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Testimony

of the

Los Angeles Homeless Services Authority

on

“The Samaritan Initiative Act of 2004”

H.R. 4057

By

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Subcommittee on Housing and Community Opportunity

Chairman, Robert Ney

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Good morning Chairman Ney, Ranking Member Waters, and distinguished members of the Subcommittee on Housing and Community Opportunity.

My name is Mitchell Netburn. I am the Executive Director of the Los Angeles Homeless Services Authority, known as LAHSA. LAHSA is a joint powers authority created by the City and County of Los Angeles and is responsible for planning, funding, and coordinating local homeless programs.

Thank you for the invitation to provide testimony in support of H.R. 4057, the Samaritan Initiative Act of 2004. LAHSA and the City of Los Angeles readily endorse the Samaritan Initiative because it will continue a successful collaborative model that will help us reach the national goal of ending chronic homelessness.

Homelessness in Los Angeles

It is estimated that 80,000 men, women and children are homeless throughout Los Angeles County on any given night. Of those 80,000 persons, we estimate that at least ten percent can be considered chronically homeless according to the federal definition.

In November 2003, Los Angeles began a strategic planning process to end homelessness throughout the County in ten years. Led by Supervisor Yvonne B. Burke and Mayor James K. Hahn, a total of ten elected officials convened a 60 member Blue Ribbon Panel of community leaders to oversee the development of our strategic plan, which will be adopted this Fall. Los Angeles is committed to ending homelessness.

In the past year and a half, for the first time ever, the County and City of Los Angeles have contributed over 10 million dollars of local funds to turn a temporary Winter Shelter program into a year-round program. This program is operating at 103% occupancy and serves nearly 1,000 homeless people every night, primarily in congregate shelters. Many of these people are chronically homeless and until this program became operational year-round, they lived on the streets for nine months of the year. During 2003, 7,833 unduplicated clients of the program participated in case management services. Of these, 1,108 were placed in transitional housing and 685 were placed directly in permanent housing. These outcomes clearly show that homeless people, even chronically homeless people, want a home.

While we have many other programs that also successfully house chronically homeless people, many of them remain on the streets or in shelters. Part of the reason for this is funding limitations, and part of the reason is that we needed new models to engage and house chronically homeless people. As described below, the Collaborative Initiative to Help End Chronic Homelessness allowed us to create a new model that has early success in placing chronic homeless people into permanent housing.

The Los Angeles Skid Row Collaborative

Last year, as a precursor to the Samaritan Initiative, eleven grants were awarded nationally through the Interagency Council on Homelessness under the Collaborative Initiative to Help End Chronic Homelessness. Among the grantees was the Skid Row Collaborative (Collaborative), comprised of eleven Los Angeles agencies including LAHSA. For those of you who have not visited Los Angeles, Skid Row is located in the eastern part of downtown Los Angeles and has the largest concentration of street homelessness in the United States. Approximately 10,000 homeless and at-risk people live in this 40 square block area. With a high incidence of physical disability, mental illness and addiction, Skid Row is home to a significant number of chronic homeless people who are also frequent users of public systems of care.

The Collaborative proposed providing subsidized housing for 62 persons as well as a comprehensive array of services, including mental health care, substance abuse recovery services, and primary health care. I am pleased to report that the project has met its goal to house 70% of its clients within the first six months of the program. This model works. In addition, Los Angeles' Collaborative established an unprecedented level of local interagency cooperation among parties that had not previously coordinated.

The promise of this intensive Collaborative can already be seen in the experience of its participants, such as Gloria. Severely mentally ill, diagnosed as a schizophrenic, Gloria spent more than a year and a half surviving on the streets in Skid Row. She had been kicked out of many housing programs. This Spring the Collaborative Outreach Team engaged Gloria on the streets and provided her with mental health and health services. They also helped her complete the complicated paperwork needed to access her Shelter Plus Care unit, which she never would have been able to do on her own.

While waiting for her permanent housing unit, she stayed at the Lamp SafeHaven, another Collaborative housing site. Despite numerous challenges in engaging her and building trust, Gloria was among the first to be housed at the St. George Hotel, one of the Collaborative's permanent housing sites, in March of 2004. Staff, building management, and even other St. George tenants have all provided consistent support to her in spite of her bizarre and sometimes unpredictable behavior.

Gloria sees the onsite psychiatrist and nurse, maintains her appointments with health and mental health providers, and takes her medications. She has also worked through two crises, including having her foot run over by a car (hit and run), and being in a car accident in which she was a passenger. The team assisted her during her hospitalization by ensuring her rent was paid. The onsite nurse even re-cast her leg when she removed the cast during a delusional attack.

Gloria consistently pays her rent and maintains her room. She regularly participates in social activities and has exhibited improved social and independent living skills. Sometimes, she is even humorous. She has gained so much trust with the staff that she

self-reported her first experience with drugs to her case manager, who was able to deter her from further use.

The Samaritan Initiative and Homeless Policy

Gloria, and others like her, could not have attained this level of success without the consistent and coordinated efforts of the Skid Row Collaborative. The Chronic Homeless Initiative, by providing funding and requiring local collaboration among diverse agencies, ensured that this would be the case. While we fully support continuing this model through the Samaritan Initiative, I would like to share some concerns with you about the proposed legislation as well as describe our view of its relationship to federal homeless policy as a whole.

Our primary concern is that the funding authorized in this bill is not sufficient to meet the Administration's goal of ending chronic homelessness. The Collaborative Initiative provided a total of \$35 million nationally. We are fortunate in Los Angeles to have been one of eleven recipients of this funding because it will allow us to end chronic homelessness for 62 people. The Samaritan Initiative proposes to double that amount of funding. However, let me make the crude assumption that if Los Angeles successfully competes for funding under the Samaritan initiative, it will receive twice the funding it received under the Chronic Homeless Initiative. This funding, along with a 50% cash match, would allow us to help 124 people over three years. While we would be grateful to have these additional federal funds, it would only allow us to help a fraction of our chronic homeless population.

To truly end chronic homelessness, we have to be realistic about the costs. Congress must increase the authorized and appropriated levels of funding for the Samaritan Initiative if our country is to meet the Administration's goal of ending chronic homelessness in ten years.

We also request that the Samaritan Initiative ensure that the participating federal agencies take to heart the directive to collaborate. Despite the good intentions of the Collaborative Initiative, the application and early administration of the program were complicated. The Samaritan Initiative sets forward the expectation to collaborate, but also offers, "to the maximum extent feasible and appropriate." We suggest removing this language to ensure that the program will be truly collaborative at the federal level.

As much as we appreciate the Administration's bold commitment to end chronic homelessness, we cannot lose sight of the significant needs of homeless people who do not meet the federal definition of chronic homelessness. We do not believe that the Samaritan Initiative's focus on chronic homelessness will make it more difficult for us to reach our goal of ending all homelessness -- provided resources are not diverted to help end chronic homelessness. We do not want the balance of the approximately 80,000 persons who are homeless on any given night, and the over 200,000 who are homeless during the course of a year, to face extended episodes of homelessness because resources were diverted to help chronic homeless persons.

For this reason, LAHSA supports additional funding provided by the Services to End Long Term Homelessness Act (SELHA), which authorizes a new program under the Department of Health and Human Services, and the National Housing Trust fund, which would help us advance our affordable housing production goals. Further, LAHSA supports adding an additional \$150 million to the FY2005 Homeless Assistance Grants budget, to help fill the gaps in local homeless delivery systems.

Because the Housing Choice Voucher Program is one of the most important tools we have for ending homelessness, we strongly oppose the Administration's proposed FY2005 budget cuts to this program. If the cuts are implemented, it is estimated that in the first year alone California stands to lose 35,000 vouchers and the City of Los Angeles stands to lose 5,000 vouchers. This proposal introduces uncertainty into people's lives, makes planning difficult, and jeopardizes future housing development. If adopted, the devastating loss of vouchers will set back our efforts for years to come and make it nearly impossible to end homelessness.

Mr. Chairman, your subcommittee came to Los Angeles last year to hear public comment on the Administration's proposal to convert the Housing Choice Voucher Program to a block grant program. The proposal met with widespread opposition and, wisely, Congress rejected it. We respectfully request that Congress reject the Administration's proposed cuts to the Housing Voucher Choice Program. We need more affordable housing, not less.

Housing coupled with supportive services is the key to ending chronic homelessness and lays the foundation not only for rebuilding individual lives, but for restoring vitality to communities that have been neglected. We support the Samaritan Initiative because it will help our country accomplish these goals. To individuals like Gloria, the Samaritan Initiative offers hope that being chronically homeless need not be a life-long sentence to mere survival on the streets or in shelters.

By supporting H.R. 4057, the esteemed members of this Subcommittee have the opportunity to bring the vision of ending chronic homelessness in America closer to reality.

Thank you again for the invitation to share the views of the Los Angeles Homeless Services Authority. If you have any questions, I would be more than happy to address them.