

# **STATE OF LOUISIANA**

## **TEN-YEAR PLAN TO END HOMELESSNESS:**

### ***THE ROAD TO SUPPORTIVE HOUSING***

#### **I. Vision Statement**

Louisiana can and will end the tragedy of homelessness. This can only be accomplished through a collaborative effort of state, local and federal government; the faith community; the non-profit and business sectors; homeless families and individuals and all those at risk of homelessness; and concerned citizens. We will address homelessness as an issue of extreme poverty, as a health and mental health care issue.

#### **II. Introduction**

The 2005 hurricanes have created a new face of homelessness in Louisiana. When the levees failed the southeast parishes in the aftermath of Katrina, the nation watched in horror as low-income, elderly, and disabled people struggled for survival. In an area with high rates of poverty, homelessness, and disability, over 1,600 people died. Hundreds are still missing over a year later. Further, no records exist to document the numbers of homeless people who died. Compounding this unprecedented tragedy was the destruction left in the wake of Rita on Louisiana's southwestern coastline and inland communities. We have undergone what some have likened to tribulation experiences and Louisiana has been changed forever because of Katrina's floods and Rita's force.

The portion of Louisiana not directly affected by the hurricanes was and continues to be impacted indirectly by the increase in indigent population with high profile needs. Homeless populations and those at risk in unaffected communities went begging as those needy from afar entered the landscape.

The issue of homelessness and poverty in our state, made all the more visible by the storms, must be addressed in a comprehensive and collaborative way, eliminating the barriers that bureaucracy often presents. We have surely learned from these tragedies and are poised for what comes next.

#### **III. Background**

Even before the storms, homelessness had become widespread in Louisiana and throughout the United States. However, this has not always been the case. The pervasive homelessness that we see across America today did not exist 25 years ago. The roots of this devastating social problem began in the 1970s, when affordable housing stock was

lost. At the same time, mentally ill persons were deinstitutionalized without creating sufficient community-based housing as an alternative. By the 1980s, homelessness was a serious problem across America.

With the passage of the McKinney-Vento Act in 1987, the federal government began to address the many and complex causes of homelessness recognizing that there is no single, simple solution to the crisis. While this legislation has resulted in two decades of substantial federal support and major coordination and collaboration within our state planning regions, some 30,000 persons experience homelessness each year in Louisiana. Exacerbating the issue here is the fact that a year after Hurricanes Katrina and Rita, many of the evacuees are still drifting, unemployed, homeless, and suffering from mental health problems caused or worsened by the storms. According to a report prepared by the Appleseed Group and released in August 2006, approximately 175,000 evacuees remain in Texas. More than half of those remaining in San Antonio suffer from chronic medical problems. “Baton Rouge has boomed. But many of the 25,000 to 50,000 evacuees in the city today are uninsured, and hundreds are still living in FEMA trailer villages—unsure how to start anew, with no place else to go.”<sup>1</sup>

In recent years, homelessness has worsened in America as housing prices have increased significantly in many communities, while the wages of low-income workers have not kept pace with the cost of housing. Social trends, including new kinds of illegal drugs and a higher proportion of single parent and teen-parent households with low earning power, have contributed to the crisis.<sup>2</sup>

Across the nation, approximately 3.5 million individuals will experience homelessness this year. They include families with children, single adults, unaccompanied teenagers, and elderly individuals of all races. According to the annual survey conducted by the U.S. Conference of Mayors, families with children are the fastest-growing segment of the homeless population. At no time since the Great Depression have so many women and children been homeless across our nation.

Homelessness is debilitating to children’s health and development. Studies show that homeless children get sick twice as often as other children and experience twice as many hospitalizations. Forty-seven percent of homeless school-age children have emotional problems such as anxiety or depression, compared to 18 percent of other children. Nearly a quarter of homeless children do not attend school regularly. Those who are able to attend school have more problems learning in school, including four times more likely than other children to have developmental delays and twice likely to repeat a grade.<sup>3</sup>

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<sup>1</sup> Appleseed, *Continuing Storm: The Ongoing Struggles of Hurricane Katrina Evacuees*. August 2006, available at [www.appleseeds.net](http://www.appleseeds.net).

<sup>2</sup> National Alliance to End Homelessness, *A Plan: Not a Dream: How to End Homelessness in Ten Years*, available at [www.endhomelessness.org](http://www.endhomelessness.org).

<sup>3</sup> See National Center for Family Homelessness website, [www.familyhomelessness.org](http://www.familyhomelessness.org).

Homelessness is also debilitating to adults. Homeless individuals suffer chronic illness, such as hypertension and diabetes, at rates three to six times that of persons who are housed.<sup>4</sup> Accordingly, homelessness is associated with a high mortality rate.<sup>5</sup>

It is recognized in housing, health and human services, and criminal justice systems that individuals, youth, and families with children that remain homeless for a year or more, or experience homelessness repeatedly, frequently use crisis services such as shelters, hospitals, mental health facilities, child protection, foster care, jails and prisons.

Beyond all of this, Hurricanes Katrina and Rita created widespread homelessness, as low-income disabled citizens whose homes or apartments were destroyed, or who can no longer afford rising rents, are unable to find a place to live and are turning to homeless programs for help. This crisis will likely worsen as the statutorily mandated end to FEMA short-term housing assistance approaches and more Louisiana citizens return to their former communities with nowhere else to go.

We can and we must end the crisis of homelessness that exists today in Louisiana. In committing to end homelessness, we join hands with public and private partners across the state and nation. This plan is based in large part on guidance from the National Alliance to End Homelessness and the United States Interagency Council on Homelessness, two agencies which are leading the non-partisan initiative to end homelessness all across the United States. It was formulated as a partnership with the Louisiana Interagency Action Council on Homelessness comprised in large part of state agency representatives, the Louisiana Advocacy Coalition for the Homeless, the nine Continuums of Care homeless collaboratives organized in every region of the state, and the Louisiana Policy Academy on Chronic Homelessness.

The **Louisiana Interagency Action Council on Homelessness (LIACH)** was first authorized through Executive Order 91-6 issued by Governor Buddy Roemer. The purpose of the LIACH is to assure the effective use of the state's resources and to make recommendations to enable state government to address homelessness.

The **Louisiana Advocacy for the Homeless (LACH)** was formed in October 2003, made up of representatives from each of the 10 state planning regions, and works to positively impact policy or legislation that affects homeless persons in Louisiana.

Over the last two decades, Louisiana has followed the **Continuum of Care** model first outlined by the U.S. Department of Housing & Urban Development to craft plans and create infrastructure needed to address homelessness in the state planning regions. These regional Continuum of Care planning processes provide a coordinated, locally developed system to obtain federal homeless assistance resources to assist homeless persons to

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<sup>4</sup> Hochran, Jean L., Understanding the Health Needs of Homeless Persons with Disabilities, U.S. Department of Health and Human Services 2005.

<sup>5</sup> James O'Connell, M.D., presentation at Social Security Administration Conference on Homeless Outreach Projects & Evaluation, 2005; Institute of Medicine, Homelessness, Health and Human Needs, National Academy Press 1988.

move to self-sufficiency and housing stability. Prevention, emergency shelter, transitional housing, permanent supportive housing, public housing, very low and low-income rental housing, and homeownership opportunities are all important pieces of the continuum and are essential to preventing and ending homelessness. Each Continuum of Care region either has or is working on a plan to end long-term homelessness and will help implement the statewide plan to end homelessness at the local, parish, and regional levels.

The Louisiana Policy Academy on Chronic Homelessness was formed as the result of an invitation to the Governor's Office in late 2003 from sponsoring federal agencies inviting state and local policymakers to participate in technical assistance sessions entitled *Improving Access to Mainstream Services for People Experiencing Chronic Homelessness*. The sponsoring agencies included: U.S. Department of Health and Human Services (DHHS), U.S. Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs (VA) and U.S. Department of Labor (DOL). The team was compiled based on recommendations from the sponsoring agencies and included representatives from state agencies, local community development offices and continuum of care leadership.

Several sessions were held with nationally recognized technical assistance providers addressing the following objectives:

- to assist State and local policymakers develop an Action Plan intended to improve access to mainstream health and human services and employment opportunities coordinated with housing for persons who are "chronically" homeless;
- to create and/or reinforce relationships among the Governor's office, State Legislators, key program administrators, and stakeholders from public and private sectors;
- to provide an environment conducive to the process of strategic decision-making; and
- to assist State and local policymakers identify issues of concern that may result in a formal request for technical assistance.

A framework for a plan to end homelessness was developed in collaboration with LIACH, LACH and the Continuum of Care Coalitions. While much progress was made in 2004 and 2005, because of the severe devastation, team members were busy with recovery efforts and the plan was not completed until 2007.

#### **IV. Who is experiencing homelessness in Louisiana?**

Prior to the hurricanes of 2005 at least 45,165 persons in Louisiana lived in a homeless shelter at some point during the course of the year, according to a survey conducted by the state Office of Community Services. On any given night since 2002, over 3,000 persons in our state have been living in a homeless shelter. A total of 3,825 persons were

living in homeless shelters in Louisiana on January 25, 2005, according to the last survey conducted.<sup>6</sup>

During each of the past three years, agencies providing emergency shelter and transitional housing for the homeless have reported an increase in the number of homeless persons served. In all three years, approximately 64 percent of the providers indicated an increase in the number of homeless persons served over the previous year.

During one 24-hour period in January 2005, the Continuums of Care homeless collaboratives conducted a Point in Time survey across the state. The Point-In-Time Survey is a study that counts the state's homeless population and obtains information to better assess their service and housing needs. A total of 6,553 homeless individuals and families were surveyed, for a total of 9,202 homeless children and adults. The survey did not count all persons who were homeless on that day since some homeless people would not agree to be interviewed, other homeless people did not go to a homeless program during that particular 24-hour period, while still others were not counted because they were temporarily jailed or hospitalized or because they were being served by an agency that did not participate in the survey. Therefore, by a conservative estimate, on any given day, more than 12,000 children and adults are homeless in Louisiana.

The Point in Time survey provides a demographic snapshot of the homeless population in Louisiana on any given day. Those completing the survey, as either an unaccompanied individual or head of a family, had the following characteristics:

- Age: 55 percent are between 30 and 49 years of age, 27 percent are 50 years old or more, and 19 percent are under 30.
- Disability: 46 percent reported having a disability. Of all those surveyed, 32 percent reported having a mental illness, 39 percent reported having an addiction, 10 percent reported having a physical or developmental disability, and 6 percent reported having HIV/AIDS.
- Gender: 64 percent are male, 36 percent are female.
- Race: 59 percent are African American, 38 percent are white, and 3 percent are of other racial or ethnic origin.
- Military service: 15 percent were military veterans.
- Domestic violence: 11 percent had experienced domestic violence.
- State of origin: 79 percent of the respondents were from Louisiana, while the rest had come to Louisiana from elsewhere.

Nineteen percent of all respondents were experiencing long-term homelessness, reporting that they had been homeless more than a year or at least four times in the past three years. Eleven percent fit HUD's working definition of "chronically homeless" in that they were unaccompanied individuals who reported that they had disabilities and had been homeless for more than a year or at least four times in the past three years. Research has shown that chronically homeless individuals comprise only about 10

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<sup>6</sup> See Appendix One.

percent of the homeless population yet utilize more than half of homeless program resources.<sup>7</sup> The chronically homeless tend to be vulnerable individuals who are struggling with multiple disorders, such as mental illness combined with substance addiction and chronic physical illness. Because of the complexity of their disabilities, they are more challenging to serve and therefore often fall between the cracks of the existing system of care.

Of course this represents pre-Katrina/Rita data. The next point in time survey will be conducted across the state in January 2007 and will provide fresh details regarding the picture of homelessness in Louisiana; however we have had glimpses. The following data represents what we do know:

- Numbers served by the homeless childrens program administered by the LA Department of Education through the school systems in each parish have increased 600%
- Feeding programs that serve the homeless and the indigent report a 25% increase in food service demand in Baton Rouge
- The drop in center that serves homeless mentally ill and funded with PATH funds operated by VOA in Baton Rouge has had a 25% spike in request for services
- The 211 call for services/information line demonstrates a 200% average increase in calls for housing assistance requests in two regions of the state reporting
- HMIS inclusion of question: are you a Katrina/Rita evacuee – demonstrates a 36% increase in persons that came seeking services in Northwest LA

### **Long Term Homelessness**

**Long-Term Homelessness** includes all people who have been homeless for long periods of time, as evidenced by repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the federal government’s definition, such as families and youth. The federal government, and as a result, many states, cities, and service providers, frequently uses the term "chronically homeless," defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.”<sup>8</sup> This definition excludes homeless families and partnered homeless people as well as those who do not have a documented disability. We believe that anyone who has been homeless for the long-term may be well served by the services and housing offered by permanent supportive housing providers.

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<sup>7</sup> Kuhn, Randall and Dennis Culhane, “Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization,” *American Journal of Community Psychology*, 26(2): 207-232.

<sup>8</sup> Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol.68, No.17/ Monday, January 27, 2003, 4019.

In Louisiana, certainly since the 2005 hurricanes, we are witnessing an increase in long-term homelessness among families. Many of these families are less visible because sleeping on the streets with children is unacceptable in our culture. Most sleep in emergency shelters or transitional housing or seek other alternatives. Long-term family homelessness is less visible but it is a problem in our communities nonetheless.

Louisiana was a poor state before August 29, 2005. Before Hurricane Katrina, the state saw almost 1/3 of the population in Orleans and Jefferson parishes below the poverty line (Brookings Institution, Key Indicators of Entrenched Poverty from 2004 census) and New Orleans had experienced the largest unemployment increase of any metropolitan area in the U.S., from 4.5% to 5.8%.<sup>9</sup> Many evacuees struggled to meet rent and mortgage payments. After losing their homes and all material goods, they continue to struggle to survive in a state whose infrastructure has been severely damaged in affected areas. While communities outside of the hurricane impacted areas have performed heroically to provide for the needs of evacuees, unmet housing and service needs are evident across the state.

### **Reasons for Homelessness in Louisiana**

The January 2005 Point in Time survey participants were asked to identify the primary causes of their homelessness. The chart below shows their responses.

<b>Reasons for Homelessness</b>	<b>Percent</b>
Addiction (e.g. alcohol, drugs, gambling)	29
Unemployment	26
Inadequate income/ underemployment	22
Mental illness/mental disability	21
Family Conflict/Divorce/Break-up of family unit	16
Physical illness or disability	15
Eviction	9
Domestic Violence	7

According to annual surveys among emergency shelter and transitional housing provider agencies compiled by the state office of community services, a severe lack of affordable housing was the primary reason for the increase in the number of homeless persons served.

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<sup>9</sup> Appleseed, Continuing Storm: The Ongoing Struggles of Hurricane Katrina Evacuees. August 2006, available at [www.appleseeds.net](http://www.appleseeds.net).

<b>Cause of Increase in Homeless Persons Served</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Severe lack of affordable housing	77.11%	82.35%	79.79%
Greater public awareness of services	65.06%	60.00%	60.64%
High poverty/more persons seeking aid	45.78%	51.76%	56.38%
Increase in addictive disorders/abuse of substances	49.40%	55.29%	53.19%
Poor Economy	59.04%	44.71%	50.00%
Housing for disabled/special needs	37.35%	45.88%	48.94%
Welfare Reform	28.92%	37.65%	45.74%
Closure of another relief agency	8.43%	7.06%	21.28%
Jobless moving to area	19.28%	12.94%	14.89%
Other	16.87%	24.71%	32.98%

The lack of affordable housing also leads the list of causes of homelessness identified by the U.S. Conference of Mayors annual study, “A Status Report on Hunger and Homelessness in American Cities.” Other causes cited include mental illness and the lack of needed services, substance abuse and the lack of needed services, low-paying jobs, unemployment, domestic violence, poverty, and prisoner re-entry.

## **V. The Paradigm Shift: How do we end and prevent homelessness?**

A paradigm shift is occurring, away from managing homelessness and toward ending it. The paradigm shift is being driven by research showing us what models are effective in ending people’s homelessness. When homelessness first became widespread across the nation in the 1980s, little was known about how to end it. In the past five years, however, research studies have given us much reason to be optimistic. We now know how to end the homelessness of virtually any individual or family, including those who may have been widely considered to be nearly “hopeless.” Also, we know much more than ever before about how to reduce the amount of time a family must spend in emergency shelter and how to prevent homelessness in the first place. Further, we have extensive evidence that ending and preventing homelessness makes economic sense, that allowing people to remain homeless results in expensive use of hospitalization and incarceration.<sup>10</sup> Ending homelessness is a matter of committing the resources to put evidence-based practices into place and to measure our progress.

### **Permanent Supportive Housing**

What we know is this: people who are homeless need housing. And those experiencing long-term homelessness need supports to maintain that housing. In the late 1980s, the concept of Permanent Supportive Housing (PSH) was born as a way of ending the

<sup>10</sup> Culhane, Dennis P., “Public Service Reductions Associated with the Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” Housing Policy Debate, Volume 13, Issue 1.

homelessness of persons with mental or physical disabilities, including substance addiction. PSH links housing with supportive services designed to help homeless persons with disabilities move off the street and maintain their tenancy in an apartment. Federal studies show that PSH is very successful in housing and stabilizing formerly homeless persons, with retention rates at about 85 percent after two years or more. Further, homeless people placed in Permanent Supportive Housing have marked reductions in hospitalizations, length of stay per hospitalization, and time incarcerated.<sup>11</sup> Permanent Supportive Housing has become the gold standard of evidence-based practices that actually end disabled people's homelessness.

### **“Housing First” for persons living on the streets**

A model of Permanent Supportive Housing that is especially effective for homeless people living on the street, including chronically homeless persons, is known as “Housing First.” In a Housing First model, homeless people are moved directly off the street into permanent housing units with no requirement that they first achieve abstinence or agree to accept mental health treatment. Intensive voluntary services are offered, aimed at helping the person maintain tenancy and using the person's newfound housing stability to work toward the goal of sobriety and medication compliance. The Housing First approach for the street homeless was pioneered by the New York-based Pathways to Housing organization, which offers scattered-site rental assistance in the private rental market combined with Assertive Community Treatment available 24 hours a day. In a five-year federal controlled study, the Pathways to Housing program was found to achieve an 88 percent success rate in keeping its clients in apartments in the private rental market for at least five years. It was also found to be cost-effective.<sup>12</sup>

### **“Housing First” for families**

Since the devastating effects of homelessness on children are well documented, the focus should shift away from use of emergency shelter and toward preventing families from becoming homeless in the first place and on quickly ending a family's homelessness when it occurs. Research supports the cost effectiveness of rental assistance programs aimed at preventing family homelessness and at rapidly re-housing those families who do become homeless.<sup>13</sup>

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<sup>11</sup> Culhane, Dennis, “Public Service Reductions Associated with the Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” *Housing Policy Debate*, 13(1).

<sup>12</sup> Tsemberis, Sam and R.F. Eisenberg, “Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities,” *Psychiatric Services*, 2000, Vol. 51.

<sup>13</sup> Lanzerotti, Laura, *Housing First for Families*, National Alliance to End Homelessness manual 2004, available at [www.endhomelessness.org](http://www.endhomelessness.org).

## **VI. THE PLAN TO END HOMELESSNESS IN LOUISIANA: *THE ROAD TO SUPPORTIVE HOUSING***

### **a. PLAN FOR OUTCOMES**

To reduce and eventually end homelessness, we need better data and a planning process that brings all partners – mainstream government agencies as well as nonprofit service providers -- to the table to focus on the outcome of ending homelessness. Never has this partnership been more important than now, in the aftermath of Katrina and Rita – our aggregate data collection are key to assuring stakeholders we are appropriately addressing our unmet needs.

#### **Action Step 1: Develop a statewide Homeless Management Information System that can achieve an unduplicated count of the homeless by 2007**

Homeless Continuums of Care, each of which applies for HUD homeless assistance funds in a coordinated community-wide process, have been organized in all ten regions of the State. Each of these Continuums has implemented, or is now beginning to implement, a Homeless Management Information System utilizing the ServicePoint software. Each HMIS contains valuable information about homeless persons in that region and about the effectiveness of the programs assisting them. Additional funds are needed to allow the HMIS data to be merged in order to compile a statewide-unduplicated count of the homeless. This data merge will assist in planning strategies and monitoring progress in reducing homelessness.

#### **Action Step 2: Use the statewide HMIS data to identify and encourage replication of the programmatic approaches, which are most effective in preventing and ending homelessness.**

The LA Interagency Action Council on Homelessness should take the lead in using the HMIS data to identify and encourage replication of the most promising approaches to preventing and reducing homelessness in our state.

#### **Action Step 3: Strengthen the LA Interagency Action Council on Homelessness by involving policy-makers at state and local agencies in planning how their agencies can more effectively prevent and reduce homelessness among their clients and wards.**

It has been recognized that homelessness cannot be reduced unless each mainstream agency serving indigent clients makes the prevention and ending of their clients' homelessness an agency priority.

## **b. PREVENTION -- CLOSING THE FRONT DOOR OF HOMELESSNESS**

Homeless assistance programs, most of which are operated by religious or charitable organizations and often funded by HUD, end homelessness for many people every day. As quickly as someone exits the homeless system, however, someone else quickly replaces him or her. Most people who become homeless are also clients of public systems of care such as the mental health, welfare, veterans, criminal justice, and child protection systems. Louisiana recognizes that one of the most effective ways to reduce homelessness is to prevent its occurrence in the first place.

To prevent homelessness, mainstream governmental agencies need to assist their most vulnerable clients – those with severe disabilities or extreme poverty -- in obtaining housing and keeping them housed. Investment in prevention holds the promise of saving money on expensive systems heavily utilized by homeless people such as hospitals and jails. Effective homelessness prevention programs include (1) rental assistance programs for families living in extreme poverty who are facing eviction and (2) discharge planning policies from public institutions such as mental health and substance abuse treatment facilities, correctional facilities, medical hospitals, foster care services, and juvenile justice services.

### **Action Step 4: Develop and expand and coordinate rental assistance programs aimed at preventing the homelessness of 2500 families with children per year.**

Currently, 93,783 renter households in Louisiana – 18 percent of the total number of renter households -- are paying more than 30 percent of their income on housing costs, which places them at risk of homelessness.<sup>14</sup> We will seek to develop rental assistance programs that target those families with children living in extreme poverty who are facing eviction due to lack of funds caused by loss of job, illness or disability, or a family emergency. These programs should assist a minimum of 2000 families per year, preventing them from otherwise becoming homeless. At a cost of approximately \$500 per family, such a program would require about \$2 million per year. Louisiana will identify state, federal, local, and private funds that could be made available for such assistance.

The prevention of homelessness relies on the early identification of those individuals who are at risk of homelessness. To aid in their identification, Louisiana will research and design a homelessness profile/checklist to aid in alerting agencies to the need to intervene expeditiously.

### **Action Step 5: Request that publicly funded institutions make at least one major improvement in their discharge planning practices, including the identification of housing options and early application for SSI and Medicaid, to prevent persons discharged from their care or custody from becoming homeless.**

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<sup>14</sup> National Low Income Housing Coalition, Out of Reach 2004, available at [www.nlihc.org](http://www.nlihc.org).

Louisiana is promoting improved discharge planning for all publicly funded hospitals, jails, prisons, foster care, mental health and substance abuse treatment facilities. We have convened a summit for these publicly funded systems to learn about federal guidelines seeking to prevent clients of the systems from being discharged into homelessness and to learn about best practices in discharge planning. As a result, four major state agencies – the Department of Corrections and Public Safety, the Department of Health and Hospitals, the Office of Mental Health and the Department of Social Services’ Office of Community Services – have adopted protocols agreeing to improve discharge planning to prevent homelessness. Each publicly funded institution will focus on making at least one major improvement in their discharge planning policies and practices that will prevent homelessness.

Essential to preventing the release of people into homelessness from publicly funded institutions is the increased availability of adequate housing resources to meet the needs of those individuals. Publicly funded institutions should partner with housing agencies, the VA and HUD to explore the use of Section 8 vouchers, conventional public housing, veterans housing, the Section 811 program for persons with disabilities and the Low Income Housing Tax Credits program, including the additional appropriation of GO-Zone tax credits available across the state in years 2006-2008.

Publicly funded institutions should also partner with the Social Security Administration and the Medicaid office to obtain or reactivate benefits for disabled clients prior to discharge. Finally, housing resource information should be targeted to people being released from institutions

**Action Step 6: Request that public agencies adopt policies to assist clients at risk of homelessness in increasing their income.**

In general, improving a person’s ability to establish adequate income is critical to preventing homelessness. Louisiana was recently awarded a federal grant through the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the state’s capacity to increase access to Social Security disability benefits for people who are homeless. While the grant activity targets the homeless, the capacity building will improve access rates for all. To increase the ability of people discharged from publicly funded institutions to be self supporting financially, staff from the institutions will work with representatives from the Social Security Administration and Medicaid prior to discharging disabled clients to ensure that the benefits for which they are eligible are applied for or reestablished prior to discharge.

One other underutilized source of improving income is the Earned Income Tax Credit. Increased use of this resource by working people can provide some ability for people at risk to increase their ability to cover basic expenses such as housing. An annual media blitz and other efforts to improve dissemination of information about EITC will enable more people to benefit from it.

**Action Step 7: Work to reduce the incarceration of mentally ill persons and homeless persons by implementation of diversion and supervised release programs.**

A method to reduce the release of persons who are disabled or homeless into homelessness from the correctional facilities is to prevent their unnecessary incarceration in the first place. Louisiana currently has the highest incarceration rate in the nation. Some of the persons currently being incarcerated in local jails for minor offenses could be diverted from the criminal justice system under supervised release programs for the mentally ill and homeless that would bring significant cost savings for the taxpayer. Local jails and state prisons will work to reduce the incarceration of persons with mental illness and homeless persons by encouraging the development of best practice strategies for jail diversion such as mental health courts, homeless courts, supervised release programs, and better coordination between jails/prisons and mental health systems.

One such project is currently underway in Baton Rouge through the East Baton Rouge Parish Prison, which is utilizing a federal grant. For those individuals who are in state correctional facilities for more serious crimes, the Department of Public Safety and Corrections has developed a re-entry concept that is in the process of full implementation. The initiative is known as “CORe” or Corrections Organized for Re-entry. Like the discharge planning activities of inpatient hospitals, the CORe process starts the release planning efforts when the individual enters the prison system. It pairs release planning with release preparation such as training and treatment with benefit application assistance, housing information, and faith-based programs that enter the prisons to help prepare people for re-entry.

**Action Step 8: Promote and maintain a database of affordable housing accessible by all state agencies and charitable service providers.**

One of the simplest ways to prevent homelessness is for state agencies and other service providers to have information about the housing resources available, including those for special needs groups such as the disabled. Louisiana plans to develop reliable databases of affordable housing for each region of the state. A Local Housing Options Team composed of key stakeholders will be convened in each region of the state for this purpose. Efforts will be made to coordinate the dissemination of this resource information among both public and private agencies involved in housing placement activities. The development of these databases will necessitate the identification of currently existing resource listings and securing the commitment of a central agency to develop and maintain the database. One state agency should be designated to coordinate and maintain this database.

**c. OPEN THE BACK DOOR OF HOMELESSNESS**

People should be helped to exit homelessness as quickly as possible. Permanent supportive housing is an intricate piece of the solution to homelessness. A key strategy to

this solution is the “housing first” concept, which places priority on providing persons experiencing homelessness a permanent place to live and then the necessary support services so that they can be successfully housed over the long-term.

Louisiana should invest in cost-effective “housing first” strategies designed to shorten people’s stay in the homeless system. For homeless families and for single adults with no or relatively minor disabilities, a Housing First strategy means providing short-term rental assistance and/or housing search services and linking persons with mainstream governmental and other services. For chronically homeless individuals with significant disabilities, Housing First means Permanent Supportive Housing in which housing units are linked with supportive services designed to assist the individual in maintaining tenancy. For some homeless individuals, particularly those needing a residential program to address a substance addiction, Transitional Housing programs available through the homeless Continuums of Care can be effective in assisting them in the recovery process and helping them locate permanent housing and employment.

A range of housing options must be created, as the type of housing will vary according to the needs of the individual or family. Permanent housing should be paired with a range of flexible on demand support services. The appropriate case management, life skills training, counseling, and employment programs must be available to ensure housing stability. This will be accomplished through coordinating governmental mainstream resources, better utilization of existing resources and significantly creating new resources. Mainstream resources include TANF, Medicaid, Food Stamps and SSI. These systems are difficult to navigate, particularly when dealing with the challenges associated with being homeless.

## **RE-HOUSING THE HOMELESS**

This plan presents strategies for re-housing individuals and families who are homeless. Currently, HUD homeless assistance programs provide grants for permanent housing for the homeless. However, these funds require matching dollars and in any event are not enough to meet the need. A variety of local, state, federal and philanthropic programs exist to support affordable housing initiatives. However, many do not give priority to the homeless. Better coordination and prioritization for the homeless are essential.

Our strategy is to garner resources, build political support and strengthen the capacity of local communities to create Permanent Supportive Housing. Implementation of these strategies will require a significant expansion of dedicated resources to make housing options available to the homeless in Louisiana, such as the Louisiana Housing Trust Fund. It will also require securing investments in Permanent Supportive Housing from mainstream housing resources and working very close with the local Continuums to utilize their Continuum of Care funds most effectively. Mainstream housing resources include Section 8 Housing Choice Vouchers, Public Housing Units, HOME funds, HOWPA and Community Development Block Grant (CDBG) funds.

**Action Step 9: Set a goal of creating 3,000 units of Permanent Supportive Housing for homeless individuals and families with children headed by a disabled adult (including the long-term homeless) over the next 10 years.**

- Building on the success of the Louisiana Permanent Supportive Housing Initiative as part of Louisiana’s recovery effort, partner with the Louisiana Housing Finance Agency (LHFA) to establish incentives in their Qualified Allocation Plan (QAP) for developers to build permanent supportive housing, using the Common Ground Model; and with state agency partners (i.e. DHH and DSS) to provide the necessary costs to supportive service providers for on demand services.
- Work collaboratively with the LA Recovery Authority, LHFA, DHH, and DSS to ensure that homeless individuals and families residing in the areas of the state most impacted by Hurricanes Katrina/Rita have priority access to permanent supportive housing units developed with a combination of GO Zone Tax Credits and/or Road Home funding through the Louisiana Permanent Supportive Housing Initiative.
- Partner with LRA, OCD, and DSS to create permanent supportive housing in areas most impacted by Hurricanes Katrina/Rita (we need to insert here the range of PSH that DSS projects to create with the 12.7 million) for homeless individuals and families using ROAD Home funds, McKinney-Vento funds, and/or state service funding.
- Seek partnership with LHFA and jurisdictions that are entitled under the HOME program to set aside a portion of their HOME allocation to be used for tenant based rental assistance for the homeless. Partner with LHFA to continue the HOME tenant based rental assistance program implemented as a response to Hurricanes Katrina/Rita focusing the program’s resources for homeless individuals and families throughout Louisiana.
- Secure a dedicated funding mechanism for the Louisiana Housing Trust Fund and ensure that some significant portion of the Trust Fund is used to house homeless and chronically homeless persons.
- Encourage partnerships between Louisiana Housing Finance Agency and local Continuums of Care to use tax credits, bond funds and HOME dollars for Permanent Supportive Housing for long-term homeless persons and homeless families with disabilities.
- Develop partnerships with local Public Housing Authorities to encourage use of local preferences in Section 8 and conventional public housing programs to be used by homeless people “graduating” from Permanent and Transitional Housing programs in the homeless Continuum of Care, so that housing units in the Continuums can be re-deployed for the chronically homeless and for families with children headed by a disabled adult.

**Action Step 10: Continue to include developer incentives in the LHFA Qualified Allocation Plan (QAP) to increase multifamily housing units affordable to families and individuals at or below 20% of AMI**

We applaud the actions of LRA to include units for very low income in the Road Home Program and those of the LHFA to partner with the development community to continue to focus on policy that addresses the need for deeply affordable housing development. In Louisiana's recovery efforts, the LHFA made a significant policy statement with its 2007-2008 GO Zone Qualified Allocation Plan (QAP), offering significant incentives for tzc credit developers to create rental units affordable for families at 30% AMI and below. Building on this success, the LHFA should continue to offer incentives to LIHTC developers within future QAPs to encourage the creation of multi-family rental units that are affordable to families at 30% of AMI and below, which are integrated into multi-family rental projects.

This action step calls on LHFA, who is providing important leadership, to increase the permanent supportive housing units from five percent to ten percent and to work in partnership with Louisiana's offices of community development (OCD), health and hospitals (DHH), and social services (DSS), to identify strategies in the QAP that will provide incentives to developers that develop higher percentages of units that are one-bedroom and to award additional points to projects that propose between 25-50% of the units as permanent supportive housing and fewer points to projects that propose between 15-25%.

- **Provide technical assistance to each homeless Continuum of Care to ensure they annually apply for and obtain the maximum amount of funds for Permanent Supportive Housing from the HUD Continuum of Care funding stream.**

Permanent Supportive Housing requires that supportive services such as case management be linked to the housing units. These supportive services are designed to assist formerly homeless disabled persons to maintain their tenancy so they do not relapse into homelessness.

**Action Step 11: Identify and develop ways of funding case management and other supportive services for Permanent Supportive Housing.**

- Maximize the use of Medicaid to fund case management for Supportive Housing.
- Identify other state, local and federal sources of funding for case management for Supportive Housing.

**Action Step 12: Fund a research and evaluation mechanism to test the cost-effectiveness of a small pilot program utilizing state funds for supportive services in Permanent Supportive Housing.**

A state investment in supportive services for Permanent Supportive Housing is expected to produce significant savings by reducing incarceration and hospitalization costs for

chronically homeless persons or homeless heads of families suffering from mental illness and/or substance addiction. This premise should be tested in a pilot program.

**d. BUILD AND REBUILD THE INFRASTRUCTURE**

According to the National Alliance to End Homelessness, “a primary reason that wide-scale homelessness did not exist twenty-five years ago is that the infrastructure of housing, income and services that supports poor people has changed. Remedies to homelessness must take place within the context of re-building this infrastructure. Although we can stop people who lose their housing from spending lengthy periods of time homeless, ultimately we will not be able to stop people from having housing emergencies until we address their housing, income and service needs.”<sup>15</sup>

In the aftermath of the hurricanes, there is little infrastructure in the impacted areas, with housing, employment and services all impacted severely. More than 123,000 homes and 82,000 rental properties in Louisiana suffered major or severe damage.<sup>16</sup> 50% of New Orleans rental units were lost and HUD will demolish 5,000 public housing units. Those poor residents who chose to remain in Louisiana found few affordable housing options in rental markets with 95% occupancy rates. Housing affordability is defined as 30% of a person’s gross income; most poor persons often spend in excess of 50% for their housing costs. And those long-term homeless who rely on SSI must pay 86% of their income in Louisiana to rent a one-bedroom apartment at the HUD determined fair market rents.<sup>17</sup>

Health care is woefully inadequate to meet the need and this includes mental health care and substance use disorder. Mental health problems abound a year after Katrina. Suicide rates in New Orleans have nearly tripled and the region’s remaining few psychiatrists are overwhelmed with cases of depression, post-traumatic stress disorder and related problems. We are in a mental health crisis; major hospitals with mental health beds have closed as have wards for substance abusers. As of June 2006, only two psychiatry hospital beds were available within 25 miles of New Orleans and despite unprecedented substance abuse, there were no inpatient detoxification beds closer than Baton Rouge.

Adjusting to displaced populations is also straining medical resources and social services throughout the state. The population in East Baton Rouge Parish has increased by 4.3% between July 2005 and January 2006. A similar period saw a 6% increase in Tangipahoa parish, a 4.8% increase in Ascension Parish and a 3% increase in Livingston Parish.<sup>18</sup> Baton Rouge still has 25,000 to 50,000 Katrina evacuees and a 0% vacancy rate in the local rental market.<sup>19</sup>

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<sup>15</sup> National Alliance to End Homelessness. A Plan, Not a Dream: How to End Homelessness in 10 Years. Available at [www.naeh.org](http://www.naeh.org).

<sup>16</sup> Road Home Overview, available at [www.lra.louisiana.gov](http://www.lra.louisiana.gov).

<sup>17</sup> Technical Assistance Collaborative. Priced Out in 2004, available at [www.tacinc.org](http://www.tacinc.org).

<sup>18</sup> Brookings Institute, June 2006 – Katrina and Rita Impacts on Gulf Coast Populations: First Census Findings, available at [www.brookings.edu](http://www.brookings.edu)

<sup>19</sup> Appleseed, Continuing Storm: The Ongoing Struggles of Hurricane Katrina Evacuees. August 2006, available at [www.appleseeds.net](http://www.appleseeds.net).

Wrap-around services are not currently available. For those areas not impacted by the storms, there is storm fatigue and a break down in the planning process. We have all relied heavily on the referral-based process for services, with case managers carrying out the heavy role of navigating a fragmented system. With our system now battered and broken, we must indeed rebuild.

Income to homeless individuals and families and those at risk does not cover the cost of housing. And unemployment is up in the hurricane impacted areas; there has been a surge of undocumented workers – approximately 64% of construction workers are undocumented and they are paid significantly less than documented workers. Many undocumented workers are living in abandoned, mold-infested houses. To further complicate this issue in Louisiana, fair market rents in some markets have increased due to demand following the storms. Rental rates in New Orleans have increased 25-30%. The poor are now required to pay a higher amount for their rental housing costs. This rise in rent particularly impacts those receiving housing assistance as the scarcity of New Orleans rental units has caused them to far exceed HUD's Fair Market Rent determination.<sup>20</sup> Additional subsidies are needed to assure that persons at the 40% and 60% of AMI have affordable units from which to choose.

**Action Step 13: Consider using Temporary Assistance for Needy Families (TANF) Block Grant funds for short-term housing assistance and HUD's HOME Tenant Based Rental Assistance (TBRA) component for longer term housing assistance for homeless families and individuals .**

The Department of Social Services/Office of Family Support administers the TANF program. It is recommended that a request of TANF funds be allocated and made available to assist short-term housing assistance for the homeless in Louisiana. Specifically the funding would be used to end the cycle of homelessness in Louisiana by stabilizing the families and aiding them in establishing permanent housing using the housing first model. The usage of the funds under TANF is allowable and meets TANF Goal #1: To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

We applaud the LHFA for their allocation of TBRA to certain areas following the hurricanes. We encourage the continued and expanded use of this resource under the administration of the regional continuums of care.

**Action Step 14: Strengthen the provision of integrated, coordinated supports through mainstream resources, especially focusing on the use of Medicaid and other federal programs to increase services.**

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<sup>20</sup> Appleseed, Continuing Storm: The Ongoing Struggles of Hurricane Katrina Evacuees. August 2006, available at [www.appleseeds.net](http://www.appleseeds.net).

One way to realize this objective is to reconfigure the Medicaid program to include a waiver to provide case management. Additional service coordination is required from mental health and addiction agencies, head start and educational services, and employment services. In order to implement this action step and indeed all of these strategies, it will be necessary to develop a system for supportive housing. This body believes strongly that the best method for this result is an office of homeless services, which would serve in a coordinating capacity for all of the homeless formula/entitlement funding and other funding deemed necessary to implement this plan.

## **SUMMARY AND CONCLUSIONS**

The housing needs of the homeless have been partially addressed in this plan. Suffice it to say that every homeless person's highest need is housing. In our beleaguered state, it only makes sense to invest in permanent supportive housing, which significantly reduces the cost of medical, mental health, and criminal justice resources that are used by those who are chronically homeless. In fact, recent research has demonstrated that providing permanent supportive housing costs about the same as leaving an individual on the streets and having him/her cycle through the various disconnected healthcare, correctional, mental health, and substance use treatment facilities.

Mainstream services in Louisiana before the storms were disconnected and fragmented. Our agencies have often been described as operating in a silo system. We are now operating in a crisis of unmet need. Without supports that are wrapped around each person experiencing homelessness, our efforts will not succeed.

Our objectives, then, are clear. We must address as a whole the housing, income and services needs of the homeless in a coordinated and comprehensive fashion. We have outlined an opportunity in this document that will take us a long way down The Road to Supportive Housing. We freely acknowledge that there were gaps in our system even prior to Katrina and Rita. But we believe that if these strategies and action steps are carried out we can end homelessness for many of those who revolve in and out of its door. We further believe that this implementation offers significant benefits and few risks. The benefits dwell in the increased quality of life, the increased productivity for those persons experiencing homelessness and the reduced costs of crisis intervention to the state systems of care. There is risk in identifying obstacles and not achieving these goals; however, even modest increases in affordable housing and permanent supportive housing units are cause for celebration.

We are now able to forge new and significant partnerships with national, state and local foundations to provide direction and assistance in these efforts. Beyond that, we are encouraged by the level of participation from and between state housing and service agencies, allowing for an integrated approach to the rebuilding efforts both in the hurricane-impacted areas and in those areas whose populations have increased as a result of the storms.

We acknowledge that the nonprofit sector and the organizations that have come together to produce this document **cannot carry out these strategies** in a vacuum. We must first have state level commitment and leadership to ensure sustained political will for development and implementation of *The Road to Supportive Housing*. Our first challenge is to educate key leadership to garner support. This includes the legislature, state and local government agencies and advocates.

Secondly and equally challenging is to maximize that leadership and support to establish an **Office of Homeless Services** within the office of the Governor. The maximum and efficient use of scarce resources demands quality and careful oversight of both funds and service delivery. Further, supportive housing demands coordination of housing and services, which requires access to and coordination of mainstream resources.

Finally, we believe that *The Road to Supportive Housing* establishes a process to address deliverables that will increase opportunities for our most vulnerable populations. This plan addresses identified needs and provides appropriate resources to implement action steps toward those needs.