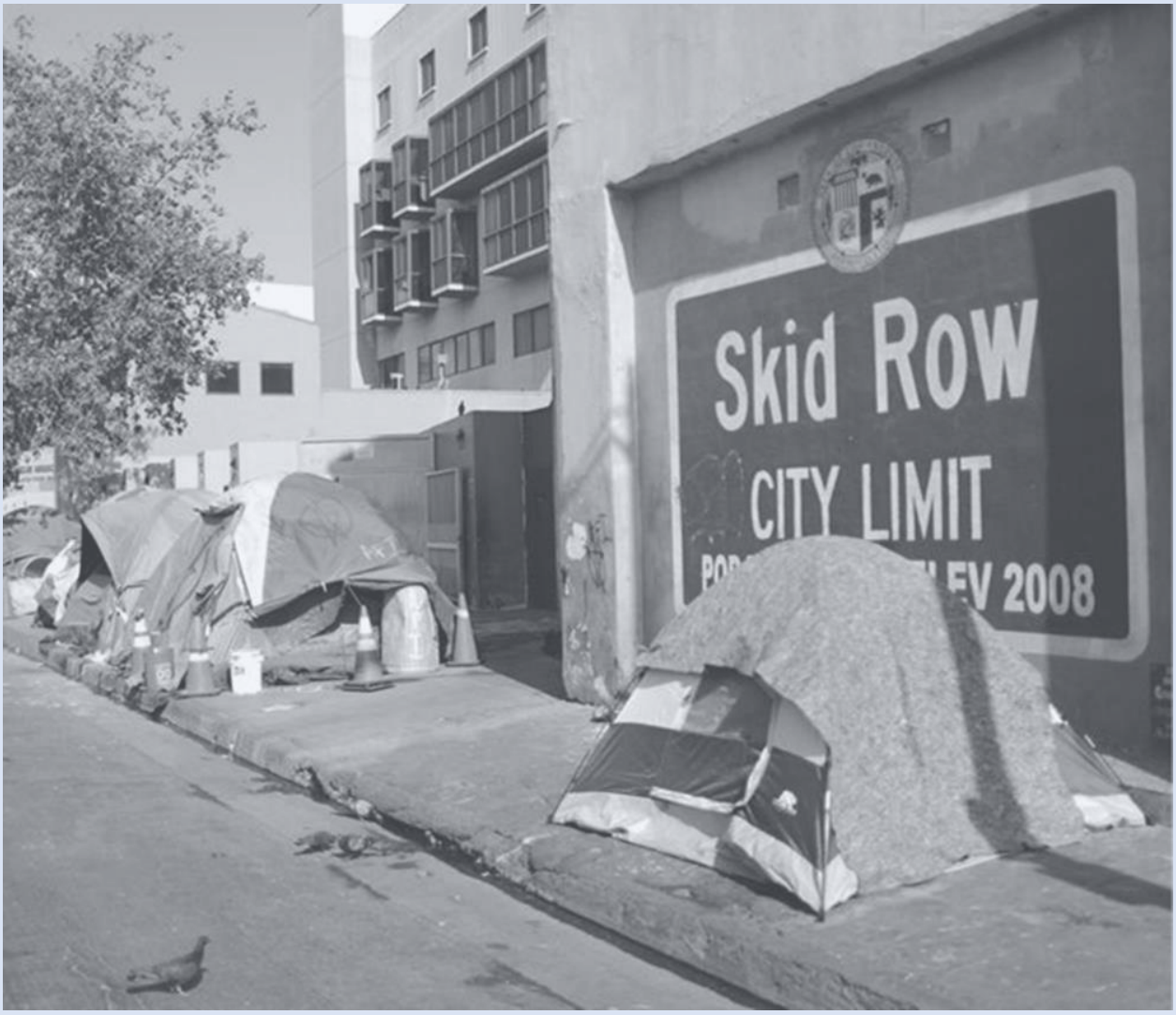
Los Angeles Older Adults System Modeling



Envisioning a Better System for those 50+ Experiencing Homelessness

A Project of United Way – Greater Los Angeles and LAHSA

Produced in Cooperation with Abt Associates
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Introduction

Older Adults are a growing subset of the homeless population and increased focus must be placed on understanding how the homeless system can best meet their unique needs, both from a service and investment perspective. During the 2020 Los Angeles Point-In-Time Count, nearly 15,000 Older Adults, disproportionately people of color, were experiencing homelessness on a single night and over 40,000 Older Adult households are experiencing homelessness every year. All indications are that this epidemic will only increase. Los Angeles has been working to address the crisis of Older Adults experiencing homelessness in recent years. Los Angeles is in the perfect position to undertake designing a comprehensive response to Older Adult homelessness. The development of a System Model specifically focused on Older Adults is an effective tool to support the community in planning and making strategic investment decisions.

System Modeling is a structured process for developing inventory and performance recommendations to meet crisis and housing needs to end homelessness. The purpose of System Modeling is to create a strategic framework for allocating existing and new funding. System Modeling has been conducted in Los Angeles several times over the past several years examining the homeless response system for all populations. The Older Adults System Modeling built upon the most recent modeling work and focused specifically on Older Adults, age 50+, to develop a set of recommendations for system needs to specific to this unique population.

Summary

Key Takeaways

Non-congregate shelter: COVID-19 necessitated reimaging the shelter system, which temporarily housed numerous people in large congregate spaces. The rapid development of non-congregate shelter, primarily utilizing individual hotel rooms, was necessary to combat the spread of COVID-19. The use of non-congregate shelter has resulted in such positive outcomes for individuals there is a desire to utilize this model permanently, particularly for Older Adults. Lived experience stakeholders universally supported the placement of nearly all Older Adults into non-congregate shelter, sighting the increased privacy, dignity, autonomy, safety, and stability of non-congregate shelter. The unique needs of Older Adults are more effectively served through this model. Due to these program recommendations, the system model proposes the development of non-congregate shelter to meet 90% of the shelter needs for the Older Adult population. Meeting this recommendation will require significant investment in developing and maintaining non-congregate shelter well past the end of the current pandemic.

Long-term subsidies: The current system inventory is insufficient to meet the needs of Older Adults experiencing homelessness both in scale (not enough housing) and scope (not the right mix of housing). Permanent Supportive Housing, which combines non-time-limited subsidies with intensive support services, is the only long-term housing option available in the homeless crisis responses system. Many older adults do not qualify for this program (targeted to chronic homeless and people with disabilities). Yet, due to either fixed incomes or very limited opportunities for increased income, the temporary support available through Rapid Rehousing programs does not effectively meet the needs of many older adults experiencing homelessness. The wait lists for affordable housing outside of the homeless system are too long to be a viable resource. These Older Adults need a readily available permanent subsidy that

meets their housing needs and allows them to access services and systems of care both in and out of the homeless system. The system model proposes the development of Dedicated Affordable Housing within the homeless system, available specifically to those experiencing homelessness and targeted to Older Adults. This subsidy could be either project-based or scattered sight, but the social and emotional needs of Older Adults may be best met with a project-based model.

Integrated systems of care: There are substantial services available to Older Adults experiencing homelessness, but the systems that deliver them are disjointed and often difficult to navigate. A coordinated response between the homeless response systems, aging systems, medical systems, and behavioral health systems would increase the likelihood that Older Adults get their needs met and avoid costly duplication. This coordinated response would also decrease the burden on each individual system. This integration needs to occur at both the program level, such as services being offered within a project-based housing model, and at the system level through increased communication and shared strategies.

Process Summary

The LA Homeless Services Authority (LAHSA) and the United Way partnered with Abt Associates to compete the system modeling process. A workgroup of 20 people representing 15 different agencies with knowledge of serving Older Adults experiencing homelessness was assembled to develop the system modeling. Additionally, a stakeholder group of Older Adults with lived experience of homelessness was consulted multiple times during the project and weighed in on each element of the modeling process. A larger stakeholder group with over 100 invitees was convened three times throughout the process to provide additional input. These participants met regularly over the course of five months to develop program models outlining the necessary components of a continuum of programs to meet the needs of Older Adults and a set of system recommendations to serve Older Adults more effectively, as well as developing the inputs for the system modeling tool. Their expertise was critical to envisioning the comprehensive system for Older Adults contained within this modeling.

Impacts of COVID-19

The COVID-19 pandemic has had significant impact on the homeless response system, changing the way people experiencing homelessness are sheltered and resulting in never-before-seen investments in the system. COVID-19 also impacted the work of the system modeling. This modeling process was conducted completely virtually, necessitating creative problem solving and being nimble to adapt a process that is most often conducted during long in-person work sessions. While the impacts on the way business is conducted and services are delivered during the pandemic is clear, the long-term impacts of the pandemic on the population of persons experiencing homelessness is still unclear. It is easy to speculate that the economic downturn associated with the pandemic will result in increased homelessness; the eviction moratorium and rental assistance has diminished or delayed that impact. The eviction moratorium put in place by Governor Newsom expires September 30, 2021. Which populations will be most impacted by eventual evictions is still unknown, so it is not clear if there will be an influx of Older Adults into the homeless system.

Conversely, Los Angeles has received hundreds of millions of dollars in COVID-19 relief funding. Much of this investment was initially targeted towards sheltering and housing Older Adults, as they were designated most at risk of contracting COVID-19. Strategic investment of the unprecedented funding as

a result of COVID-19 could significantly change the number and make up of persons experiencing homelessness in Los Angeles. The full impact of COVID-19 funding will not be realized for years. Because of the number of unknowns as a result of COVID, the current system modeling does not account for these factors and is based instead on the trajectory of the system prior to the pandemic. The modeling tool is fully customizable, so as more data becomes available, the community can recalculate the needed investment based on the new information reflecting the impact of COVID-19.

Inventory Recommendations

Meeting the needs of Older Adults will require substantial new inventory and investments. Beginning in year 2022, the City of Los Angeles is projected to have 48,982 Older Adults experiencing homelessness. The chart below details the units and associated costs necessary to order to fully meet the needs of those households based within the recommended system that has been designed through this process. The full system model report details out the projections for households, units, and costs for the next five years in the inventory results section. These cost estimates include operating costs (rent and support services) but do not include development or acquisition costs. This is the total necessary investment to resolve Older Adult homelessness, which includes current investments.

Recommended System Inventory and Associated Costs

Program Models	Year 1 Number of Units/Slots	Year 1 Costs Per Intervention
Annual HH in the System	48,982	$6,130,368
Prevention (slot)	367	$8,168,256
Diversion (slot)	163	$408,046,275
Non-Congregate Shelter (bed)	7,605	$19,739,200
Congregate Shelter (bed)	845	$102,820,500
Recuperative Care (bed)	1,878	$115,914,700
Rapid Re-Housing (slot)	7,348	$201,111,880
Dedicated Affordable Housing (unit)	12,245	$376,340,139
Permanent Supportive Housing (unit)	22,043	$111,795,180
Residential Care (unit)	4,899	$1,238,271,318

Background and Context

For many years, those on the front lines of homeless services and health care systems have known that seniors experiencing homelessness are particularly challenging and expensive to serve with the suite of tools normally available to the homeless services system. First of all, they have more access and functional needs that must be accommodated in facilities that are often inaccessible. Secondly, they have a higher incidence of under-treated medical issues which are costly to address. And thirdly, they have a more limited ability to grow their income through employment compared to younger populations experiencing homelessness.

In addition to those foundational challenges, there is also a long-standing lack of coordination between publicly-funded “aging systems” and “homeless services systems” across the country. Aging systems

typically focus on senior wellness and socialization, while homeless systems focus on shelter, street outreach, and housing. If these systems are better coordinated, seniors will have a robust array of prevention, mitigation, and support services available to them across both systems, but these public systems were not designed for integration. They were designed as targeted silos and separate funding streams, which must be integrated on the back end.

To address this integration challenge, the Los Angeles (LA) chapter of the Corporation for Supportive Housing (CSH) has been working with the Los Angeles Aging Advocacy Coalition (LAAAC) and the Los Angeles Homeless Services Authority (LAHSA) to design and incentivize stronger integration across the aging and homeless systems in multiple Service Planning Areas (SPAs). On July 27, 2020, a report was submitted to the Board of Supervisors with recommendations on how to improve the County's approach to serving Older Adults (including but not limited to those experiencing homelessness) and another County report that focuses on key opportunities for better integrations between the aging and homelessness systems is forthcoming.

In addition to those foundational challenges, seniors experiencing homelessness today are part of a generational cohort that has persisted for decades and are likely to die in homelessness in the next five years if not addressed urgently. In 1987, a USC economics professor and demographer named Richard Easterlin published research that highlighted what is now known as the "Easterlin cohort effect," which essentially theorized that individuals born after the peak of the post-War baby boom (1955-1965) are more likely to be economically disadvantaged relative to their predecessors due to economic and social conditions present during the time of their labor market entry. A University of Pennsylvania professor, Dr. Dennis Culhane, has explored Easterlin's "cohort effect" relative to homelessness and found that contemporary homelessness among single adults is concentrated among those born in the latter half of the post-War baby boom and in the years immediately adjacent to that period. In his words, "they represent a generational dislocation that is now prematurely aging and dying." If we want to exit them from homelessness before they die, we are running out of time.

Because of these well-documented generational challenges, LA County departments collaborated on a report to the Board of Supervisors in a document titled "Establishing a Comprehensive Homelessness Crisis Response Strategy in Los Angeles" with a list of prioritized strategies, as well as a recommendation that the County focus on people experiencing homelessness who are aged 65 years or older as the recommended target population for an Urgent Housing Initiative Pilot Program. This recommendation aligned with the most recent research by Dennis Culhane, Steve Metraux, and Randall Kuhn – which used Los Angeles County (and other jurisdictions) as a case study to examine the intersection between housing and healthcare costs among an older homeless population (i.e. adults age 55 and older). A fundamental conclusion of that research was that the cost of housing elderly homeless adults would be substantially, if not completely, offset by savings from shelter and healthcare services for the same population.

In the meantime, in early March 2020, the LA County Department of Public Health began reporting new cases of COVID-19, which was the first signal that the virus was beginning to spread in LA County. Since that time, almost 1.3M LA County residents have tested positive for COVID-19 and over 25k residents have died. Over 90% of County-wide deaths have occurred among individuals over the age of 50 and the

mortality rate for residents experiencing homelessness over age 50 is 5-6%. In response to that increased risk of mortality, the County continued its focus on Older Adults and asked Dennis Culhane and Randall Kuhn to update their research to inform a five-year Older Adult Housing Pilot Program in response to the COVID-19 pandemic. Their first and second research reports have been submitted to the Board of Supervisors for consideration, and a final report was published in September 2020 that articulated the scale and cost of a multi-year plan to end homelessness among LA County seniors.
On March 27, 2020, the Federal Emergency Management Agency (FEMA) approved expenses related to non-congregate sheltering of at-risk people experiencing homelessness (PEH) as eligible for Public Assistance reimbursement under FEMA-4482-DR-CA (COVID-19). In LA County, that non-congregate sheltering is occurring through Project Room Key (PRK), which is a collaborative effort by the State, County, and the Los Angeles Homeless Services Authority (LAHSA) to secure hotel and motel rooms for asymptomatic but at-risk people experiencing homelessness to safely shelter in place and avoid exposure to COVID-19. Since its inception, PRK has served almost 7,000 unique clients, and 46% are age 55 and older. On June 23, 2020, LAHSA published a COVID-19 Recovery Plan Related to People Experiencing Homelessness, which prioritized those age 65 and older (among other populations) for housing interventions and uses PRK as a springboard for that work. However, LAHSA lacks an adequate supply of funded housing subsidies to fully rehouse the entire population who came inside through PRK. Therefore, the Los Angeles Continuum of Care (CoC) continues to need the alignment and scaling of long-term resources with interim housing placements.

In response to the economic impact of the ongoing pandemic, the federal government took several additional steps to assist those experiencing a housing crisis. The Centers for Disease Control and Prevention (CDC), State of California, County of LA, and City of LA have issued and repeatedly extended a moratorium on residential evictions. Although the CDC moratorium was ended by the Supreme Court in August 2020, local California protections remain in place through September 2021. To assist households with rental arrears, the December Federal COVID Relief Package included $25B in Emergency Rental Assistance, of which $1.5B was allocated to California and $1.1B is being directly transferred to local municipalities. In March 2021, the American Rescue Plan (ARP) provided $1.9T in relief, including one-time vouchers on acquisition funds to purchase motels/hotels for interim and permanent housing. As of this writing, the US Department of Housing and Urban Development (HUD) has allocated almost 7,000 Emergency Housing Vouchers for Los Angeles jurisdictions, and those vouchers prioritize COVID-vulnerable seniors regardless of their vaccination status.

In the meantime, on May 22, 2020, a U.S. District Court Judge David Carter issued a preliminary injunction requiring the relocation of an estimated 6,000 to 7,000 people camping near freeway ramps and overpasses, saying they face a health risk emergency unrelated to COVID-19. The injunction was issued in a lawsuit filed in March by the LA Alliance for Human Rights, which accused officials in greater Los Angeles of failing to comprehensively address the homelessness crisis. During settlement agreements and mediation sessions, the parties reached consensus that the City of Los Angeles would create 6,700 beds that benefit ~3,100 living within 500 feet of overpasses, underpasses, and ramps, with additional priority given to people age 65 and older. While the full cost of this settlement agreement is not yet known, the County has agreed to pay up to $60M annually to offset city expenditures on bed creation over the next five years.

In summary, currently homeless seniors are part of a generational cohort that has been disproportionately vulnerable to homelessness for decades, and our window to exit them from homeless is closing. The prevalence of COVID-19 and its disproportionate impact on seniors only exacerbates this already urgent situation. Fortunately, the federal, state, and local governments have initiated multiple large-scale efforts that prioritize unhoused residents age 65 and older, and key organizations have been leading major efforts to improve integration between the aging and homeless systems. However, those efforts must be strategically aligned, coordinated, and managed in order to resource and manage them effectively. To that end, the Home For Good (HFG) team at the United Way of Greater Los Angeles is working with LAHSA, CSH, Shelter Partnership and a host of community partners to coordinate the development of a cohesive roadmap of strategic system investments, and establish an integrated management model to ensure progress toward ending homelessness among seniors. That work depends upon a comprehensive, accurate, integrated, and nimble systems model.

Process Overview

The Older Adults System Modeling was led by staff from Abt Associates, using a tool that models an optimal system based on existing data about level of need and project performance. Abt partnered with the Los Angeles Homeless Services Authority (LAHSA) and United Way to plan the modeling process including the development of a workgroup, a lived experience stakeholder group, and a broader stakeholder group.

Abt Associates

Abt Associates is a mission-driven social impact firm whose goal is to improve the quality of life and economic well-being of people worldwide. Abt Associates is a contract technical assistance provider for the Department of Housing and Urban Development. Abt Associates has multiple staff assigned to provide technical assistance to the Los Angeles Continuum of Care (CoC) as a result of the significant federal investment in the community. Abt staff bring to the community their expertise on the system modeling process, best practices to respond to homelessness, and system design. Abt has conducted previous iterations of systems modeling in Los Angeles that this current project builds upon. Abt staff are also able to access an extensive network of colleagues providing technical assistance around the country to help problem solve and provide supportive examples.

United Way and LAHSA

The United Way Home for Good (HFG) team at the United Way of Greater Los Angeles received a two-year $2.5M grant from Cedars Sinai to support an Older Adult County-Level Roadmap Development & Collaborative. The grant is support United Way to utilize their policy expertise and philanthropic resources to support the system integration work, coordinate the development of a cohesive roadmap of strategic investments, and establish a model to ensure progress toward ending homelessness among Older Adults. The United Way intends to help the City/County of Los Angeles, the City of Glendale, the City of Pasadena, the City of Long Beach, and the Los Angeles Homeless Services Authority (LAHSA) develop an integrated systems model that informs the development and implementation of an Older Adult Homelessness County-Level Roadmap.

United Way originally requested technical assistance from Abt Associates to conduct the Older Adults System Modeling as an independent contract with United Way. However, to ensure continuity with the other work occurring in LA, Abt Associates suggested that the effort would likely be supported under the existing HUD technical assistance contract Abt has to work in Los Angeles. HUD agreed and the system modeling became part of the support provided to LAHSA as the CoC lead for Los Angeles.

Both LAHSA and United Way served as the project conveners and provided staff support to the project for planning, technical support, and participation in the workgroup and stakeholder meetings. United Way staff organized the lived experience stakeholder group and LAHSA provided the necessary data for the project. Each agency also provided critical connections to other experts in the Los Angeles community throughout the project. The collaboration between LAHSA and United Way has been critical to the success of the project and will be crucial as the community moves forward into the next phase of establishing a system to respond to the needs of Older Adults experiencing homelessness.

System Modeling Workgroup

In order to ensure the modeling tool was populated with the correct data and assumptions about Older Adults experiencing homelessness in Los Angeles, local experts were necessary to support this process. The workgroup was comprised of persons with expertise in the homeless crisis response system and other systems that intersect with Older Adults experiencing homelessness. It was also essential to ensure that the workgroup had the expertise of someone with an experience of homelessness as an older adult.

A total of 20 people were invited to participate in the workgroup representing 15 different agencies. Participants represented homeless service providers, housing providers, government, philanthropy, healthcare, justice, aging, and lived experience of homelessness. The workgroup met 11 times between January and June 2021.

Lived Experience Stakeholders

Feedback from persons with lived experience of Older Adult homelessness was a critical component of this planning and modeling process. The lived experience stakeholders were intentionally separated from the larger group of stakeholders in order to ensure their feedback and ideas were able to be specifically identified as lived experience feedback. The United Way recruited the 12 participants, who were all Older Adults with recent experience of homelessness. Some of the participants were members of the LAHSA Lived Experience Advisory Board and the CSH Speak-Out Advocacy Group. The United Way fairly compensated each of the lived experience stakeholders for their participation and expertise. This group was engaged four times, first with the larger stakeholder group for the kick-off, two sessions providing feedback and recommendations to the workgroup, and participating in the roll-out of the final recommendations.

The lived experience participants provided valuable input to every element of the process. The group was able to utilize their own experiences and those of their community to inform the final program design, modeling assumptions, and system recommendations. The group advocated passionately for the needs of Older Adults and felt so strongly about the importance of addressing the needs of this highly vulnerable population that nearly all chose to speak about their experiences at the final stakeholder meeting.

> "…thanks to both the organizers at United Way and Abt and all of the participants such as myself. Coming into this project I had my doubts as to whether or not we would be heard. No offense, but I have often been paid and not heard in this arena of Homelessness. However, that was not the case with this group. I applaud you for hearing us and I thank those of us with lived expertise for speaking their truths no matter how traumatic they were. With more efforts involving both sides, hopefully

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Stakeholder Group

Participation in the workgroup required a considerable time commitment and it was necessary to limit the size to increase productivity, so the stakeholder group was developed to increase the number of perspectives informing the system modeling process. Each stakeholder was identified by a member of the workgroup as a necessary perspective. There were representatives of government, philanthropy, research, academia, aging, housing, homeless services providers, advocacy, veterans, and healthcare. There was a total of 114 invited participants to each of the stakeholder meetings. There were three meetings with stakeholders, including two feedback sessions and the roll out of the final modeling and recommendations.

Development of the Model

The system modeling workgroup was guided by Abt to develop three distinct elements of the system modeling: program models, inputs for the system modeling tool, and system recommendations. The program models and the system recommendations combine with the results of the modeling for a comprehensive suite of recommendations for changes to the response system to service Older Adults experiencing homelessness in LA. Each of these components was reviewed by the lived experience group and the stakeholder group and modified according to their input.

The Program Model Matrix details the necessary continuum of services for Older Adults. The workgroup outlined the program models based on necessary components and services, population, and staffing ratios. These programs may already exist in the system and the workgroup recommended modifications or in some cases they designed entirely new programs. The Program Model Matrix is intended to help the community design programs to meet the specific needs of Older Adults. The programs included in the matrix formed the basis for the pathways and costs in the system modeling tool.

Once the program models were finalized, the workgroup formulated additional inputs for the system modeling tool. These inputs are detailed in the next section. The inputs are based upon the workgroup's collective experience working with Older Adults experiencing homelessness. These inputs formulate the basis for the inventory recommendations and associated costs outlined in the results section.

During discussions to design programs and develop the system modeling inputs, members of the workgroup and the stakeholder groups brought up many necessary changes that couldn't be factored into or accounted for by the model. These were captured throughout the process and formed the basis for the system recommendations.

These individual elements combine to form the comprehensive recommendation for changes to the homeless response system to better serve Older Adults that is outlined in the results section.

Due to COVID-19, the work for the systems modeling was all conducted remotely with each meeting conducted via online conferencing platform. This necessitated some adaptations from traditional system modeling work, including many more short meetings, versus longer in-person development meetings.

Methodological Notes for Inputs and Assumptions

Annual Households in the System

Estimating how many Older Adults (OAs) we expect to experience homelessness each year is a critical input in scaling the model to meet the needs of this population. The system modeling process uses this projection to determine the amount of inventory that would be needed to meet the needs of these population.

This is a challenging number to estimate for a single year, let alone to forecast into the future. This number is larger than the Point-In-Time Count of Older Adults experiencing homelessness since it captures people experiencing homelessness throughout an entire year. This number should not only include those who are currently served by the homeless crisis response system, but also the unserved population.

For this model we used the forecast data from *A Data-based Redesign of Housing Supports and Services for Aging Adults who Experience Homelessness in LA* (Culhan, Metraux, Kuhn 2019), Appendix A: Forecast of total (sheltered and unsheltered) homeless population by five-year age group, Los Angeles 2008-2015 (actual) and 2016-2030 (forecast). The forecasting method uses HMIS data to "forecast changes in the size and age composition of the older homeless adult population, an age-period-cohort model of year-to-year persistence in the shelter," (Culhan, et al. 4). The forecast was also adjusted to include estimates for the unsheltered Older Adult population. The totals for all age groups 50 and older with years 2022-2026 provide the population estimates for the five-year model.

Five-Year Forecast of Annual Households in the System

Year	Forecast of total sheltered and unsheltered homeless population 50+ in Los Angeles
2022	48,982
2023	48,442
2024	47,860
2025	47,115
2026	46,553

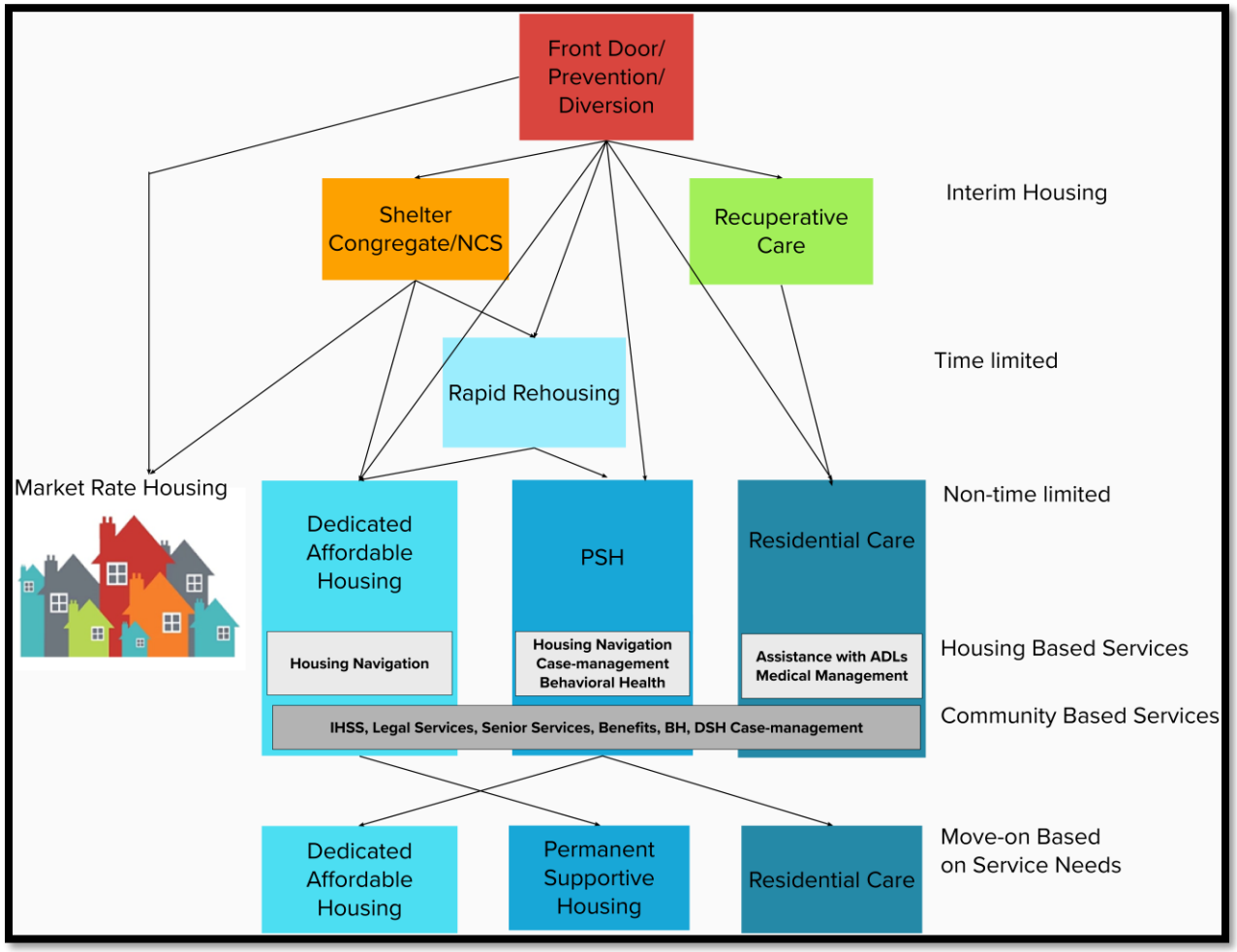
A note about COVID-19: The impacts of COVID-19 on the rate of Older Adults anticipated to experience homelessness are complex and as of yet unknown. On the one hand, job loss and other COVID-related economic hardships have increased housing instability for many households. On the other hand, the eviction moratorium and the CARES Act resources, many of which were targeted to populations at high risk of becoming severely ill from COVID-19 (including Older Adults), may reduce the experience of homelessness among Older Adults. Due to these uncertainties, the model uses the pre-COVID forecast data. However, the expected annual number of Older Adults in the system can be updated as more current data becomes available.

Project Pathways and System Map

Informed by available HMIS data and input from people with lived expertise and other stakeholders, the workgroup developed assumptions about what projects and what combinations of project types are needed to meet the needs of all Older Adults experiencing homelessness. Specific data included demographics for Older Adults experiencing homelessness collected in the Point-In-Time (PIT) Count, such as age, income sources, medical conditions, and self-reported reasons for homelessness.

These projects and pathways were organized into a system map which provided a visual structure to conversations about system gaps, and service needs, including services embedded in housing projects and stronger linkages to community services.

Proposed System Map



Percent of People in Each Pathway

Next, the workgroup estimated the percent of all other adults experiencing homelessness which would need each type of permanent housing project, and the percent that would also need crisis housing along their path to housing stability. The process was informed by existing data about what project types have

served Older Adults and the outcomes of those projects. The workgroup also looked at the chronic homeless status and the distribution of acuity scores for Older Adults from coordinated entry assessments as well as the distribution of acuity scores for Rapid Re-Housing and Permanent Supportive Housing enrollments. In addition to the data, the workgroup brought in their diverse expertise on the needs of Older Adults, and the expertise of people with lived experience of homelessness, to envision a system that both equitably and effectively meets the varying needs of the population, framed by cohorts of Older Adults with similar needs.

Pathway	Intended Cohort of Older Adult's (OAs)	% OAs served overall strategy	% OAs served detail strategy
Prevention	OAs at imminent risk of homelessness without intervention but able to stabilize with short-term assistance	8%	3%
Diversion (problem solving & temporary financial assistance (TFA))	OAs entering homelessness who's housing crisis can be resolved with problem solving and one-time financial assistance		1%
Shelter Only (self-resolve)	OAs entering homelessness who are able to self-resolve after a brief shelter stay		1%
Shelter with TFA	OAs entering homelessness who are able to self-resolve after a brief shelter stay and one-time financial assistance		3%
Recuperative Care Only	OAs discharged from medical settings who temporarily require more care than a traditional shelter or housing program can provide	2%	2%
Rapid Re-Housing (RRH) Only	OAs that will have enough income to pay for market rent and have no support service needs or support service needs can be met outside of the homeless system.	10%	2%
RRH from Shelter			8%
Dedicated Affordable Housing (DAH) from RRH	OAs that have an ongoing subsidy need and varied level of service needs that can met through connections to community services.	25%	5%
DAH Only			10%
DAH from Shelter			10%
Permanent Supportive Housing (PSH) Only	OAs experiencing long-term or reoccurring homelessness who have disabilities and need long-term housing support services.	45%	8%
PSH from Shelter			30%
PSH from Recuperative Care			7%
Residential Care Only	OAs that need help with daily living activities or have other high intensity services needs that are unable to be met in a PSH program.	10%	2%
Residential Care from Shelter			2%
Residential Care from Recuperative Care			6%
TOTAL		**100%**	**100%**

Average Length of Stay for Time-Limited Projects

The workgroup developed assumptions about how long people would stay on average in time-limited project times once the system is right-sized so that appropriate permanent housing is available to all who need it. Though these assumptions were informed by project data on the length of stay for households that have exited to permanent housing, it is expected that the length of time spent in temporary projects (time spent waiting for permanent housing options) will decrease from the current system performance once the availability of permanent housing is scaled up to meet the need. This transition from baseline project performance to the modeled project performance should be addressed in implementation/transition planning.

Average Length of Stay by Project

	Average number of months per household in each project type				
Pathways	Prevention	Diversion	Shelter	Recuperative Care	Rapid Re-Housing
Prevention	3				
Diversion (problem solving & TFA)		1			
Shelter Only (self-resolve)			2.5		
Shelter with TFA		1	1.5		
Recuperative Care Only				3.5	
RRH Only					12
RRH from Shelter			4		12
DAH from RRH					12
DAH Only					
DAH from Shelter			4		
PSH Only					
PSH from Shelter			4		
PSH from Recuperative Care				3	
Residential Care Only					
Residential Care from Shelter			4		
Residential Care from Recuperative Care				3	

Percent of Congregate and Non-Congregate Shelter

With input from people with lived expertise and other stakeholders, the workgroup developed assumptions about the portion of Older Adults that would have their crisis needs better served by non-congregate shelter. The proportion was applied to all people needing shelter, regardless of pathway, to come up with a total estimate of the number of shelter units needed.

Estimated Number of Point-In-Time Shelter Units to Serve Annual 48,982 HH in the System	
Total Number of Shelter Units	8,450
Percent non-congregate	90%
Number non-congregate	7,605
Number congregate	845

Turn-over Rates for Non-Time Limited Projects

Unlike time-limited projects that may turn-over within the year to serve multiple people each year with the same unit, non-time-limited projects turn-over at a different time scale. We use an annual turn-over rate that is applied to the entire inventory, representing the percent of the total inventory that is likely to become vacant over the course of a year. This calculation is critical for forecasting long-term inventory needs for permanent units needed for Dedicated Affordable Housing, Permanent Supportive Housing, and Residential Care. These assumptions are based on the available data from the Housing Authority of the City of Los Angeles (HACLA) and are consistent with the assumptions used in the Homeless Services System Analysis report. The 4% turnover rate is for the overall program, not specifically for the Older Adult population. Turn-over rates for inventory targeted to Older Adults may be used in future updates of the program model if that data is available.

Program Costs

Annual operating costs for each program type includes costs of services and rent per unit and do not include development or acquisition costs. Project costs estimates were derived from the previous modeling as documented in the Homeless Services System Analysis report as much as possible for consistency and alignment in local planning. The modeling uses the rent and service cost assumptions for year three for adult-only households from the System Analysis which is based on an average of tenant-based rental assistance costs for PSH units of a Studio/1-bedroom for LA County sourced from HACLA and LACDA information. Details of this methodology are included in the CSH Financial Analysis Methodology Report – 2019 Systems Analysis (unpublished). Additional data sources and assumptions are listed in the table below.

Costs Per Unit

Program Type	Unit Type	Annual Cost per Unit	Source/Notes
Prevention	Slot of services and rent assistance Assumes 4.4 singles per annual slot	$14,742	*Homeless Services System Analysis (March 2020) – CSH Financial Analysis Methodology* Prevention/Diversion Year 3, single adult, all county: Annual services cost: $4,430 Annual rent assistance: $11,344 Households per slot: 4.4 $11,344 / 4.4 = $2,578 average rent per household OA Prevention model serves 4 households per slot: $4,430 + (4*$2,578) =$14,742 OA Diversion model serves 12 households per slot: $4,430 + (12*2,578) =$35,366
Diversion	Slot of services and rent assistance Assumes 4.4 singles per annual slot	$35,366	
Non-congregate Shelter	Cost per room per night	$53,655	Based on project room key: hotel rental, security, care coordination (doesn't included services provided by disaster response staff).
Congregate Shelter	Residential unit $64/day	$23,360	*Homeless Services System Analysis (March 2020) – CSH Financial Analysis Methodology* Interim Housing for single adult in Year 3 and consistent with Seattle enriched shelter model cost estimates.
Recuperative Care	Residential unit services $150/day	$54,750	LA County Department of Health Services
Rapid Re-Housing	Annual cost of operating a slot that includes rent and services	$15,775	*Homeless Services System Analysis (March 2020) – CSH Financial Analysis Methodology* Year 3, single adult, all county: Annual services cost: $4,430 Annual rent assistance: $11,344
Dedicated Affordable Housing	Annual cost of operating a slot that includes rent and services	$16,424	Developed based on of RRH and PSH assumptions (assumes service costs is between RRH and PSH)
Permanent Supportive Housing	Annual cost of operating a slot that includes rent and services	$17,073	*Homeless Services System Analysis (March 2020) – CSH Financial Analysis Methodology* Year 3, single adult, all county
Residential Care	Year 1 cost for enriched residential care divided by year 1 number of clients	$22,820	*A Roadmap for Phased Implementation of an Older Adult Housing Pilot in Los Angeles County* Table 2, year 1

Program Model Recommendations

Target Population: Older Adults (50+) Experiencing Homelessness in LA County

Overview

The Program Model Matrix is intended to be a living document to guide planning and implementation efforts. It is intended to help funders understand what to fund and providers understand what they are expected to deliver. It is important to note that the elements identified are intended to reflect the ideal program components that should be included in the program type, especially for any new programs a provider is designing, or a funder is supporting. In some cases – particularly on issues impacted by facility size/configuration – existing programs may not be able to incorporate certain program elements at all and the existing program may need to transform into a different program model or risk the loss of funding from formal homeless system funders. In other cases, providers will not be able to adapt programming unless contracts include the necessary resources (e.g., moving from 12 to 24-hour access, reducing case load sizes). Funders and providers will have to work together closely to examine where changes can be implemented immediately, where time, resources, and/or capacity building will be required, and where reallocation will be necessary to achieve the desired system.

Universal Program Elements for All Program Models

- Client choice
- Safety
- Trauma-informed
- Accessible units (or resources to modify units to become accessible)
- Service connections
- Holistic approach to service provision
- Services are optional (participation is not required to access or maintain housing)
- Housing First

I. Front Porch Services "Front Porch" services are those provided to people before they reach the front door of the homeless services system (shelter & outreach). This may include services to both those already experiencing homelessness and those at imminent risk.

Program	Description	Housing Based Services	Community Based Services	Staffing	Timeframe	Population
Prevention Diversion	Flexible assistance to stabilize people enough to keep them from falling into immediate homelessness	○ Flexible financial assistance to support rent, utilities and other costs to stabilize housing ○ Short-term case management ○ Connection to community services	○ Legal services ○ Entitlement benefits ○ Senior Services ○ Affordable housing	30:1	1-6 months	Older Adults at imminent risk of homelessness without intervention but for whom a short-term intervention will sufficiently stabilize them

Universal Program Elements for Crisis Housing

- No maximum length of stay
- Centrally located with access to public transportation

II. Crisis Housing						
Program	Description	Housing Based Services	Community Based Services	Staffing Ratio	Timeframe	Population
Congregate Shelter	Shared rooms with at least 2 or more non-family people per room with common bathrooms and living spaces that provide short-term stay to support transition to permanent housing	○ Housing-focused case management (ID, documents, etc.) ○ Housing Navigators ○ Language services ○ Coordinated Entry System Assessment ○ Connections to mainstream services ○ Behavioral health services	○ In home supportive services including health/behavioral health assessments and medication management ○ Entitlement benefits ○ Senior Services ○ Legal services ○ Healthcare services	25:1	3-6 months	Older Adults for whom there is insufficient space in non-congregate shelter or whose needs or preferences are better suited to congregate shelter
Non-Congregate Shelter	Single occupancy rooms with bathrooms or shared bathrooms dormitory style that provide a short-term stay to support transition to permanent housing	○ Housing-focused case management (ID, documents, etc.) ○ Housing Navigators ○ Language services ○ Coordinated Entry System Assessment ○ Connections to mainstream services ○ Behavioral health services	○ In home supportive services including health/behavioral health assessments and medication management ○ Entitlement benefits ○ Senior Services ○ Legal services ○ Healthcare services	25:1	3-6 months	This is the preferred shelter model for Older Adults and should be utilized whenever possible. When resources are minimal, NCS should be targeted to Older Adults who are able to live with minimal supervision, need more privacy, or are at risk when residing in a congregate setting.

Recuperative Care	Unlicensed facility with shared rooms (2-4 persons) to assist persons discharged from the hospital who require additional time to heal/recuperate from temporary medical conditions before moving on to either a standard shelter or permanent housing. Generally, these are a set aside units within a larger shelter model.	○ Medical oversight ○ Medication reminders ○ Behavioral health services ○ Skilled nursing ○ Housing-focused case management (ID, documents, etc.) ○ Housing Navigators ○ Coordinated Entry System Assessment ○ Connections to mainstream services ○ Assessment to determine where the best place is to go next for temporary shelter ○ Assistance with transition to long-term care if necessary	○ Entitlement benefits ○ Senior Services ○ Legal services ○ Healthcare services	10:1	3-4 months	Clients discharged from hospital or other medical settings who temporarily require more care than a traditional shelter or housing program can provide

Universal Program Elements for Permanent Housing

- Flexibility to relocate, including moving to more or less intensive services and relocating from scattered site to facility-based housing and vice versa
- Option to stay in same unit even if changing funding sources or changing level of support services
- Tenancy supports (in addition to case management)
- Rigorous fair housing protections

III. Permanent Housing						
Program	**Description**	**Housing Based Services**	**Community Based Services**	**Staffing**	**Timeframe**	**Population**
Rapid Re-Housing	Time-limited subsidy paid directly to landlord and short-term housing-focused case management.	○ Housing-focused case management (housing search, tenancy support) ○ Time-limited rental subsidy paid directly to landlord ○ Connection to mainstream benefits and support services	○ Entitlement benefits ○ Senior Services ○ Legal services ○ Healthcare services	20:1	up to 24 months	Older Adults that will have enough income to pay for market rent and have no long-term or ongoing need for supportive services or whose supportive services needs can be met outside of the homeless system.

Dedicated Affordable Housing	Scattered-site or site-based housing with non-time-limited rental subsidy paid directly to landlord, based on tenant's income (30%) with flexible levels of supportive services based on need	○ Housing-focused case management (housing search, tenancy support) ○ Landlord liaison and tenant support services ○ Service coordination/connection to mainstream benefits and support services ○ Move-on coordination – transitions navigation	○ Entitlement benefits ○ Senior Services ○ Legal services ○ Behavioral health ○ Case Management through Senior Services or AAA ○ Healthcare services ○ In-home supportive health services - connection to external health services (PACE, SCAN Health plan, IHSS, paid for by DHSS)	20:1	Non-time-limited	Older Adults that have an ongoing subsidy need with minimal ongoing supportive services needs or supportive services needs that can be met outside of the homeless system.
Permanent Supportive Housing	Non-time limited Site-based housing subsidy paid directly to landlord OR site-based subsidized housing with ongoing intensive support services.	○ Housing stability focused case management ○ Landlord liaison and tenant support services ○ Behavioral health services ○ Embedded medical and support clinic (site based)	○ In home supportive health services - connection to external health services (PACE, SCAN Health plan, IHSS, paid for by DHSS)	15:1	Non-time-limited	Older Adults experiencing long-term or reoccurring homelessness who have disabilities and need long-term housing support services.
Residential Care	A cluster of licensed programs that include Board and Care and Assisted Living programs that are all permanent housing options that exist outside the homeless system. Currently these are not homeless-specific interventions but have overlap with the homeless system. The recommendation is to establish similar homeless specific programs or dedicated beds within other programs to ensure access for those exiting homelessness.	○ Assistance with activities of daily living ○ In-house medical support services including skilled nursing ○ Behavioral health services ○ Ongoing case management ○ How to access programs for PEH	○ Case management through DHS	10:1 – excluding medical staff	Non-time-limited but may be temporary while medical needs are addressed, and permanent placement is planned	Older Adults that need help with daily living activities or have other high intensity services needs that are unable to be met in a PSH program.

Inventory Recommendations

Using the inputs and assumptions described in the above sections, the model produces five-year inventory recommendations to meet the needs of all Older Adults experiencing homelessness. The table below describes the number of units that would need to be available at a point in time to meet the estimated needs for Older Adults in each year. Some of the project types have "slots" of service or "beds" that may be used to serve multiple households over the course of the year. Other project types have units that would only serve one household in the year.

5-Year Inventory Needs for Annual Inflow: Point-In-Time Unit Count

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Annual HH in the System	48,982	48,442	47,860	47,115	46,553
Prevention (slot)	367	363	359	353	349
Diversion (slot)	163	161	159	157	155
Non-Congregate Shelter (bed)	7,605	7,521	7,431	7,315	7,228
Congregate Shelter (bed)	845	836	826	813	803
Recuperative Care (bed)	1,878	1,857	1,835	1,806	1,785
Rapid Re-Housing (slot)	7,348	7,267	7,180	7,068	6,984
Dedicated Affordable Housing (unit)	12,245	12,110	11,965	11,778	11,638
Permanent Supportive Housing (unit)	22,043	21,800	21,538	21,203	20,950
Residential Care (unit)	4,899	4,845	4,787	4,712	4,656

The cost per unit includes a standard 3% annual cost increase that is applied to each project in the multi-year model. The table below uses these annual project cost assumptions multiplied by the number of units needed for each project type to estimate annual operating costs. These costs do not include development costs but do include services and rental costs.

5-Year Program Cost Assumptions

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention	$6,130,368	$6,244,668	$6,354,731	$6,443,486	$6,557,625
Diversion	$8,168,256	$8,320,552	$8,467,203	$8,585,463	$8,737,544
Non-Congregate Shelter	$408,046,275	$415,654,220	$422,980,209	$428,887,880	$436,485,153
Congregate Shelter	$19,739,200	$20,107,234	$20,461,628	$20,747,411	$21,114,928
Recuperative Care	$102,820,500	$104,737,569	$106,583,589	$108,072,219	$109,986,598
Rapid Re-Housing	$115,914,700	$118,075,907	$120,157,019	$121,835,225	$123,993,401
Dedicated Affordable Housing	$201,111,880	$204,861,572	$208,472,299	$211,383,985	$215,128,418
Permanent Supportive Housing	$376,340,139	$383,356,929	$390,113,672	$395,562,303	$402,569,251
Residential Care	$111,795,180	$113,879,580	$115,886,730	$117,505,294	$119,586,771
Total Annual Cost	$1,238,271,318	$1,375,238,229	$1,399,477,080	$1,419,023,265	$1,444,159,690

Forecast of New Units Needed

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	Total Units
Dedicated Affordable Housing	12,245	11,620	11,010	10,383	9,827	55,086
Permanent Supportive Housing	22,043	20,918	19,820	18,692	17,691	99,163
Residential Care	4,899	4,649	4,405	4,154	3,932	22,039
Total	39,187	37,188	35,234	33,229	31,450	176,288

System Recommendations

During the discussions to develop the program models and modeling inputs with the workgroup, stakeholders, and lived experience stakeholders, necessary changes to the system to ensure it works for Older Adults were often highlighted. These were compiled throughout the process and turned into system recommendations. These recommendations transcend any specific program and either should be universally applied to all programming or are applicable to system functions rather than direct services. Combined with the program models and inventory recommendations, they create a more effective response to Older Adults experiencing homelessness in Los Angeles.

Equity

- Persons with lived expertise of homelessness, particularly Older Adults, must be centered in the implementation of any system changes that occur as a result of this process.
- Los Angeles did extensive work to identify the unique needs of Black persons experiencing homelessness. There is overrepresentation of Black persons in the population of Older Adults experiencing homelessness as well. All efforts to expand the system and better meet the needs of Older Adults should be in alignment with the recommendations in the report of LAHSA's Ad hoc Committee on Black People Experiencing Homelessness
- Implicit bias in the system assigns BIPOC people experiencing homelessness to units based on the racial demographics of the neighborhood which can result in people feeling unsafe. When people feel unsafe their stability is jeopardized. Clients must be able to exercise choice in neighborhoods to promote stability.
- Homelessness disproportionately impacts BIPOC communities in Los Angeles. It must be a priority to have BIPOC individuals in positions of leadership in within the homeless system.
- Policy, system design, and supportive services need to address the intergenerational trauma, network impoverishment, and system bias that have resulted in BIPOC communities disproportionately experiencing homelessness.

Services

- To provide the most effective services case-managers and other direct service staff need on-going training in trauma informed care, systemic racism, and implicit bias training. They need adequate supervision and support to improve their service delivery skills.
- Caseloads of case-managers should be reduced to reasonable levels so that there is adequate time and attention paid to each client.
- The turnover of case-management staff limits the ability to establish connection with clients and limited engagement. This results in lower quality services. Efforts must be taken to ensure increased job satisfaction so that staff turnover is reduced.
- When staff transitions do occur, planning needs to happen, including warm hand-offs to ensure that client services are seamless and their needs are taken care of.
- Housing should never be contingent on participation in services. However, services are clearly beneficial to the participant and the community. It is the responsibility of the agency to ensure

that services are high quality and their perceived value is enough that clients want to participate.

- Case-management should be provided for every Older Adult as soon as they are identified. This case-manager should stay connected to them throughout their services, even after they have been housed to support stabilization. This case-manager could routinely assess the client to ensure they are receiving the appropriate level of care in their current housing programming.
- Even if family members are not able to provide housing, programs should encourage those connections as an additional source of support.

Coordinated Entry

- The current Coordinated Entry (CE) process does not adequately capture the unique vulnerabilities of Older Adults such as required assistance with Activities of Daily Living and an Elder Abuse screening. Older Adults should be their own sub-population within CE for purposes of assessment and prioritization.
- The outcome of a CE assessment is critical to accessing housing. For the most accurate assessment results the assessors need additional training in trauma informed care and implicit bias.
- Current CE prioritization focuses on determining an individual's vulnerabilities. It is challenging for some cultural groups to publicly admit their issues, especially when the assessor is of a different race than they are and contributes to racial disparities in housing outcomes. The equity of housing assessments and referrals would be increased by using an assessment that was more strengths based and by accounting for system barriers to housing along with individual characteristics.

Access and Coordination

- Clients should maintain autonomy over their housing options to the extent possible. Clients should be able to express a preference for the neighborhood, community, and housing type they are referred to. The case-manager needs to be sure the client is fully informed about any implications of their choice, but ultimately client choice should always be respected.
- Clients should never experience not being able to access services because they have not reached out to the wrong place. Even if there are separate programs and entry requirements, it should feel very seamless to the client to move from where they started to the appropriate service. Ex. If you go to any person (ex. Meals on Wheels provider) you have access to the system.
- Most people are eligible to access services and supports through multiple systems and may have the opportunity to connect with housing through these systems. The homelessness response system needs to be more closely tied to other systems, such as behavioral health and senior services where people can access supportive services and housing. By leveraging multiple systems to create a holistic response, persons are better able to get their needs met.
- When a household is facing eviction, there should be an embedded social worker at the court to provide resources for prevention or shelter if necessary.
- Many people are not accessing the homeless system. Increased Outreach is necessary to attempt to connect everyone who experiences homelessness with services.

- Housing first is a critical principle for housing vulnerable people. Harm reduction models should be available for those that needs them. However, there also must be programs available to support people who want to live a sober lifestyle. Trying to maintain sobriety in a harm reduction atmosphere is challenging for clients. Clients should be able to choose a harm reduction or sober living environment to best suit their needs.

Mobility

- People's needs change over time, particularly as they age. The system needs to have a mechanism to establish regular check-ins with clients once they are in housing and reassessments to determine if people need different services or housing model to meet their needs. This may include either moving to more intensive services as someone ages, or less intensive services as the client stabilizes. Moving between interventions should always be the client's choice and it should be a seamless transition.
- Whenever possible clients should be able to stay in their existing housing and access different services as needed.
- Rapid Re-Housing may not work for people who are not able to increase their income. For Older Adults RRH should be paired with some other intervention such as shared housing or Dedicated Affordable Housing so that it is sustainable after the RRH programing ends.

Accessibility

- Clients should not be made to wait longer or take a unit that does not meet their needs because of accessibility issues. All housing needs to be physically accessible. If they must move into an inaccessible unit because an accessible unit is not available, they should retain their place on the queue and move into the first available accessible unit. Their housing navigation service should be retained and looking for an accessible unit for them.
- There should be additional services and safety supports for individuals with cognitive impairments, particularly in interim housing programs.

Policy

- Source of income discrimination must be addressed to ensure that persons with housing subsidies have access to adequate housing options and are not being denied due to use of a subsidy. The City of Los Angeles should follow other cities that have enacted source of income discrimination, such as Seattle, to increase the availability of units to people experiencing homelessness.
- Older Adults have unique needs but are not a recognized sub-population within the homeless system. Many, but not all, are categorized as Chronically Homeless. Advocacy efforts should request the Federal government acknowledge the unique population and create clear definitions for Older Adults experiencing homelessness so they can be prioritized as a population regardless of meeting the definition of Chronically Homeless.

Next Steps

This System Modeling process is the first step in redesigning a more responsive system for Older Adults experiencing homelessness in Los Angeles. It provides the recommendations for changes in programming, system function and increased inventory, but not the process for implementing these changes. It will be necessary for system leaders to align in support of these changes and develop a plan for implementation. While not all of these recommendations require additional funding, many do, and the increased system investments due to COVID-19 provides the community a unique opportunity to implement these recommendations. It is critical investment planning consider the work to better serve Older Adults, who are especially vulnerable to COVID-19 .

System Modeling Workgroup Participants

Special thanks must be given to the participants of the System Modeling Workgroup. Their participation and expertise were critical to the successful development of this model.

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