	2012: Number of Respondents and Percentage of Total
Developers, operators, or service providers for homeless or chronically homeless people	261 (48.7%)	228 (57.9%)	226 (53.7%)	249 (54.1%)
Advocates, public policy analysts, or researchers	67 (12.5%)	48 (12.2%)	53 (12.6%)	41 (8.9%)
Local government employee (non-clinical, non-Housing Authority)	56 (10.4%)	34 (8.6%)	50 (11.9%)	43 (9.3%)
Philanthropic or private sector funders	41 (7.6%)	38 (9.6%)	29 (6.9%)	32 (7.0%)
Faith community representatives	13 (2.4%)	4 (1.0%)	11 (2.6%)	20 (4.3%)
Elected officials or their staff	15 (2.8%)	5 (1.3%)	13 (3.1%)	14 (3.0%)
Public Housing Authority (PHA) staff members	14 (2.6%)	11 (2.8%)	12 (2.9%)	14 (3.0%)
Business community representatives	22 (4.1%)	10 (2.5%)	6 (1.4%)	10 (2.2%)
Other	33 (6.2%)	10 (2.5%)	18 (4.3%)	14 (3.0%)
Unidentified	14 (2.6%)	6 (1.5%)	3 (0.7%)	23 (5.0%)
Total	**N= 536**	**(N=394)**	**N = 421**	**N= 460**

Source: Abt Associates Stakeholder Survey, June 2014 and June 2013.

APPENDIX F

Additional Data for Political Will Goal

Self-Perception of Stakeholder Group's Level of Involvement in Addressing Chronic Homelessness

	Percent of stakeholder group's responses about their own stakeholder group level of involvement			
	Local government staff|n= 51 (2014 n=32)	Private sector funders n= 35 (2014 n=32*)	Housing Authority staff n=12 (2014 n=10)	Elected officials n=9 (2014 n=6*)
Very Involved	33.3 (59.4)	51.4 (28.1)	91.7 (80)	33.3 (33.3)
Involved	33.3 (34.4)	31.4 (53.1)	8.3 (20)	33.3 (66.7)
Somewhat Involved	27.5 (6.3)	17.1 (15.6)	0.0 (0.0)	33.3 (0.0)
Not Involved	2.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)
Don't Know	3.9 (0.0)	0.0 (3.1)	0.0 (0.0)	0.0 (0.0)

**2014 Private Sector Funders and 2014 Elected Officials figures were edited to ensure that the same methodology was used from year to year and thus enable trend comparisons*

Source: Abt Associates Stakeholder Survey, June 2015 and June 2014

Stakeholder Agreement Regarding Chronic Homelessness and PSH

Beliefs about PSH	Extent of Stakeholder Agreement				
	Percent of stakeholders' responses in 2015 (Percent of stakeholders' responses in 2014)				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion
A lot of homeless people don't want housing—especially if they have been homeless for a long time	3.1 (2.8)	17.5 (11.6)	22.8 (20.6)	55.2 (63.5)	1.4 (1.5)
People who are living on the streets need to enter shelters or transitional programs to get ready for housing	13.4 (11.8)	25.5 (19.3)	17.5 (21.9)	42.0 (45.0)	1.6 (2.1)
People who are abusing alcohol or illegal drugs need to complete treatment before they're ready for housing	11.8 (9.3)	13.2 (13.4)	19.5 (23.4)	54.8 (53.2)	0.6 (0.8)
People who are seriously mentally ill need to be willing to accept treatment and take medications before they're ready for housing	11.6 (8.5)	14.9 (20.3)	21.4 (19.8)	51.1 (50.4)	1.2 (1.0)
Even if people are seriously mentally ill or abusing alcohol or drugs, they can learn how to be responsible tenants and good neighbors if they have help from a counselor or case manager who visits them regularly	65.4 (68.7)	27.8 (24.8)	5.0 (3.9)	1.4 (1.8)	0.4 (0.8)

Beliefs about PSH	Extent of Stakeholder Agreement				
	Percent of stakeholders' responses in 2015 (Percent of stakeholders' responses in 2014)				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion
If people abuse alcohol or drugs after they move into supportive housing, it's up to them to seek help to solve their problems before they get evicted, or accept the consequences	5.6 (5.2)	20.2 (21.0)	32.7 (34.0)	40.1 (38.4)	1.4 (1.3)
If people abuse alcohol or drugs after they move into supportive housing, service providers need to make an extra effort to connect with them, so they can offer help before it's too late to solve problems that could lead to eviction	82.6 (82.4)	14.8 (15.0)	0.6 (1.3)	1.0 (1.3)	1.0 (0.0)

Source: Abt Associates Stakeholder Survey, June 2015, n=509; June 2014, n=389 and July 2012, n=330 stakeholders, all types

APPENDIX G

Additional Data for Fund Leveraging Goal

Level of Engagement in Home For Good Funders Collaborative, 2013–2015

Involvement Level	Total	Private Funders 2015 n= 38 (n=30)	Local Government 2015 n= 45 (n=33)	Housing Authority 2015 n= 12 (n=10)	Service Providers 2015 n = 221 (n=205)	Elected Officials 2015 n= 9 (n=5)
	Percent of stakeholder responses in 2015 (Percent of stakeholder responses in 2014)					
Participant	20.6 (32.7)	34.2 (56.7)	26.7 (33.3)	58.3 (70.0)	24.0 (32.7)	44.4 (20.0)
Supporter	37.9 (43.9)	44.7 (33.3)	26.7 (42.4)	25.0 (10.0)	39.8 (40.5)	33.3 (20.0)
Not a supporter	3.5 (2.8)	5.3 (6.7)	6.7 (0.0)	8.3 (10.0)	3.6 (2.9)	0.0 (0.0)
Not yet aware	38.1 (20.6)	15.8 (3.3)	40.0 (24.2)	8.3 (10.0)	32.6 (23.9)	22.2 (60.0)

Source: Abt Associates Stakeholder Survey, June 2015, n=433; June 2014, n=355; and June 2013, n=374 stakeholders, all types; Note that the 2014 figures for service providers were edited to enable comparisons from year to year

Additional Funding Raised by Hilton Foundation Grantees and PRI Loan Recipients (in millions)

	2011		2012		2013		2014		Total 2011–2014 Commitments	
	Public	Public	Public	Private	Public	Private	Public	Private	Public	Private
Funds raised by Hilton Foundation direct grantees*	$1.17	$0.81	$2.20	$1.45	$1.73	$2.05	$8.55	$2.68	$13.65	$6.99
Funds raised by CSH PRI or TA recipients**	$51.42	$37.56	$31.07	$54.40	$7.39	$27.35	$33.43	$82.10	$123.31	$201.41
Total Funding	**$52.59**	**$38.37**	**$33.27**	**$55.85**	**$9.12**	**$29.4**	**$41.98**	**$84.78**	**$136.96**	**$208.40**

** Includes only grantees providing direct PSH services*

*** All funds leveraged for the project are counted in the year of the CSH PRI loan approval date. The funding sources include public and private grants, tax credits, and private loans.*

Sources: Grantee reports; CSH

Funding Commitments to PSH through the 2015 Home For Good Funders Collaborative RFPs

Source	Value	Year of pledge/ award*	Use period	Type	Method of Allocation	Notes
Leveraged Private Funders: 2012 through 2015 Commitments						
Aileen Getty Foundation	$1,000,000	2012	2012-2013	Grant	Pooled	
Annenberg Foundation	$250,000	2012	2012-2013	Grant	Pooled	
Business Leaders Task Force (BLTF)	$25,000	2012	2012-2013	Grant	Aligned	
Cedars Sinai	$100,000	2012	2012-2013	Grant	Pooled	
Corporation for Supportive Housing	$200,000	2012	2012-2013	Grant	Aligned	
Goldman Sachs	$15,000	2012	2012-2013	Grant	Pooled	
Kaiser Permanente	$710,000	2012	2012-2013	Grant	Aligned	
The California Endowment	$250,000	2012	2012-2013	Grant	Pooled	
The Carl and Roberta Deutsch Fdn.	$50,000	2012	2012-2013	Grant	Pooled	
The Carl and Roberta Deutsch Fdn.	$328,000	2012	2012-2013	Grant	Aligned	
United Way of Greater Los Angeles	$500,000	2012	2012-2013	Grant	Pooled	
United Way of Greater Los Angeles	$100,000	2012	2012-2013	Tech. Asst.	Aligned	
Weingart Foundation	$500,000	2012	2012-2013	Grant	Pooled	
Annenberg Foundation	$250,000	2013	2013-2014	Grant	Pooled	Second-time contributor
California Community Foundation	$245,700	2013	2013-2014	Grant	Aligned	New FC contributor
Cedars Sinai	$100,000	2013	2013-2014	Grant	Pooled	Second-time contributor
Corporation for Supportive Housing	$122,500	2013	2013-2014	Grant	Aligned	Second-time contributor
Downtown Business Association	$2,500	2013	2013-2014	Grant	Pooled	Second-time contributor
JP Morgan Chase	$300,000	2013	2013-2014	Grant	Pooled	New FC contributor
Kaiser Permanente	$500,000	2013	2013-2014	Grant	Aligned	Second-time contributor
The Carl and Roberta Deutsch Fdn.	$345,000	2013	2012-2013	Grant	Aligned	
The Carl and Roberta Deutsch Fdn.	$75,000	2013	2013-2014	Grant	Pooled	Second-time contributor
UniHealth Foundation	$1,005,331	2013	2013-2014	Grant	Aligned	New FC contributor
United Way of Greater Los Angeles	$1,500,000	2013	2013-2014	Grant	Pooled	Second-time contributor
Weingart Foundation	$500,000	2013	2013-2014	Grant	Pooled	Second-time contributor
California Community Foundation	$250,000	2014	2014-2015	Grant	Aligned	Second-time contributor
The Carl and Roberta Deutsch Fdn.	$75,000	2014	2014-2015	Grant	Pooled	Third-time contributor
The Carl and Roberta Deutsch Fdn.	$335,000*	2014	2014-2015	Grant	Aligned	
Cedars Sinai	$100,000	2014	2014-2015	Grant	Pooled	Third-time contributor
Corporation for Supportive Housing	$50,000	2014	2014-2015	Grant	Aligned	Third-time contributor
Enterprise Community Partners	$143,000	2014	2014-2015	Grant	Aligned	New FC contributor

Source	Value	Year of pledge/ award*	Use period	Type	Method of Allocation	Notes
Jewish Community Foundation	$150,000*	2014	2014-2015	Grant	Aligned	New FC contributor
JP Morgan Chase	$150,000	2014	2014-2015	Grant	Pooled	Second-time contributor
Kaiser Permanente	$720,000	2014	2014-2015	Grant	Aligned	Third-time contributor
UniHealth Foundation	$405,395	2014	2014-2015	Grant	Aligned	Second-time contributor
United Way of Greater Los Angeles	$1,600,000	2014	2014-2015	Grant	Pooled	Third-time contributor
United Way of Greater Los Angeles	$100,000	2014	2014-2015	Tech. Asst.	Aligned	Third-time contributor
Weingart Foundation	$750,000	2014	2014-2015	Grant	Pooled	Third-time contributor
California Community Foundation	$300,000	2015	2015-2016	Grant	Aligned	Third-time contributor
The California Endowment	$200,000	2015	2015-2016	Grant	Pooled	Second-time contributor
The California Endowment	$50,000	2015	2015-2016	Grant	Aligned	
The Carl and Roberta Deutsch Fdtn.	$100,000	2015	2015-2016	Grant	Pooled	Fourth-time contributor
The Carl and Roberta Deutsch Fdtn.	$345,000	2015	2015-2016	Grant	Aligned	
Cedars Sinai	$100,000	2015	2015-2016	Grant	Pooled	Fourth-time contributor
Corporation for Supportive Housing	$50,000	2015	2015-2016	Grant	Pooled	Fourth-time contributor
Enterprise Community Partners	$75,000	2015	2015-2016	Grant	Aligned	Second-time contributor
JP Morgan Chase	$150,000	2015	2015-2016	Grant	Pooled	Third-time contributor
Kaiser Permanente	$720,000	2015	2015-2016	Grant	Aligned	Fourth-time contributor
Mayor's Fund	$57,606	2015	2015-2016	Grant	Pooled	New FC contributor
Pacific Western Bank	$10,000	2015	2015-2016	Grant	Pooled	New FC contributor
Real Change Movement	$4,000	2015	2015-2016	Grant	Pooled	New FC contributor
UniHealth Foundation	$50,000	2015	2015-2016	Grant	Aligned	Third-time contributor
United Way of Greater Los Angeles	$1,600,000	2015	2015-2016	Grant	Pooled	Fourth-time contributor
United Way of Greater Los Angeles	$140,000	2015	2015-2016	Grant	Aligned	
Weingart Foundation	$750,000	2015	2015-2016	Grant	Pooled	Fourth-time contributor
WM Keck Foundation	$350,000	2015	2015-2016	Grant	Aligned	New FC contributor
Private Funders Subtotal	**$18,854,032**					

**Updated from 2014 report, per Home For Good*

Source: Home For Good

Source	Value	Year of pledge/ award*	Use period	Type	Method of Allocation	Notes
Leveraged Public Funders: 2012 through 2015 Commitments						
HACLA	$45,000,000	2012	2012-2027	Vouchers	Aligned	300 new TB vouchers for CH
HACoLA	$7,500,000	2012	2012-2027	Vouchers	Aligned	50 new TB vouchers
L.A. Co. - DMH, DHS, DPH	$3,250,000	2012	2012-2013	Services	Aligned	Service commitment to 250 units
City of Santa Monica	$1,500,000**	2013	2013-2027	Vouchers	Aligned	10 new TB vouchers
City of Pasadena	4,500,000**	2013	2013-2027	Vouchers	Aligned	30 Shelter Plus Care vouchers for CH
HACLA	$45,000,000	2013	2013-2028	Vouchers	Aligned	300 new TB vouchers for CH
HACoLA	$7,500,000	2013	2013-2028	Vouchers	Aligned	50 new TB vouchers
L.A. Co. - DMH, DHS, DPH	$6,500,000	2013	2013-2014	Services	Aligned	Services for ongoing/250 new units
Board of Supervisors Funding	$880,000	2014	2014-2015	Services	Outreach	SPA 7 CES grant
HACLA	$28,500,000	2014	2014-2029	Vouchers	Aligned	190 new TB vouchers for CES
HACoLA	$15,000,000	2014	2014-2029	Vouchers	Aligned	100 new vouchers
L.A. Co. - DMH, DHS	$3,250,000	2014	2014-2015	Services	Aligned	Service commitment to 250 units
L.A. County DHS (FHSP)	$13,869,000	2014	2014-2029	Vouchers/Svs	Aligned	100 vouchers paired with services
L.A. County DMH	$5,000,000	2014	2014-2015	Services	Outreach	SB 82 outreach aligned with CES
L.A. County DMH	$2,248,267	2014	2014-2017	Services	Outreach	SAMHSA*** funding for services
VA	$1,769,000	2014	2014-2015	Services	Outreach	Aligned with CES
VA	$80,640,000	2014	2014-2029	Vouchers	Aligned	560 HUD-VASH vouchers****
VA	$8,260,000	2014	2014-2015	Services	Aligned	SSVF funding
Board of Supervisors Funding (District 3)	$312,000	2015	2015-2016	Services	Outreach	Aligned with CES
City Council Funding (District 14)	$200,000	2015	2015-2016	Services	Aligned	Aligned with CES
HACLA	$82,050,000	2015	2015-2030	Vouchers	Aligned	547 new PBVs aligned with services
HACLA	$75,000,000	2015	2015-2030	Vouchers	Aligned	500 HVI vouchers
L.A. Co. - DMH, DHS	$3,250,000	2015	2015-2016	Services	Aligned	Services aligned with vouchers
LAHSA (City, County, HUD resources)	$1,000,000	2015	2015-2016	Services	Outreach	Aligned with CES
VA	$1,400,000	2015	2015-2016	Services	Outreach	Aligned with CES
VA	$72,000,000	2015	2015-2030	Vouchers	Aligned	500 HUD-VASH vouchers
VA	$27,800,000	2015	2015-2016	Services	Outreach	SSVF funding aligned with CES
Public Funds dedicated to PSH	**$543,178,267**					

Source	Value	Year of pledge/ award*	Use period	Type	Method of Allocation	Notes
Aligned Public Funders: 2012 through 2015 Commitments						
City of Pasadena	$2,850,000	2012	2012-2027	Vouchers	No svs.	19 new PB vouchers
LA HCID	$8,594,111	2012	2012-2016	Construction	No svs.	218 new units
HACLA	$32,700,000	2012	2012-2027	Vouchers	No svs.	218 new PB vouchers (39 for CH)
City of Pasadena	$38,500	2013	2013	Rapid Re-housing	Aligned	20 homeless and CH families
City of West Hollywood	334,220**	2013	2013-2016	Services	Aligned	General fund supportive services
LA HCID	$16,600,000	2013	2013-2017	Construction	No svs.	150 new units
HACLA	$32,250,000**	2013	2013-2028	Voucher	No svs.	215 new PB vouchers (all for CH)
HUD	$47,000	2013	2013	Tech. Asst.	Aligned	
HACLA	$15,000,000	2014	2014-2029	Vouchers	No svs.	100 vouchers for Moving On project
City of Pasadena	$38,500	2014	2014	Rapid Re-housing	Aligned	20 homeless and CH families
LA HCID	$10,000,000	2014	2014-2018	Construction	No svs.	150 new units
HACLA	$22,500,000	2014	2014-2029	Vouchers	No svs.	150 new PB vouchers
City of Pasadena	$202,112	2015	2015	Rapid Re-housing	Aligned	Homeless veterans and families
LAHSA	$9,500,000	2015	2015	Crisis housing	Aligned	Beds and resources tied to CES
Related Public Funds	**$150,654,443**					

**The 2015 commitments reflect agreements made through September 2015. Home For Good continues to work with private funders to bring in funding for allocation during the 2015 grant cycle, and amounts may fluctuate past this date as they are finalized.*

***Updated from 2014 report, per Home For Good*

****Substance Abuse and Mental Health Services Administration's Projects for Assistance in Transition From Homeless program*

*****Valued at $9,600 per year per VA*

Source: Home For Good

APPENDIX H

Additional Data for Prioritization Goal

PSH Unit Set Asides and Funding Priorities for Homeless Populations, 2014-2015

Most survey respondents involved in granting or administering funds for PSH development or services prioritize specific subpopulations. These subpopulations are targeted for PSH services or unit development at the following rates, with N including all those who were asked if they prioritize:

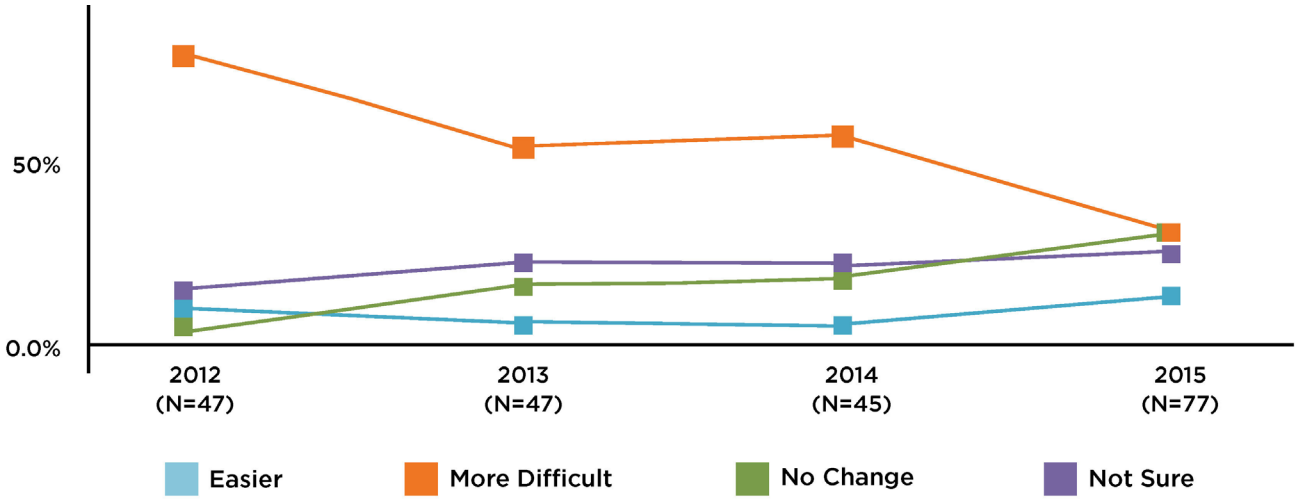
Specific Subpopulations Prioritized for PSH	Percent of respondents indicating they prioritize 2015 survey response*		
	PSH Providers: Units 2015 n= 70 (2014 n=42)	Government Reps: Funding 2015 n =40 (2014 n=28)	Private Sector Funder: Funding 2015 n = 28 (2014 n=24)
Chronic/Long-term homeless individuals	58.6 (59.5)	47.5 (57.1)	71.4 (50.0)
Homeless people with serious mental illness	52.9 (57.1)	45.0 (32.1)	50.0 (29.2)
Homeless veterans	32.9 (57.1)	42.5 (42.9)	67.9 (41.7)
Homeless youth (ages 18–24)	22.9 (38.1)	37.5 (17.9)	60.7 (37.5)
Homeless people who are frequent users of emergency health services	34.3 (35.7)	37.5 (32.1)	57.1 (29.2)
Homeless individuals with high medical vulnerability or a high likelihood of mortality	30.0 (31.0)	35.0 (35.7)	50.0 (29.2)
Chronic/long-term homeless families	21.4 (23.8)	42.5 (46.4)	32.1 (41.7)
Homeless people with chronic substance use issues	27.1 (19.0)	37.5 (25.0)	42.9 (12.5)
People experiencing homelessness for extreme lengths of time (10 years or more)	15.7 (14.3)	35.0 (25.0)	35.7 (20.8)
People at high risk of homelessness when they re-enter the community from jail, prison, hospitals, or mental health facilities	7.1 (7.1)	27.5 (17.9)	35.7 (16.7)
People at high risk of homelessness, not from institutions	4.3 (2.4)	17.5 (7.1)	17.9 (8.3)
Other (examples given: people with HIV/AIDS, people with developmental disabilities, domestic violence survivors, physically disabled individuals who require accessible units, seniors, homeless youth with serious mental illness, former foster youth, single adult women, immigrants, homeless families who are eligible for rapid rehousing, CES prioritized applicants)	17.1 (19.0)	10.0 (7.1)	10.7 (25.0)
No Prioritization (including individuals who said “Not Sure”)	17.1 (9.5)	32.5 (35.7)	7.1 (8.3)

**Results represent a changed calculation approach from prior years. Responses are not mutually exclusive, so percentages sum to more than 100 percent.*

Source: Abt Associates Stakeholder Survey, June 2015 and June 2014

Additional Data for Capacity Goal

PSH Developer Perception of the Development Process, 2012-2015



Source: Abt Associates Stakeholder Survey, June 2015, June 2014, June 2013, and July 2012

Reasons Respondents Cited for Increased Difficulty in Developing PSH, 2012–2014

When you compare now to this time last year, are there any ways you think it has become more difficult to develop permanent supportive housing?				
Percent Indicating Cause of Difficulty	2012	2013	2014	2015
Redevelopment agencies have been eliminated		59.6	63.0	37.7
Less public or private funding is available for development costs	59.6	53.8	65.2	31.9
Public commitments of resources (subsidies, operating, services, etc.) are harder to obtain	44.2	42.3	54.3	24.6
Fragmentation and misalignment between funders makes it difficult to assemble funding for a project	23.1	32.7	39.1	20.3
Private commitments of resources (subsidies, operating, services, etc.) are harder to obtain	36.5	25.0	26.1	13.0
Staff capacity has decreased	40.4	23.1	15.2	18.8
Administrative burdens associated with developments have increased	42.3	21.2	39.1	33.3
Not in My Backyard (NIMBY)			32.6	24.6

Source: Abt Associates Stakeholder Survey, June 2015, n=69 developers; June 2014, n=45 developers; June 2013, n=47 developers; and July 2012, n=42 developers

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