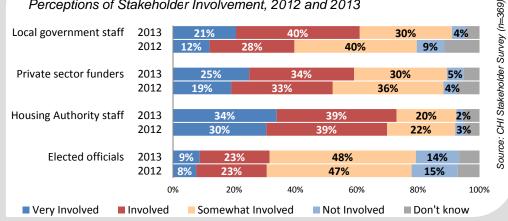


Conrad N. Hilton Chronic Homelessness Initiative FOUNDATION Evaluation: 2013 Report

Political Will

Perceptions of Stakeholder Involvement, 2012 and 2013



Placements of Chronically Homeless People in PSH

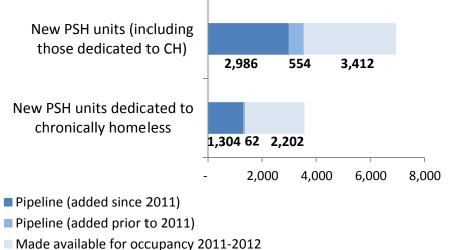
	Placements	Placements in	Placements in	Total
	in new	existing Project-	Scattered site	Placements
	Project-	based PSH	PSH (new and	across all PSH
	based PSH	(turnover)	turnover)	types
Total placements of chronically homeless individuals	605	624	3,649	4,878

Capacity of PSH Providers

Metric	<u>2012</u>	<u>2013</u>	Metric
Operators setting aside units for chronically homeless individuals	54%	70%	Providing case management services
Collaboration between operators and service providers	74%	74%	Providing benefits assistance
Placement time of less than 2 months		21%	Experiences challenges helping clients retain housing
Use of "housing readiness" criteria for PSH		16%	

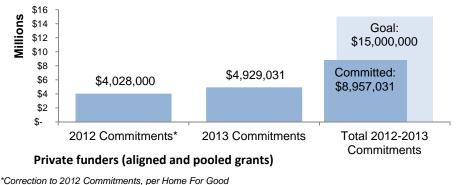
Creation of Project-based and Scattered-site PSH Units

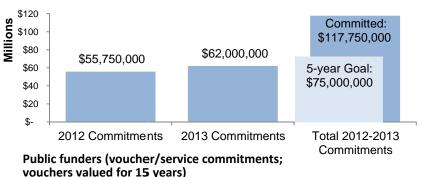
(January 2011 - July 2013)



Funding for PSH and Aligned Decision-making

Funds leveraged through Home For Good Funders Collaborative (January 2011 – August 2013)





Source: CHI Stakeholder Survey

2012

85%

2013

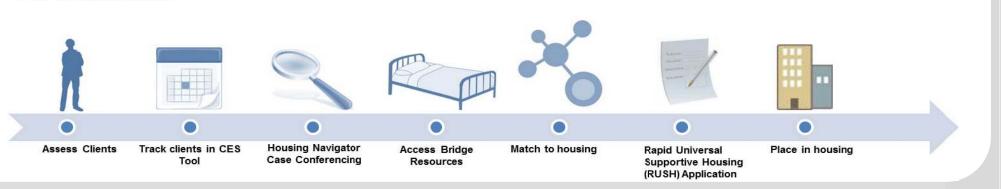
96%

72%

48%

Systems to Prioritize Persons for Placement in PSH

Skid Row Coordinated Entry System (CES) First 100 days: process



Recommendations

Sustaining and Growing Community Support for PSH

To ensure sustained political will and commitment of resources, we recommend that local stakeholders:

- Focus on emerging political leadership, particularly with new elected officials to ensure sustained political will and to encourage continued and increased investment in PSH.
- Mitigate the effects of the loss of development resources and sequestration, which has frozen many voucher commitments for the Initiative and could adversely affect service commitments.
- Engage new and diverse funders to ensure sustainability of the Funders Collaborative.

Data Collection

To ensure consistent, readily available data for the Initiative, we recommend that local stakeholders:

- Create an accurate, shared PSH inventory that can be easily maintained.
- Identify strategies to refine chronic homelessness count to support efforts to prioritize chronically homeless individuals for PSH.
- Use HMIS to track PSH placements and match the placements with information about people who are chronically homeless to validate that those prioritized for PSH are being placed first.
- Explore opportunities to deploy the Standards of Excellence to measure project and system performance in a way that streamlines provider tracking and reporting activities.

System Performance

To expand and strengthen the impact of efforts to end chronic homelessness, we recommend that local stakeholders:

- Institutionalize streamlined practices for issuance and lease-up of Housing Choice Vouchers, including landlord outreach, move-in assistance, and housing placement strategies.
- Foster the development of transition support programs to help clients in PSH to consider their next steps and transition smoothly into other permanent housing when ready.
- Increase accessibility and prioritization of PSH to people who are chronically homeless, including strategies to take coordinated entry to scale for the system-wide PSH inventory.
- Sustain or increase focus on preventing chronic homelessness, including greater investment in prevention strategies, greater system coordination focused on this population, and research to identify and target those at greatest risk of becoming chronically homeless.
- Identify new and preserve existing resources to invest in the Initiative, most specifically in the creation of new PSH.
- Strengthen the capacity of housing and service providers to develop and target PSH effectively throughout the County, but particularly in areas with high levels of chronic homelessness.
- Strengthen the capacity of existing PSH providers to provide services to the more vulnerable individuals being targeted through increased prioritization and to expand tenant access to health resources.