



Jurisdictional Leadership in Ending Chronic Homelessness

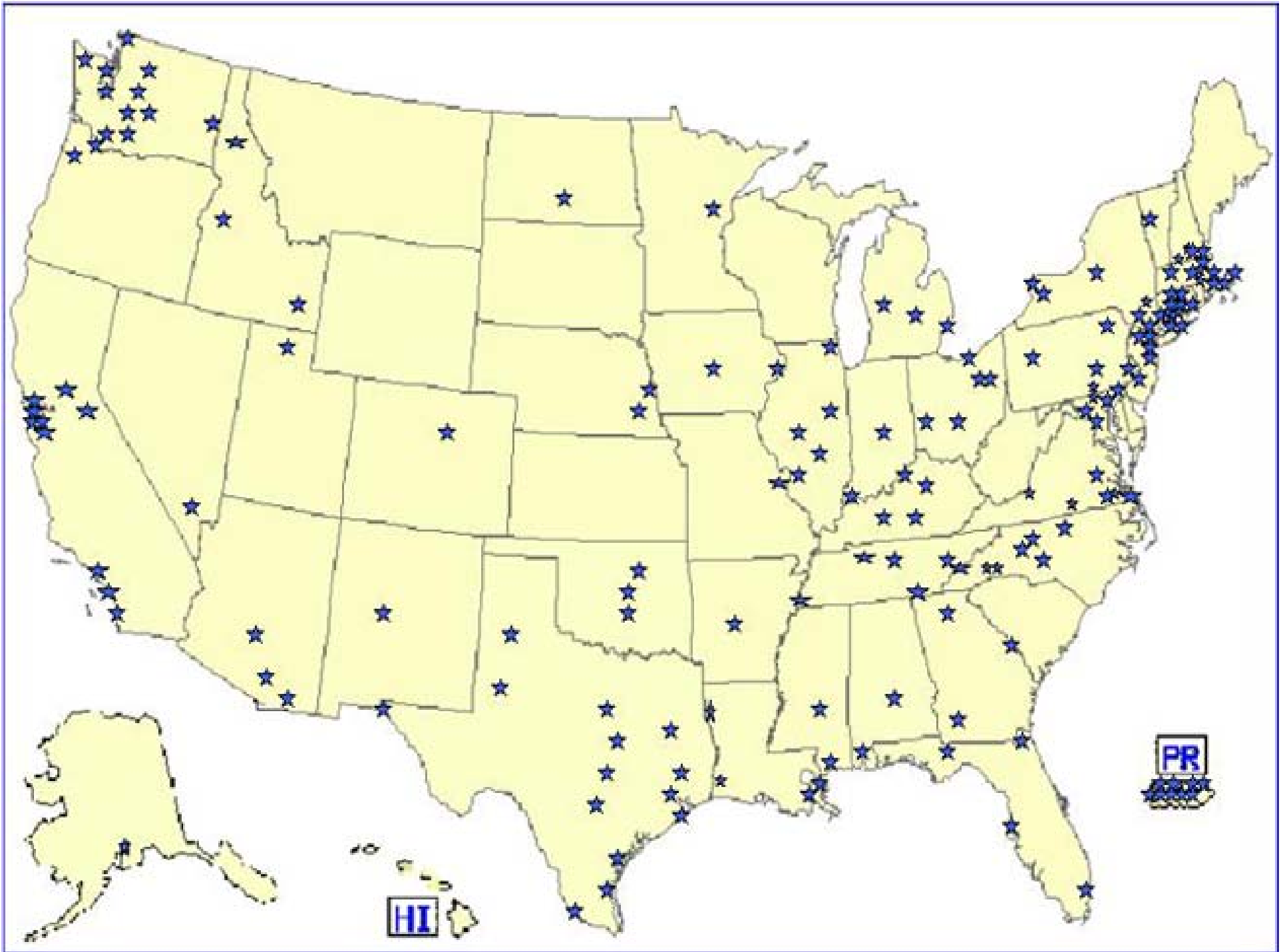
Presented to: The New Cities Project

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United States Interagency Council on Homelessness

409 3rd Street, SW, Suite 310 Washington, D.C. 20024

Phone (202) 708-4663 • www.usich.gov • Fax (202) 708-1216





United States Interagency Council on Homelessness

Results in Ending Chronic Homelessness: National Media Summary

The New York Times

April 25, 2006 – ONE-NIGHT SURVEY SHOWS 13% DECREASE IN CITY'S HOMELESS

"The number of people living on the streets of New York City decreased by 13% from last year, according to an estimate released yesterday by the Department of Homeless Services."

The Dallas Morning News

April 10, 2006 – DALLAS HOMELESS NUMBERS FALL 3.3%; CHRONIC HOMELESSNESS DOWN 26%

"The number of people sleeping in homeless shelters and on the streets in Dallas County decreased 3.3% from a year ago, to 5,704, according to a new count being released today . . . the drop was much sharper for longtime homeless people with mental or physical disabilities, who are considered chronically homeless. That number fell 26%, to 733, according to the annual count by the Metro Dallas Homeless Alliance and the City of Dallas."



February 15, 2005 – SAN FRANCISCO HOMELESS COUNT SHOWS SHARP DROP

"The 41% decrease in the number of people counted – from more than 4,500 to 2,655 was due to a number of factors . . . The working total altogether now stands at 5,642, or 28% fewer than the 8,640 total in 2002."

Chicago Tribune

July 8, 2005 – CHICAGO SAYS PLAN TO HELP HOMELESS IS WORKING

“As of the end of June, 1,400 emergency and transitional shelter beds have been eliminated in Chicago and more than 1,000 permanent housing units were created, according to the report issued by the City. Another 945 beds were turned into rapid re-housing, a program designed to get the homeless into permanent residences within 120 days.”

The Miami Herald

April 20, 2006 – MIAMI HOMELESS POPULATION DOWN BY 39%

The number of people in Miami experiencing homelessness has dropped by 39%, according to Mayor Manny Diaz, in his annual State of the City address. Miami has also seen a 30% decrease in its street population.

City of Portland

January 12, 2006 – 600 CHRONICALLY HOMELESS PEOPLE ARE OFF THE STREETS THANKS TO PORTLAND CITY, COUNTY EFFORTS

“Portland has moved 600 chronically homeless people into permanent housing in the first year of the 10-Year Plan to End Homelessness, city and county officials announced today. This is more than three times the plan’s original goal, which called for permanently housing 175 chronically homeless people by the end of 2005.”



April 28, 2006 – QUINCY, MASSACHUSETTS SEES 38% DROP IN UNSHELTERED HOMELESS POPULATION; 19% DROP AMONG CHRONIC POPULATION

City of Presidents Mayor William Phelan, cutting the ribbon on 19 new housing units for chronically homeless veterans, announced that Quincy’s unsheltered population has dropped by 38% in one year, with a 19% drop in the population of persons experiencing chronic homelessness.

M I L W A U K E E
JOURNAL SENTINEL

The Herald-Sun
durham > chapel hill > research triangle

THE CAPITAL TIMES
Madison, WI

REPORTER Vacaville,
California

February 25, 2006 – CHRONIC HOMELESS NUMBERS DECLINE IN MADISON AND RACINE COUNTY

“The latest survey, taken in January, found 40 people fit the department’s definition of chronically homeless, down from 66 in 2005.”

February 14, 2006 – TRIANGLE HOMELESS COUNT DIPS A BIT AGAIN

“An annual count of the Triangle’s homeless population found the number in Durham, NC was 493, continuing a slight drop seen over the previous two years.”

April 22, 2005 – FEW ARE HOMELESS IN MADISON AND DANE COUNTY

The number of homeless people in Dane County dropped by two-thirds between 2000-2004, from 15,474 people housed or turned away from emergency shelters, to 5,095 last year according to the city’s annual report on homelessness services.

November 21, 2005 – SURVEY SUGGEST HOMELESS NUMBERS ARE ON THE DECLINE IN SOLANO COUNTY, CA

“The Solano Safety Net Consortium released survey results from the county’s second tally of homeless, counting 672 transient people in a 24-hour snapshot. The numbers were slightly down from the inaugural survey performed last January, but officials stressed that they numbers only offer a glimpse.”

TEN ELEMENTS OF GREAT PLANS

These Ten Elements create **Great** Plans that are research-driven, performance-based, and results-oriented.

DISCIPLINED PEOPLE

1. Political Will
2. Partnerships
3. Consumer-Centric Solutions



DISCIPLINED THOUGHT

4. Business Plan
5. Budget Implications
6. Prevention AND Intervention
7. Innovative Ideas

DISCIPLINED ACTION

8. Implementation Team
9. Broad-Based Resources
10. Living Documents

"We tried to bring our plans to successful conclusion step by step, so that the mass of people would gain confidence from the successes, not just the words."

- Kroger CEO, Jim Herring, Good to Great

POLITICAL WILL

Leadership from Jurisdictional CEOs

Great Plans are typically sponsored by Mayors/County Executives/
Governors who often:

- Announce the planning process publicly and appoint planning committee members
- Appoint community champion(s) to provide visible leadership in convening the planning committee
- “Own” the Plan and commit to implementation
- Align government agencies to support implementation goals



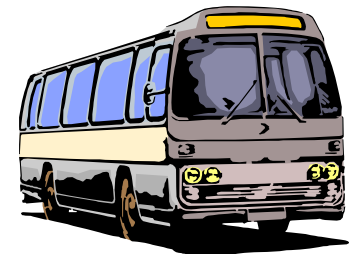
Respected community champions play important leadership roles that support, sustain, and implement 10-Year Initiatives.

PARTNERSHIPS

Who is “On the Bus?”

Great Plans have created Community Will for ending chronic homelessness by including leaders from all private sector stakeholders.

- United Way/Philanthropy
- Banks/CRA Representatives
- Business and Civic Leaders
- Chamber of Commerce/Downtown Associations
- Housing Developers/Housing Authorities
- Tourism Officials/Hospitality
- Academia
- Hospitals/Regional Healthcare Systems
- Behavioral Health/Other Care Providers
- Consumer Advocates
- Transportation Agencies
- Workforce Agencies
- Faith-Based Organizations
- Law Enforcement/Courts
- Veterans Organizations
- Providers/Non-Profits
- Consumers



“No one level of government, no one sector can do this job alone. Every level of government and every stakeholder from the private sector, including consumers, need to be partnered to reach the goal.”
- Philip F. Mangano

BUSINESS PLAN

Implementation Management

Business Principles

Great Plans are results-oriented. They gain credibility by orienting around a basic management agenda for success which can include:

- Research and data driven investments that move the response beyond anecdote and hearsay to achievement of quantifiable results
- Performance based focus related to targeted outcomes
- Results oriented measures that are indicators of the plan's impact
- Return on investment outcomes in people experiencing chronic homelessness moving off the streets and out of long term shelter to housing
- Cost benefit analysis studies to identify savings (e.g. emergency room and other primary and behavioral health costs, law enforcement, courts, incarceration, etc.)



More...

BUSINESS PLAN

Implementation Management

Great Plans are configured to achieve results, by incorporating into their content:

- One: Business Principles – familiar concepts, such as investment vs. return, that bring a business orientation to the strategy
- Two: Baselines – documented numbers that quantify the extent of homelessness in the local community
- Three: Benchmarks – incremental reductions in the number of people experiencing chronic homelessness planned over time
- Four: Best Practices – proven methods, approaches that directly support ending chronic homelessness
- Five: Budget – the potential costs and savings associated with plan implementation



More...

BUSINESS PLAN

Implementation Management

Best Practices

Great Plans incorporate proven, evidence-based practices that deliver results:

- Maintain local practices that work
- Draw upon research and results achieved by innovation elsewhere to make the case for investment in your community
- Adapt best practices as needed to meet local needs
- Practice the “art of legitimate larceny” of “stealing” the best ideas from other cities



“Innovative ideas and initiatives that have produced the intended results elsewhere are welcome. They can be homegrown or stolen. Finding best practices elsewhere and replicating is legitimate larceny.”

- Philip F. Mangano

INNOVATIVE IDEAS

DISCIPLINED THOUGHT

Proven Technologies

Great Plans incorporate the latest research-based, results-oriented innovations, as well as re-tooled Best practices such as:

- Permanent Supportive Housing
- Housing First
- Assertive Community Treatment (ACT) Teams
- Project Homeless Connect
- NO WRONG DOOR
- Zero Tolerance for Discharge to Homelessness
- Reunification



**NATIONAL
PROJECT
HOMELESS
CONNECT**



They also practice “legitimate larceny” in the quest to capture and apply results-oriented practices from other communities.

Cost Implications

Adding It Up: Chronic Homelessness is Expensive

Great Plans include a local Cost Benefit Analysis to reveal to the community the hidden costs of chronic homelessness and to identify saving opportunities.

Ending chronic homelessness often results in reductions in:

- + Emergency room visits
- + Ambulance fees
- + EMT Costs
- + Hospital admissions



- + Arrests
- + Incarcerations
- + Court costs
- + Treatment costs in acute behavioral health programs

Minimally, the Plan includes cost benefit studies from other communities to establish a basis for the cost of chronic homelessness.

“You must have faith that you can and will prevail in the end . . . AND at the same time have the discipline to confront the most brutal facts of your current reality . . .”

Jim Collins, Good to Great

San Diego Experience

Costs/Services for 227 individuals over 18 months:

- \$6.1M in health care costs with \$5M being uncompensated
- 2358 hospital visits, 275 admissions, 1,300 inpatient days
- 1,300 ER visits, 1745 trips by ambulance
- Numerous police pick-ups and transport to detox
- \$26,431 per person cost for health only

Costs/Services for subset of 15 highest utilizers over 18 months:

- **\$3 Million or \$133,333 per person per year.**

Boston Study

- **Utilization of Medical Services by 119 homeless individuals 1999 – 2003**
 - ER visits 18,384
 - Medical Hospitalizations 871

King County Study Washington State

**Tracked homeless individuals with SAMH to
Determine service utilization & costs**

- 2000 20 = \$1,090,842 (\$54,542 pp)
- 2003 24 = \$1,187,746 (\$49,489 pp)
- Inc. jail days, ER, Inpat stays, detox & SA treatment
- Highest utilizers cost \$100K/yr pp in ER/hospital services alone

10. LIVING DOCUMENTS

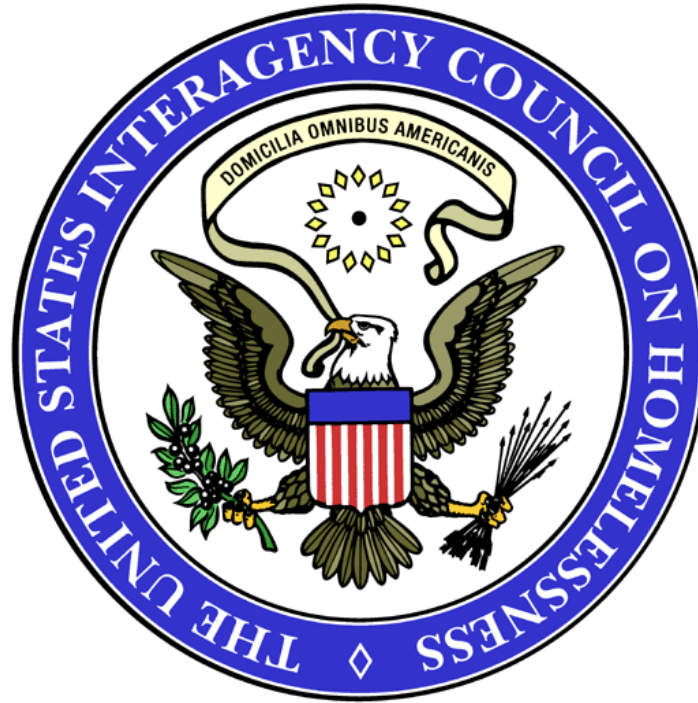
Keep the Momentum Going

Great Plans maintain momentum by including a schedule to monitor, review, and update the strategy on a regular basis.

- Assess progress according to benchmarks
- Regularly modify strategy and tactics based on assessment outcomes
- Apply “legitimate larceny”
- Share ideas and lessons learned by meeting with other cities through forums sponsored by USICH
- Add innovations that demonstrate results; discard strategies that don’t
- Schedule public events to mark visible progress
- Celebrate success



Incorporate the Ten Elements into new plans; add the Ten Elements to existing plans as needed.



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