EVALUATION OF THE

Conrad N. Hilton Foundation Chronic Homelessness Initiative 2014 REPORT

October 2014

Abt
ASSOCIATES

Executive Summary

Under a September 2011 contract with the Conrad N. Hilton Foundation, Abt Associates has been conducting an evaluation of the Hilton Foundation's Chronic Homelessness Initiative with the goal of answering the overarching question: **Is the Chronic Homelessness Initiative an effective strategy to end and prevent chronic homelessness in Los Angeles County?** The evaluation is designed to provide both interim milestones related to improving the systems for serving people experiencing chronic homelessness and estimates of the effect of permanent supportive housing (PSH) on its residents and on the problem of chronic homelessness. Since the beginning of the Chronic Homelessness Initiative, the Foundation has distributed more than $42.3 million in multi-year grants to 21 nonprofit groups working in LA. The LA grantees include nonprofit groups working on regional systems change and capacity-building, as well as local groups providing direct services to chronically homeless individuals, PSH developers, and public policy advocates.

In this report, the third of the annual updates, the evaluation team documents the significant progress that has been made on each of the six primary Hilton Foundation Chronic Homeless Initiative goals, summarized in the table below. Many of the five-year goals have been exceeded, and most others are on track to be reached within the next two years. These accomplishments are impressive; even more notable is the extensive systems change that has occurred, which promises to ensure continued success.

Summary of Progress on Hilton Foundation Initiative Goals, August 2014

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

Significant progress was made over the first three years of the Initiative in engaging public officials in addressing chronic homelessness. However, elected officials, especially newly elected leaders, will need to be proactively and continually engaged over the last two years of the Initiative to maintain progress in this area.

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

As of August 2014, $13.75 million in private funds and $277 million in public funds had been leveraged or aligned through the Home For Good Funders Collaborative. Public resources have been committed through the Home For Good Funders Collaborative at an unparalleled pace and the public funding goal has already been surpassed. Noteworthy progress was also made on the private goal.

Progress Toward Goal to Create 5,000 Units of PSH

Through the Funders Collaborative as well as direct grantmaking, the Foundation has supported the creation or dedication of 3,736 units of PSH for chronically homeless people (75 percent of the five-year goal). Due largely to the availability of public resources for housing vouchers, the scattered site unit creation goal has already been surpassed, and the Initiative is making steady progress on its project-based unit creation goal.

Progress Toward Goal to Establish a System of Prioritizing Chronically Homeless Persons for PSH

Over the course of the last year, the coordinated entry system (CES) has expanded from the Skid Row pilot into all areas of the county, and providers and community leadership have demonstrated buy-in. Progress has been achieved appropriate to the third year of the Initiative, but there is still work to do to systematize the approach and align it with the resources necessary to support prioritization and expedient housing placement.

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

To end chronic homelessness, PSH providers must have capacity to provide services effectively. PSH providers are showing improvement in all measures identified on the "capacity scorecard," created for the 2013 Report from the Home For Good Standards of Excellence.

Progress Toward Goal to House 1,000 Most Vulnerable Chronically Homeless Persons in PSH and Prevent 1,000 Persons from Becoming Chronically Homeless

The Foundation has directly supported the placement of 2,367 chronically homeless individuals in PSH, more than double the original placement goal of 1,000. The direct Foundation-funded efforts fall far short of the 1,000-person prevention placement goal. In the absence of clear community-wide strategy to address chronic homelessness prevention, it seems unlikely that the number of people experiencing chronic homelessness will reach zero as those who are on the streets age into chronic homelessness and people who are vulnerable continue to become homeless.

Primary Recommendations

A number of recommendations for improvement emerged from this year's evaluation. Activities in all of these areas are already under way at some level within Los Angeles, but we provide the following recommendations to reinforce their importance to the Initiative. Further details are provided for each recommendation in Section 3.

1. **Develop a political engagement strategy** that reinforces support among existing champions and cultivates understanding and support among new leaders. In particular, consider re-engaging existing signatories to Home For Good, especially local leaders, and evolving the Home For Good leadership structure to formally engage the public and nonprofit agencies in the governance process.

2. Refine the PSH housing and services funding model and **identify sustainable sources of funding to support PSH services and operations**. Analyze data to better understand the actual costs of delivering PSH housing and services and the feasibility of engaging mainstream service system in supporting long-term PSH clients. Based on findings, develop funding projections and an investment strategy for Funders Collaborative grantmaking, complementary private funding, and funding from public agency partners.

3. Support strategies to **expand capital resources** for PSH unit creation and preservation, including development strategies by subarea so elected and public officials can build support for targeted investments, advocating for the city and county of Los Angeles to dedicate a portion of redevelopment agency "boomerang" funds to PSH development, and aligning funding to help PSH developers secure capital resources needed to modernize or improve older PSH projects.

4. Support strategies to **increase the supply of scattered site PSH** by establishing formal arrangements between housing authorities, CES, and service providers in a coordinated effort to increase the use of homeless limited preferences to provide access to Housing Choice Vouchers and increase use of Shelter Plus Care vouchers for chronically homeless people, including those prioritized and matched through CES.

5. Establish formal arrangements between **housing authorities, CES, and providers** to ensure CES coordinators and community-based organizations are able to be responsive to an influx of vouchers and housing authorities are able to accept CES clients while still operating within HUD and Fair Housing requirements.

6. Continue to support efforts to **bring CES to scale**, including exploring use of CES as a platform for accessing aligned initiatives and specialized housing. Cultivating an effective inventory management system and clear means of consistently identifying and prioritizing individuals for housing based on their vulnerability and need will both improve access to housing and promote a greater understanding of need and housing supply. As the technology platform of CES improves, it may also be possible to further use CES in conjunction with aligned initiatives and specialized housing such as 10th Decile Projects.

7. Leverage grantmaking resources to strong community agencies by funding their **engagement in underserved areas**. This would allow for continued support of strong agencies while expanding their reach systemwide and creating a community of practice.

8. Coordinate with relevant stakeholders to create a **chronic homelessness prevention strategy**. Without a clear understanding of the scope of need and a clear strategy to address the problem, we anticipate the community will continue to see inflow into chronic homelessness. Consider dedicating resources to an in-depth study of the issue and developing a community-wide strategy for appropriately responding to highly vulnerable populations, including the possible development of an additional, discrete PSH inventory target to meet the identified need.

Significant progress has been made in achieving the five-year goals of the Chronic Homeless Initiative. Consideration of the evaluation recommendations may help to advance efforts by building off prior successes and learning from less fruitful experiences. While the five-year goals remain important markers of progress, the next step for the Initiative will be to look ahead past the end of the Initiative in 2015. In planning for future goals and activity, the evaluation team recommends that the Foundation and Home For Good consider the overall unmet need for PSH for both high and lower priority populations and identify the number of units and funding commitments needed to fill that gap countywide and locally.

Introduction and Background

Under a September 2011 contract with the Conrad N. Hilton Foundation, Abt Associates has been conducting an evaluation of the Hilton Foundation's Chronic Homelessness Initiative with the goal of answering the overarching question: **Is the Chronic Homelessness Initiative an effective strategy to end and prevent chronic homelessness in Los Angeles County?** The evaluation is designed to provide both interim milestones related to improving the systems for serving people experiencing chronic homelessness and estimates of the effect of permanent supportive housing (PSH) on its residents and on the problem of chronic homelessness.[1]

Long at the forefront of research and technical assistance aimed at reducing and preventing homelessness, Abt has helped policymakers understand the magnitude and causes of homelessness and the impact and cost-effectiveness of homeless assistance programs. Julia Brown leads the evaluation of the Chronic Homelessness Initiative with Brooke Spellman as principal investigator and Dr. Jill Khadduri as the senior quality advisor. The Abt team includes Carol Wilkins, Meghan Henry, and Matt White, each of whom has in-depth experience working on issues related to homelessness and PSH both nationally and in Los Angeles or other cities. More information on the full Abt evaluation team, including an acknowledgement of potential conflicts of interest, is contained in Appendix A.

The 2012 Report, delivered in October 2012, provided the evaluation team's report on the first 18 months of the Initiative, January 2011 through June 2012.[2] The 2013 Report, delivered in October 2013, covered actions and results through August 2013. This third report in the series, the 2014 Report, covers January 2011 through August 2014. We include the results of interviews, administrative data, and a stakeholder survey. Results in this report are compared against baselines established in the 2012 or 2013 reports when possible.

1.1 About the Chronic Homelessness Initiative

The Chronic Homelessness Initiative, launched in 2011[3], focuses on grant investments and Foundation-led actions for advancements in **three broad areas**:

1. Facilitating systems change by creating an enabling environment for PSH

2. Strengthening targeted programs and pilots through leveraged grants

3. Developing and disseminating knowledge for the field

The Foundation articulated the following five-year **strategic goals for the Initiative**, which are significant milestones toward the ultimate goal of ending and preventing chronic homelessness in Los Angeles:

*   **Demonstrated action by elected and public officials** to support a systemic approach to addressing chronic homelessness

*   **$15 million in private funds** leveraged directly for PSH and **$75 million in public sector funds** realigned for PSH

*   **3,000 new PSH units** constructed or in the development pipeline and **1,000 scattered site PSH units** made available with necessary operating and service funding

*   **Development and implementation of a system for prioritizing** chronically homeless persons for PSH

*   **Increased capacity** of developers and providers to provide PSH effectively

*   **1,000 of the most vulnerable** chronically homeless persons housed in PSH and **1,000 people are prevented** from becoming chronically homeless

Grant awards in the three Initiative areas align with the five strategic goals of the initiative, as described in the following section.

---

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

2   A listing of all related and referenced reports can be found in Appendix C.

3   More details about the history of the Initiative can be found in the 2012 Report.

1.2 Summary of Hilton Foundation 2013 Grant Investments

While the Hilton Foundation plays numerous roles in addressing chronic homelessness in Los Angeles, its key role is as a direct funder of activities in the three broad Initiative areas: 1) systems change, 2) targeted programs, and 3) knowledge dissemination. Since the beginning of the Chronic Homelessness Initiative, the Foundation has awarded more than $42.3 million in multi-year grants to 21 nonprofit groups working in LA. The LA grantees include nonprofit groups working on regional systems change and capacity-building, as well as local groups providing direct services to chronically homeless individuals, PSH developers, and public policy advocates.

The systems change grantees include **United Way of Greater Los Angeles (UWGLA)**, which focuses on building local political will to address chronic homelessness and aligning funding for PSH through the Home For Good campaign. **Corporation for Supportive Housing** (CSH), **Western Center on Law and Poverty, Housing California,** and **Southern California Association of Nonprofit Housing** each work through state and local political channels to expand the supply of affordable housing. Program related investment (PRI) and grants to **CSH** to provide technical assistance to public and nonprofit agencies and make PSH loans are intended to drive changes in the unit production and housing placement systems, as are grant funds to **Brilliant Corners** (formerly West Bay Housing) to implement a new system of flexible housing subsidies with the LA County Department of Health Services (DHS). Finally, **Community Solutions,** in collaboration with the Home For Good campaign, is working to ensure that the Coordinated Entry System is operationalized effectively with strong structures, processes, and outcomes.

The targeted program grantees all provide direct placement services to clients. They include unit development by **Clifford Beers, LA Family Housing, Brilliant Corners,** and **Skid Row Housing Trust** as well as direct supportive services by **Downtown Women's Center, Housing Works, LA Family Housing, Mental Health America, OPCC, Skid Row Housing Trust,** and **SRO Housing Corporation**. This Initiative area also includes subgrants for direct client services made by **CSH** and **UWGLA**.

The knowledge dissemination grants include funding to **Community Solutions, CSH,** and **UWGLA** to work on capacity-building with community-based organizations. Funding in this area also includes the evaluation of the Critical Time Intervention (CTI) pilot at **Downtown Women's Center** and a PSH developer assessment by **Enterprise Community Partners.**

Section 3 of this report discusses the cumulative impact of these efforts and gauges the extent to which identified milestones are being achieved. Though the evaluation is not an assessment of the performance of the individual grantees, some basic annual results for individual grantees are provided in Appendix D.

1.3 About This Evaluation

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

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

Previous annual reports of the Chronic Homelessness Initiative emphasized process measures and described caveats regarding the measurement of outcomes. This year, the report has been streamlined to focus on progress in the key measures for each strategic goal of the Initiative.

The 2014 Report has three main sections, including this introductory section describing the Initiative and the evaluation approach. Section 2 presents key findings on progress toward meeting each of the six strategic goals of the Initiative at a system level. As in past years, the section provides an overarching assessment of the progress toward each goal to date. A green check mark signifies steady progress toward meeting the goal; a yellow triangle indicates slow or uneven progress. Section 3 discusses the implications of the findings and provides our recommendations. Supplementary data have been appended to the main report to ensure that all measures reported in previous years are updated for 2014.

1.4 Data Collection and Sources

The data used to evaluate progress against the outcome and process measures were collected from a range of sources and in most cases are the same sources used in the 2013 Report.

Data were collected to measure progress against the Chronic Homeless Initiative's six strategic goals. The data used to measure progress toward each goal are listed in Exhibit 1.1, along with the timing of data collection for each measurement area and the time frame for which progress is reported. The rest of this section describes each data source briefly, noting any changes from previous reports in the way the data were collected.[4]

Exhibit 1.1: Data Sources for the 2014 Evaluation Report

Measurement Area	Source(s)	Timing of Collection	Time Period Reported
Public perception of political will and concrete action by civic leaders toward ending chronic homelessness	• Stakeholder Survey • Stakeholder Interviews • Consumer Focus Groups	June 2012–August 2014	Points in time June 2012, June 2013, and June 2014
Public and private funds leveraged with Hilton Foundation investments (funds committed)	• Home For Good Funders Collaborative • Grantee Reports	June 2012–August 2014	January 2011–August 2014
Housing inventory (units opened or vouchers added) and pipeline (units added to the development pipeline or vouchers committed for future years)	• LAHSA PSH Inventory Group	June 2012–August 2014	Calendar Years 2011, 2012, and 2013
Assessing the implementation of a system to prioritize chronically homeless people for PSH	• Stakeholder Interviews • Home For Good • Grantee Reports	January 2013–August 2014	Points in time fall 2013 and summer 2014
System-wide housing placement activity	• Home For Good • 100,000 Homes campaign • HMIS	June 2012–July 2014	Calendar Years 2011, 2012, and 2013
Provider capacity to serve chronically homeless persons, including adherence to the Standards of Excellence	• Grantee Reports • Grantee Interviews • Stakeholder Survey • HMIS • Consumer Focus Groups	October 2011–July 2014	Grant Years 2011-2012, 2012-2013, and 2013-2014

Stakeholder Survey: The 2014 web-based stakeholder survey collected the same information as the 2013 survey and some additional information. The survey's purpose is to gauge community sentiment about chronic homelessness and to broadly document the actions taken under the Initiative to develop PSH or otherwise address chronic homelessness. The email list for the survey was updated by combining current mailing lists from Home For Good, Community Solutions, CSH, and the San Gabriel Valley Consortium on Homelessness. Of the 1,572 individuals invited to participate, 394 started the survey (about a 25 percent response rate), and 336 completed the survey. This is on par with last year: in 2013, 421 individuals started the survey, which was a 24 percent response rate. More details about the respondents, stakeholder groups, repeat response rates, and results are provided in Appendix E.

---

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

Site Visits and Interviews: Evaluation team staff made three site visits, one each in January 2013, December 2014, and May 2014 for meetings related to the PSH inventory, capacity measurement, integration of homeless management information system (HMIS) data into a repository of county service data (the Enterprise Linkage Project), and the Coordinated Entry System. In late winter, we conducted telephone interviews with 29 representatives from 17 grantee agencies. In early spring, we conducted telephone interviews with 22 Service Planning Area (SPA) leaders (including Coalition chairs and agency participants, in addition to several grantee representatives with SPA leadership or SPA-related technical assistance experience). Over the summer, we interviewed 16 civic leaders representing 13 elected officials or government agencies, about evolving political will.

Consumer Focus Groups: In May 2014, evaluation team staff conducted five focus groups with 33 residents of PSH projects. The PSH residents came from sites located in the San Fernando Valley, Metro Los Angeles, the Westside, and South Los Angeles. Site selection was limited to organizations receiving Foundation funding and sites were chosen to maximize geographic and program model diversity. Four of the five sites were from the same PSH providers as the two prior years; one additional provider was included to increase the representation of feedback.

Permanent Supportive Housing Inventory Group: Los Angeles Homeless Services Authority (LAHSA) continues to convene a PSH inventory group that includes representatives from LAHSA, the Housing Authority of the City of Los Angeles, the Housing Authority of the County of Los Angeles, Los Angeles Housing Department, Community Development Commission of Los Angeles County, Veterans Affairs Greater Los Angeles Healthcare System, the LA County Department of Mental Health, CSH, UWGLA, and Shelter Partnership. The PSH inventory group is the source of the unit production counts in this report.

Placement Tracking by Home For Good and the 100,000 Homes campaigns: This year, placement data comes from the tracking system established by UWGLA and Community Solutions. From 2011–2013, PSH providers submitted aggregate PSH placement counts through this system on a quarterly basis. In contrast, in 2013, UWGLA received and analyzed fourth quarter housing placement data from HMIS to compare to the self-reported data. Based on this comparison, UWGLA discontinued the self-reporting system in 2014 and will use combined data from HMIS, the VA's reporting system, and the Housing Authorities to track community-wide placements moving forward.

Other Grantees: Grantee data were gathered primarily from annual grant progress reports submitted to the Hilton Foundation. The evaluation team also interviewed each grantee to review and verify the reports. Data about additional funding leveraged by PSH projects receiving loans from CSH (supported by program-related investments from the Hilton Foundation) was extracted from CSH's Portfol tracking system.

HMIS: In addition to providing placement data (via Home For Good), LAHSA was able to provide HMIS data on the changing rate of provider acceptance of chronically homeless persons into PSH and rates of retention.

Photo courtesy Conrad N. Hilton Foundation.

Other Documentation:

- LA County Board of Supervisors resource commitments as documented by published reports and information provided by LA County in response to requests from the evaluation team

- Grant decisions and paperwork related to adopting and implementing new prioritization policies

- Housing inventory and point-in-time count data from the Los Angeles area continuums of care

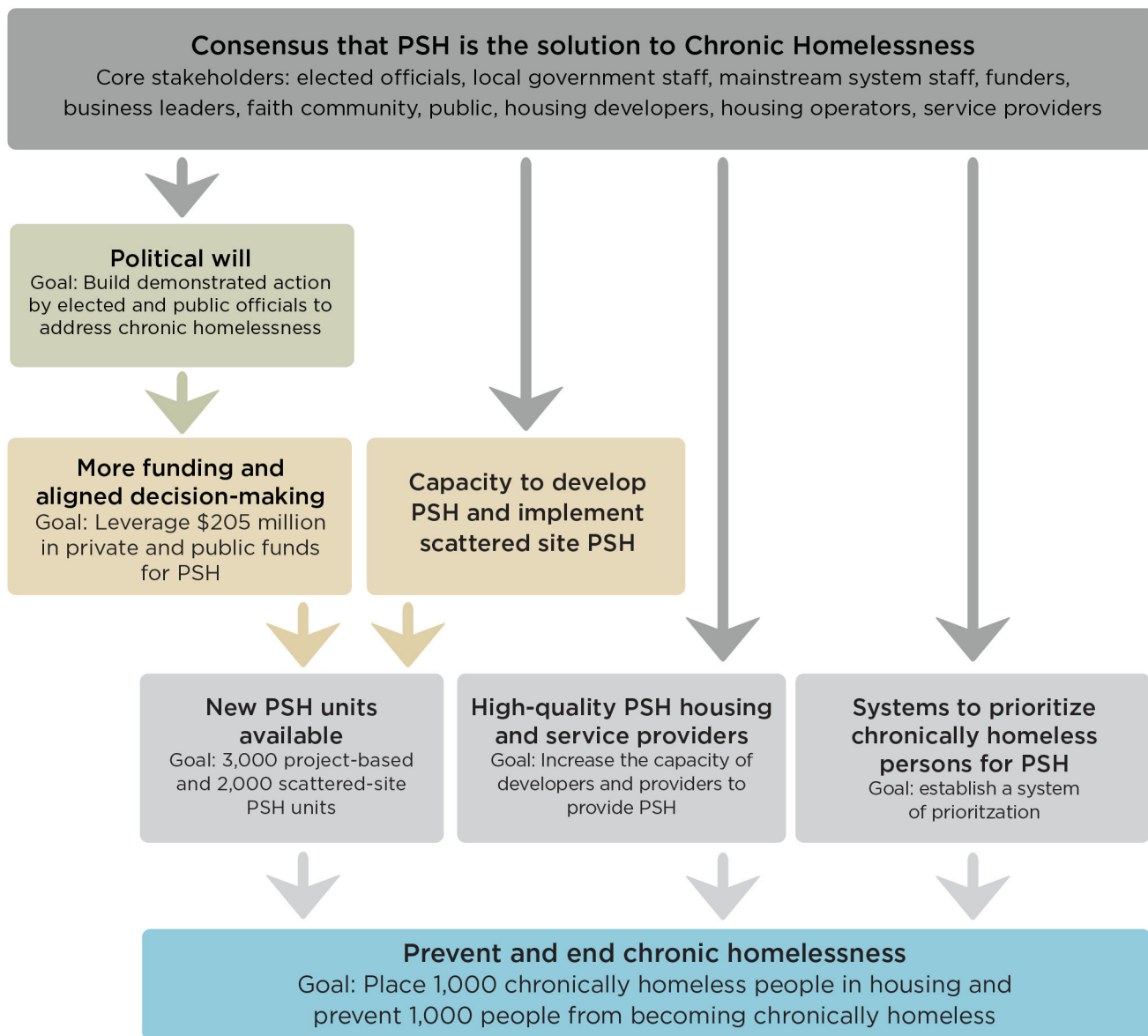- Related evaluation reports for local initiatives

Status of Progress Toward Initiative Goals

The evaluation design is predicated on a Theory of Change[5]—a model that illustrates the individual actions of the partners and how the actions sequentially and cumulatively are expected to lead to the desired goal of ending chronic homelessness. The diagram in Exhibit 2.1 illustrates the Theory of Change model for the Initiative.

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

Consensus that PSH is the solution to Chronic Homelessness
Core stakeholders: elected officials, local government staff, mainstream system staff, funders, business leaders, faith community, public, housing developers, housing operators, service providers

Political will
Goal: Build demonstrated action by elected and public officials to address chronic homelessness

More funding and aligned decision-making
Goal: Leverage $205 million in private and public funds for PSH

Capacity to develop PSH and implement scattered site PSH

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

High-quality PSH housing and service providers
Goal: Increase the capacity of developers and providers to provide PSH

Systems to prioritize chronically homeless persons for PSH
Goal: establish a system of prioritzation

Prevent and end chronic homelessness
Goal: Place 1,000 chronically homeless people in housing and prevent 1,000 people from becoming chronically homeless

* Includes revisions to original goals effective November 2013

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

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

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

Over the first three years of the Initiative, significant progress was made in engaging public officials to address chronic homelessness. Public agencies and elected officials are moving toward implementing significant, structured changes to how they address chronic homelessness, an improvement over the short-term "pilot project" approach seen in prior years. Stakeholders initially concerned about whether the newly elected Mayor would champion the Chronic Homelessness Initiative are encouraged by recent signs of engagement. However, elected officials, especially newly elected leaders, will need to be proactively and continually engaged going forward in order to maintain progress in this area.

Overall Status

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

Community support for PSH has grown steadily since the 2012 stakeholder survey, as shown in Exhibit 2.2. In 2014, 93 percent of respondents indicated strong support for PSH, either indicating they are avid champions (55 percent) or they think PSH is a good idea and want more of it throughout Los Angeles (38 percent). Also notable was the shift in the mix of "good idea" respondents to "avid champions," indicating not just more support but also stronger support for PSH than in past years.

Measure: Community perception of the engagement of key stakeholder groups in addressing chronic homelessness
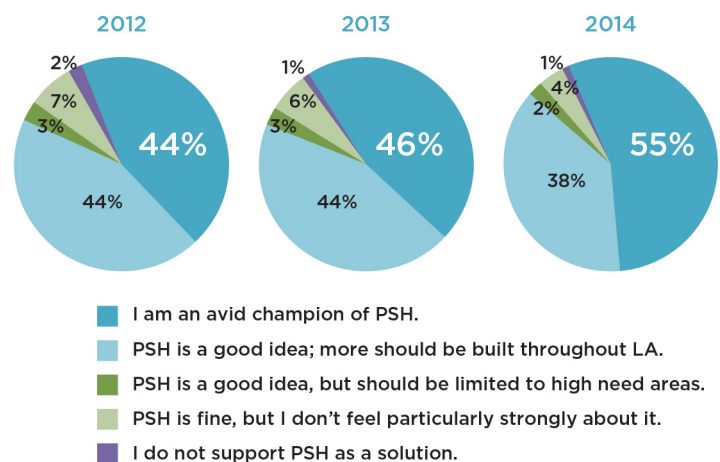
When asked whether different stakeholder groups were involved in addressing chronic homelessness, survey respondents indicated that most key stakeholder groups appeared to be more involved than in 2012, as shown

Exhibit 2.2 Stakeholder Opinions About PSH, 2012–2014

2012 — 2013 — 2014

- I am an avid champion of PSH.
- PSH is a good idea; more should be built throughout LA.
- PSH is a good idea, but should be limited to high need areas.
- PSH is fine, but I don't feel particularly strongly about it.
- I do not support PSH as a solution.

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

in Exhibit 2.3. In particular, substantially more respondents than in 2012 identified local government staff and housing authority staff as being "very involved" in addressing chronic homelessness. More respondents also identified private sector funders and elected officials as being "very involved" or "involved," though the increase in perceived involvement was not quite as high for elected officials as for the government staff. In general, respondents rated their own self-identified stakeholder group as "very involved" or "involved," but each stakeholder group represented only a small number of the total respondents, ranging from 5 elected officials' staff to 33 private sector funders out of the 367 stakeholders responding to this question. More details about respondents' assessment of their own stakeholder group's level of involvement can be found in Appendix F.

Interviews conducted with key stakeholders supported the survey results. Stakeholders reported that public officials and some elected officials were more actively engaged in addressing chronic homelessness than they had been previously.

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

Through interviews and review of administrative records, the evaluation team documented the concrete, coordinated actions taken by public agencies and elected officials in favor of PSH. The actions of key officials operating within Los Angeles—from the County of Los Angeles, City of Los Angeles, housing authorities, and the Los Angeles Homeless Services Authority (LAHSA)—are described in this section.

LA County Board of Supervisors: As in past years, the allocation of Homeless Prevention Initiative (HPI) resources is our key indicator of progress for actions taken by the County Board of Supervisors. County resources are either "countywide" or from separate pools administered by the Board offices of each of the Supervisors. In fiscal year 2013–2014, $10.2 million was allocated to PSH projects by individual Board offices, shown in Exhibit 2.4. Funded projects included PSH and related outreach, case management, and supportive services activities to connect homeless people to PSH and sustain them there. Projects focused on providing vulnerable and chronically homeless people with PSH represented 64 percent of the HPI funding allocated by the Board of Supervisors offices, an increase from less than 40 percent in the previous fiscal year. In 2013, Supervisors Molina, Yaroslavsky, and Antonovich had committed funding. In 2014, those supervisors increased their commitment levels, and Supervisor Ridley-Thomas added resources.

None of the "countywide" HPI funding went directly to PSH projects in 2013–2014. However, the county adopted an Implementation Plan for HPI Reprogramming that will provide ongoing funding beginning in 2014, for the new Single Adult Model (SAM) and Youth Demonstration projects. Both projects incorporate a strong focus on PSH and a housing-first approach, including support of a LA County Department of Health Services (DHS) Flexible Housing Subsidy Pool (FHSP) also supported by the Foundation. The decision to provide ongoing funding for the SAM marks a shift away from funding pilot projects that are contingent upon year-to-year discretionary, political decisions to a more systematic and sustainable countywide approach to investing in PSH. Prior support of the pilot projects allowed providers to experiment with housing models and document results, but committing sustained funding to a systematic approach by the County Board of Supervisors is a significant accomplishment for the local effort to prevent and end chronic homelessness. In July 2014, the County Board of Supervisors also adopted a Three Year Program & Expenditure Plan for funding provided by the Mental Health Services Act (MHSA) and administered by the County's Department of Mental Health. This plan provides both new and continued funding for housing and services that help to end homelessness for people with mental illnesses.

At the end of 2014, Supervisor Zev Yaroslavsky's term with the LA County Board of Supervisors will end. Supervisor Yaroslavsky is recognized as a leader of the Board's commitment to PSH and other solutions to end chronic homelessness, along with Supervisor Mark Ridley-Thomas. With Supervisor

Exhibit 2.3 Perception of Stakeholder Group's Level of Involvement in Addressing Chronic Homelessness, 2012–2014
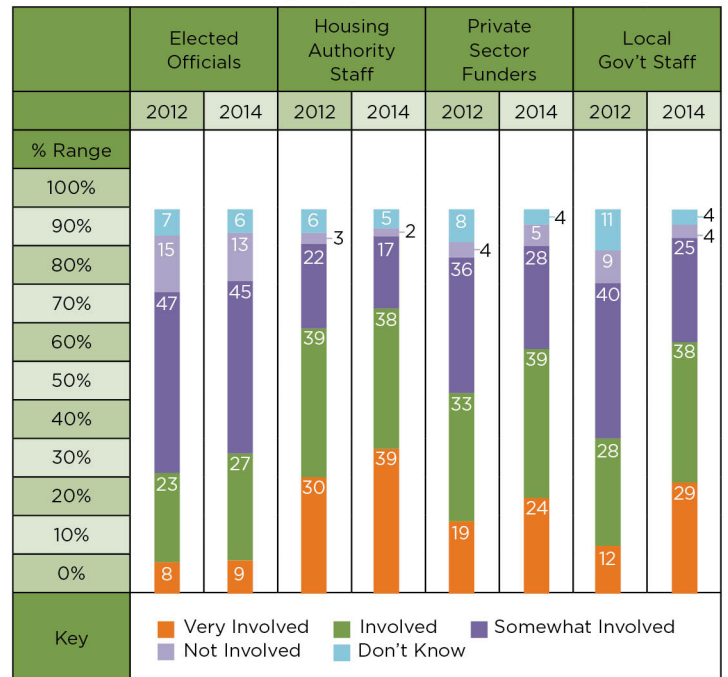
Sources: Abt Associates Stakeholder Survey, June 2014, n=367 and July 2012, n=379; all stakeholder types

Exhibit 2.4: Fiscal Year 2013-2014 LA County Homeless Prevention Initiative Funding

Supervisor Office Funding of PSH Projects and Programs Related to PSH

- Gateway Cities Council of Governments: funding allocated to People Assisting the Homeless (PATH) to implement the Homeless Action Plan including PSH
- Project 50 replications; second round of funding to OPCC, Step Up on Second, San Fernando Valley Community Mental Health, and St. Joseph Center
- San Gabriel Valley Services Partnership
- East LA Capital Project
- PSH through Department of Health Services (DHS) Flexible Housing Subsidy Pool
- PSH through CDC NOFA
- Skid Row Housing Trust: Star Apartments
- Transition-age-youth projects: PATH Ventures, Pacific Clinic, First Place for Youth

Total allocated by board members for PSH-focused projects   **$10.18 million**

Source: Chief Executive Office of Los Angeles County

Yaroslavsky's departure, stakeholders expressed concerns about homelessness retaining prominence on the Board of Supervisor's agenda. While other members of the Board of Supervisors and their staffs express support for PSH as the solution to chronic homelessness, they also noted that seeking community acceptance is a challenging process. Some Board members expressed frustration with individuals experiencing homelessness who are not willing to engage in services despite targeted outreach efforts: "Sometimes it doesn't seem like we are moving the pendulum, but...we have been helping one [chronically homeless] person at a time." Continued work to cultivate support for PSH among the County Board of Supervisors will be necessary.

County Public Agencies—DHS and DMH: Both the Department of Health Services (DHS) and the Department of Mental Health (DMH) are strong supporters of PSH and have focused on helping individuals who are chronically homeless. DHS has been a leader in using health funding creatively to support PSH developments. The DHS Housing for Health access and referral unit functions as a "traffic control" center to move people quickly out of hospitals, linking clients to recuperative care or other stabilization housing funded by the agency until an appropriate housing unit is available. DHS also has been working with other funders to create site-based PSH and tenant-based rent subsidies for PSH. DHS administers the new Flexible Housing Subsidy Pool (via Brilliant Corners, a nonprofit development and property management agency), funded by the Foundation, the County's Homelessness Prevention Initiative, and other county discretionary funds. In addition, DHS is establishing and expanding agreements with service providers, including LAMP, PATH, and Housing Works, to provide case management services in DHS-managed units.

Department of Mental Health-managed PSH is one of the larger sources of PSH units. DMH makes investments into PSH in several ways, including funding through the MHSA Housing Program (which is implemented in partnership with the California Housing Finance Agency) for capital development and operating subsidies in new PSH units, and funding for the DMH Housing Trust Fund, which funds supportive services in some site-based PSH projects. The DMH Housing Trust Fund was initially funded (about five years ago) with a one-time investment of Mental Health Services Act (MHSA) funding received by LA County. In 2014 DMH developed and obtained approval by the Board of Supervisors for a Three Year Program & Expenditure Plan for MHSA funding through 2017. This Plan commits a total of $4.55 million over this three-year period for the MHSA Housing Program. In addition, the Plan commits a total of $5.3 million over the three-year period to replenish the DMH Housing Trust Fund, with initial annual allocations to meet the needs of some PSH projects with expiring funding commitments and growing to $2.7 million in the third year for a bigger, redesigned program expected to provide ongoing allocations at this higher level.
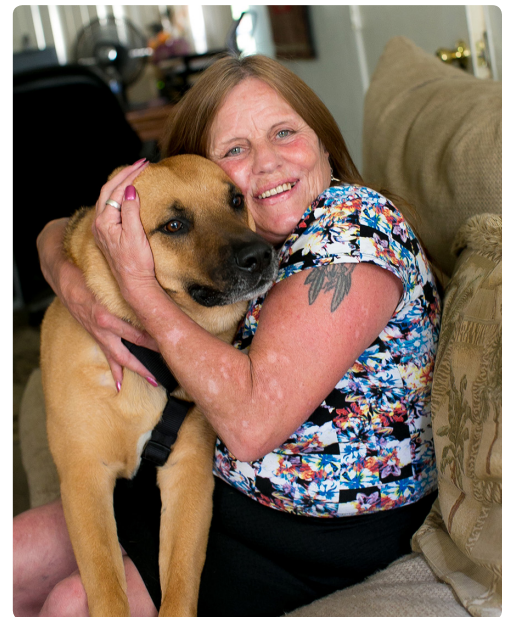

Photo courtesy Conrad N. Hilton Foundation.

Last year, providers expressed concern that the housing funded by or administered in partnership with DMH was limited to chronically homeless individuals with mental illness who were already engaged in DMH services. To address this barrier to housing placement by providing improved access to DMH mental health services, DMH is using state funds from SB82, augmented by the funds mentioned above from the County Board of Supervisors, to implement the Single Adult Model (SAM). SAM will support mobile teams that provide short-term services (up to 60 days), assess vulnerability, and provide linkages to long-term mental health services. DMH also is reallocating federal PATH funding to align with HPI funds to pay for mobile integrated teams (MITs) to provide housing placement and retention support to people with serious mental illness. These new services are intended to make it easier to engage some of the most vulnerable homeless people with mental illnesses, connect them with county mental health services, and thus make them eligible for DMH-managed PSH. DMH also pays for services that are delivered by staff or contract service providers who have small caseloads and provide mobile services to homeless people with serious mental illness. The MHSA Three Year Program & Expenditure Plan increases funding for these programs and adds resources to help meet housing needs for clients even if they are not receiving the most intensive mental health services. These resources are intended to support clients as they recover in housing and become ready to "step down" from higher-intensity services. These examples further demonstrate DMH's commitment to *working to implement* the principles behind a Housing First approach.

Department of Mental Health staff members have been actively involved in supporting the implementation of the Coordinated Entry System (CES) discussed further in Section 2.4. DMH staff have made presentations about CES to DMH's leadership and also to providers. The Annual DMH Housing Institute Conference and provider meetings have been used to educate people about CES and about the housing resources available for the chronically homeless. The SAM will make a portion of its units accessible through CES.

Finally, DMH also is extending the Mental Health Services Act (MHSA) Innovations Projects contracts to June, 30, 2015. Like the MITs, these contracts include funding for integrated mobile health teams that provide outreach and linkages to PSH and provide ongoing support for chronically homeless people with complex mental health and medical needs.

Public Housing Authorities: With the end of sequestration, federal funding for vouchers has been restored, allowing local public housing authorities (PHAs) to issue more vouchers. Both the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA) made a big push in spring 2014 to lease up the vouchers that they had committed to PSH as members of the Funders Collaborative. However, both agencies struggled with fully utilizing the vouchers for which funding was restored in 2014 because of slow referrals from community- based organizations. Community organizations indicated that they were not given good information on when leasing could start up again after the freeze, while the PHA representatives said that community agencies were not able to make referrals quickly enough to accommodate the backlog of vouchers caused by the freeze. PHA staff noted that advocating for additional resources for PSH to address homelessness is difficult when existing resources for that population are underutilized.

Lease-up challenges are compounded by the reductions in federal funding for administering the voucher program that occurred in recent years and that were not reversed following sequestration. To simplify the administrative processes, HACLA and HACoLA worked together to create a single application that could be used by homeless applicants for the set-asides of vouchers allocated to the Funders Collaborative by both PHAs and also for Shelter Plus Care and for the special voucher program for homeless veterans (HUD-VASH).

Despite the funding challenges, HACLA has sustained its commitment to using Housing Choice Vouchers (HCV) for PSH for chronically homeless people. Currently, its success rate for lease-up of vouchers issued for PSH has been greater than 80 percent, a higher success rate than in HACLA's regular HCV program. HACLA has also expressed support for the Coordinated Entry System, but based on its experience has identified some challenges that community-based organizations and other PHAs may face in implementing CES, including:

- How to incorporate people identified by CES into the existing waiting lists of community-based organizations for PSH,

- How to sustain programs to which PHAs already have made commitments for clients who may not be identified as high-priority by CES—for example, women returning from incarceration, and

- How to coordinate CES with the set-asides already in place that PHAs have committed to particular service-provider organizations.

HACoLA has been a less consistent partner in prioritizing chronically homeless people for voucher resources. HACoLA immediately froze all vouchers in response to the threat of sequestration in 2013. Its staff have also been more concerned about the limitations on administrative funding, indicating that individuals who are chronically homeless require more assistance to gather eligibility documentation and more support navigating other aspects of using a housing voucher than other people on the voucher waitlist.

Recently, HACoLA established a new housing voucher waitlist preference for people experiencing homelessness, superseding an earlier set-aside policy under which HACoLA provided a set number of vouchers for the clients of organizations with which HACoLA had contractual agreements. The new policy no longer limits referrals for homeless people, but referrals still can only be made from organizations that have contracts or other formal agreements with HACoLA. Community members and organizations have criticized the new policy, because it does not permit referrals from other organizations that may have homeless clients who would qualify for the preference—and, therefore, it is not well aligned with CES. If HACoLA were to join CES as a partner, both parties would need to develop communication protocols so CES received updates on voucher availability and HACoLA received documentation that individuals applying for vouchers have been prioritized through CES.

For its part, HACoLA has expressed concerns about whether CES is consistent with the requirements of fair housing laws. HUD is considering these issues and may soon be able to provide HACoLA with the needed guidance to engage more fully in CES.

In many interviews, respondents reported that efforts to provide vouchers to chronically homeless persons by the PHAs serving other cities in the LA region have been limited. Many of the other PHAs within the county administer relatively smaller voucher programs and do not have preferences for homeless people. There are 19 PHAs in the county administering Housing Choice Vouchers (HCV). According to HUD's PHA Homelessness Preferences web census survey data, HACoLA and HACLA are responsible for 78 percent of the 90,657 HCV units in the system. The other 17 PHAs are responsible for between 97 and 6,636 HCV each. Setting up such a preference would require an amendment to the PHA's voucher administrative plan and sometimes approval by the PHA's Board. However, LAHSA and HACLA could provide technical assistance such as language for the administrative plan and board resolutions, as well as tool kits for MOUs or contracts with partner organizations including CES leads.

City of Los Angeles Elected Officials: Eric Garcetti was elected as the City of Los Angeles' Mayor in June 2013. While the change in leadership could have dampened political will for Home for Good and local efforts to end chronic homelessness, Mayor Garcetti appears supportive on the issue. In response to the First Lady's invitation, the LA Mayor's office signed onto the Mayors Challenge to End Veteran Homelessness in July 2014. The Mayor's Office has convened a group of city agencies to begin looking at improved internal coordination. The Mayor also has expressed his commitment to Home For Good's broader goals and to participating in a system approach to address chronic homelessness. In September 2014, the office hired a new Homelessness Policy Coordinator. In the short term, the Mayor will be participating in the 2015 point-in-time homeless count and plans to begin outreach to private landlords within the city to encourage leasing to veterans and people experiencing chronic homelessness.

The Los Angeles City Council is considering a motion to dedicate at least 25 percent of redevelopment agency "boomerang" funds to the city's Housing Trust Fund, a potential source of capital funding for PSH.[6] The city expects to receive approximately $50 million a year in boomerang funds, so the motion would expand the resources available for affordable housing development, including PSH, by $12.5 million.

Los Angeles Homeless Services Authority: Over the past year, LAHSA has signaled that organization's improved engagement in community efforts to address chronic homelessness. Staff became engaged in the CES implementation process, including implementing the CES in the homeless management information system (HMIS). However, despite intense community pressure and the offer of funding from the VA, LAHSA did not conduct a point-in-time count of unsheltered homeless persons in January 2014 (HUD requires such a count biennially, and LAHSA completed the last count in 2013). Recently, Executive Director Mike Arnold announced his retirement. The Initiative will have an opportunity to engage the new leadership in the coming year.

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

---

6 Boomerang funds are tax increment funds now returning to the city after previously being allocated to the Redevelopment Agency.

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

As of August 2014, $13.75 million in private funds and $277 million in public funds had been leveraged or aligned through the Home For Good Funders Collaborative. Based on the successes of the first two years and the substantial level of resources still needed to create necessary PSH units, the Hilton Foundation Board of Directors more than doubled its five-year goal to leverage public funding from $75 million to $175 million, and set a stretch goal of $30 million in private funding. Public resources have been committed through the Home For Good Funders Collaborative at an unparalleled pace, and the revised public funding goal has already been surpassed. Noteworthy progress was also made on the private goal.

Overall Status

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

The work of the Home For Good Funders Collaborative to align public and private funders has been seeded by the Hilton Foundation since 2012. The amount of funding allocated through the Funders Collaborative is the clearest measure of progress toward the Foundation goal to leverage funding for PSH. In 2013, in response to the findings of this evaluation, the Foundation adjusted its fundraising goals. Previously, the goals had been to leverage $15 million in additional private funding and to secure commitments for $75 million in new or realigned public funding for PSH. The revised goals are now $30 million in private and $175 million in public funding. Progress toward these goals is shown in Exhibit 2.5.[7] Two new private funders—Enterprise Community Partners and Jewish Community Foundation—along with two new public funders—the Board of Supervisors District 4 and the VA—joined the Collaborative this year.

Exhibit 2.5 Private and Public Funding Aligned Through Funders Collaborative for PSH
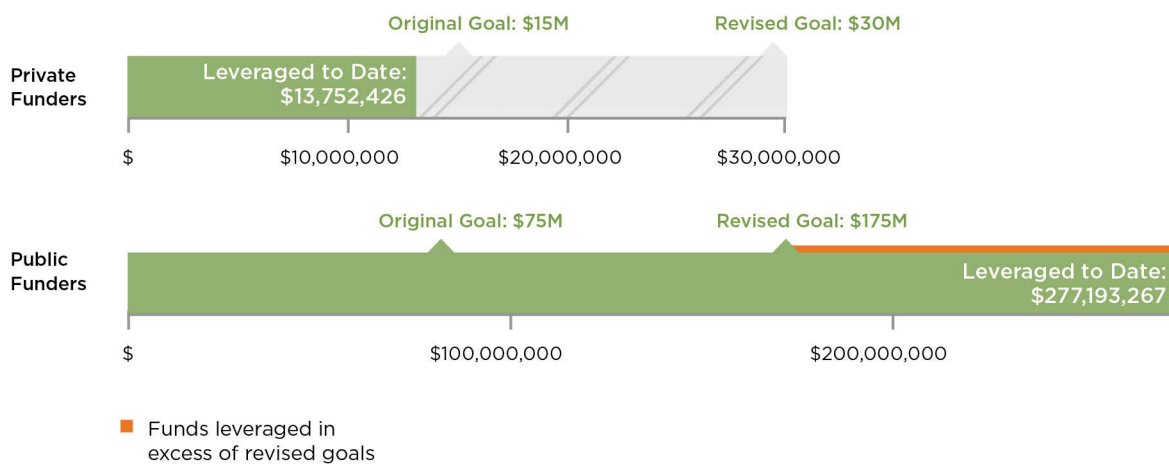
Source: Home For Good Funders Collaborative (Commitments made January 2011–August 2014)

A table detailing all participating funders, their commitments, and the intended purpose of their contributions is provided in Appendix G. The bulk of the private funding for this year was granted to communities to support the expansion of the CES, described in more detail in Section 2.4. The public funding accounts for vouchers (valued based on a 15-year rental assistance commitment) and services (valued for the term of the grants awarded) that will be used for clients identified through the CES, with a notable new commitment of 400 HUD-funded vouchers for homeless veterans (HUD-VASH).[8]

---

7 These are assumed to be underestimates, since we are aware of additional resources aligned toward PSH and CES outside of the Funders Collaborative. We continue to believe the Funders Collaborative dollars represent the best measure of progress toward the goal, because they are most clearly leveraged as a result of Foundation investment.

8 Public vouchers are valued at $10,000 each, based on the annual value assigned to them by the participating PHAs, (except for HUD-VASH vouchers, which are valued at $9,600 per year by the VA) for 15 years of use.

In addition to the public resources counted toward the goal, public commitments were made that were included in the Collaborative request for proposals (RFP) and aligned with the intent of the Collaborative but were not specifically dedicated to PSH. These public resources represent an additional $47.5 million for vouchers to help people move out of supportive housing and funding for developments not yet paired with services.

Foundation grantees also reported that they had directly raised an additional $17.5 million to support their PSH projects: $12.6 million in public funding and $4.9 million in private grants to support their direct-service PSH projects between 2011 and 2013. Developments supported by Corporation for Supportive Housing's (CSH) loan-making program have leveraged an additional $89.9 million in public and $119.3 million in private funding. More details about the grantee fundraising are provided in Appendix G.

Measure: Improved alignment in funding decision-making

Since the beginning of the Initiative, the Home For Good Funders Collaborative has successfully assembled a core group of funders to align decision-making about PSH-related activity. It has become a strong and stable funders' leadership group. One stakeholder reported that, when the Mayor was considering organizing a pool of resources to fund strategies to combat homelessness, several participating funders told him about the Funders Collaborative and encouraged him to join rather than starting something new. The stakeholder believes that in the coming years, the Mayor's office will be renewing its focus on engaging the business community and encouraging business involvement in the Home For Good Funders Collaborative.

Much of the alignment of funding has occurred by securing commitments of housing vouchers from the housing authorities and aligning them with dedicated service commitments from DHS and DMH, along with strategies to enroll eligible individuals in their services if they are not already engaged. From the start of the Hilton Foundation's Chronic Homelessness Initiative, many stakeholders have talked about the need for a sustainable approach to paying for supportive services in supportive housing, so the work cultivating close relationships with the county departments has been critical and presumably these linkages will be further strengthened by using CES to create service partnerships between PSH providers and mainstream system providers from the onset. Nonetheless, stakeholders express concern about the viability of this solution countywide at the scale needed to prevent and end chronic homelessness.

First, there is still fairly wide-spread concern about whether sufficient funding is available to support the placement of chronically homeless individuals in PSH and housing-focused case management to ensure housing retention. The Funders Collaborative has been providing Housing Coordination and Placement grants to PSH providers since its inception. The grants provide up to $3,000 in housing placement and retention support services for each individual placed. As the 2012 renewal and 2013 Funders Collaborative grants are expiring, Funders Collaborative staff report that grantees are uncertain about finding ongoing sources of support for clients in those units.

There are a number of notable strategies underway to address the need for sustainable support for PSH tenants. These include: testing innovative service models that might alleviate some of the need for long-term services, maximizing PSH tenants' linkages to mainstream service systems so those systems can "take over" service delivery, securing ongoing funding commitments from DMH and DHS, and exploring the feasibility of using Medi-Cal or other mainstream resources to fund PSH providers to deliver the case management and clinical services directly. Unfortunately, experience with some of these efforts is reinforcing people's concern that more resources will be needed to support sustained outcomes for PSH residents.

For example, grant funding from the Hilton Foundation has supported the implementation of Critical Time Intervention (CTI), which is explicitly intended to offer time-limited support to individuals during transitions such as when people move from homelessness into PSH. CTI services help individuals manage transitions, improve independent living skills, and build connections to both formal supports (such as health care or ongoing mental health treatment) and informal supports (such as self-help, faith communities, or neighborhood resources) that will be available to them after CTI services end.

While grantees generally report positive results for tenants who have received CTI services, their experience piloting this approach led them to the conclusion that ongoing case management is needed for people with long histories of homelessness and therefore will require ongoing funding or connections to another system that can take over provision of case management.[9]

These concerns are mitigated to some extent when residents are enrolled in mainstream service systems such as the county mental health system or health coverage through the county hospital and clinic system,[10] but even then PSH providers and other stakeholders believe residents may face service gaps. In its implementation of the Housing for Health initiative, DHS established provider agreements with PSH providers who were able to leverage restricted or time-limited funding from other sources (including funding received through Home for Good) to pay for supportive services for tenants who are receiving DHS rent subsidies. As DHS has determined that these existing resources are too limited or ending, it has taken steps to establish multi-year agreements to pay for the intensive case management services needed to support housing stability for Housing for Health tenants. It is not yet clear if this funding will be permanent or scalable countywide, and it may be challenging for DHS to sustain these funding commitments if faced with budget pressures in future years.[11] PSH tenants in areas of the county that are far from county hospitals are less likely to be receiving support through the DHS Housing for Health program, because they are not using county hospitals. The hospitals and managed care plans through which those clients get health care have not yet established similar commitments to funding the services needed to support housing stability.

Several of the Foundation grantees are also receiving MHSA funding from DMH for Innovations projects that have created integrated mobile health teams to deliver primary care and behavioral health services linked to housing. Many PSH tenants with serious mental illness receive supportive services through MHSA-funded Full Service Partnerships (FSP), which offer mobile, "whatever it takes" support using a Housing First approach. However, when residents stabilize enough that they are no longer eligible for mobile services, some residents are having a difficult time transitioning to office-based care.[12] PSH providers fear a complete reliance on mainstream service systems, particularly when they have historically provided or coordinated a full array of services directly to their residents and they feel significant responsibility for residents' housing and well-being outcomes.

More examination of the long-term service needs of residents is needed to understand the feasibility of working with the mainstream service systems to bridge the gap, and whether additional resources are needed to fund supplemental housing support services as part of PSH, in addition to mainstream supportive services.

Stakeholders are also concerned that there are sizable constituencies of vulnerable individuals who will be prioritized for PSH through the new CES but who may not be eligible for DHS or DMH treatment or who are identified in parts of the county that are not serviced by DHS or DMH (e.g., areas in which indigent care is provided by private or UCLA hospitals instead of county hospitals). Thus, they do not have an assured on-going source of services related to the PSH in which they may be placed. And there is some concern that there is a disconnect between many PSH housing operators, particularly those that are not already affiliated with DMH or DHS as service contractors, and the potential public sector service providers.

---

9 The June 2014 final evaluation report, *Critical Time Intervention in Los Angeles' Skid Row: Learning from the Downtown Women's Center Pilot Intervention* prepared by Harder + Company notes: "While the outcomes achieved by women during the CTI period were impressive, the additional case management services received following CTI undoubtedly played a role in maintaining gains…. The CTI program and clients had access to many services, programs and resources that would likely have to be garnered externally by organizations with less comprehensive offerings in-house. Organizations considering implementation of the CTI model should carefully assess their resource and referral networks prior to initiating CTI." Another Hilton grantee, Skid Row Housing Trust, expressed a similar perspective during an interview when a program leader said, "It would be really challenging to take our practice of case management to a community (for example, a place like Palmdale) where it's so hard to find other services."

10 Since January 2014, many PSH tenants have enrolled in Medi-Cal and selected a county-affiliated primary care provider as their medical home, and the county is now receiving funding through Medi-Cal managed care plans to pay for delivering a range of health care services for them. DHS hospitals and clinics also serve many other chronically homeless people and PSH tenants, regardless of whether they are enrolled in Medi-Cal coverage.

11 The scalability of DHS's funding commitments for services in supportive housing may depend, at least in part, on whether these investments are recognized as health care costs by the state and by Medi-Cal managed care plans and payment mechanisms. Leadership and political support will also be needed to sustain and continue to grow these funding commitments.

12 DMH plans to use MHSA funding, beginning in 2014-15, to mitigate this issue by establishing housing specialists in its "Wellness Centers" and take other steps to provide more flexible support for housing and other needs, for clients who can transition from the most intensive models of mental health services. In addition, DMH is increasing its funding commitment to its Housing Trust Fund, and plans to re-design this program to address need for site-based services in PSH within the next couple of years.

In the coming year, it will be important to track whether service providers are able to facilitate connections to ongoing supports in the community for people who have achieved some stability in PSH (particularly for residents who are not engaged in DHS and DMH services), whether the services provided by those systems are sufficient to meet ongoing service needs, and whether there is sufficient service funding capacity within the mainstream systems to support the desired expansion of PSH.

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

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

Through the Funders Collaborative as well as direct grantmaking, the Foundation has supported the creation or dedication of 3,736 units of PSH for chronically homeless people, 75 percent of the five-year goal. As with the leveraging goal, the pace of PSH creation surpassed initial expectations, so the Foundation doubled its goal for the creation of scattered site PSH from 1,000 to 2,000 units. Due largely to the availability of the new Flexible Housing Subsidy Pool and the Housing Authority of the City of LA's commitments to using housing vouchers for people prioritized through CES, the revised scattered site unit creation goal has already been surpassed, and the Initiative is making steady progress on its project-based unit creation goal.

Overall Status

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

One of the Foundation's five-year strategic goals call for the creation of 3,000 project-based PSH and 2,000 scattered site (i.e. tenant-based) PSH units, the latter up from 1,000 units in 2013. Through CSH loans and direct grantmaking, the Foundation has supported the development of 1,566 units of project-based housing, 52 percent of the 3,000 unit goal. Meeting this goal has been hampered by the loss of the redevelopment agencies in California and the City and County of Los Angeles not dedicating adequate "boomerang" funds to offset that loss. Through the Funders Collaborative, the Foundation has supported the dedication of 2,170 tenant-based supportive housing units for chronically homeless people, more than the 2,000-unit goal. Not all of these units have successfully been leased-up, but the commitments have been made. Exhibit 2.6 depicts all 3,736 Foundation-supported units, shown by housing type and stages of development.

Exhibit 2.6: New Foundation-Supported PSH Units, 2011–2013
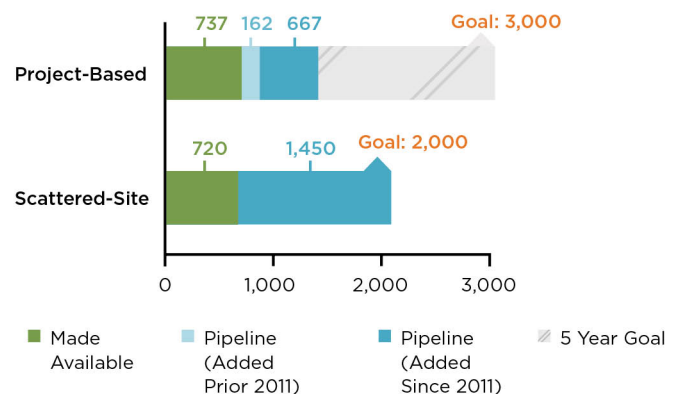
Source: CSH; Grantee Reports (January 2011 through August 2014)

Measure: Number of new systemwide PSH units

Between 2011 and 2013, 4,819 new PSH units (inclusive of the 1,457 Foundation-supported units) were made available throughout LA County. An additional 3,953 units (inclusive of the 2,279 Foundation-supported units) were in the development pipeline (pre-development, construction, or voucher application submitted) with opening anticipated by the end of 2016.[13] Of those, 91 percent (3,611 units) were added to the pipeline in 2011 or later. Not all PSH is dedicated to people experiencing chronic homelessness. However, more projects are dedicating new and turnover units to chronically homeless people, likely a direct result of the outreach and prioritization efforts of the Initiative. Last year, 57 percent of the pipeline units were dedicated to chronically homeless people; this year, 63 percent are so dedicated. The systemwide units—cumulative, project-based, and tenant-based—are shown in Exhibit 2.7.

---

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

The majority of the new units that came online are tenant-based vouchers, many of which are new HUD-VASH vouchers targeted to homeless veterans (2,035 of the 2,903 tenant-based vouchers). In spring 2014, HUD lifted the freeze on issuing housing vouchers that had been imposed by automatic federal spending cuts during sequestration. HACLA and HACoLA were once again able to lease up vouchers at the same time that the VA was ramping up enrollment in the HUD-VASH program.
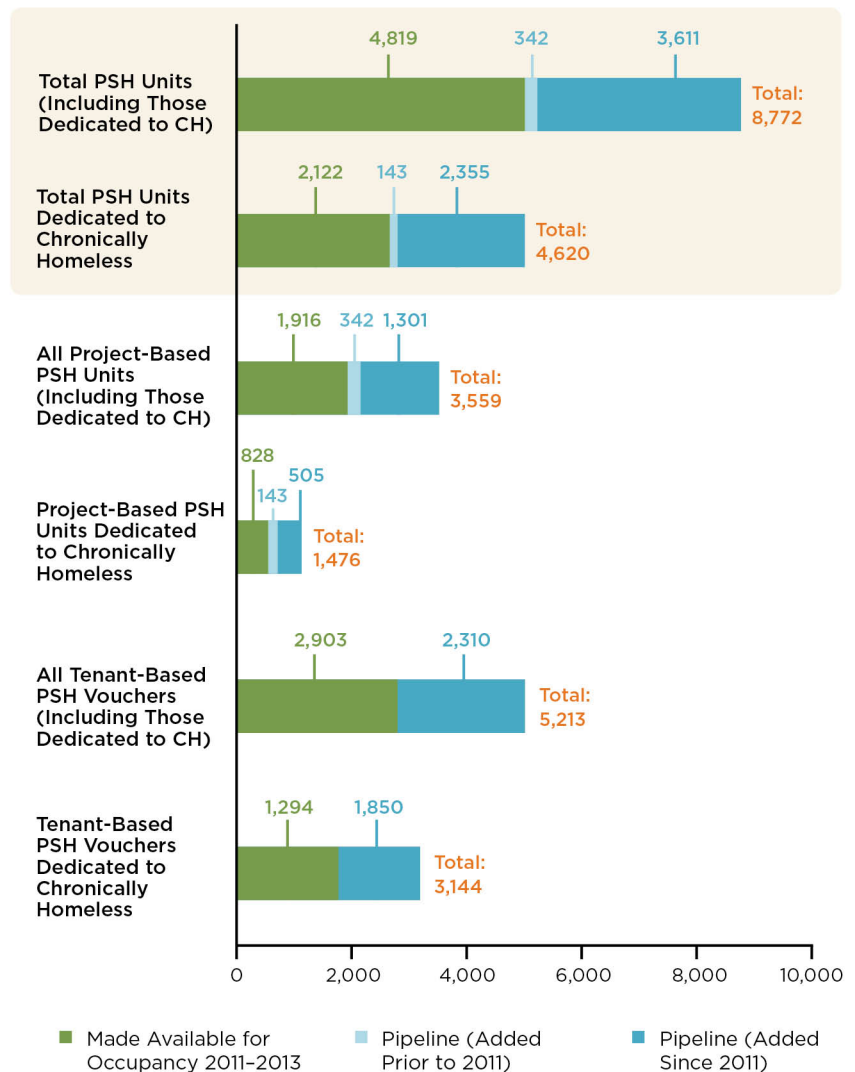
Because of the sudden influx of vouchers and some confusion among referring agencies about procedures, there were fewer referrals than there were housing vouchers, and the PHAs were not able to lease up available units as quickly as they were made available. The number of referrals has reportedly improved over the early part of 2014. Stakeholders report that the number of referrals has improved over the early part of 2014 and that more HUD-VASH vouchers are being used for the most vulnerable, chronically homeless veterans.

In an effort to improve access to housing for chronically homeless people who are not veterans, HACLA implemented a policy in 2013 that all turnover Shelter Plus Care vouchers would be dedicated to chronically homeless individuals. In 2014, HACoLA modified its approach to meeting its limited preference for homeless individuals, removing numerical limits to set-asides, as described in Section 2.1. It is not yet clear how this will affect the number of HACoLA vouchers used for PSH for chronically homeless people over time.

Exhibit 2.7: New PSH Units for Individuals, Systemwide 2011–2013

Source: PSH Inventory Group

PSH development—new construction and rehabilitation—continues to be challenged by the loss of the Redevelopment Agencies and of MHSA development resources. Compared to last year, there is a 9 percent decrease in the project-based pipeline (from 1,781 in 2012 to 1,643 in 2013). Units under development are coming online, but fewer units are being added to the pipeline.

In stakeholder interviews, the evaluation team heard from some elected officials and public agency representatives that the emphasis on coordinated entry is distracting city and county officials from efforts to create a persistent pipeline of PSH projects. As one person we interviewed put it: "If you create enough PSH in every part of the region where it's needed, you don't have to spend a lot of time on [coordinated assessment]. We should be focused on scaling up quality PSH… there is so little of it. If you want to talk about coordinated entry, without the volume of PSH you need, it's going to be just another distraction. It's a question of where you focus your attention and effort, on the front door or on providing more of the solution. We need to create a lot more PSH." Similar concerns about the supply of PSH and the availability of housing options for people prioritized through CES were expressed by others who participated in interviews, including homeless service providers and leaders in local homeless coalitions, even when they expressed strong support for CES.

People often expressed the belief that the success of CES will depend upon having more PSH, including both site-based PSH developments and voucher assistance linked to ongoing services. CES leadership expressed that documenting the need for increased PSH and other appropriate interventions is crucial for advocating for PSH development. It may be useful to organize development and PSH creation goals by geographic area and to consider how new units, flexible subsidies, and turnover units can be used to create a more explicit pool of local housing resources.

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

Over the last year, the Coordinated Entry System (CES) has expanded from the Skid Row pilot into all areas of the county, and providers and community leadership have demonstrated buy-in. The progress achieved is appropriate to the third year of the Initiative, but there is still work to do to systematize the approach and align it with the resources necessary to support prioritization and expedient housing placement.
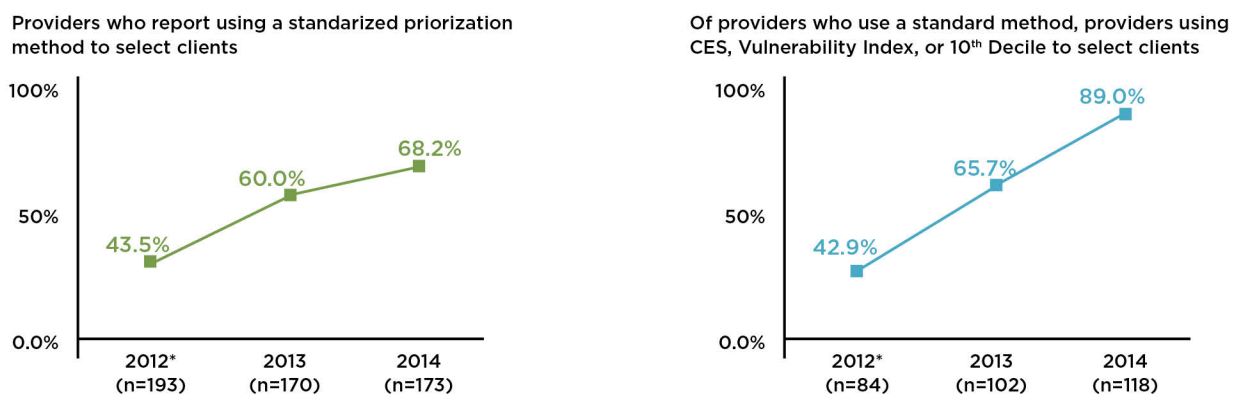
Overall Status

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

The 2013 report documented the first 100-day pilot effort to launch a prioritization system in Skid Row. The goal of the Skid Row pilot effort was to establish a systematic approach to assessing (using the combined "Vulnerability Index—Service Prioritization Decision Assistance Tool" or VI-SPDAT), matching, and placing high-priority clients (those scoring a 3 or 4 on the VI-SPDAT) into housing. Through winter and spring 2014, the pilot project expanded from Skid Row to 14 communities in 7 service planning areas (SPA) throughout the county as part of a second round of 100-day pilot efforts led by Home For Good and Community Solutions. In the 2014 funding cycle, the Home For Good Funders Collaborative provided $3.465 million to fund infrastructure and regional coordinators to support sustained expansion of the CES to cover the entire county, thereby further aligning elements of the Chronic Homelessness Initiative. Exhibit 2.9 (next page) summarizes the process and the results from the pilot campaigns through August 2014.

One measure of whether the CES is taking hold is how PSH providers use the system to fill available units. The stakeholder survey asked PSH providers whether they use any standardized prioritization tools or methods to select people for units when they become available and, if so, which prioritization method. As shown in Exhibit 2.8, nearly 70 percent of PSH provider respondents report using a prioritization method (as opposed to a "first-come, first-served" approach) and, of those, nearly 90 percent are using either CES, a vulnerability index result, or CSH's 10th Decile Project triage tool criteria (i.e. homeless people with the highest public hospital and jail costs) to select clients. These rates merely indicate the direction of trends; the survey is not representative of all PSH providers and respondents may have only filled some of their units through a prioritization approach. These rates are substantially higher than those reported by PSH providers in 2012, reflecting a strong trend toward adoption of CES among PSH providers.

Exhibit 2.8: Use of Prioritization Approaches, 2012–2014

Providers who report using a standarized priorization method to select clients

- 2012* (n=193): 43.5%
- 2013 (n=170): 60.0%
- 2014 (n=173): 68.2%

Of providers who use a standard method, providers using CES, Vulnerability Index, or 10th Decile to select clients

- 2012* (n=84): 42.9%
- 2013 (n=102): 65.7%
- 2014 (n=118): 89.0%

In 2012, this question was phrased slightly differently than in the 2013 and 2014 surveys; these results represent an estimated combination of the equivalent questions in 2012.

Source: Abt Associates Stakeholder Survey, June 2014, June 2013, July 2012; PSH provider stakeholders
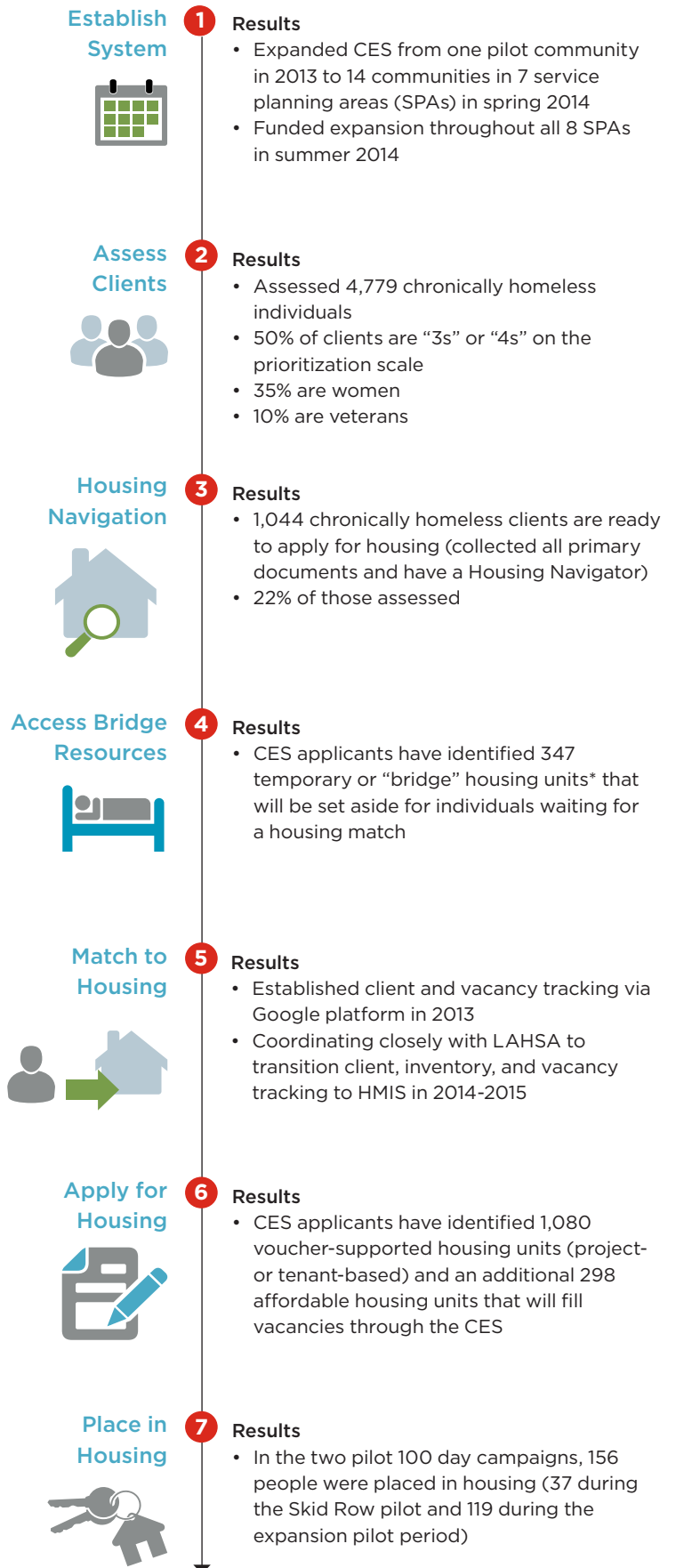
Implementation and Scale-Up Processes of the CES

In a very short period of time, Home For Good and Community Solutions were able to work collaboratively with SPA leadership, community-based organizations, and funders to pilot and implement what will be a countywide system for prioritizing highly vulnerable individuals for PSH. All SPAs were able to select a single lead agency and develop a plan for full CES coverage of each SPA. This process for unifying CES coverage included SPA 4, which already had two strong, existing prioritization systems (the Hollywood 4WRD coordinated assessment team and the CES pilot in Skid Row), and the planning went beyond merging those two systems to include coverage for the full SPA.

Despite some concerns that the CES scale-up happened "too fast" because the pilot projects were still under way when the RFP for scale-up was released, the speed of the RFP process pushed communities to come together to plan for countywide coverage more quickly than they might have otherwise. However, stakeholders suggested that time will be needed during the scale-up phase to ensure that all providers are bought into the system. This will have to be balanced against the advantages of momentum.

Interviewees reported technical challenges with the CES's electronic Google platform for recording and tracking client scores and other data. Further, the Google system was down for a period during spring 2014, leading to difficulties entering and tracking client assessments during the expansion phase of the project. The data committee for CES used this opportunity to expedite discussions with the LAHSA HMIS vendor about creating forms in HMIS to track the CES data. Though these discussions are ongoing, CES, LAHSA, and the vendor all appear to be moving relatively quickly toward bringing the CES into HMIS. Once data are in HMIS, LAHSA, Home For Good, and Community Solutions will need to ensure appropriate training, as well as continuous access to HMIS, for the SPA-level regional coordinators.

Exhibit 2.9: Pilot Phase Coordinated Entry System—Process and Results through August 2014

1 Establish System

Results
- Expanded CES from one pilot community in 2013 to 14 communities in 7 service planning areas (SPAs) in spring 2014
- Funded expansion throughout all 8 SPAs in summer 2014

2 Assess Clients

Results
- Assessed 4,779 chronically homeless individuals
- 50% of clients are "3s" or "4s" on the prioritization scale
- 35% are women
- 10% are veterans

3 Housing Navigation

Results
- 1,044 chronically homeless clients are ready to apply for housing (collected all primary documents and have a Housing Navigator)
- 22% of those assessed

4 Access Bridge Resources

Results
- CES applicants have identified 347 temporary or "bridge" housing units* that will be set aside for individuals waiting for a housing match

5 Match to Housing

Results
- Established client and vacancy tracking via Google platform in 2013
- Coordinating closely with LAHSA to transition client, inventory, and vacancy tracking to HMIS in 2014-2015

6 Apply for Housing

Results
- CES applicants have identified 1,080 voucher-supported housing units (project- or tenant-based) and an additional 298 affordable housing units that will fill vacancies through the CES

7 Place in Housing

Results
- In the two pilot 100 day campaigns, 156 people were placed in housing (37 during the Skid Row pilot and 119 during the expansion pilot period)

Proposed commitments; actual commitments may change based on final funding levels.
Source: United Way of Greater LA (UWGLA) and Community Solutions

The intent is for CES to serve as a platform to accommodate housing initiatives that use specialized prioritization criteria.[14] Currently, only those criteria established in the VI-SPDAT are used to determine if a client is a "high priority" for housing. However, some initiatives target subpopulations among chronically homeless people, including the 10th Decile Projects and the county's new Single Adult Model (SAM). However, the level of screening and referral used by specialized programs require more advanced infrastructure and will not be possible until screening and tracking are recorded within the HMIS. Ultimately, CES should be able to accommodate various housing and service requirements and match clients to the most appropriate resource. Stakeholders have reported that prioritization of 10th Decile Project-eligible clients would help secure service funding from healthcare plans. The evaluation will track the system's progress as it matures in future years.

In 2014, the evaluation team—at the direction of Foundation staff—subcontracted with the office of the Los Angeles County Chief Executive to merge HMIS data into the Enterprise Linkage Project (ELP) database, a warehouse containing service data from multiple county departments (e.g., arrest records, public hospitalizations) While this merger is in its early stages, the data-sharing agreements and data-matching processes are now in place to support the ongoing addition of HMIS data to the ELP data warehouse. Two long-term opportunities may arise as a result of this data-sharing pilot.

- First, the ELP-HMIS data sharing may be able to support direct identification and prioritization of individuals who are documented in the HMIS as chronically homeless and documented in the ELP as high users of county emergency services. Developing a secure, confidential system for identifying and locating these individuals would take work, but this could be an effective means of reaching vulnerable, high-need clients who might not be identified by CES through traditional outreach.

- Second, this data sharing may provide a way for the evaluation to measure whether current CES efforts are reaching high users of county emergency services, as well as whether mainstream service system use has changed for "high priority" individuals who are placed in PSH.

CES is not a substitute for continued efforts to increase the supply of PSH—particularly in parts of LA County that remain significantly underserved. Ultimately, as CES is implemented throughout the county, its success will depend upon having a supply of housing available for those who are prioritized for PSH. In fact, information about the vulnerability and needs of people who have been engaged through CES and their readiness to be matched to PSH may help to make the case about the need for additional PSH in every region of the county. Creating a supply of PSH to match the needs of people who have been prioritized for assistance will require a continued focus on securing new sources of capital funding from state and local government sources. It will also require the replacement of programs that have been lost or depleted in the past few years and a renewed focus on coordinating funding sources that pay for housing development and operation and ongoing supportive services. Over the next several years, CSH's 88 Communities Strong initiative, which will provide broad and deep technical assistance to PSH providers in underserved areas will bolster development in underserved areas. In the short term, with capital funding opportunities limited, efforts must focus on maximizing voucher use.

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

---

14 LAHSA and LA County are developing a comprehensive family prioritization system. Similar to the current single adult system, multiple family prioritization "systems" have been underway. The County and LAHSA were able to coordinate and align priorities to establish the single system. This process may serve as a useful model for CES implementation staff.

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

To end chronic homelessness, developers must have adequate capacity to create PSH units and PSH providers must have the capacity to manage housing and provide services effectively to highly vulnerable individuals with extensive histories of homelessness. PSH providers are showing improvement in all measures identified on the "capacity scorecard" created for the 2013 Report based on the Home For Good Standards of Excellence.

Overall Status

Measure: Capacity to operate PSH according to the Standards of Excellence*

The Standards of Excellence are goals and operating standards for high-quality performance by PSH, emergency shelters, and outreach programs. The goals and standards for PSH programs in effect articulate a community definition of PSH. UWGLA continues to work on implementing a pilot approach for assessing provider adherence to the Standards. In the interim, the evaluation team has updated the annual stakeholder survey and worked closely with LAHSA's HMIS team to create a systemwide "capacity scorecard" for PSH that reflects many of the Standards of Excellence. Data on some of the evaluation's capacity metrics have been collected since the beginning of the evaluation, and others were added in 2013 or this year, so trend data is not yet available for all metrics. The results are shown in Exhibit 2.10.

Exhibit 2.10: PSH Operator Capacity Scorecard, 2012–2014

PSH Provider Capacity Metric	Source	Year 1*	Year 2	Year 3	Change
PSH units occupied by chronically homeless individuals	HMIS	42.7% (n=1,372)	49.2% (n=1,660)	55.6% (n=1,497)	⬆
Operators with formal or informal agreements with placement staff to facilitate "warm handoffs"	Survey	73.7% (n=38)	73.5% (n=34)	90.7% (n=43)	⬆
Engagement workers reporting a placement time of less than 2 months	Survey	-	20.8% (n=173)	26.3% (n=175)	⬆
Engagement workers who do not use "housing readiness" criteria to select people for PSH	Survey	-	84.3% (n=102)	85.6% (n=118)	⬆
PSH providing case management services	Survey	85.2% (n=68)	95.7% (n=140)	92.5% (n=146)	⬆
PSH providing assistance linking to Medi-Cal or other mainstream benefits	Survey	-	72.1% (n=140)	80.1% (n=146)	⬆
Providers for which all tenants have leases or occupancy agreements	Survey	-	-	96.2% (n=105)	n/a
Providers with no restrictions on the length of tenancy	Survey	-	-	85.7% (n=105)	n/a
Providers with no requirements such as sobriety, services, or curfews to maintain tenancy	Survey	-	-	58.1% (n=105)	n/a
Providers setting a maximum rent of 30 percent of tenant income or less	Survey	-	-	47.1% (n=104)	n/a
Providers who measure tenant satisfaction	Survey	-	-	58.3% (n=103)	n/a
Providers reporting ensuring all tenants are provided CA Tenant Rights and Responsibilities Information	Survey	-	-	72.5% (n=102)	n/a
Clients retaining housing for 1 year or more or who move to other permanent housing within 1 year	HMIS	84.3% (n=586)	86.0% (n=817)	90.6% (n=406)	⬆

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

* The spring 2014 version of the Home For Good Standards of Excellence can be found at http://www.unitedwayla.org/wp-content/uploads/2013/11/SoE-Graphical-Spring-2014-Final.pdf.

In addition to showing progress on markers for which there is prior year baseline data, LAHSA's participation in providing data for the report is an indicator of progress in that organization's willingness and capacity to analyze and share data for community assessment and planning purposes.

Measure: Tenant perspective on provider capacity

In May 2014, the evaluation team conducted focus groups with 33 residents of five different permanent supportive housing (PSH) projects. The sites were located in the San Fernando Valley, Metro Los Angeles, the Westside, and South Los Angeles and included clients from the same PSH providers as in the two previous years to encourage continuity and measure any changes in project activities or perspectives of residents. One additional provider was included to increase the amount of feedback. Participants in the focus groups were residents of both project-based housing and market rate housing in the community (using tenant-based vouchers). While this feedback cannot be considered representative of all chronically homeless individuals placed in PSH, it does provide an important perspective and recommendations that may not otherwise be evident to providers and system planners.

Referral and Entry: Residents continue to express confusion and frustration about who receives PSH and why. As Los Angeles County is moving towards a CES, with PSH as its most valuable resource, it would make sense to reevaluate the protocols that PSH and emergency shelter providers use when conducting assessments and discussing opportunities with individuals.

Services: When asked about the relative importance of different services, tenants in market rate housing in the community most often mentioned mobile health case management teams, which provide mental health assistance, substance abuse counselors, medical assistance, peer advocates, and case management. They noted the importance of continuity and consistency of care in mental and physical health services but also expressed discontent that they could not more easily switch case managers upon request. In addition, a number of community-based tenants reported loneliness and disconnection with the community during their first few months, which was not as prevalent among project-based clients. More support for tenants living in community locations may be needed up front to combat alienation.

In the project-based locations, mental health, substance abuse, and medical health services were most valued. While many residents found group therapy to be helpful, there was widespread interest in more one-on-one counseling.

While none of the residents explicitly cited a need for programs to help them move on from their PSH tenancies, they did indicate that some of the services needed to accomplish those goals are available at their PSH projects. As in previous years, those services included money management, benefits navigation, assistance with Section 8 applications, and mental health counseling.

Additional services that residents felt they needed include housing search assistance (including transportation), community integration and referral assistance, and family support services. Youth clients requested driving classes, employment assistance (including purposeful volunteer opportunities), and 24-hour availability of counseling.

Rules and Security: Criticism of project rules was most acute for residents of the youth housing project. One resident stated that there is "collective punishment" when one person breaks the rules. Another said that there were more rules at their PSH project than in emergency shelters and that this has led staff to bend or ignore the rules on many occasions. Some participants urged that new PSH and affordable housing be built in safer locations.

Measure: Capacity to develop PSH

In previous reports, we have provided some survey data from respondents regarding development capacity.[15] Our stakeholder interviews have led us to believe that the capacity of developers to build PSH in Los Angeles is generally adequate to accommodate the currently available resources. In response to questions about developer and housing provider capacity, stakeholders have consistently expressed concerns about the lack of funding available to support development, and **not** limited capacity among PSH developers to compete for funding or to complete high-quality development projects. Many stakeholders said that in lean times it is not necessary to introduce new developers into the stable of PSH specialists. In fact, the converse may be true. When resources are limited, strong nonprofit developers should be selected to develop properties to ensure the maximum likelihood of success.

In 2014, with Foundation support, Enterprise Community Partners completed an analysis of its portfolio of tax credit investments in PSH projects in Los Angeles County. The findings of this analysis were presented to local stakeholders at a PSH Financing Symposium in late July. The analysis concluded that the PSH portfolio across Los Angeles County is healthy overall and performing in a way that is comparable to Enterprise's national portfolio of housing tax credit investments. The analysis examined project financial reserves and determined that these reserves are not excessive, given risks associated with the long-term renewal of public funding for rental subsidies that are essential for covering the operating costs of housing units targeted to people with little or no income to pay rent.

The analysis examined some operating cost data and found a wide range in per-unit operating costs, from $5,000 to $12,000 per unit per year. The findings raise questions about how operating costs and supportive services costs for PSH projects change over time—for example, as tenants who were previously homeless become settled into their housing and improve their living skills, and as a relatively small number of units become available for new tenants each year because of turnover.

The analysis highlighted the need for additional capital funding to modernize and improve some of the older single-room occupancy developments in the local PSH portfolio. Some of these older developments do not have private bathrooms or kitchens within the housing units, and the buildings do not provide much space for supportive services or other community areas. These are important features of high-quality PSH. Given the very limited capital funding currently available for new PSH and other affordable housing developments and the likelihood that there will be significant competition for Low-Income Housing Tax Credits, it will be difficult to make the case to policymakers for investments in these older projects. If additional funding becomes available for energy and water efficiency upgrades, this could help some projects reduce operating costs. For projects with operating subsidies that can cover additional debt payments, there may be opportunities for loans from funds that combine public and private funding sources.[16]

New sources of funding may require housing organizations to develop new models of PSH. For example, the State of California has obtained federal funding for supportive housing through HUD's 811 program, which provides project-based operating subsidies for supportive housing that integrates people with disabilities with other project residents. The state's pending proposal for additional 811 funding would be dedicated to projects in Los Angeles County and reflects a commitment by the state's Medi-Cal program and state housing finance agencies to serve chronically homeless people referred to housing through CES.

However, the requirements of this funding source—which under federal law must be used for projects in which no more than 25 percent of units are designated for people with disabilities—and the state's decision to cap the rental subsidy amounts at levels lower than Fair Market Rent (FMR) make it challenging to implement.

The state's intention is that housing developers will use 811 funding to provide deeper subsidies for some units in affordable housing developments that receive investments through Low-Income Housing Tax Credits, making these units affordable to people with disabilities. Most supportive housing projects in the region rely on rental subsidies that pay the full HUD-established FMR, and few developers have experience integrating people who are chronically homeless into more mainstream affordable housing developments where most units are not designated for people with special needs. If the state receives the funding award from HUD, there will be significant opportunity for local developers to engage with the state in trying to make this program work.

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

---

15 Updates to survey data are provided in Appendix I.

16 Enterprise Community Partners, *Critical Financing Permanent Supportive Housing in Los Angeles: Challenges and Opportunities in a New Era.*

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

The Foundation has directly supported the placement of 2,367 chronically homeless individuals in PSH, more than double the original placement goal of 1,000. However, the direct Foundation-funded efforts to prevent chronic homelessness fall far short of the 1,000 person prevention placement goal. While the Foundation grant to CSH includes service strategies for vulnerable populations, there is not a systematic approach to measuring "inflow" into chronic homelessness or a community-wide strategy to target resources to highly vulnerable people who are not yet chronically homeless. Even as the system for moving individuals who are chronically homeless off the streets and into housing improves, other people who are on the streets will remain homeless long enough to become chronically homeless and people who are highly vulnerable continue to become homeless. Without a clear strategy to address the inflow into chronic homelessness through well-targeted prevention efforts supported by evidence of effectiveness, stakeholders will not succeed in eliminating chronic homelessness.

Overall Status

Currently, significant momentum is pushing this Initiative forward. However, in the absence of an annual street count of homeless individuals—and in light of the numerous issues with the methodology of previous street counts—it is not possible to determine whether the overall count of chronic homelessness is declining.

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

Through targeted programming grants and subgrants by CSH and the Funders Collaborative, the Foundation has supported the placement of 2,367 chronically homeless individuals into PSH, exceeding the 1,000-person placement goal. This includes placements made through the end of calendar year 2013; additional placements in 2014 by new grantees, including those using the FHSP, will be included in next year's report. The prevention placements are minimal—at this point, small-scale programs have placed only 114 non-chronically homeless transition-age youth (TAY) or prison re-entry clients (55 in 2012 and 59 in 2013).[17] The Foundation-supported placements are shown in Exhibit 2.11.

Exhibit 2.11 Foundation-Supported Placements, 2011–2013
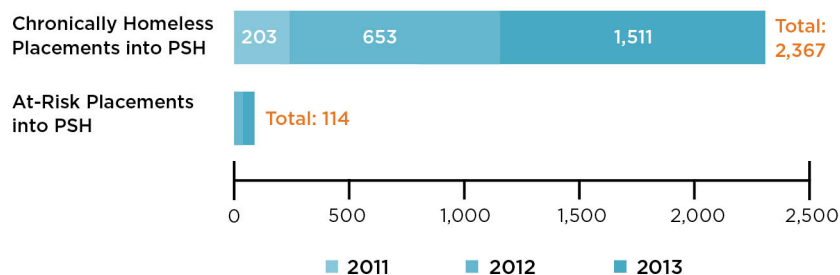
Source: Grantee reports; CSH and Home For Good subgrantee reporting

Measure: Number of systemwide housing placements into PSH

From 2011 through 2013, systemwide placements tracked by Home For Good total nearly 8,000 individuals placed in PSH, inclusive of the 2,367 individuals placed directly by Foundation-funded grantees (Exhibit 2.12). In the last couple of years, a significant proportion of these placements were made by the VA and PATH in conjunction with the HUD-VASH vouchers. In 2012, chronically homeless veterans represented 50 percent of placements. By 2013, however, placements by the VA and PATH fell to 26 percent of placements. In part, this is due to increased placements by other providers and in part due to a slow-down in placements by the VA and PATH since 2011.

17 Some of those identified as chronically homeless were also TAY (13 individuals), re-entry (35 individuals), and veterans (106 individuals).

Exhibit 2.12: Placements of Persons Experiencing Chronic Homelessness in PSH

	Placements in new project-based PSH	Placements in existing project-based PSH (turnover)	Placements in scattered site PSH (new and turnover)	Total Placements across all PSH types			Total
	2011–2013	2011–2013	2011–2013	CY 2011	CY 2012	CY 2013	2011–2013
Total placements of individuals experiencing chronic homelessness*	965	1,027	5,731	2,099	2,779	2,845	7,723
Placements of chronically homeless veterans by the VA or PATH (under contract to the VA)	74	24	2,025	1,008	940	731	2,679

The data related to the placements of chronically homeless individuals in PSH were collected by Home For Good and Community Solutions through a joint quarterly provider reporting process. In general, this can be assumed to be an underestimate, because if there is any potential duplication in reporting (e.g., a housing operator reports placements and the service partner for its facility also reports the placements), the questioned placements are removed from the count. Providers are asked to report the type of PSH unit into which each client has been placed.

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

Exhibit 2.13 reports the number of individuals placed through 2013 who were prioritized because they were identified as being at risk of chronic homelessness. By and large, prevention placements represented here are placements of non-chronic veterans targeted through Home For Good.

In 2014, Home For Good discontinued its provider-based self-reporting process in favor of collecting data from LAHSA's HMIS, the VA's data system, and PHA data systems. Preliminary information suggests that there are significantly higher placement numbers in 2014 than in previous years, so Home For Good staff members continue to coordinate with the reporting entities to assess accuracy.

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

	Total Placements across all PSH types			Total
	2011	2012	2013	2011–2013
Placements of individuals at risk of chronic homelessness	864	1,347	1,137	3,348

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

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

As of January 2013, 8,795 people experiencing chronic homelessness were counted on the streets or in emergency shelters in LA County, a decline from the January 2011 point-in-time count of 9,265. In 2014, HUD required LAHSA to modify the point-in-time (PIT) count methodology to exclude a "hidden homeless" estimate that affected the overall and subpopulation counts. As a result, there are changes to the reported numbers of chronically homeless individuals (counts of persons in families experiencing chronic homelessness are excluded from this count) in Los Angeles County in the 2011 and 2013 counts used in previous years' reports. The updates to the 2011 and 2013 PIT counts are presented in Exhibit 2.14 for reference.

Exhibit 2.14: Countywide Measures of Chronic Homelessness

	Increase (or decrease) in Chronic Homelessness Count (2011 to 2013)			
	January 2011	January 2013	Number	Chronic Homelessness Point-in-Time Count
Counted on night of PIT (sheltered and unsheltered) countywide	9,265	8,795	-470	-5.1
Los Angeles CoC	7,668	7,475	-193	-2.5
Glendale CoC	102	89	-13	-12.7
Pasadena CoC	421	205	-216	-51.3
Long Beach CoC	1,074	1,026	-48	-4.5

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

LAHSA did not conduct a PIT count in January 2014, so we do not have current data to calculate changes in the number of chronically homeless individuals. As shown in Exhibit 2.12, Home For Good recorded 4,878 chronically homeless persons placed in housing between January 2011 and January 2013, while the point-in-time counts at the beginning of that time period and the end of that time period show a decrease of 470 people. There are a number of possibilities for why the count of chronically homeless did not drop more substantially. Placements during that period may not have been targeted explicitly to the chronically homeless population. If that is the case, the work of implementing CES is likely to address this disconnect in the future. It may also be that the 2011 count was an undercount and that the individuals placed were chronically homeless but were missed in the initial count. In the 2013 Report, we provided some recommendations related to improving the accuracy of the count. It is also possible the count is not decreasing at rate similar to the placement rate because of continued "inflow" into chronic homelessness. The issue of inflow was observed in stakeholder interviews with several interviewees echoing the sentiment "when you look at the streets in Skid Row, it looks like we never did anything." The potential significant inflow emphasizes the importance of the goal to prevent people from becoming chronically homeless, but this goal will need to be implemented in a way that does not inadvertently undermine the CES prioritization efforts.

In previous years, we have estimated the gap in PSH supply as the difference between the chronic homeless count and the new and turnover PSH housing units coming online. Exhibit 2.15 presents an updated version of that chart, with corrected PIT count numbers from the 2013 count. This assumes that the count is static between January 2013 and January 2014—i.e., as many people became chronically homeless as were moved into housing. Based on the revised PIT counts, the unmet need gap is considerably less than shown in previous reports, in which we discussed our concerns with the accuracy of the PIT count numbers. Even if this revised number is more accurate, there is still a significant gap. This gap, of course, increases every year that people continue to fall into chronic homelessness while PSH production cannot keep up with demand.

Home For Good staff have been developing an approach to estimating the number of placements and units needed to end chronic homelessness by 2016 using data about existing housing resources and estimates of the inflow into chronic homelessness. They hope to refine the approach over the coming year to include data from the CES assessment process to estimate appropriate interventions for subsets of the chronically homeless population—i.e., assuming not all chronically homeless people require PSH. The projections from this refined approach will be included in future evaluation reports.

Exhibit 2.15 Estimated Unmet Need as of January 2014

■ All CH Dedicated Pipeline Units   ■ All Other Pipeline Units   ■ Turnover (15%) of All PSH Units Leasing Prior to 2014   ▨ Unmet Need

Sources: See Exhibits 2.7 and 2.14

Conclusion and Recommendations

Significant progress is being made on Hilton Foundation Chronic Homeless Initiative goals, as shown in Exhibit 3.1. Many of the five-year goals have been exceeded, and most others are on track to be reached within the next two years. These accomplishments are impressive. Even more notable is the extensive systems change that has occurred, which promises to ensure continued success. Nonetheless, more progress is needed to reach the ultimate goal of the Initiative—preventing and ending chronic homelessness. This section of the report summarizes key recommendations related to each of the Foundation's five-year goals. The recommendations are not intended to minimize the progress achieved to date; rather they are intended to build upon the momentum that exists and to ensure that future efforts are informed by current practice and experience.

Exhibit 3.1: Summary of Progress on Hilton Foundation Initiative Goals, August 2014

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

Significant progress was made over the first three years of the Initiative in engaging public officials in addressing chronic homelessness. However, elected officials, especially newly elected leaders, will need to be proactively and continually engaged over the last two years of the Initiative to maintain progress in this area.

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

As of August 2014, $13.75 million in private funds and $277 million in public funds had been leveraged or aligned through the Home For Good Funders Collaborative. Public resources have been committed through the Home For Good Funders Collaborative at an unparalleled pace and the public funding goal has already been surpassed. Noteworthy progress was also made on the private goal.

Progress Toward Goal to Create 5,000 Units of PSH

Through the Funders Collaborative as well as direct grantmaking, the Foundation has supported the creation or dedication of 3,736 units of PSH for chronically homeless people (75 percent of the five-year goal). Due largely to the availability of public resources for housing vouchers, the scattered site unit creation goal has already been surpassed, and the Initiative is making steady progress on its project-based unit creation goal.

Progress Toward Goal to Establish a System of Prioritizing Chronically Homeless Persons for PSH

Over the course of the last year, the coordinated entry system (CES) has expanded from the Skid Row pilot into all areas of the county, and providers and community leadership have demonstrated buy-in. Progress has been achieved appropriate to the third year of the Initiative, but there is still work to do to systematize the approach and align it with the resources necessary to support prioritization and expedient housing placement.

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

To end chronic homelessness, PSH providers must have capacity to provide services effectively. PSH providers are showing improvement in all measures identified on the "capacity scorecard," created for the 2013 Report from the Home For Good Standards of Excellence.

Progress Toward Goal to House 1,000 Most Vulnerable Chronically Homeless Persons in PSH and Prevent 1,000 Persons from Becoming Chronically Homeless

The Foundation has directly supported the placement of 2,367 chronically homeless individuals in PSH, more than double the original placement goal of 1,000. The direct Foundation-funded efforts fall far short of the 1,000-person prevention placement goal. In the absence of clear community-wide strategy to address chronic homelessness prevention, it seems unlikely that the number of people experiencing chronic homelessness will reach zero as those who are on the streets age into chronic homelessness and people who are vulnerable continue to become homeless.

A number of recommendations for improvement emerged from this year's evaluation. The recommendations focus in three goal areas: 1) continued cultivation of political support and partnerships to support the Initiative, 2) expansion of dedicated and aligned resources to increase and sustain the inventory of PSH, and 3) widespread adoption of prioritization strategies to ensure that those most in need are quickly placed in PSH as it becomes available. Activities in all of these areas are already under way at some level within LA, but we provide the following recommendations to reinforce their importance to the Initiative.

Goal Area: Continued cultivation of political support and partnerships to support the Initiative.

1. Develop a political engagement strategy that reinforces support among existing champions and cultivates understanding and support among new leaders.

Broad community consensus and political will are growing for PSH, but this support needs to be continually nurtured given leadership changes, competing community priorities, and the need to develop political champions within every service planning area (SPA). Creating specific "niches" for different stakeholders will allow them to exercise leadership within the campaign and be recognized for their efforts.

- Develop ownership for the Home For Good plan and its goals among the Mayor and City Council and soon-to-be elected county officials. Encourage their involvement in growing existing efforts rather than investing in alternative, competing efforts to address homelessness. Re-engage existing signatories to Home For Good, especially local leaders within SPAs, and consider a long-term strategy to sustain their active involvement over the next phase of the Initiative.

- Capitalize on the leadership transition at the Los Angeles Homeless Services Authority (LAHSA) to build strong partnerships and a commitment to aligning the work of LAHSA and its Commission with the work of the Home For Good plan.

- Consider evolving the Home For Good leadership structure beyond the Business Leaders Task Force to formally engage the public and nonprofit agencies in the governance process. Consider refocusing the attention of the business leaders on implementing the political engagement strategy and engaging other members of the business community more aggressively.

- With renewed engagement and new stakeholders at the table, develop a policy strategy that elected officials can help to implement to increase resources for capital, rental assistance, and services for PSH and to remove barriers to housing placement and mainstream benefit enrollment.

Goal Area: Expansion of dedicated and aligned resources to increase and sustain the inventory of PSH.

2. Refine the PSH housing and services funding model and identify sustainable sources of funding to support PSH operations.

Initially, the Funders Collaborative helped to fill the identified need for critical service funding with multi-year grants to support housing-focused services in PSH. However, despite some significant progress and new investments from county mental health and health departments, the assumption that service needs would dissipate or that services could transition to mainstream systems has not been reflected in the experience of many PSH providers. PSH providers have expressed concern that the current services funding strategy is not a viable long-term solution for meeting the ongoing supportive services needs of some PSH tenants who have long histories of homelessness.

- Consider an in-depth analysis of financial and client data from Funders Collaborative grantees to better understand the actual costs of delivering PSH housing and services, the proportion of residents eligible for enrollment in ongoing services available from mainstream systems, the rate at which PSH residents are engaged in those services, the feasibility of transitioning payment for PSH services from time-limited grants to sustainable funding from mainstream systems, and the extent to which PSH tenants who were chronically homeless and prioritized for PSH consistent with goals of the Initiative continue to need housing-focused services in the years after PSH placement.

- Based on findings:
  - Develop funding projections that take into account the services needed to sustain the tenancy of the vulnerable individuals prioritized for PSH, taking into account the declining needs of some residents and the degree to which residents "graduate" from PSH.
  - Develop funding projections that cover the full extent of operations and services needed to sustain PSH consistent with the Home For Good Standards of Excellence.
  - Develop an investment strategy to meet the operating and services needs of PSH, taking into account Funders Collaborative grantmaking, "complementary" funding from Funders Collaborative grantmakers, and funding from public agency partners.
- To the extent that mainstream service partnerships are anticipated to be the source of long-term service provision, develop CES protocols to facilitate pairings between PSH providers and mainstream service providers.

3. Support strategies to expand capital resources for PSH unit creation and preservation

PSH developers continue to struggle to identify sufficient sources of funding to support the development of new PSH project-based units, while also making more modest investments in the capital improvements needed to ensure preservation of some older PSH projects.

- Continue efforts under way to project the number of project-based PSH units and associated capital funding needed to fill gaps in unmet needs, so these figures can be used to mobilize action. If possible, generate unit and capital need projections by SPA or subarea so elected and public officials can articulate the level of resources needed for their geography and build support for targeted investments.

- Design SPA or other subregion development strategies responsive to the local housing market. Though improving access to existing turnover units and expanding rental subsidies for PSH can help to address unmet need, there is a limited supply of rental housing stock in many areas of the county. This will challenge local efforts to provide PSH countywide without the creation of new units through new construction or rehabilitation of existing housing. PSH production strategies may need to be tailored to meet local need through smaller scale developments in SPAs.

- Continue advocacy efforts to get the city and county of Los Angeles to dedicate a portion of redevelopment agency "boomerang" funds (the tax increment funds that now go to cities and counties but were previously allocated to redevelopment agencies) to make investments in affordable housing through the city's Housing Trust Fund or other funding mechanisms.

- Explore the possibility of aligning private funding (e.g., program-related investments from foundations or below-market-rate lending from banks or other private funders) with other available local sources of public funding to help PSH developers secure capital resources needed to modernize or improve older PSH projects—including investments that reduce ongoing utility costs and other improvements in housing quality and operational efficiency. These investments are particularly important to ensure that some of the oldest PSH projects that lack amenities found in newer buildings can provide quality housing for tenants in the coming decades. Building upon the experience of funders, lenders, and housing providers with other successful loan funds that have supported the creation of supportive housing, collaborative investments in preservation and improvements to older PSH projects could help to ensure that units in these projects continue to be available to people experiencing chronic homelessness.

4. Support strategies to increase the supply of scattered site PSH supported by PHA resources.

Work with all public housing authorities (PHA) in the county and their community partners in a coordinated effort to increase the use of homeless limited preferences to provide access to Housing Choice Vouchers and increase use of Shelter Plus Care vouchers for chronically homeless people, including those prioritized and matched through CES.

Goal Area: Widespread adoption of prioritization strategies to ensure that those most in need are quickly placed in PSH as it becomes available.

5. Establish formal arrangements between housing authorities, CES, and service providers to ensure timely housing placement of high priority subpopulations and full use of resources committed by PHAs.

Commitment of tenant-based vouchers for PSH has greatly expanded the supply of PSH and has given providers flexibility to quickly place individuals in housing of their choice. However, providers have not always been able to fully utilize available vouchers. Also, while the Housing Authority of the City of Los Angeles (HACLA) has been an enthusiastic partner in the implementation of CES, some other housing authorities have concerns about using CES as an intermediary to identify and prioritize potential residents.

- Work with CES coordinators and community-based organizations involved in CES to ensure they fully understand procedures for accessing vouchers so they can be more nimble and responsive when PHAs have a sudden surge in voucher availability.

- Work with PHAs to establish internal procedures for accepting CES clients while still operating within HUD and Fair Housing requirements.

- Work with PHAs to expand the number of community-based organizations with contracts that allow them to make referrals to qualify for the wait list preferences established by PHAs. In particular, it would be ideal if the CES SPA coordinators all have contracts with HACLA and HACoLA that would allow them to refer people who qualify for the voucher preference. Alternatively, each CES SPA coordinator could identify local partner organizations that can make these referrals and provide ongoing support services.

6. Continue to support efforts to bring CES to scale, including exploring use of CES as a platform for accessing aligned initiatives and specialized housing.

Great strides have been made on the implementation and expansion of CES throughout the county over the past year, but these efforts need to be further developed and formalized. Cultivating an effective inventory management system and clear means of consistently identifying and prioritizing individuals for housing based on their vulnerability and need will both improve access to housing and promote a greater understanding of need and housing supply. As the technology platform of CES improves, it may also be possible to further use CES in conjunction with aligned initiatives and specialized housing such as 10th Decile Projects.

- Support SPA leaders and CES coordinators in developing a systematic "ask" to secure the commitment of PSH providers to agree to fill a portion of their turnover and new units through a CES process, at a minimum targeting Continuum of Care, Public Housing Authority, Department of Mental Health, Department of Health Services, and VA-managed housing resources. Continue to work with HUD to get approvals needed to bring in PSH providers concerned about the fair housing implications of shifting from their own wait list to the CES.

- Ensure CES housing inventory infrastructure can support timely referrals to housing opportunities, especially when there is a surge in the number of available vouchers. Integrate the PSH Inventory into LAHSA's homeless management information system (HMIS) in order to mark available units and match them to CES clients, track trends over time in the PSH inventory and pipeline, and track adoption of the CES by PSH providers.

- Continue to advocate for the implementation of an annual point-in-time (PIT) count of people experiencing unsheltered homelessness and ensure that the CES coordinators, housing navigators, and volunteers are engaged in the PIT count, similar to the approach taken by Community Solutions' "count plus" communities in the past. Assess the 2013 count data for lessons-learned related to accuracy and categorization of target subpopulations (see 2013 Report for more detail).

- Analyze integrated housing placement data from HMIS, VA, and PHA databases, not only to count placements but also to assess the proportion of placements that align with high-priority criteria. Use provider-level data about placements of target populations to inform outreach, education, and training efforts to increase adoption of CES.

- Align CES with other prioritization efforts, integrating access points if feasible and desirable among partners. At a minimum, consider periodically integrating prioritization lists on the backend for purposes of improving systemwide targeting and projections of need.

- Encourage engaged grant- and loan-makers to require participation in the CES as part of their contractual relationships with developers and providers.

7. Leverage resources in support of underserved areas.

The Foundation has supported the implementation of new service models by strong PSH providers. At the same time, underserved areas have noted their need for technical assistance in PSH operation. Leveraging grantmaking to strong community agencies by funding their engagement in underserved areas would allow for continued support of strong agencies while expanding their reach systemwide and creating a community of practice.

- As grants are made for implementation of new service models (e.g., Critical Time Intervention) or intensive onsite housing retention case management, consider building in support for peer learning through hands-on assistance or development of a community PSH practice conference. In some underserved areas, SPA leaders noted that providers can often feel disconnected from learning opportunities. Funding one-on-one peer networking through clinical coaching or shadowing would facilitate skill-building through a partnership approach.

- Encourage Foundation grantee participation in the new Corporation for Supportive Housing SPA-level engagement activities. In particular, ensure grantees with locations or experience in the targeted SPAs (1, 3, 6, 7, and 8) are engaged in the development of the engagement plans and their insights are shared in reporting on SPA progress.

8. Coordinate with relevant stakeholders to create a chronic homelessness prevention strategy.

Individuals continue to fall into chronic homelessness each year in Los Angeles, but the size and needs of the various subpopulations that are most at risk of becoming chronically homeless in the county are not well understood. Without a clear understanding of the scope of need and a clear strategy to address the problem, we anticipate the community will continue to see this inflow into chronic homelessness. Consider dedicating resources to an in-depth study of the issue and developing a community-wide strategy for appropriately responding to highly vulnerable populations, including the possible development of an additional, discrete PSH inventory target to meet the identified need.

Significant progress has been made in achieving the five-year goals of the Chronic Homelessness Initiative. Consideration of the recommendations summarized in this chapter may help to advance efforts even further by building on previous successes and learning from less fruitful experiences. While the five-year goals remain important markers of progress, the next step for the Foundation will be to look ahead past the end of the Initiative in 2015. In planning for future goals and activity, the evaluation team recommends that the Foundation and Home For Good consider the overall unmet need for PSH and identify the number of units and funding commitments needed to fill that gap countywide and locally for each SPA. The quality of data on homeless counts, PSH units, and chronically homeless placements has improved sufficiently that the community should understand its progress against realistic targets of need, and these projections can be used to generate support for the additional resources. In addition, stakeholders should be mindful of documenting and disseminating information about successful practices. Communities throughout the country are tackling these same issues and would benefit, particularly from understanding the CES model and tools that LA has adopted, as well as the SPA-level approach to CES expansion.

Evaluation Team Background

Principal Investigator

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

Project Quality Advisor

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

Evaluation Team

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

Meghan Henry joined Abt Associates in 2010 from the National Alliance to End Homelessness. She brings experience researching and evaluating federal programs and policies related to homelessness; coordinating data collection activities for communities reporting homelessness data to HUD; and authoring policy briefs, data briefs, and major research papers.

Matt White has been in the housing field for nearly 15 years, specializing in strategic planning and homeless system policy development, research and evaluation, and HMIS development. Mr. White's current work at Abt focuses on HMIS technical assistance and homeless system evaluation, facilitation, and planning.

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

Related work in the Los Angeles Region

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

Downtown Women's Center (DWC): Abt was contracted by DWC for a short-term project in 2014 to analyze client data gathered by DWC using their Measurement Guide evaluation tool. The work of developing the evaluation tool was funded in part by the Hilton Foundation. Meghan Henry and Julia Brown analyzed the collected data to understand trends in client trajectories through the array of DWC services. In consultation with Foundation staff, the team agreed the project would build knowledge of local client assessment tools, which may ultimately be useful in our Enterprise Linkage Project (ELP) work related to the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and other prioritization schemes.

Corporation for Supportive Housing (CSH)

- Abt has been retained by CSH to provide capacity building support to the Los Angeles Homeless Services Authority (LAHSA) in their implementation of HMIS improvement strategies identified in Abt's 2012 report, Los Angeles Data Assessment. The improvement strategies focused on integrating HMIS data management functions with CoC policy analysis and planning functions. Most recently the CSH-funded work has focused on the integration of HMIS data into the county's data warehouse, ELP, in partnership with the Chronic Homelessness Initiative evaluation team. Matt White is leading the CSH-funded HMIS tasks, which will remain active through 2014.

- As part of the Foundation evaluation contract, Carol Wilkins was an expert panelist at a Corporation for Supportive Housing-sponsored "Health Homes Charrette." The two-day convening in August 2014 was designed to spur discussion about aligning health homes with housing systems in LA, outcomes standards for health homes, and reimbursement models for health homes.

HUD Technical Assistance: Abt is the lead TA provider in Los Angeles for HUD's Priority Community Initiative, which focuses on providing TA for communities throughout the United States with the highest documented numbers of persons experiencing homelessness. The specific work plan tasks include development of coordinated entry strategies for families, refinements to LAHSA's performance measurement and annual CoC project evaluation processes, and refinements to LAHSA's CoC governance and decision-making structures to support more inclusive and transparent CoC system planning. Matt White is leading the HUD LA TA tasks, which are expected to continue through calendar year 2015.

PSH Inventory Group: As a part of data collection efforts for the evaluation, team members participate on LAHSA's PSH Inventory Group. Julia Brown participates as a representative of the Foundation evaluation team for purposes of gathering data. Matt White participates and convenes the meetings as a HUD technical assistance provider to support the community in improving their Housing Inventory Chart and using PSH data for local planning purposes.

Measurement Area	Source(s)
CH	Chronic Homelessness
CES	Coordinated Entry System
COG	Council of Governments
CSH	Corporation for Supportive Housing
CTI	Critical Time Intervention
DHS	Department of Health Services
DMH	Department of Mental Health
DPH	Department of Public Health
ELP	Enterprise Linkage Project
FHSP	Flexible Housing Subsidy Pool
FMR	Fair Market Rent
FQHC	Federally Qualified Health Center
HACLA	Housing Authority of the City of Los Angeles
HACoLA	Housing Authority of the County of Los Angeles
HCV	Housing Choice Voucher
HMIS	Homeless Management Information System
HPI	Homeless Prevention Initiative (LA County)
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	Veterans Affairs Supportive Housing
LA	Los Angeles
LAHSA	Los Angeles Homeless Services Authority
MHA	Mental Health America
MHSA	Mental Health Services Act
NIMBY	Not In My Backyard
PATH	People Assisting the Homeless
PHA	Public Housing Authority
PIT	Point-in-Time
PSH	Permanent Supportive Housing
RFP	Request for Proposals
SAM	Single Adult Model
SPA	Service Planning Area
TAY	Transition-Age Youth
UWGLA	United Way of Greater Los Angeles
VA	Veterans Affairs—Greater Los Angeles Healthcare System
VI-SPDAT	Vulnerability Index-Service Prioritization Decision Assistance Tool

Related Reports

Abt Associates "Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative 2013 Report," Conrad N. Hilton Foundation, 2013. http://www.hiltonfoundation.org/images/20110041_Abt_Associates_-_Evaluation_of_the_Conrad_N._Hilton_Foundation_Chronic_Homelessness_Initiative_2013_Report.pdf

Abt Associates "Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative 2012 Report," Conrad N. Hilton Foundation, 2012. http://www.hiltonfoundation.org/images/stories/PriorityAreas/Homelessness/Downloads/homelessnessinitiative_abt_yearonerpt_finalpublic.pdf

Abt Associates "Study of PHAs' Efforts to Serve People Experiencing Homelessness," US Department of Housing and Urban Development, 2014. http://www.huduser.org/portal/publications/homeless/pha_homelessness.html

Enterprise Community Partners. "Financing Permanent Supportive Housing in Los Angeles: Challenges and Opportunities in a New Era," Conrad N. Hilton Foundation, October, 2014.

Harder + Company. "Critical Time Intervention in Los Angeles' Skid Row: Learning from the Downtown Women's Center Pilot Intervention," Downtown Women's Center, 2014. http://www.dwcweb.org/communityresources/DWC_CTI%20Final%20Report_Combined_8-13-14.pdf

Los Angeles County Chief Executive Office. "Implementation Plans for the Homeless Prevention Initiative Reprogramming and Ongoing Funding Recommendations," March 12, 2014. http://file.lacounty.gov/bc/q1_2014/cms1_210511.pdf

Los Angeles County Department of Mental Health. "Mental Health Services Act: Three Year Program & Expenditure Plan Fiscal Years 2014–15 through 2016–17," July 15, 2014. http://file.lacounty.gov/dmh/cms1_211892.pdf

Annual Results and New Grant Summaries for Hilton Foundation Grantees

Results for Grants Funded Prior to June 2013

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)	Actual Performance through 2013/2014 Report
Community Solutions	Jan. 2011–Dec. 2013	$600,000	23 communities enrolled in 100,000 Homes Campaign; 6,500 VI surveys completed	32 communities were enrolled since the start of the grant. These communities have collectively completed 18,213 Vulnerability Index surveys.	Participating communities will house 2.5% of their chronic and vulnerable populations per month and, collectively, LA County is housing 2.5% per month	By the last quarter of 2013, Los Angeles County had achieved a 2.12% monthly housing placement rate, a significant increase from the original rate of 1.6% at the start of the grant term.
Corporation for Supportive Housing	Jan. 2010–Dec. 2013	$9,000,000	Manage program-related investment loans and comprehensive support of PSH development and provide technical assistance to support development and preservation of PSH in LA County.	During the grant period, CSH made $36.98M in loans to 27 PSH projects, provided TA to 14 projects to develop PSH from existing housing stock; and provided TA and funding to convert/preserve 11 projects as PSH. CSH provided conducting a total of 69 trainings, workshops, and presentations for supportive housing providers, housing developers, and other project partners in Los Angeles County. In partnership with HUD and the U.S. Interagency Council on Homelessness, CSH hosted a convening of public housing authorities in Los Angeles in February 2012. Other training work included convening the Property Manager Knowledge Exchange group and sponsoring full-day trainings for supportive housing property managers and services staff.	Support capacity building through grantmaking, technical assistance, and knowledge exchange for providers targeting veterans, transition-age youth, frequent users of emergency room services, and recently incarcerated individuals at risk of chronic homelessness.	Over the full grant period, CSH assisted a total of 11 PSH projects targeting homeless veterans. In the reporting period, CSH provided $256,660 for four grants to 10th Decile Projects LAC+USC and South LA providers to support screening, identification, and enrollment of frequent users. For transition-age youth, CSH selected six grantees and awarded $600,000 in grants under the Stable Homes, Brighter Futures RFP. CSH provided TA to several projects focused on recently incarcerated individuals that had been added to the pipeline under Year 1 of the grant.
Downtown Women's Center	Jan. 2013–Dec. 2015	$450,000	99 CTI participating women from Skid Row will secure housing	50 participants secured housing since the start of the grant.	80% will retain housing during the project period	100% of the enrolled participants remained housed through the end of the reporting period.

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)	Actual Performance through 2013/2014 Report
Enterprise Community Partners	Sept. 2012–Aug. 2014	$190,000	Produce a white paper presenting analysis of PSH funding landscape and options for preserving and reforming current PSH financing	Enterprise produced a draft landscape analysis paper in fall 2013.	Examine innovative models of financing PSH, including Medicaid/pay for performance	Enterprise will produce a final report covering financing models in October 2014.
Housing California	June 2012–May 2014	$300,000	Develop shared understanding of system that funds development/homelessness strategies	$600M repurposed from veterans bonds for rental housing for homeless veterans. Anti-displacement language included in 2 bills. 2 policy ideas incorporated into budget language on cap-and-trade program. 27 organizations became new members of Housing California.	Develop platform to reach policymakers/public about need for governmental involvement in housing and homelessness.	Partnered with communications consultants to create messages now used by housing advocacy groups. 27 media stories aired/ published. Legislation to create sustainable source of funding (Senate Bill 391: California Homes and Jobs Act) passed the state Senate.
Housing Works	Mar. 2012–Apr. 2015	$ 570,000	75 chronically homeless persons or families will obtain PSH during the reporting period	158 chronically homeless persons obtained PSH with rent subsidies since the start of the grant.	90% will retain housing for the grant period	Of the 158 chronically homeless persons who obtained PSH, 150 have retained their housing (94.9%) through the end of the reporting period.
JWCH Institute	Jan. 2013–Dec. 2013	$ 400,000	Enroll 4,160 homeless people in Healthy Way LA	4,187 were enrolled in benefits and assigned a medical home during the grant period.	95% will document engagement in a medical home	Reporting for this outcome was extended to December 31, 2014.
LA Family Housing	July 2012–Aug. 2014	$ 700,000	180 chronically homeless individuals and 30 frequent users will be placed in permanent housing	Since July 2012, a total of 306 chronically homeless individuals have been placed into permanent housing and 61 identified frequent users have secured permanent housing	90% will remain in permanent housing after 12 months	Of the clients who were placed more than 12 months prior to the end of the grant period, 95% have remained housed.
Mental Health America	Jan. 2011–Dec. 2013	$750,000	The Homeless Preventions Initiative in Long Beach will place 60 individuals from the VI registry in PSH	28 individuals placed into housing in 2011; 38 in 2012; and 31 in 2013 (cumulative total: 97)	85% will remain housed	Of the 352 individuals placed in housing by the since 2009, 328 (93 percent) have remained in housing through the end of 2013.

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)	Actual Performance through 2013/2014 Report
OPCC	Jan. 2012–Dec. 2014	$750,000	40 chronically homeless individuals housed over three years (20 on service registry; 20 referred from hospitals and FQHC)	36 individuals were placed in permanent housing (13 from the Santa Monica Service Registry and 23 referred from Venice Family Clinic/hospitals, including 7 10th Decile Project participants in the 10th decile of cost)	85% will retain housing for at least 6 months	At the end of the second grant year, all 36 clients who were permanently housed (100%) remain housed. 33 participants have remained housed at least six months (3 have not yet reached the 6-month mark).
Skid Row Housing Trust	Jan. 2011–Dec. 2014	$750,000	80 chronically homeless, high mortality-risk individuals per year will be placed in PSH	86 individuals placed into housing in 2011; 110 individuals placed in 2012 (cumulative total: 196)	80% will remain housed for 12 months	87% of the clients remained housed at the end of their first year in the program
	June 2013–May 2014	$750,000	Complete the construction and furnishing of the Star Apartments to begin operation of DHS and Trust Programing	The construction of the Star Apartments (including 2nd floor wellness center) was completed and 100 DHS high utilizers moved in by Dec. 31, 2013.	Provide a medical home to high service utilizers.	The construction of the clinic is still in progress and is anticipated be operational by November 2014. All residents are receiving case management and health and wellness activities
SRO Housing	Jan. 2013–Dec. 2015	$ 500,000	Conversion of the Golden West Apartments from transitional to permanent housing units to provide permanent supportive housing for at least 25 chronically homeless individuals.	The conversion of the Golden West Hotel from Transitional Housing to Permanent Supportive Housing is 75% complete. At the end of this reporting period, 22 chronically homeless persons have been permanently housed at the Golden West.	Complete construction of additional facilities, the Gateways Apartments and the Rosslyn, to provide permanent supportive housing for a total of at least 50 chronically homeless individuals.	The Gateways Apartments development was completed in October of 2013. The site consists of 108 units of Permanent Supportive Housing. 54 units are set aside for Chronic Homeless persons with Mental Illness and 53 units set aside for Homeless Individuals as well as one Manager's Unit.
St. Joseph Center	Jan. 2011–Dec. 2013	$750,000	53 clients (35 new and 18 first stage) will be placed in PSH	53 clients from the Venice Service Registry were housed by the end of 2013.	90% will remain housed for at least 12 months	96% (51 of 53), retained housing for a year or more.

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)	Actual Performance through 2013/2014 Report
Step Up on Second	Jan. 2011–Dec. 2013	$750,000	50 individuals (including 10 Vets) will be placed in PSH	55 clients (including 15 Vets) were permanently housed during the grant period.	85% will remain housed.	For the entire grant period, 48 of the 54 housed (88%) have remained in PSH.
United Way of Greater LA/Home For Good	Sept. 2012–Aug. 2015	$7,775,000	Deepen the impact of the Home For Good Funders Collaborative to align funds for PSH: • Fund a minimum of 1,200 units of PSH each year of the grant. • Secure $12.25 million from private funders to match Hilton investment of $3.65 million	Over the past three years, the Funders Collaborative has: • Raised $18.25M in private funds (includes $172,500 in aligned funding from CSH) • Aligned $421M in public funds • Funded over 3,700 units of permanent supportive housing	Shift housing and services delivery systems to create an effective and efficient Housing First system	• Coordinators for CES in place in all 8 SPAs, throughout LA County. • 24 Standards of Excellence training sessions completed with over 700 attendees.
Western Center on Law and Poverty	Mar. 2011–Feb. 2014	$ 300,000	The successor agencies of the 74 Los Angeles County redevelopment agencies preserve as much affordable housing funds and obligations as possible.	Litigated as co-counsel a series of redevelopment related cases aimed at securing local wins and statewide precedents. Worked with state lawmakers on numerous "clean up" legislative bills, either supporting such bills or opposing if harmful to housing for low-income Californians, including supporting a bill protecting the rights of mobile home owners and convincing the City Council of Santa Monica to lower rents for future affordable housing units in the city pursuant to the Affordable Housing Production Program.	Expand healthcare coverage for up to 200,000 low income childless adults through the creation of the Los Angeles Coverage Expansion and Enrollment Demonstration Program/Low Income Health Program (LIHP).	As of December 2013, there were 318,563 enrollees in the LIHP program.

Target Goals for Grants Funded June 2013 or Later

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)
Brilliant Corners (formerly West Bay Housing Corporation)	Jan. 2014–Dec. 2017	$4,000,000	Brilliant Corners will operate the Flexible Housing Subsidy Pool to secure decent, safe, and affordable housing for homeless individuals in non-profit owned supportive housing, affordable housing, master lease buildings, scattered site housing, and private market housing. It will enter into agreements with housing owners/ operators and provide them the monthly rent subsidy payments (about $750 per client per month).	In 2014, house 300 homeless people; by 2015, house a cumulative total of 600 people, by 2016 a cumulative total of 1200, by 2017 a cumulative total of 2400.	Develop a sustained and growing new rent subsidy source that will allow the project to double the number of clients being housed each year.
Clifford Beers Housing Inc.	Jan. 2014–Dec. 2016	$500,000	Clifford Beers will create new housing units and convert existing housing units while collaborating with supportive service providers.	To increase the stock of PSH by 200 units, with 100 units dedicated to chronically homeless households.	To complete, or have in the development pipeline, 6 PSH projects by the end of 2016; convert 24 units in 3 existing projects to chronically homeless units by 2016.
Community Solutions (Renewal)	March 2014–March 2016	$350,000	Community Solutions will meet a local need to fully scale the Coordinated Entry System (CES) county wide. They will also improve the beta version of the system, and design and manage the data system used for CES, to provide critical matching and automation features for the system.	By March 1, 2015, each SPA will have an operational CES, led by local leaders, which cover all geographic regions of SPAs 2-8 and SPA 1: Antelope Valley will have initiated efforts to pilot CES in that SPA.	By March 1, 2016, each SPA will have a SPA-wide structure for coordinated outreach and housing navigation, which will include integrating rapid re-housing and affordable housing resources into their systems.
Corporation for Supportive Housing (Renewal)	April 2014–March 2017	$6,000,000	With this grant, CSH has four objectives: engage mainstream systems in preventing and solving chronic homelessness, build strong organizations to provide high-quality supportive housing, understand the needs and target resources to the most vulnerable chronically homeless individuals, and provide the housing resources and models necessary to end chronic homelessness in LA.	Create 2,500 units of SH to include: 600 units of SH through new constructions, 100 units of SH through preservation of existing SH, 400 units of SH through conversion of affordable housing or market-rate housing, and 900 units through scattered site rental assistance programs.	House vulnerable homeless populations including: 100 units of SH for homeless older adults, 700 units for chronically homeless frequent users of the health care system, 150 units for homeless TAY, and 300 units for homeless, formerly incarcerated individuals.

Grantee Org.	Grant term	Grant Amount	Target One (through term of grant)	Actual Performance through 2013/2014 Report	Target Two (through term of grant)
LA Family Housing	Sep. 2014–Aug. 2016	$1,000,000	The grant supports the SPA 2 Welcome Home Project, which will house 229 chronically homeless individuals through the CES expansion efforts. LAFH will provide housing retention services and increase the availability of housing options.	57% of high acuity chronically homeless individuals identified through the Coordinated Entry system will move into permanent housing.	92% of clients placed in housing will remain housed after twelve months of being placed.
	July 2013–June 2014	$250,000	In partnership with Housing Works, LA Family Housing will complete rehabilitation of the Klump Apartments from single room occupancy units into studio apartments with on site services.	Create 11 new units of PSH.	House 11 formerly chronically homeless individuals in the new units.
Mental Health America (Renewal)	Jan. 2014–Dec. 2016	$1,402,153	MHA and the City of Long Beach propose the Long Beach System – Structures and Strategies for Housing and Serving People who are Chronically Homeless, which is an effort to improve system-wide integration and innovation throughout the Long Beach CoC through technology, training, tracking, and targeting the chronically homeless.	1,000 chronically homeless individuals will be housed by 2016. To accomplish this, 28 homeless individuals will be housed each month.	85 percent housing retention rate.
Pathways to Housing	Sep. 2014–Aug. 2014	$700,000	Pathways to Housing will provide program support for the "A Place to Call Home LA" initiative to help Veterans who have been chronically homeless and have complex clinical needs to leave the streets.	70 Veterans moving into housing per month and 85% of Veterans are in stable housing after 12 months.	To provide housing-related resources including: furniture packages for 300 Veterans, security deposits for 70 Veterans, application fee assistance for 35 Veterans.
Southern California Association of Nonprofits	Aug. 2014–July 2016	$100,000	SCANPH will lead and collaborate with current efforts to seek favorable public policies that generate more affordable housing development and preservation, focusing predominantly on the City and County of Los Angeles.	Generate public sector financial investment in affordable housing development and preservation, including funding and land use policy.	Develop new methodologies allowing SCANPH members to contribute to the development of housing that is affordable to Very Low Income residents and can be built at a scale addresses the need.

Survey Respondent Details

Of the 394 people who started the survey, 169 of them had also responded to the 2013 survey (43 percent) and 127 of them had also responded to the 2012 survey (32 percent). Of the people who responded to the original 2012 survey, 167 returned to participate in 2013(38 percent) and 127 returned to participate in 2014 (29 percent). See the table below for breakouts by respondent's self-identified stakeholder group.

Stakeholder Survey Responses

Stakeholder Type	Respondents	Percentage of Total Respondents	Percentage of Respondents who Also Responded in Year Two
Developers, operators, or service providers for homeless or chronically homeless people	228	57.9	43.0
Advocates, public policy analysts, or researchers	48	12.2	58.3
Government administrative staff (non-PHA)	34	8.6	52.9
Philanthropic or private sector funders	38	9.6	26.3
Faith community representatives	4	1.0	50.0
Elected officials or their staff	5	1.3	20.0
Public Housing Authority (PHA) staff members	11	2.8	54.5
Business community representatives	10	2.5	20.0
Other	10	2.5	30.0
Unidentified	6	1.5	16.7
Total	**394**	**100.0**	**42.9**

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

Of the 394 people who started the survey, 169 of them had also responded to the 2013 survey (43 percent) and 127 of them had also responded to the 2012 survey (32 percent). Of the people who responded to the original 2012 survey, 167 returned to participate in 2013(38 percent) and 127 returned to participate in 2014 (29 percent). See the table below for breakouts by respondent's self-identified stakeholder group.

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

| | Percent of stakeholder group's responses about their own stakeholder group level of involvement | | | |
	Local government staff (n=32)	Private sector funders (n=33)	Housing Authority staff (n=10)	Elected officials (n=5)
Very Involved	59.4	21.2	80	20
Involved	34.4	39.4	20	60
Somewhat Involved	6.3	30.3	-	-
Not Involved	-	-	-	-
Don't Know	-	9.1	-	20

Source: Abt Associates Stakeholder Survey, June 2014

Stakeholder Agreement Regarding Chronic Homelessness and PSH

| Beliefs about PSH | Extent of Stakeholder Agreement | | | | |
| | Percent of stakeholders' responses in 2014 (Percent of stakeholder responses in 2012) | | | | |
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion
A lot of homeless people don't want housing—especially if they have been homeless for a long time	2.8 (3.1)	11.6 (17.0)	20.6 (23.2)	63.5 (55.0)	1.5 (1.7)
People who are living on the streets need to enter shelters or transitional programs to get ready for housing	11.8 (14.9)	19.3 (24.2)	21.9 (24.0)	45.0 (33.8)	2.1 (3.1)
People who are abusing alcohol or illegal drugs need to complete treatment before they're ready for housing	9.3 (14.6)	13.4 (18.9)	23.4 (20.6)	53.2 (44.1)	0.8 (1.7)
People who are seriously mentally ill need to be willing to accept treatment and take medications before they're ready for housing	8.5 (9.8)	20.3 (23.8)	19.8 (25.0)	50.4 (39.5)	1.0 (2.0)
Even if people are seriously mentally ill or abusing alcohol or drugs, they can learn how to be responsible tenants and good neighbors if they have help from a counselor or case manager who visits them regularly	68.7 (57.7)	24.8 (29.6)	3.9 (6.1)	1.8 (3.9)	0.8 (1.0)
If people abuse alcohol or drugs after they move into supportive housing, it's up to them to seek help to solve their problems before they get evicted, or accept the consequences	5.2 (4.2)	21.0 (18.0)	34.0 (32.3)	38.4 (44.8)	1.3 (2.2)
If people abuse alcohol or drugs after they move into supportive housing, service providers need to make an extra effort to connect with them, so they can offer help before it's too late to solve problems that could lead to eviction	82.4 (79.9)	15.0 (17.0)	1.3 (1.2)	1.3 (1.0)	0.0 (1.0)

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

Additional Data for Fund Leveraging Goal

Of the 394 people who started the survey, 169 of them had also responded to the 2013 survey (43 percent) and 127 of them had also responded to the 2012 survey (32 percent). Of the people who responded to the original 2012 survey, 167 returned to participate in 2013(38 percent) and 127 returned to participate in 2014 (29 percent). See the table below for breakouts by respondent's self-identified stakeholder group.

Level of Engagement in Home For Good Funders Collaborative, 2013–2014

Involvement Level	Total	Private Funders (n=30)	Local Government (n=33)	Housing Authority (n=10)	Service Providers (n=58)	Elected Official (n=5)
	Percent of stakeholders' responses in 2014 (Percent of stakeholder responses in 2013)					
Participant	32.7 (21.5)	56.7 (33.3)	33.3 (18.2)	70.0 (50.0)	37.9 (20.4)	20.0 (45.5)
Supporter	43.9 (43.7)	33.3 (45.8)	42.4 (36.4)	10.0 (10.0)	43.1 (45.6)	20.0 (18.2)
Not a supporter	2.8 (2.8)	6.7 (0.0)	0.0 (4.5)	10.0 (0.0)	0.0 (3.4)	0.0 (0.0)
Not yet aware	20.6 (32.1)	3.3 (20.8)	24.2 (40.9)	10.0 (40.0)	19.0 (30.6)	60.0 (36.4)

Source: Abt Associates Stakeholder Survey, June 2014, n=355 and June 2013, n=374 stakeholders, all types

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

	2011		2012*		2013		Total 2011–2013 Commitments	
	Public	Private	Public	Private	Public	Private	Public	Private
Funds raised by Hilton Foundation direct grantees**	$1.17	$0.81	$2.20	$1.45	$1.73	$2.05	$5.12	$4.94
Funds raised by CSH PRI or TA recipients***	$51.42	$37.56	$31.07	$54.40	$7.39	$27.35	$89.87	$119.31
Total Funding	**$52.59**	**$38.37**	**$33.27**	**$55.85**	**$9.13**	**$29.4**	**$94.99**	**$123.62**

*Correction to CSH 2012 leveraged amounts

*** Includes only grantees providing direct PSH services*

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

Sources: Grantee reports; CSH

Funding Commitments to PSH through the 2014 Home For Good Funders Collaborative RFPs

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

Source	Value	Year of pledge/ award*	Use period	Type	Method of Allocation	Notes
Corporation for Supportive Housing	$50,000	2014	2014–2015	Grant	Aligned	Third-time contributor
Enterprise Community Partners	$143,000	2014	2014–2015	Grant	Aligned	New FC contributor
Jewish Community Foundation	$100,000	2014	2014–2015	Grant	Aligned	New FC contributor
JP Morgan Chase	$150,000	2014	2014–2015	Grant	Pooled	Second-time contributor
Kaiser Permanente	$720,000	2014	2014–2015	Grant	Aligned	Third-time contributor
UniHealth Foundation	$405,395	2014	2014–2015	Grant	Aligned	Second-time contributor
United Way of Greater Los Angeles	$1,600,000	2014	2014–2015	Grant	Pooled	Third-time contributor
United Way of Greater Los Angeles	$100,000	2014	2014–2015	Tech. Asst.	Aligned	Third-time contributor
Weingart Foundation	$750,000	2014	2014–2015	Grant	Pooled	Third-time contributor
Private Funders Subtotal	**$13,752,426**					

Source	Value	Year of pledge/award*	Use period	Type	Method of Allocation	Notes
Leveraged Private Funders: 2012 through 2014 Commitments						
HACLA	$45,000,000	2012	2012–2027	Vouchers	Aligned	300 new TB vouchers for CH
HACoLA	$7,500,000	2012	2012–2027	Vouchers	Aligned	50 new TB vouchers
LA Co. - DMH, DHS, DPH	$3,250,000	2012	2012–2013	Services	Aligned	Service commitment to 250 units
HACLA	$45,000,000	2013	2013–2028	Vouchers	Aligned	300 new TB vouchers for CH
HACoLA	$7,500,000	2013	2013–2028	Vouchers	Aligned	50 new TB vouchers
LA Co. - DMH, DHS, DPH	$6,500,000	2013	2013–2014	Services	Aligned	Services for ongoing/250 new units
City of Santa Monica	$3,000,000	2013	2013–2027	Vouchers	Aligned	20 new TB vouchers
HACLA	$28,500,000	2014	2014–2029	Vouchers	Aligned	190 new TB vouchers for CES
HACoLA	$15,000,000	2014	2014–2029	Vouchers	Aligned	100 new vouchers
LA Co. - DMH, DHS	$3,250,000	2014	2014–2015	Services	Aligned	Service commitment to 250 units
LA County DHS (FHSP)	$13,896,000	2014	2014–2029	Vouchers/Svs	Aligned	100 vouchers paired with services
LA County DMH	$5,000,000	2014	2014–2015	Services	Outreach	SB 82 outreach aligned with CES
LA County DMH	$2,248,267	2014	2014–2017	Services	Outreach	SAMHSA funding for services
County Discretionary Funds	$880,000	2014	2014–2015	Services	Outreach	SPA 7 CES grant
VA	$1,769,000	2014	2014–2015	Services	Outreach	Aligned with CES
VA	$80,640,000	2014	2014–2029	Vouchers	Aligned	560 HUD-VASH vouchers
VA	$8,260,000	2014	2014–2015	Services	Aligned	SSVF funding
Public Funds Aligned with Services	**$277,193,267**					

Source	Value	Year of pledge/award*	Use period	Type	Method of Allocation	Notes
Aligned Public Funders: 2012 through 2014 Commitments						
City of Pasadena	$2,850,000	2012	2012–2027	Vouchers	No svs.	19 new PB vouchers
LA HCID	$8,594,111	2012	2012–2016	Construction	No svs.	218 new units
HACLA	$32,700,000	2012	2012–2027	Vouchers	No svs.	218 new PB vouchers (39 for CH)
City of Pasadena	$38,500	2013	2013	Rapid Re-housing	Aligned	20 homeless and CH families
City of West Hollywood	$381,519	2013	2013–2016	Services	Aligned	General fund supportive services
LA HCID	$16,600,000	2013	2013–2017	Construction	No svs.	150 new units
HACLA	$22,500,000	2013	2013–2028	Voucher	No svs.	150 new PB vouchers (all for CH)
HUD	$47,000	2013	2013	Tech. Asst.	Aligned	
HACLA	$15,000,000	2014	2014–2029	Vouchers	No svs.	100 vouchers for Moving On project
City of Pasadena	$38,500	2014	2014	Rapid Re-housing	Aligned	20 homeless and CH families
LA HCID	$10,000,000	2014	2014–2018	Construction	No svs.	150 new units
HACLA	$22,500,000	2014	2014–2029	Vouchers	No svs.	150 new PB vouchers (all for CH/frequent users)
Public Funds Realigned to PSH	**$131,249,630**					

* The 2014 commitments reflect agreements made through August 31, 2014.
  Home For Good continues to work with private funders to bring in funding for allocation during the 2014 grant cycle, and amounts may fluctuate past this date as they are finalized.

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

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

Source: Home For Good

Additional Data for Prioritization Goal

PSH Unit SetAsides and Funding Priorities for Homeless Populations, 2014

Specific Subpopulations Prioritized for PSH	Percent of respondents indicating they prioritize* 2014 survey response		
	PSH Providers: Units Prioritized (n=38)	Government Reps: Funding Prioritized (n=34)	Private Sector Funder: Funding Prioritized (n=24)
Chronic/Long-term homeless individuals	65.8	47.1	50.0
Homeless people with serious mental illness	63.2	26.5	29.2
Homeless veterans (written in as "other" in 2012 survey)	63.2	32.4	41.7
Homeless youth (ages 18–24)	42.1	14.7	37.5
Homeless people who are frequent users of emergency health services	39.5	29.4	29.2
Homeless individuals with high medical vulnerability or a high likelihood of mortality	34.2	29.4	29.2
Chronic/long-term homeless families	26.3	38.2	41.7
Homeless people with chronic substance use issues	21.1	20.6	12.5
People experiencing homelessness for extreme lengths of time (10 years or more)	15.8	20.6	20.8
People at high risk of homelessness when they re-enter the community from jail, prison, hospitals, or mental health facilities	7.9	14.7	16.7
People at high risk of homelessness, not from institutions	2.6	5.9	8.3
Other (examples given: seniors, families, unaccompanied minors, persons with HIV/AIDS)	21.1	5.9	0.0

The responses are not mutually exclusive, so the percentage sum to more than 100 percent; n in each case includes those who were asked questions about prioritization, not just those who said "yes." This represents a changed calculation approach from past years.

Source: Abt Associates Stakeholder Survey, June 2014

PSH Developer Perception of the Development Process, 2014
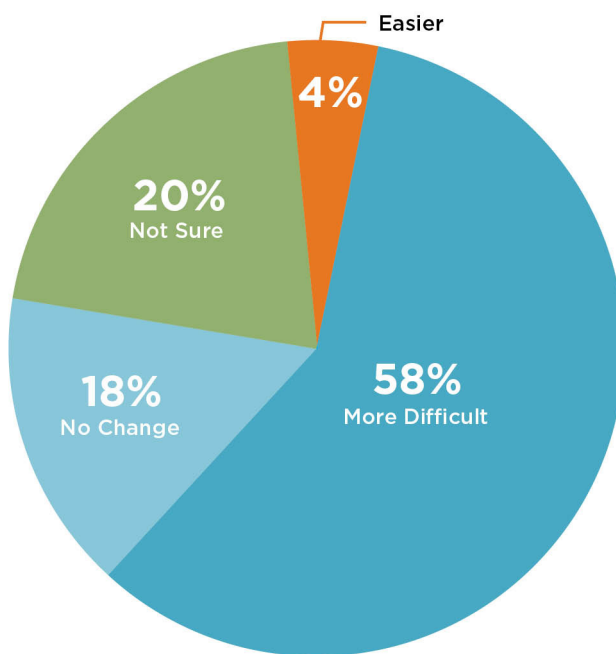
Source: Abt Associates Stakeholder Survey, June 2014, n=45

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

When you compare now to this time last year, are there any ways you think it has become more difficult to develop permanent supportive housing?			
Percent Indicating Cause of Difficulty	2012	2013	2014
Redevelopment agencies have been eliminated		59.60	63.0
Less public or private funding is available for development costs	59.60	53.80	65.2
Public commitments of resources (subsidies, operating, services, etc.) are harder to obtain	44.20	42.30	54.3
Fragmentation and misalignment between funders makes it difficult to assemble funding for a project	23.10	32.70	39.1
Private commitments of resources (subsidies, operating, services, etc.) are harder to obtain	36.50	25.00	26.1
Staff capacity has decreased	40.40	23.10	15.2
Administrative burdens associated with developments have increased	42.30	21.20	39.1
NIMBY	-	-	32.6

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

Abt Associates is a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.

abtassociates.com | **abtsrbi.com** | **abtjta.com.au** | **abtassociates.com/careers**