Homeless Services System Analysis

Envisioning an Optimal System in Los Angeles

Published March 2020
Letter from the Executive Director

Dear Reader:

The Los Angeles Homeless Services Authority (LAHSA) is pleased to present this System Analysis, which evaluates the capacity of our collective homelessness response system to adequately address the crisis on our streets and adds recommendations on how to optimize the way our system operates.

Los Angeles is home to one of the largest homelessness response systems in the country, with hundreds of organizations across LA County providing critical interventions and services. Given the depth and breadth of our system’s reach, it is imperative that we evaluate the system in its entirety. Without such a view, we risk chokepoints and inefficiencies that misallocate vital resources and delay housing and care where it is most needed. Through this analysis, we can maintain balanced interventions (e.g. the right proportion of interim housing to permanent housing) and equitable access to services across the county.

The System Analysis findings can highlight where to focus our efforts. Strategic investments toward a balanced portfolio of housing interventions will increase system throughput, rehousing people as quickly as possible.

To develop this analysis, LAHSA gathered research on the drivers of homelessness, consulted experts about program needs, assessed operating/service costs, analyzed current system data, and statistically modelled performance of the optimal system. This system analysis includes the following core elements:

- Overview of current, local trends
- Research regarding the issues driving the affordability crisis
- Analysis of both the current and optimal homeless services systems
- Questions to consider when employing this report in policy development and other types of decision-making

Importantly, this analysis underscores the role of prevention. Poverty remediation efforts and other forms of upstream diversion are critical to prevent Angelenos from falling into homelessness altogether.

Finally, on behalf of LAHSA, I would like to thank our valued partners at the County of Los Angeles-Homeless Initiative, City of Los Angeles, Abt Associates, Corporation for Supportive Housing, and United Way of Greater Los Angeles for their contributions to this collaborative effort.

Sincerely,

Heidi Marston
Interim Executive Director
LAHSA
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Executive Summary
The Los Angeles homeless services system analysis is a tool to understand the current state of the homeless services system and to examine what strategies can be employed to pursue an optimal system, which would have the capacity to permanently house all people who experience homelessness. The optimal system is intended to achieve a functional end to homelessness in Los Angeles County. Homelessness at a level of “functional zero” is that which can be adequately served by a system’s resources so that homelessness is a rare, brief, and one-time experience.

Functional zero can only be achieved by efficiently operating a homeless services system that has an appropriate mixture of housing resources to which participants can exit. Moreover, adequate availability of housing resources that are affordable and sustainable is essential to ensuring that system staff is able to permanently house thousands of people who have experienced homelessness, even as other people fall into homelessness, are served by the system, and then exit into permanent housing. This movement through the system and into housing is a concept called “system flow.” System flow is only achievable when the homeless services system has the right balance of permanent housing, interim housing (IH), and tailored supportive services and each of these resource types is scaled to the appropriate level for the local population. Building from this foundational understanding, the system analysis envisions an optimal system that has components that are balanced, where the appropriate temporary and permanent interventions are right-sized to serve the people who need them, and where maximum efficiency is achieved to move people through the homeless services system and into permanent housing.

This system analysis provides the Los Angeles Homeless Services Authority (LAHSA) and policymakers with a snapshot of the existing system resources so that solutions can be developed to create a more effective and balanced homeless services system. This report also offers a strategy for proportionally building our system over a five-year period, understanding that homelessness is dynamic, and any additional investments would need time to be brought to scale.

Executive Summary

This system analysis provides the Los Angeles Homeless Services Authority (LAHSA) and policymakers with a snapshot of the existing system resources so that solutions can be developed to create a more effective and balanced homeless services system. This report also offers a strategy for proportionally building our system over a five-year period, understanding that homelessness is dynamic, and any additional investments would need time to be brought to scale.
Homelessness and the Affordability Crisis

The Los Angeles region is in the midst of an unprecedented affordability crisis which is substantially impacting the inflow of Angelenos into homelessness. The lack of naturally occurring affordable housing in Los Angeles not only creates inflow, but also compounds the difficulty of trying to house thousands of individuals and families experiencing homelessness. While Los Angeles has kept pace with the national trend in job growth, new housing development has not. This, combined with growth in high-wage industries and substantial inflow of renters, has further exacerbated the existing affordability crisis. A majority (53%) of newly homeless individuals in the Los Angeles Continuum of Care (LA CoC) cite economic factors, including rent increases, eviction, and job loss, as the main driver of their homelessness.

While unaffordable rents are the most prominent indicator of an unaffordable housing market, there are many factors which have contributed to the current, monumental lack of affordable housing. Drivers of inequity and unaffordable housing have existed for years and, together, have created a high inflow into homelessness, housing barriers that specifically hurt communities of color, and difficulty siting and building public and affordable housing.

Declining Federal and State Investments

- Los Angeles has never had a public housing infrastructure comparable to older Eastern and Midwestern cities. While New York City administers over 170,000 public housing units, Los Angeles County is home to just under 11,000 public housing units.
- Los Angeles has seen inadequate federal and state investment in creating housing that is affordable to people at the lowest income levels. This has greatly contributed to increased inflow into the homeless services system.

Tenant Policies and Restrictive Land Use

- The lack of tenant protections and rent control policies have pushed many out of their homes as housing prices have dramatically increased in recent decades.
- Exclusionary zoning and land use policies have limited where affordable, supportive, and interim housing can be constructed, leaving historically disenfranchised communities in a continued state of marginalization.

Structural and Institutional Racism

- A history of redlining and segregation has disproportionately excluded large portions of the population, most notably Black and Latinx households, from economic opportunity and homeownership. Lower rates of homeownership continue to leave these communities with fewer resources to fall back on in times of emergency.
- Additional analysis of the role of structural and institutional racism in homelessness can be found in LAHSA’s Report and Recommendations from the Ad Hoc Committee on Black People Experiencing Homelessness.

Gaps Across Systems

- Although capacity across Los Angeles County’s various systems of care has drastically improved, there remains room to improve both capacity and coordination of care across systems, particularly for those with acute substance use disorder (SUD) and/or mental health needs.
- LAHSA estimates that 10% of the population currently accessing permanent supportive housing (PSH) could be served by higher levels of care provided in enriched residential care (ERC) facilities.

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2. 2019 Greater Los Angeles Homeless Count for LA CoC.
Executive Summary

Summary of Key Findings

As LAHSA and its system partners strive toward the ideally-resourced system, it is important to distinguish between the housing affordability gap and the homeless services system gap. Scaling of resources through local investments like Measure H and Proposition HHH has meant increases in needed housing and services, and while the homeless services system is a safety net, it should be the safety net of last resort.\(^5\) \(^6\) The system’s intended function is not to address and cure poverty, but to provide services and swift exits to permanent housing for individuals and families currently experiencing homelessness. While a subset of people referred to the homeless services system can and should be served in this system, additional questions should be considered, such as:

- Where and how might less vulnerable people experiencing poverty be better served?
- How can mainstream resources, and not dedicated homelessness response dollars, be aligned to prevent individuals with lower levels of vulnerability from ever needing homeless services?

Upstream system resources and policy changes are not just necessary for Los Angeles to address poverty and other critical underlying factors; they are essential to the homeless services system being able to effectively deploy resources to the most vulnerable people experiencing homelessness.

Key takeaways from the analysis are:

1. Ultimately, the success of our system requires an “all of the above” housing strategy: the right mix of PSH, enriched adult residential care, rapid re-housing (RRH), and IH. Part of this “all of the above” strategy requires growing the affordable housing stock to prevent greater inflow into homelessness, enable more exits into permanent housing, and to allow the homeless services system to function effectively.
2. While significant gains have been made in expansion of RRH program slots, the need for RRH and PSH has grown. Increased permanent housing allows people to move through the homeless services system to permanent housing more quickly; this throughput decreases lengths of stay in IH beds, which enables each bed to serve more individuals or households annually.
3. There is a high volume of persons experiencing homelessness for the first time who are referred to/accessing the homeless services system; this inundates and concentrates resources at the front door of the system and increases length of stay in IH and TH programs. Other safety net systems must do more to provide robust poverty interventions further upstream outside of the homeless services system.
4. Continued ramp-up of prevention and diversion services, as well as an enhanced ability to triage and assess needs, is necessary to prevent people from entering the homeless services system. The best interventions are those that preserve people in their housing and stop them from falling into homelessness altogether.
5. Further assessment of the need for facilities that provide a higher level of care than PSH (e.g. adult residential facilities, skilled nursing facilities) is recommended. Our system lacks sufficient data on population need and inventory.
6. Based on current rates of inflow into homelessness and excluding capital costs, Los Angeles requires $500M per year in new, ongoing funding for services, operations, and rental subsidies (above the base of existing federal, state, and local funding) to attain an optimal homeless services system.

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5. In November 2016, voters in the City of Los Angeles approved Proposition HHH, a $1.2 billion bond to increase Los Angeles’s annual production of supportive housing and help build 10,000 units across LA.
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Methodology and Limitations

This system analysis compares the current system resources to the resources required in an optimal system. The analysis utilized the 2019 Housing Inventory Count to determine current resources and Homeless Management Information System (HMIS) records to estimate the size of the population currently served by the homeless services system. Our optimal system proposes a unique set of ideal service pathways for each of the modeled subpopulations (the methodology section fully discusses these subpopulations) that subject matter experts believe will most quickly support exits to permanent housing. We quantify the resources required assuming all households receive one of the ideal service pathways, that all households exit to permanent housing, and that shelter and RRH units turn over once or more in the course of the year. This modelling, assuming IH and RRH turnover, utilizes a “slot” methodology, where one unit or slot of funding is used to serve more than one participant in a year. In this fashion, slot turnover creates more throughput because each slot is assisting more participants in a given time, indicating a more effective system. If people experiencing homelessness are able to access IH and quickly exit into permanent housing, then their previously occupied IH slot would become available to serve other individuals. This successful turnover represents flow through system resources, which are indicative of a balanced system that is able to rapidly support participants and permanently end their experiences of homelessness.

This analysis builds off the methodology employed in previous LAHSA housing gaps analyses. One notable difference in methodology is that rather than targeting PSH only to chronically homeless households (when a person with a disability has cumulatively experienced homelessness for a total of at least twelve months over a three-year period), we target PSH to high-acuity households whether they meet the technical definition of chronically homeless or not. This does not change the final resource need dramatically and reflects LAHSA’s commitment to targeting the most intensive interventions to those with the highest needs.

There are a few notable limitations of the analysis. One such limitation is that, given the uncertainty involved in predicting future trends related to inflow, the model assumes a consistent rate of inflow into homelessness and that the characteristics of the population needing homeless services will not change substantially over the next five years. The model also assumes that there are sufficient sustainable and affordable housing options available for households to exit from the homeless services system. While it will be a challenge to incentivize and secure adequate housing that is affordable, we feel it is a worthy endeavor in which State and local authorities are actively and genuinely engaged. A final limitation is the accuracy of units in pipeline IH and PSH. The research team assembled the most up-to-date information on pipeline IH and PSH resources, but there is uncertainty associated with these estimates as project development continues.

LAHSA partnered with the Corporation for Supportive Housing (CSH) to update the cost analysis they provided in the 2016 Housing Gaps report. The cost analysis is presented in Appendix B of this document. CSH gathered information from Public Housing Authorities (PHAs) to estimate the operating costs (leasing and/or services only) for PSH. CSH worked with LAHSA and the Los Angeles County Development Authority (LACDA) to inform cost estimations for RRH and problem-solving/diversion resources. The costs needed in the last year of the analysis (FY 2024-2025) reflect an estimate of the ongoing operating costs, in addition to base investment to cover operational costs of existing inventory, for the new resources outlined in the report.
Introduction
Homelessness in Los Angeles has reached crisis proportions. The 2019 Point-in-Time (PIT) count revealed that more than 58,900 people were experiencing homelessness in Los Angeles County on any given night. Of those, 75% (44,214) were unsheltered—living directly on the streets, in tents, or in their cars. To put this in a national context, Los Angeles County represents 3% of the United States population, but 10.5% of the US homeless population, and 23% of the US unsheltered homeless population.7

In response to this crisis, Los Angeles voters approved two historic ballot measures, Proposition HHH (approved in 2016) and Measure H (approved in 2017), injecting nearly $4.7 billion over 10 years to combat homelessness. Proposition HHH authorizes a $1.2 billion bond to develop PSH units in the City of Los Angeles, helping set Los Angeles on track to build more supportive housing over the next three years than it has in the last 30 years. Measure H provides revenue from a 10-year sales tax, generating an additional $3.5 billion dollars exclusively dedicated to homeless services. Measure H represents a significant infusion of resources and is making a tremendous difference in the capacity of the homeless services system. The fundamental objective of a homeless services system is to rapidly and permanently re-house those who become homeless. In 2018 LA’s homeless services system made over 21,600 permanent housing placements, almost double the number housed in 2015. Three times as many people (5,643) were prevented from falling into homelessness as in 2015, and three times as many people (34,110) were engaged in outreach. In 2018, 75,796 people received assistance from the programs and services of LA’s homeless services system—and 80% of those served had never previously made contact with the homeless services system.8

The Los Angeles Homeless Services Authority (LAHSA) regularly performs an analysis that estimates the difference between existing resources in the homeless services system and an optimal homeless services system that could effectively end homelessness. Data from the most recent annual Greater Los Angeles Homeless Count, as well as data gathered in the HMIS and by other provider partners, serves as the basis for estimating the size and scope of the optimal homeless services system. The difference between the current and the optimal system provides insight for the next steps our community can take to solve the homelessness crisis in the City and County of Los Angeles.

LAHSA published reports analyzing the housing needs within the homeless services system of the County of Los Angeles in 2016 and 2018. The system model developed for the 2016 report and refined for the 2018 analysis estimates how many people experience homelessness over the course of the year, incorporates compiled and analyzed data on the current system resources and how they are being used, and proposes an optimal system with the recommended number and proportion of resources to functionally end homelessness in Los Angeles County. This year’s report builds on these two previous models and their efforts to approximate an optimal system which could functionally end homelessness.

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System Analysis
Current Trends in LA City and LA County

PIT Count

Despite concerted efforts from public officials and unprecedented local resources through Proposition HHH, Measure H, and philanthropy, the number of people experiencing homelessness has grown as more people fall into homelessness than are able to exit homelessness. Figure 1 breaks down some of the demographic trends in the 2019 Point-in-Time count (PIT), looking specifically at gender and types of homelessness.

Figure 1: Key characteristics of the population Experiencing Homelessness from the 2019 point-in-time Count results

Although our system made 21,631 permanent housing placements, the number of people experiencing homelessness on a given night in Los Angeles County was 58,936, a 12% increase from 2018. Based on the annualized estimate of the 2019 Homeless Count, an estimated 54,882 people fell into homelessness during the year even as 5,643 people were prevented from entering homelessness and an unprecedented number of households were permanently housed.9

The PIT Count indicates 25%, or 14,722 persons, were in sheltered situations, which includes IH, transitional housing (TH), and safe haven (SH) programs throughout the county. Figure 2 displays estimates of the number of individuals who were severely rent-burdened, experienced homelessness, entered the homeless services system, were placed in homes, or had other housing exits.

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Inflow and Pathways

Los Angeles’s homeless services system is doing more than ever, and the unprecedented regional coordination of services directly contributes to more people being housed year after year. Yet, the number of people requiring support from the homeless services system continues to outpace available system resources. Figure 2 illustrates the scale of homelessness in Los Angeles, and the high volume of inflow into the homeless services system over the past two years. Simply put, there are not enough resources to serve everyone experiencing homelessness.

Figure 3 illustrates the potential pathways for persons experiencing homelessness as they move through the homeless services system and into stable housing. Figure 4 also provides a small glimpse into factors contributing to chronic homelessness (when a person with a disability has cumulatively experienced homelessness for a total of at least twelve months over a three-year period). The juncture between high levels of first-time homelessness, high overall inflow, and limited resources proves particularly difficult when considering strategies to end chronic homelessness in Los Angeles.
An integral part of efforts to provide a high quality of care and service to a high volume of people across multiple service pathways, as identified above, is the coordination and management of resources and services. The LA County Coordinated Entry System (CES) facilitates this coordination among providers across the homeless services system and its partner systems. Particularly while the system lacks adequate housing resources to house all those who need it, CES works to assess and prioritize the most acute and vulnerable for limited resources. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis, which creates system flow into permanent housing.

As tens of thousands of families and individuals access the homeless services system for the first time, LAHSA and its partners are forced to push resources to the “front door” of the system. Here, participants’ strengths and vulnerabilities are assessed so that they can be connected to supportive services and prioritized for appropriate housing interventions. This resource dedication is necessary, as quickly serving newly homeless individuals and families is crucial to prevent longer-term exposure to street homelessness or long IH stays. The reality is, however, that placing more resources at the front door means there are fewer resources to support permanent housing placements like PSH.

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10. Graphic Created by ABT Associates
System Analysis

Many Angelenos have already been assessed and prioritized for permanent housing slots but are unable to be matched to housing as there are fewer available housing resources relative to the need. For PSH specifically, those prioritized for this category of housing intervention most likely have high service needs. While these participants await PSH, many for extended lengths of time, some may choose not to reside in IH. As these individuals await connections to permanent housing, many of them with serious health needs continue to grow sicker. In this manner, the dramatic inflow into homelessness further exacerbates the lack of system flow and could very well contribute to a higher quantity of people in need of more substantial supportive housing interventions. In the absence of adequate permanent housing stock, lower acuity participants who are waiting for connection to permanent housing, could become even more vulnerable and require more substantial service interventions.

Homelessness and the Affordability Crisis

As construction of affordable housing has lagged behind for the past few decades, unprecedented numbers of Angelenos and their families are exposed to an exceedingly expensive rental market. As many individuals and families have jobs in LA City or parts of LA County which could require them to commute, they have to choose between uprooting their lives to move closer to work and devoting more of their income to cover housing costs, or living farther away from their place of employment and devoting more of their income to cover commuting costs. California Housing Partnership Corporation (CHPC), a statewide non-profit, conducts an annual analysis of housing affordability gaps county by county. In 2019, CHPC found over 555,000 households in Los Angeles County are severely rent burdened, paying over half of their income on rent.11 About 90% of these severely cost burdened households are very low-income and below.12 These households are one unexpected medical emergency, rent hike, or change in work situation from falling into homelessness.

Even if Angelenos choose to remain in the area and spend more of their money on rent, the rental market continues to grow more expensive. Since 2014, the majority of ZIP codes in LA County have had above-average growth in rent (national average growth was 10-20%). During this period, a large portion of Los Angeles County has experienced rent growth in excess of 30% or 40%, up to twice the national trend.13 A 2018 presentation by the Zillow Group examined nationwide housing affordability, showing the impact of rental affordability on homelessness counts. In Los Angeles, the link between rental affordability and homelessness was very strong. If Los Angeles rents were to increase by 5%, nearly 12,000 people would be predicted to fall into homelessness, more than anywhere else in the nation.14 Figure 4 demonstrates this strong link, comparing it to another expensive rental market in Washington DC.

During the 2018 PIT Count, 63% of people experiencing homelessness reported they were experiencing their first episode of homelessness, and the majority cite economic hardship as the primary driver.  

Figure 5 illustrates this trend by displaying the portion of adults experiencing homelessness for the first time across the counties of Southern California.

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16. Estimates from the 2018 Greater Los Angeles Homeless Count for LA CoC.
System Analysis

It is important to emphasize, again, that the affordability crisis represents a massive impediment to ending homelessness because it accelerates inflow into homelessness while also making permanent housing stability more elusive. This phenomenon impacts the homeless services system at both the front and back ends. By fomenting new and repeated experiences of homelessness in the region, tens of thousands of residents are accessing providers to seek help, driven out of their homes by high rents, high cost of living, limited state or federal support, and systemic racism which has targeted communities of color for years. If these individuals and families are unable to be diverted from the homeless services system, they would need to be rehoused. In an optimal system, an individual or family would flow through the rehousing system, receiving any necessary, immediate stabilizing services before being transitioned to RRH or PSH. Particularly with RRH, which relies heavily on the private rental market, the lack of affordable housing inventory represents another large challenge to rehouse Angelenos and support them as they work towards stabilization.

Declining Investments

While Los Angeles County and the City of Los Angeles have made dramatic investments to create housing and fund the expansion of the homeless services system, state and federal investment has lagged behind. While some federal or state programs have remained similar in funding scale, or have seen moderate growth, other programs have been reduced. Over the last decade alone, federal funding allocated to Los Angeles County for affordable housing programs such as Home Investment Partnerships Program (HOME) and Community Development Block Grants (CDBG) declined by 35%.17 State funding for affordable housing also declined sharply; the elimination of state redevelopment funding in 2012 cut about $275 million in annual affordable housing funding in Los Angeles County.18 A recent renewed focus on the housing crisis has helped state legislators focus on addressing these funding deficiencies. New state investments through the No Place Like Home, Multifamily Housing Program, and Affordable Housing and Sustainable Communities programs are welcome investments, but are only now beginning to close the gap.

A particularly pronounced funding difficulty is that of Housing Choice Vouchers, commonly known as Section 8, and other similar tenant-based voucher programs. As the prices in the Los Angeles rental market have increased substantially over the last decade, voucher payments have failed to keep pace. Figure 6 shows this substantial lag in voucher payments.

Figure 6: Maximum Voucher Payments vs Rent in Los Angeles

The lag in voucher payment rates means that those who are able to obtain government assistance (often entering lotteries and remaining on waitlists for years) face an exceedingly difficult rental market, where the rent for most available units throughout most of Los Angeles County exceed the value of their voucher’s subsidy.\(^{19}\) This relationship is portrayed in the map in Figure 7, which displays how much of each region’s rental market could be afforded with the 2018 Voucher Payment Standards.

**Figure 7: Map of Units with Rents Below Voucher Payment in Los Angeles**

One of the significant drivers of homelessness has been the overall housing instability of extremely-low income renters. State law not only failed to add protections, but actually hindered local jurisdictions from strengthening protections for vulnerable renters, as was the case for rent stabilization and control. For many years, Los Angeles County jurisdictions had no form of tenant protections. A small number of cities across the county passed rent stabilization laws in the late 1970s and early 1980s to slow the rise of rents: Beverly Hills (1978), Los Angeles (1979), West Hollywood (1985), and Santa Monica (1979).\(^{20}\)

After additional cities in the Bay Area began adopting rent control, the State Legislature responded by passing the Costa Hawkins Act in 1995, which barred cities from expanding rent control to cover new units (or in the case of the four LA County cities, units built after they enacted their respective ordinances) while also barring cities from protecting renters living in single family homes. To date, efforts to repeal the Costa Hawkins Act and restore the ability for cities to strengthen rent control have floundered in the Legislature (AB 1506 in 2017 and AB 36 in 2019, most recently).\(^{21}\) The State approved AB 1482 in 2019, which prohibits evictions without just cause and places a temporary cap on rent increases for units built more than 15 years ago (currently 2005 or before), which marked a victory to help stabilize tenants in some units that are not otherwise covered by local rent stabilization. In addition, the County of Los Angeles recently approved rent stabilization and eviction protections for renters in Unincorporated Los Angeles County.

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Local jurisdictions have also shied away from significant eviction protections until recently. Most cities in Los Angeles provide no significant restrictions on eviction, allowing landlords to evict tenants at any time without citing cause. There are several exceptions in the County; cities such as Glendale provide what are called “just cause” eviction protections, which mean landlords must note one of several prescribed reasons for an eviction, such as non-payment of rent or harassment of other tenants. The City of Los Angeles has just cause eviction protections for rent-stabilized units (multifamily rental units built before 1979). Without strong eviction protections, formal and informal evictions have continued at a rapid pace, with over 550,000 formal evictions taking place in Los Angeles County over the last decade. National research shows that the brunt of evictions are disproportionately borne by single mothers and their children – and even more disproportionately by Black single mothers and their children. New protections through AB 1482 will provide just cause eviction protections on a portion of housing units throughout the state. While California has lacked strong tenant protection for decades, these protections become increasingly critical in hot real estate markets and periods of sustained economic growth, when more people are moving into metropolitan areas and competition for limited housing becomes fiercer.

Institutional Racism

The aforementioned competition for limited housing is especially damaging for communities of color, which, on the whole, have less choice available in the housing market, due to both the legacy and persistence of racially-discriminatory real estate practices. The extensive use of redlining and exclusionary zoning to prevent people of color from accessing homeownership, particularly in neighborhoods which have been historically affluent, have determined a great deal of Los Angeles’ demographic geography and ensured that it retains a high level of racial segregation. In fact, a recent analysis by former Federal Reserve researcher, Chris Salviati, found Los Angeles to have substantial residential segregation, particularly in Black and Latinx communities. Despite the advent of the Fair Housing Act, racially-discriminatory tactics are still employed in the contemporary setting, where Black and Latinx citizens are denied mortgage loans at higher rates than their white counterparts. The enforcement of the Fair Housing Act itself has been lackluster, enabling discrimination against potential renters or homeowners with relatively little concern for legal action.

Chris Salviati’s study also found that in neighborhoods with a concentration of communities of color, the median income is 28% below the metro-wide income, yet the rent is only 12% below metro-wide median, meaning that residents in these neighborhoods are likely more cost-burdened than others. These residential barriers become particularly dangerous when combined with the racial disparities in financial stability and earning power. For greater detail on these interlocking systems of oppression, please consult LAHSA’s Report and

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Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness.

The intersection of housing and criminal justice involvement has become a particular area of focus in Los Angeles, and across the country, in discussions of discrimination and perpetuation of segregation. Landlords can openly discriminate against rental applicants with criminal convictions and screen them out. Until this year, landlords could similarly discriminate against tenants using a housing subsidy. SB 329 redefines income to include housing subsidies, such as a Section 8 voucher, so that landlords are no longer able to refuse participating in Section 8 or VASH housing. Removing such barriers to housing is particularly important when considering the disparities of incarceration in Los Angeles, where Black people represent 30% of the County jail population, which compound the racialized inequities observed locally and across the country. 29 Considering the decades of overincarceration of communities of color and the impoverished, the reality of discrimination against those with criminal justice involvement is particularly problematic. According to 2017 Homeless Count data from Los Angeles, 63% of unsheltered adults have at some point been involved in the criminal justice system. 30 Ultimately, these numerous racially-discriminatory practices have created vast economic and housing instability, reflected in the stark contrast of Los Angeles’ unhoused population. In Los Angeles County, Black people represent approximately 9% of the overall population, but 38% of the population experiencing homelessness. 31 32

Gaps Across Systems

One of the largest costs and barriers to housing stability that participants face is that of healthcare. Particularly for participants who require higher levels of care to treat mental health and/or substance use disorders, there is a scarcity of beds across Los Angeles County. Based on data pulled by the Los Angeles County Health Agency in the spring of 2019, there is a substantial lack of beds in residential withdrawal management, high intensity residential, and inpatient withdrawal management settings (American Society of Addiction Medicine [ASAM] levels 3.2, 3.3, 3.7, and 4.0). There is a similar shortage of Recovery Bridge Housing (abstinence-based housing subsidies with peer support and concurrent treatment), with the Los Angeles County Health Agency’s data analysis revealing no availability for youth and limited availability for adults in need of this intervention. 33 This analysis of housing and treatment resources for those struggling with Substance Use Disorders (SUDs) reflects a larger need across different health service arenas in Los Angeles County.

Another subpopulation of Angelenos that is greatly impacted by substantial healthcare needs is the aging population. While their health and housing needs are distinct from those dealing with SUDs, some aging Angelenos share a need for a higher level of care which is not currently able to be met with adequate resources. Adult Residential Facilities (ARFs, for individuals ages 18 – 59) and Residential Care Facilities for the Elderly (RCFEs, for individuals ages 60+) are essential to the permanent housing continuum for homeless individuals who are unable to live independently and who require licensed care and supervision. In addition to a room, board, and meals, facilities provide assistance with activities of daily living (bathing, dressing, toileting), assistance with scheduling healthcare appointments, social skills, and medication oversight. These facilities provide a critical resource for homeless individuals recovering from physical and/or mental illnesses. ARFs or RCFEs are an appropriate housing alternative for many people being discharged from acute hospitals, state hospitals, skilled nursing facilities, and Institutes for Mental Disease (IMDs) who might otherwise exit into homelessness. They can provide temporary housing for individuals to regain the strength and skills required to move to independent living environments or they can provide a permanent housing opportunity for individuals who require long-term care and supervision.

There are approximately 3,200 of these licensed residential care facilities in Los Angeles County, ranging in size from under six beds to several hundred beds. Many that serve low-income individuals are in crisis due to rising real estate costs, increased minimum wage and other operating costs, and low reimbursement rates (in 2020,

30. Estimate from the 2017 Greater Los Angeles Homeless Count for the LA CoC.
32. 2019 Greater Los Angeles Point-In-Time (PIT) Count data.
34. Los Angeles Homeless Services Authority.
System Analysis

$35.70 a day or $1,069 a month base rate for individuals with low income. Financial constraints are leading to closures and declining system capacity at a time of increased demand.

In Los Angeles County, the cohort of homeless residents age 65 and above is projected to grow from 4,700 in 2015 to 13,900 by 2030. Disability rates increase with age and are higher in communities of color. Forty-one percent (41%) of housed adults age 65 to 79 experience at least one disability of self-care, mobility, or household activity, and for those 80 or older, that percentage increases to 71%.\(^3\)\(^4\) Appropriate treatment for such disabilities is very costly and often forces unhoused older adults to seek medical help from emergency departments, where they are anticipated to account for 25% of all emergency department visits by 2041. Unsurprisingly, the annual combined IH and healthcare costs for older adults are anticipated to continue rising to nearly $550 million by 2026.\(^3\)\(^5\) In Los Angeles, the increase in homelessness among seniors parallels a period of loss of ARF and RCFE beds. ARFs or RCFEs can offer the safety and support that adults and seniors need to avoid homelessness and decompensation of physical and mental health. A study concerning the aging homeless population found that around 3% of the older adult population experiencing homelessness in New York City, which is comparable to Los Angeles County, do not have high IH utilization, but frequently use hospitals and/or nursing homes. This leads to this 3% of the unhoused older adult population accounting for about 13% of all housing and healthcare intervention costs. There is a formidable portion of Angelenos experiencing homelessness who not only contribute to disproportionately costly service needs, but would also be best served by residential care facilities, due to their more intensive health needs.

LAHSA estimates that 10% of participants either currently in PSH or in the queue for PSH would actually be best served in an ARF or RCFE setting. Building out a greater inventory of ARFs, RCFEs, hospice/palliative care, nursing home, or other subsidized residential care opportunities will not only help to reduce high physical and mental health emergency costs, but also divert some of the most vulnerable residents from the homeless services system into appropriate facilities with the level of care and services that can best meet their needs. Table 1 shows the potential savings to the homeless services system by diverting participants who need a higher level of care away from PSH and into an appropriate ERC setting.

Table 1: Estimated Participants in Need of Higher Levels of Care

<table>
<thead>
<tr>
<th>Estimated # households with needs higher than PSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (25+ years old who are not veterans)</td>
</tr>
<tr>
<td>TAY (18-24 years old who are not veterans)</td>
</tr>
<tr>
<td>Veterans</td>
</tr>
</tbody>
</table>


\(^3\)\(^5\) Byrne, Thomas, Daniel P. Miller, and Jae Quinn. "The Emerging Crisis of Aged Homelessness: Could Proposed Housing Solutions Be Funded from Avoidance of Excess Hospital and Nursing Home Costs? BOSTON TECHNICAL REPORT." (2019).

Housing Intervention Needs

Los Angeles’ homeless services system is assisting more households than ever, and at the same time an unprecedented number of people are falling into extreme housing insecurity and homelessness. This inflow crisis is forcing the homeless services system to clarify its role and scope relative to other systems and to broader efforts to remediate poverty, affordability, and institutional racism. As this high level of inflow into homelessness continues, the homeless services system is forced to shift a large set of resources to assessing and serving those who have recently fallen into homelessness. One of the key approaches to handling this inflow is to prevent our neighbors from falling out of housing by assisting them in retaining housing through their support networks or diverting them from entering the homeless services system. Strategies of prevention and diversion are called “problem-solving.” By providing rental assistance, other financial assistance, or problem-solving interventions, the system could help households avoid experiencing homelessness.

Problem-Solving, Prevention, and Diversion

Although LAHSA envisions an important role for prevention and diversion strategies in the homeless services system moving forward, these interventions are separate from the rehousing system. If participants are able to self-resolve or use their support networks to prevent falling into homelessness, they can avoid a potentially traumatic experience of homelessness. Equally important is cementing the use of problem-solving so that Angelenos can avoid entering the rehousing system, which is significantly impacted by the sheer volume of currently and newly homeless people in Los Angeles County. The numbers of these individuals and families far exceeds the current supply of all types of housing. By preventing our neighbors from needing to seek out IH or another form of rehousing, those interim and permanent housing slots can be used to serve existing participants and create throughput: flow from IH or TH to RRH and other permanent housing.

In light of these details, the analysis of diversion and prevention will focus on programmatic goals and current performance, that is, the difference between the number of participants the homeless services system will optimally serve and how many it currently serves. It is important to note that reaching the stated optimal level of problem-solving and prevention programming would not mean the system is able to stem the inflow of Angelenos into homelessness; it would simply mean achieving the targeted quantity of problem-solving services. Programmatic prevention is targeted to vulnerable people experiencing a housing crisis who are at highest risk of experiencing homelessness but does not, and cannot, address the need for the upstream systemic prevention for all those experiencing poverty.

This model assumes over 20% of all households could be prevented from requiring IH from the homeless services system, requiring that the number served will grow to over three times the number served in 2018, given that the problem-solving program is relatively new. Table 2 breaks down the types and quantities of households which have been served in LA County by diversion and prevention services.

### Table 2: Diversion and prevention interventions

<table>
<thead>
<tr>
<th>Household type</th>
<th>Households served</th>
<th>Slots *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Served in 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>1,134</td>
<td>225</td>
</tr>
<tr>
<td>Family</td>
<td>1,217</td>
<td>436</td>
</tr>
<tr>
<td>Proposed number to serve in optimal system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>5,508</td>
<td>1,239</td>
</tr>
<tr>
<td>Family</td>
<td>3,256</td>
<td>1,167</td>
</tr>
</tbody>
</table>

*slots are a metric to quantify Prevention/Problem-Solving spending (# served / average months served)*
LAHSA’s problem-solving programming was rolled out across the county in late 2019. In 2018, prior to this orchestrated rollout, over a thousand individuals and families were served by either prevention or diversion. While these services helped a number of people, the more focused and comprehensive problem-solving programming will continue to grow dramatically. LAHSA envisions a system which engages 5,508 individuals and 3,256 families with problem-solving conversations and accompanying services that are able to help prevent them from entering the homeless services system.

**Housing Interventions**

Turning focus to the rehousing system, this analysis plots the optimal system model and compares it to the current portfolio of IH, TH, RRH, and PSH. The model and graphics utilize three categories of data by which we measure types of housing slots: current, pipeline, and optimal. The current number of slots represent those which are currently operating across Los Angeles County. The pipeline numbers represent the housing slots which have been approved or are currently under construction. The optimal data points are reflective of the quantity of housing slots needed to meet our model for an optimally resourced system. The difference between the optimal system and the sum of the current and pipeline slots represents the need for housing interventions which should be filled to create an optimal system. All of these data points are captured in Figure 8, which outlines the gaps for each housing resource. These housing needs signal potential next steps to improve the system and make it more effective in ending our neighbors’ experiences of homelessness.

**Figure 8: Building a Balanced System**

Interim Housing

This analysis indicates a need for more housing resources of nearly every type. As has been previously stated, our system requires an “all of the above” approach to build out adequate housing resources. Starting with analysis of shorter-term housing interventions, the model projects a relatively small need for 307 new IH resources. While the optimal system would require nearly 4,000 new slots of IH, the current pipeline is expected to meet nearly all of this need and create a more accessible, balanced portfolio of IH.

The goal of an optimally-resourced system is to flow participants into permanent housing. As such, the logic of
the model uses a 1:5 ratio of IH to permanent housing slots. This level of resource balance and system flow are shown below in Figure 9.

Figure 9: Balancing System Resources
System Analysis

In the absence of an appropriate and immediate permanent housing resource, a person experiencing homelessness may access IH to end their time in a place not meant for human habitation. In IH, they can garner some stability while being assessed and connected to tailored supportive services. In the optimal system, these participants would quickly be progressed to a permanent housing intervention which would continue to be enriched with tailored supportive services. These IH slots would then be free to be utilized by more people experiencing homelessness. Such flow, however, would only be achievable if there are adequate permanent housing resources (whether RRH, PSH, or market-rate units) available. In this sense, investment in PSH and RRH is pivotal not only to creating permanent solutions for unhoused Angelenos’ homelessness, but also in achieving more effective utilization of IH resources.

It is also imperative to highlight that the analysis does not indicate a large need for entirely new IH units within the optimal system, due in part to the significant number of IH units already projected to open in the coming years. The current pipeline is expected to result in approximately a 50% increase in the existing supply of IH. In addition, the current IH inventory counts include many temporary IH resources, such as hotel/motel voucher slots, which have limited supportive services attached. Replacing these extremely costly vouchers with IH slots in permanent facilities accompanied by service dollars, would be very helpful in progressing Angelenos into permanent housing.

The following charts (Figures 10 and 11) illustrate the totality of the homeless services system’s housing portfolio, with the percentage share of each specific intervention type, for both Los Angeles County and the City of Los Angeles. These charts express the shift away from our current, unbalanced system which lacks sufficient permanent housing and moves toward an optimal system which uses flow to serve a high volume of clients with short-term interventions and also places a greater quantity of people in permanent housing.

Figure 10: Total Share of Units by Program Type, LA County

![Chart](chart.png)

*The optimal system represents a 55% increase in overall inventory
Focusing specifically on IH for the City of Los Angeles, the current need for additional IH is anticipated to be met through the projected IH pipeline, which will continue adding hundreds of units annually over the next few years. After the completion of the pipeline, growth in IH stock is expected to level off as additional permanent housing resources (particularly PSH) continue coming online. Figure 11 shows this proportional growth for City resources.

**Figure 11: Total Share of Units by Program Type, City of LA**

*The optimal system represents a 54% increase in overall inventory*

**Transitional Housing**

As for TH, currently, the vast majority is in the transition aged youth (TAY) system. TH is a core intervention for this subpopulation, due to the many unique needs of young people trying to obtain housing while also navigating the crucial formative years of their lives. In addition to drastically expanding the TAY problem-solving capacity across providers, LAHSA is also studying TH implementation across the county to understand how it can be utilized to create better housing outcomes for youth in Los Angeles.

**Rapid Re-Housing**

This analysis highlights the need to substantially grow the permanent housing inventory, both RRH slots and PSH units. The model displays the need for an additional 5,311 slots of RRH, which means working with landlords across Los Angeles to secure agreements that would enable over 5,000 additional units to be leased to formerly homeless participants. These housing slots are crucial tools in stabilizing participants and preparing them for long-term housing stability. These RRH slots also provide the system with a large range of flexibility in those it serves.

**Permanent Supporting Housing**

Additionally, the rehousing system is currently over 22,000 PSH slots short of what is needed to end
It is important to note that within the populations served by PSH, there is a large array of needs. Although some individuals simply need a combination of stable housing and supportive services, others require more substantial clinical services. In particular, participants who have serious mental health and/or physical health needs could benefit from a level of care which is higher than that provided by PSH. LAHSA and its health partners estimate that about 10% of PSH participants would be best served in higher levels of care provided in licensed care facilities.

How to Close the Gap

Based upon the vision for an optimal system, the analysis estimates that it will take five years to add the needed housing and services in each category, if sufficient new resources are made available. This analysis assesses the costs associated with closing the gaps in housing resources to achieve this optimal system. Specifically, the analysis assumes Los Angeles will ramp-up RRH over a three-year period and PSH over a five-year period. The cost analysis shows that once these pipeline and new permanent housing resources have been created, the Los Angeles homeless services system would need $500 million in additional, sustained funding to operate these new services and housing.

The Los Angeles homeless services system has identified strategies it could employ to continue balancing system resources while the permanent housing portfolio is expanded over the next five years. Specifically, if Los Angeles were to secure the needed $500 million in annual funding immediately, the funds that would not be spent for RRH and PSH in years 20/21 through 23/24 could be utilized to support an IH surge to respond to immediate needs during this ramp-up period. This surge would help stand-up additional temporary IH in the short-term as the needed inventory of permanent resources ramps up. In addition, surge funding could be utilized for the conversion of temporary IH units, such as hotel/motel vouchers, into more permanent IH facilities that are fully supported with adequate services. Figure 12 provides a rough estimate of what this spending breakdown would be as permanent housing resources ramp up over five years, with a shorter-term IH surge occurring in the earlier years.
This five-year strategy, captured in Figure 13, not only helps Los Angeles attain a balanced and adequately-resourced portfolio of housing interventions, but the IH surge affords the opportunity to provide shorter-term shelter to those currently residing in a place not meant for human habitation while permanent resources come online.

*Data represented for each housing intervention includes current inventory, pipeline, and proposed new inventory*
It is imperative that decisionmakers understand the full context of existing realities, the vision for the homeless services system, and the difference between the two. Utilizing myriad sources and data points, LAHSA has laid out a vision for an optimal homeless services system. This system is one that is equipped to help engage our neighbors experiencing homelessness and support them with relevant services as they progress into appropriate housing interventions and, eventually, out of the homeless services system and into permanent housing. While there are many smaller goals within the pursuit of this optimal system, the overall aim is to right-size our homeless services system to enable an effective flow out of homelessness and into permanent housing. It is crucial to highlight that the identified housing intervention needs do not represent the number of units of each intervention needed to serve the current population experiencing homelessness. Instead, the gap in resources is the difference between the current stock of housing interventions and the optimal system model.

The landscape assessment and system modeling in this analysis create a vision for the future system and provide resources to begin setting out a roadmap toward achieving a functional end to homelessness in Los Angeles County. The analysis raises critical questions:

- What would it take to assist all people currently experiencing homelessness in Los Angeles County in ending their homelessness?
- How do Los Angeles County and City stem inflow into homelessness?
- What is the role of other systems of care in preventing homelessness?
- How can resources be most efficiently utilized and scaled to serve those most in need?
- What role should the local, state, and federal government have in addressing poverty and affordability?

It is essential to note that any recommendations derived from this analysis must be executed in proportion to the rest of the homeless services system; otherwise the system's effectiveness could be compromised. For example, in recent years, there has been an expansion of IH. While IH is a critical part of the system, scaling it out of proportion to the rest of the system can have unintended consequences. Usage metrics show that while more people are being served in IH as a result of more beds, lengths of stay in IH have also increased. In 2017, 7.7 individuals were served in each IH bed, but that number decreased to 5.1 individuals per bed in 2019. Without proportionally increasing permanent housing resources and intentional utilization of IH, the system became less effective overall. Accordingly, it is anticipated that if more permanent housing resources are added to the system, as is supported by the analysis, the existing interim housing stock will serve more people.

Although Measure H and Proposition HHH have been instrumental in building out housing inventory, greatly expanding services, increasing rental subsidies, and improving countless administrative procedures, the sheer volume of housing instability and homelessness in Los Angeles County necessitates growth in housing interventions, particularly RRH and PSH. Los Angeles’ homeless services system is assisting more households than ever, and at the same time an unprecedented number of people are falling into extreme housing insecurity and homelessness. While the optimal system laid out in this document is comprised mostly of resources in the homeless services system, the optimal system undoubtedly requires substantial coordination and strengthening of partnerships with other systems. Particularly given the vast array of physical and mental health needs among the residents of Los Angeles, the coordination with adequately-resourced partners in agencies like DMH or DHS will prove essential for making homelessness a rare, brief, and one-time experience.

Due to this reality, and that of funding limitations, ways to better maximize limited resources should be considered. The questions that have emerged and require more thought are:

- How can resources be more systematically deployed to help individuals and families exit the homeless services system as quickly as possible?
- How can limited resources be prioritized to serve the most vulnerable individuals and families?
- What can community members expect from the homeless services system, and what should community
members expect from other systems?

• What advocacy is needed at the state and federal levels to support local investments in the homeless services system and in Los Angeles’ response to poverty and affordability challenges?

When operating as one integrated unit, our evidence-based interventions – RRH, PSH, and supported self-resolution – are housing more homeless residents than ever before. The key to keeping our system operating optimally and functionally ending homelessness in Los Angeles County will be to scale each of these components proportionally.
Methodology
History and Introduction

A system analysis compares our current resources to the resources required in an optimal system, which are quantified through a system model. System modeling is a technique used to understand the optimal set of housing and service interventions needed to end homelessness for the households who present to a community's homeless services system each year.

This model is intended to provide a resource map necessary to right-size the homeless services system in Los Angeles County and to understand the interdependencies between system components so that funding priorities and programmatic decisions can be aligned informed by data. In doing so, it will help policy makers determine the funding allocations for specific populations and program types, relative to the whole system. It is critical that the housing needs identified in this analysis be fulfilled in proportion to the rest of the homeless services system, otherwise the system’s effectiveness could be compromised. Most immediately, this report will inform the budgeting of existing funds and will help to advocate for additional resources, while also informing how to more effectively deploy existing assets in homeless services system and those of its partner systems. Finally, this report provides a new reference point against which long-term trends can be measured and progress toward goals can be tracked.

Data Sources

2019 Housing Inventory Count (HIC)

The HIC is a point-in-time inventory of the housing and shelter resources dedicated to homeless or formerly homeless populations and is conducted at the same time as the PIT Count. The HIC includes shelter resources (i.e., IH, emergency motel vouchers, TH, and safe havens) and permanent housing resources (i.e., PSH, RRH, and other permanent housing) funded by LAHSA and other sources. The HIC is required by HUD and is used in the annual application process to determine federal funding for homeless services throughout the country.

The data used for this analysis came from the HICs conducted in January 2019 by all four local Continua of Care (CoCs) - Los Angeles, Glendale, Pasadena and Long Beach. For the purposes of this analysis, programs considered “Other PH (OPH)” were excluded. These projects are defined as either “a project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability” or “a project that offers permanent housing for persons who are homeless, but does not make supportive services available as part of the project.”

The unit to bed ratio was determined from the overall units and beds available for households with children and assumed the same by program for all populations. Units not specifically designated for veterans or for youth on the HIC were assigned to the non-veteran adult population. Seasonal IH beds were not included. The IH and PSH pipelines are based on the most up-to-date information received between November 2019 and January 2020.

Homeless Management Information System (HMIS)

HMIS is a computerized data collection system designed to capture system performance and client-level data, including the characteristics, service needs, and service utilization trends of in the homeless services system. HMIS participation is required for HUD-funded programs.

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Methodology

HMIS data from October 1, 2017 – September 30, 2018 from the Los Angeles, Glendale, and Pasadena CoCs were included in this analysis. The Long Beach CoC uses a different platform for their HMIS records and is therefore not able to be included in the Los Angeles analysis.

2019 Point-in-Time Count

Each year in January, CoCs conduct a PIT Count of sheltered and unsheltered people experiencing homelessness in their regions using HUD’s national methodology. Los Angeles County consists of four CoCs which each conduct their own PIT Count: the LA CoC administered by LAHSA, the Glendale CoC, the Long Beach CoC, and the Pasadena CoC. LAHSA’s PIT Count is comprised of two broad components: the Sheltered and Unsheltered PIT Counts. The Unsheltered PIT Count is further divided into the sub-categories described below. Glendale, Pasadena and Long-Beach do not use these same sub-categories.

- **Sheltered PIT Count**: The total number of people experiencing homelessness who slept in an IH, TH, or safe haven program was reported to LAHSA by each provider.
- **Unsheltered PIT Count**: The unsheltered total is the sum of the total persons in uninhabitable dwellings and the persons counted on the street during the PIT Count.
  - **Street Count**: A visual tally of people experiencing homelessness who slept on the street or in a dwelling not meant for human habitation were counted by volunteers on January 22nd, 23rd, or 24th, 2019.
  - **Estimate of persons in uninhabitable dwellings**: The total persons in uninhabitable dwellings is estimated for each type (car, van, camper/RV, tent, or makeshift shelter) at the SPA-level for individuals and for family households. Unsheltered transition age youth (18-24 years old) are not included due to the different method used to collect this data that cannot be summarized at the census tract level with reliable precision.
  - **Youth Count**: A survey-based count of unaccompanied and unsheltered youth and young families between the ages of 18 and 24 who are experiencing homelessness.
  - **Demographic Surveys**: 3,931 demographic survey interviews were conducted with persons experiencing unsheltered homelessness from December 2018 to March 2019 to describe the population’s demographics and approximate the number of people in each dwelling. Some key characteristics included age, gender, ethnicity, sexual orientation, and length of time homeless.

This analysis aggregates the January 2019 PIT Count data from all four CoCs in the County.

Limitations

While utilizing multiple data sources results in a more robust analysis, there are limitations to these data sources that must be considered.

*City share*: The share of the population served within the boundaries of the City of LA was estimated as 67.7% for individual households and at 55.8% for family households, based on the percent of individual and family resources on the 2019 HIC located within the City boundaries. Although based in observable data, this marks an inherent assumption around the total quantity of people served in the City of LA.

*HMIS coverage*: Our estimate of the size of the population to be served by the optimal system is derived from HMIS records. Not all programs included in the HIC use HMIS and, therefore, we do not have records of how many persons were served by these programs. Additionally, the Long Beach CoC uses a different system of records and their data was not included in this analysis. Further, the HMIS coverage varies by program type and by household type. The following table shows the percentage breakdown of beds and units, from the individual and family systems, which use HMIS to enroll clients.
### Table 3: Percentage of IH Beds Enrolled with HMIS

<table>
<thead>
<tr>
<th></th>
<th>Individual beds</th>
<th>Family units</th>
</tr>
</thead>
<tbody>
<tr>
<td>IH</td>
<td>77%</td>
<td>41%</td>
</tr>
<tr>
<td>TH</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>RRH</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>PSH</td>
<td>65%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Chronic households not currently using services: In addition to the population using homeless services outside of HMIS, there are people experiencing homelessness who are not currently using the homeless services system. To determine the size of this population to be served in the proposed system, we subtract the chronic households using homeless services from an annualized estimate in the PIT count of chronically homeless households (times 1.5 for individual households and 2.1 for family households). This is an estimation using the best data at the system's disposal, but there is no way to fully know the quantity of people experiencing homelessness (chronic or otherwise) who do not access the homeless services system.

Estimating size of high acuity population: The coverage of acuity scores is different by population, household type, and chronically homeless status. This analysis had to use existing acuity scores to estimate the total size of the high acuity population. This is a limitation in that only about half of all participants have an acuity score. Therefore, the existing acuity scores representing half of participants were used to project the acuity scores for the other half of participants for which no acuity scores currently exist.

Pipeline resources: There is likely some error in our estimates of the number of beds or units in the pipeline. LAHSA gathered information about IH and PSH projects in progress from the City and County on projects at various stages of the development process. When relevant, we use the lower estimate of the potential quantities of beds or units planned for pipeline projects. Given the highly political nature of siting and building housing for those with lived experience, these pipeline projects could be changed at various points during their development.

## System Model

The optimal system is one where all people who enter the homeless services system are given services that help them quickly exit to permanent housing. The system assumes that the size of the population served is the same as in 2018 plus an annualized estimate of the number of chronically homeless households and that there are affordable, permanent housing options to place our clients in following their time in our homeless services system.

The 2018 Gaps Analysis was based on a HIC that was conducted before the passage of Measure H. In order to produce that Gaps Analysis, LAHSA supplemented the HIC with projections about how the system would change with Measure H funding. These projections overestimated the impact that Measure H funding would have on the homeless services system. As a result, some of the needs described in this analysis are larger than those stated in the 2018 Gaps Analysis.
Subpopulations

People experiencing homelessness come from different situations and do not have the same barriers to securing permanent housing, nor will they all need the same types of assistance for the same length of time. In fact, it is best practices to utilize certain services and housing interventions which can offer subpopulations the most relevant and effective services. Another factor contributing to varying needs is the different availability of housing and service resources designated for specific household types and other characteristics, such as veteran status. Acknowledging these variations, this analysis identifies the following six subpopulations for the analytic modeling:

1. Adult-headed households who are not veterans:
   a) Individuals, age 25+
   b) Families with children, head of household age 25+
2. Youth-headed households who are not veterans:
   a) Individuals, age 18-24; Unaccompanied minors, age 18 or younger
   b) Families with children, head of household age 18-24
3. Veterans:
   a) Individuals, age 18+
   b) Families with children, head of household age 18+

Chronically Homeless and High Acuity

Each of the major six subpopulations was further categorized into chronically homeless and non-chronically homeless subgroups, to create a total of twelve population domains. Chronic homelessness is defined by the U.S. Department of Housing and Urban Development (HUD) as an individual or head of household “with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.”

While chronically homeless persons need a higher level of service, the LA CoC uses an acuity score to prioritize people for housing resources and there are therefore clients with high acuity scores who are not considered chronically homeless as well as clients with lower acuity scores who meet the definition for chronic homelessness. The Los Angeles CES uses a standardized assessment process and tools to enable consistent, fair decision-making across different regions, access points, and staff. A key component of the CES assessment process is the acuity score produced from a set of standardized CES Triage Tools. These tools are evidence-informed approaches designed to capture social and medical factors that may play a role in a participant’s housing instability; aid in prioritizing whom to serve next; and assess areas in the participant’s life where support is most needed to ensure housing stability. The CES Triage Tools are based on the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) for adults, and related tools for families with children (VI-FSPDAT), youth (Next Step Tool), and individuals exiting the criminal justice system (JD-VI-SPDAT), which are the most commonly used tools by coordinated entry systems across the country. LAHSA’s CES matching policy based on acuity score is illustrated in Figure 14.

In this analysis, we used HMIS records to estimate the proportion of each non-chronically homeless population that would fall into the Acuity Group 1 determined by the CES matching policy, that is individual veterans and non-veteran adults with an acuity score of 12 and above, individual TAY with an acuity score of 8 and above, and all family households with an acuity score of 9 or above. We also estimated the proportion of the chronically homeless population that have scores of 7 and below for individuals and scores of 8 and below for families. The proportion of the non-chronically homeless population that falls into the Acuity Group 1 category and the proportion of the chronically homeless population that falls into the Acuity Group 3 & 4 categories are presented below in Tables 4 and 5.

Table 4: Percent of all Non-Chronically Homeless People that are in Acuity Group 1

<table>
<thead>
<tr>
<th>Household type</th>
<th>Adult non-veterans</th>
<th>TAY non-veterans</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>10.4%</td>
<td>26.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Family</td>
<td>21.7%</td>
<td>17.8%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Table 5: Percent of Chronically Homeless Populations in Acuity Groups 3 & 4

<table>
<thead>
<tr>
<th>Household type</th>
<th>Adult non-veterans</th>
<th>TAY non-veterans</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>33.5%</td>
<td>34.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Family</td>
<td>52.4%</td>
<td>64.7%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>
Service Pathways

Service pathways are combinations of program types that are considered best practices for assisting people experiencing homelessness. The program types included in this analysis are defined in the glossary of terms. In future analyses, the service pathways may not necessarily be divided by chronic vs. non-chronic. Since a large amount of our PSH is now targeted more to the DedicatedPLUS population and we have PSH that can be used even more flexibly, we may consider multiple factors such as length of time homeless + disability + acuity score without drawing the line between chronic vs. non-chronic. We have begun to make this pivot by including higher acuity non-chronically homeless households in the chronically homeless pathways and by including lower acuity chronically homeless households in the non-chronically homeless pathways.

Below is a table of all service pathways included in our system model. All service pathways were retained from our previous system model.

<table>
<thead>
<tr>
<th>Service Pathway</th>
<th>Recommended for high acuity homeless population?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversion/Prevention</td>
<td>No</td>
</tr>
<tr>
<td>IH only</td>
<td>No</td>
</tr>
<tr>
<td>IH + TH (short duration)</td>
<td>No</td>
</tr>
<tr>
<td>IH + TH (long duration)</td>
<td>No</td>
</tr>
<tr>
<td>RRH only</td>
<td>No</td>
</tr>
<tr>
<td>TH + RRH</td>
<td>No</td>
</tr>
<tr>
<td>IH + RRH</td>
<td>Recommended for all acuities</td>
</tr>
<tr>
<td>PSH only</td>
<td>Yes</td>
</tr>
<tr>
<td>IH + PSH</td>
<td>Yes</td>
</tr>
<tr>
<td>IH + RRH + PSH</td>
<td>Yes</td>
</tr>
</tbody>
</table>

System Analysis Methodological Progression

The methodology used in this analysis is built off the methodology used in LAHSA’s two previous housing gaps reports.

1. **Estimate Annualized Number of Persons Experiencing Homelessness**

LAHSA used key local homeless system usage information, inventory data, and population statistics to estimate the number of people who used substantive homelessness system resources in Los Angeles County over the course of 2018. The annualized estimate accounts for each population group and distinguishes between short-term and chronically homeless households. In addition to estimating the size of the population served by the system, the system model would also serve the chronically homeless population not currently using the system. We include an annualized estimate of the chronically homeless population from the 2019 PIT served by PSH service pathways. The estimate is further separated into two groups: people who have previously accessed homeless services during the
year, and those who have not accessed such services during that same time period.

2. Compile Current Inventory and System Utilization Data
   LAHSA compiled data on the current resources available to people experiencing homelessness in Los Angeles County. The inventory was informed by the 2019 HIC. In addition to the number of beds/units that are currently available, data on current system utilization were collected and analyzed, such as lengths of stay and rates of exiting to permanent housing.

3. Review recommended service pathways
   LAHSA reviewed the recommended service pathways for each population from previous Gaps Analysis report. For each of the twelve populations, the following questions were posed:
   a) Are there any service pathways missing for this population?
   b) Would you recommend changing the percent of the population we assume will receive each service pathway? Why?
   c) Would you recommend changing the average length of stay in any service pathways? Why?
   In addition to reviewing the service pathways internally, we surveyed system partners, funders and providers for their input on service pathway assumptions, which were considered as we decided what changes to incorporate into our model.

4. Determine Proposed System Inventory
   By applying the recommended service pathways percentages and turnover to the annualized number of people experiencing homelessness in Los Angeles County, the model estimates housing resource needs in an optimal system. LAHSA and other key local stakeholders developed the assumptions used to shape the proposed system’s inventory.

5. Identify Housing Needs
   The difference between the optimal system inventory and the current inventory comprises the overall housing inventory need. The model utilizes current and under-development projects from the 2019 HIC (February – November 2019) to constitute the current inventory; projects that have opened since January 2019 but were not included in the HIC are also included in the pipeline inventory. This report also presents current estimates of projects in the pipeline in order to highlight the funding and resources already dedicated to strengthening Los Angeles’ homeless services system. The housing needs are categorized by population group and program type in the Detailed Results by Subpopulation section of Appendix A.

6. Incorporate Feedback from Subject-Matter Experts
   Throughout the system modeling development process, LAHSA consulted with subject-matter experts to verify that the modeling accurately considered the unique needs of Los Angeles County. LAHSA incorporated feedback on its modeling from a variety of experts, including LAHSA staff, homeless service providers from all three population areas for the Coordinated Entry System (adults, families with children, and youth), City of Los Angeles homelessness policy staff, Los Angeles County homelessness policy staff, and a variety of technical assistance providers.

The subject-matter experts also drew upon best practices identified by the National Alliance to End Homelessness (NAEH) and the United States Interagency Council on Homelessness (USICH). Additionally, local HMIS utilization data, system performance measure reports, data dashboards, academic studies, and other information were used to refine recommendations.
Cost Analysis Methodology

The Corporation for Supportive Housing (CSH) estimated the financial costs associated with the resource gaps for Prevention & Diversion, RRH, and PSH.

Prevention & Diversion slots are proposed to be funded at the optimal level starting FY 2020-2021. The annual cost of operating a slot is $14,869 for individual households and $22,548 for family households. Each slot serves more than one household each year. All costs are assumed to increase by 3% annually based on consumer price index (CPI).

RRH slots are proposed to ramp up in the first three years and be funded at the optimal level starting FY 2022-2023. Services costs were based on the financial model inputs to our 2016 Report on Homeless Housing gaps in the County of Los Angeles with 3% annual increases for CPI. Rental assistance costs for RRH in the City of LA were provided by the Housing Authority of the City of Los Angeles (HACLA) and are developed using an average of tenant-based rental assistance costs for PSH units of a Studio/1-bedroom for individual households and a 2-bedroom/3-bedroom for families. Rental assistance costs for non-City areas of LA County were provided by LACDA and the rental assistance costs used in the model for LA County (inclusive of the City) are a weighted average of HACLA and LACDA information (67% City of LA cost and 33% non-City areas of LA County).

PSH units are proposed to be funded 2,343 units per year over the five-year schedule presented. Services costs are the current Integrated Case Management Services (ICMS) rate paid by Los Angeles County Department of Health Services under Strategy D7. Operating costs for PSH match the rental assistance costs for RRH and were determined as described above.

Operations costs not yet funded for pipeline PSH units were projected over the five years. Current estimates suggest all pipeline PSH units will be operating by FY 2022-2023.

IH operating costs were estimated at $60/bed/day for beds serving individual households and at $85/bed/day for those serving family households and included a 3% annual increase based on CPI.
Appendices
Appendix A: Subpopulation Detailed Data Tables

In the tables below, the current inventory as of the 2019 HIC, the inventory for the optimal system, and the housing Los Angeles needs to develop are presented for all populations. Following a table presenting the results for all households, the results for adult-headed households, TAY-headed households, and veterans are presented. The first set of tables reflect data for LA County, followed by tables for LA City.

Los Angeles County

Figure A1: Individual units by program type as a share of the total

*The optimal system represents a 55% increase in overall inventory

Table A1: All households (18+)

<table>
<thead>
<tr>
<th>Program</th>
<th>Current Inventory as of 2019 HIC</th>
<th>Inventory for optimal system</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiv. Beds</td>
<td>Family Units</td>
<td>Indiv. Beds</td>
<td>Family Units</td>
</tr>
<tr>
<td>IH</td>
<td>5,131</td>
<td>2,001</td>
<td>8,967</td>
<td>1,983</td>
</tr>
<tr>
<td>TH</td>
<td>2,479</td>
<td>519</td>
<td>1,905</td>
<td>925</td>
</tr>
<tr>
<td>RRH</td>
<td>5,054</td>
<td>3,345</td>
<td>10,366</td>
<td>3,345</td>
</tr>
<tr>
<td>PSH</td>
<td>18,241</td>
<td>1,749</td>
<td>38,772</td>
<td>3,340</td>
</tr>
</tbody>
</table>
Table A2: Adult headed households (25+, non-veteran)

<table>
<thead>
<tr>
<th></th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IH</td>
<td>4,636</td>
<td>1,988</td>
<td>7,695</td>
<td>1,836</td>
<td>3,409</td>
<td></td>
<td>-350</td>
<td>152</td>
</tr>
<tr>
<td>TH</td>
<td>1,135</td>
<td>453</td>
<td>97</td>
<td>388</td>
<td>0</td>
<td>-1,038</td>
<td>-65</td>
<td></td>
</tr>
<tr>
<td>RRH</td>
<td>3,377</td>
<td>2,900</td>
<td>7,289</td>
<td>2,900</td>
<td>0</td>
<td>3,912</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PSH</td>
<td>11,131</td>
<td>1,198</td>
<td>30,880</td>
<td>2,665</td>
<td>9,727</td>
<td>10,022</td>
<td>1,467</td>
<td></td>
</tr>
</tbody>
</table>

Table A3: Transition aged youth headed households (18-24, non-veteran)

<table>
<thead>
<tr>
<th></th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IH</td>
<td>348</td>
<td>0</td>
<td>582</td>
<td>114</td>
<td>102</td>
<td></td>
<td>132</td>
<td>114</td>
</tr>
<tr>
<td>TH</td>
<td>658</td>
<td>57</td>
<td>1,622</td>
<td>528</td>
<td>0</td>
<td>964</td>
<td>471</td>
<td></td>
</tr>
<tr>
<td>RRH</td>
<td>679</td>
<td>368</td>
<td>744</td>
<td>368</td>
<td>0</td>
<td>65</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PSH</td>
<td>154</td>
<td>34</td>
<td>1,143</td>
<td>126</td>
<td>0</td>
<td>989</td>
<td>92</td>
<td></td>
</tr>
</tbody>
</table>

Table A4: Veteran headed households (18+)

<table>
<thead>
<tr>
<th></th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Indiv. Beds</th>
<th>Family Units</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IH</td>
<td>147</td>
<td>13</td>
<td>690</td>
<td>32</td>
<td>0</td>
<td>543</td>
</tr>
<tr>
<td>TH</td>
<td>686</td>
<td>9</td>
<td>186</td>
<td>9</td>
<td>0</td>
<td>-500</td>
</tr>
<tr>
<td>RRH</td>
<td>998</td>
<td>77</td>
<td>2,333</td>
<td>77</td>
<td>0</td>
<td>1,335</td>
</tr>
<tr>
<td>PSH</td>
<td>6,956</td>
<td>517</td>
<td>6,748</td>
<td>549</td>
<td>678</td>
<td>-886</td>
</tr>
</tbody>
</table>
Appendices

City of Los Angeles

Figure A2: Individual units by program type as a share of the total

![Bar chart showing current and optimal inventory for different programs]

*The optimal system represents a 54% increase in overall inventory

Table A5: All Households (18+)

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory as of 2019 HIC</th>
<th>Inventory for optimal system</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiv. Beds</td>
<td>Family Units</td>
<td>Indiv. Beds</td>
<td>Family Units</td>
</tr>
<tr>
<td>IH</td>
<td>3,962</td>
<td>1,098</td>
<td>6,392</td>
<td>1,238</td>
</tr>
<tr>
<td>TH</td>
<td>1,361</td>
<td>355</td>
<td>1,287</td>
<td>516</td>
</tr>
<tr>
<td>RRH</td>
<td>3,419</td>
<td>1,867</td>
<td>7,305</td>
<td>1,866</td>
</tr>
<tr>
<td>PSH</td>
<td>11,593</td>
<td>884</td>
<td>25,556</td>
<td>1,781</td>
</tr>
</tbody>
</table>
### Table A6: Adult headed households (25+, non-veteran)

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory as of 2019 HIC</th>
<th>Inventory for optimal system</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiv. Beds</td>
<td>Family Units</td>
<td>Indiv. Beds</td>
<td>Family Units</td>
</tr>
<tr>
<td>IH</td>
<td>3,541</td>
<td>1,085</td>
<td>5,534</td>
<td>1,156</td>
</tr>
<tr>
<td>TH</td>
<td>849</td>
<td>309</td>
<td>66</td>
<td>217</td>
</tr>
<tr>
<td>RRH</td>
<td>2,285</td>
<td>1,618</td>
<td>5,200</td>
<td>1,618</td>
</tr>
<tr>
<td>PSH</td>
<td>7,435</td>
<td>650</td>
<td>20,805</td>
<td>1,471</td>
</tr>
</tbody>
</table>

### Table A7: Transition aged youth headed households (18-24, non-veteran)

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory as of 2019 HIC</th>
<th>Inventory for optimal system</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiv. Beds</td>
<td>Family Units</td>
<td>Indiv. Beds</td>
<td>Family Units</td>
</tr>
<tr>
<td>IH</td>
<td>301</td>
<td>0</td>
<td>394</td>
<td>64</td>
</tr>
<tr>
<td>TH</td>
<td>325</td>
<td>46</td>
<td>1,097</td>
<td>295</td>
</tr>
<tr>
<td>RRH</td>
<td>459</td>
<td>205</td>
<td>528</td>
<td>205</td>
</tr>
<tr>
<td>PSH</td>
<td>77</td>
<td>34</td>
<td>749</td>
<td>84</td>
</tr>
</tbody>
</table>

### Table A8: Veteran headed households (18+)

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory as of 2019 HIC</th>
<th>Inventory for optimal system</th>
<th>Pipeline Units</th>
<th>Gap (Optimal - Current - Pipeline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiv. Beds</td>
<td>Family Units</td>
<td>Indiv. Beds</td>
<td>Family Units</td>
</tr>
<tr>
<td>IH</td>
<td>120</td>
<td>13</td>
<td>465</td>
<td>18</td>
</tr>
<tr>
<td>TH</td>
<td>187</td>
<td>0</td>
<td>125</td>
<td>5</td>
</tr>
<tr>
<td>RRH</td>
<td>675</td>
<td>43</td>
<td>1,577</td>
<td>43</td>
</tr>
<tr>
<td>PSH</td>
<td>4,081</td>
<td>200</td>
<td>4,003</td>
<td>226</td>
</tr>
</tbody>
</table>
## Appendix B: Cost Analysis of an Optimal Homeless Services System

### Table B1: Cost inputs for financial analysis

<table>
<thead>
<tr>
<th>Service/Program</th>
<th>Individuals</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention &amp; Diversion Services/year</td>
<td>$4,176</td>
<td>$4,680</td>
</tr>
<tr>
<td>Rapid Re-Housing LA County Rental Assistance/year</td>
<td>$10,693</td>
<td>$17,868</td>
</tr>
<tr>
<td>City of LA Rental Assistance/year</td>
<td>$10,402</td>
<td>$18,750</td>
</tr>
<tr>
<td>Permanent Supportive Housing LA County Rental Assistance/year</td>
<td>$10,693</td>
<td>$17,868</td>
</tr>
<tr>
<td>City of LA Rental Assistance/year</td>
<td>$10,402</td>
<td>$18,750</td>
</tr>
<tr>
<td>Services/year</td>
<td>$4,176</td>
<td>$4,680</td>
</tr>
<tr>
<td>Permanent Supportive Housing Services/year</td>
<td>$5,400</td>
<td>$7,200</td>
</tr>
</tbody>
</table>

### Table B2: Summary of Costs (in $ millions)\(^{38}\)

<table>
<thead>
<tr>
<th>Service/Program</th>
<th>FY2020-21</th>
<th>FY2021-22</th>
<th>FY2022-23</th>
<th>FY2023-24</th>
<th>FY2024-25</th>
<th>Cost Over Five-Year Ramp-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Supportive Housing (Leasing)</td>
<td>$27.3</td>
<td>$56.3</td>
<td>$87.0</td>
<td>$119.5</td>
<td>$153.9</td>
<td>$444.1</td>
</tr>
<tr>
<td>New Supportive Housing (Services)</td>
<td>$13.2</td>
<td>$27.2</td>
<td>$42.1</td>
<td>$57.8</td>
<td>$74.4</td>
<td>$214.8</td>
</tr>
<tr>
<td>Pipeline Supportive Housing (Services)</td>
<td>$12.6</td>
<td>$48.7</td>
<td>$55.7</td>
<td>$57.4</td>
<td>$59.1</td>
<td>$233.5</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>$26.3</td>
<td>$54.2</td>
<td>$83.8</td>
<td>$86.3</td>
<td>$88.9</td>
<td>$339.6</td>
</tr>
</tbody>
</table>

\(^{38}\) All figures are estimated with a 3% annual inflation adjustment, based on CPI.
### CHRONIC HOMELESSNESS

A single individual (or head of household) must have a disabling condition and have either experienced literal homelessness for more than a year or experienced homelessness four or more times in the last three years, adding up to 12 months.

### CONTINUUM OF CARE aka CONTINUUM

The group organized to carry out the responsibilities required under federal regulation governing the administration of federal assistance for homeless assistance and homelessness prevention assistance. CoCs are composed of representatives of organizations, including nonprofit homeless service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans currently or formerly experiencing homelessness, and persons currently or formerly experiencing homelessness, to the extent these groups are represented within the geographic area and are available to participate.
| COORDINATED ENTRY SYSTEM (CES) | The Coordinated Entry System (CES) is a participant-centered process that streamlines access to the most appropriate housing interventions for people experiencing homelessness or a housing crisis. CES facilitates the coordination and management of the many parts of the LA County crisis response system (including housing, outreach, shelter, services, and problem-solving). The system works to ensure that participants are connected with resources that will rapidly end their homelessness or their housing crisis. As LA County does not have sufficient resources to serve every person experiencing a housing crisis, CES works to connect people with the highest need and those who are the most vulnerable to available supports and housing in the most equitable manner. |
| COORDINATED ENTRY SYSTEM (CES) POLICY COUNCIL | CES Policy Council: The CES Policy Council is a representative body established to review, revise and approve the policies and procedures of the LA County Coordinated Entry System. It is made up of community members who represent various systems stakeholders including: service providers, County health agencies, public housing authorities, persons with lived experience of homelessness, and the philanthropic community. The group meets monthly. |
| DEPARTMENT OF HEALTH SERVICES (DHS) | Department of Health Services (DHS): The Department of Health Services (DHS) is an integrated system of providers, clinics, and hospitals that streamlines the provision of timely and compassionate health care for the people of Los Angeles County. |
## DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)

Department of Public Social Services (DPSS): The Department of Public Social Services (DPSS) is a department of the County of Los Angeles. The mission of the LA County DPSS is to serve the community through programs established to alleviate hardship and promote health, personal responsibility, and economic independence. Services include health care coverage through the Medi-Cal Program; CalFresh Nutrition Assistance; CalWORKs financial, homeless, employment and supportive services assistance via Welfare-to-Work programs; In-Home Supportive Services; and financial, homeless, and employment assistance to indigent adults through the General Relief program.

## ELIGIBILITY

Eligibility: Refers to the set of conditions, attributes, or characteristics a person must possess in order to gain entry to a housing or supportive service program in the LA County CES. Eligibility is often defined by funders of homeless assistance, whether they be federal, state, or local sources.

## FAMILY WITH CHILDREN aka FAMILY

Family: A family includes, but is not limited to, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. This is true regardless of marital status, actual or perceived sexual orientation, or gender identity. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

## HOUSING AND COMMUNITY INVESTMENT DEPARTMENT (HCID)

Housing and Community Investment Department (HCID): The Housing and Community Investment Department (HCID) is a department of the City of Los Angeles that promotes livable and prosperous communities through the development and preservation of decent, safe, and affordable housing, neighborhood investment and social services.

## HOMELESS YOUTH FORUM OF LA (HYFLA)

Homeless Youth Forum of LA (HYFLA): The Homeless Youth Forum of Los Angeles (HYFLA) is a group of young people with lived experience of homelessness convened by LAHSA to facilitate authentic collaboration between youth and the homeless services system. [1]
### HOMELESS COUNT ADVISORY BOARD (HCAB)

Convened by LAHSA, this advisory group assists in the planning and executing of the annual Greater Los Angeles Homeless Count. HCAB provides vital feedback, insight, and guidance on each survey component to ensure data quality and sound implementation of Count methodology. (Community Engagement described it this way) checking with CE

### HARM REDUCTION

Harm Reduction: A principle central to low-barrier program design. Programs employing a Harm Reduction approach do not terminate assistance based solely on a person's inability to achieve sobriety, because of medication non-compliance, or other risky behaviors. Contractors must seek to work with program participants to reduce the negative consequences of the person's continued use of alcohol and/or drugs or non-compliance with medications, but must not require treatment or sobriety. This can be done through safer use, managed use, ways to deal with hoarding, etc.

### HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Homeless Management Information System (HMIS): HMIS is a computerized data collection system designed to capture client information over time on the characteristics, service needs, services provided and accomplishments of participants in homelessness programs.

### HOUSING FIRST

Housing First: Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

### HOUSING LOCATION PROGRAM

Housing Location Program: The Housing Location Program's objective is to increase Los Angeles' affordable housing inventory for households experiencing homelessness through strategic engagement and support to property owners and managers, by quickly filling vacancies through a unit availability website accessed only by CES participating housing service providers.
<p>| INTERIM HOUSING | Interim Housing: Interim Housing is an intervention that provides people experiencing homelessness with temporary housing intended to resolve their immediate experience of unsheltered homelessness, to connect participants to permanent housing resources in their communities, and to provide various other services. Interim Housing, as defined by Los Angeles County, includes Crisis Housing, Winter/Seasonal Shelter, Bridge Housing, Recovery Bridge, Recuperative Care, Stabilization Housing, and Safe Haven programs. |
| IMMINENT RISK OF HOMELESSNESS | Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence if residence will be lost within 14 days of the date of application for homeless assistance, no subsequent residence has been identified, and the individual or family lacks the resources or support networks needed to obtain other permanent housing. |
| LITERAL HOMELESSNESS aka HOMELESS | Literal Homelessness: An individual or family who lacks a fixed, regular, and adequate nighttime residence. This may include those who have a primary nighttime residence that is a public or private place not meant for human habitation; are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or are exiting an institution where they have resided for 90 days or less and who resided in a shelter or place not meant for human habitation immediately before entering that institution. |
| LIVED EXPERIENCE ADVISORY BOARD (LEAB) | Lived Experience Advisory Board (LEAB): The LEAB is an advisory group of adults with lived experience of homelessness convened by LAHSA to provide their perspective and expertise to enhance the homeless services system. |
| LOW BARRIER | Low Barrier: Policies and practices designed to “screen in” rather than screen out applicants with the greatest barriers to housing, such as having very low-income, poor rental history, or criminal history. Low Barrier is an active approach to the Housing First model that ensures homeless participants and families may quickly exit homelessness. |
| OCCASION OF HOMELESSNESS | Occasion of Homelessness: HUD defines an occasion of homelessness as a period of time in which an individual is living in a place not meant for human habitation, a safe haven or in an emergency shelter. Stays in institutions (jails, hospital, mental health or substance use treatment facility) of fewer than 90 days constitute as an occasion and count toward total time homeless provided that the individual was residing in a place not meant for human habitation, safe haven or emergency shelter immediately prior to entering the institution. |
| PERMANENT SUPPORTIVE HOUSING | Permanent Supportive Housing (PSH): Designated to provide housing and supportive services on a long-term basis for people experiencing homelessness who have disabilities. PSH offers tenant-based housing solutions that allow clients to locate housing and assist in covering the cost of rent through income-based subsidies, as well as project-based assistance, which are income-based subsidies tied to a specific service project location. |
| PRIORITIZATION | Prioritization: A core component of coordinated entry in which the person's or household's needs and level of vulnerability are documented and quantified in relation to other people who are also seeking homeless assistance. When there is a lack of sufficient resources, prioritization helps CES manage the inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive priority or accelerated access to the supports they need to resolve their housing crisis. |
| PROBLEM-SOLVING | Problem-Solving: Problem-Solving (also known as &quot;Diversion&quot; or “Rapid Resolution”) is a crisis response philosophy and approach focused on supporting individuals and families experiencing a housing crisis to quickly identify and access alternative housing resources outside of the homeless crisis response system. |</p>
<table>
<thead>
<tr>
<th><strong>PROGRAM PARTICIPANT</strong></th>
<th>Program Participant: An individual (including an unaccompanied youth) or family with children who is enrolled in a homeless assistance program.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRESSIVE ASSISTANCE / ENGAGEMENT</strong></td>
<td>Progressive Assistance/Engagement: An approach for providing financial assistance and case management services in permanent housing programs. This approach seeks to provide only the amount of assistance necessary to assist each participant reach housing stability, not more. The amount of case management and financial assistance are not directly tied together. This flexible, individualized approach works to maximize resources by only providing the amount of assistance that a household needs.</td>
</tr>
<tr>
<td><strong>RAPID RE-HOUSING</strong></td>
<td>Rapid Re-Housing (RRH): A crisis intervention model designed to provide temporary financial assistance and supportive services to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.</td>
</tr>
<tr>
<td><strong>RE-ENTRY</strong></td>
<td>Re-entry: refers to the process of people returning to the community upon exit from foster care, criminal justice facilities, mental health facilities, and in-patient hospitalization.</td>
</tr>
<tr>
<td><strong>SAFE HAVEN</strong></td>
<td>Safe Haven: Safe havens are supportive housing that shall not require participation in services and referrals as a condition of occupancy. Instead, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services or referrals and will eventually be ready to move to more traditional forms of housing.</td>
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<tr>
<td><strong>SECTION 8 aka HOUSING CHOICE VOUCHER</strong></td>
<td>Section 8 (Housing Choice Voucher): Section 8 is a federal housing choice voucher program for assisting very low-income families, elderly, and disabled persons to afford decent, safe, and sanitary housing in the private market. Housing assistance in the form of a voucher for which the amount is based on 30% of the participant's income is provided on behalf of participants who can find their own housing, including single-family homes, townhouses, and apartments. Housing choice vouchers are administered locally by public housing agencies (PHAs).</td>
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<tr>
<td>STRUCTURAL RACISM</td>
<td>Structural Racism: A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.</td>
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<tr>
<td>TRANSITION AGED YOUTH</td>
<td>Transition Age Youth: Individuals 18-24 years old.</td>
</tr>
<tr>
<td>TRANSITIONAL HOUSING</td>
<td>Transitional Housing (TH): A facility that provides temporary shelter combined with supportive services for up to 24 months to help people overcome barriers to moving into and retaining permanent housing.</td>
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<tr>
<td>TRAUMA INFORMED CARE</td>
<td>Trauma Informed Care: Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor’s safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Contractors must also develop sets of policies and procedures for educating and training staff on Trauma Informed Care practices and how trauma may adversely affect aspects of a person’s development.</td>
</tr>
<tr>
<td>UNACCOMPANIED MINORS</td>
<td>Unaccompanied Minors: Individuals under the age of 18 without a parent or guardian. (Data and Research)</td>
</tr>
<tr>
<td>THE WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES DEPARTMENT (WDACS)</td>
<td>The Workforce Development, Aging &amp; Community Services Department is a department of the County of Los Angeles committed to providing services which include investigating abuse claims against the senior and disabled population, providing nutrition and other life-enhancing services to seniors, providing employment services to adults and youth working with employers in times of hiring and downsizing, and offering mediation services to avoid court filings.</td>
</tr>
<tr>
<td>YOUTH</td>
<td>Youth: An unaccompanied or emancipated minor or an individual or household between the ages of 18 and 24.</td>
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</tbody>
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