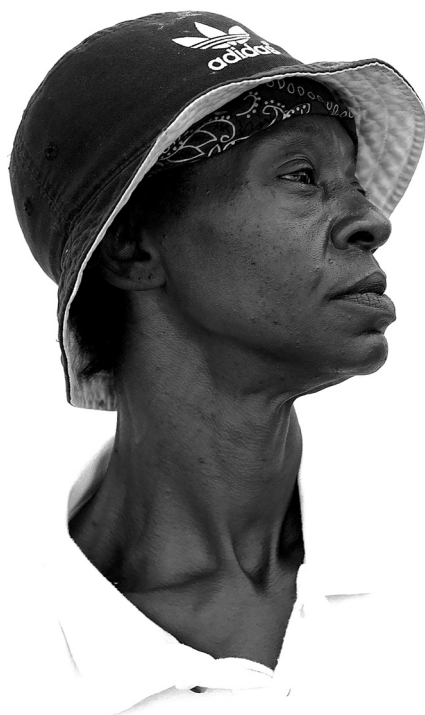


HOME FOR GOOD

The Action Plan to End Chronic and Veteran Homelessness by 2016



Home For Good is a blueprint to end chronic and veteran homelessness in L.A. County by building the most efficient and effective system in our region's history. It's a plan meant not simply to put an end to someone's life on the streets. Rather, it is designed to provide homes as a means to an individual's vital integration into our communities.

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Los Angeles Area
Chamber of Commerce

LIVE UNITED 
TO CREATE PATHWAYS OUT OF POVERTY

COVER PHOTOS Left: From the book *Finding Grace: The Face of America's Homeless*. Photography by Lynn Blodgett. Published by Earth Aware Editions. Copyright © 2007; Right: *Step Up on Fifth in Santa Monica*



For too long, Los Angeles County has been the homeless capital of the nation. Every night, nearly 50,000 people in our region endure the harsh, dangerous, and deflating challenges of life without a home. Their suffering impacts all of us.

Because we allow homelessness to persist, it is a significant drain on our local economy. Homelessness needlessly taxes vital law enforcement services. It places an extreme burden on our health care network. It diverts emergency response resources and it is an emotional weight on our citizens.

Homelessness makes Los Angeles less than it should be. It diminishes our stature and our sense of pride in our community. Homelessness has existed for so long that we have accepted it as part of our reality. We have become immune to its impact on all of us, and we therefore have needlessly allowed it to continue. The most striking characteristic of homelessness in Los Angeles is that it does not need to be this way.

Communities across the country, such as New York, Seattle, and Denver have made dramatic reductions in homelessness through thoughtful reallocation of existing resources. In communities from coast to coast, formerly homeless people are thriving in permanent housing as the first and most vital step toward re-establishing a meaningful life in our communities. Our expansive study of their success and our evaluation of the resources reveal three unassailable facts:

By redirecting and coordinating our existing resources, we can eliminate homelessness in Los Angeles.

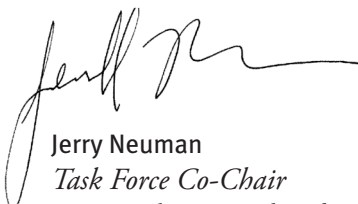
By acting rationally and efficiently, we can ultimately spend far less than we do now.

By establishing a system based on permanent housing as a vital first step, we can restore the lives of thousands and reconnect with the neighbors we have largely ignored.

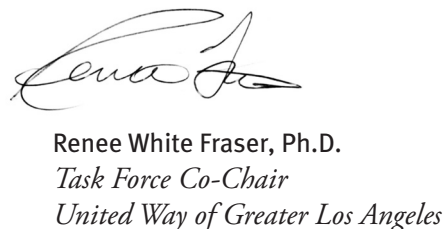
We must act now. Our current economy demands that every last tax dollar be spent in the most efficient and economical way. We cannot continue to simply manage homelessness in our communities; we must take action to end it.

The federal government has just launched a national plan that sets bold goals to end chronic and veteran homelessness in the next five years and a path to end all other forms of homelessness. We join with our national partners in these commitments.

There is a role for each of us in this work. We urge everyone in our community to partner with us in building a region in which all our residents can thrive, in which our goals are matched and fueled by our fiscal responsibility and in which, at long last, our homeless population is home for good.



Jerry Neuman
Task Force Co-Chair
Los Angeles Area Chamber of Commerce



Renee White Fraser, Ph.D.
Task Force Co-Chair
United Way of Greater Los Angeles

EXECUTIVE SUMMARY

Home For Good is a blueprint to end chronic and veteran homelessness by building the most efficient and effective system in our region's history.

Communities across the country have made significant reductions in chronic and veteran homelessness by investing in proven solutions. Homelessness in Denver has decreased by 64%. New York City has reduced homelessness by 29%.

Throughout Los Angeles County, there are innovative organizations, governments and communities successfully implementing these solutions. Our homeless services system is outdated, however, and we now manage homelessness, rather than end it. We need to shift away from a system that is cumbersome and confusing, to an efficient system focused on housing our homeless neighbors.

INVESTING IN SOLUTIONS IS COST EFFECTIVE

An integrated system focused on rapidly housing people with the supports they need to thrive is critical to ending homelessness.

This approach allows us to utilize public and private dollars far more effectively and efficiently.

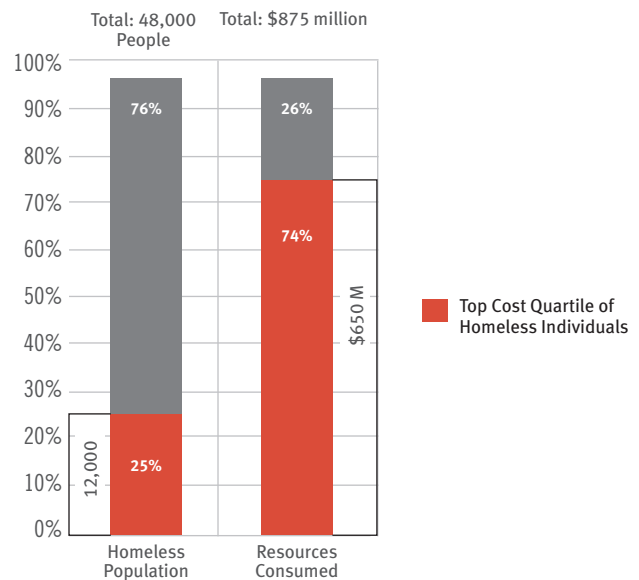
By focusing on solutions for chronic and veteran homelessness, we allow our mainstream and homeless services systems to quickly resolve short-term crises and provide critical interventions to return individuals and families to stability.

MISSION: Create an effective and efficient system that will end chronic and veteran homelessness in Los Angeles County by 2016 and is equipped to swiftly end all forms of homelessness.

The foundation of a re-imagined system is the notion that housing stability is a critical first step on the road to wellness. Vital health, mental health, and other supportive services are then provided after individuals are housed, enabling them to better address these challenges.

This approach is cost-effective because it drastically reduces individuals' stay in shelter or on the streets. By focusing resources on rapid access to permanent housing with supportive services provided after housing, the system can permanently house more people for the same cost, with higher rates of retention and success in housing.

RESOURCES CONSUMED BY HOMELESS INDIVIDUALS

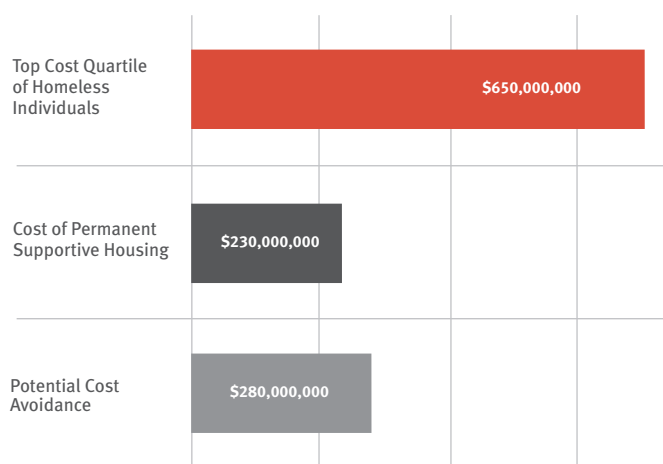


Currently, our public systems invest \$875 million each year to manage homelessness in our region rather than end it. This cost includes homeless individuals' use of emergency rooms, jails, shelters, and other crisis services.

Chronically homeless individuals are disproportionately represented among the most frequent and high cost users of public services, as a result of their health, mental health, and substance abuse challenges.

\$650 million, three quarters of the total resources addressing homelessness, is estimated to be consumed by one quarter of the homeless population.

AVERAGE ANNUAL PUBLIC COST AVOIDANCE (2011-2016)



Permanent supportive housing effectively reduces chronic homelessness and enables individuals to thrive. Permanent supportive housing is permanent housing with rental subsidies and on-site supportive services, such as mental health and health care services, substance abuse services, and money management to help individuals stabilize and thrive.

Two recent studies in Los Angeles show that it is over 40% less expensive to place someone in permanent supportive housing than to leave that person on the streets.^{1,2}

Providing permanent supportive housing for all chronically homeless individuals could create over \$280 million in cost avoidance for public systems.

Reallocating a portion of our existing resources will enable us to provide 12,000 units of permanent supportive housing for all chronically homeless individuals and house 6,000 homeless veterans.

Strategies for Success

1. Align Goals to Integrate Our System

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

2. Collect and Share Data to Assess Need and Track Progress

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services to support them in re-integrating into communities.

3. Target and Reallocate Existing Resources to Maximize Impact

We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

4. Coordinate Resources to Streamline Funding

When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

BACKGROUND

SCOPE OF HOMELESSNESS IN LOS ANGELES COUNTY

Homeless individuals and families live in every community throughout Los Angeles County. According to the 2009 Homeless Counts, 48,053 people are homeless throughout the county on any given night.^{3,4,5,6} They are sons and daughters, mothers and fathers, veterans, and individuals with chronic physical health, mental health, and substance abuse problems. The majority of the homeless population has been homeless for less than a year and are homeless due to an economic crisis, such as the loss of a job or a costly health problem. Our homeless population is disproportionately represented by people of color, with 47% African American, 29% Latino, 21% White, and 3% from other ethnic groups. The map illustrates the homeless crisis we face in communities throughout the region.

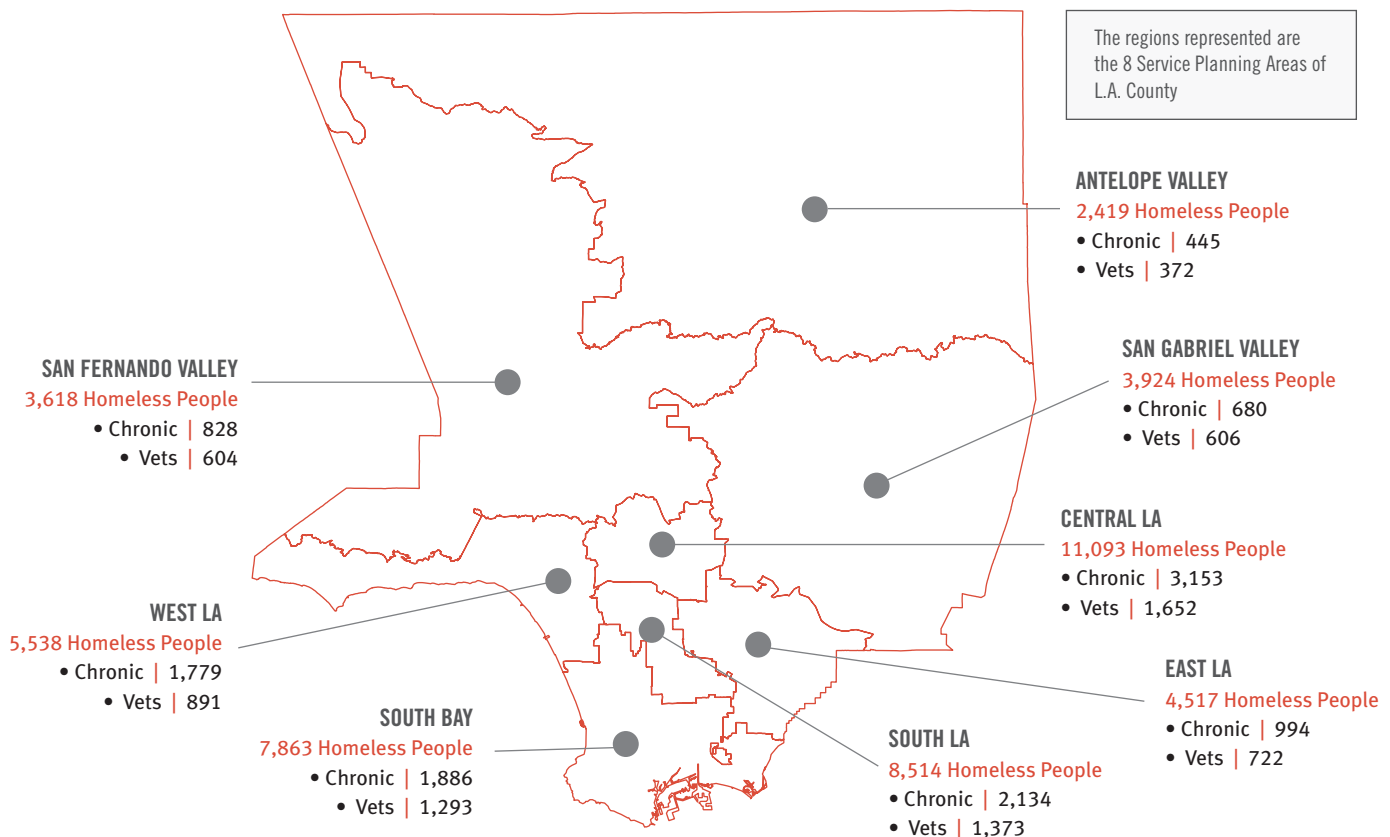
DEFINITIONS AND SCOPE OF CHRONIC AND VETERAN HOMELESSNESS

Chronically homeless individuals are those who have been homeless for a year or more and are faced with one or more disabilities, including serious health, mental health, and substance abuse problems. There are nearly 12,000 chronically homeless individuals throughout our region, comprising approximately 25% of the county's homeless population.

Over 7,400 veterans are homeless in Los Angeles County on any given night. More than 1,400 of these veterans have been homeless for a year or more and have faced health, mental health, and substance abuse challenges after returning from their time in the armed forces. These 1,400 veterans are among the 12,000 chronically homeless individuals living in our region. 6,000 veterans are newly homeless and are at risk of a longer life on the streets if we do not intervene.

Home For Good focuses on a path to swiftly house these 12,000 chronically homeless individuals and 6,000 newly homeless veterans.

HOMELESSNESS IN LOS ANGELES COUNTY



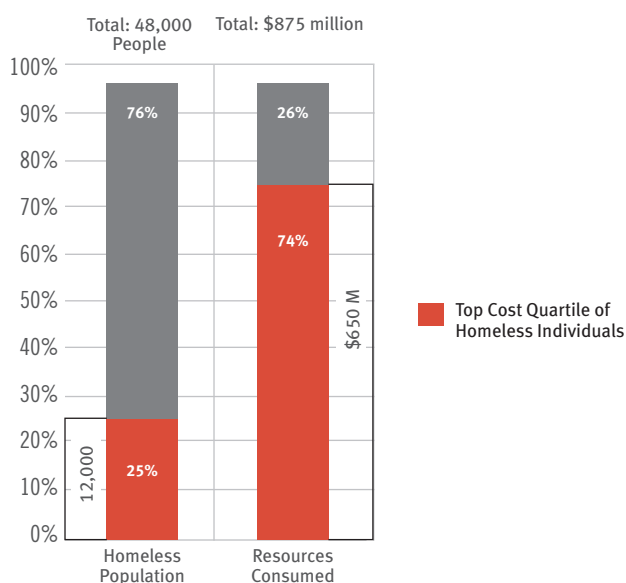
WHY FOCUS ON CHRONIC HOMELESSNESS

Chronically homeless individuals are our most vulnerable residents, at great risk of dying if nothing is done. Studies have shown that living on the streets can take up to 25 years off an individual's life.⁷

A chronically homeless individual can utilize over \$8,000 in public services each month.⁸

Chronically homeless people are not only frequent users of our mainstream resources, but they also utilize a significant portion of the homeless system resources.

RESOURCES CONSUMED BY HOMELESS INDIVIDUALS



See Appendix A for the breakdown of resources utilized by homeless individuals.

This taxes the system and makes it difficult to house individuals and families who need only short-term supports to quickly return to permanent housing and stability.

The graph illustrates that each year, homeless individuals utilize over \$875 million in public resources. An estimated \$650 million, three quarters of these resources, is consumed by one quarter of the homeless population. Chronically homeless individuals are disproportionately represented among these most frequent and high cost users of public services.

For these reasons, the U.S. Interagency Council on Homelessness has just released a federal plan that prioritizes ending chronic homelessness in the next five years. This federal priority enables us to harness the tremendous local and national political will to end chronic homelessness in our region by 2016.

WHY FOCUS ON VETERAN HOMELESSNESS

Over 15% of our homeless population are veterans. Increasingly, veterans return from service to find they do not have the support network and resources to meet their most basic needs. When their resources are depleted, these veterans end up on our streets.

The U.S. Department of Veteran Affairs (VA), as well as the U.S. Interagency Council on Homelessness, have made the commitment to end veteran homelessness nationally in 5 years. As a result, there are tremendous national and local resources focused on swiftly housing this population and providing the support homeless veterans need to stay in housing. Now is the time to focus our local efforts on this population and seize the opportunity to join the national movement to end veteran homelessness.



RJ'S STORY

RJ was a veteran who struggled with depression and alcoholism after leaving the service. He found it hard to keep a job and his relationships with his family and friends had all broken down. Penniless and homeless, he realized he needed help.

Thanks to a VA program, RJ found and qualified for permanent supportive housing. He now receives counseling for his drinking and has access to the medications that control his depression. And best of all, he gets the care and guidance he needs from the comfort of his own home.

EFFECTIVE MODELS

RAPID TRANSITION TO PERMANENT HOUSING

Communities across the country have dramatically reduced chronic and veteran homelessness by focusing on quickly moving homeless individuals into permanent housing and providing the supports they need to thrive. Individuals better recover from chronic health, mental health and substance abuse challenges when they have the stability of a permanent home first.



Studio apartment at the Charles Cobb Apartments. Photo by Mary E. Nichols/ provided courtesy of Skid Row Housing Trust

The major federal funding source to address homelessness, McKinney Vento Homeless Assistance Grants, has recently shifted to this model, establishing this as a national best practice in ending homelessness.

Research demonstrates that homeless people thrive in permanent housing, and that prolonged stays in short-term housing are more costly and less effective than moving quickly into permanent housing with supportive services.⁹ In New York, for example, 47% of homeless people who secured housing through longer-term shelter and treatment programs remained in their homes

five years later, while 88% of clients placed rapidly in permanent housing remained in their homes over the same time period.¹⁰

Homeless veterans and chronically homeless individuals thrive in permanent housing when we quickly assess their needs and match them to appropriate permanent housing resources, coupled with supportive services. In this model, temporary housing programs play a critical role in triaging individuals and connecting them to housing and services.

Newly Homeless Veterans: Affordable Rental Housing

Over 6,000 men and women who have served our country are newly homeless. For this group, the effective solution is rapid placement in affordable rental housing in the community with linkages to supportive services.

Many veterans return from service and do not have the support network and employment resources to stabilize.

This population may be placed in affordable housing buildings or provided short or long term rental support in market rate housing. They can then utilize supportive services such as job training, health and mental health care, and substance abuse services to further stabilize themselves.

There are critical resources distributed through the United States Department of Veterans Affairs (VA) that provide a host of services and benefits for returning veterans, including resources for those who become homeless. The VA of Greater Los Angeles has the resources to assist with housing placement, as well as specialized health, mental health, and substance abuse services homeless veterans need to stabilize. Focusing on ensuring a rapid move into permanent housing and partnering with organizations to provide supportive services, homeless veterans can reintegrate into our local communities.

Chronically Homeless Individuals: Permanent Supportive Housing

Chronically homeless people thrive with a quick transition to a more supportive housing structure that includes long term rental supports and on-site supportive services to help them stabilize. This housing model is called permanent supportive housing.

For chronically homeless individuals, permanent supportive housing provides the stability of a subsidized apartment and ready access to critical support services in the building. The vast majority of chronically homeless individuals accept permanent supportive housing when it is offered to them. This housing allows individuals to stabilize their lives, with over 80% of supportive housing tenants retaining their housing one year after placement.¹¹ Permanent supportive housing can exist in a single building dedicated to this purpose or in scattered site apartments in which a mobile team travels to the building to provide on-site services.

A permanent supportive housing tenant has the standard obligations and responsibilities of a renter, and the freedom to stay in the unit as long as they adhere to these responsibilities. Because of serious disabilities, some chronically ill individuals will need the supportive

services in permanent supportive housing for sustained periods of time. The goal is for the tenant to make positive choices for their life that at some point may include exploration of other permanent housing options. Ultimately the decision to move lies with the tenant.

Permanent supportive housing has led directly to reductions in chronic homelessness and significant public cost avoidance in communities across the country.

Two recent studies in Los Angeles demonstrate that public costs are reduced by over 40% when the individual is placed in permanent supportive housing versus leaving that person on the streets.

Costs decrease further over time as an individual stabilizes. Permanent supportive housing uses taxpayer dollars more efficiently and improves the quality of life for everyone in the neighborhood.



ED'S STORY

Ed was in his usual spot on the sidewalk of Skid Row when the team of volunteers found him. He'd been living on the streets for over thirty years, except for the occasional stay in a Skid Row hotel when he could find temporary work. He was an alcoholic and his health had deteriorated so much that he was at risk of dying on the streets.

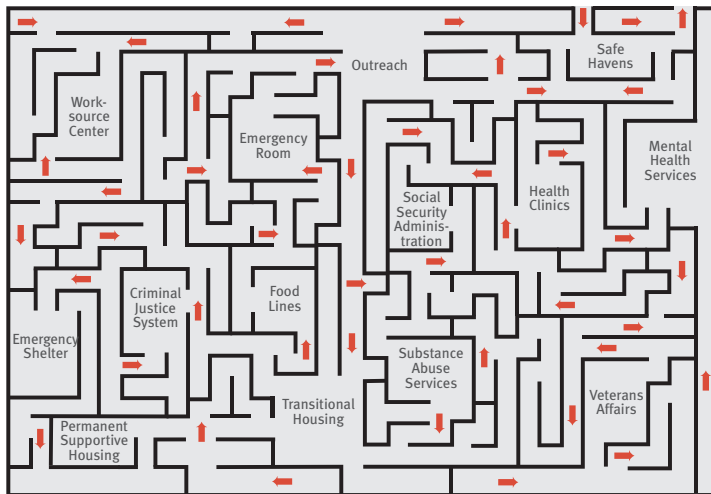
With the support of housing and service providers, Ed moved into permanent supportive housing. He did not quit drinking the first time he tried or the second, but after a year in housing, Ed is now sober, healthier and feels ready to start living again.

RECOMMENDATIONS

CREATE AN INTEGRATED SYSTEM FOCUSED ON PERMANENT HOUSING

In order to ensure that no one lives on our streets for an extended period of time, we must create a system in which every entity is focused on the common goal of quickly moving individuals into permanent housing and linking them to the supports they need to thrive.

CURRENT HOMELESS SYSTEM



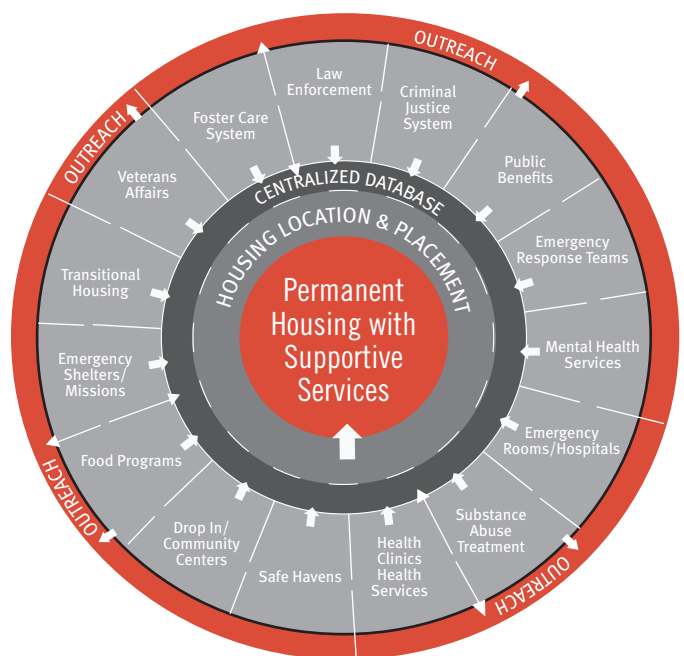
Currently, a sizable array of stakeholders and organizations provide meals, transitional shelter, health care, outreach, and other critical services to our homeless neighbors, but their efforts are frustrated—and often defeated—by a fragmented system that is not functioning in concert to move individuals into permanent housing. As a result of this maze-like system, we have simply managed homelessness for years, caring for immediate needs, rather than focusing on ending homelessness.

The integrated system illustrated below has permanent housing as its immediate, central, essential goal. In this system, homeless individuals can enter through any door in the system, and be quickly and efficiently connected with permanent housing and supportive services. This requires assertive outreach to individuals living on the streets and in shelters, commitment to a common goal to facilitate rapid placement in permanent housing, communication between all stakeholders, and utilization of a centralized database to assess need and track progress. This redesigned system also serves to prevent homelessness through a more effective connection to needed resources and services.

Existing stakeholders provide critical services to our homeless neighbors, and they are an essential part of the new system. There will continue to be a crucial role for emergency and transitional housing providers, health and mental health providers, public assistance services, faith communities, law enforcement, and other stakeholders in the system.

An integrated system will require these stakeholders work together in new ways. Funding sources must incentivize this coordination.

A RE-IMAGINED SYSTEM



PROMOTE REGIONAL SOLUTIONS

Los Angeles is a county of 88 cities and myriad unique neighborhoods, spanning over 4,000 square miles. Homelessness exists in every community across our region.

To address homelessness across the county, each region must commit to housing their homeless population. To do so, we must first understand the scope and nature of homelessness in each region through participation in the Homeless Count and additional assessments of local homeless populations. Local jurisdictions can then better target housing and services solutions, based on the needs of the homeless population in their community.

Central to these solutions will be the creation of permanent supportive housing across the region. As commu-

nities across the country create permanent supportive housing, they sometimes experience local opposition to siting this housing. This is often referred to as “Not In My Backyard” or NIMBYism. Research demonstrates, however, that permanent supportive housing not only restores the lives of homeless individuals and is highly cost-effective, but it can also lead to a steadier growth in property values for nearby residences.¹²

It is only through local leadership of our elected officials, in partnership with all community stakeholders, that we can truly end homelessness throughout our region.

It is critical that community members support local solutions to homelessness and become YIMBY advocates, saying “Yes in My Backyard.”

HELMUT'S STORY

Helmut was 80 when he was evicted from his apartment in Hollywood where he'd lived for 40 years. With a limited income, he couldn't afford the security deposit on a new apartment and was forced onto the streets. He slept on bus benches at night and recycled cans and bottles during the day to survive.

Help found Helmut. A group of volunteers tracking Hollywood's homeless population discovered him sleeping on the sidewalk and arranged for him to move into housing. He now has a home, a savings account and feels in control of his life again.



CREATE ACCESS TO 12,000 PERMANENT SUPPORTIVE HOUSING UNITS

Drawing on resources that already exist in our system, we can ensure access to 12,000 units of permanent supportive housing throughout our region for the 12,000 chronically homeless residents in our communities.

We must first house those chronically homeless individuals that are the most vulnerable and costly users of our system in order to restore the lives of thousands of seriously ill and disabled people and quickly realize significant cost avoidance for our system. In doing so, we also allow mainstream and homeless services systems to function as they are designed: to quickly resolve short-term crises and return individuals and families to stability.

Securing 6,000 Turnover Units

We currently have over 6,500 permanent supportive housing units throughout Los Angeles County. These units turnover at a rate of 15-20% each year, due predominantly to tenants moving on to other permanent housing.¹³ Currently, only 43% of permanent supportive housing units are occupied by chronically homeless individuals.¹⁴ We must ensure that as these units become available, the vast majority are occupied by chronically homeless individuals and that the units have adequate supportive services to ensure individuals retain housing. In doing so, we can provide an additional 6,000 units for chronically homeless people over the next 5 years.

Creating 6,000 New Units

Through new construction, rehabilitation of existing buildings, and scattered site supportive housing, we can create an additional 6,000 units of permanent supportive housing throughout the region over the next 5 years. 2,500 units will be created through new construction and rehabilitation of existing units. 3,500 units will be acquired through scattered site units in existing affordable and market rate apartment buildings, with services provided by mobile teams that travel to the units.

ACCESS TO PERMANENT SUPPORTIVE HOUSING

	2011	2012	2013	2014	2015	Totals
Turnover in Existing PSH Units	650	850	1200	1600	1700	6,000
New Construction or Rehab Ready for Lease	500	500	500	500	500	2,500
Scattered Site Units in Existing Buildings	550	550	700	800	900	3,500
Totals	1,700	1,900	2,400	2,900	3,100	12,000



ACOF's California Hotel in San Pedro

FINANCING 12,000 UNITS

We have the resources in our systems to finance these 12,000 units of permanent supportive housing. We will need to invest on average \$230 million of existing resources each year for the next five years, for the capital, operating, and services costs for these units. The capital costs are approximately \$150 million each year. Operating expenses average \$35 million; services average \$47 million a year.

See Appendix B for the assumptions behind these costs and an outline of resources needed each year.

We must target and reallocate existing resources to create access to 12,000 units of permanent supportive housing for chronically homeless individuals.

Capital

For every million dollars in local funds invested in capital for permanent supportive housing, we are able to leverage approximately \$4 million in State and Federal funds. Therefore, by investing \$30 million in local funds, we will be able to leverage \$120 million in federal capital funds. This secures the \$150 million needed to build or rehabilitate at least 500 new units of permanent supportive housing for chronically homeless individuals throughout

our region every year. We must ensure that local public investments are made and sustained over the next five years, and that these public funders require the majority of their permanent supportive housing units are occupied by chronically homeless individuals. We also must ensure that capital funds are maximized by reducing or removing onerous regulations that increase costs for developers of these units whenever possible.

Operating

Housing Authorities throughout our region distribute housing subsidies such as Shelter Plus Care and Section 8 vouchers that provide long-term rental subsidies for low-income and homeless individuals and families that cannot independently sustain market-rate housing. The tenants pay one third of their income and the subsidy provides the remaining operating funds. We must ensure that a portion of housing subsidies available for new use each year, an average of 1,400 each year, are used to provide the operating expenses for the chronically homeless individuals occupying these units.

Appendix B includes an outline of the existing housing subsidies that can meet this need.

Services

On-site services provide the stability that allows chronically homeless individuals to address their chronic conditions and retain their housing. The County of Los Angeles and cities throughout our region currently expend over \$400 million on critical health, mental health, substance abuse and additional services for homeless and at-risk individuals each year. By repurposing a portion of existing City and County resources to provide services for the newly housed, the system can function far more effectively. It will help people stabilize in housing, rather than trying to manage their symptoms from the streets. This will also unencumber public systems currently overburdened by chronically homeless people cycling in and out of emergency services. The annual funding needed to deliver these new services in permanent supportive housing will be \$14 million in 2011 and increase to \$86 million by 2015.

THE COST ANALYSIS

Over \$875 million in public funds are invested each year to primarily manage homelessness, rather than end it. Foundations, corporations, and individual donors invest another \$100 million each year. By shifting to an integrated system focused on permanent housing, we can generate tremendous efficiencies that can enable these resources to be invested in truly ending homelessness.

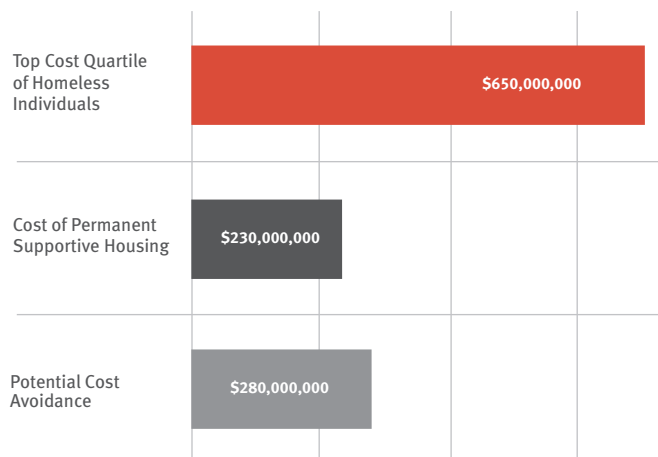
AN INTEGRATED SYSTEM FOCUSED ON PERMANENT HOUSING IS COST EFFECTIVE

The traditional model prescribes that individuals and families spend significant time in transitional housing or substance abuse treatment, which can cost up to \$20,000 per person each year.¹⁵ By focusing on rapid placement in permanent housing with the supports individuals need to stay in housing, we replace our currently overburdened system with one that functions far more efficiently and effectively for the 48,000 people it is charged with housing.

By creating access to permanent supportive housing for 12,000 chronically homeless individuals, we free critical emergency and transitional housing resources and avoid over 40% in public costs for each chronically homeless individual housed.



AVERAGE ANNUAL PUBLIC COST AVOIDANCE (2011-2016)



The most costly quartile of the homeless population, many of whom are chronically homeless, utilize over \$650 million dollars in public services each year. This cost results from the frequent usage of emergency rooms, jails, and other crisis services. These systems were not designed to address homelessness, and most homeless individuals do not become housed or stabilized as a result of their encounters with these systems. By investing an average \$230 million a year in permanent supportive housing, we can potentially realize a 43% reduction in these individuals' use of public services, leading to over \$280 million in cost avoidance each year.

We can no longer afford a fragmented system. We will only be able to end chronic and veteran homelessness in our region by aligning our goals around housing stability and thoughtfully targeting our resources toward this end.

CONCLUSION

Ending Chronic and Veteran Homelessness in Los Angeles County

The Business Leaders Task Force on Homelessness is firmly dedicated to ending homelessness in our region. We are determined to bring to our community a rational, sensible, effective and cost-efficient system which achieves measurable results and holds those responsible accountable for achieving them.

We are mindful of the challenges our proposals present. Coordinating the efforts of a multiplicity of local, state and national government entities will be daunting work. Instituting an innovative, consolidated approach in a dizzying patchwork of agencies, developers, existing social service and rehabilitation nonprofits, the faith-based community, the philanthropic community and the public at large will be difficult.

Yet for all the challenges, impediments and competing interests which would otherwise dampen our efforts to forge a better system, we hold firm to our conviction: Homelessness must end and ending homelessness begins by solving chronic and veteran homelessness.

We have before us the proven means to end homelessness in our community while saving millions of dollars and thousands of lives. We know that business as usual does not work. We have unassailable facts and figures and we have evidence, right before our eyes each night on streets, that what we have done is insufficient and needlessly expensive.

We can make our communities better, stronger, safer and far more humane. Our commitment and our collective action will ensure our success. We can and will bring our homeless neighbors home for good.

CALL TO ACTION

We all have cause to end homelessness.
We must demand action and accountability
in taking the necessary steps to create
communities in which all our members thrive.

Business Leaders

Demand effective and efficient allocation of public and private sector funds and harness new resources. Ensure effective implementation of *Home For Good*.

Faith Leaders

Coordinate the faith community's resources to efficiently connect homeless individuals with housing and services. Mobilize the faith community to get involved in local solutions.

Private Sector Funders

Direct philanthropic dollars to best practices, innovations, and research to end homelessness.

Public Sector Leaders

Change the policies and reallocate the resources necessary to create a system designed to end homelessness.

Law Enforcement

Dedicate staff to link homeless individuals to appropriate housing and services.

Services Providers

Restructure services to help individuals access and retain permanent housing over the long term.

Housing Providers

Construct permanent supportive housing for chronically homeless individuals in communities throughout our region. Partner with services providers to locate critical supportive services in this housing.

Community Members

Be a part of ending homelessness in your community. Learn more about people in your neighborhoods who are homeless by volunteering, donating funds, and advocating for solutions.

The Business Leaders Task Force on Homelessness will create the cross-sector leadership group that will ensure ongoing implementation of **Home For Good**. The Task Force will release regular updates on the progress of the plan, track key benchmarks, and provide ratings on key action items for each sector.

FOUR KEY STRATEGIES

In order to create a cost-effective and efficient system that will end chronic and veteran homeless by 2016 and create a path to ending all homelessness, we must employ four key strategies focused on creating an integrated system grounded in access to permanent housing, and scale permanent supportive housing:

1. Align Goals to Integrate Our System
2. Collect and Share Data to Assess Need and Track Progress
3. Target and Reallocate Existing Resources to Maximize Impact
4. Coordinate Resources to Streamline Funding

FOUR KEY STRATEGIES

Strategy 1: Align Goals to Integrate Our System

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

Goal	Action	Entity Responsible	Timeline
Create common mission, benchmarks, and action steps to achieve goals and ensure accountability.	Sign on to Home For Good and agree to hold themselves and others accountable for ongoing implementation.	All Stakeholders	2010
	Release periodic progress reports on Home For Good implementation.	Task Force	2011-2015
End homelessness throughout the region by supporting solutions in every community.	Adopt goals to end chronic and veteran homelessness in 5 years and create access to permanent supportive housing in each region.	Board of Supervisors; Mayors/City Councils; All Stakeholders	2011
	Combat NIMBYism by advocating in support of local permanent supportive housing and services and addressing community concerns.	United Way, partners, and faith community to mobilize community members	2011-2015
Integrate the system by focusing on permanent housing outcomes. Align Continuum of Care outcomes with requirements set forth in the HEARTH Act.	Align goals for services and housing providers to focus on rapid transitions to permanent housing with supportive services. Key principles for this work are outlined in Appendix C.	Task Force, in collaboration with public and private sector funders, providers, and faith community	2011
	Provide capacity building and technical assistance for organizations shifting to new permanent housing models.	United Way; Corporation for Supportive Housing; Common Ground; Enterprise Community Partners	2011-2015
	Adopt aligned goals determined during previous year and work together to coordinate services and housing in each region.	Services and housing providers, including faith community	2012
	Craft funding opportunities that incentivize providers to adopt aligned goals.	Board of Supervisors; Continuums of Care; Mayors/City Councils; Private sector funders	2012-2015
	Conduct periodic assessments of service providers' performance on aligned outcomes.	Task Force, with public and private sector funders	2012-2015
Create vital linkages between law enforcement and homeless services system to ensure homeless individuals have access to services and housing.	Integrate law enforcement as a critical link between homeless individuals and homeless services and housing providers. 2011: Convene regional law enforcement and services and housing providers to create a plan to formalize linkages. 2012-2015: Implementation.	Task Force convenes; Cities/County law enforcement and homeless services and housing providers implement	2011-2015

Strategy 2: Collect and Share Data to Assess Need and Track Progress

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services to support them in re-integrating into communities.

Goal	Action	Entity Responsible	Timeline
Assess scope and nature of homelessness to target resources and track progress in census reductions each year. Reduce NIMBYism by enabling community members to learn more about people who are homeless in their community.	Conduct annual Homeless Counts using consistent methodology, with enumeration of the 88 cities in L.A. County. Baseline: 22% 2011: 40% of cities; 2012: 60%; 2013: 80%; 2014: 90%; 2015: 100%	Continuums; Mayors/City Councils	2011-2015
	Compile by-name lists of everyone living on the streets and in shelters and assess for vulnerability. 2011: 20 communities; 2012: 30 communities; 2012: Integrate with Homeless Management Information System (HMIS).	Continuums; Providers, Cities, and community leaders	2011-2013
	Increase volunteer participation in Homeless Counts and in other community efforts to end homelessness.	United Way, partners, and faith community to mobilize community members	2011-2015
Track progress of individuals accessing housing and services and target housing and services resources. Improve scoring on McKinney Vento applications to HUD.	Provide technical assistance and make improvements to HMIS.	Continuums	2011-2015
	Implement HMIS to track progress of individuals and families receiving services. Baseline: 31%. 2011: 50%; 2013: 85%; 2015: 95%	Continuums; Emergency Shelter/ Transitional Housing Providers	2011-2015
	Implement HMIS to track housing placements and stability and available housing resources. Baseline: 9%. 2011: 15%; 2013: 40%; 2015: 80%	Continuums; Permanent housing providers	2011-2015
	Oversee implementation of HMIS among public sector departments.	Continuums; Board of Supervisors; VA	2012-2015
	Share data across providers. 2011: 10%; 2013: 50%; 2015: 90%	Continuums; All providers	2011-2015
Evaluate and learn from local data on homelessness and best practices in ending homelessness.	Support research of changing dynamics of homelessness and best practices on ending homelessness. Convene regular opportunities for providers to learn about best practices.	Private sector funders	2011-2015
	Conduct research and serve as advisors around understanding nature of homelessness and best practices. Assess opportunities for new funding for permanent supportive housing through health care reform.	Homelessness researchers and experts	2011-2015

Strategy 3: Target and Reallocate Existing Resources to Maximize Impact

We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

Goal	Action	Entity Responsible	Timeline
TARGETING HOUSING UNITS			
Maximize permanent supportive housing resources by ensuring they are targeted to the most vulnerable and costly population.	Use funding mechanisms to incentivize permanent supportive housing providers to prioritize the most vulnerable and costly chronically homeless individuals for housing and to support the creation of supportive housing in every community.	Board of Supervisors; Mayors/City Councils; Continuums; Private sector funders	2011-2015
	Dedicate new and turnover permanent supportive housing units to chronically homeless individuals. Baseline: 43%. 2011: 60% of new/ turnover units; 2012: 75%; 2013-2015: 90%	Permanent supportive housing providers	2011-2015
TARGETING SERVICES FUNDS			
Provide ongoing services for all units of permanent supportive housing. (See Appendix B for additional services funds needed for the 12,000 units of permanent supportive housing.)	Identify and allocate a portion of existing Departmental funding streams for mental health, health, and substance abuse services in permanent supportive housing. September 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	Board of Supervisors	2011-2015
	Identify a portion of existing funding for case management and other services in permanent supportive housing. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	Mayors/City Councils; Continuums	2011-2015
	Identify a portion of existing services funds to contract to nonprofit service providers for veterans utilizing VASH vouchers. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	VA	2011-2015
	Enroll individuals in Medicaid and build upon successful service delivery and payment models that use Medicaid as a payer for services in permanent supportive housing.	Housing and services providers	2011-2015
Provide funding for innovations in permanent supportive housing.	Provide funding to support innovations in housing placement and retention.	Private sector funders	2011-2015
Provide services to rapidly house all homeless populations, in alignment with HEARTH Act requirements.	Shift McKinney Vento funds to outcomes-based contracts, focused on permanent housing outcomes. 2011: Evaluate and create plan for transition; 2013: plan fully executed.	Continuums	2011-2013

TARGETING OPERATING SUBSIDIES

Provide housing subsidies for all chronically homeless individuals in permanent supportive housing.	Increase the portion of HOPWA and Section 8 vouchers dedicated to house chronically homeless individuals, and utilize all Shelter Plus Care and VASH vouchers for chronically homeless individuals in permanent supportive housing. See Appendix B for a proposed breakdown of how existing subsidies can be used to meet the need for operating subsidies in permanent supportive housing.	Housing Authorities	2011-2015
	Convert a portion of existing Section 8 and VASH vouchers from tenant-based to project-based vouchers for permanent supportive housing as needed in each community.	Housing Authorities	2011-2015
	Ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires.	Housing Authorities	2011-2015
Increase individuals' income. Shift individual subsidy from County budget to federal source when possible.	Enroll chronically homeless individuals in appropriate entitlement benefits, including SSI and VA benefits, as applicable. Increase approval rate of SSI applications from 40% in 08-09 to 70% in 12-13.	DPSS; DMH; DHS; VA; Providers	2011-2015
Enable non-chronically homeless individuals to access permanent housing with short term supports.	Fully implement the restructure of the General Relief program, to include 10,000 rental subsidies for homeless individuals by 2014.	Board of Supervisors; DPSS	2011-2014
	Convert a portion of existing temporary housing funding (per-diem funds) to support innovative transition in place programs.	VA	2011-2015

TARGETING CAPITAL FUNDS

Provide capital funds to help fund 500 new construction and rehab units per year.	Continue the City of Los Angeles Permanent Supportive Housing Program and City of Industry Special Needs Housing Programs at current capital and project-based rental subsidy levels.	LAHD; LA County CDC	2011-2015
	Set aside at least 20% of all affordable housing funds for permanent supportive housing, including HOME, redevelopment tax increment low-moderate income housing set-aside funds and Neighborhood Stabilization Program funds.	City and County Housing Departments and Redevelopment Agencies	2012-2015
	Reduce regulatory and zoning restrictions that add onerous capital costs for permanent supportive housing developers.	Mayors/ City Councils	2012-2015

TARGETING STATE & FEDERAL RESOURCES

Increase local funds from state and federal sources to provide permanent housing with access to supportive services.	Advocate for increased and targeted state and federal resources for the region. Advocacy will include revision of the federal funding formula to ensure more equitable distribution of federal funds, targeted housing voucher and capital funds programs, establishing affordable housing trust funds, establishing a state interagency council on homelessness, and other critical state and federal policy.	Task Force, in partnership with all stakeholders	2011-2015
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015

Strategy 4: Coordinate Resources to Streamline Permanent Supportive Housing Funding

When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

Goal	Action	Entity Responsible	Timeline
Coordinate distribution of capital, operating and services dollars for permanent supportive housing.	Establish Memoranda of Understanding (MOUs) between local cities and the County to dedicate and align local funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/City Departments; Housing Authorities	2011
	Align distribution of Cities/County capital, operating, and services funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/City Departments; Housing Authorities	2012-2015
Shorten development timeline.	Align distribution of philanthropic funds for capital, operating, and services funds for permanent supportive housing, in collaboration with public sector funders.	Private sector funders	2012-2015
Streamline funds to better coordinate and invest in local solutions.	Advocate for federal initiatives that streamline funding.	Task Force, in partnership with all stakeholders	2011-2015
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015

APPENDIX A

RESOURCES CONSUMED BY HOMELESS INDIVIDUALS¹⁶

Approximate Cost of Total Homeless Population in Los Angeles County

Portion of Homeless Population	Homeless Individuals	Total Annual Cost
10% Most Costly	4,805	\$507,580,980
	4,805	\$112,379,340
	4,805	\$63,598,980
	4,805	\$45,205,440
	4,805	\$34,711,320
	4,805	\$28,830,000
	4,805	\$25,774,020
	4,805	\$22,891,020
	4,805	\$19,835,040
10% Least Costly	4,805	\$14,933,940
Total	48,050	\$875,740,080

Cost of the Top Quartile of the Homeless Population in Los Angeles County

	Homeless Individuals	Total Annual Cost
25% Most Costly	4,805	\$507,580,980
	4,805	\$112,379,340
	2,403	\$31,806,108
Total	12,013	\$651,766,428

APPENDIX B

PERMANENT SUPPORTIVE HOUSING FINANCING ASSUMPTIONS

Annual Costs for Capital, Operating and Services*

Costs	2011	2012	2013	2014	2015	Total	Average Per Year
Capital	\$150 M	\$150 M	\$150 M	\$150 M	\$150 M	\$750 M	\$150 M
Operating	\$9 M	\$21 M	\$34 M	\$48 M	\$63 M	\$175 M	\$35 M
Services	\$14 M	\$27 M	\$44 M	\$65 M	\$86 M	\$236 M	\$47 M
Total	\$173 M	\$198 M	\$228 M	\$263 M	\$299 M	\$1,161M	\$232 M

* Assumptions are based on the need for full capital, operating and services dollars for all 2,500 new construction and rehab units; operating and services for 3,500 scattered site units; operating dollars for 1,000 turnover units and services dollars for 3,000 turnover units.

Capital costs: \$300,000 per unit; operating costs: \$8,000 per unit; services costs: \$10,000 per unit.

Nearly all operating costs can be covered by rental subsidies that exist within our system.

The chart below demonstrates one scenario for providing the new rental subsidies needed each year.

Subsidy Source	2011	2012	2013	2014	2015	Total
HUD VASH Program	500	650	650	700	700	3,200
Shelter Plus Care	350	350	400	450	500	2,050
HOPWA Vouchers	50	50	75	100	100	375
202 Housing	100	100	125	150	150	625
Section 8 Set Aside	150	150	150	150	150	750
Totals	1,150	1,300	1,400	1,550	1,600	7,000

APPENDIX C

PRINCIPLES FOR SETTING ALIGNED GOALS

The Task Force will work in collaboration with public and private sector funders and providers to determine specific goals and outcomes for outreach, services, and housing providers.

The goals will be based on the following principles:

- Everyone deserves a home.
- Our homeless neighbors are important members of our communities.
- No one should be on the streets or in shelter for a prolonged period of time.
- Housing stability is a critical first step on the road to wellness for those who are struggling with substance abuse, mental illness, and chronic health problems.
- Supportive services provided in permanent housing are a critical component of individuals' vital recovery and integration in our communities.

¹ *United Way of Greater Los Angeles. Homeless Cost Study, 2009.*

² *Flaming, Daniel, Patrick Burns, Michael Matsunaga, Gerald Sumner, Manuel H. Moreno, Halil Toros, and Duc Doan. Where We Sleep: Costs When Homeless and Housed in Los Angeles. Los Angeles: Economic Roundtable, 2009.*

³ *Los Angeles Homeless Services Authority. 2009 Greater Los Angeles Homeless Count Report, 2009.*

⁴ *City of Long Beach. City of Long Beach 2009 Count, 2009.*

⁵ *City of Glendale. 2009 Homeless Count, 2009.*

⁶ *City of Pasadena. 2009 Homeless Count: Final Report, 2009.*

⁷ *United Nations Centre for Human Settlements. United Nations: Global Report on Human Settlements, 1995.*

⁸ *Flaming et al., Where We Sleep, 18.*

⁹ *Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. American Journal of Public Health, 2004.*

¹⁰ *Tsemberis, Sam and Ronda Eisenberg. "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities." Psychiatric Services 51.4 (2000): 487 - 493.*

¹¹ *Wilkins, Carol. "Housing Opportunities for Persons with Mental Illness." Corporation for Supportive Housing, 2009.*

¹² *"The Impact of Supportive Housing on Surrounding Neighborhoods: Evidence from New York City." New York University's Furman Center for Real Estate & Urban Policy, 2008.*

¹³ *Flaming, Daniel, Michael Matsunaga, and Patrick Burns. Tools for Identifying High-Cost, High-Need Homeless Persons. Los Angeles: Economic Roundtable, 2010.*

¹⁴ *Burt, Ph.D., Martha R. "Hilton Foundation Project to End Homelessness for People with Mental Illness In Los Angeles: Changes in Homelessness, Supportive Housing, and Tenant Characteristics since 2005." Corporation for Supportive Housing.*

¹⁵ *Abt Associates Inc., Khadduri, Jill, Leopold, Josh, Sokol, Brian, and Spellman, Brooke. "Costs Associated With First-Time Homelessness For Families and Individuals." Department of Housing and Urban Development, 2010.*

¹⁶ *Flaming et al., Where We Sleep, 18.*



PHOTOS Left: From the book *Finding Grace: The Face of America's Homeless*. Photography by Lynn Blodgett. Published by Earth Aware Editions. Copyright © 2007; Right: ACOF's Vista Nueva Apartments in the Rampart area.

The Business Leaders Task Force on Homelessness, a joint initiative of United Way of Greater Los Angeles and the Los Angeles Area Chamber of Commerce, is comprised of business leaders from throughout the county who have come together with a commitment to end chronic and veteran homelessness in our region. The Task Force promotes permanent solutions to homelessness in partnership with local and national public sector, faith, nonprofit, and civic leaders.

Since 2009, the Task Force has examined the challenges and opportunities involved in ending homelessness in our communities. By learning from local and national experts about solutions that work, the Task Force has taken the leadership needed to create a bold path to ending homelessness.

The Task Force wishes to thank all those who have informed their learning over the past year, and express sincere appreciation for the invaluable partnership of leaders in Los Angeles and throughout the country.

THE BUSINESS LEADERS TASK FORCE ON HOMELESSNESS

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