A Bold Plan of Action

To Sharply Reduce Homelessness

By Taking Evidence-Based Practices to Scale

Reach functional zero in **family homelessness** by Thanksgiving 2016

End **chronic homelessness** of people with disabilities by July 4, 2017

Attain functional zero in **youth homelessness** by Dec. 31, 2019

Reduce **street homelessness** by 75 percent by Dec. 31, 2020

UNITY of Greater New Orleans

Homeless Continuum of Care for New Orleans, Jefferson Parish, and the City of Kenner

April 25, 2016

INTRODUCTION

On Jan. 2, 2015, in response to First Lady Michelle Obama's Mayors Challenge to End Veteran Homelessness, the UNITY Homeless Continuum of Care of more than 60 agencies partnered with New Orleans Mayor Mitch Landrieu to make New Orleans the first city to effectively end veteran homelessness. Working closely with the VA, HUD, the Housing Authority of New Orleans, and many other partners, our community permanently housed the 227 homeless veterans in our backlog of cases, many of whom had been sleeping on the streets for decades.

The partners were not content to rest on our laurels afterward. Recognizing that even veterans who have never been homeless may be at risk of becoming homeless because veterans have relatively high rates of poverty and disability, we collaborated with the VA, the City, HUD, the Volunteers of America, Start Corp., the Hope Center, VIA LINK, local shelters and other government and nonprofit partners to set up a Rapid Response System for Veterans to scour the streets and shelters every night looking for homeless veterans and rapidly re-housing them in apartments with case management services. This is how we maintain the Functional Zero standard, defined as permanently housing newly homeless veterans within an average of 30 days of finding them on the street or in emergency shelter. In the past 16 months of maintaining Functional Zero, our community has never exceeded the 30-day standard, housing an additional 202 newly homeless veterans since Jan. 2, 2015.

Maintaining functional zero is hard work and requires constant vigilance, but it is well worth it to know that in New Orleans and Jefferson Parish, we can quickly intervene to stabilize anyone who risked their lives so that the rest of us did not have to. *No longer will veterans be left to suffer in homelessness in New Orleans and Jefferson Parish.*

Having proven that we can do this for veterans, we are determined to do the same for other vulnerable subpopulations of the homeless. Currently in our community:

- **People with serious mental and physical disabilities** are living longterm out of doors or in emergency shelter.
- In a city with one of the highest rates of family violence, **children and families** often are living in dangerous situations due to domestic violence, but cannot access emergency shelter because they are full. The shortage of beds can be eased if we shorten the delay in moving families out of shelter into permanent housing, and provide case managers to bring services into the home as necessary. Children's experience of homelessness should be as brief as possible.
- **Teenagers and young adults** become homeless for a variety of reasons, including family problems, being rejected for being LGBT, aging out of foster care, or mental illness or substance use disorders.
- We have one of the highest per-capita rates of **people sleeping on the streets**, largely due to a high rate of poverty and increasing rents.

The basic template for the veterans campaign will work for children and families, for chronically homeless people with mental and physical disabilities, for homeless youth, and for the population of people who sleep outside. Each subpopulation requires strategies specific to their situation, however.

The success of our collaborative in driving down overall homelessness by 85 percent since 2007 by using the nationally and locally proven evidence-based practices of Permanent Supportive Housing and Rapid Rehousing, utilizing techniques of Housing First and Harm Reduction, gives us confidence that we can succeed in getting to a functional zero for these groups and continue to drive down overall homelessness if we continue to hold ourselves to deadline pressure and maintain the discipline of bringing evidence-based practices to scale. We ask government and philanthropy to support these efforts, and invite the community to participate by volunteering and donating their time and treasure to the organizations working on these goals.

We want nothing less than a home for every New Orleanian.

GOAL #1: REACH FUNCTIONAL ZERO IN FAMILY HOMELESSNESS BY THANKSGIVING 2016.

Opening Doors, the federal plan to end homelessness, calls for an end to family homelessness by the end of 2020. The United States Interagency Council on Homelessness (USICH), the federal agency overseeing implementation of the plan, defines ending family homelessness as follows:

- Ensure that no family is living unsheltered;
- Shorten episodes of family homelessness by providing resources that enable families to safely reenter permanent housing as quickly as possible;
- Link families to the benefits, supports, and community-based services they need to achieve and maintain housing stability; and
- Identify and implement effective prevention methods to help families avoid homelessness.

USICH has identified four key strategies for federal, state, and local action to end family homelessness:

1. Develop a coordinated entry system;
2. Ensure interventions and assistance are tailored to meet the needs of families;
3. Improve linkages to local mainstream systems to help families gain access to benefits, employment, and community-based services more quickly;

4. Develop and build upon evidence-based practices for serving families experiencing or at-risk of experiencing homelessness.

Reaching and maintaining a 30-day standard for ending children's homelessness would accomplish two vital goals: 1) it would reduce the demonstrated harm to children's mental health and intellectual development caused by the unsettled state of being homeless as opposed to being in their own homes; and 2) by moving families out of congregate shelter much faster into their own apartments, we would free up emergency shelter space for families living in violent or dangerous situations who otherwise would be turned away from shelter, making it possible for our community to rescue and re-house many more families in dire need.

The Current Situation for Homeless Families in New Orleans and Jefferson Parish

1. Statistics from the annual Homeless Point in Time Count

Households with Children	2015	2014	2013
Households in Emergency Shelter	27	19	24
Households in Transitional Housing	35	72	117
Unsheltered Households	1	0	11
Number of People in Emergency Shelter	82	57	72
Number of People in Transitional Housing	108	229	390
Number of Unsheltered People	3	0	27

Prior to 2015, many Rapid Rehousing rental assistance projects were classified as Transitional Housing. Households in Emergency Shelter includes freeze-night overflow beds that are not included in the official capacity to shelter families.

2. Capacity

Type	Program Name	Units	Beds
Emergency Shelter		**23**	**67**
+	Covenant House	2	8
	Metropolitan Battered Women's Program *	3	14
	Hagar's House	3	12
+	New Orleans Women and Children's Shelter	4	5
+	Salvation Army	6	18
	Waymakers	4	9
Transitional Housing		**49**	**132**
+	CCANO Baronne Street	18	42
	Crescent House*	4	12

+	Covenant House Rights of Passage	2	8
	Metropolitan Battered Women's Program*	6	15
+	New Orleans Women and Children's Shelter	9	25
+	Salvation Army	10	30
Rapid Rehousing		**85**	**271**
+	Armstrong Family Services	11	40
+	CCANO Rapid Rehousing for Families	31	108
+	CCANO Bridges	13	33
+	Salvation Army Rapid Rehousing for Families	30	90

**Program is a Domestic Violence shelter*

Our Strategies to End Family Homelessness

We will utilize six major strategies to reach a Functional Zero in family homelessness in New Orleans and Jefferson Parish:

1. Improve data collection to track each family's progress and the community's progress in achieving the goal of reaching and maintaining functional zero.

   We will develop a report tracking our progress in reducing the length of stay in homelessness to be reviewed monthly by the City Hall Leadership Team and the Ending Family Homelessness Task Force. We will develop a Master List (by-name list) of all families living in emergency shelter, transitional housing for the homeless, or on the streets and use this list to track their progress out of homelessness. We will improve data quality and timeliness of reporting into the Homeless Management Information System by all of our family programs.

2. Assist each Rapid Rehousing project to further improve its effectiveness in rapidly rehousing homeless families and reducing recidivism into homelessness.

   We will focus first on the Rapid Rehousing for Families pilot project, which has the largest underutilized rent assistance budget. We will utilize HUD technical assistance resources to evaluate the program and recommend adjustments. We will seek HUD budget amendments that would allow us to utilize this project's budget more effectively. We will seek other funding to supplement the resources of this project. We will identify best practices already being used in this project, as well as other local and national Rapid Rehousing programs, and provide training to all local Rapid Rehousing providers to foster the use of those identified best practices.

3. Assist each emergency shelter and transitional housing program to further improve their effectiveness in rapidly rehousing homeless families, reducing recidivism into homelessness, and effectively addressing family violence.

   We will identify the barriers and difficulties being experienced in each emergency shelter and transitional housing program that interfere with moving families into permanent housing within 30 days. While most programs are doing a good job in moving newly homeless families into permanent housing quickly, a key challenge are the families who have been in transitional housing programs for many months and are ineligible for Rapid

Rehousing rental assistance because they were not documented to be on the street or in emergency shelter before entering Transitional Housing. A special fundraising effort is needed to provide them with rental assistance to access and stabilize themselves in apartments. Some of those families have become dependent from being homeless so long and may need additional help to exit homelessness. Given New Orleans' scarcity of family emergency shelter, it does not make sense to convert family congregate Transitional Housing programs to become Rapid Rehousing; rather in New Orleans it makes sense to shorten the length of stay in congregate Transitional Housing Programs and have Transitional Housing Programs function more like highly effective emergency shelters with rapid permanent housing outcomes.

4. Improve our Rapid Response to Family Homelessness System, including coordinated entry into shelter and housing programs and instituting a diversion/prevention component.

   Essential to attaining and maintaining the 30-day standard is to ensure that all shelters, transitional housing programs, and rapid rehousing programs are getting all referrals from our Coordinated Entry system. In order for that to be possible for the long term, we will need to create a position of Director of Family Coordinated Entry. We will also need to create capacity to divert families from shelter who can be assisted by their families or alternative resources.

5. Improve utilization of mainstream resources from schools, mental health and substance use treatment systems, foster care, TANF, public housing authorities, and Department of Labor.

   The homeless system alone cannot solve family homelessness. Many families need resources beyond what we can provide. To end family homelessness will require engaging the schools, foster care system, the family welfare system, Department of Labor, and mental health system to utilize their resources to provide supportive services, rent assistance, child care and employment for homeless families. It will also require engaging public housing authorities to create set-asides for homeless families of ongoing rent assistance beyond the two years that Rapid Rehousing can potentially provide.

6. Prevent family homelessness by supporting public policy initiatives to increase affordable housing, family income, and access to quality child care.

   The Ending Family Homelessness Task Force will support public policy initiatives to lift all families out of poverty. Proposals to create a higher minimum wage for the state of Louisiana, increase affordable housing in the New Orleans area and across the state, improve access to quality child care, and otherwise lift families out of poverty would not only assist homeless families but also would prevent families from falling into homelessness in the first place.

GOAL #2:

END CHRONIC HOMELESSNESS OF PEOPLE WITH DISABILITIES BY JULY 4, 2017.

The U.S. Interagency Council on Homelessness defines “chronic homelessness” as persons with mental or physical disabilities living on the streets or in emergency shelter for more than a year, or having four of more episodes of such literal homelessness in the past three years. Research shows that the chronically homeless are at high risk of dying an early death. Many of the chronically homeless have lived on the streets of New Orleans for many years, some for over a decade. They cycle in and out of hospital emergency rooms, jails, and psychiatric institutions – all at high public expense. Some studies have found that leaving someone in chronic homelessness costs taxpayers as much as $30,000 to $50,000 per year – per person. The federal government has called for an end to chronic homelessness by Dec. 31, 2017, but because of the extreme vulnerability of the people involved, the New Orleans - Jefferson Parish Continuum of Care and its governmental partners are determined to meet the goal more quickly.

The 2015 Point in Time Count found that 423 people with disabilities were living in chronic homelessness in New Orleans and Jefferson Parish on a single night. That does not account for those who were in the hospital or in jail, or temporarily staying with family or friends, on the single night on which the survey was done. UNITY’s Chronic Homeless Master List, which is updated daily, currently contains the names of 847 persons reported to be chronically homeless. Data from UNITY’s Chronic Homeless Master List shows that:

- 92% suffer from serious mental illness, with 55 percent having been taken to the emergency room for treatment of mental illness or substance use disorders
- 69% have serious medical conditions, including HIV/AIDS, cancer, and heart, lung, kidney, and liver disease
- 34% have been told they have a learning disability or developmental disability, and 28% have suffered a serious head injury
- 65% have been to the emergency room at least once in the past six months
- 66% have trouble concentrating and remembering things
- 47% have been attacked or beaten up since becoming homeless

While the problem of chronic homelessness in New Orleans is dire, our confidence in our ability as a community to end it altogether is informed by the fact that we have already reduced chronic homelessness by 90 percent since 2009, using evidence-based practices. To reach the bold goal of ending chronic homelessness altogether will require an all-hands-on-deck approach. The following strategies will be used:

1. **Expand Permanent Supportive Housing resources**. There is one nationally proven solution to chronic homelessness: Permanent Supportive Housing (PSH). PSH is an affordable apartment linked to case management services provided in the home, designed to assist the formerly chronically homeless tenant to get to the doctor, psychiatric care, and substance treatment services as necessary and to maintain his tenancy. A PSH tenant has a lease like any other tenant.

Most PSH consists of a rental assistance voucher used in the private rental market – it can be used in any apartment that meets federal standards of habitability. In some cases, PSH is provided in specific apartment buildings – either operated by nonprofits with the specific purpose of ending homelessness, or in buildings where units have been set aside as PSH, usually as a condition of receiving government subsidies or as part of inclusionary zoning.

UNITY and its governmental and nonprofit partners have been steadily expanding our community's supply of PSH over the past 15 years, by writing for competitive federal grants, by successfully obtaining a special congressional appropriation after Hurricane Katrina, and, as the City of New Orleans has done, by earmarking various federal funds for this purpose, including HOME dollars.

These efforts will be continued and expanded so that a wide variety of housing resources are targeted for the chronically homeless. First, efforts are needed to persuade Congress to support an expanded HUD budget for PSH. Second, the City of New Orleans Department of Health has already applied for a federal grant from the Department of Health and Human Services to pay for PSH services for 120 chronically homeless persons and 20 homeless families, to be matched with HANO housing vouchers. Third, in one particularly innovative strategy used for the veterans campaign, the Housing Authority of New Orleans made housing vouchers available for persons graduating from VA Supportive Housing (VASH) and homeless PSH programs, in order to free up VASH and homeless PSH slots for veterans; other housing authorities will be asked to do the same for the chronically homeless as well as homeless families. Fourth, the local Designating Opportunities for Ending Homelessness Initiative of HUD and the U.S. Interagency Council on Homelessness is seeking to utilize a similar strategy to house graduates of homeless programs in federally subsidized low-income apartment buildings, thereby freeing up service-rich PSH for the chronically homeless who most need it. Finally, intensive efforts should be made to assist chronically homeless persons over age 55 to qualify for senior housing.

HUD's PSH grants generally require match in the form of money or the value of volunteer time. We will ask the community to provide needed resources to ensure that local organizations can leverage these federal dollars. In addition, we will work to ensure that all chronically homeless persons are enrolled in Medicaid under the Governor's new expansion program and will encourage more organizations to become qualified to seek Medicaid reimbursement for services as one way of helping to meet the match requirement.

2. Target existing PSH more effectively.

The Continuum of Care has recently committed that 85 percent of its existing PSH vouchers that become available through attrition (e.g., the tenant has died, moved in with family, or moved out of the area) will go to the chronically homeless, with the rest going to families or to people with serious medical conditions who, although they are not chronically homeless, are at grave risk of dying if not housed soon. Efforts are being made to ensure that placements into all PSH that is intended for the homeless will be done by the CoC's Coordinated Entry System, with at least 85 percent of the slots designated for the chronically homeless. The state housing authority has already pioneered a strategy of setting aside PSH slots in its non-homeless programs for the chronically homeless.

The By-Name Chronic Homeless Master List and the VI-SPDAT assessment tool will be used to determine who gets the next PSH slot. No community can effectively target resources to the chronically homeless if they do not know exactly to whom the resources should go. UNITY is responsible for maintaining and daily updating the Chronic Homeless Master List, including reviewing the nightly roster of persons using emergency shelter. A variety of partners will be encouraged to add names to the list as they find chronically homeless persons on the street, in abandoned buildings, or in other locations. Chronic homeless status is verified by the Homeless Management Information System, which keeps track of past shelter stays, or by outreach workers or other knowledgeable persons.

3. Expand the number of Housing Navigators for the Chronically Homeless who can case manage the chronically homeless into housing.

We need at least 10 more Street Outreach Workers and 20 more Chronic Homeless Housing Navigators who regularly interact with chronically homeless people in a variety of settings (such as shelter, hospitals, or jail) and will agree to assist in assessing their needs and obtaining the documents necessary to get them into PSH or other permanent housing. Most chronically homeless persons do not seek services, or are ineffective in doing so, and some are even initially resistant to accepting housing, so skilled street outreach workers are essential to finding them and persuading them to accept help. Each chronically homeless person needs someone to assess his needs so that an appropriate housing placement can be identified, and to provide case management services while he or she is homeless, including securing the extensive documentation of homelessness and disability required in order to house persons in PSH programs.

4. Use Rapid Rehousing short-term rental assistance, the women's safe haven, and emergency shelters as a bridge to PSH.

While we work hard to develop adequate PSH resources, the health of chronically homeless persons is rapidly declining as they wait for housing. Accordingly, our community needs to increase the use of emergency shelter, Safe Haven, low-cost hotels, and Rapid Rehousing short-term rental assistance as a bridge to PSH, so that they have a

roof over their heads and protection from the elements while they wait for the PSH that they need long-term.

Specifically:

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*More emergency shelter beds should be provided that are designated specifically for the chronically homeless and that ideally allow them to stay indoors during the day as well as night. These beds should be low-barrier, meaning that they accept people with mental illness and substance use disorders and do not place any unnecessary requirements as a condition of admission. The proposed low-barrier shelter will be very helpful in saving lives and ending chronic homelessness if it follows HUD recommendations and is targeted to the chronically homeless who need it the most. Existing shelters should be asked to designate low-barrier beds for the chronically homeless as well. Low-cost hotels should also be used as necessary.

* The Continuum's existing women's Safe Haven is being expanded and targeted to assist chronically homeless women and transgender people living on the streets, with the length of stay shortened to 30-60 days as a bridge to PSH. A Safe Haven is a small, very low-barrier shelter specifically designed for persons living on the streets who suffer from mental illness and substance use disorders, with staff well-trained to deal with challenging mental health issues.

*Rapid Rehousing short-term rental assistance programs that are not targeted for families should be used for chronically homeless persons as a bridge to PSH, to assist our community in meeting the goal of ending chronic homelessness. Rapid Rehousing is an evidence-based practice in which short-term rental assistance and short-term case management is provided to persons living on the streets or in emergency shelter, either as a bridge to PSH for persons with serious disabilities who need long-term support, or as a temporary aid to persons or families who are capable of self-sufficiency. The documentation required for Rapid Rehousing is considerably less complex than for PSH and therefore Rapid Rehousing rental assistance can be accessed quickly.

In addition to protecting the health of homeless persons, the above interventions also speed the process of placing chronically homeless people in PSH. Before they can be housed in PSH, chronically homeless people typically need to be taken to several appointments necessary to document their disability and chronic homelessness and to look at apartments and sign leases. It can be extremely difficult to find a particular homeless person on the street when it is necessary to take them where they need to go. By placing a chronically homeless person immediately in shelter or an apartment where they can more easily be found, less staff time must be spent searching for them on the street whenever a PSH document needs to be signed or they need to be taken somewhere.

GOAL #3:

ATTAIN FUNCTIONAL ZERO IN YOUTH HOMELESSNESS BY DEC. 31, 2019.

The goal of attaining functional zero in youth homelessness will take more time, simply because nationally and locally, we do not have definitive data on how many homeless teens and young adults there are, and because there is yet very little comparative research determining what programs work the best to end youth homelessness.

According to the New Orleans-Jefferson Parish 2015 Point in Time (PIT) Count, there were 279 young adults under the age of 25 who were sleeping on the streets, in abandoned buildings, in emergency shelter, or in transitional housing for the homeless. There were 13 unaccompanied youth under 18 in shelter, transitional housing or on the streets. However, because of large numbers of missing or runaway youth, the numbers obtained in the PIT Count are believed to be an underestimate of the extent of the problem.

Following preliminary frameworks laid out by the National Alliance to End Homelessness and the U.S. Interagency Council on Homelessness, we will take the following steps:

1. Create an Ending Youth Homelessness Task Force consisting of nonprofit providers and key governmental agencies that interact with youth, including schools, the state Department of Children and Family Services, corrections, recreation programs, and LGBT programs.

2. Improve data collection on the nature, extent and causes of youth homelessness. In the summer of 2016, the Continuum will spearhead, in collaboration with community partners and a national research project of the University of Chicago, a comprehensive survey of homeless and at-risk youth, called the Voices of Youth Count, using youth to help with the surveys.

3. Identify and implement effective interventions for unaccompanied youth under age 18. Available research indicates that reunifying youth with their families is often the best solution, when it is safe to do so. Family intervention should be explored to see if it is an appropriate first line of defense. Even in youth who cannot return home, family interventions improve a number of outcomes for youth aside from housing, including improvements in mental health and decreases in risky behavior and suicidal thoughts. Family connections that provide a support system could be a priority for all youth programs regardless of the youth's final housing destination. For youth under 18 who cannot return home, very low-barrier transitional housing programs or host homes may be appropriate.

4. Identify and implement effective interventions for young adults ages 18-24. In addition to family intervention, appropriate resources could include Rapid Rehousing short-term rental assistance and case management, Permanent Supportive Housing for those with serious mental or physical disabilities, and transitional living or transitional housing programs.

5.Improve the crisis response system for youth. The top priority should be to reduce the number of youth living on the streets or in abandoned buildings. Additional street outreach workers and additional capacity in low-barrier shelter and transitional housing programs may be needed, in order to ensure that there are places to stay for all unsheltered youth. Consideration of establishing a small program geared to LGBT youth, who are more likely to be unable to return home and are vulnerable to violence on the streets, should be made.

GOAL #4: REDUCE STREET HOMELESSNESS BY 75 PERCENT BY DEC. 31, 2020.

A total of 587 persons were counted living on the streets of New Orleans and Jefferson Parish on a single night, according to the 2015 Point in Time Count. The push to end chronic homelessness, beginning with the planned launch in the summer of 2016 of a new federal grant to provide Permanent Supportive Housing to 200 chronically homeless people, will make substantial headway toward the goal of reducing street homelessness by 75 percent by 2020.

A key innovation to further reduce street homelessness is the planned development of a Low-Barrier Shelter if it follows HUD recommendations and is targeted to those who need it the most. The provision of emergency shelter without unnecessary rules will make a substantial contribution to reducing street homelessness. Existing shelters should also be asked to lower barriers to access and to prioritize people with the greatest needs.

Other key steps to sharply reducing street homelessness will include:
*Expanding the staffing of the Coordinated Entry System
* Expanding the supply of Permanent Supportive Housing and continuing to prioritize people with the highest needs for Permanent Supportive Housing
*Expanding and implementing best practices in the provision of short-term Rapid Rehousing rental assistance and case management
*Developing more employment opportunities to meet the needs of people experiencing homelessness
*Creating an effective Diversion Program to find other housing options for people seeking shelter, in order to free up space in shelters for people with higher needs.
*Increasing the number of street outreach workers
*Creating a Safe Haven for men. A Safe Haven is a small very-low-barrier shelter designed for persons with severe mental illness.

THE INFRASTRUCTURE

TO END HOMELESSNESS

The **City Hall Leadership Team** will convene important governmental agencies and the homeless Continuum of Care lead agency to meet monthly to fully engage the funding and policy partners on all key initiatives, to review progress, and to ensure appropriate resources are being brought to the initiative. The **Homeless Continuum of Care Task Forces** for each of the four goals, consisting of persons in leadership positions in shelters, transitional housing, rapid rehousing and street outreach and other interested community partners, will meet every other month to review progress and tweak the strategies. The **Housing Navigators Groups**, consisting of those on the front lines working directly with clients in the **emergency shelters, transitional housing programs, rapid rehousing programs, and street outreach teams** will meet 2-4 times per month to report on progress in permanently housing each homeless client and devise strategies for housing the harder-to-house persons who have been homeless for longer periods of time. The **New Orleans Interagency Council on Homelessness** and the **Jefferson Alliance for the Homeless** will assist in monitoring progress and setting policy, and the **Designating Opportunities to End Homelessness Initiative** will work to create more set-asides of affordable housing and monitor progress.

As the Continuum of Care lead agency, **UNITY** will oversee much of the day-to-day work of the initiative, including creating and daily updating of the By-Name Master Lists, creating an e-newsletter and other regular reports on progress, and convening the meetings of the Housing Navigators and Ending Homelessness Task Forces.