Abt ASSOCIATES

EVALUATION OF THE Conrad N. Hilton Foundation Chronic Homelessness Initiative

2017 ANNUAL REPORT

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Executive Summary

Chronic Homelessness Initiative: Phase II

Since 2010, the Conrad N. Hilton Foundation has been working on addressing homelessness in Los Angeles through its Chronic Homelessness Initiative strategy. Central to this Initiative is the idea that chronic homelessness can be eliminated through the successful creation and operation of permanent supportive housing (PSH), when those most vulnerable (people who are chronically homeless or homeless and medically fragile) can access and remain housed in those units. Starting in September 2011, the Foundation contracted with Abt Associates to evaluate its 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 (LA) County?**

Now in Phase II of the Initiative, the Foundation actions are even more intertwined with the broader community; hence the evaluation is structured around measuring countywide progress in ending chronic homelessness, rather than examining a subset of actions specifically tied to Foundation action. Nonetheless, the Foundation is interested in critically examining its direct and indirect contributions and understanding how it can best advance local progress. The evaluation framework depicts the major areas the evaluation team have identified in which stakeholders must focus over the next five years to make a significant impact on the desired goal: political will, scaling up the housing and service resources, building a countywide prioritization system, and understanding the impact of inflow on the population.

The illustration reflects the notion that progress in any key strategy area is intertwined with and dependent on progress in any other. At the beginning of the Initiative, when ***political will*** was still minimal, the evaluation team expected that significant progress would need to be made in educating elected and public officials *before* progress could be made toward ***increasing resources*** and developing a pilot ***prioritization system***. Now that public and elected officials are invested in ending homelessness – and often leading the charge – the evaluation team no longer has an expectation of sequential progress. ***Instead, all forces will need to push with singular intensity toward the goal so as not to lose the momentum built in Phase I***.

This evaluation report provides a status update on ***goals***, detailed updates in each ***indicator*** area, and initial perspectives on the effectiveness of the ***Foundation's impact***. Each section includes key evaluation ***recommendations*** for community stakeholders to enhance progress, as well as recommendations for the Foundation to support that progress. This year's report focuses on the calendar year 2016, the first year of Phase II of the Initiative, and is primarily informed by interviews with local stakeholders and review of administrative records for that timeframe.

Major takeaways are summarized in the **Community Dashboard** on page *iv*.

Political Will

During Phase I of the Chronic Homelessness Initiative, the Conrad N. Hilton Foundation supported strategic education and advocacy with local, state, and federal public officials through several of its grantees and partnerships, including direct engagement and support to the United Way's "Home For Good" partnership to end homelessness. As the Initiative entered Phase II, the community's momentum including efforts from Home For Good and community partners culminated in the development and adoption of joint City and County homeless strategies and significant ballot measures to fund them.

Recommendations for the Community:

1. *Ensure implementation of the City and County plans are well organized, appropriately governed, and actively monitored so that the billions of dollars being invested achieve their intended purpose.*
2. *Hold public officials accountable for executing the City and County strategies, including siting PSH and other housing developments throughout the County.*
3. *Strategically combine local resources with state and federal resources to fully resource the City and County plans.*
4. *Create and implement a strategic communication plan to proactively inform the public about the efforts underway to implement the City and County plans and the time needed for results to become visible so public support for PSH and related efforts does not wane.*
5. *Develop a legislative strategy to influence state policymakers to protect at-risk subsidies and increase funding for PSH, including services.*

Scaling up the Resources

The population of people experiencing chronic homelessness in Los Angeles is larger than in past years and appears to be growing. In order to see dramatic reductions in this population, significantly more permanent supportive housing resources are needed to house those already chronically homeless as well as those at-risk of chronic homelessness. Over the next ten years, Proposition HHH, Measure H, No Place Like Home, and other new public funding streams give LA the opportunity to significantly scale up housing development and supportive services. To achieve the full impact of this local funding, supportive housing developers will also need to rely on federal funding for project-based rent subsidies and additional capital investments that are tied to federal policy (e.g. Low Income Housing Tax Credits), as well as Medicaid financing for health care and supportive services in housing.

This new development alone will not likely meet the need for PSH, nor meet it quickly enough. Providers will need to use federal and locally-funded subsidies to rent housing in the private market. The Housing Authority of the City of Los Angeles and the Housing Authority of the County of Los Angeles have increased the

allocation of their Housing Choice Vouchers to people experiencing homelessness. In addition, the County Department of Health Services' Flexible Housing Subsidy Pool continues to expand local funding for housing subsidies. Tenant-based housing commitments allow the community to quickly increase the pace of placements, although housing providers are hampered by a shortage of modestly priced rental housing. Continued efforts to work on state-level affordable housing policy and funding are needed to address broader concerns around the limited rental housing supply and skyrocketing costs.

The community also has implemented several comprehensive service strategies, providing an opportunity to enhance the quality of services and housing retention rates in PSH. The Department of Health Services intensive case management services model uses a "whatever it takes" approach to providing services and payment for clients at different acuity levels as long as they need services in housing. Whole Person Care pilot programs also promise to provide integrated health, behavioral health, and housing support services for vulnerable populations. These models are expected to continue to influence the community approach to services.

Recommendations for the Community:

1. *Adopt a system modeling approach and expand the housing gaps analysis to examine subpopulations, length of homelessness, type of housing interventions, and geographical regions.*
2. *Work to ensure the pace of PSH development increases significantly by passing the LA City PSH Ordinance and continuing to provide special attention to PSH projects.*
3. *Increase the availability of private market housing for PSH by supporting state or local legislation to prohibit landlord discrimination against voucher holders.*
4. *Proactively align the funding needed for operating PSH and providing services to residents with the development process.*
5. *Work with other partners in the affordable housing field to develop long-term solutions to improve affordability of the housing market in Los Angeles County for formerly homeless and low-income households, including state legislative action.*
6. *Continue to support innovative solutions to obstacles that are hindering service providers through the Home For Good Funders Collaborative.*
7. *Improve the accuracy and utility of the Housing Inventory Count (HIC). This resource has the potential to drive not only County-, City- and Service Planning Area (SPA)-wide planning, but also support SPA-level coordination among providers and ensure the current PSH stock is fully leveraged and the PSH pipeline is understood.*

Evaluation of the Chronic Homelessness Initiative: Community Dashboard for 2016

Goal: Secure commitments from local elected and public officials to implement the community plan

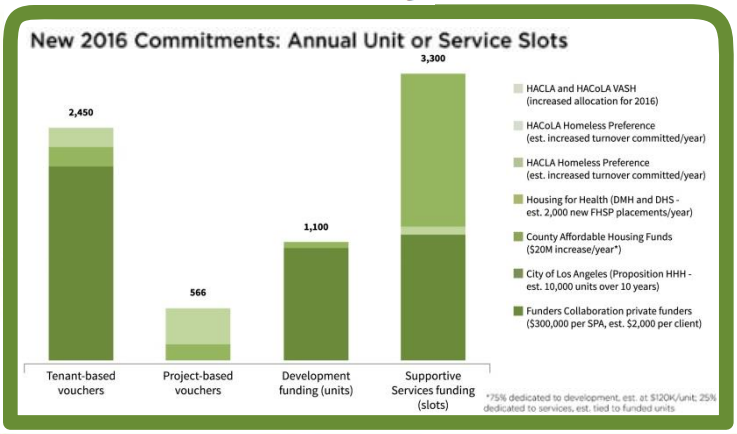
The countywide strategies to end homelessness reflect goals related to ending chronic homelessness	Public agencies and elected officials clearly define and delegate roles and responsibilities	Elected officials, public agencies, and the public invest in the community strategy to end homelessness
Rapid Progress	**Suitable Progress**	**Suitable Progress**

The City and County of Los Angeles each passed comprehensive, aligned strategies to address homelessness at the scale necessary

On Track

Goal: Leverage development funding to create additional PSH inventory

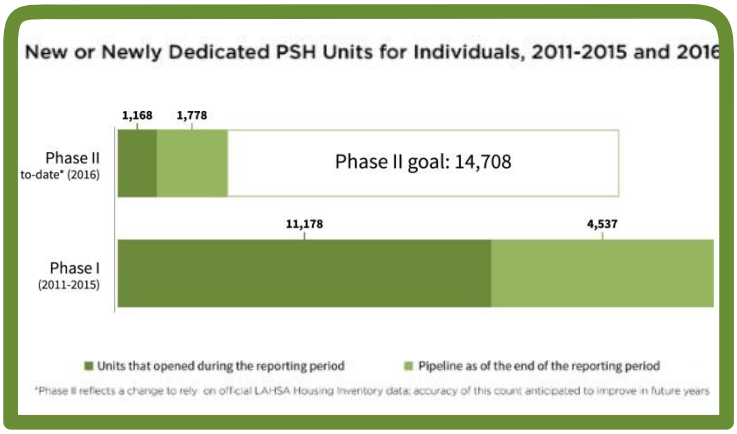
The countywide strategies define a PSH creation goal for new development, new subsidies, and turnover commitments	Decrease time from PSH predevelopment to permitting: increase utilization rates for PSH vouchers	The community secures funding commitments to scale up PSH inventory through development and subsidies
Suitable Progress	**Suitable Progress**	**Rapid Progress**



On Track

Goal: Secure as many new subsidies, subsidized units, and service commitments as needed to meet the defined goal (set at 14,708 in 2016)

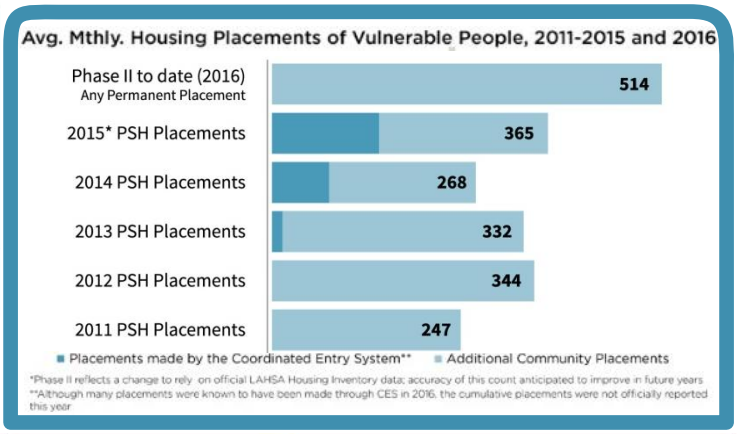
The countywide strategies define a service resource goal based on both the PSH unit goals and an analysis of population needs	Providers seamlessly access local and countywide service resources to pair with housing	Public and private funders have committed resources to provide services for identified population needs
Rapid Progress	**Suitable Progress**	**Suitable Progress**



On Track

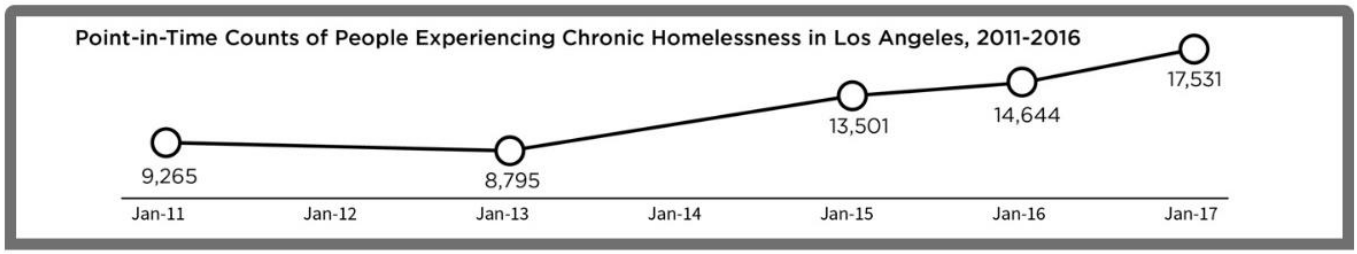
Goal: Place chronically homeless individuals in PSH through the countywide prioritization system at the rate needed to meet community goals

The countywide strategies define a service resource goal based on both the PSH unit goals and an analysis of population needs	Providers seamlessly access local and countywide service resources to pair with housing	Public and private funders have committed resources to provide services for identified population needs
Suitable Progress	**Limited Progress**	**Limited Progress**



Off Track

Goal: Decrease annual counts of individuals experiencing chronic homelessness



Off Track

Note: This report focuses on the calendar year 2016, the first year of Phase II of the Initiative, and is primarily informed by interviews with local stakeholders and review of administrative records for that timeframe.

Countywide Prioritization of the Most Vulnerable

A countywide prioritization system is a universal assessment and prioritization approach to providing homeless assistance. This simply means that every person experiencing homelessness is assessed and prioritized for access to housing and services based on a standardized set of criteria and identified level of need. The idea is that the most intensive resources are reserved for the people who need the most help, and those with limited needs are offered only nominal help to resolve their homeless experience.

Over the past several years the community has made significant investments in developing a countywide prioritization approach, as well as enhancing and supporting coordination at the regional and SPA levels to fully implement the approach. Resources from the Funders Collaborative, LAHSA, and the Foundation have supported dedicated staff positions to oversee coordination overall and within and across-SPA outreach teams and housing location and matching efforts. However, between the growing pains of the expansion process and the limits of the strained housing market in Los Angeles, people are not able to be placed as quickly as needed to reduce the count of people experiencing chronic homelessness. For those clients who do get housed, providers report that they struggle to provide appropriately intensive services to their increasingly vulnerable and chronically homeless client population, particularly when people move away from their SPA of origin to access more affordable housing.

Recommendations for the Community:

1. *Enhance centralized policy guidance for SPA-level CES implementation to SPA leads and partners to ensure shared understanding of CES staff roles, responsibilities, access, and authority over coordinating available resources.*
2. *Solicit feedback from people who have experienced homelessness to understand clients' interactions with the CES and how to streamline and make system navigation more user-friendly.*
3. *Ensure HMIS data, community-level reports, and housing inventory data are available and accessible to community providers, CES regional coordinators, funders, and policy makers to support the countywide prioritization process.*
4. *Adopt flexible models for funding long-term supportive services aligned with clients' service needs, such as the DHS intensive case management service model, instead of a "one-size fits all" approach that assume clients need the same intensity of services for the same duration of time.*
5. *Develop funding and service delivery models for serving clients who move from one SPA to another.*

Inflow into Chronic Homelessness

The increase in people becoming chronically homeless has a huge impact on the pace of ending chronic homelessness. In Phase I, the focus of the Initiative was to prioritize individuals experiencing chronic homelessness for PSH and where possible move people out of homelessness quickly and efficiently, to prevent their homelessness from becoming chronic. But rising inflow into chronic homelessness makes clear that preventing people from staying on the streets for long periods of time is also critical. Inflow into chronic homelessness is different from inflow into homelessness overall, and there is little research or best practices in targeting resources to individuals most likely to fall into chronic homelessness. During Phase II, the Foundation has set a goal to understand the issue and examine potential solutions to prevent the experience of people aging into chronic homelessness.

Recommendations for the Community:

1. *Dedicate resources for crisis response for the unsheltered population based on countywide system modeling gaps analysis.*
2. *Enhance partnerships with mainstream resource providers, scale up existing diversion programs, and advocate for improved housing, health care, and labor conditions for all populations.*

Over the past six years the Los Angeles community has made substantial progress in furthering support for and prioritizing permanent supportive housing as a solution to chronic homelessness. Specifically, over the past year, there have been great efforts around the community to obtain dedicated funding for supporting the community's homeless initiatives, developing new PSH units, and scaling up flexible programs to house highly vulnerable persons. Now that there is significant funding through Proposition HHH and Measure H to support the work needed to combat homelessness, political will, and public will, the community has more opportunity than ever to drive change towards ending and preventing chronic homelessness.

Photo Credit: Conrad N. Hilton Foundation

Introduction

Homelessness across Los Angeles County

Since 2010, the Conrad N. Hilton Foundation has been working on addressing homelessness in Los Angeles through its Chronic Homelessness Initiative strategy. Central to this Initiative is the idea that chronic homelessness can be eliminated through the successful creation and operation of permanent supportive housing (PSH), when those most vulnerable (people who are chronically homeless or homeless and medically fragile) can access and remain housed in those units. In September 2011, the Foundation contracted with Abt Associates to evaluate its 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 (LA) County?***

Over the one year period from January 2016 to January 2017, Los Angeles experienced a 23 percent increase in the number of people experiencing homelessness in the County. A total of ***57,794*** people were reported to be homeless on a single night in January 2017. The chronically homeless population saw a parallel ***20 percent increase—rising from 14,644 to 17,531*** people over that same period. More than 90 percent of those chronically homeless people were unsheltered.[1]

The rise in unsheltered homelessness has become increasingly visible to Los Angeles residents and public officials. Stakeholders point to increases in the number of homeless people sleeping in parked cars or RVs or establishing tent cities and homeless encampments on sidewalks, riverbeds, and other public areas. That public visibility and the media attention given to the issue have made homelessness a high priority issue for the Los Angeles region. As a result, political leaders and the public have been willing to devote increasing resources to the issue, and public and private organizations have taken significant steps to align and coordinate their activities.

Throughout Los Angeles, the demand for housing—especially affordable housing—has outpaced supply. The vacancy rate in Los Angeles was 3 percent in the first quarter of 2016 and declined to 2.4 percent by the fourth quarter, the second-lowest among the nation's 75 largest metro areas.[2, 3] The median costs to buy a home or rent an apartment have grown at rates unmatched by increases in median earnings, especially among lower-income households.[4, 5] **In addition to creating precarious situations for renters, the low vacancy rate and lack of affordable housing make it particularly challenging for those individuals experiencing homelessness, to re-enter the housing market even with support, which can extend the duration of their homelessness.[6]**

About the Chronic Homelessness Initiative

The Foundation launched the Chronic Homelessness Initiative to foster public and private investments and leadership in three broad areas: facilitating ***systems change***, strengthening targeted ***programs***, and

disseminating ***knowledge***. Between 2011 and 2015, in what is now known as Phase I, the Initiative focused on six strategic goals adopted by the Foundation's Board:

- Demonstrate action by elected and public officials to support a systemic approach to addressing chronic homelessness.
- Leverage $205 million in private and public funds for PSH.
- Create 3,000 project-based and 2,000 scattered-site PSH units.
- Develop and implement a system for prioritizing individuals experiencing chronic homelessness for PSH.
- Increase capacity of developers and providers to provide PSH effectively.
- House 1,000 of the most vulnerable individuals experiencing chronic homelessness in PSH and prevent 1,000 people from becoming chronically homeless.

The Foundation's belief was that progress toward each of these goals would indicate progress toward the ultimate goal of reducing chronic homelessness. As of August 2015, the Foundation had made steady progress toward meeting or exceeding each of these goals:

- Los Angeles City and County officials had endorsed the United Way's "Home for Good" community plan to end chronic and veteran homelessness and had committed substantial resources toward PSH.
- The Home for Good Funders Collaborative had raised more than $562.1 million in public and private funding for PSH.
- The Foundation had supported the development of 5,434 PSH units for those experiencing chronical homelessness.
- The Coordinated Entry System (CES) had been developed to prioritize individuals experiencing chronical homelessness for PSH.
- The Foundation had supported technical assistance to develop Service Planning Area (SPA)-specific capacity to provide PSH in underserved areas.
- Foundation-funded grantees had placed more than 3,700 individuals in PSH.

Although homelessness remained high in Los Angeles at the close of Phase I of the Initiative, the public- and private-sector partnerships initiated and sustained by the Foundation contributed to the momentum needed for continued progress. The number of people experiencing chronic homelessness in Los Angeles would likely have been much higher in the absence of the Foundation's support over the five year period.

In November 2015, recognizing the value and continued need for Foundation investment, the Foundation's board of directors approved Phase II of the Initiative (2016-2020). However for Phase II, the goal of investment is more explicitly tied to countywide progress in ending chronic homelessness, rather than examining a subset of actions and outcomes specifically tied to Foundation action and investment.

The Program Strategy for Phase II of the Chronic Homelessness Initiative defines goals in four areas that the Foundation believes are drivers to reducing the count of individuals experiencing chronic homelessness.

1. **Political Will:** Leadership is engaged in countywide and within subregions of the county in alignment with the agreed-upon community goals.
    - ***Goal:*** Local elected and public officials have committed resources to implement the community plan.
2. **Scaling Up the Resources:** PSH units and service commitments sufficient to meet the defined need have been dedicated to implement the community plan.
    - ***Goal:*** Leverage development funding to create additional PSH inventory.
    - ***Goal:*** Secure as many new subsidies or subsidized units as are needed to meet the publically accepted community placement goal.
    - ***Goal:*** Secure as many new service commitments as are needed to meet the publically accepted community placement goal.
3. **Countywide Prioritization Systems**: Systems are functioning effectively and monthly placements of highly vulnerable individuals experiencing chronic homelessness through the prioritization systems are consistent with agreed-upon community goals to end chronic homelessness.
    - ***Goal:*** House as many highly vulnerable individuals experiencing chronic homelessness in PSH as is specified in a publically accepted community plan.

Exhibit 1. Theory of Change for the Chronic Homelessness

4. **Inflow into Chronic Homelessness:** Strategies are in place within the homeless system and in partnership with mainstream service systems to prevent chronic homelessness for individuals with chronic disabilities.[7]

The evaluation team has summarized this strategy in a "theory of change," as illustrated in Exhibit 1. A theory of change is the model that illustrates the actions of the stakeholders and how the actions cumulatively are expected to lead to the desired goal of ending chronic homelessness. The illustration reflects the Phase I observation that progress in any key strategy area is intertwined with and dependent on progress in any other. At the beginning of the Initiative, when political will was still minimal,

the evaluation team expected that significant progress would need to be made in educating elected and public officials *before* progress could be made toward increasing resources and developing a pilot prioritization system. Now that public and elected officials are invested in ending homelessness – and often leading the charge – the evaluation team no longer has an expectation of sequential progress. ***Instead, all forces will need to push with singular intensity toward the goal so as not to lose the momentum built in Phase I***.

Evaluation Approach

As the Foundation's Measurement, Evaluation, and Learning partner for this Initiative, Abt Associates is continuing to assess the Foundation's progress in meeting its strategic goals over Phase II of the Initiative.

In Phase I, the evaluation team established a ***formative evaluation*** of the Initiative, which meant that it was intended to provide ongoing learning and continuous feedback throughout the course of the Initiative to help the Foundation and local stakeholders move toward achieving the Foundation's strategic goals. Phase II is an initiative in its middle years; a formative evaluation continues to be the best approach to help the Foundation and local stakeholders move toward achieving their strategic goals. The intent of the Phase II evaluation is to be formative, adaptive, and iterative.

The Initiative's Phase II evaluation effort is designed to measure both the community's efforts and progress and the Foundation's role and influence in supporting these efforts to end chronic homelessness. The evaluation team also offers recommendations on ways both the community and Foundation can do more.

Communitywide Progress: Assessing Collective Impact

While the Phase I Initiative evaluation assessed progress toward goals focused on the Foundation's direct efforts, the Foundation broadened its strategic goals for Phase II to align with the community's goals—the full effort required to end chronic homelessness. This expansion recognizes that the Foundation is a partner in the broader effort and pushes the Foundation to consider how its investments can catalyze community progress by supporting it both directly and indirectly. Here and throughout this report, **"*community*"** is used to refer to all stakeholders within Los Angeles county—elected officials, public sector, private non-profit, private business interests, residents, philanthropy—some of whom have formally committed to ending chronic homelessness and others who have not formally engaged in the issue.

To assess progress toward community goals, the evaluation team leverages a concept from ***collective impact*** to provide an evaluation framework for discussing the partnerships among the myriad of entities involved. Collective impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. It brings people together, in a structured way, to achieve social change.

Using this framework, the evaluation team worked with the Foundation to develop a detailed view of the Theory of Change, illustrated in Exhibit 2. This detailed view includes the expected ***indicators of community progress*** toward the likely achievement of the Foundation and community's ultimate goals in each area. The

premise behind the model is that in order to maximize their collective impact on the goals, the community will need to demonstrate progress in each of three indicator areas:

- **Alignment:** Key stakeholders working in the indicator area have agreed on the parameters of the problem and the most appropriate responses, resources, and strategies necessary to address the problem.
- **Functionality:** Key stakeholders working in the indicator area have clearly delineated roles and responsibilities, reduced administrative barriers where they are relevant, and implemented efficient housing development, matching, and placement processes.
- **Sustainability:** Key stakeholders working in the indicator area have funding adequate to meet the need, and the responsibilities for carrying out the strategies are allocated to the agencies best able to sustain programs and maximize their impact.

Although the community's progress through these indicators may not be linear, the model presupposes that meeting the goal will not be possible without success in all three indicator areas. Data collection for this part of the evaluation relied on stakeholder interviews, administrative data and aggregate data from community partners, which allowed the evaluation team to probe for these elements of collective impact and how they contribute to the overall success of the Chronic Homelessness Initiative.

Foundation Impact and Influence: Assessing Contribution Analysis

In Phase II, the shift to community-level goals reflects the Foundation's belief that its impact can be magnified by collaborating with existing governmental, service provider, and philanthropic systems. This belief is intended to carry through four key activities that the Foundation uses to define its role per its philanthropic approach:

1. ***Impactful grant making*** through funding programs that work intentionally to understand root causes and upstream barriers and working to strengthen the systems that aim to reduce them.

2. ***Convening and communicating*** for stronger systems and scaled solutions by bringing together stakeholders, educating policymakers, building partnerships, and seeking out innovative ideas.

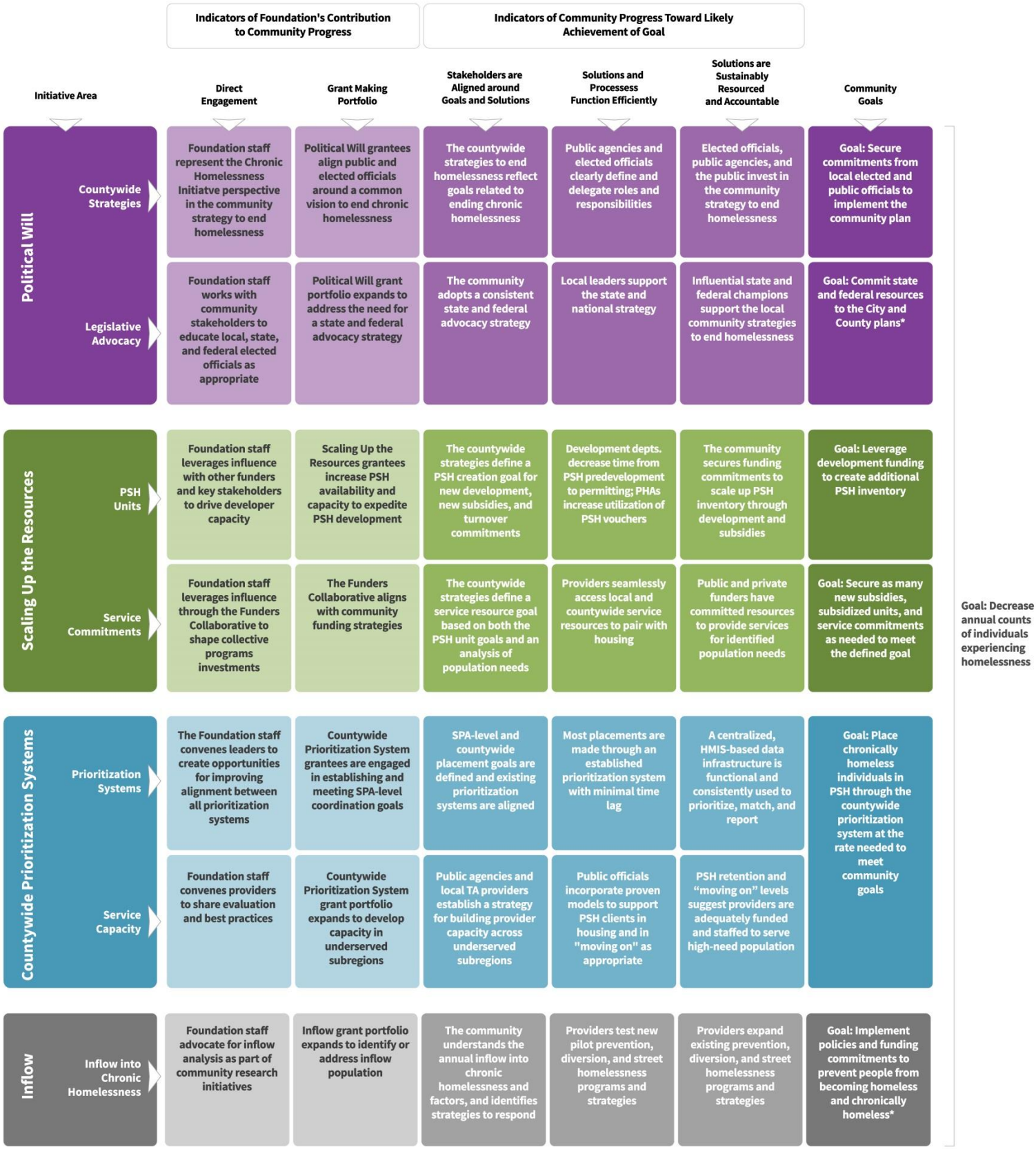
3. ***Leveraging and aligning*** private and public funding to scale solutions, build stronger systems, and pursue innovation.

4. ***Learning and adapting*** from successes, developments on the ground, and unexpected challenges that stakeholders and partners in the field experience.

In Phase I of the evaluation, results suggested that each of these channels is intrinsically linked to the next. In Phase II, these portfolio areas have continued, and the Foundation requested that this phase of the evaluation explore the ***effectiveness of the grant making strategy*** in moving the community closer to its goal.

In addition to grant making, the Foundation also employs a deliberate strategy of using program staff to collaborate directly with system stakeholders and funders, work directly with key stakeholders to strengthen systems, and adopt a learning and educating role in the community. In Phase I, the evaluation team

Exhibit 2. Detailed Theory of Change for the Chronic Homelessness Initiative Phase II



observed that these characteristics were regarded as unique to the Foundation and valuable to the community. In Phase II, the Foundation requested that the evaluation team incorporate a new facet: assessing the ***effectiveness of Foundation staff's direct community engagement*** in moving the community closer to its goal.

Given the difficult nature of determining the attribution of outcomes to specific grant and direct engagement contributions, the evaluation team will employ principles from ***contribution analysis***. This approach "explores attribution by assessing the contribution a program is making to outcomes."[8] Causality is inferred from the following evidence:

- "The program is based on a reasoned theory of change: the assumptions behind why the program is expected to work are sound, are plausible, and are agreed upon by at least some of the key players."
- "The activities of the program were implemented."
- "The theory of change is verified by evidence: the chain of expected results occurred."
- "Other factors influencing the program were assessed and were either shown not to have made a significant contribution or, if they did, the relative contribution was recognized."[9]

Using this framework, the evaluation team anticipates assessing the Foundation's impact based on ***indicators of the Foundation's contribution to community progress***. For each area of community progress, evaluation indicators are provided to measure the Foundation's role and impact in relation to direct community engagement and the Foundation's grant making portfolio. Direct community engagement indicators will be evidenced by examination of the Foundation's staff activities related to convening and communicating, leveraging and aligning, and learning and adapting. Impactful grant making indicators will be evidenced by examining the grant portfolio, the rationale underlying the grants made, feedback from other stakeholders about grant impact, and evaluation team observations about the value of the investment within the context of other community actions.

These indicators were developed by the evaluation team with input and approval from the Foundation staff, and are incorporated into the communitywide theory of change, as illustrated in Exhibit 2. The expectation is that successful achievement of these indicators will demonstrate that the Foundation is impacting the community's success at alignment, functionality, and sustainability, and, therefore, effectively impacting the success of the community as a whole.

Data included in this report for this aspect of the evaluation reflect interviews with Foundation and grantee staff, along with grantee reports and administrative materials.

About This Report

Consistent with the theory of change for Phase II of the Initiative, this evaluation report provides a status

update on the first year of community progress in each of the Initiative areas believed to drive change, as well as community progress toward the goal of ending and preventing chronic homelessness. At the same time, the report digs deeper into each Initiative area to discuss the intent of the Foundation's contribution to the progress through direct engagement and grant making. Although it is still early in the Phase II evaluation, the report provides some initial observations about the effectiveness of the Foundation in impacting the community's progress.

This year's report focuses on the calendar year 2016, the first year of Phase II of the Initiative. Interview content and administrative records reviewed were generally focused on that timeframe. The data sources used for this report were:

- **Interviews with key stakeholders**: Throughout 2016 and 2017, the evaluation team conducted over 50 interviews with key community stakeholders including interviews with Foundation staff, system change grantees, public agency leaders, elected officials, Funders Collaborative participants, Service Planning Area (SPA) leaders.
- **Administrative data**: The evaluation team collected and analyzed City/County plan materials and update reports, Funders Collaborative Request for Proposals (RFP) and related materials, public meeting minutes, local Continuum of Care (CoC) Housing Inventory Count (HIC), CES administrative documentation, CES placement records, and available Homeless Management Information System (HMIS) reports and records.
- **Grantee information for grants that were active in 2016**: Over 2016 and 2017, the evaluation team worked to collect information on grantee funding applications, internal Foundation documentation, and grantee reports. The evaluation team also interviewed Foundation staff to understand decision making surrounding grant making within the Chronic Homelessness Initiative.

Each chapter provides an overall update on the relevant Foundation ***goals***, detailed updates in each ***indicator*** area, and initial perspectives on the effectiveness of the ***Foundation's impact***. Each chapter concludes with key evaluation ***recommendations*** to enhance community progress, as well recommendations for the Foundation to support that progress.

- **Chapter One: Political Will** describes the community's progress in engaging political and public leaders to implement the community plan.
- **Chapter Two: Scaling Up the Resources** describes the community's progress toward dedicating PSH units and services sufficient to implement the community plan.
- **Chapter Three: Countywide prioritization system** describes the community's progress toward a functional system (or closely aligned set of systems) that is able to achieve monthly placements of highly vulnerable, chronically homeless individuals at rates consistent with agreed-upon community goals.
- **Chapter Four: Inflow into Chronic Homelessness** describes the community's progress in partnering with mainstream service systems to prevent chronic homelessness for individuals with chronic disabilities.
- **Chapter Five: Recommendations** summarizes the recommendations throughout the document.

1. Political Will

During Phase I of the Chronic Homelessness Initiative, the Conrad N. Hilton Foundation supported strategic education and advocacy with local, state, and federal public officials through several of its grantees and partnerships, including direct engagement and support to the United Way's "Home For Good" partnership to end homelessness. As the Initiative entered Phase II, the community's momentum including efforts from Home For Good and community partners culminated in the development and adoption of joint City and County homeless strategies and significant ballot measures to begin funding them.

Goal: Secure commitments from local elected and public officials to implement the community plan

2016 Status: The City and County of Los Angeles each passed comprehensive, aligned strategies to address

Goal: Commit state and federal resources to the City and County plans

On Track

2016 Status: State-level advocacy garnering preliminary results

[a] Not articulated in the Foundation five-year strategy; not expected to be fully achieved within the Phase II timeframe

Recommendations for the Community

1. *Ensure implementation of the City and County plans are well organized, appropriately governed, and actively monitored so that the billions of dollars being invested achieve their intended purpose.*
   - ***Potential Foundation Role**: The Foundation should continue to push, either through direct engagement or capacity-building grants, for clear definitions of roles and responsibilities for leadership entities.*
2. *Hold public officials accountable for executing the City and County strategies, including siting PSH and other housing developments throughout the County.*
   - ***Potential Foundation Role:** The Foundation should leverage its capacity-building grants to hold grantees accountable for meaningful improvements and support grantees' efforts in holding public officials accountable as well as helping to garner public support for elected officials when they vote to counter NIMBY sentiment.*
3. *Strategically combine local resources with state and federal resources to fully resource the City and County plans.*
4. *Create and implement a strategic communication plan to proactively inform the public about the efforts underway to implement the City and County plans and the time needed for results to become visible so public support for PSH and related efforts does not wane.*
   - ***Potential Foundation Role:** The Foundation should increase support for public communication strategies and local advocacy measures.*
5. *Develop a legislative strategy to influence state policymakers to protect at-risk subsidies and increase funding for PSH, including services*
   - ***Potential Foundation Role:** Explicitly fund a grantee (or grantees) to lead or participate in analyzing the ever-changing political landscape, threats, and opportunities and developing strategies for the state and federal levels. Encourage grantees to align legislative advocacy efforts and consider convening grantees to define a coordinated legislative approach.*

Key Achievements Timeline: Political Will

- **February 2016: City and County approve joint homeless strategies.** The County's approved homeless initiative contains 47 strategies designed to prevent homelessness, subsidize housing, increase income, provide case management and services, create a coordinated system (i.e., coordinate across benefits providers, first responders, legal systems, prioritization and entry systems, and data systems), and increase affordable housing and housing for formerly homeless people.[10] The 64 initiatives outlined in the City's approved homeless strategy report are similarly designed to prevent homelessness, create centralized case management, increase housing, provide supportive services, and coordinate governance.[11]

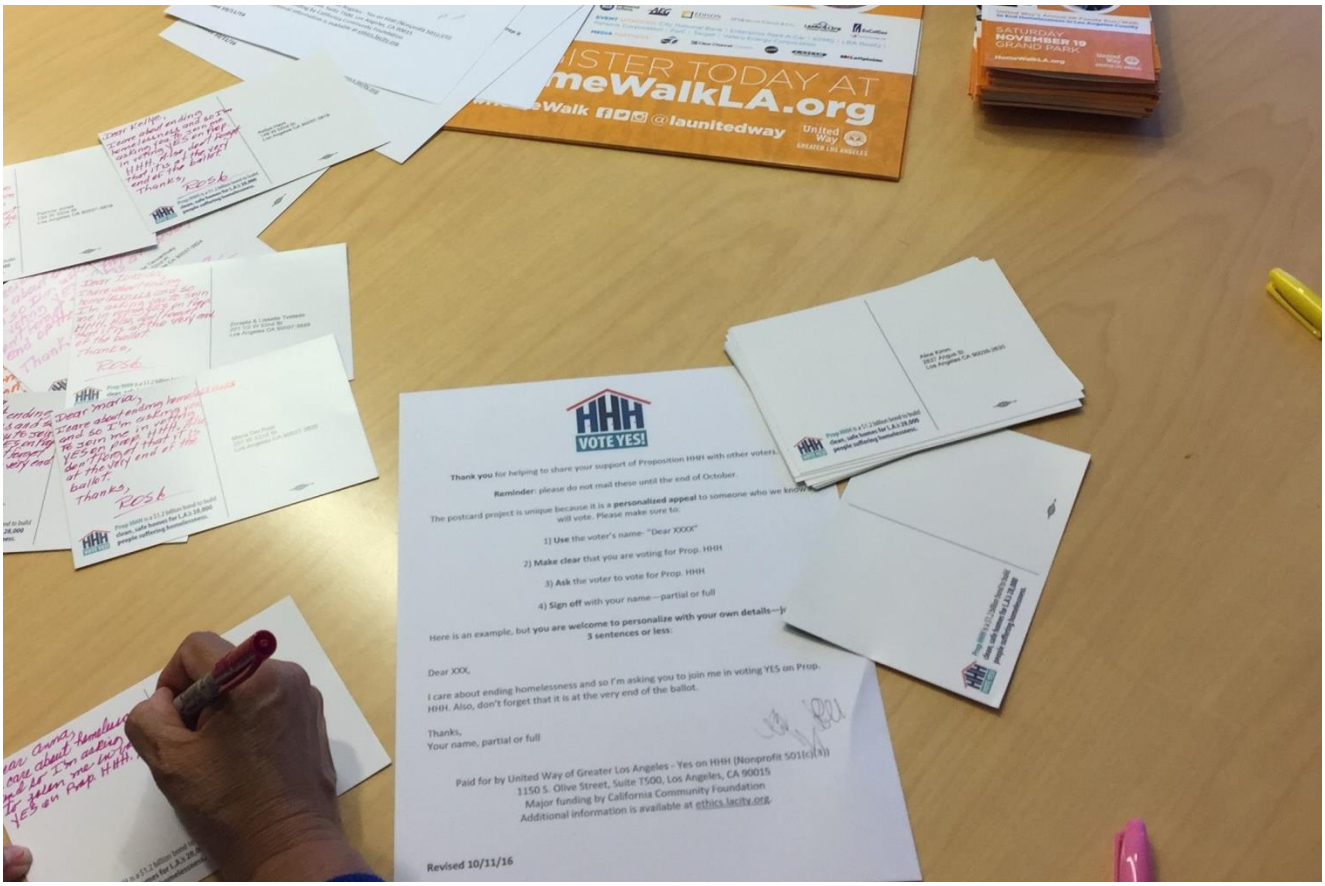
- **July 2016: CA Legislature passes No Place Like Home initiative (AB 1618).** This initiative will use revenues from the Mental Health Services Act to establish a statewide $2 billion bond program to finance permanent supportive housing for people with mental illness who are homeless. Guidelines encourage the use of local prioritization systems and require the use of Housing First approaches to prioritize available housing units.

- **September 2016: CA Legislature passes SB 1380 establishing state-level Homeless Coordinating and Financing Council.** The bill also recognizes Housing First as state policy and requires changes in

state programs to adopt Housing First principles. As defined by the legislature, Housing First means, "the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible…[and does]not make housing contingent on participation in services."[12]

- **November 2016: City of Los Angeles voters pass Proposition HHH,** a $1.2 billion Homelessness Reduction and Prevention, Housing, and Facilities Bond. Proposition HHH will finance 8,000–10,000 PSH units within the City of Los Angeles over 10 years.

- **March 2017: Los Angeles County voters pass Measure H**, a countywide quarter-cent sales tax "to fund mental health, substance abuse treatment, health care, education, job training, rental subsidies, emergency and affordable housing, transportation, outreach, prevention, and supportive services for homeless children, families, foster youth, veterans, battered women, seniors, disabled individuals, and other homeless adults."



Political Will Initiative Area: Countywide Strategies

2016 Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
The countywide strategies to end homelessness reflect goals related to ending chronic homelessness	***Public agencies and elected officials clearly define and delegate roles and responsibilities***	***Elected officials, public agencies, and the public invest in the community strategy to end homelessness***
Rapid Progress	***Suitable Progress***	***Suitable Progress***

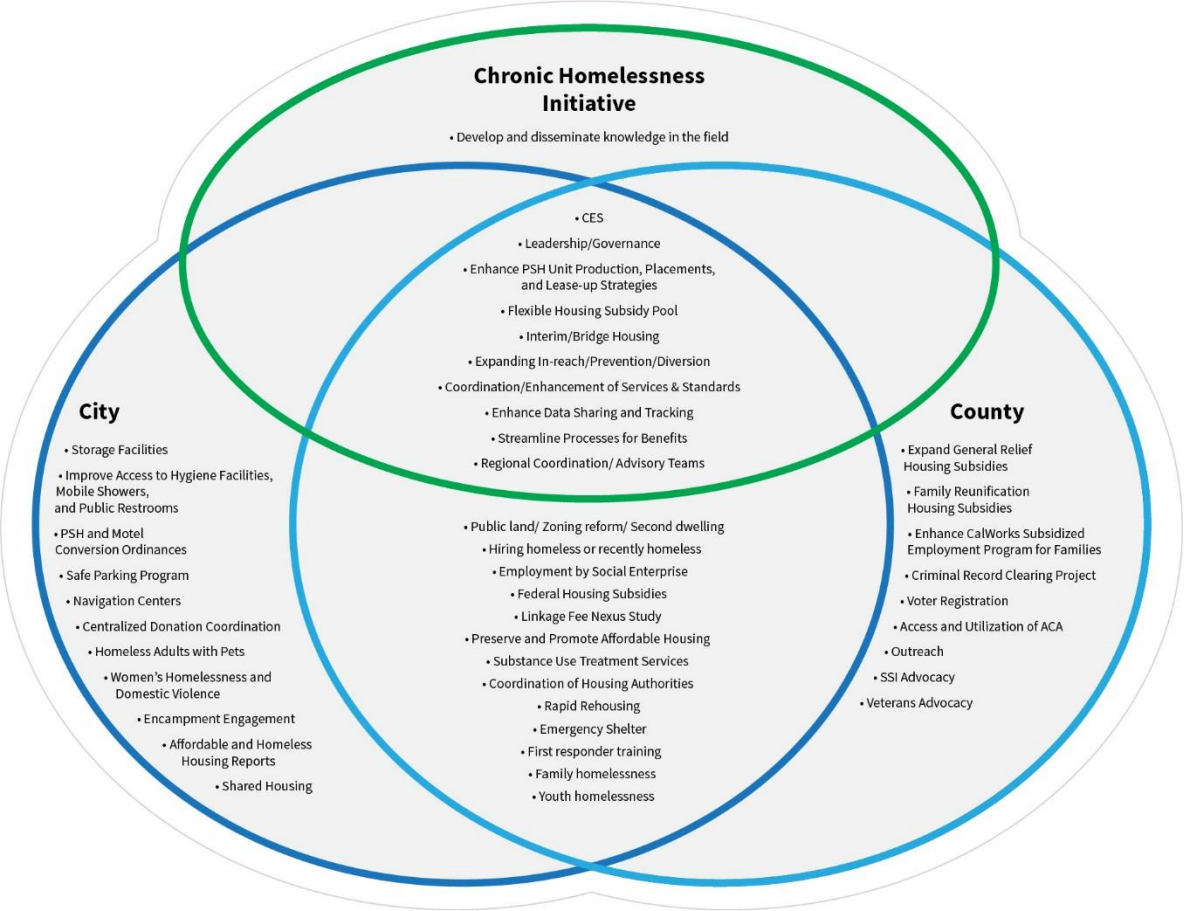
Alignment Indicator: The countywide strategies to end homelessness reflect goals related to ending chronic homelessness

The political will developed during the first five years of the Chronic Homelessness Initiative and Home For Good came to fruition in 2016 with approval by the County and City of joint comprehensive strategies to combat homelessness. Starting in 2015, multiple City, County, and community partners coordinated efforts to develop the strategies. The City Council and County Board of Supervisors formally adopted the strategies in February 2016. Stakeholders characterize the collaboration of the City and County in working toward a common goal of ending homelessness as "unprecedented." Meanwhile, increasing counts of individuals experiencing homelessness reinforced the need to move quickly to implement both plans; the City and the County responded with one-time funding commitments to launch implementation.

During 2016, the City and County began work to scale-up and formalize the organization of key partnerships, funding sources, and resources called for in the plans. Each plan's strategies were assigned to a lead agency, which identified areas requiring collaboration between the City and County. A number of components of both initiatives are consistent with the goals established by the Conrad N. Hilton Foundation and Home For Good (see Exhibit 3). Additionally, in December 2016, the County added a strategy to ensure services and rental subsidies are provided for all existing and new PSH developments.

Photo Credit: Conrad N. Hilton Foundation

Exhibit 3. Alignment Between City, County, and Chronic Homelessness Initiative Strategy Areas



Functionality Indicator: Public agencies and elected officials clearly define and delegate roles and responsibilities

Throughout 2016, leadership entities worked to define their roles, especially as they relate to the City and County strategies. A particular challenge in Los Angeles is the array of leadership entities in the housing and services space. They include:

- The **County Chief Executive Office's Homelessness Initiative**, under the leadership of Phil Ansell, led the collaborative process to develop the County's strategies and the spending plan for new revenues provided by Measure H. This office will play an ongoing role in facilitating and monitoring progress of the County strategies.
- The **County Health Agency**, newly formed in late 2015, aligned the Department of Mental Health, Department of Health Services, and Department of Public Health under the leadership of Dr. Mitch Katz, with increased responsibility for carrying out many of the County strategies.
- The **County Board of Supervisors** and their deputies working on homelessness issues leveraged significant influence over the County strategies and developed political support for Measure H. In the summer of 2016, Supervisor Ridley-Thomas publicly announced that homelessness would be his priority and began working to build support for the homeless funding measure that would become Measure H.

- The **Los Angeles City Administrative Office** hired a Homeless Coordinator in 2016 and established a Homeless Strategy Committee—comprising the Chief Legislative Analyst, chair of Homelessness and Poverty Committee, and the Mayor—to coordinate its homeless services and strategies.[13, 14]
- Los Angeles **City Council** members adopted the City's strategies and were responsible for the initial work to gain political support for Proposition HHH. Council members Herb Wesson, Jose Huizar, Marqueece Harris-Dawson, and Gil Cedillo, along with **Mayor Eric Garcetti**, were strong supporters of the proposition and contributed a significant amount of work to get Proposition HHH on the November ballot. In addition, in line with the city-county partnership that grew around the development of the city and county Homeless Initiatives, Mayor Garcetti and the LA City Council officially endorsed Measure H.
- The **Los Angeles Homeless Services Authority** (LAHSA), an independent joint powers authority, was created by the City and County to be the lead agency in the Los Angeles Continuum of Care. Historically charged with meeting various US Department of Housing and Urban Development administrative responsibilities, Executive Director Peter Lynn has been working to reshape and thoughtfully grow the organization to take on a strategic planning role. In 2016, LAHSA was assigned increased responsibilities for implementing and monitoring many of the City and County strategies.
- Additionally, local **Public Housing Authorities**, other **City and County departments**, and **smaller cities within the County** all have increased responsibilities for City and County strategies.

In an effort to align the growing number of various management and administration entities, in 2016, LAHSA and Home For Good were charged with collaborating across more than 19 departments, agencies, and stakeholder groups to develop a public-private ***Regional Homelessness Advisory Council***. The Council did not launch until 2017, but the majority of the work to form the Council and fill the 58 seats was completed in 2016. The Council is composed of representatives from County and City public agencies, LAHSA, Home For Good, the philanthropic community, advocacy groups, the business community, the health sector, service providers, education, and people with lived experience, who will meet at least quarterly to discuss progress on the strategic plans.[15]

Challenges to Functionality

These new oversight positions and councils are working to align themselves within existing leadership structures. Despite these efforts, some confusion continues about roles and responsibilities between City and County departments and community organizations. Stakeholders expressed uncertainty regarding accountability to respective organizations and how efforts all fit together. For example, the responsibility and methodology for tracking specific progress on each City and County strategy have been assigned to specific agencies, but it remains unclear to the stakeholders the evaluation team interviewed how and by whom some of the most important metrics will be tracked, vetted, and reported.

In 2016, the City and the County provided one-time allocations to boost funding for homeless services to public agencies. These influxes created scaling challenges for the public agencies administering them and for non-profit providers charged with staffing up and expanding administrative responsibilities (along with housing and service provision). Public agency stakeholders have noted that staffs within their own agencies, along with housing and service provider staffs, are stretched thin. Stakeholder feedback suggested that

officials tasked with monitoring progress of the plans will also need to ensure that the agencies assigned to lead the various initiatives have sufficient organizational and staff capacity to administer the strategies as envisioned. Several stakeholders noted that additional public agency and service provider staff would be needed to fully implement and monitor a number of the initiatives, and that training, coaching, and administrative infrastructure need to be expanded to support a growing delivery system.

Also at the end of 2016, the valued leader of the Home For Good strategy at United Way, Christine Margiotta, transitioned to another position outside of the homelessness field. Although stakeholders reported that her leadership and personality will be missed, the leadership transition was managed smoothly, and other leaders have stepped forward throughout the community. The departure of charismatic champions continues to challenge the community with the announcement in 2017 that Dr. Mitch Katz, Director of the County's Health Agency, will depart for New York City at the end of the year.

Sustainability Indicator: Elected officials, public agencies, and the public invest in the community strategy to end homelessness

Initial implementation of the City and County plans relied on the one-time funding boosts, but the community almost immediately pivoted to building out longer-term sustainability to fund the strategies at the scale needed. At the same time, voter polls were showing strong public support to take action and address homelessness in the region. In one citywide poll in 2016, voters in Los Angeles ranked homelessness as the number one political priority.[16]

Groundwork in Phase I of the Initiative's funding to United Way's Home For Good and the Corporation for Supportive Housing (CSH) to increase political will and awareness among City and County leaders and the general public paid off. By 2016, City and County leaders were ready to find a revenue stream capable of funding housing sufficient to end homelessness in the region. For the City of Los Angeles, these efforts resulted in ***Proposition HHH, a $1.2 billion Homelessness Reduction and Prevention, Housing, and Facilities Bond***[17] approved by 76 percent of voters in November 2016.[18] The bond will finance additional PSH units, but none of proceeds may be used to support services or operations.[19]

In tandem, County officials also worked to include a revenue source on the November 2016 ballot, but initial proposals were met with roadblocks, including an already crowded ballot and competing tax measures for transportation and parks. Instead, the County's ***Measure H, a quarter-cent sales tax to support prevention, social services, outreach and case management***, went on the March 2017 ballot, passing with a two-thirds majority vote. Planned to sunset after 10 years, the tax is expected to raise a total of $3.55 billion, helping approximately 45,000 households move into permanent housing within the first five years.[20]

The evaluation team will be releasing a report of the history and details of Proposition HHH and Measure H shortly.

With the success of the ballot measures, the need for local advocacy has now shifted. Homelessness-related "not in my backyard" sentiment (NIMBYism) has been well documented in LA County for years,[21,22] but it presents a heightened challenge with Proposition HHH's promise of developing up to 10,000 supportive housing units throughout the city. In order to scale up the development of PSH needed to address the gap in permanent housing in the community, elected officials and the public will need to back up their financial commitment by investing those resources into their own neighborhoods.

For example, in 2016, City Councilmember Mike Bonin presented the Venice community with a proposal to develop several city-owned properties into supportive housing and storage facilities. Advocates praised his proposal, but vocal opponents predicted irrevocable damage to everything from their children to their property values to their community's social fabric. In response, the proposal morphed into mixed permanent supportive and low-income housing, but protests continued. More than a year after introducing the project, the community still lacks consensus around how to use the space, and no new homelessness-focused projects or programs had been approved. These kinds of disputes are not unique to Venice. Residents, businesses, and even a formerly-supportive City Council member[23] in Boyle Heights[24, 25] and Temple City[26] have responded similarly to proposals to develop PSH units in their neighborhoods.

Starting in 2017, Home For Good shifted its community education campaign from the ballot measures to building support for PSH development, with a ***countywide campaign called "Yes to Housing."*** It plans to scale this effort to provide support for individual projects in spring 2018.[27]

Additionally, Measure H includes provisions to fund interim housing for those exiting institutions and enhance the emergency shelter system. Creating these interim housing spaces will be critical to moving people off the streets into safe, hygienic crisis housing, but these strategies will also need the support of community stakeholders and elected officials.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement	*Grant Making Portfolio*
Foundation staff represent the Chronic Homelessness Initiative perspective in the community strategy to end homelessness	***Political Will grantees align public and elected officials around a common vision to end chronic homelessness***
Strong Impact	***Strong Impact***

Direct Engagement Indicator: Foundation staff represent the Chronic Homelessness Initiative perspective in the community strategy to end homelessness

Impact on aligning the countywide strategies around the Foundation's goals to end chronic homelessness (community alignment indicator)

Throughout Phase I of the Initiative, stakeholders reported that the Conrad N. Hilton Foundation has been a trusted advisor and partner to political and community stakeholders in cultivating collective movement. Similarly, in Phase II, the Foundation's deep, consistent engagement with grantees and others was noted in interviews as being important to increasing political will and "bringing people to the table." Foundation staff are seen as particularly credible representatives to and conduits among local policy makers, funders, key community members, and local service providers.

Consistent with the Foundation's philanthropic approach, Foundation staff in the homelessness initiative area played an active role in the community progress in 2016, both by working to align Foundation and other community efforts and through ongoing convening and communicating activities. The Foundation's Senior Program Officer for the Homelessness Strategy, sat on the ***Home For Good Policy Workgroup*** and participated in many ***County strategy design groups***. She also maintained close partnerships with leadership at the Los Angeles Homeless Services Authority, United Way, Corporation for Supportive Housing, the County Board of Supervisors, its Departments of Health Services and Mental Health, and other agencies. Foundation staff convened several ***Partner Insight Meetings*** with the goal of creating a neutral, open space for a small group of government and community stakeholders to discuss their work toward ending homelessness. Additionally, the Foundation's CEO, Chair of the Board of Directors, and senior leadership have participated in Home for Good CEO meetings and community events such as HomeWalk. This support from the Foundation's leadership ensures that the community understands the Foundation's visible support of the issue and that the Foundation's perspective is represented in conversations at all leadership levels in the community's efforts to end homelessness. Observation by the evaluation team and interviews with stakeholders suggest this level of engagement was effective in ensuring the community achieved the alignment indicator in 2016.

Impact on public agencies and elected officials defining and delegating their roles and responsibilities (community functionality indicator)

The Foundation also continued ongoing efforts to drive change in achieving functional leadership structures through its direct convening activities and indirectly through impactful grant making. Staff's existing close ***partnerships with key stakeholders*** proved valuable in 2016 as key stakeholders and leaders in the community transitioned to new roles. Partner Insight meetings and other forums provided valuable space for new leaders to emerge and grow. Similarly, in ongoing one-on-one discussion with LAHSA leadership, Foundation staff was able to identify an opportunity to provide a capacity grant to support leadership and infrastructure development at that agency.

Although the community has not yet achieved the functionality indicator, these types of convenings, partnerships, and relationships will continue to be important as leadership structures evolve. For example, Dr. Mitch Katz' planned departure from the Los Angeles County Health Agency at the end of 2017 could potentially alter the agency's direction. Dr. Katz has earned tremendous support from the Board of Supervisors, and the community as a whole, for his visionary leadership. When he leaves for New York, it will be a critical time for ***sustaining momentum and leadership commitments*** both publicly and behind the scenes. Dr. Katz has cultivated a strong leadership team at DHS who share his vision and are prepared to continue his work.

Impact on elected and other public investment in the community strategies to end homelessness (community sustainability indicator)

Impact on this indicator was made through the grant making portfolio rather than through direct engagement during this reporting period.

Grant Making Portfolio: Political Will grantees align public and elected officials around a common vision to end chronic homelessness

Impact on aligning the countywide strategies around the Foundation's goals to end chronic homelessness (community alignment indicator)

As a part of its Home For Good grant funding from the Foundation, ***United Way of Greater Los Angeles (United Way)*** significantly contributed to the development of the City and County homeless strategies. The City and County plans explicitly incorporate the structures and expertise that Home For Good spent five years cultivating and planning with its partners. Through writing policy briefs and facilitating stakeholder conversations, United Way informed the strategies that ultimately were adopted, including enhancing the Coordinated Entry System.

The ***Corporation for Supportive Housing*** leveraged the Foundation's funding to engage City and County officials in discussions around the need for additional resources and supportive housing development to end chronic homelessness, a central tenet of both the City and County strategies. In 2016, CSH continued to be a trusted advisor to the Board and built strong relationships with the Mayor's Office. This resulted in CSH staff embedding in the Mayor's Office for much of 2017 to help guide coordination and implementation of Proposition HHH. They also will play a lead role in accelerating supportive housing production and managing several lending pools such as the Supportive Housing Loan Fund in the City of LA.

Impact on public agencies and elected officials defining and delegating their roles and responsibilities (community functionality indicator)

Foundation staff observed a need for increased bandwidth at the ***Los Angeles Homeless Services Authority (LAHSA)***, which was charged with coordinating, facilitating, implementing, and reporting on many components of City and County homeless strategy. In response, in 2016, LAHSA received a one-year, $550,000 capacity building grant from the Hilton Foundation. The objectives of the grant were to (1) implement training programs for staff; (2) integrate the family, youth, and individual Coordinated Entry Systems under LAHSA's leadership; (3) support more robust analytics and data collection, specifically developing community-level data reports, and (4) expand the use of shared housing. At the end of the grant year, LAHSA reported partial progress on its objectives and asked the Foundation to extend the grant period. During the grant's extension, LAHSA continues to work to develop the community-level data reports and expand the use of shared housing.

Impact on elected and other public investment in the community strategies to end homelessness (community sustainability indicator)

The ***United Way*** successfully coordinated voter education for Proposition HHH and Measure H. Home For Good worked tirelessly to engage the community in supporting these measures through advocacy campaigns, including sending 100,000 handwritten postcards to likely voters.[28] It organized and activated a coalition of community organizations and volunteers to perform grassroots outreach, including writing postcards and developing a speakers' bureau for voter-education events. Sponsors of Proposition HHH and Measure H relied on United Way's

years of experience and understanding of homelessness to provide feedback and content review during their campaigns' steering meetings.

Additional voter education was conducted by grantee ***Inner City Law Center***, with a particular emphasis on mobilizing clients to advocate for and vote on the ballot measures. ***Corporation for Supportive Housing*** used a component of the Foundation's grant for its Speak Up! program to train people who have experienced homelessness in storytelling, advocacy, and public speaking. The organization ***Invisible People*** used its Foundation funds to amplify the voices of those who have experienced homelessness by producing videos and social media content to be published online and broadcast at national convenings. Its work featured CSH's 2016 Speak Up! cohort. Program participants contributed to the successful voter education work related to Proposition HHH and Measure H. Another grantee, ***LA Voice***, engaged the faith community in a Faith Summit and a voter education campaign about the ballot measures. The organization noted in its final report that having elected and community leadership coordinating, convening, and present at the table was incredibly helpful to cultivate the community's momentum to pass the ballot measures.

Opportunities for Los Angeles

Community Opportunity: ***Ensure City and County plan implementation is well organized, appropriately governed, and actively monitored*** so that the billions of dollars being invested achieve their intended purpose. Implementation will require extensive action by many organizations. Without attention to coordination, especially around macro-level goals, officials of different public agencies and staff of implementing organizations could easily work at cross purposes. Although public leadership has improved since Phase I of the Initiative, much additional work is needed. The Regional Homeless Advisory Council and other leadership entities must be given clear roles and responsibilities, including specific responsibilities for tracking the results of each City and County strategy, receiving regular, meaningful input from community organizations, and developing a communication strategy.

- **Potential Foundation Role:** The Foundation should continue to push, either through direct engagement or capacity-building grants, for clear definitions of roles and responsibilities for leadership entities.

Community Opportunity: ***Hold public officials accountable*** for executing the City and County strategies. Now that the ballot measures have passed, public officials will need to ensure that lead agencies have sufficient resources to implement the strategies as envisioned.

Elected officials also need to demonstrate strong leadership in siting new PSH projects and embracing the range of housing and supports needed within their jurisdictions to successfully end chronic homelessness. NIMBYism reflects a social bias against people experiencing homelessness that is held by many. No amount of funding will ever end chronic homelessness if communities refuse to ***get on board with building PSH within their geographic and social bounds***. Elected officials must lead the public to do the right thing, and must be willing to vote against public opinion if necessary.

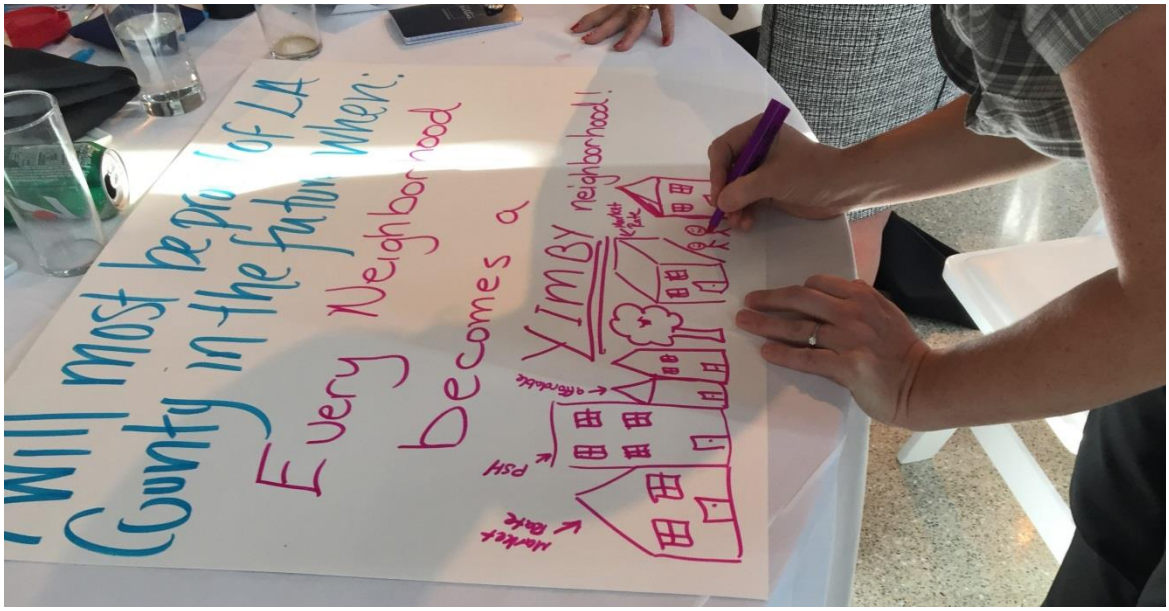
- **Potential Foundation Role:** The Foundation should leverage its capacity-building grants to hold grantees accountable for meaningful improvements and support grantees efforts in holding

public officials accountable as well as helping to garner public support for elected officials when they vote to counter NIMBY sentiment. The Foundation should also continue to work closely with other private funders to combat opposition to siting PSH across the county, and the philanthropic community should leverage its credibility and connections with elected officials to lead by example by supporting the development of PSH in their districts.

Community Opportunity: ***Fully resource the City and County plans by combining local resources with state, and federal resources*** including Low-Income Housing Tax Credits allocated by the California Tax Credit Allocation Committee, Whole Person Care financed by Medicaid, Housing Choice Vouchers administered by Public Housing Agencies, and funding for homeless assistance programs from the U.S. Department of Housing and Urban Development (HUD).

Community Opportunity: Voters who supported Measure H and Proposition HHH will expect to see positive change soon—especially visibly reduction in the number of homeless people living on the streets and in encampments throughout the county. To sustain the groundswell of public support, it will be necessary to ***communicate with the public*** about the efforts underway to implement the City and County plans and the time needed for results to become visible. The community needs to create and implement a strategic communication plan for aligning efforts around consistent messaging and garnering public support for creating PSH within neighborhoods.

- **Potential Foundation Role:** The Foundation should increase support for public communication strategies and local advocacy measures.



Political Will Initiative Area: State and Federal Legislative Advocacy Strategies

2016 Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
The community adopts a consistent state and federal advocacy strategy	***Local leaders support the state and national strategy***	***Influential state and federal champions support the local community strategies to end homelessness***
Limited Progress	***Limited Progress***	***Limited Progress***

Alignment Indicator: The community adopts a consistent state and federal advocacy strategy

As of 2016, individual agencies had advocacy platforms, but no formal, comprehensive state and federal legislative strategy yet existed to increase housing and related resources to Los Angeles. Based on longstanding advocacy partnerships, Housing California, the Corporation for Supportive Housing (CSH), United Way, the Southern California Association of Non-Profit Housing, Center on Budget and Policy Priorities, the Los Angeles County's Chief Executive Office, local elected officials, and many other community stakeholders engaged in ongoing agency-level efforts educating state policy makers and working toward increased state investments in housing. These advocates supported a set of proposals that would have established a permanent source for affordable and supportive housing in the State. Their work resulted in some limited state legislative successes during the legislative session that ended in 2016.

Despite these efforts, the legislature and Governor were unable to agree on significant funding and policy changes before the end of the 2016 legislative session. The Governor was unwilling to support new funding for affordable housing unless this was linked to policy reforms that would make it significantly easier to develop new housing.[29] However, these efforts did lay groundwork for legislative action in 2017.

Functionality Indicator: Local leaders support the state and national strategy

Although there was not a specific strategy to rally around at the time captured in this report, local leaders have demonstrated engagement in advocacy efforts. In 2016, Los Angeles regional leaders worked with other elected leaders and local governments around the state to support a Senate resolution urging the Governor to declare the homelessness situation a State of Emergency, garnering more than 29,000 signatures on an online petition. Community leaders also worked with the legislature and the Governor on various solutions to create revenue streams to address homelessness across the county before settling on Measure H.

Sustainability Indicator: Influential state and federal champions support the local community strategies to end homelessness

Efforts persist within California for responsible health and housing policy, but the presidential and congressional elections of 2016 have raised new concerns about the potential of federal support for local plans. Congressional threats to repeal and replace of the Affordable Care Act and the current federal

administration's proposals for significant budget cuts, conversion of Medicaid to a block grant, and tax reform pose threats to LA's progress and plans, at minimum creating uncertainty about future funding. For example, uncertainty about federal tax policy has had a chilling effect on private investments in Low Income Housing Tax Credits, reducing tax credit prices. As a result, more local funds (from Proposition HHH) have been needed to fill gaps in capital funding for supportive housing development projects in the pipeline. So far Congress has not acted on the most harmful proposals, which would dramatically reduce federal funding for Medicaid and housing subsidies.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement	*Grant Making Portfolio*
Foundation staff works with community stakeholders to education local, state, and federal elected officials as appropriate.	***Political Will grant portfolio expands to address the need for a state and federal advocacy strategy***
Limited Impact	***Limited Impact***

Direct Engagement Indicator: Foundation staff works with community stakeholders to educate local, state, and federal elected officials as appropriate

Impact on the community adopting a state and federal advocacy strategy (community alignment indicator)

Throughout 2016, the Foundation's Director of Domestic Programs, Bill Pitkin, continued as Board Chair of Funders Together to End Homelessness (Funders Together). This group convenes philanthropic representatives around homelessness issues, and has developed a policy platform. According to its report, the 2016 policy platform advocated for a push for reducing housing costs and legislation aimed at increasing employment opportunities to prevent and end homelessness. Funders Together also works collaboratively with partners such as the National Alliance to End Homelessness and the National Low Income Housing Coalition to ensure philanthropy's voice is articulated into advocacy work in the field. Continued leadership of this group reflects the Foundation's desire to drive the advocacy platform at the state and federal level and education of elected officials about the crisis of chronic homelessness in Los Angeles and how their actions may affect progress in Los Angeles to end and prevent chronic homelessness moving forward.

Impact on local leaders supporting the state and national strategy (community functionality indicator)

Progress on this indicator was not measureable during the report period. The evaluation team does not expect progress on this indicator until later in the five-year evaluation period.

Impact on gaining influential state and federal champions to support local community strategies (community sustainability indicator)

In June 2016, Andrea Iloulian, the Foundation's Senior Program Officer for the Homelessness Strategic Initiative, and Sharon Rapport, Associate Director of CSH, traveled to Sacramento to educate officials about efforts around ending chronic homelessness in Los Angeles. They met with various staff members within the State Speakers Office and Assembly Member Adrin Narzarian's office, and they directly spoke to Assembly Member David Chiu and to Director of Health and Human Services Richard Figueroa at The California Endowment. Their topics of discussion were the Home For Good Funders Collaborative, the Flexible Housing Subsidy Pool, the implementation of the Flexible Housing Subsidy Pool, collaboration between the City and County of Los Angeles, and the role of philanthropy.

Foundation staff engaged in these discussions to build relationships with state legislators and inform them about practices that appear to be working in Los Angeles to end and prevent homelessness, opportunities to align local efforts with state funding, and continued challenges hampering progress. These discussions are part of the Foundation's learning activities, recognizing that educating officials may ultimately lead to those legislators becoming champions for local issues.

Grant Making Portfolio: Political Will grant portfolio expands to address the need for a state and federal advocacy strategy

Impact on the community adopting a state and federal advocacy strategy (community alignment indicator)

Several key grantees are funded to inform state and federal policy action in areas that will support expansion of permanent supportive housing and services. ***Corporation for Supportive Housing (CSH)*** works with state legislators to understand effective homelessness interventions and promote funding to implement them. In 2016, CSH testified at multiple hearings and caucus meetings, and their efforts, in partnership with Housing California resulted in two significant legislative proposals: (1) a state budget line item to allocate $10 million toward homeless child-welfare-involved families and (2) a proposal to establish a new program of rental subsidies to provide housing for 1,000 homeless Medi-Cal beneficiaries, coupled with services funded through Whole Person Care pilot programs authorized by the state's Medicaid waiver.

Advocacy organization ***Housing California*** received its third Foundation grant in 2016, this time to partner with child welfare, criminal justice, and health care systems advocacy groups to collaborate on incorporating issues of homelessness and housing into their legislative efforts. With this funding, Housing California is able to build coalitions and cross-sector collaborations that echo strategies from LA and the Foundation's Chronic Homelessness Initiative and inform policy conversations in the state capital.

At the federal level, the national nonpartisan ***Center on Budget and Policy Priorities*** (CBPP) worked with other local and national partners such as CSH, Downtown Women's Center (DWC), and Shelter Partnership to educate legislators about the value of Housing Choice Vouchers in California and nationwide. For example, in 2015, CPBB provided advocacy training to national

and local partners and then in 2016, DWC met with Senator Feinstein's staff to educate them about voucher funding. Senator Feinstein subsequently published a letter supporting the expansion of supportive housing for people with disabilities.[30] Also in 2016, 20 California Representatives and both Senators signed "Dear Colleague" letters in support of voucher funding.

The Foundation funded ***Funders Together to End Homelessness (Funders Together)*** and ***National Alliance to End Homelessness (NAEH)*** to educate, engage, and build relationships with the incoming Administration and Congress, laying the groundwork to collaborate with both new and returning high-level decision makers in Washington. In light of the election results and acknowledgement of the number of new elected officials that would need to be educated, the Foundation provided additional funding to NAEH to support them in preparing for 2017. As part of this work, they pushed for recognition of successful interventions and how federal priorities can ensure that the current forward momentum in ending homelessness continues. They also worked together to promote continuing funding for the U.S. Interagency Council on Homelessness (USICH) past 2020. The degree to which these efforts have been successful will be apparent upon passage of the next federal budget.

Photo Credit: Conrad N. Hilton Foundation

Impact on local leaders supporting the state and national strategy (community functionality indicator)

The evaluation team did not expect Foundation grantees to have an impact in this area during the reporting period.

Impact on gaining influential state and federal champions to support local community strategies (community sustainability indicator)

The evaluation team did not expect Foundation grantees to have an impact in this area during this reporting period.

Opportunities for Los Angeles

Community Opportunity: Develop a ***legislative strategy to influence state policymakers*** to protect at-risk subsidies and resources and, where possible, increase funding for PSH, including services. On the federal level, focus on advocacy for Housing Choice Vouchers and other subsidy resources, increased funding support for developing PSH, and halting policy changes to Medicaid and the Affordable Care Act that would limit access to healthcare and housing supports and endanger the health and wellbeing of people experiencing homelessness.

- **Potential Foundation Role:** Explicitly fund a grantee (or grantees) to lead or participate in analyzing the ever-changing political landscape, threats, and opportunities and developing strategies for the state and federal levels. Encourage grantees to align legislative advocacy efforts and consider convening grantees to define a coordinated legislative approach. Ensure legislative priorities are addressed within the broader communications plan, so the general public understands, supports, and ideally mobilizes to help achieve state and federal priorities. To the extent it is appropriate, directly engage or coordinate with grantees to engage with state and federal representatives to educate them about the systemic needs to address homelessness and hold them accountable to their commitments.

2. Scaling up the Resources

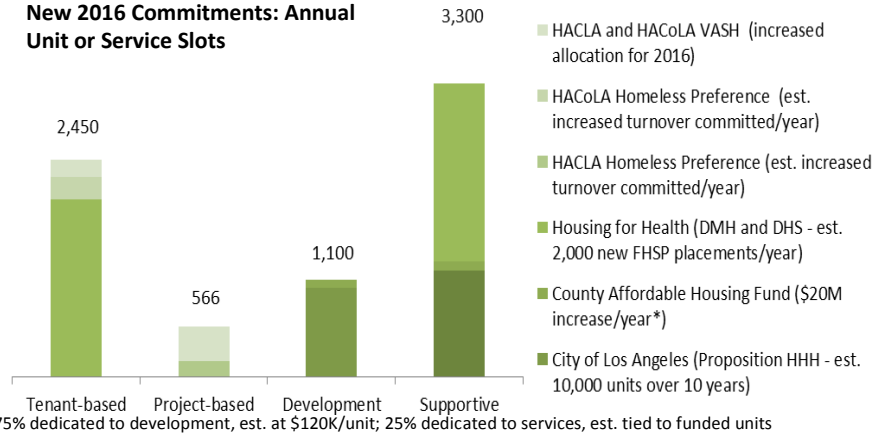
The population of people experiencing chronic homelessness in Los Angeles is larger than in past years and appears to continue to be growing. In order to house people at a rate fast enough to keep up with the rate of people becoming chronically homeless, significantly more PSH resources are needed. Over the next ten years, Proposition HHH, Measure H, No Place Like Home, and other new public funding streams give LA the opportunity to significantly scale up housing development and supportive services. To achieve the full impact of this local funding, supportive housing developers will also need to rely on federal funding for project-based rent subsidies and additional capital investments that are tied to federal policy (e.g. Low Income Housing Tax Credits), as well as Medicaid financing for health care and supportive services in housing.

This new development alone will not meet the need for PSH, nor meet it quickly enough. Providers will need to use federal and locally-funded subsidies to rent housing in the private market. The Housing Authority of the City of Los Angeles and the Housing Authority of the County of Los Angeles have increased the allocation of their Housing Choice Vouchers to people experiencing homelessness. In addition, the County Department of Health Services' Flexible Housing Subsidy Pool continues to expand local funding for housing subsidies. Tenant-based housing commitments allow the community to quickly increase the pace of placements, if providers are not hampered by a shortage of modestly priced rental housing and a federal funding crisis.

The community also has implemented several comprehensive service strategies, providing an opportunity to enhance the quality of services and housing retention rates in PSH. The Department of Health Services intensive case management services model uses a "whatever it takes" approach to providing services and payment for clients at different acuity levels as long as they need services in housing. Whole Person Care pilot programs also promise to provide integrated health, behavioral health, and housing support services for vulnerable populations. These models are expected to continue to influence the community approach to services.

Goal: Leverage development funding to create additional PSH inventory
2016 Status: Proposition HHH promises 10,000 units in the pipeline in the next five years

New 2016 Commitments: Annual Unit or Service Slots

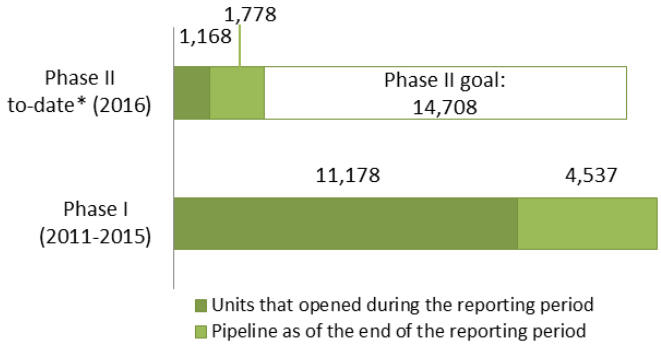


On Track

*75% dedicated to development, est. at $120K/unit; 25% dedicated to services, est. tied to funded units

Goal: Secure as many new subsidies, subsidized units, and service commitments as needed to meet the defined goal (set at 14,708 in 2016)
2016 Status: 1,168 reported new PSH units (8% of goal), prior to city and county funding commitments

New or Newly Dedicated PSH Units for Individuals, 2011-2015 and 2016



On Track

*Phase II reflects a change to rely on official LAHSA Housing Inventory data; accuracy of this count anticipated to improve in future

Recommendations for the Community

1. *Public agencies should adopt a system modeling approach and expand the housing gaps analysis to examine subpopulations, length of homelessness, type of housing interventions, and geographical regions.*
2. *Work to ensure the pace of PSH development increases significantly by passing the LA City PSH Ordinance and continuing to provide special attention to PSH projects.*
   - ***Potential Foundation Role****: Continue work with CCF and partners and urge the City and County to identify strategies to improve the climate for PSH development, as well as affordable housing development overall.*
3. *Increase the availability of private market housing for PSH by supporting state or local legislation to prohibit landlord discrimination against voucher holders.*
   - ***Potential Foundation Role:*** *Convene partners to discuss ways they can more systematically work with private landlords to leverage the private housing stock for tenant-based PSH and ensure that grantees are not inadvertently creating competition and artificially raising prices.*
4. *Proactively align the funding needed for operating PSH and providing services to residents with the development process.*

5. *Work with other partners in the affordable housing field to develop long-term solutions to improve affordability of the housing market in Los Angeles County for formerly homeless and low-income households, including state legislative action.*
   - ***Potential Foundation Role***: *Encourage the Funders Collaborative to work with leaders of the smaller cities within the County to understand how they can leverage their local federally funded housing and homeless resources to bring additional private funding into their city.*
6. *Continue to support innovative solutions to obstacles that are hindering service providers through the Home For Good Funders Collaborative.*
7. *Improve the accuracy and utility of the Housing Inventory Count (HIC). This resource has the potential to drive not only County-, City- and Service Planning Area (SPA)-wide planning, but also support SPA-level coordination among providers and ensure the current PSH stock is fully leveraged and the PSH pipeline is understood.*
   - ***Potential Foundation Role:*** *Identify a system change grantee to support LAHSA in advancing the HIC and the myriad of ways the information can be used for system planning and coordination.*

Key Achievements Timeline: Scaling Up the Resources

- **October 2015: County Affordable Housing Fund** was increased by the County Board of Supervisors from $20 million in 2015-2016 to $100 million by 2020-2021. Funding covers PSH.

- **January 2016: Preservation initiative** launched by Enterprise Community Partners, Local Initiatives Support Corporation (LISC), and the National Equity Fund to "ensure that aging PSH assets and the nonprofit housing development organizations that operate them are stable and sustainable over the long-term horizon of ownership."[31]

- **November 2016: Los Angeles' Whole Person Care Pilot Application** was approved by the state. Under the terms of a Medicaid waiver, this is a pilot program to match county spending with federal funds to improve health outcomes for high users of the health care system, including people who experience homelessness or live in permanent supportive housing. LA County expects to receive $630 million in federal funding between 2016 and 2020.

- **December 2016: Developers prequalified by the City Council,** authorizing the City's Housing and Community Investment Department to begin negotiating agreements for city-owned properties with the list of 39 developers.

- **February 2017: Permanent supportive housing ordinance ordered prepared** by the City Council, on the heels of a report by the City Controller about the rate of affordable housing development, and consistent with the City strategy to build more affordable housing.[32] (The ordinance ultimately was released for public comment in August 2017.) [33]

Scaling Up Initiative Area: PSH Unit and Voucher Commitments

2016 Community Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
The countywide strategies define a PSH creation goal for new development, new subsidies, and turnover commitments	***Development departments decrease the time from PSH predevelopment to permitting; Housing Authorities increase utilization rates for PSH vouchers***	***The community secures funding commitments to scale up PSH inventory through development and subsidies***
Suitable Progress	***Suitable Progress***	***Suitable Progress***

Alignment Indicator: The countywide strategies define a PSH creation goal for new development, new subsidies, and turnover commitments

In late 2015 and early 2016, consistent with a recommendation of the evaluation team made in Phase I of the Initiative, the City and County published housing gap analyses. These analyses were used as the basis for unit and funding goals and were used to support the adoption of Proposition HHH.

In October 2015, the analysis by the City Administrative Office found a homeless housing gap in the City of Los Angeles of 13,086 units.[34] This included a ***Citywide permanent supportive housing gap of 9,049 units*** for individuals. In January 2016, the Los Angeles Homeless Services Authority (LAHSA) published an analysis for the County of Los Angeles, finding a homeless housing gap of 26,504 units.[35] This included a ***Countywide permanent supportive housing gap of 14,708 units*** for individuals. The City and County plans include strategies for new development, subsidies, and voucher turnover commitments, but do not yet identify numerical goals for each.

The analysis and gap reporting are critical for setting accurate goals and have successfully driven funding requests. However, their underlying housing inventory data are beset by data issues. Each year, communities nationwide submit to HUD an inventory on a given night in January of every project within their Continuums of Care (CoCs) providing beds and units to people experiencing homelessness. This Housing Inventory Count (HIC) details the capacity that CoCs have to serve homeless populations.[a] Unfortunately, the HIC data in Los Angeles are inconsistent from year to year.

[a] Phase II of the Chronic Homelessness Initiative will rely exclusively on the Housing Inventory Count (HIC) as its data source. This is a marked contrast to the Phase I reports, which used data collected through PSH inventory working groups with a variety of stakeholders in the county, aimed at improving the data reported in the HIC. That behind-the-scenes work is still underway, but for purposes of ensuring that this analysis is consistent with federally reported data, the research team has decided to use the HIC.

For example, operational PSH inventory in LA County's four CoCs ***decreased by 590 units*** despite two projects under development in 2016 having become operational in 2017. ***Similarly, only 52 percent of the 2,261 PSH units listed as "under development" in 2016 translated into operational units in 2017*** (contrary to expectation based on HUD's strict reporting requirements). Four of the projects reported as "under development" in 2016 do not appear in the 2017 HIC at all. Some of these changes reflect cleanup to the HIC. Still, there is no clear and transparent way to understand the changes or the locations of the projects, nor a clear, accurate distinction between project-based and tenant-based resources.

Since 2012, a PSH inventory stakeholder group has been working to untangle the inconsistencies in project name, number of units, location, occupancy start date, and funding source. Despite all that work, the corrections and changes have still not made their way into the official 2017 HIC record, nor is the HIC information about project-based inventory transparently and publicly available. System-level stakeholders have just recently started using the HIC for planning purposes, but are hampered by data quality limitations. SPA-level stakeholders consistently note frustration that they do not have access to information about the permanent housing inventory, but the HIC is not yet in a form or degree of accuracy that it can be used by SPA-level stakeholders in an ongoing way.

Functionality Indicator: Development departments decrease the time from PSH predevelopment to permitting and Housing Authorities increase utilization rates for PSH vouchers

Development

Despite concerns about the quality of data used to create a housing gaps estimate, there is no question that identifying a PSH gap motivated increased funding for PSH unit development. Based on Proposition HHH funding, the City of Los Angeles' Housing and Community Investment Department (HCID) is working to ***scale up production of PSH from 300 units per year to 1,000 units per year*** for the next 10 years.[36] This will be accomplished both through the infusion of new Proposition HHH resources and by simplifying the development process and expediting the development timeframe for new units.

HCID plans to change from two to three rounds of funding each year and to establish an "over the counter" application process for some funding instead of an annual call for proposals. HCID also plans to make early funding commitments that will help projects qualify for additional funding from other sources. HCID and HACLA are working together to align commitments of capital funding and project-based vouchers.

In addition to improvements to the funding process, HCID also made changes to help developers identify and gain access to sites for PSH. HCID identified existing high-density structures that could be readily converted into permanent supportive housing, and both the City and the County began recommending public land that could be used for creating affordable housing and housing for formerly homeless people. The Los Angeles City Administrative Office (CAO) recommended eight City-owned sites. The City Council approved a list of qualified developers in December 2016 and authorized HCID to begin negotiating development agreements with four of those developers for the first five development sites. Four additional sites were approved for sale, with proceeds to be used for PSH.[37]

The City also began developing reforms that could reduce the timeline to develop permanent supportive housing following site identification. The California Community Foundation (CCF) estimated in interviews that

PSH project approval takes an average of two to three years from site identification to an issuance of a notice to proceed from the City. Much of the delay comes from zoning and density rules that require virtually every PSH project in Los Angeles to go through a Department of City Planning review, including a public hearing. CCF is working with Planning and HCID to reduce the average timeframe for PSH project approval to one year. In 2016, the City Council directed staff to draft a ***Permanent Supportive Housing Ordinance*** that would allow PSH to qualify for increased density and an expedited application process through the Planning Department's "Priority Housing Project" program. Council staff conducted environmental analysis for the ordinance in February 2017, and the ordinance was published for public comment in August. If approved, the ordinance could shorten the timeline for new PSH unit development approval to the desired one year. In addition to making PSH projects available for occupancy sooner, the shorter time frame would help lower development costs.[38]

Housing Vouchers

Housing Choice Vouchers (HCV, or "Section 8" vouchers) paired with supportive services have been a longstanding component of PSH expansion in Los Angeles, since tenant-based housing subsidies can come on line more quickly than new developments of project-based PSH and raise fewer NIMBY concerns than a larger project. However, making vouchers available for individuals experiencing homelessness requires the commitment of resources by Public Housing Authorities (PHAs) and the willingness of local landlords to accept people who need services as tenants. Community stakeholders have noted that even households without disabilities who receive housing vouchers have difficulty using vouchers to lease rental units. In the current LA housing market, landlords can rent their unit at a cost higher than a housing voucher is allowed to cover. Also landlords perceive that working with a PHA can create delays and lost revenue because of the time it takes to inspect the housing unit, assess the rent, and start the rent payments.

During 2016, the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA) stepped up efforts to encourage landlords to make units available for PSH. Under the implementation of the City and County's strategic plans, each PHA has implemented a ***Homeless Incentive Program***, which provides incentive payments to private landlords who rent units to homeless individuals who are voucher holders. These incentive payments include vacancy payments while units are being inspected and rental rates are approved; the program also provides payments for damages caused by tenants and pays application fees that normally would be charged to prospective tenants. HACLA and HACoLA have also increased their marketing efforts to encourage landlords to rent to people who need services as well as housing.

At the same time, HACLA and HACoLA have taken steps to improve the efficiency of the processes that make vouchers available for PSH, including in their Housing Choice Voucher (HCV) program, VASH (for homeless veterans) program, and in rental assistance funded through HUD's Continuum of Care (CoC). HACLA is working to cut down the time between committing project-based vouchers to specific housing units to leasing the units to PSH-eligible tenants and beginning rent subsidy payments. HACoLA created an online rental inventory database so that providers of PSH services can see units for rent across the county that may be available for their clients who hold vouchers. HACoLA has also been working with referral sources to strengthen the processes through which clients identified for PSH are referred to HACoLA to apply for vouchers and, with the help of case managers, go through the processes of demonstrating their eligibility for the voucher program, documenting their income, and searching for housing. During 2016, HACoLA held

trainings for staff of service providers who help their clients apply for vouchers in order to avoid mistakes that can delay the process.

The City and County also developed strategies to increase the number of vouchers dedicated to PSH for chronically homeless households. The City began negotiations with ***HACLA to increase the PHA's commitment of project-based vouchers for new PSH developments*** from 300 a year to up to 500 per year. As of 2016, no specific changes were anticipated for HACLA's commitments of ***tenant-based vouchers***, which had increased markedly over Phase I of the Initiative.

As part of the implementation of the County strategy B8, "Housing Choice Vouchers for Permanent Supportive Housing," HACoLA and LAHSA came to an agreement that HACoLA would allocate 35 percent of turnover vouchers in FY 16-17 and ***50 percent of turnover vouchers for 2017-18 and beyond to chronically homeless individuals*** referred through the Coordinated Entry System. The political backing of the Board of Supervisors was instrumental in giving HACoLA staff the freedom to make this change. At the close of FY2017, 195 of the 519 turnover applications were referrals from LAHSA (37.6 percent). Due to the federal budget uncertainty, most of those vouchers were suspended in 2017, before the households leased up, but HACoLA and LAHSA are working together to support and house those clients.

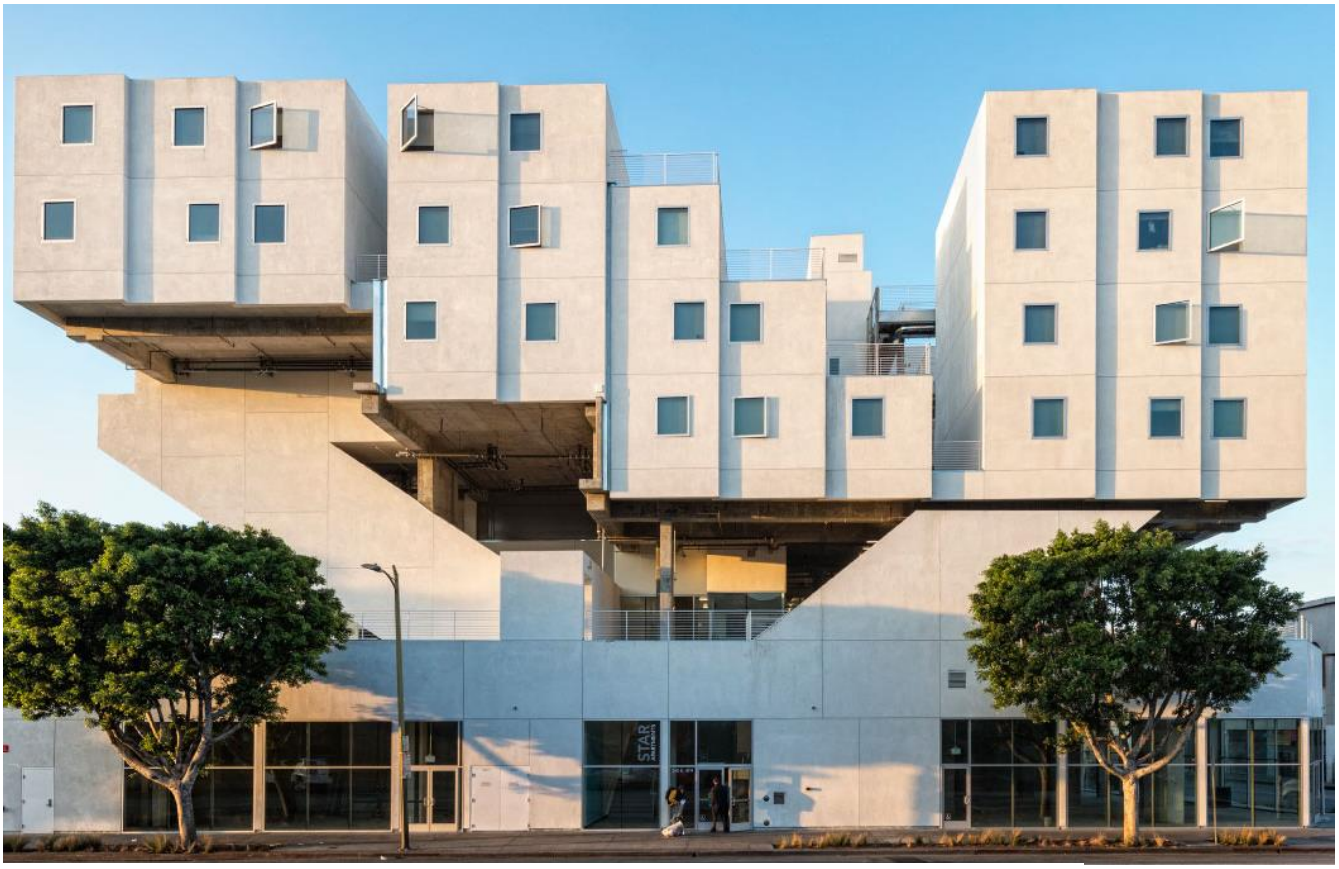


Photo Credit: Skid Row Housing Trust

Sustainability Indicator: The community secures funding commitments to scale up PSH inventory through development and subsidies

Development

2016 saw a dramatic increase in funding commitments following the community's efforts to build political will for ending homelessness. In late 2015, the Los Angeles County Board of Supervisors adopted a motion committing the ***County to increase funding for affordable housing (including PSH) from $20 million in 2015-2016 to $100 million by 2020-2021***. The plan is to use 75 percent of this funding for capital costs, and 25 percent for services and short-term housing payments such as move-in costs.

In addition, the ***City of Los Angeles' Proposition HHH bond revenue will fund the development of 8,000–10,000 PSH units within the City of Los Angeles over ten years***.[39] The City of LA has established program guidelines for Proposition HHH funding, which will require that at least 50 percent of units in a project (or 25 units, whichever is greater) be PSH and requires that at least half of those PSH units be targeted to people experiencing chronic homelessness.[40] Under these guidelines, the Proposition HHH program provides up to $100,000 per unit for PSH projects that use 9 percent tax credits and up to $140,000 per PSH unit for PSH projects that use 4 percent tax credits. This year units are eligible for an $80,000 supplement because tax credit pricing has resulted in a smaller-than-expected amount of equity per unit, and state funding from No Place Like Home is not yet available to help fill the gap. The average subsidy is $180,000 per PSH unit. Some stakeholders have expressed concerns that the large amount of city funding per unit may mean that fewer PSH units than anticipated will be developed in total.

One concern noted by the developer community is the need to maintain the current stock of PSH. As projects age, their capital needs increase and developers are hard-pressed to limit rents to the levels they are required under their affordable housing contracts without alternative funding for capital improvements. It is estimated that over the next five years over 200 affordable housing properties across the County totaling over 13,000 units will reach the date at which covenants restricting their use expire and the terms of their subsidy contracts end. In 2016, the Housing and Community Investment Department conducted outreach to property owners to discuss **extending affordability covenants** and/or renewing their housing assistance contracts. Enterprise Community Partners has launched a PSH Preservation Initiative and began convening a working group in 2016. However, if funds are committed to meet the capital needs of properties already in service, less capital funding from Low Income Housing Tax Credits, Proposition HHH, Measure H, and other City and County resources will be available for additional PSH developments. Thus, the preservation of current affordable housing is competing with development of new affordable units.

Housing Vouchers

Shifts in the federal landscape have cast some doubt on the sustainability and expected impact of the commitments made by HACoLA in 2016. In April 2017, **HACoLA was directed by HUD to freeze its voucher program**, recalling vouchers that had been issued to households who were still searching for housing and had not yet leased a unit. HACoLA expects this freeze to last until 2018. This circumstance demonstrates the vulnerability of relying on federally-funded tenant-based housing vouchers, given the challenges of the local housing market.

Photo Credit: Skid Row Housing Trust

However, housing subsidies provided through HUD's Continuum of Care Program 2016 award is just coming online, providing support for 152 new PSH units.[41]

Commitments of local resources appear more stable. In 2014, the Los Angeles County Department of Health Services (DHS) Housing for Health Division, in collaboration with other governmental partners and the Foundation established the **Flexible Housing Subsidy Pool (FHSP)**. The FHSP is a permanent supportive housing rental subsidy program that assists DHS's most vulnerable patients experiencing homelessness. DHS paired these flexible rental subsidies with intensive case management services provided by local community organizations. As of 2016, the program accepts referrals of high-risk homeless individuals who have multiple hospital admissions at a County hospital or are high utilizers of acute care services at other types of County facilities (such as jail) because of serious mental illness and substance use disorders.

Since the 2014 launch, the FHSP has housed more than 1,400 households, including both individuals and families. Households are provided with permanent housing subsidies and move-in assistance as necessary, and these subsidies are not capped by client contribution or fair market rent requirements. The program also offers generous landlord incentives. By the end of 2017, DHS expects to have placed roughly 3,400 households into housing through the FHSP. Over the past three years, the FHSP has expanded to provide housing paired with intensive case management services for homeless adult felony offenders referred from the Probation Department, Department of Mental Health clients, non-chronically homeless clients reentering the workforce, individuals diverted from the criminal justice system, and others. Other Los Angeles County departments provide funds to the FHSP, including the Department of Mental Health, the Office of Diversion and Reentry, and the Probation Department. As of fiscal year 2017-2018, more than $70 million have been committed to the FHSP. For more detail about the FHSP program, see the evaluation team's 2017 report, Flexible Housing Subsidy Pool Brief.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement	*Grant Making Portfolio*
Foundation staff leverages influence with other funders and key stakeholders to drive developer capacity	***Scaling Up the Resources grantees increase PSH available and capacity to expedite PSH developments***
Limited Impact	***Limited Impact***

Direct Engagement Indicator: Foundation staff leverages influence with other funders and key stakeholders to drive developer capacity

Impact on defining a PSH creation goal for new development, new subsidies, and turnover (community alignment indicator)

The Foundation did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on development departments decreasing development time and on PHAs increasing utilization rates (community functionality indicator)

One of the Foundation's approaches to grant making is to work closely and deeply with an organization to build capacity and to provide catalytic funding that organizations can leverage with longer-term public funding. To meet the permanent supportive housing developer capacity needs, the Foundation worked closely with fellow Funders Collaborative and Funders Together member, the ***California Community Foundation*** (CCF) partnering with them in taking the philanthropic strategic leadership role around housing development.

In partnership, the Foundation, CSH, CCF, and the Weingart Foundation funded the City of Los Angeles to grow the Planning Department and Housing and Community Investment Department (HCID) staffs and create the Planning Department's "Priority Housing Project" program in which PSH developments are fast-tracked during review processes. With this grant, these funders also facilitated a contract with William Pavão, Former Executive Director of the California Tax Credit Allocation Committee (State Treasurer's Office), to consult with HCID on processes and procedures for expediting housing development. Additionally, CCF has been able to use its own staff's deep knowledge of housing development issues to provide in depth consultation on the City's draft PSH ordinance language. At this point, the results cannot be seen from CCF's work with HCID specifically on fast tracking PSH development, but the evaluation team will continue to track and observe the results as well as stakeholder perception of the value of this work.

The Foundation's investment and partnership with other foundations on this issue is illustrative of the benefits of a collaborative approach among philanthropic partners and reinforces the value of the Foundation's philanthropic approach to align and leverage its work with others to engage deeply on solving systemic issues

Impact on securing funding commitments to scale up PSH inventory (community sustainability indicator)

Impact on this indicator was made through the grant making portfolio rather than through direct engagement during this reporting period.

Grant Making Portfolio: Scaling Up the Resources grantees increase PSH availability and capacity to expedite PSH development

Impact on defining a PSH creation goal for new development, new subsidies, and turnover (community alignment indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on development departments decreasing development time and on PHAs increasing utilization rates (community functionality indicator)

The cornerstone of the programs portfolio in supporting new development is in its partnership with the Corporation for Supportive Housing (CSH) through grants and investments in Program Related Investment (PRI) loan pools and funds for subgrantee recipients. These loans and grants jumpstart development by financing acquisition and predevelopment and supporting developers through the development process. In its 2016 grant report, CSH reported making grants and loans to many supportive housing developers (e.g. Clifford Beers, Hollywood Community Housing Corporation, and PATH Ventures) and housing/social service providers (e.g. Downtown Women's Center, Housing Works, LA Family Housing, The People Concern, Skid Row Housing Trust, St Joseph Center, and Union Station Homeless Services) to fill gaps in their funding to do everything from develop more PSH units to provide rental assistance to clients moving into new homes.

The Foundation supported additional work to improve developer capacity through a grant to ***Enterprise Community Partners***. The purpose of this work is to "develop, advocate for, and implement policy and programmatic solutions for PSH preservation needs at the local, state, and federal levels." In 2016 this grant was used to start a working group on preservation of PSH.

Impact on securing funding commitments to scale up PSH inventory (community sustainability indicator)

The Foundation awarded a 2016 capacity-building grant to ***Brilliant Corners***, the organization working with the Los Angeles County Department of Health Services (DHS) to pilot and continue developing the Flexible Housing Subsidy Pool (FHSP). Prior Foundation grants had helped Brilliant Corners to launch the first two years of FHSP and the Breaking Barriers program to address other chronic homelessness feeder systems, such as hospitals and jails. The 2016 capacity grant was made in advance of an anticipated 2017 budget increase in which Brilliant Corners would need to scale in order to manage a FHSP of $48 million serving 3,400 clients annually. Specifically, Brilliant Corners has used Foundation funding to grow its fiscal management capacity, data-driven strategic planning, and operational efficiency. For more

detail about the FHSP program, see the evaluation team's 2017 report, Flexible Housing Subsidy Pool Brief.

Opportunities for Los Angeles

Community Opportunity: Public agencies should adopt a ***system modeling approach*** and expand the housing gaps analysis to examine subpopulations, length of homelessness, type of housing interventions, and geographical regions. This approach could provide the community useful information when making decisions about resource allocations and investments.

As one stakeholder shared, this type of analysis could segment "the total population into those experiencing long-term and those experiencing short-term homelessness, as well as… singles, families and veterans… By using the HMIS usage data, the "pathways" through the various interventions needed (i.e. Prevention, Interim/Emergency, RRH, PSH, etc.) are able to be analyzed, which produces the estimates (percentage or numbers) needed for each sub-populations (by acuity/length) and for each of the interventions. The next step… is to add a sub-geographic (SPA) break-down to the analysis. This, combined with the population and intervention components… could… better focus the current and forthcoming allocation discussions around [Measure H and]… create a "road map"… [This approach] would be a much more nuanced and appropriate than simply using the Count data as an allocation formula." This type of analysis would help cities and SPAs "better understand the need by population/intervention components within their region, and thus help them better understand how they fit into the whole as well as direct them toward a more informed involvement." Additionally, it could be used to "create unit production targets" and "help create a "baseline" for the evaluation that will be needed as part of Measure H."

Community Opportunity: ***Improve the accuracy and utility of the Housing Inventory Count (HIC).*** This resource has the potential to drive not only County-, City- and SPA-wide planning, but also support SPA-level coordination among providers.

- Improve the ways in which service providers and SPA leads learn about, access, and contribute to the HIC. In 2016, communities reported that they were not able to readily access their HIC information on the LAHSA website. Service providers should be able to access detailed HIC data, including location and service type, and to easily supply corrections to inaccurate data.
- Establish a data sharing agreement with all PSH funders (including HACLA, HACoLA, DMH, DHS, and the Department of Veteran Affairs (VA)) to enable better analysis and understanding of how PSH resources are geographically distributed.
- **Potential Foundation Role:** Identify a system change grantee to support LAHSA in advancing the HIC and the myriad of ways the information can be used for system planning and local housing coordination. Encourage community partners to discuss the availability of system resources—from crisis shelter to bridge housing to permanent housing—and whether they are sufficient to provide a robust response to homelessness in all parts of the county. If data on current housing lease-up locations can be provided to the evaluation team, leverage the Foundation's annual evaluation to analyze the extent of housing investment throughout LA County and host a convening to discuss strategies to amplify the geographic reach of the housing opportunities (if needed).

Community Opportunity: The pace of ***development must increase significantly to meet the need for PSH***. Advocates must work to ensure that the LA City PSH Ordinance passes, that PSH projects continue to receive special attention, and that similar efforts are pursued outside the City of LA. Alongside these efforts targeted to PSH, advocates must also focus on the overall affordability of the LA housing market, including removing barriers that limit housing development and developing affordable housing for all populations.

- **Potential Foundation Role:** Continue work with CCF and partners and urge the City and County to identify strategies to improve the climate for PSH development, as well as affordable housing development overall. Fund advocacy and legislative activities to drive policy and funding strategies at local, state and federal levels to increase the level of affordable housing in the county and keep rates of existing market rental properties affordable.

Community Opportunity: ***Increase the availability of private market housing for PSH.*** Affordable housing properties that are not required to participate in homeless set-asides or the Coordinated Entry System may not be readily known to housing locators. Develop strategies to get these property owners to formally or informally participate in the Coordinated Entry System by notifying housing locators about turnover availability. ***Increase incentives*** such as referral or retention bonuses to encourage "repeat" rentals with existing landlords and recruitment of new landlords.

- **Potential Foundation Role:** Convene partners to discuss ways they can more systematically work with private landlords to leverage the private housing stock for tenant-based PSH and ensure that grantees are not inadvertently creating competition and artificially raising prices. Encourage LAHSA to examine efficiencies such as a centralized housing clearinghouse to manage information about available properties that would help to increase the availability of private housing for SPA housing locators and (if promising) philanthropy's role in supporting it. Fund or encourage the development of tenant/landlord support standards by which a participating housing provider would commit to abide before they access information from the shared housing clearinghouse.

Community Opportunity: California currently allows landlords to discriminate against potential renters on the basis of source of income. Efforts to end this practice, such as SB 1053 introduced in 2016, have not gained momentum.[42] Advocates should support state or local ***legislation to prohibit landlord discrimination against voucher holders.***

- **Potential Foundation Role:** Support education activities that help prevent discrimination against potential renters on the basis of source of income.

Scaling Up Initiative Area: Service Commitments

2016 Community Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
The countywide strategies define a service resources goal based on both the PSH unit goal and an analysis of population needs	***Providers seamlessly access local and countywide service resources to pair with housing***	***Public and private funders have committed resources to provide services for identified population needs***
Limited Progress	***Suitable Progress***	***Rapid Progress***

Alignment Indicator: The countywide strategies define a service resource goal based on both the PSH unit goals and an analysis of population needs

The City and County strategic plans, the new funding available from Proposition HHH, and the commitments of rent subsidies from the PHAs may alleviate some of the challenges with finding housing placements, but the increase in housing resources comes with an increased need for post-placement services. ***Very little analysis has been completed at this point to determine if the sources of funding for the services align with the profiles and service needs of those experiencing chronic homelessness in LA***. In part, this reflects issues with data systems: poor data quality at the "front door" when assessing clients, delays in putting data into HMIS, and the capacity of the HMIS and LAHSA to produce ad hoc, customized reports.

In addition to determining the appropriate funding level and the sources of funding for those services, implementers of the plans should be assessing which specialized services are needed. For example, MHSA funding and Medi-Cal reimbursement for "specialty" mental health services can pay for some of the services in PSH for persons with serious mental illness, but these sources of funding cannot be used to serve people whose challenges are primarily related to a substance use disorder without a qualifying mental illness. The VA Supportive Housing program (VASH) provides both rental assistance and supportive services to eligible veterans, but cannot be used to assist other people experiencing homelessness. Particularly important will be enrolling individuals in specific mainstream benefit programs so that they can access some of the needed services.

In 2016, prior to the 2017 change to a new Homeless Management Information System (HMIS), the evaluation team worked with LAHSA to attempt to analyze client assessment results that had been entered into the HMIS. Initially, the intent was to pull elements from LA's selected client assessment tool, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and HMIS universal data elements from the HMIS to associate client's' apparent needs with subsequent enrollments in projects that are part of the LA Continuum of Care. The data provided to the evaluation team consisted of over 4,500 records. However, many records were obviously missing, were incomplete, or were counter-intuitive. For instance, when looking at regional client breakouts, there were more records for clients who had been assessed in the San Gabriel Valley, which does not have the highest rate of people experiencing homelessness in the LA regions, than for Downtown, Hollywood, and the Westside combined. After several

failed attempts to pull the correct data, the evaluation team was unable to proceed with an analysis, recognizing that any results would have no utility for local planning.

Given the current HMIS data quality challenges, it is not yet appropriate to match service commitments with client needs assessments to inform local planning. The improved data infrastructure under development at LAHSA will be essential for more accurate planning.

Functionality Indicator: Providers seamlessly access local and countywide service resources to pair with housing

As in past years, service providers report that matching prioritized individuals with post-placement services that will help them sustain their housing continues to be a challenge, particularly for individuals who are not enrolled in or eligible for a County-funded service system prior to housing placement. This is despite the following efforts by County agencies to increase the flexibility and reach of their programs and provide training to ground staff.

Reports from Phase I of the evaluation demonstrated that the Los Angeles County ***Department of Mental Health (DMH)*** was regarded by some providers as complex and not transparent in their policies and procedures. Under the new umbrella organization of the County Health Agency as of the end of 2015, the District Chief worked with DMH locations throughout the County to build local capacity to make DMH's services considerably more accessible to homeless clients. This capacity building within DMH included identifying staff located within each SPA who would become DMH housing specialists and conducting trainings for DMH staff on the programs DMH provides and how to assist prioritized clients access those resources. The District Chief is also working to increase the level of accountability of DMH case managers to ensure that assistance with housing becomes a standard element of recovery and treatment plans for their clients who are homeless. DMH managers now have performance goals set that include increasing the number of homeless clients they are assisting and identifying those who need PSH.

The Los Angeles County ***Department of Health Services (DHS) Housing for Health Division*** accepts referrals from homeless service providers through the Coordinated Entry System and direct referrals from County hospitals, health clinics, and other sources. DHS staff assess each person's eligibility for assistance within any of the programs operated by Housing For Health, services for which are provided through various intensive case management service (ICMS) providers. DHS selects individuals based on their prior use of county medical services and their potential for diversion from or reentry into the criminal justice system. This has worked well for DHS, and reflects their commitment to the target population of high utilizers of County services.

Several SPAs, however, do not have a County hospital located within their boundaries, and so many of their clients who are medically fragile, or even high utilizers of the local private hospital and emergency room services, do not qualify for the FHSP. Regardless, SPA-level navigators have described the package of ICMS and housing as a "golden ticket", and often submit an application to Housing for Health regardless of whether they believe a client might qualify, "just in case" he or she does.

Providers report that ***HUD-VA Supportive Housing (VASH)*** services are relatively straightforward to access for their clients who qualify for veteran services. However, local PHAs have observed issues with the VASH

service partners providing infrequent home visits and clients resisting engagement with the VA. This has led to some landlords not wanting to rent to veterans on VASH without the assurance of a deeply engaged case manager.

Sustainability Indicator: Public and private funders have committed resources to provide services for identified population needs

The ***Home For Good Funders Collaborative*** has been a funding source for PSH service providers and for incubating innovative service strategies. In Phase I of the Initiative, the Funders Collaborative, seeded with Foundation funding, provided multi-year grants dedicated to providing services for clients recently housed and helping those clients retain housing the year after placement. In recent years, as the community has successfully directed its efforts to increasing funding and scaling up funding for PSH services, the Collaborative's focus has shifted to the staffing required to support the design and implementation of the Coordinated Entry System.

In 2016, both the Funders Collaborative and the ***Los Angeles Homeless Services Authority (LAHSA)*** funded services for clients through their annual RFPs. Specifically, LAHSA funded housing navigation, case management, and outreach services at $2,000 per client. The Funders Collaborative funded coordinated regional staff positions for outreach, housing navigation, housing location, and housing retention. Together, their 2016 RFPs distributed more than $38 million to Coordinated Entry System service providers.

More information about the Funders Collaborative can be found in a brief companion report from the Evaluation, Home For Good Funders Collaborative: Updated Lessons Learned from Five Years of Coordinated Funding (2017).

The City and County plans call for enhancing housing location and supportive service activities, and both plans include specific projections for the number and type of services needed to support full implementation of the plan. While the projections in the plans do not specify specific types of services in the level of detail needed to identify and scale up specialized services directly within the homeless system or in partnership with mainstream systems, the overall scale was delineated in enough detail to secure the support of elected officials and the broader public, which ultimately led to ***Measure H***. The Measure is expected to fund the expansion of services and the enhancement of coordinated entry. This funding will support SPA regional coordination and matching of housing subsidies, housing navigation and location services, case management and specialized services, training and technical assistance, data and outcome tracking, and contract implementation and monitoring support.

Also in 2016, California began implementation of ***Whole Person Care (WPC) pilot programs***, in partnership with participating counties, under the terms of a 5-year Medicaid waiver approved by the federal government in December 2015. WPC pilots provide federal funding to match county spending for a wide range of services and systems intended to improve health outcomes for Medi-Cal beneficiaries who are high users of the health care system, including people who experience homelessness or live in permanent supportive housing. Los Angeles County submitted its application to the state in July 2016, and the application was approved in November 2016. LA County expects to receive $630 million in federal funding between 2016 and 2020, and will provide matching funds to implement a set of program strategies that

focus on creating an integrated health delivery system that addresses social and behavioral health needs, including linkages to housing.

While WPC funds cannot be used to pay for rent or costs associated with creating housing, the funding can pay for services that connect people to housing and provide ongoing tenancy support. Los Angeles County is using a portion of WPC funds for intensive case management services contracts in the Housing for Health program and related initiatives for diversion and discharge from the criminal justice system. LA's WPC pilot provides significant resources to expand services and cross-system collaboration and to strengthen approaches to care coordination. These efforts include expanding and supporting the use of community health workers and people with lived experience in delivering services as part of reentry, supportive housing, and other emerging models of care for people with complex needs.

Overall, with these existing and new funding sources the community is well positioned to provide comprehensive services to clients over the course of the Initiative.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement
Foundation staff leverages influence through the Funders Collaborative to shape collective program investments
Strong Impact

Grant Making Portfolio
The Funders Collaborative aligns with community funding strategies
Strong Impact

Direct Engagement Indicator: Foundation staff leverages influence through the Funders Collaborative to shape collective programs investments

Impact on defining a service resource goal based on an analysis of population-specific needs (community alignment indicator)

The Foundation did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on increasing accessibility of local and countywide service resources to pair with housing (community functionality indicator)

Impact on this indicator was made through the grant making portfolio rather than through direction engagement during this reporting period.

Impact on securing funding commitments for services (community sustainability indicator)

As members of the ***Home For Good Funders Collaborative***, Hilton Foundation staff are seen by Collaborative members as "go-to" people for building new relationships with philanthropic

partners and encouraging existing philanthropic partners to take active leadership roles at community tables.

More information about the role of the Foundation in creating and leading the Funders Collaborative can be found in a brief companion report from the Evaluation, Home For Good Funders Collaborative: Updated Lessons Learned from Five Years of Coordinated Funding (2017).

Grant Making Portfolio: The Funders Collaborative aligns with community funding strategies

Impact on defining a service resource goal based on an analysis of population-specific needs (community alignment indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on increasing accessibility of local and countywide service resources to pair with housing (the community functionality indicator)

The Foundation continues to support the ***Home For Good Funders Collaborative*** through a matching challenge grant. In 2015, the Foundation provided a seed grant of $1.25 million per year for the 2016 and 2017 rounds of funding. The Collaborative has been one of several tables created in Los Angeles to bring together representatives from public agencies within the City and County of Los Angeles, along with other local cities, the philanthropic community, health care systems and hospitals, and private funders. Several funders spoke of the complementary and balanced relationship that public and private funders can have when they invest together. Several stakeholders discussed how private and public funders often overlap or duplicate efforts to solve social problems in communities, but the coordination embedded in the Collaborative's processes addresses that issue by giving funders the opportunity to share information about where and to whom they are allocating resources, and where there are gaps or unmet needs.

Impact on securing funding commitments for services (community sustainability indicator)

Stakeholders expressed that the development of the city and county plans and propositions could have not happened without the collaboration established within the Funders Collaborative. The Collaborative will continue to play a role in implementing these plans as a neutral space for City, County, and philanthropic stakeholders to align efforts, negotiate strategies and test ideas.

Several public funders expressed their frustration that not all of the relevant public, mainstream agencies have been "part of the conversation." In particular, understanding and communicating the attraction for the smaller cities or jurisdictions has been challenging. Some representatives of local government agencies have expressed that they cannot commit their federal resources to the Collaborative and they control little or no flexible local funding. Community leaders, including the Funders Collaborative, must work with local leaders to articulate how small cities can leverage their local federally funded housing and homeless resources to bring additional

private funding into their city and use representatives from participating small cities to spread the word to their colleagues.

More information about the impact of the Funders Collaborative can be found in a brief companion report from the Evaluation, Home For Good Funders Collaborative: Updated Lessons Learned from Five Years of Coordinated Funding (2017).

Opportunities for Los Angeles

Community Opportunity: As standards for supportive services are defined, County funders, LAHSA, and the Funders Collaborative should assess the extent to which recently authorized revenue streams will reach the overall scale of services needed to ***ensure that people with chronic patterns of homelessness who are placed in PSH have access to services in accordance with the defined service standards***. This analysis should be informed by analysis of assessment data collected to date through the Coordinated Entry System and other projections about the range and type of services needed, such as analysis of mainstream system use by those who are documented as chronically homeless within the County's Homeless Management Information System (HMIS).

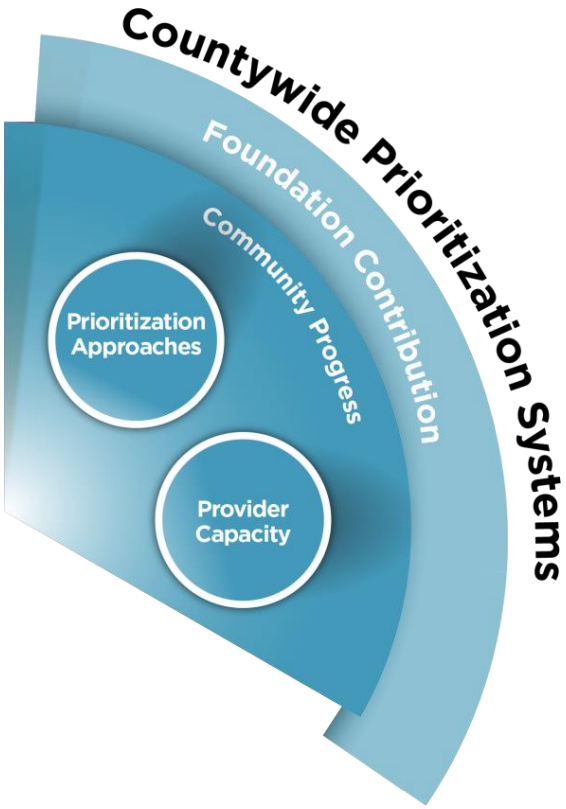
Community Opportunity: As part of its support for the City and County strategies, the Funders Collaborative should continue to ***support innovative solutions to obstacles*** that are hindering service providers. As an example of a current challenge facing providers: coordinated entry providers report that clients with tenant-based vouchers are housed predominantly in SPAs 1 and 6, but most service providers are predominantly located downtown (SPA 4) or on the Westside (SPA 5). Can housing navigation and case management services be more efficiently deployed to those SPAs, ready to receive and support clients during and post-placement?

Community Opportunity: Proactively ***align the funding needed for operating PSH and providing services to residents with the development process***. Engaging the County agencies that will provide funding for operations and services at the time of site control or pre-development activities would ensure that PSH becomes operational as early as possible and avoid the gaps in services that occur with the current, patchwork approach.

- **Potential Foundation Role:** Encourage the Funders Collaborative to work with leaders of the smaller cities within the County to understand how they can leverage their local federally funded housing and homeless resources to bring additional private funding into their cities. Foster peer-to-peer exchanges with both Funders Collaborative members that represent small cities and those who are not yet leveraging these types of opportunities.

3. Countywide Prioritization of the Most Vulnerable

A countywide prioritization system is a universal assessment and prioritization approach to providing homeless services. This simply means that the needs of every person experiencing homelessness is assessed and prioritized based on a standardized set of criteria. Individuals are then prioritized for access to housing and services based on their identified level of need. The idea is that the most intensive resources are reserved for the people who need the most help, and those who are able to resolve their homeless experience with little to no support get only what they need to get back on their feet.

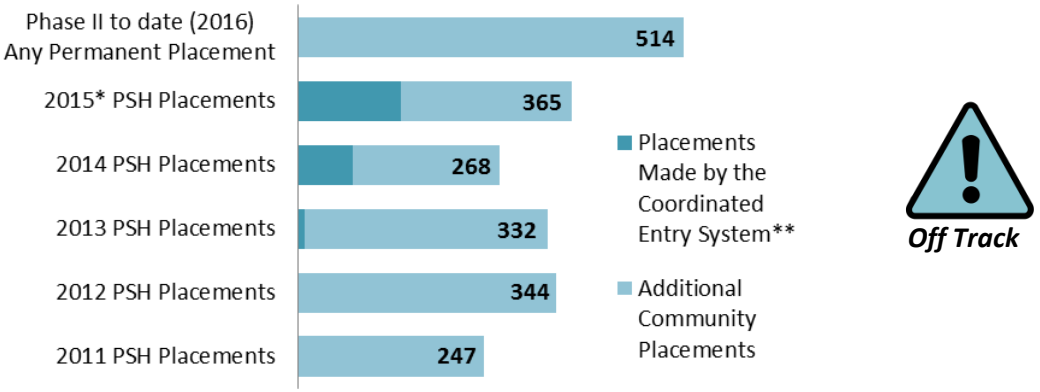


Over the past several years the community has made significant investments in developing, enhancing, and supporting coordination at the regional and SPA levels. Resources from the Home For Good Funders Collaborative, Los Angeles Homeless Services Authority (LAHSA), and the Hilton Foundation have supported dedicated staff positions to oversee overall regional coordination and coordination within and across-SPA outreach teams and housing location and matching efforts. However, between the growing pains of the expansion process and the limits of the strained housing market in Los Angeles, they are not able to place people as quickly as needed to reduce the count of people experiencing chronic homelessness. For those clients who do get housed, providers report that they struggle to provide appropriately intensive services to their increasingly vulnerable and chronically homeless client population.

Goal: Place chronically homeless individuals in PSH through the countywide prioritization system at the rate needed to meet community goals

2016 Status: The Homelessness Analysis Collaborative reported an average monthly placement rate of 514 chronically homeless individuals (excluding veterans) in 2016. Although this reflects an increase from 2015 reported rates, the methodology is still not solidified. LAHSA's official 2016 permanent housing placement rate for chronically homeless individuals countywide was 2,683 which is slower than the increase in chronic homelessness from January 2016 to January 2017.

Average Monthly Placements of Vulnerable People, 2011-2015 and 2016



* Phase II reflects a change to rely on Homelessness Analysis Collaborative reporting; completeness of these data anticipated to improve in future years

**Although many placements were known to have been made through CES in 2016, the cumulative placements were not officially reported this year

Recommendations for the Community

1. *Enhance centralized policy guidance for SPA-level CES implementation to SPA leads and partners to ensure shared understanding of CES staff roles, responsibilities, access, and authority over coordinating available resources.*
   - ***Potential Foundation Role:*** *Identify opportunities to support underserved and lower capacity SPA leads, or working with intermediaries to support their capacity to access LAHSA program grants and other funding, to build their capacity to carry out the defined CES roles and related system coordination responsibilities*
2. *Solicit feedback from people who have experienced homelessness to understand clients' interactions with the CES and how to streamline and make system navigation more user-friendly.*
3. *Ensure HMIS data, community-level reports, and housing inventory data are available and accessible to community providers, CES regional coordinators, funders, and policy makers to support the countywide prioritization process.*
   - ***Potential Foundation Role:*** *As the community moves towards enhancing the regional coordination and increasing the capacity of the CES, the Foundation should continue to hold governmental partners accountable by making system-level and regional data available to the public in order to report on the community's progress.*
4. *Adopt flexible models for funding long-term supportive services aligned with clients' service needs instead of a "one-size fits all" approach that assume clients need the same intensity of services for the same duration of time.*
5. *Develop funding and service delivery models for serving clients who move from one SPA to another.*

Key Achievements Timeline: Countywide Prioritization

- **January 2016: Coordinated Entry System (CES) Transitioned to Los Angeles Homeless Services Authority (LAHSA).** The administration and operation of the single adult CES transitioned from the United Way of Greater Los Angeles to LAHSA, bringing alignment of all three CESs (family, youth, and single adults) under LAHSA.

- **May 2016: Los Angeles Homeless Services Authority (LAHSA) Coordinated Entry System (CES) RFP.** LAHSA released its first RFP to fund the coordination and administration of the single adult CES. This RFP allowed partners within each Service Planning Area (SPA) to apply for funding for regional coordination (up to $300,000 per SPA), housing navigation/case management/outreach ($2,000 per client), rapid rehousing ($7,280 per client), and crisis and bridge housing ($30 per bed per night) for the single adult system.

- **May 2016: Funders Collaborative Coordinated Entry System (CES) RFP.** In coordination with Los Angeles Homeless Services Authority's (LAHSA's) CES RFP, the Home For Good Funders Collaborative released a round of funding to assist Service Planning Areas (SPAs) with regional coordination, staffing, indirect costs, and flexible funding for clients and agency administration. Each SPA could apply for up to $400,000.

- **May 2016: Homeless Management Information System (HMIS) Transition RFP.** Los Angeles Homeless Services Authority released an RFP requesting applications for administration of a new HMIS software. The new HMIS is intended to support both planning and administration of the Coordinated Entry System.

Countywide Prioritization Initiative Area: Prioritization Systems

2016 Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
SPA-level and countywide placement goals are defined and existing prioritization systems are aligned	***Most placements are made through an established prioritization system with minimal time lag***	***A centralized, HMIS-based data infrastructure is functional and consistently used to prioritize, match, and report***
Suitable Progress	***Limited Progress***	***Limited Progress***

Alignment Indicator: SPA-level and countywide placement goals are defined and existing prioritization systems are aligned

In Los Angeles, there have been several different schemas for prioritizing people experiencing homelessness for many years. The Department of Health Services, Department of Mental Health, and other, smaller-scale programs all have their own criteria for accessing prioritization for services.

In 2013, Home For Good and the Funders Collaborative began to incubate a ***Coordinated Entry System*** (CES) for single adults in Los Angeles that was designed to assess and house the most vulnerable people staying on the streets.[b] Starting with a pilot in Skid Row, the system has since expanded to cover all eight Service Planning Areas (SPAs) and the entire geographic area of Los Angeles County. A full history of the implementation of the Coordinated Entry System in Los Angeles can be found in the Evaluation report, A Coordinated Entry System for Los Angeles: Lessons from Early Implementation (2015).

The intent of CES is that ***SPA leads coordinate all the resources for housing assistance and related services within their SPAs***, from the streets to housing, for single adults (i.e. not families or transition-age youth) experiencing homelessness within the region. In order to do this successfully, the CES must be thought of as an umbrella system, rather than a program, encompassing all the various programs operating in a SPA. In addition to assessing individuals for vulnerability using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), CES staff also use the tool to assess clients for initial eligibility for Department of Health Services (DHS) Housing For Health resources, Department of Mental Health (DMH), Department of Veterans Affairs (VA), and other available resources.

However, there are still multiple systems for prioritizing resources at the county level. For example, DHS's Housing for Health program prioritizes clients who are frequent users of the County's health facilities and DMH prioritizes clients who are already linked with DMH providers. Nonetheless, there are numerous efforts underway to integrate the SPA-level CES with the countywide processes. DHS has made rental assistance and services available to hundreds of people experiencing homelessness who have been referred through CES. During 2016, DMH accepted more than 1,000 housing referrals from the CES priority list. SPA leads are not given annual allocations from these agencies(rather they match clients to housing as resources are made available) nor is acceptance into the programs a totally clear and transparent process, which makes it challenging for the SPA lead to take responsibility for coordination and prioritization of resources at the local level. That said, the County agencies are very much engaged in CES and have indicated a clear interest in partnering more closely as CES' functionality improves.

Another example of a resource available in the County that prioritizes clients based on specific criteria is the ***Just-In-Reach program (JIR)***. The program is a partnership between CSH and the Sheriff's Department designed to target the hardest to serve population of homeless repeat offenders. Chronically homeless clients are prioritized for PSH and comprehensive supportive services based on a history of high-cost public system utilization and frequent incarceration. Prior to individuals exiting incarceration, JIR staff and Sheriff's department staff work together to coordinate the individual's interim housing placement, permanent supportive housing, and supportive services.

[b] The 2009 HEARTH Act amendment to the McKinney-Vento Act required communities across the country to create a coordinated entry system to align the homeless service system in each community. The requirements were formally defined in the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Access System, published by the U.S. Department of Housing and Urban Development in January 2017.

Functionality Indicator: Most placements are made through an established prioritization system with minimal time lag

In 2016, primary responsibility for the Coordinated Entry System (CES) operations for the single adult system was transitioned from the United Way of Greater Los Angeles to LAHSA. LAHSA also manages the community's prioritization systems for families and transition age youth, so ***LAHSA is now overseeing regional implementation and coordination of all Coordinated Entry Systems*** in each SPA.

In 2016, LAHSA and the Funders Collaborative continued grants to community agencies establishing the CES, consolidated through SPA leads. The grants supported diverse functions within the CES, including regional (i.e., SPA-level) coordinators, outreach workers, housing navigators, housing matchers, housing locators (people who locate available private market units). Although stakeholders agree that the consolidated grants helped SPA-level CES become more functional, the capacity of the SPA-level systems and of individual service providers continues to be uneven.

Due to funding limitations not all CES functions were funded within each SPA, so while each SPA's implementation was expected to include outreach, assessment, prioritization, and matching, many SPA partners were trying to implement these functions without sufficient infrastructure. The expectations for collaboration set forth in the Funders Collaborative and LAHSA RFPs placed additional demands on providers' operational capacity. Because of the consolidated grant making, when grantees decided to consolidate their grant, each SPA's lead agency now has the added responsibility of acting as contractor for the SPA's subcontracted service providers, including monitoring compliance and providing technical assistance. The SPA lead organizations also reported that they lack guiding policies and procedures and access to HMIS-based performance and management reporting about their own SPA clients.

Finally, the partners within each SPA understand CES expectations, responsibilities, and protocols differently. In some cases, these differences reflect actual differences in the client needs, physical geography, population densities, service and housing provider landscapes, and availability of public resources in different SPAs. In other cases, the differences are related to incomplete provider understanding of the system coordination aspects of CES or lack of support for the model.

In an effort to address inconsistencies in practices and understanding, in 2017 LAHSA is convening a ***CES Policy Council, supported by a CES Policy Work Group***, to develop and adopt a set of system-wide policies and procedures to ensure consistent delivery of services across CES. The Policy Council and Work Group have representatives from local service providers, persons with lived experience, PHAs, County and City departments, philanthropy, Home For Good, housing developers, and the other Continuums of Care in LA county, as well as LAHSA.

To address performance reporting, including reporting metrics like the ones in this indicator (number of placements, time from assessment to housing placement), LAHSA was assigned responsibility for tracking and reporting CES placements into permanent housing, with ongoing support from the United Way's Homeless Analysis Collaborative (HAC). For 2016 and prior, LAHSA's reporting relied on HMIS records of clients who either have an entry into a permanent housing program or an exit from another type of program with a reported "exit destination" of permanent housing.

LAHSA's reporting at this point is not able to accurately distinguish between active placements made by the SPA-level CES implementations, DHS, DMH, and other providers, as compared to the overall number of people who exited to a permanent housing destination, many of whom likely self-resolved their homelessness.

The largest challenge to ***increasing the placement rate*** is finding housing for clients, given the limited number of available rental housing units across the county. Each region now has a CES housing locator dedicated to finding available market-rate units and cultivating relationships with landlords who are willing to lease to voucher-holders. Because the housing locators most often find affordable units in SPAs 1 and 6, they can end up competing against each other and the DHS Housing for Health housing locators to find available units.

Sustainability Indicator: A centralized, HMIS-based data infrastructure is functional and consistently used to prioritize, match, and report

Technology is essential for managing the information collected through the Coordinated Entry System (CES) and for matching people to housing vacancies in a CoC as large as Los Angeles County.

In May 2016, LAHSA decided to seek a new HMIS software provider. ***The new Homeless Information Management System (HMIS)*** was deployed in June 2017. Stakeholders across the community are optimistic that the new HMIS's capacity, once fully functional, will enhance the data tracking and reporting that service providers, CES regional coordinators, and policy makers need to monitor the progress of the providers, regions, and the overall community's efforts to combat homelessness.

In 2016, the evaluation team conducted an assessment of how CES functions to identify ways in which the HMIS could support CES beyond tracking clients and measuring placements into housing. Although the assessment was conducted when LAHSA was using the old HMIS, the findings remain relevant:

- *Use of HMIS:* CES SPA lead staff reported that they were interested in sharing data among providers within and among SPAs to understand outcomes for the individuals that they serve, including those housed in another SPA.
- *Data Quality and Accuracy:* CES SPA lead staff would like to have access to regular data quality reports on their CES data to be able to better monitor whether the data entered into the system reflect the needs, experiences, and outcomes of the people they serve.
- *Reporting Capacity:* CES SPA lead staff are interested in having access to client-level data and useful reports so that they can produce system-level and SPA-level reports to understand local implementation and its relationship to the full system of care.

To meet all of these SPA-level CES management needs, LAHSA will need to increase its own capacity – both staff resources and knowledge and skills. LAHSA staff need to develop better modes of communicating and training CES partners (both those funded by capacity-building grants and those without such funding) on the processes for each aspect of CES, including protocols related to the use of new HMIS functionality. After they have been trained and guidance has been provided, CES staff will need clear points of contact at LAHSA to go to when they have questions on applying the guidance have feedback for LAHSA on processes that do not work well in practice.

In 2016, the Home For Good Funders Collaborative provided a grant to Homeless Healthcare and the Corporation for Supportive Housing (CSH) to create a Centralized Training Academy (CTA). Homeless Healthcare planned and executed the trainings and CSH acted as the project manager helping establish and formalize the CTA. As the training curriculum was finalized and partnerships were formalized, the grantees also coordinated with the City and County on this effort. Trainings officially began in December 2016 and continued throughout 2017.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement
The Foundation staff convenes leaders to create opportunities for improving alignment between all prioritization systems
Strong Impact

Grant Making Portfolio
Countywide Prioritization System grantees are engaged in establishing and meeting SPA-level coordination goals.
Strong Impact

Direct Engagement Indicator: The Foundation staff convenes leaders to create opportunities for improving alignment between all prioritization systems

Impact on defining SPA-level and countywide placement goals and aligning existing prioritization systems (the community alignment indicator)

The Conrad N. Hilton Foundation has been a key player in the creation and expansion of the County's Coordinated Entry System (CES). The Foundation has been at the Funders Collaborative table when decisions were made on the initial grants for CES design and implementation as well as with making direct grants to LAHSA and SPA-lead agencies for capacity building and system enhancements. ***Foundation staff have fostered dialogue among countywide partners*** to work on strategies for aligning the County's prioritization systems with the CES.

Impact on making most placements through an established prioritization system with minimal time lag (community functionality indicator)

Although the impact is yet to be determined, in 2017, Andrea Iloulian, the Foundation's Senior Program Officer for the Homelessness Strategy, was selected to sit on the CES Policy Council that creates policies and guidance across the regional implementation of CES. Kristin Taday, Program Associate at the Foundation participates in the CES Operation Group administered by LAHSA. This engagement provides the Foundation an opportunity to learn and understand CES operations throughout the county which can inform its grant making.

Impact on establishing a centralized, HMIS-based data infrastructure for CES (community sustainability indicator)

Stakeholders have noted that the Foundation encourages research and evaluation, ***keeping policy makers accountable*** and monitoring the progress of the community's efforts to end homelessness, including the CES.

Grant Making Portfolio: Countywide Prioritization System grantees are engaged in establishing and meeting SPA-level coordination goals

Impact on defining SPA-level and countywide placement goals and aligning existing prioritization systems (community alignment indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on making most placements through an established prioritization system with minimal time lag (community functionality indicator)

In 2016, the Foundation supported the work of service providers working to expand the reach and effectiveness of CES in three SPAs: ***The People Concern (SPA 4)***, ***St. Joseph Center (SPA 5)***, and ***LA Family Housing (SPA 2)***. Although these SPAs are generally well-resourced, funding increased capacity of these organizations to build their SPAs' prioritization systems in a variety of areas: improving their process for working with clients to collect pre-housing documentation; enhancing their post-placement services; permitting them to develop partnerships with other organizations within the SPAs; expanding the geographic coverage of the CES within the SPA; and improving data tracking and standards.

According to feedback from grantees, these grants have helped SPAs to strengthen partnerships and coordination among the agencies implementing CES.

Additional social service and housing providers were funded by the Foundation in 2016 to build internal and, in turn, system-wide capacity. ***Downtown Women's Center***, ***Skid Row Housing Trust***, ***Housing Works, CSH***, and ***Pathways to Housing*** focused their Foundation funding on strengthening their abilities to work collaboratively across systems, including domestic violence, veterans, healthcare, and criminal justice, and to address various institutional pipelines into chronic homelessness.

Impact on establishing a centralized, HMIS-based data infrastructure for CES (community sustainability indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Opportunities for Los Angeles

Community Opportunity: LAHSA should work with SPA leads and partners to ensure shared understanding of CES staff ***roles, responsibilities, and authority over coordinating available resources***. This will also require working with SPA-level CES stakeholders to help them understand that they should be conceiving of all available outreach, crisis, assessment, matching, bridge, housing, and service resources within a SPA and someone at the SPA-level should be charged with developing the resources into the Coordinated Entry System. To achieve this goal, SPA leads will need to expand their reach throughout their catchment areas and continue to improve functional operations so that they are equipped to fulfill their responsibilities as housing resources expand. In addition, centralized policy guidance for SPA-level CES implementation is needed to

ensure that CES implementations develop the capacity to house chronically homeless individuals at the pace required to meet placement goals, and ultimately, at the pace needed to end chronic homelessness. LAHSA should work with the SPA leads and CES Policy Work Group to ***develop guidance that can be disseminated quickly and tested in the field***. Then, after field-testing the draft guidance, policies can be refined and formally considered by the CES Policy Council.

- **Potential Foundation Role:** Identify opportunities to support underserved and lower-capacity SPA leads, or work with intermediaries to support their capacity to access LAHSA program grants and other funding, to build their capacity to carry out the defined CES roles and related system coordination responsibilities. Encourage and support LAHSA to build its internal capacity—both staff resources and knowledge and skills—and to develop more opportunities for CES partners to inform the development of effective CES practices, including protocols related to the use of new HMIS functionality.

Community Opportunity*:* As the community continues to create and enhance policies and procedures for the Coordinated Entry System, the community should expand involvement of people who have experienced homelessness to understand clients' interactions with the CES and how to ***streamline and make system navigation more user-friendly***.

Community Opportunity: In order to monitor the progress of the community's efforts to end homelessness, ***HMIS data needs to be available and accessible*** to community providers, CES regional coordinators, funders, and policy makers. As the community starts to use its new HMIS software, LAHSA should create internal processes to regularly review and share CES data. Reports on the City metrics, "active list" reports, and housing match data should be available at both the system-level and at the SPA-level, and potentially at further geographic and population group breakouts. These reports will empower SPA staff to understand their local implementation as well as the impact of that work on the full system of care in the community. Along with such reports, data sharing models would allow SPAs to share information securely among their providers and potentially with other SPAs. (This depends on data sharing decisions by the CoC governance structure.)

- **Potential Foundation Role:** As the community moves towards enhancing the regional coordination and increasing the capacity of the CES, the Foundation should continue to hold governmental partners accountable by making system-level and regional data available to the public in order to report on the community's progress.

Community Opportunity: If HMIS reports and housing inventory data are made available to SPAs, LAHSA and CES stakeholders can begin to place more responsibility on SPA leadership for ***setting and monitoring SPA-level goals***.

Community Opportunity: To facilitate seamless and more efficient service delivery to individuals placed in PSH in areas outside of the SPA in which they were assessed, LAHSA and other funders should develop funding and service delivery models for PSH that are not based with a single provider or single SPA. For instance, as the community begins to scale up the development of PSH with funding from Measure H and Proposition HHH, it may be make sense to use some of the Measure H funding to centralize housing location efforts or to create mechanisms for SPA housing navigators to partner with a service provider in the

community in which the person is moving. The City-County working groups focused on strengthening CES and supportive services standards should also build stronger connections with mainstream service partners and community service providers, particularly those with the capacity to outpost staff in remote areas, in planning processes to emphasize their importance in a housed PSH client's progress and success.

Countywide Prioritization Initiative Area: Service Capacity

2016 Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
Public agencies and local TA providers establish a strategy for building provider capacity across underserved subregions	***Public officials incorporate proven models to support PSH clients in housing and in "moving on" as appropriate***	***PSH retention and "moving on" levels suggest providers are adequately funded and staffed to serve high-need population***
Limited Progress	***Limited Progress***	***Limited Progress***

Alignment Indicator: Public agencies and local TA providers establish a strategy for building provider capacity across underserved subregions

The process of implementing the Coordinated Entry System (CES) has surfaced some common challenges for service providers. Prioritizing the most vulnerable, most medically fragile people means that each client in a provider's caseload is likely to need a higher intensity of support to navigate housing opportunities and stabilize in housing. In addition, given the limited housing market and the central location of service provider agencies with the resources to serve highly vulnerable clients, clients are often being housed far away from the service provider who has established the client's trust and helped them navigate the process that led to housing.

In 2016 the City and County plans identified strategies to create a consistent definition of services needed by PSH residents and to develop ***standards for delivering high-quality supportive services*** to people who have had chronic patterns of homelessness. In October 2016, representatives from City and County agencies began convening a workgroup to develop countywide definitions and standards for supportive services, based on input from service providers, funders, and people who have lived in PSH. These standards, if completed, will help to ensure providers are funded at appropriate levels to be able to meet the standards, as well as provide a roadmap for building skills and knowledge among service provider staff.

In addition to service capacity, throughout this report, the evaluation team has identified other capacity challenges: capacity to develop PSH, bandwidth for outreach and engagement services to connect the most vulnerable people to housing, and administrative and leadership capacity of non-profit organizations as they grow and take on new responsibilities for partnership and subcontracting.

Though LAHSA and other technical assistance (TA) partners are working on the ground to address various issues as they arise, there is not yet a coordinated TA strategy. In 2016, LAHSA staff made several attempts to

convene a TA provider working group to identify individual SPA and cross-SPA needs, and to assign a point person to coordinate TA within each SPA. The staff member in charge of that work departed the organization and the effort was dropped. With the influx of new resources coming into the system, it is increasingly necessary to ensure there is strategy in place to support providers across the County.

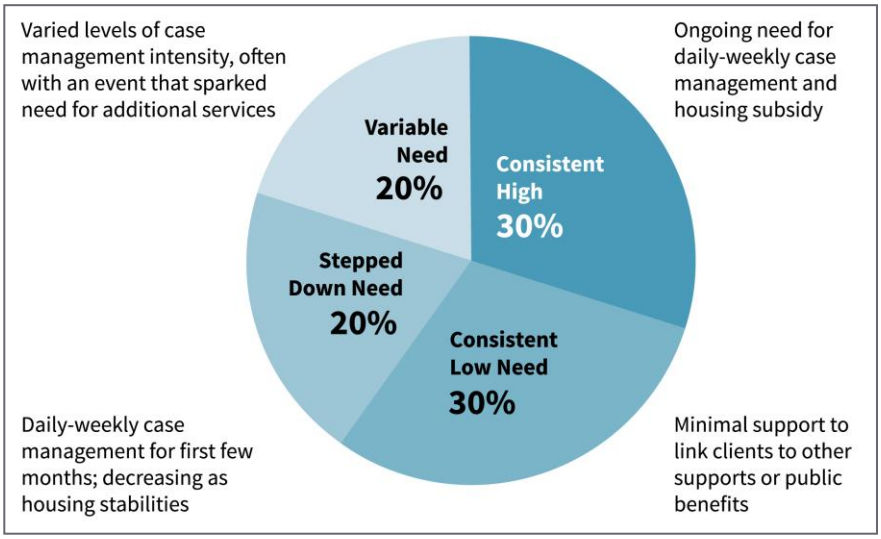
Functionality Indicator: Public officials incorporate proven models to support PSH clients in housing and in "moving on" as appropriate

In order to make the best use of resources and provider capacity, the evaluation team observed a need to understand how PSH tenants' service use changes over time. In particular, the evaluation team was interested in understanding if PSH service providers are able to successfully link some of their clients to other supports in the communities where they live, such as health care services, employment training or job placement, and support or community groups, and whether those linkages decrease the clients' needs for PSH case management services.

To help understand the level of supportive services provided after people with chronic patterns of homelessness move into housing, the evaluation team reviewed the service trajectories of 58 clients from 8 PSH providers across Los Angeles County. The review encompassed reviews of client case files and interviews with case managers. Based on these observations, the evaluation team created a preliminary, four-part typology as described below and displayed in Exhibit 4.[c]

- ***Consistent High Need***: According to case managers' descriptions, this group of clients uses a high level of case management services paired with a housing subsidy for a long period of time after moving into housing. The case manager checks in with the client several times a week or even daily. Case managers said that, with the implementation of CES targeting high-acuity clients, they have seen an increase in the number of and consistently high needs for case management services. From the sample of clients whose case files were reviewed, the evaluation team observed 18 clients (approximately 30 percent) in the Consistent High Need group.

Exhibit 4. Breakout of Typologies



[c] It is possible that additional types could be identified if data were collected on additional clients, at a different point of time, or from different providers.

- ***Consistent Low Need*:** Case managers described a group of clients who need only a low level of services paired with a housing subsidy. Case managers provide the support needed to link clients to other services or public benefits but do not check in with the client on a regular basis. Some clients are in this group not because they do not need intensive case management but because they refuse to accept it. Sixteen clients from the sample (approximately 30 percent) were identified as receiving a consistently low level of services.
- ***Stepped Down Need*:** The "stepped down need" client generally receives several contacts a week from a case manager for the first few months. As time progresses and the client is stably housed and linked to mainstream benefits and community services, the number of case management contacts decreases. Eleven clients from the sample (roughly 20 percent) fit this type of service trajectory.
- ***Variable Need*:** Clients who have levels of case management intensity that vary over time rather than declining often had a life event that sparked the need for additional services. For example, a client might have violated lease terms and face an eviction from the current PSH unit, so that the case manager needs to help resolve the tenancy issue or help with a search for interim housing or a new PSH unit. A common thread for clients in this group is that they had extreme reactions to circumstances such as conflicts with landlords or health crises. Eleven clients (approximately 20 percent) of the sample have this type of service trajectory.

This typology describes the actual experiences of PSH clients and their case managers. It is not intended to assess whether the clients were getting what they needed or to suggest that future clients will fit this typology or have the same distribution across the groups. Rather they illustrate that a one-size-fits-all approach to funding and providing services is likely to underserve some clients and overserve others. The clients may have received the levels and types of services they did because of perceived funder expectations, agency philosophy, case manager philosophy, actual client need, or a combination of all of these and other factors. The service standards under development will need to include guidance on how to staff and deliver services that respond to the inherent variation in clients' needs.

The Department of Health Services' (DHS) Flexible Housing Subsidy Pool (FHSP) has already adopted such a model. As described in the evaluation team's recent report on the Flexible Housing Subsidy Pool,[43] the amount of reimbursement for providing case management services varies based on the client's acuity level, as shown in Exhibit 5. For high-acuity clients, intensive case management service (ICMS) providers receive $450 per client per month at program entry, supporting a case manager to client ratio of 1:20. After 12 months, DHS and the ICMS provider review the client's acuity level. If clients are determined to be stably housed, have not had an emergency or inpatient hospitalization, and no longer need a high level of services, they are classified as low-acuity. ICMS providers receive $225 per client per month for low-acuity clients, and the case manager to client ratio is 1:40. The decision about whether a client is high- or low-acuity is a collaborative decision between DHS and the ICMS provider. As long as the client is housed, he or she is eligible to receive intensive case management services paid for through DHS. For more detail about the FHSP program, see the evaluation team's 2017 report, Flexible Housing Subsidy Pool Brief.

Exhibit 5. ICMS Providers' Cost and Case Manager Ratio Per Client Per Month by Acuity Level

Acuity Level	Cost Per Client Per Month	Case Manager to Client Ratio
High-acuity	$450	1:20
Low-acuity	$225	1:40

Source: Los Angeles County Department of Health Services

DHS's ICMS service funding model is highly regarded among the community's service providers. Using this model, service providers are able to determine if a client is high or low-acuity, have a reasonable case manager to client ratio, and not worry about losing funding for a client's services over time as long as the client remains in the program.

Sustainability Indicator: PSH retention and "moving on" levels suggest providers are adequately funded and staffed to serve high-need population

Due to the implementation of the new Homeless Management Information System (HMIS), the Los Angeles Homeless Services Authority was unable to produce accurate assessments of formerly-chronically homeless client retention and exits to other permanent housing situations. LAHSA anticipates being able to produce this analysis for the 2017 annual report, and is committed to reporting the metric publicly as part of its City and County plan responsibilities.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement	*Grant Making Portfolio*
Foundation staff convenes providers to share evaluation and best practices	*Countywide Prioritization System grant portfolio expands to develop capacity in underserved subregions*
Strong Impact	*Limited Impact*

Direct Engagement Indicator: Foundation staff convenes providers to share evaluation and best practices

Impact on establishing a strategy for building provider capacity across underserved subregions (community alignment indicator)

Impact on this indicator was made through the grant making portfolio rather than through direct engagement during this reporting period.

Impact on public officials incorporating proven models to support PSH clients in housing (community functionality indicator)

In 2016, the Foundation partnered with several organizations, including the evaluation team, to produce and disseminate research and best practices on PSH. During 2016, the evaluation team

examined the Flexible Housing Subsidy Pool and the service trajectories of permanent supportive housing residents (as described in this section of the report). Grants to the ***Corporation for Supportive Housing, National Health Care for the Homeless Council,*** and the ***National Alliance to End Homelessness*** supported national conferences and symposia to bring practitioners together to learn about best practices. Grants to the ***University of Pennsylvania*** and the ***National Academy of Sciences*** supported research on the aging of the homeless population and on health care for people experiencing homelessness. The reports from this research are forthcoming.

Impact on PSH retention and moving on levels reflecting adequately-funded and staffed service providers (community sustainability indicator)

The Foundation did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Grant Making Portfolio: Countywide Prioritization System grant portfolio expands to develop capacity in underserved subregions

Impact on establishing a strategy for building provider capacity across underserved subregions (community alignment indicator)

The primary grant making for building capacity in underserved parts of the LA region in 2016 was through the ***Corporation for Supportive Housing's (CSH) 88 Communities Strong*** program. The work to date has focused on gathering baseline information about provider capacity. Although CSH staff involvement in development activity is strong, without clearly defined SPA-level leadership structures, there is not an entity to receive technical assistance (TA) within each SPA and the effort has been unable to meet its original goals. If SPA-level goals were more clearly defined by the community and delegated to an appropriate entity within each SPA, this and similar TA efforts would have a clearer leverage point to work with.

Impact on public officials incorporating proven models to support PSH clients in housing (community functionality indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on PSH retention and moving on levels reflecting adequately-funded and staffed service providers (community sustainability indicator)

Foundation grantees did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

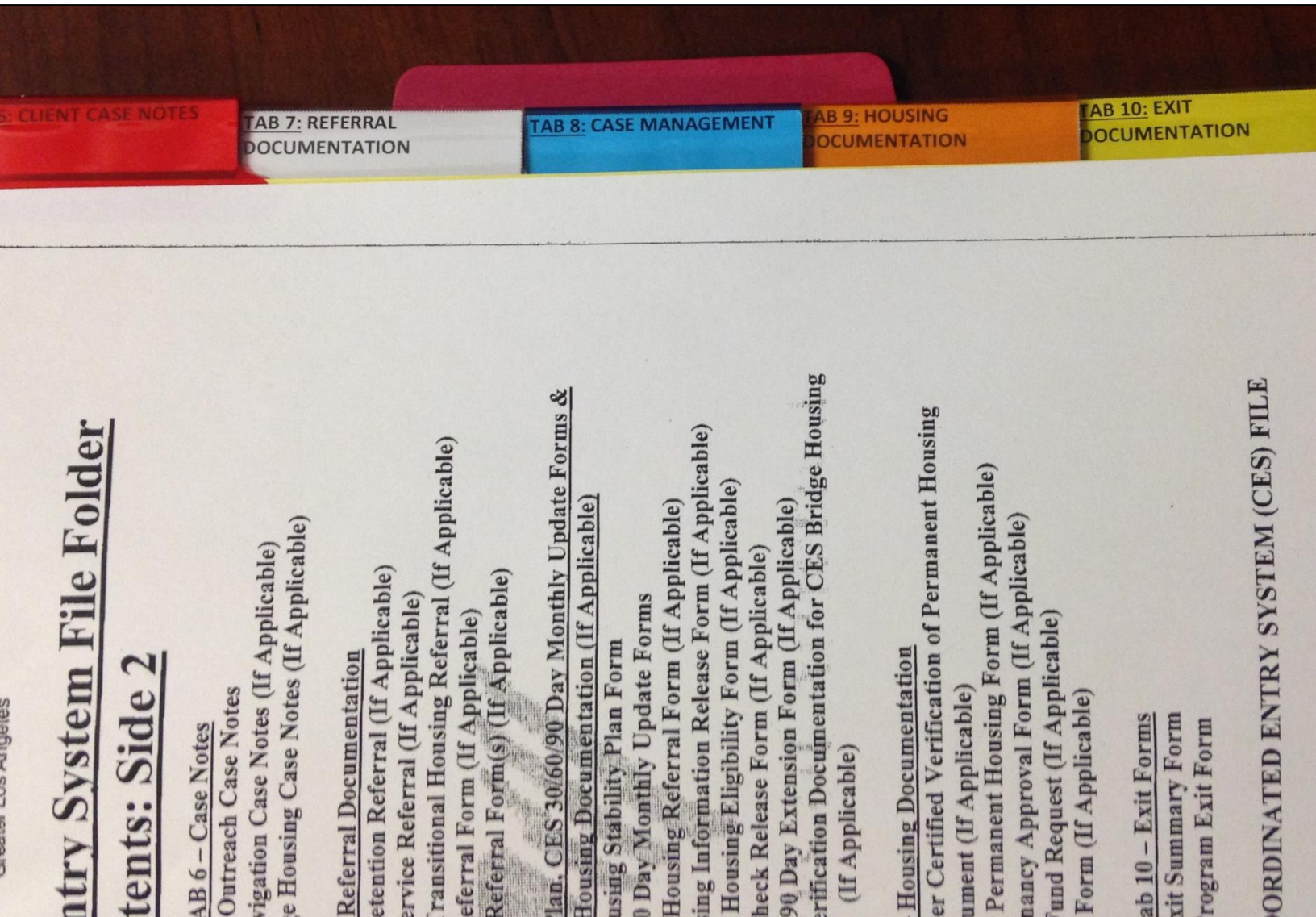
Opportunities for Los Angeles

Community Opportunity: In earlier sections of the report, the evaluation team noted the need for more technical assistance (TA) and capacity-building at the SPA-level and with providers working directly with persons experiencing chronic homelessness. TA provided by LAHSA, CSH, and LA-based TA providers should be ***aligned*** and an ***over-arching TA plan*** should be designed to ensure existing TA is maximized and gaps can be identified and targeted. TA should be consistent with defined countywide policies, strengths-based, tailored to needs, and coordinated within and across SPAs.

- **Potential Foundation Role:** The Foundation should provide directed capacity-building funding to LAHSA to support staff to coordinate the TA providers.

Community Opportunity: Additional public and private funders of long-term supportive services should adopt ***flexible models for funding services*** aligned with clients' service needs instead of a "one-size-fits-all" approach that assume clients need the same intensity of services for the same duration of time.

- **Potential Foundation Role:** The Foundation should leverage its influence with the Funders Collaborative to adopt, refine, and address identified gaps a model for funding services in PSH.



4. Inflow into Chronic Homelessness

The impact of additional people becoming chronically homeless has a huge impact on the pace of ending chronic homelessness. In Phase I, the focus of the Initiative was to prioritize individuals experiencing chronic homelessness for PSH and, where possible, move people out of homelessness quickly and efficiently, to prevent their homelessness from becoming chronic. But rising inflow into chronic homelessness makes clear that preventing people from staying on the streets for long periods of time is also critical. Inflow into chronic homelessness is different from inflow into homelessness overall, and there is little research or best practices in targeting resources to individuals most likely to fall into chronic homelessness. During Phase II, the Foundation has set a goal only to understand the issue and potential solutions more fully at this stage.

Goal: Implement policies and funding commitments to prevent people from becoming homeless and chronically homeless [b]

On Track

2016 Status: Understanding this inflow into homelessness remains challenging for the community, but some progress is being made

[b.] Not articulated in the Foundation five-year strategy; not expected to be fully achieved within the Phase II timeframe

Initiative Area: Understanding Inflow into Chronic Homelessness

2016 Status: Indicators of Community Progress Toward the Goal

Alignment	*Functionality*	*Sustainability*
The community understands the annual flow into chronic homelessness and contributing factors, and identifies strategies to respond	***Providers test new pilot prevention, diversion, and street homelessness programs and strategies***	***Providers expand existing prevention, diversion, and street homelessness programs and strategies***
Limited Progress	***Suitable Progress***	***Limited Progress***

Alignment Indicator: The community understands the annual inflow into chronic homelessness and contributing factors, and identifies strategies to respond

Although the inability of many people in Los Angeles to afford housing is a credible explanation for the overall rise in homelessness and the inability of many people experiencing homelessness to quickly rehouse themselves without support, there is not yet a defined measure of "inflow" into homelessness or chronic homelessness that has community consensus. Additional research is needed to create such a measure and potentially explore factors leading to first-time chronic homelessness status. Understanding the demographics and history of people who become chronically homeless may lead to information about potential interventions to test.

The Los Angeles County Board of Supervisors directed the County's Chief Executive Officer (CEO) to create a research and data priorities plan to be implemented over 2016 and 2017. The CEO, along with Home For Good and other community stakeholders, recommended the following ***research priorities***: (1) "Understanding the dynamics of why individuals and families become homeless"; (2) conducting "analysis of best practices of moving people out of homelessness and ensuring strong retention;" and (3) understanding "the demographic characteristics of the homeless population."[44]

At the end of 2016, Home For Good began convening a group of community researchers to consider research priorities, including exploring inflow into chronic homelessness. In 2017, this series of meetings led to the formation of the ***Homelessness Policy Research Institute***, a partnership between Home For Good and the University of Southern California's Sol Price Center for Social Innovation. Two members, California Policy Lab from UCLA and Economic Roundtable, have expressed interest in using predictive analytics with the County's Enterprise Linkage Program dataset to explore inflow into homelessness.

Functionality Indicator: Providers test new pilot prevention, diversion, and street homelessness programs and strategies

In 2016, several pilot projects designed to serve vulnerable populations at risk of homelessness or chronic homelessness continued. In particular, projects focused on the criminal justice reentry population.

The ***Breaking Barriers*** program is implemented by Brilliant Corners, the County Department of Health Services, and the County Department of Probation with support from the Foundation and the Corporation for Supportive Housing. Started in 2015, Breaking Barriers is a rapid rehousing program that uses Flexible Housing Subsidy Pool (FHSP) funding to serve felony probationers who are either experiencing or at imminent risk of homelessness. Through mid-2016, Brilliant Corners had enrolled a cumulative 189 clients and housed a cumulative 101 clients through the Breaking Barriers program.

The Breaking Barriers program is being expanded in 2017 with support from Department of Health Services' Office of Diversion and Reentry (ODR). ODR is developing additional policies and programs in partnership with the Sheriff and other parts of the criminal justice system:

- The **Misdemeanor Incompetent to Stand Trial (MIST)** program places people who would otherwise be held in jail until restored to competency to stand trial for misdemeanor offenses into community-based mental health and/or substance use disorder treatment. Interim housing is provided through FHSP.
- **Diversion** allows the judge, Public Defender, and District Attorney to agree to place people in custody on a felony charge and identified as homeless with a mental health and/or substance use disorder in PSH, instead of being incarcerated.
- **Reentry** uses the FHSP to connect people who were homeless before serving a jail sentence to intensive case management services and provide rent subsidies. Release by the Sheriff occurs during business hours so the service provider can meet clients at the door of the jail and transport them to an interim housing site.
- DMH provides **mental health services** to MIST, Diversion, and Reentry clients with behavioral health disorders who may be at risk of chronic homelessness.

Additionally, the City and County plans made early investments in increased funding for coordinated outreach and rapid re-housing to help people end episodes of homelessness more quickly. For example, in 2016, the Department of Health Services launched four ***pilot C3 (City, County, Community) multidisciplinary street engagement teams***. The teams comprise six service providers from the County Department of Mental Health, County Department of Health Services, Substance Abuse Prevention & Control, Los Angeles Homeless Services Authority (LAHSA), and AmeriCorps. However, increases in unsheltered homelessness bring decreases in access to clean water and sanitation, leading to communicable disease outbreaks in encampments. The increasingly dire circumstances on the streets suggest that short-term crisis response structures need to scale up, and potentially include some emergency shelter solutions to ensure basic human health, safety, and dignity. The new City and County strategies for ending homelessness include some crisis response activities, including expansion of the C3 program, but stakeholders have expressed concern that the responses have not been quick or large enough.

Sustainability Indicator: Providers expand existing prevention, diversion, and street homelessness programs and strategies

In 2008, the County's Sheriff's Department and CSH launched the pilot of the Just in Reach program. This pilot program was designed to focus on repeat offenders with three episodes of homelessness in the past five years and provided needs assessment, employment assistance, benefits enrollment, drug and alcohol treatment, mental health services, and placement in temporary and permanent housing. In 2013, CSH

refined the model with improved coordination with the Department of Mental Health (DMH) and Department of Health Services (DHS) to launch Just in Reach 2.0.

Over the past year, DHS's Office of Diversion and Reentry (ODR), in partnership with Sheriff's Department, the Hilton Foundation, UnitedHealthCare, the National Council on Crime and Delinquency, and the Corporation for Supportive Housing (CSH), worked to execute the ***County's first Pay for Success model*** tied to the ***Just in Reach*** Program. The goal of the program is to work with individuals with histories of homelessness who are incarcerated at an LA County jail and have either a mental health condition, substance use disorder, or disability and ensure they receive a warm coordinated discharge from jail into PSH. For this Pay for Success model, the Hilton Foundation and UnitedHealthCare jointly invested a total of $10 million and will be repaid these funds by Los Angeles County only if the program meets certain agreed upon metrics – ***increased housing stability and decreased returns to jail***. The Pay for Success model of Just in Reach officially launched in October 2017. With the creation of the new Pay for Success program model, over the next four years, Just in Reach will provide PSH to 300 homeless individuals who are currently in custody of the Los Angeles County jail.

2016 Status: Indicators of the Foundation's Contribution to Community Progress

Direct Engagement
Foundation staff advocate for inflow analysis as part of community research initiatives
Strong Impact

Grant Making Portfolio
Inflow grant portfolio expands to identify or address inflow population
Strong Impact

Direct Engagement Indicator: Foundation staff advocate for inflow analysis as part of community research initiatives

Impact on community understanding of the annual inflow into chronic homelessness (community alignment indicator)

Andrea Iloulian, the Foundation's Senior Program Officer for the Homelessness Strategy, worked closely with United Way staff to select participants for and support the ***convenings of community researchers***. The group has prioritized exploring the pressing matters in the City and County strategies, and some members are interested in exploring inflow. The Homeless Policy Research Institute was not formalized until 2017, with funding support from the Foundation, and the evaluation team will continue to monitor the research agenda over time.

Impact on testing new pilot prevention, diversion, and street homelessness programs and strategies (community functionality indicator)

The Foundation did not work with community partners to impact this area during the reporting period. Therefore, progress on this indicator was not measureable during the report period.

Impact on expanding existing prevention, diversion, and street homelessness programs (community sustainability indicator)

Foundation staff worked closely with DHS's Office of Diversion and Reentry, the Sheriff's Department, CSH, and UnitedHealthCare to complete the design of the County's first Pay for Success Program. Foundation staff explained that they felt it was important to have a local philanthropic partner investing in this program who ***invested*** in the pilot program and could ***communicate*** with other private funders about the programs results. The Foundation also noted that they were able to rely on its previous experience of investing in public-private partnerships, as with its initial investment in DHS' Flexible Housing Subsidy Pool, ***to leverage for scaled solutions*** that have been piloted in the community and discuss opportunities to partner in funding the program with County leadership.

Grant Making Portfolio Indicator: Inflow grant portfolio expands to identify or address inflow population

Impact on community understanding of the annual inflow into chronic homelessness (community alignment indicator)

In 2016, Foundation staff worked to explore opportunities in the community to create a space where researchers could come together to share and align their research efforts on homelessness and housing within the County. In 2017, the Foundation awarded the USC Sol Price Center for Social Innovation a grant to lead the ***Homeless Policy Research Institute*** in collaboration with Home For Good. The evaluation team will monitor the activities of this newly formed group over the next year.

Impact on testing new pilot prevention, diversion, and street homelessness programs and strategies (community functionality indicator)

The Foundation did not invest in any grantees that supported pilot programs or strategies for inflow into homelessness in 2016, and therefore, the evaluation team did not expect an impact in this area during the reporting period.

Impact on expanding existing prevention, diversion, and street homelessness programs (community sustainability indicator)

In 2016, the Foundation invested $3 million in the County's first Pay for Success financial model tied to the Just in Reach program. While the Just in Reach program has been piloted throughout the County since 2008, this version of the program launched in October 2017. The Foundation will be repaid its investment only if the program successfully meets agreed upon metrics which will measure housing stability and jail avoidance. A third-party evaluator will monitor these outcomes of program participants.

Opportunities for Los Angeles

Community Opportunity: *Dedicate resources to crisis response based on the Countywide housing gaps analysis*. There has been a longstanding tension between short-term solutions and investments in long-term strategies, but the deteriorating health conditions of people living on the streets demand immediate solutions. Public officials should rely upon the countywide housing gaps analysis as a system planning tool to scale up the resources needed for the unsheltered population. This is important in ensuring that crisis

response services are scaled based not only on need, but on a data-driven countywide capacity plan for the street to home process.

Within the County's Homelessness Initiative, Measure H will fund one strategy to provide prevention resources for individuals. However, these resources are targeted at prevention, diversion, and retention efforts for individuals still residing in housing, not individuals who are unsheltered. Measure H will also fund LAHSA to enhance the emergency shelter system by adding emergency beds and increasing the nightly bed rate for existing emergency shelters. By increasing the bed rate, providers are able to enhance the quality of services to clients. While these strategies provide some crisis response activities, stakeholders have expressed concern for the dire conditions that unsheltered homeless people experience.

- **Potential Foundation Role:** Due to the dire health and safety conditions for the unsheltered population, leverage the experience of experts from other international and domestic fields in addressing large-scale health crises to expand the community's plans.

Community Opportunity: Upstream systems ultimately will be crucial to reducing the inflow of people entering homelessness. The community must continue to partner with mainstream resource providers, scale up existing diversion programs, and ***advocate for improved housing, health care, and labor conditions for all populations***.

- **Potential Foundation Role:** Continue to advocate for increased research into inflow rates and prevention strategies. The Homeless Policy Research Institute and the County's research agenda might pursue matching and analysis that helps explain the overlap between people who become homeless and other at-risk populations such as people leaving incarceration and those with severe mental illness.

5. Recommendations and Conclusion

Over the past six years the Los Angeles community has made substantial progress in furthering support for and prioritizing permanent supportive housing (PSH) as a solution to chronic homelessness. Specifically, over the past year, there have been great efforts around the community to obtain dedicated funding for supporting the community's homeless initiatives, developing new PSH units, and scaling up flexible programs to house highly vulnerable persons. Now that there is significant funding through Proposition HHH and Measure H to support the work needed to combat homelessness, and garner political and public will, the community has more opportunity than ever to drive change towards ending and preventing chronic homelessness. As the community and the Foundation continue to move forward with Phase II of the Chronic Homelessness Initiative, the evaluation team recommends examining the following opportunities, collected from throughout this report.

- ***Hold public officials accountable*** for executing the City and County strategies, including siting PSH and other housing developments throughout the county. Now that the ballot measures have passed, elected and public officials need to exhibit leadership towards city council and district decisions and policy creation and implementation in support of the ballot measures they fiercely supported. Additionally, elected and public officials will need to ensure that lead agencies have sufficient resources to implement the strategies as envisioned. ***Ensure City and County plan implementation is well organized, appropriately governed, and actively monitored*** so that the billions of dollars being invested achieve their intended purpose. Implementation will require extensive action by many organizations. Without attention to coordination, especially around macro-level goals, officials of different public agencies and staff of implementing organizations could easily work at cross purposes. The Regional Homeless Advisory Council and other leadership entities must be given clear roles and responsibilities, including specific responsibilities for tracking the results of each City and County strategy, receiving regular, meaningful input from community organizations, and developing a communication strategy.

    - **Potential Foundation Role:** The Foundation should continue to push, either through direct engagement or grant making, for clear definitions of roles and responsibilities for leadership entities.

- ***Fully resource the City and County plans by combining local resources with state, and federal resources*** including Low-Income Housing Tax Credits allocated by the California Tax Credit Allocation Committee, Whole Person Care financed by Medicaid, Housing Choice Vouchers administered by Public Housing Agencies, and funding for homeless assistance programs from the U.S. Department of Housing and Urban Development (HUD).

- To sustain the groundswell of public support, it will be necessary to ***communicate with the public*** about the efforts underway to implement the City and County plans and the time needed for results to become visible. No amount of time or funding will ever end chronic homelessness if communities refuse to ***get on board with building PSH within their geographic and social***

bounds. The community should create and implement a strategic communication plan for aligning efforts around consistent messaging and garnering public support for creating PSH within neighborhoods.

  - **Potential Foundation Role:** The Foundation should increase support for public communication strategies and local advocacy measures, and continue to work closely with other private funders to combat opposition to siting PSH across the county. The philanthropic community should leverage its credibility and connections with City Council members and individual cities to lead by example by supporting the development of PSH in their districts.

- Develop a ***legislative strategy to influence state and federal policymakers*** to protect at-risk subsidies and resources and, where possible, increase funding for PSH, including services. Focus on advocacy for Housing Choice Vouchers and other subsidy resources, increased funding support for developing PSH, and halting policy changes to Medicaid and the Affordable Care Act that would endanger the health and wellbeing of people experiencing homelessness. Advocates should support state or local ***legislation to prohibit landlord discrimination against voucher holders.***

  - **Potential Foundation Role:** Place an explicit expectation on grantees to lead or participate in developing such a strategy. To the extent it is appropriate, directly coordinate with grantees to engage with state and federal representatives to educate them about the systemic needs to address homelessness and hold them accountable to their commitments.

- The pace of ***development must increase significantly to meet the need for PSH***. Advocates must work to ensure the LA City PSH Ordinance passes, PSH projects continue to receive special attention, and that similar efforts are pursued outside the City of LA. Proactively ***align the funding needed for operating PSH and providing services to residents with the development process***. Engaging the County agencies that will provide funding for operations and services at the time of site control or pre-development activities would ensure that PSH becomes operational as early as possible.

- ***Increase the availability of private market housing for PSH.*** Affordable housing properties that are not required to participate in homeless set-asides or coordinated entry may not be readily known to housing locators. Develop strategies to get these property owners to formally or informally participate in coordinated entry by notifying housing locators about turnover availability. ***Increase incentives*** such as referral or retention bonuses to encourage “repeat” rentals with existing landlords and recruitment of new landlords. Alongside these efforts targeted to PSH, advocates must also focus on the overall affordability of the LA housing market, including removing barriers that limit housing development and developing affordable housing for all populations.

- ***Expand the County's housing gaps analysis by using a system modeling approach and improve the accuracy and utility of the HIC***. These resources have the potential to drive not only County-, City-, and SPA-wide planning, but also support SPA-level coordination among providers.

- Public and private funders of long-term supportive services should adopt ***flexible models for funding services*** aligned with clients' service needs. As standards for supportive services are defined, County funders, LAHSA, and the Funders Collaborative should assess the extent to which recently authorized revenue streams will reach the overall scale of services needed to ***ensure that people with chronic patterns of homelessness who are placed in PSH have access to services in accordance with the defined service standards***. LAHSA and other funders, including the Funders Collaborative, should develop models for serving clients who ***move from one SPA to another***. The City-County working group should also build stronger connections with mainstream service partners and community service providers, particularly those with the capacity to outpost staff in remote areas, in planning processes to emphasize their importance in a housed PSH client's progress and success.

    - **Potential Foundation Role:** The Foundation should leverage its influence with the Funders Collaborative to adopt a model for funding services in PSH.

- LAHSA should ensure that the Coordinated Entry System (CES) SPA leads and partners understand their ***roles, responsibilities, and authority over coordinating available resources***. This may require explicitly defining coordinated entry and prioritization so that stakeholders understand that they should be conceiving of all available outreach, crisis, assessment, matching, bridge, housing, and service resources within a SPA as a single service system. If HMIS reports and housing inventory data are made available to SPAs, LAHSA and CES stakeholders can begin to place more responsibility on SPA leadership take for ***setting and monitoring SPA-level goals***. LAHSA should also work with the SPA leads and CES Policy Work Group to ***develop CES policies and procedures that can be disseminated quickly and tested in the field***. Then, after field-testing the draft guidance, policies can be refined and formally considered by the CES Policy Council. The community should work with people who have experienced homelessness to understand clients' interactions with the CES and how to ***streamline and make system navigation more user-friendly***.

    - **Potential Foundation Role:** If programs grants are made to support SPA-level implementation, the Foundation should ensure resources are supporting the capacity of underserved and under-resourced SPAs.

- In order to monitor the progress of the community's efforts to end homelessness, ***HMIS data needs to be available and accessible*** to community providers, CES regional coordinators, funders, and policy makers. As the community starts to use its new HMIS software, LAHSA should create internal processes to regularly review and share CES data. Reports on the City metrics, "active list" reports, and housing match data should be available at both the system level and at the SPA level, and potentially at further geographic and population group breakouts. These reports will empower SPA staff to understand their local implementation as well as the

impact of that work on the full system of care in the community. Along with such reports, data sharing models would allow SPAs to share information securely among their providers and potentially with other SPAs. (This depends on data sharing decisions by the CoC governance structure.)

  - **Potential Foundation Role:** As the community moves towards enhancing the regional coordination and increasing the capacity of the CES, the Foundation should continue to hold governmental partners accountable by making system-level and regional data available to the public in order to report on the community's progress.

- LAHSA, CSH, and LA-based technical assistance (TA) providers should ***align their efforts for TA at the SPA level*** so that TA engagements are consistent, strengths-based, tailored to needs, and coordinated within and across SPAs.

  - **Potential Foundation Role:** The Foundation should provide directed capacity-building funding to LAHSA to support staff to coordinate the TA providers.

- Upstream systems ultimately will be crucial to reducing the inflow of people entering homelessness. The community must continue to ***partner with mainstream resource providers, scale up existing diversion programs, and advocate for improved housing, health care, and labor conditions for all populations.*** There has been a longstanding tension between short-term solutions and investments in long-term strategies, but the deteriorating health conditions of people living on the streets demand immediate solutions. ***Dedicate resources to crisis response based on the Countywide housing gaps analysis and system modeling.***

  - **Potential Foundation Role:** Continue to advocate for increased research into inflow rates and prevention strategies. The Homeless Policy Research Institute and the County's research agenda might pursue matching and analysis that helps explain the overlap between people who become homeless and other at-risk populations such as people leaving incarceration and those with severe mental illness. Bring international aid experts, including Foundation staff, into the discussion to provide expertise in clean water and other humanitarian work.

Over the past six years, the Foundation has invested significant time and resources into a tremendously committed community. The partners cultivated the will of political officials and the general public; piloted new, innovative programs to serve highly vulnerable clients experiencing homelessness; looked for opportunities to scale up federal resources; and implemented a massive countywide prioritization system. These efforts, along with many more, will need to continue to grow and move forward with singular intensity over the next several years for the community and its stakeholders to reach the goals of ending and preventing chronic homelessness.

Phase II Chronic Homelessness Initiative Grants: Active in 2016

Grant Application Approval Date	Grantee	Grant Amount	Grant Term	Current Grant Status	Grant Objective	Grant Type
Late 2012	**Corporation for Supportive Housing: PRI**	$2,000,000	May 2013-April 2023	Active	Manage and capitalize revolving program-related investment loans and other related loan pools	Scaling up the Resources
Mid-2013	**Corporation for Supportive Housing: JIR PFS Pilot**	$1,500,000	October 2013-February 2016	Complete	Develop and implement the Just In-Reach inmate housing program (*Grant amount includes funding for targeted service program subgrantees*)	Inflow
	Clifford Beers Housing Inc.	$500,000	January 2014-December 2016	Complete	Develop 200 PSH or affordable housing units	Scaling Up the Resources
Late 2013	**Mental Health America of L.A.**	$1,500,000	January 2014-December 2016	Complete	Place 28 high-need clients in PSH as part of the Homeless Prevention Initiative in Long Beach	Countywide Prioritization Systems Inflow
Early 2014	**Funders Together to End Homelessness**	$300,000	March 2014-February 2017	Complete	Support member education, networking, and advocacy	Political Will
	Common Ground Communities, DBA Community Solutions	$350,000	March 2014-June 2016	Complete	Support the expansion of the Coordinated Entry System countywide	Countywide Prioritization Systems
	Corporation for Supportive Housing	$6,000,000	April 2014-March 2017	Complete	Engage mainstream systems; build developer and organizational capacity for high quality supportive housing; policy development and advocacy (includes funding for sub-grantees) (*Grant amount includes funding for targeted service program subgrantees*)	Political Will Scaling Up the Resources Countywide Prioritization Systems Inflow

Grant Application Approval Date	Grantee	Grant Amount	Grant Term	Current Grant Status	Grant Objective	Grant Type
Mid-2014	**Southern California Association of Nonprofit Housing (SCANPH)**	$100,000	August 2014-July 2016	Complete	Generate public sector financial investment in affordable housing development and preservation, including funding and land use policy	Political Will Scaling Up the Resources
	LA Family Housing	$1,000,000	September 2014-August 2016	Complete	Implement and expand coverage of the Coordinated Entry System in SPA 2	Countywide Prioritization Systems
	Pathways to Housing	$700,000	September 2014-January 2016	Complete	Place 70 homeless veterans per month in permanent housing and provide housing-related resources that expedite placement of veterans into housing	Countywide Prioritization Systems
Late 2014	**Housing California**	$200,000	November 2014-October 2016	Complete	Advance public policy solutions that promote the development of affordable and supportive housing	Political Will
	Western Center on Law and Poverty	$100,000	December 2014-November 2016	Complete	Legal and legislative advocacy to protect and expand PSH funding, health resources, and public benefits for people experiencing chronic homelessness	Political Will
	National Alliance to End Homelessness (NAEH)	$500,000	January 2015-December 2016	Complete	Policy analysis and advocacy	Political Will
Early 2015	**Center on Budget and Policy Priorities (CBPP)**	$100,000	January 2015-December 2016	Complete	National and local analysis and advocacy around Housing Choice Vouchers	Political Will
	Housing Works	$600,000	March 2015-March 2017	Complete	Pilot an employment program for formerly-chronically homeless clients	Scaling Up the Resources
	Lamp Community	$1,200,000	April 2015-March 2017	Complete	Implement and expand coverage of the Coordinated Entry System in SPA 4	Countywide Prioritization Systems
Mid-2015	**National Health Foundation**	$250,000	June 2015-May 2017	Complete	Place 150 homeless clients in permanent supportive housing from recuperative care	Inflow

Grant Application Approval Date	Grantee	Grant Amount	Grant Term	Current Grant Status	Grant Objective	Grant Type
	St. Joseph Center	$1,200,000	July 2015-June 2017	Complete	Implement and expand coverage of the Coordinated Entry System in SPA 5	Countywide Prioritization Systems
	Brilliant Corners	$2,000,000	July 2015-June 2017	Complete	Provide housing and employment services to 200 transitioning probationers	Inflow
	National Academy of Sciences	$50,000	September 2015-December 2017	Active	Support a study on the links of healthcare and homelessness	Inflow Scaling Up the Resources
	Skid Row Housing Trust	$400,000	September 2015-August 2017	Complete	Pilot the Health Home service model and assist 1,000 clients access Health Home services	Inflow Scaling Up the Resources
	United Way	$6,000,000	September 2015-August 2017	Complete	Lead cross-sector engagement and advocacy to expand critical systems supporting chronically homeless people, including the Funders Collaborative and the Coordinated Entry System (*Grant amount includes funding for grantees of the Funders Collaborative*)	Political Will Scaling Up the Resources Countywide Prioritization Systems
Late 2015	**Pathways to Housing**	$35,000	November 2015-April 2016	Complete	Support the Housing First Partners Conference	Inflow
	Enterprise Community Partners	$325,000	January 2016-December 2017	Active	Assess the permanent supportive housing preservation and development needs and advocate for policy and programmatic solutions to those needs	Political Will Scaling Up the Resources
	LA Family Housing	$500,000	January 2016-December 2016	Complete	Support a capital campaign to build a $47 million new campus	Scaling Up the Resources Countywide Prioritization System
Early 2016	**National Health Care for the Homeless Council, Inc.**	$5,000	March 2016-June 2016	Complete	Support a half-day session on healthcare and homelessness at the 2016 National HCH Conference	Scaling Up the Resources Inflow

Grant Application Approval Date	Grantee	Grant Amount	Grant Term	Current Grant Status	Grant Objective	Grant Type
	LAHSA	$550,000	March 2016-December 2017	Active	Enhance LAHSA's capacity to meet the community's rising expectations and needs as an administrator and technical assistance provider in countywide efforts to implement the coordinated entry system to end chronic homelessness	Political Will Countywide Prioritization Systems
	Invisible People	$40,000	April 2016-December 2016	Complete	Develop social media content and conduct storytelling training and video sessions with advocates to advance the narratives of people who have experienced homelessness in the community	Political Will
	Inner City Law Center	$50,000	May 2016-April 2017	Complete	Collaborate with and align advocacy strategies of 57 homeless service providers and developers toward increasing public spending on homelessness and housing solutions	Political Will
	OPCC	$100,000	June 2016-May 2018	Active	Enhance outreach in Malibu	Countywide Prioritization Systems
Mid-2016	**LA Voice**	$150,000	July 2016-June 2017	Complete	Engage and leverage faith communities in local advocacy to end homelessness	Political Will
	REDF	$200,000	July 2016-December 2017	Complete	In partnership with CSH, develop and implement a job pathway for people who have experienced homelessness to work as Peer Community Health Workers and Housing Navigators on the Health Home provider teams	Scaling Up the Resources

Grant Application Approval Date	Grantee	Grant Amount	Grant Term	Current Grant Status	Grant Objective	Grant Type
	Downtown Women's Center	$450,000	November 2016-October 2018	Active	Build cross-sector partnerships with domestic violence and homelessness service providers to improve understanding of and systemic responses to domestic violence and chronic homelessness	Countywide Prioritization Systems Inflow
	Housing Works	$40,000	October 2016-September 2017	Active	Support general operations in memory of Mollie Lowery	Scaling Up the Resources
Late 2016	**Housing California**	$300,000	December 2016-November 2018	Active	Advocate for state-level policy change at the systems nexus of chronic homelessness, healthcare, criminal justice, and child welfare	Political Will
	Trustees of the University of Pennsylvania	$45,000	December 2016-November 2017	Active	Support a study on the impacts aging homeless population on healthcare costs in L.A.	Inflow
	Brilliant Corners	$1,200,000	January 2017-December 2018	Active	Continue building capacity for and scaling implementation of DHS's Flexible Housing Subsidy Pool	Scaling Up the Resources Countywide Prioritization Systems Inflow
	Corporation for Supportive Housing: JIR PFS	$3,000,000	January 2017-June 2022	Active	Implement the Just In Reach Pay for Success program	Inflow

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