



Region of Waterloo

A Systems-Based Approach to Ending Family Homelessness

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ALL ROADS LEAD TO HOME



Waterloo Region, Ontario, Canada



- Cities of Cambridge, Kitchener, Waterloo and 4 townships
- 10th largest urban area in Canada and 4th largest in Ontario
- \$12M annual funding to end homelessness



Population 560,000

Overview of Presentation



- Background to local approach
- Investing in "pathways", not "programs"
- Focus on families:
 - Ending Family Homelessness report
 - Family Shelter Diversion pilot results
- "Functionally ending" family homelessness
- Questions

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BACKGROUND TO LOCAL APPROACH



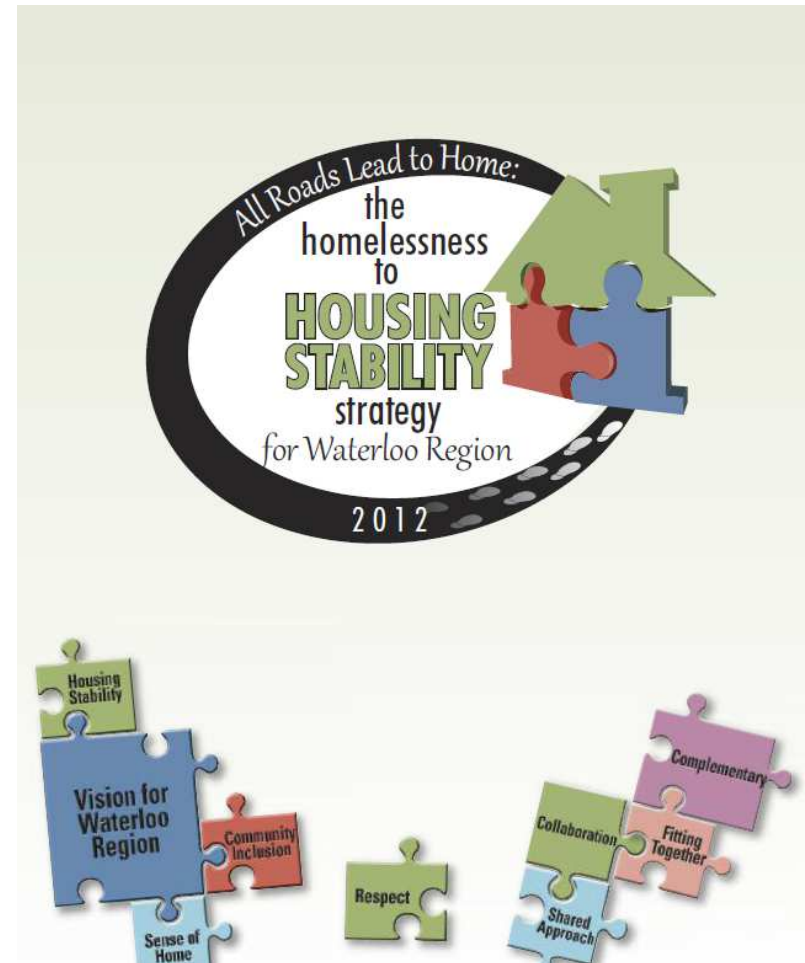
The Strategy

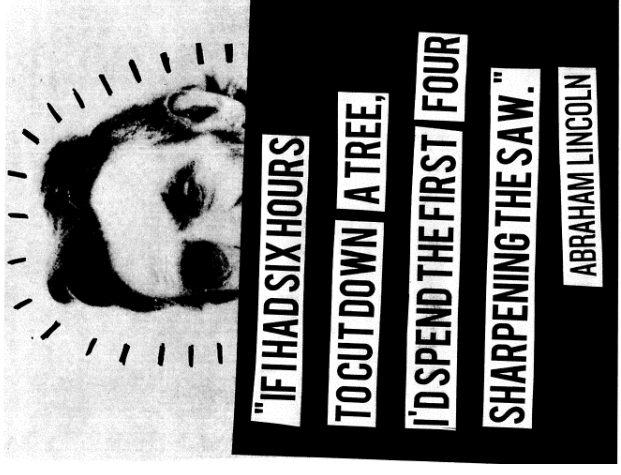
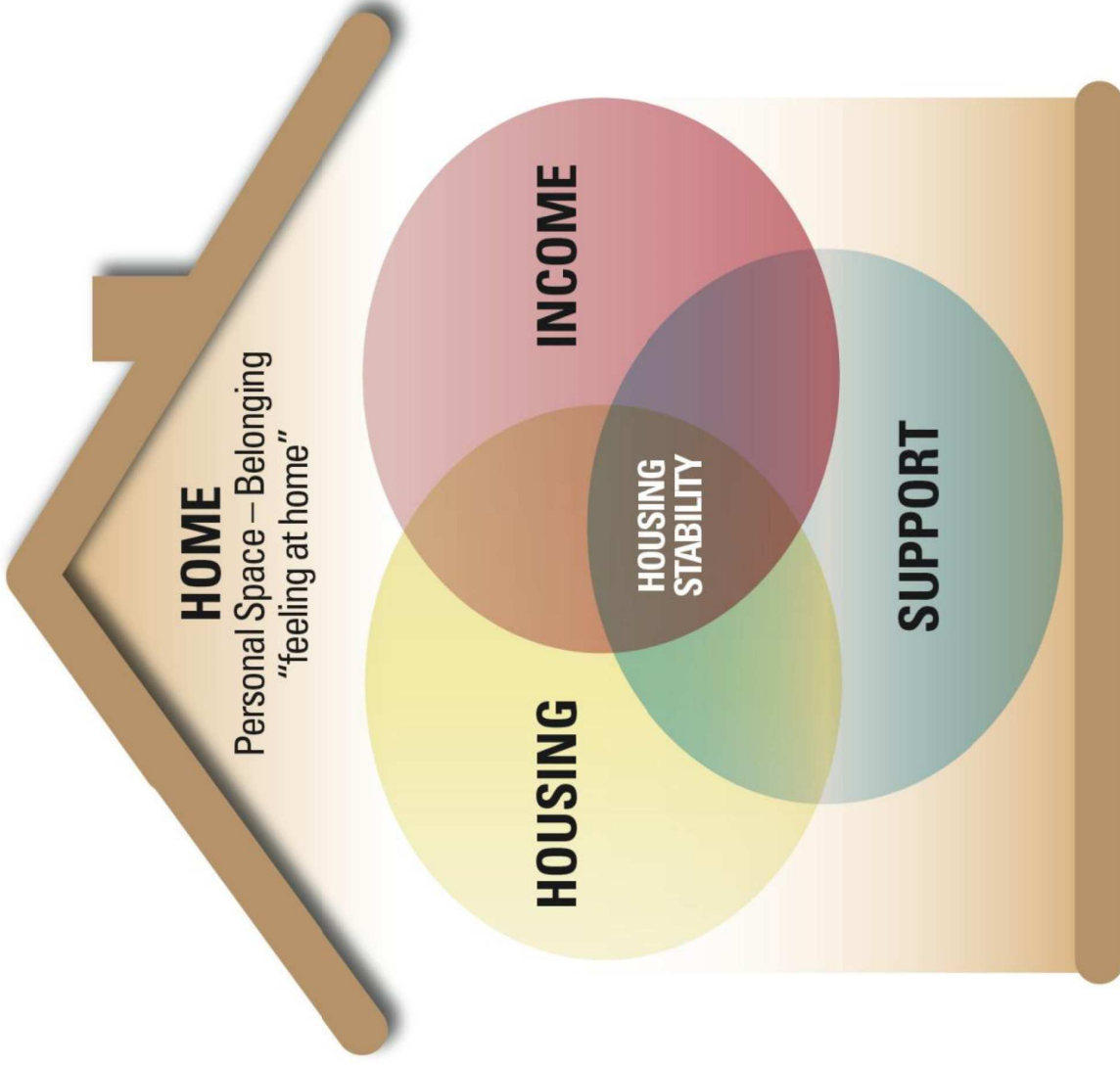
1) Policy Framework:

Common point of reference for ***thinking*** about how to end homelessness.

2) Action Framework:

Supports the community to take ***action*** to end homelessness.





Housing First Approach



- **Philosophy** – believe everyone deserves a home and is "housing ready"
- **Systems Approach** – invest in housing stability solutions
- **Program** – support people experiencing persistent homelessness to find, establish, and retain housing



Culture eats strategy for breakfast



The Power of a "Learning Culture"



Why should systems embrace a learning culture?

- Invest in people – you matter.
- Nurtures relationships – from me to we.
- Continuous improvement – bend, don't break.
- Strengthens knowledge base – better outcomes.

the **ultimate purpose** is to do the best
we can for the people we serve

INVESTING IN PATHWAYS, NOT PROGRAMS



The "Before": Connected but Uncoordinated



Street
Outreach



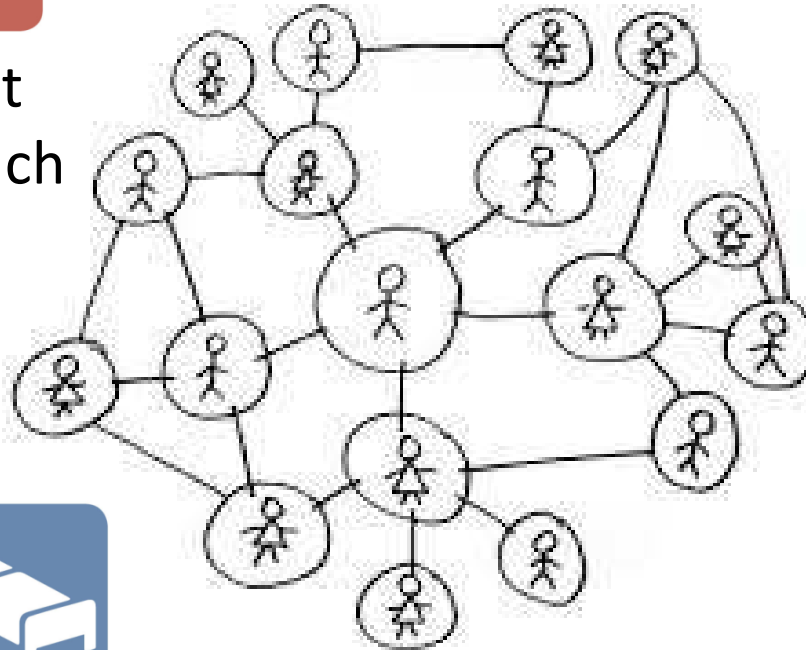
Affordable
Housing &
Supportive
Housing



Time Limited
Residence



Emergency
Shelter

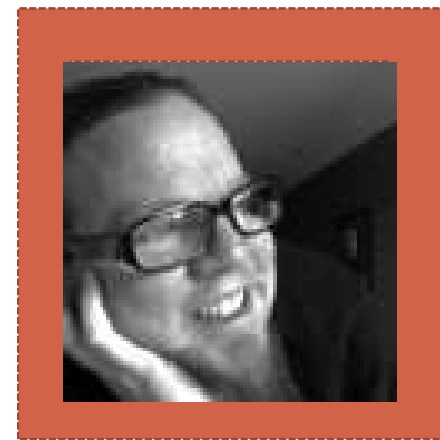


Housing
Help

The "Ideal": Progressive Engagement



- Common understanding of roles/functions
- Right housing resources, right time, based on depth of need
 - **Level 1:** "Self-directed" – may include some support to navigate
 - **Level 2:** "Light" – phone-based or on-site
 - **Level 3:** "Transitional" – time-limited, community-based/mobile
 - **Level 4:** "Intensive" – Housing-Based Support
- Priority lists, not waiting lists





POTENTIAL REFERRAL SOURCES:

- Self or family/friend (local, other community)
- Street outreach
- Other housing stability program
- Other community system



1. Housing Hubs¹



more days

When does household say they need housing or shelter?

2. Housing Help Centres^{1, 2}



Exit #1

1. Diversion²



Exit #2

2. Diversion Plus³

less days



Exit #3

- Emergency Shelter with daily "intentional housing conversations"²

Level 1	Level 2	Level 3
"Self-Directed" Resources	"Light" Housing Support	"Transitional" Housing Support



Level 4

"Intensive"
Housing Support



Exit #4



Does the
household need
intensive support?

community



Exit #5



1. Housing Help Centres
2. Housing Hubs

NO

YES



Exit #6

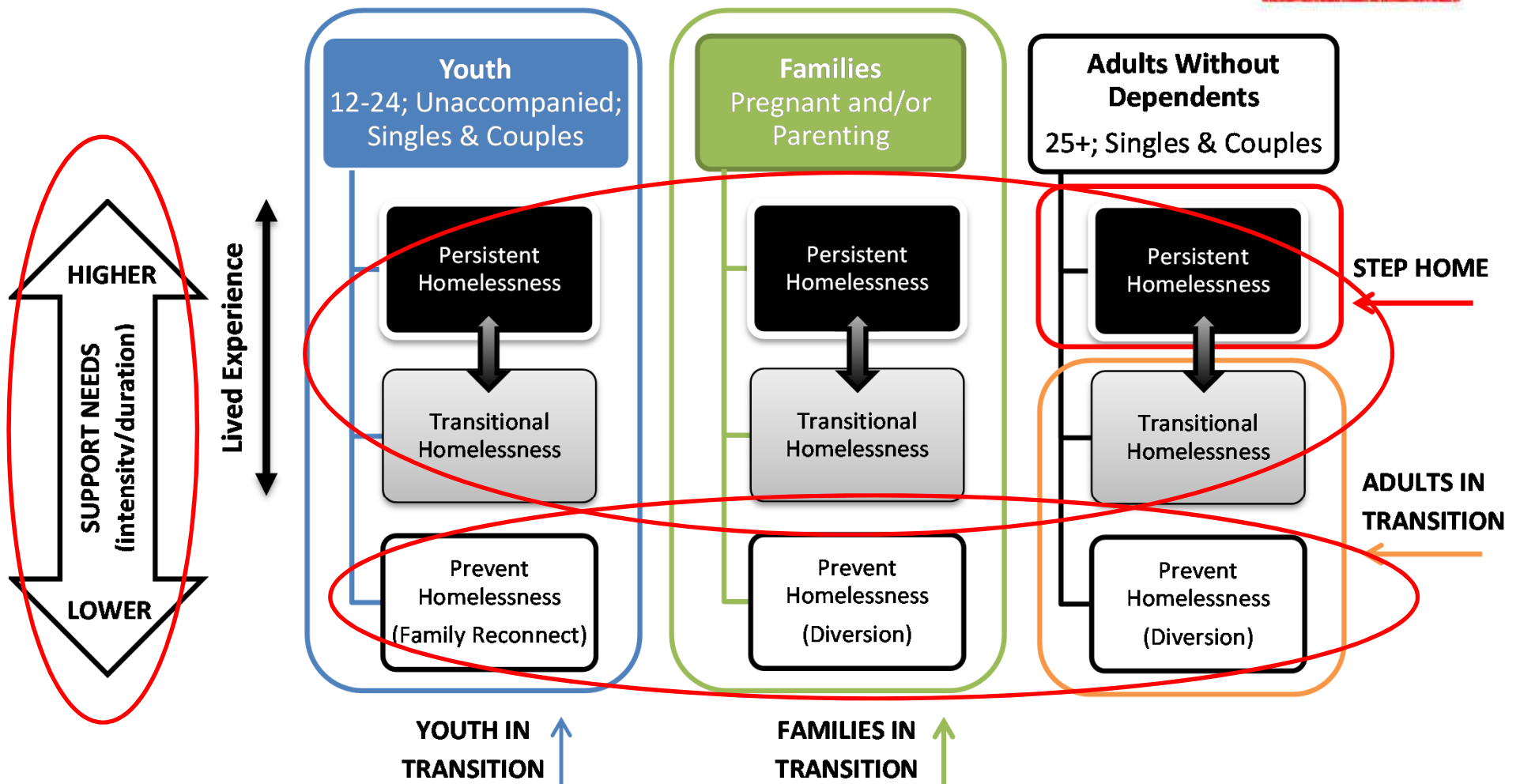
Priority Access to
Housing Stability
(PATHS)



1. PATHS List
2. Less Conventional Shelter

Four “coordinated approaches” required to functionally end homelessness in Waterloo Region.

DRAFT



10 ESSENTIALS FOR THE SYSTEM

Collective Impact: Common Agenda, Collaboration, Learning Culture, Continuous Communication, Backbone Support

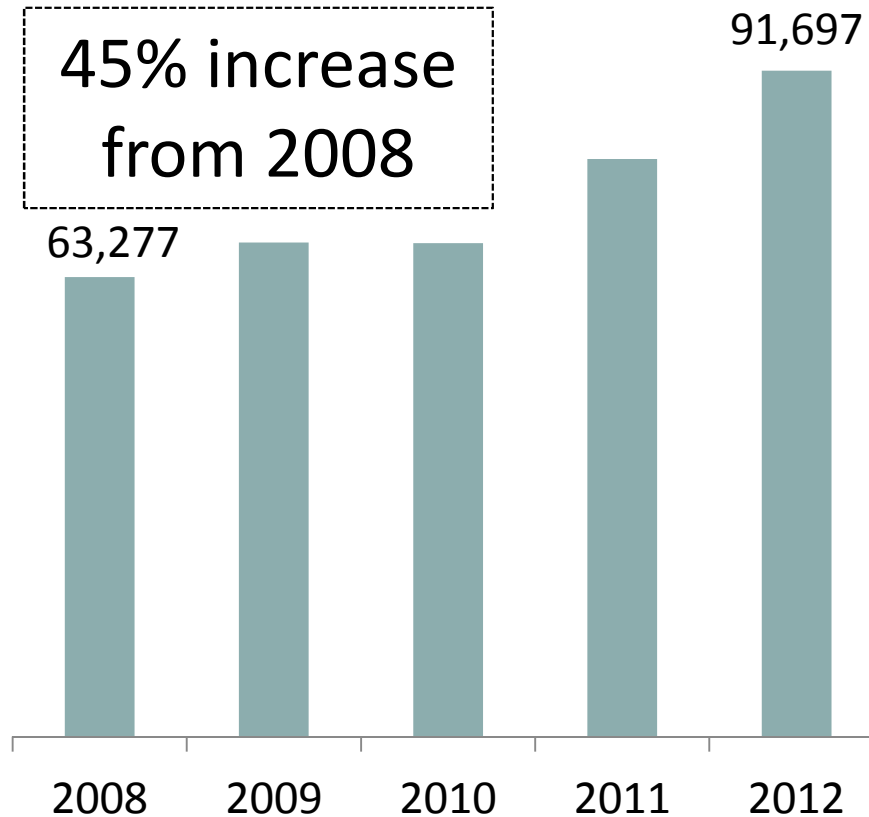
Ending Homelessness: Housing Stability & Belonging, Housing First, Accessibility, Housing Retention/ Prevention, Rapid Re-Housing

FOCUS ON FAMILIES

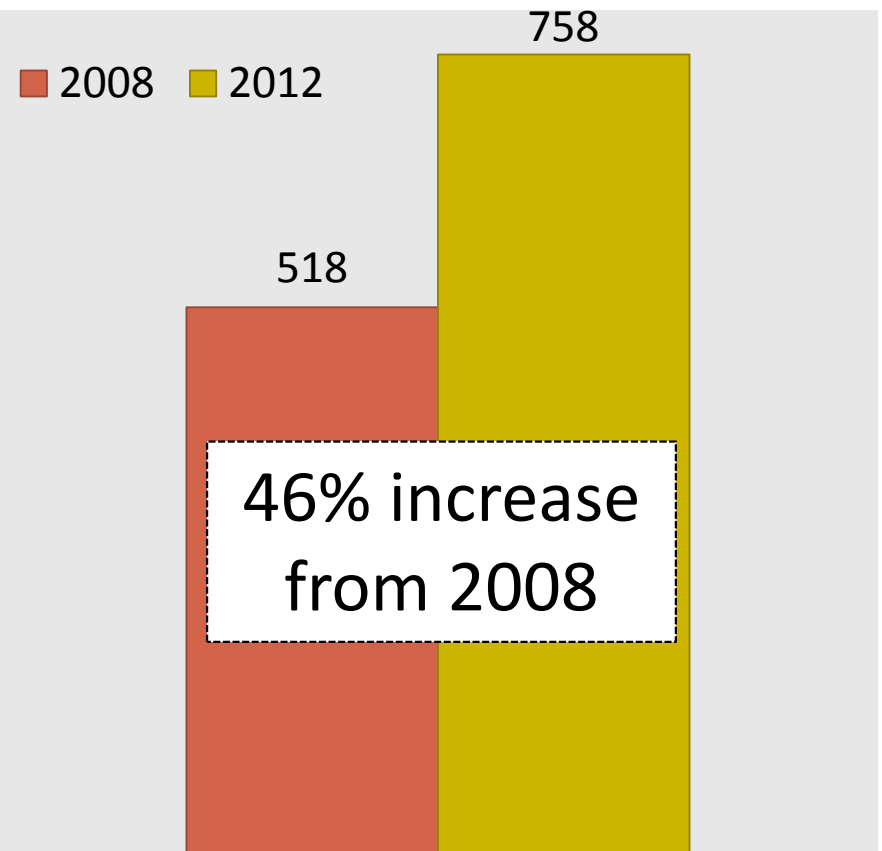


"Generalist" Data Trends

Emergency Shelter Bed Nights

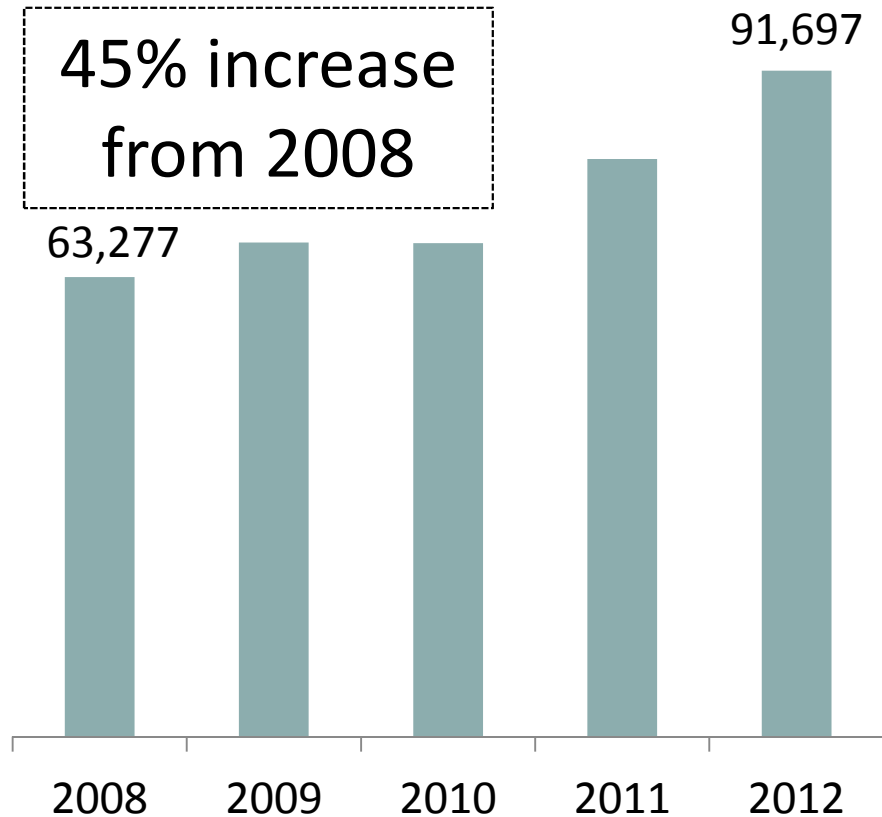


Supportive Housing Waiting List ("General"/CHPI)

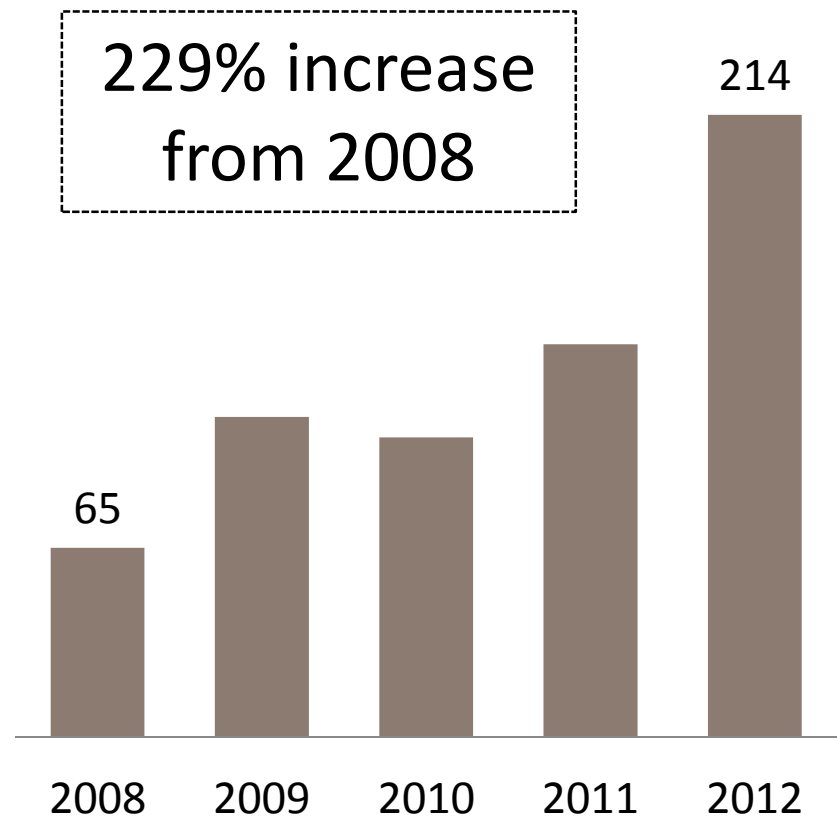


"Population Specific" Trends

Emergency Shelter Bed Nights



Families Accessing Shelter



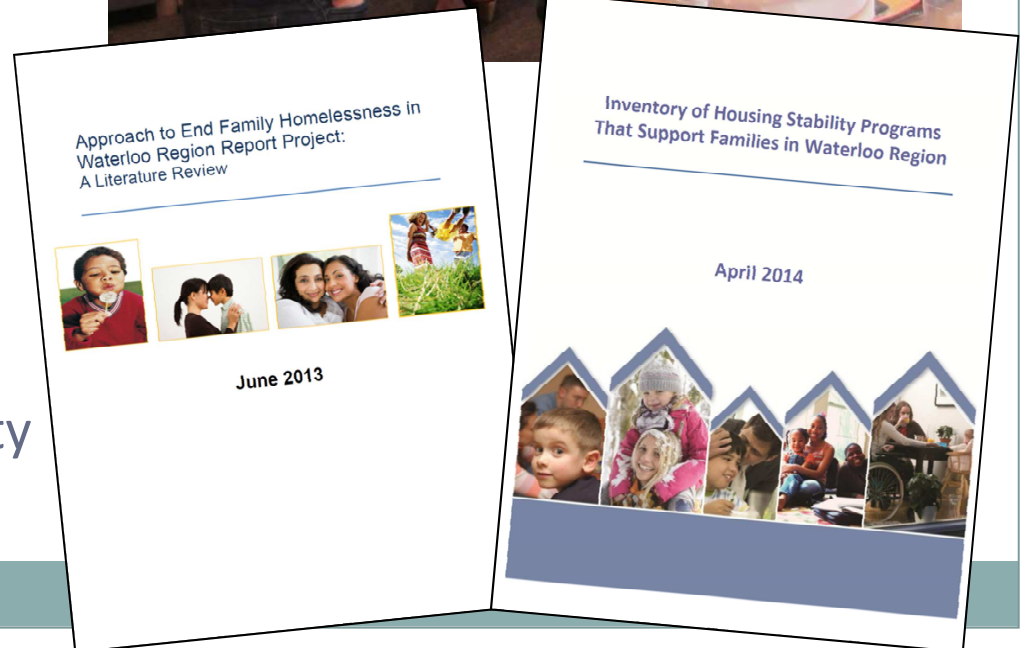
- Impact of local "recession lag"
- Pressures on local shelter programs
- Considerable motel overflow and increased system costs

Families in Emergency Shelter 2008 - 2012



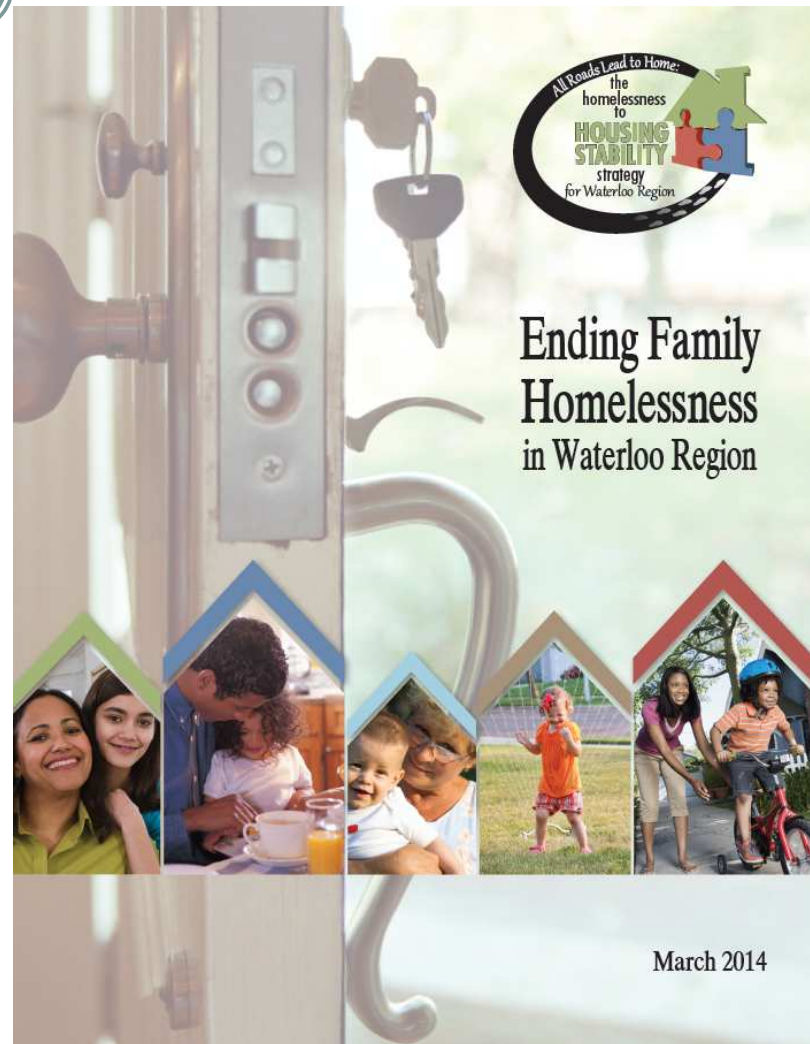
Ending Family Homelessness Report

- Funding from federal Homelessness Partnering Strategy
- Input from over 200 community service providers and over 40 families
- Supporting documents:
 - Literature Review
 - Inventory of Housing Stability Programs for Families



Ending Family Homelessness Report

1. Housing loss is traumatic
2. Focus on ending – not managing – family homelessness
3. Adopt a comprehensive approach:
 - ✦ Primary Prevention
 - ✦ Systems-Based
 - ✦ Early Intervention



Family Shelter Diversion Pilot



- Pilot began October 2013
 - Started in Cambridge with one shelter that served families
 - Expanded April 2014 to include both shelters in the region
- Definition of "family" intentionally very broad:
 - parent(s) or guardian(s) with one or more dependent
- Features:
 - Coordinated access (not 24/7 centralized access)
 - Centralized applications for priority access to housing subsidies (FIT)
 - ✦ streamlined income assessment policies, added residency requirement and housing search expectations, stopped incentivizing access to shelter
 - Flex fund to support diversion and rapid re-housing

What is shelter diversion?



- Changed the culture of access to the system
- Definition:
 - Support to stay in current housing or find somewhere else safe and appropriate – even temporarily – until permanent housing secured
 - Policy: when and how families may access shelter
 - Assessment and safety screening + specialized problem-solving skills
 - Can be more or less intensive process, depending on the family
- Not just saying "no"
 - Prevents stress and trauma of shelter where other options exist
 - Reduces demand for expensive crisis care responses
 - Ends homelessness by prioritizing housing-based interventions

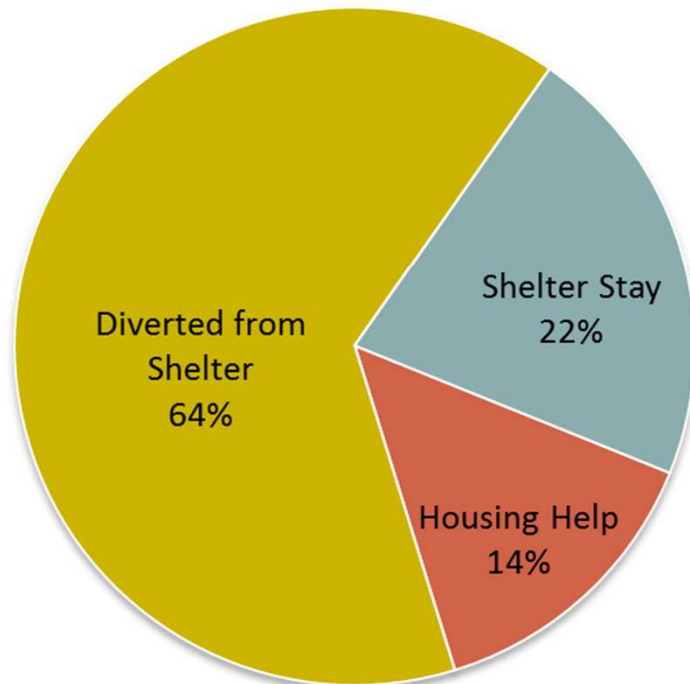
Pathway	Description	Level	Results
Housing Help	<ul style="list-style-type: none"> 8+ days from shelter Problem solving (phone, on-site) 	1	14%
Family Diversion	<ul style="list-style-type: none"> 0-7 days from shelter Specialized problem solving Phone or on-site support Flex fund 	1	28%
Family Diversion Plus	<ul style="list-style-type: none"> Diverted families Short term, community-based Flex fund 	2	36%
Emergency Shelter	<ul style="list-style-type: none"> Shelter Stay 	1	22%
Intensive Support	<ul style="list-style-type: none"> Offered above, need more support 	3	1% of all

64%
diverted

524 families (with 841 children) were served

Pilot Results

Results by Service Pathway

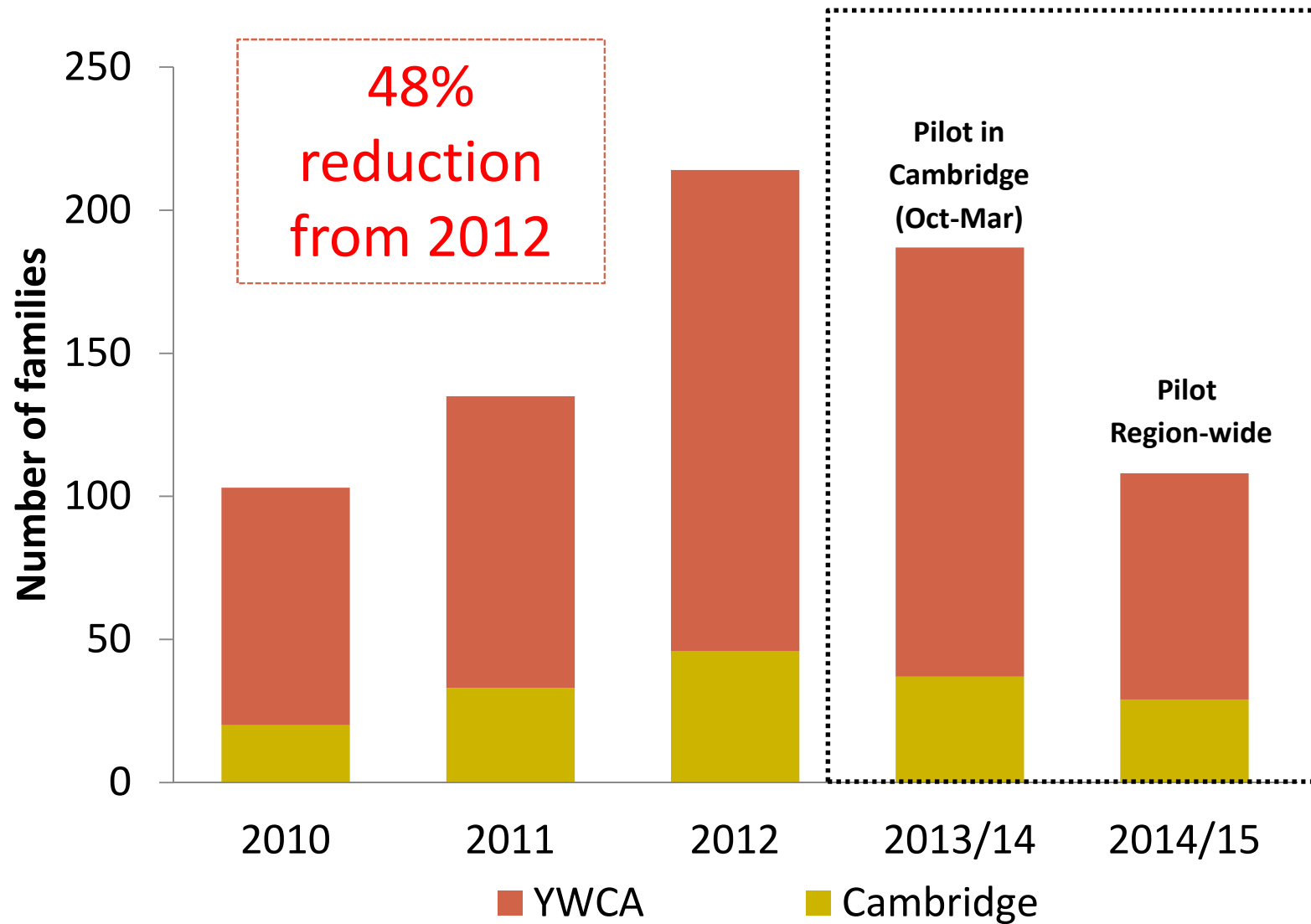


Where did they go?

- Appropriate referral
- Self-directed resources
- Market rent
- Retained housing
- 1/29 housing subsidy
- Less than 5% returned
- Still being supported

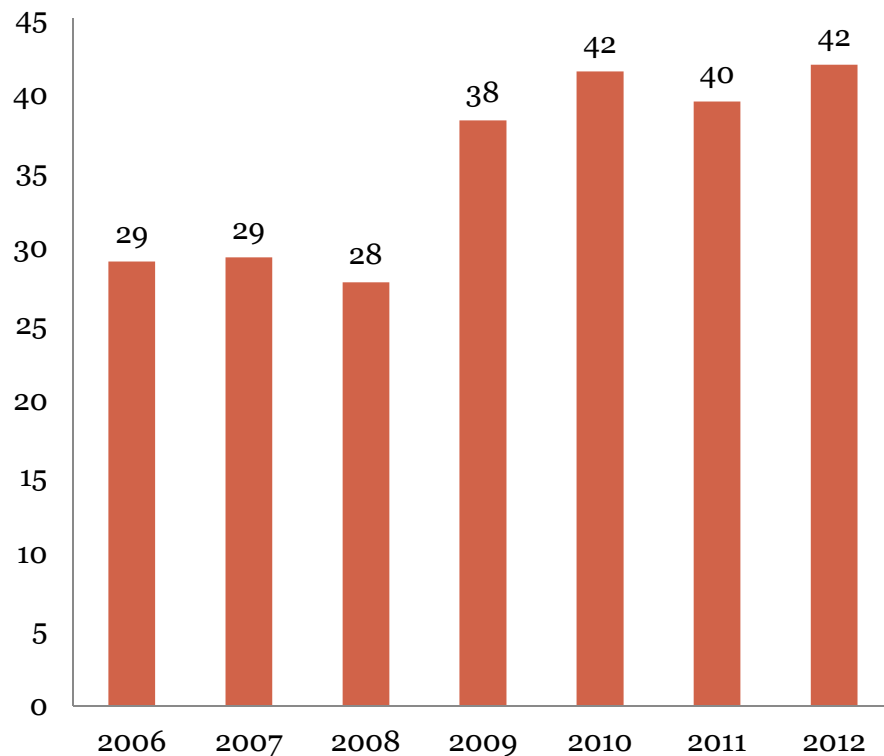
68% less expensive: \$2,042 in 2014/15 vs. \$6,280 in 2012

Families Accessing Shelter

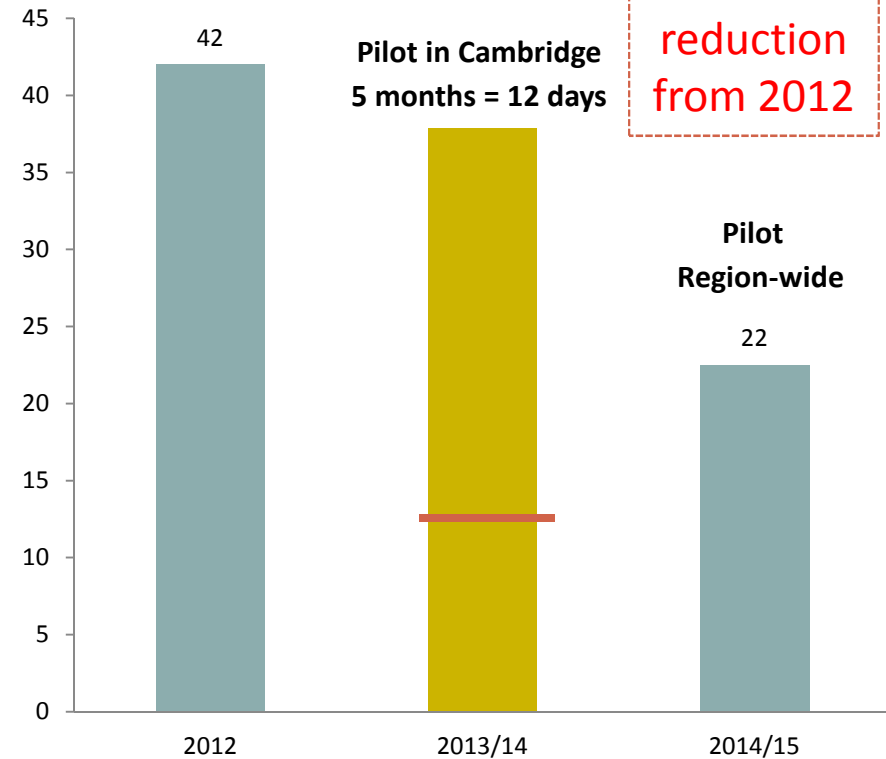


Pilot Results

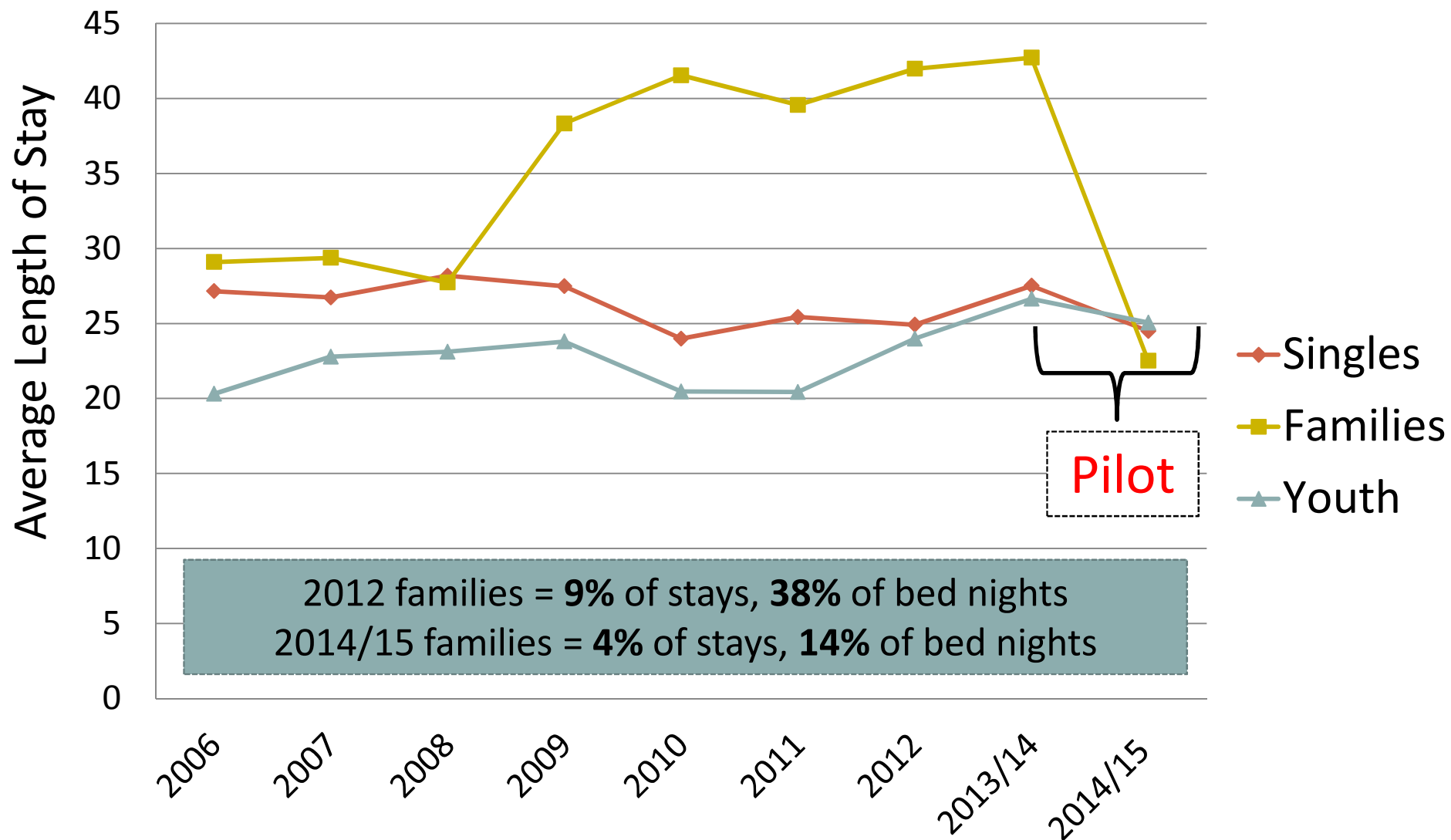
Average Length of Stay for Families 2006-2012



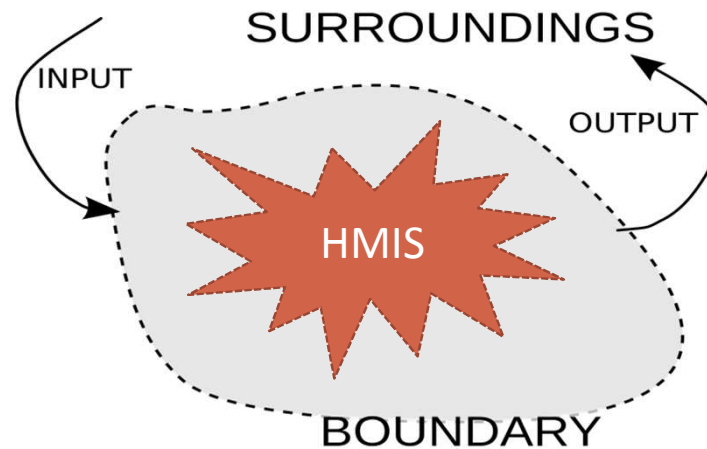
Average Length of Stay for Families 2012-2014/15



Length of Stay by Household Type



"FUNCTIONALLY ENDING" HOMELESSNESS

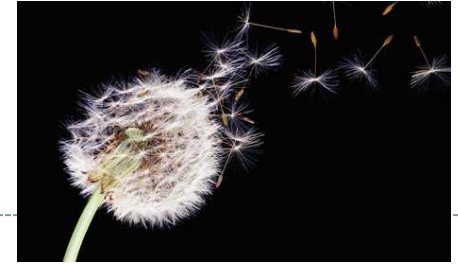


Some Considerations...



- No "one size fits all" approach
- About early engagement strategies:
 - Decentralize access to "self-directed" housing resources
 - Diversion can be "light" support; problem-solving *alone* has impact
- About "transitional" housing support:
 - If you add *enhanced prevention support*, results will improve significantly
- About "intensive" housing support:
 - Move toward shared Priority Lists across systems
- Align policies to amplify your investment
- Not a "panacea" – helps to rationalize use of limited resources and clarifies **where** to invest and **why**
- Ending homelessness is possible with shared/integrated database

A "functional end"...



- Key data:
 - Social demographics and pathways into homelessness
 - Real-time demand for service
 - Level of vulnerability (acuity/depth of need)
- "Functional end" to homelessness might look like this:
 - i. Service pathways that align with patterns of homelessness that relate to household type (the "problem" and "solution" will vary)
 - ii. For early engagement strategies: target is **no** unmet need
 - iii. For more intensive engagement strategies: expect to prioritize limited resources – develop "**Priority Lists**" that incorporate a measure of acuity
 - iv. Continue to both monitor unmet need by level of engagement and allocate/advocate for resources accordingly
 - v. Amplify a shared approach to ending homelessness

INDICATORS	TARGETS
1. System “flow through” in Housing Help	<ul style="list-style-type: none"> 100% of families seeking access to housing stability resources are offered Housing Help within 2 business days
<p>2. System “flow through” in Diversion and Diversion Plus</p> <p>3. Families are diverted and stay housed</p>	<p><u>Family Diversion/Family Diversion Plus</u></p> <ul style="list-style-type: none"> 100% of families seeking access to emergency shelter within 7 days are offered Diversion or Diversion Plus when they phone for service <p><u>Family Diversion</u></p> <ul style="list-style-type: none"> 30% of families seeking access to emergency shelter within 7 days are diverted Less than 15% of families return within 12 months <p><u>Family Diversion Plus</u></p> <ul style="list-style-type: none"> 30% of families seeking access to emergency shelter within 7 days are diverted Less than 5% of families return within 12 months
<p>4. System “flow through” in Emergency Shelter</p> <p>5. Families are rapidly re-housed and stay housed</p>	<ul style="list-style-type: none"> 100% of families admitted to emergency shelter are offered a space in the region Less than 25 days average length of stay Less than 10% of families return within 12 months
6. Families with medium to high acuity are re-housed, stay housed, and are supported to reduce their acuity	<ul style="list-style-type: none"> STEP Home: 50% of families move-in to new housing within 1 month, 75% within 2 months, 90% 3 months 85% of families retain permanent housing at 1 year F-SDPAT and Housing-Based Support targets for reduced acuity over time - TBD

Contact



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- the act or practice of stopping something bad from happening: the act of preventing something

Concept and Definition of Prevention

- Prevention efforts usually follows a “cresting” of a negative outcome from a public health perspective
 - Polio
 - HIV
 - Opiate addiction
 - Car crash related deaths
 - Fire related damage and deaths

Prevention of what, exactly?

- Number of inspections - 175,237
- Fire Protection Inspectors - 138
- Notice of Violations issued - 31,843
- Revenue generated \$48M
- Number of fire related deaths – 86


NYC Fire Prevention vital statistics for CY 08

- Number of Inspections - 195,571
- Fire Protection Inspectors - 324
- Notice of Violations issued - 10,673 (200% reduction!)
- Revenue generated \$64M
- Number of fire related deaths – 71

NYC Fire Prevention vital statistics for CY 14

- In 2015, there were 58 deaths, the lowest in recorded history (since 1916), which represents a 32.5% reduction in just 6 years, AND
- 79% reduction since 1990 when 276 people died by fire
- Tremendous reduction in injuries, ER visits, family displacement, lost personal items, insurance claims, traumatic experiences...
- Positive cascading effect

NYC Fire Prevention vital statistics



“Homelessness is such a disruption to one’s life; it’s hard to understate the damaging effects on a person or family system.”

Enduring Destructive Nature of Homelessness

Social Costs

- Frequent use of emergency shelter, medical and mental health services, and public corrections (Padgett, Stanhope, Henwood, & Stefancic, 2009; Stein, Dixon, & Nyamathi, 2008; Culhane, 2002)
- Gladwell's, "Million Dollar Murray" (2006) which highlight chronic homelessness and the frequent utilization of emergency systems
- Social disadvantage (Draine, Salzer, Culhane & Hadley, 2002)
- Stigmatization (Phelan, Link, Moore & Stueve, 1997)

Enduring Destructive Nature of Homelessness

Individual Costs

- Incidence of sexual abuse and violence is much higher for homeless youth than for non-homeless youth (Swick, 2008; Rew, Fouladi, & Yockey, 2002)
- Homeless adolescents are at higher risk for substance abuse, delinquency, victimization, physical and mental health problems (Zerger, Strehlow, & Gundlapalli, 2008; Milburn, et al, 2006)
- Single homeless adults experience greater incidence of substance abuse and mental health issues (Mibly, et. al, 2010; Caton, Wilkens, & Anderson, 2007)

Enduring Destructive Nature of Homelessness

Legal Costs

- Homelessness strips basic liberties and equalities, as people experiencing homelessness lack basic acknowledgment by society (Wright, 2007-2008)
- People who are homeless lose their right to property, personhood, and protection against illegal search and seizure, as legal protections are contingent on having a private, personal space (Stec, 2006).
- Homelessness is equated to being subjugated by the law in virtually all capacities, especially with many local anti-solicitation ordinances (Iwamoto, 2007-2008)

Enduring Destructive Nature of Homelessness

Subjective Experiences in Shelter

- People living in a homeless shelter were highly critical of the services available to them (Hoffman & Coffey, 2008). Consistent responses included feeling “objectified” and “infantilized”
- Shelter workers often do not view people experiencing homelessness from a client-centered perspective (Hartnett & Postmus, 2010)
- Homeless shelters are generally constructed to ensure that basic physical needs are met, but are not concerned with providing a nurturing environment (Siegal, 2001)

Enduring Destructive Nature of Homelessness

- Medical industry as equivalent (quasi)
- 97% spent on treatment (Trillions of dollars)
- Only 3% of total expenditures are on prevention activities
- Massive medical infrastructure

Prevention of negative medical outcomes: Or just provide treatment as they come?

- The Federal Government spends about 4.5 billion dollars annually on homeless services (NAEH, 2015)
- Estimated that upwards of 8 billion dollars to include state, city and local dollars are spent annually
- Disinvestment of prevention dollars following the end of the American Recovery and Reinvestment Act (ARRA)
- Dollar amount spent on prevention activities is minimal (despite 300 million annually from the VA on SSVF)

Institutionalization of Homelessness?

- Homelessness prevention is less expensive and has shown to be effective in American localities and countries including Germany and England (Culhane, Metraux, & Byrne, 2011)
- Homeless prevention must be expanded from its current and limited program design, which most often enrolls people who are at the most imminent, emergent risk of homelessness, in order to catch people “further upstream” (Shinn, Baumohl, & Hopper, 2001)

So, why invest in Homeless Prevention?

- Messeri, O'Flaherty & Goodman's (2011) research on the effectiveness of Homebase homeless prevention finds that for every one hundred families enrolled, shelter entry falls between 10% to 20%
- Rolston, et. al (2013) established a 6.5% reduction of shelter entry of families enrolled in Homebase (and a reduction of length of stay for those who entered shelter)

So, why invest in Homeless Prevention?

- Determinants of Homelessness are complex, multifaceted and ever-changing
- Cascading effects of multiple risk factors without sufficient protective factors as counterweight. Results in tipping point into homelessness
- Convergence of multiple unfortunate micro (domestic violence, substance abuse) and macro factors (hot housing market) *and* destabilizing events (loss of income) (Lee, Tyler & Wright, 2010; Early, 2005; O'Flaherty, 2004)

Determining Risk factors of Homelessness

- Homelessness as economic rational choice? Impoverished people have a scarcity of resources, making “choices” based on opportunity costs (Quigley, Raphael & Smolensky, 2001; Wright, 1996; Friedman and Hetcher, 1988)
- Is there a, “Sophie’s choice” as it relates to housing and homelessness at critical times?
- What if homeless prevention can intervene right at, or just before that choice had to be made?
- Or should interventions be targeted well before the housing crisis *might* reach a “cresting or tipping point”?

Determining Risk factors of Homelessness

- Homeless prevention model
 - Prevent episode of homelessness by working with families and single adults identified as high risk for homelessness, and who are likely to enter into NYC's shelter system (Primary)
- Rapid Rehousing/Diversion model
 - Rapidly rehouse/divert families from shelter who recently entered shelter system or are literally homeless on the street (Secondary)

Conceptual Framework of Homebase Homeless Prevention

- Homebase started in 2004 in NYC in the six community districts which had the highest rate of entry into family shelter system
- Expanded citywide in 2008
- HELP USA has two Homebase programs responsible for serving those deemed at risk in 5 of 12 community districts in the Bronx
- Homebase expanded again in July 2014 with infusion of million dollars of city tax levy funds
- Increased total Homebase programs to a total of 45 million dollars annually
- HELP USA has 7.5 million dollars in Homebase funding

History (and future) of Homebase

- Targeting is vital to a successful homeless prevention or rapid re-housing program
- Risk Assessment point system to assess and weigh correlates of homelessness (minimum of seven points determines risk)
- Two points for each factor:
 - Head of Household (HOH) is under 22 yrs. old
 - Four or more moves in past year
 - Severe household discord (subjectively determined)
 - Two or more of individual factors as child:
 - Experience of Homelessness
 - Foster care
 - Physically, sexually or emotionally abused
 - Moved four or more times
 - Family received Public Assistance

Targeting/Assessing Risk or Threat to Housing Stability

- One point for each factor:
 - HOH is between 23 and 28 yrs. old
 - Receiving Public Assistance
 - Involvement of children's services or foster care
 - Shelter stay in past three months
 - Shelter stay as an adult
 - One to three moves in past year
 - Moderate household discord (subjectively determined)
 - Non-leaseholder
 - Return from institution:
 - Jail or Prison
 - In-patient substance abuse treatment or mental health facility

Targeting/Assessing Risk or Threat to Housing Stability

- Risk Assessment score of **seven** or more points
- Income under 30% area median income (AMI)
- 200% Federal Poverty Level (FPL)
- Geographic specificity to capture areas where high entrants into shelter system come from
- Clustered areas of severe impoverishment

Eligibility Criteria for Services

- Short-Term Financial Assistance
- Rent arrears, security deposits, furniture, moving expenses
 - Ongoing rent contributions
 - Work expenses/training
 - Incentives (Payments to primary leaseholder)
- Leverage financial assistance with other existing funding sources
- Money management and household budgeting seminars
- Housing Court assistance
- Rehousing and/or diversion when appropriate

Homebase Services

- HELP USA doubled its Homebase programs in the Fall of 2014: Currently HELP has 4 stand-alone offices in the Bronx
- FY 14 Homebase served 1,994 unique households families/single adults at risk for homelessness in the Bronx
- FY 15 Homebase served 3,955 households, of which 3360 (85%) were unduplicated
- In both FY's, total of **5354** unduplicated households were served

Homebase Statistics

- **4,801** unduplicated families (with children) were enrolled
 - **553** unduplicated single adults were enrolled
 - **253** entered shelter (95.3% success...or 4.7% failure rate)
 - **5354** total unduplicated households were served
-
- Messeri, O'Flaherty & Goodman's (2011) research on the effectiveness of Homebase finds that for every one hundred families enrolled, shelter entry falls between **10% to 20%**
 - Rolston, et. al (2013) established a **6.5%** reduction of shelter entry of families enrolled in Homebase (and a reduction of length of stay for those who entered shelter)

Outcome Data

4,801 Unduplicated Families

553
Unduplicated
Single Adults

HOMEBASE
INTERVENTION

4.7%
Entered Shelter

95.3% Did Not Enter Shelter

Outcome Data

- At 20%, 1071 unduplicated family units would have become homeless.
818 more family units would have become homeless
- At 15%, 803 unduplicated family units would have become homeless.
550 more family units would have become homeless
- At 10%, 535 unduplicated family units would have become homeless.
282 more family units would have become homeless
- At 6.5%, 348 unduplicated family units would have become homeless.
95 more family units would have become homeless

(253 family units entered shelter)

The Effectiveness of Homeless Prevention

5,354 Unduplicated Family Units Received HOMEBASE Services

Not every family unit would have become homeless without intervention
But some would have:

If **20%**
became homeless

1,071
total families
would have
experienced
homelessness

818
more than with
Homebase

If **15%**
became homeless

803
total families
would have
experienced
homelessness

550
more than with
Homebase

If **10%**
became homeless

535
total families
would have
experienced
homelessness

282
more than with
Homebase

If **6.5%**
became homeless

348
total families
would have
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homelessness

95
more than with
Homebase

- Shelter costs approximately \$38,000 a year per family (\$105 per night). The average length of stay is 13 months in a NYC family shelter (\$41,166)
- Shelter costs approximately \$27,375 (\$75 per night) a year for a single adult. The average length of stay is 10 months in a NYC shelter for single adults (\$22,810)
- HELP USA's Homebase programs cost 7.5 million dollars per year
- Homebase cost per family unit is \$1401 per year (based on **actual** unduplicated enrollments in both FY's)

The Cost Effectiveness of Homeless Prevention

- At 20%, 818 more family units would have become homeless
Cost savings of \$31,137,460 (subtracting Homebase cost per family)
- At 15%, 550 more family units would have become homeless
Cost savings of \$20,861,170
- At 10%, 282 more family units would have become homeless
Cost savings of \$10,699,762
- At 6.5%, 95 more family units would have become homeless
Cost savings of \$3,612,471

(90% of entrants are families with children)

The Cost Effectiveness of Homeless Prevention

5,354 Unduplicated Family Units Received HOMEBASE Services

Not every family unit would have become homeless without intervention
But some would have:

If **20%**
became homeless

1,071
total families
would have
experienced
homelessness

871
more than with
Homebase

**Savings of
\$31.1M**

If **15%**
became homeless

803
total families
would have
experienced
homelessness

550
more than with
Homebase

**Savings of
\$20.8M**

If **10%**
became homeless

535
total families
would have
experienced
homelessness

282
more than with
Homebase

**Savings of
\$10.7M**

If **6.5%**
became homeless

348
total families
would have
experienced
homelessness

95
more than with
Homebase

**Savings of
\$3.6M**