



Homelessness 101: What We Have Learned About Ending Homelessness

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About Us

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Conference app: The Key

- ▶ Download from the app store by searching “NAEH 2016” for android and iphone users.
- ▶ Conference attendees received an invitation to download the app via the email they used to register.
- ▶ Contents can be accessed via desktop at mynaeh2016.zerista.com
- ▶ Use the app to organize your schedule, network with other attendees, and to continue discussions on social media with the hashtag **#NAEH16**





Background

Homelessness in the US

(1) Literal homelessness

- Sleeping unsheltered, including a car, park, bus or train station, etc.
- Living in an emergency shelter or transitional housing
- Exiting an institution where they stayed for less than 90 days and were literally homeless immediately prior to entering

(2) At risk of homelessness

- Will lose primary residence within 14 days AND
- Nowhere else to go AND
- No resources or support networks to obtain permanent housing

(3) Education definition

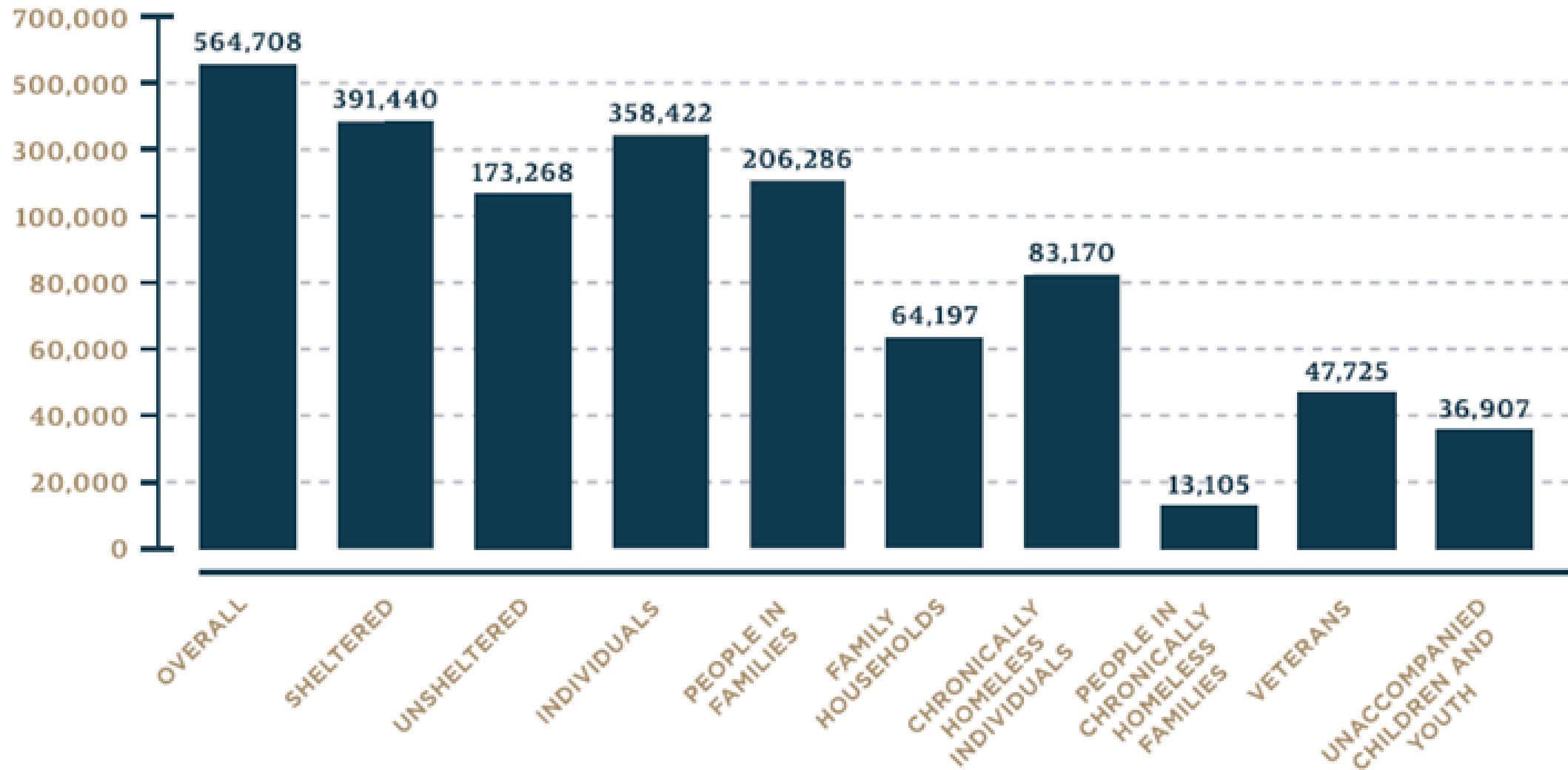
(4) Fleeing/Attempting to flee domestic violence

- Feeling, or attempting to flee DV AND
- No subsequent residence has been identified AND
- No resources or support networks to obtain permanent housing

Chronic Homelessness

- Simplified definition of chronic homelessness:
 - Disability
 - Lives in a place not meant for human habitation or emergency shelter
 - Has been homeless for a year, or four times in the past three years, adding up to one year
- Also
 - Exiting an institution where they stayed for less than 90 days and met the above prior to entering
 - Family can be considered chronically homeless if the head of household meets the above

HOMELESS POPULATION AND SUBPOPULATIONS, 2015





Interventions and their effectiveness

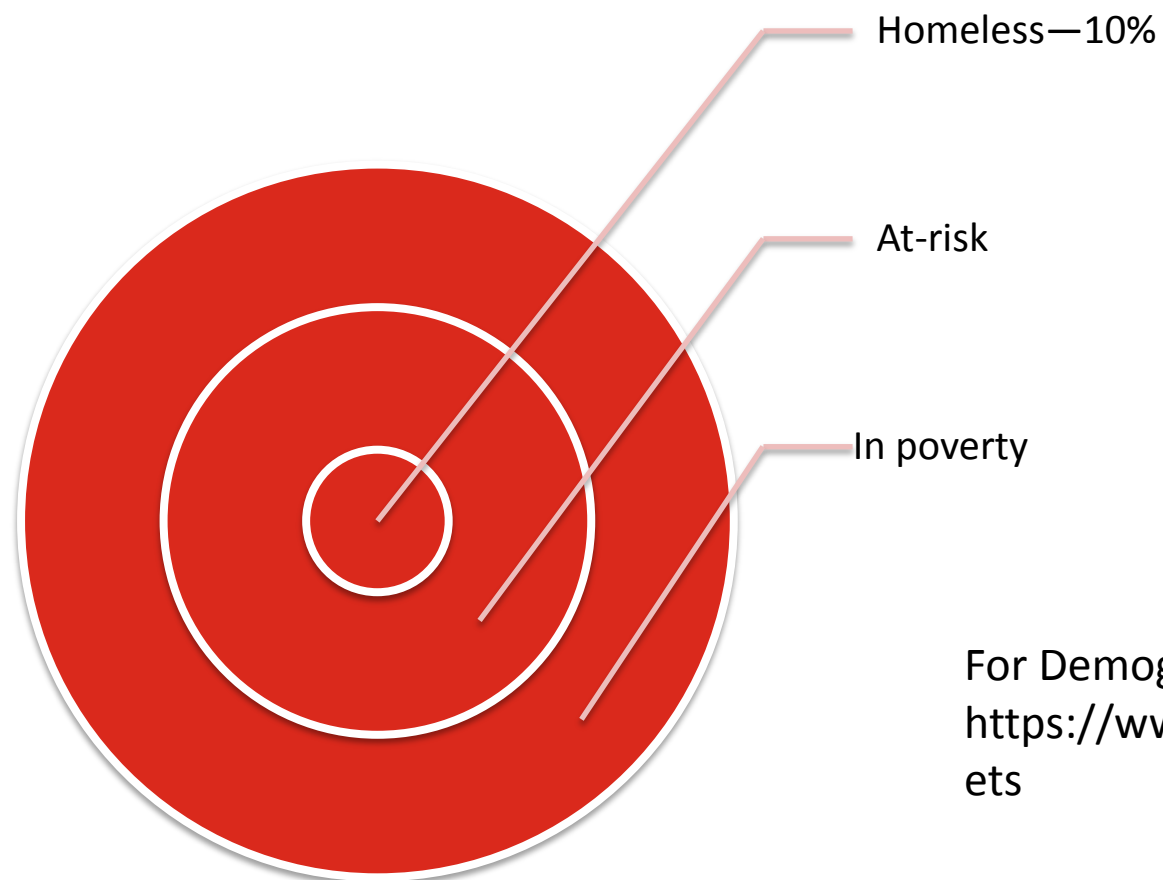


Homelessness and Housing Interventions 101

NAEH Conf 7/2016

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Homelessness and Poverty



For Demographics See AHAR reports at
<https://www.hudexchange.info/onecpd/assets>

Extremely Low Income People *ARE* Managing to Keep Housing

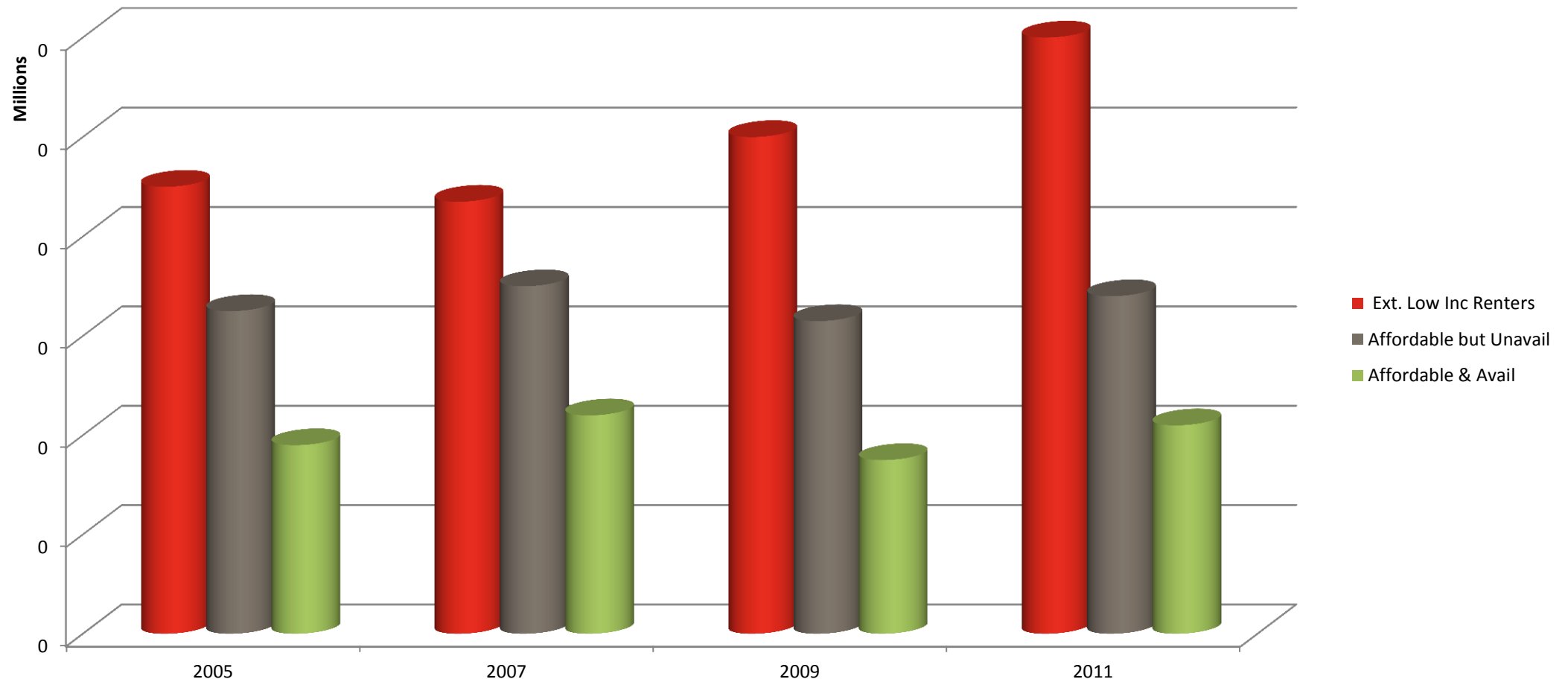


- Among households who rely primarily on public benefits for income, approximately 10% become homeless in a year.
- But that means **90% do not become homeless** —even though only a small percentage have a deep rental subsidy.
- Only 26% of eligible households (earning <50% of AMI) received public assistance in 2013. (Joint Center for Housing Studies, Harvard University, 2015)

Rog & Buckner, 2007;

Shinn, et.al.; Am. Journal of Public Health; Supp 2, 2013, Vol 103. No S2

Affordable Housing Availability 2011



AFFORDABLE HOUSING CRISIS IN AMERICA



- For every 100 extremely low income renters (<30% AMI) there were only 34 affordable units in 2013.
- 84% of households earning < \$15,000 were cost-burdened in 2014.

72% were severely cost burdened (paying >50% of their income)

Each year over the next decade (2015-2025), 2.2 million federally-assisted units come up for renewal and can convert to market rents.

Mary Beth Shinn



Mary Beth Shinn, studying homelessness prevention programs in NYC, has found that several factors previously believed to predict homelessness were **not predictive**. Rent burden was one of those factors found **not** to predict homelessness.

Shinn, et.al.; Am. Journal of Public Health; Supp 2, 2013, Vol 103. No S2

ALPHABET SOUP OF PROGRAMS



ACRONYM

- ES
- TH
- RRH
- PSH

- PH
- Section 8 TBRA

- GPD
- AMI

WHAT?

- Emergency Shelter
- Transitional Housing
- Rapid Rehousing
- Permanent Supportive Housing

- Permanent Housing
- Sec. 8 Tenant Based Rental Assist.

- Grants and Per Diem (VA TH)
- Area Median Income

Homeless & Housing Assistance Prgs.



- ☐ Emergency Shelter
- ☐ Transitional Housing (GPD in VA System)
- ☐ Rapid Rehousing
- ☐ Permanent Supportive Housing
- ☐ Permanent Housing Mainstream Subsidies
 - Public Housing
 - Tenant Based Housing Vouchers (Section 8 & HUD-VASH)
 - Low Income Housing Tax Credit Properties

Proven Practices



- **Rapid Re-housing**

- ✓ Rapid connection to PH with short-term rental subsidy

- **Housing First**

- ✓ *NOT* Housing *only*: services added as needed; whatever it takes.

- **Permanent Supportive Housing**

- ✓ Permanent Rental Subsidy + Supportive Services

Evolving Practices



- **Transitional Housing as Bridge to Permanent Housing**
 - ✓ When not enough shelter space
 - ✓ Co-enroll in Permanent Housing Prg (SSVF RRH, VASH, Perm Supportive Housing, Other PH)
 - ✓ Quickly move into Perm Hsng (< 90 days)
 - ✓ Low Barrier (no sobriety/mandatory prgms.)
 - ✓ GPD (Grants and Per Diem (VA-TH prg))

- **Transitional Housing for special populations such as domestic violence survivors and some unaccompanied youth.**

Which Interventions are Effective



- **Much research; strongest evidence comes from randomized, controlled trial (RCT's)**
 - RCT's hard to do, not many done in homelessness world
 - PSH for Chronic Individuals
 - HUD-VASH (PSH) for Veterans
 - Housing First Support
 - Mainstream Housing Subsidies for families
 - Family Options Studies (released last year)

Pay Attention to Outcomes and Cost



KEY OUTCOMES TO BE AWARE OF

- Exits from homelessness to Permanent Housing
- Length of time homeless before Permanent Housing
- Rate of Return to Homelessness
- Increase income and connection to benefits (TANF, SNAPs, VA, etc.)

Let's Look at Some of the Research Results



- Comparisons of *exits to permanent housing and costs* (comparing ES, TH and RRH)
- Rates of Return to Homelessness (comparing ES, TH, RRH)
- Factors contributing to Returns to Homelessness
- Permanent Housing Outcomes by Income at start
- Returns to Homelessness in the SSVF Prg comparing prevention and RRH
- Effectiveness of RRH
- Impact of PSH
- Housing First

Family Outcomes Study 2015



The FOS is a randomized study examining the relative effectiveness of three crisis interventions in the homelessness system of care:

Transitional Housing, Rapid Rehousing and **“Usual Care”** and compared them to **Permanent Housing Subsidies** (Section 8).

“Usual Care” was the control group and these families were not assigned any particular intervention, rather left to their own to access what they could in the system (shelter, TH, RRH, or subsidies). The study found that....

Family Options Study con't



- The study re-affirmed the success of the long-term housing subsidy in ending homelessness among families.
- Rapid Rehousing was by far, the lowest cost, and was as, if not more, effective as the other crisis interventions.
- Transitional Housing was significantly more expensive than the other interventions and in many areas, less effective—with poorer outcomes.

Cost



- Rapid Rehousing: \$6,578 per stay by a family (most for subsidy and small amount for services).
- Emergency Shelter: \$16, 829 per stay (most for services versus physical shelter).
- Transitional Housing: \$32,557 per stay.
- Housing Subsidy: \$18,821 per stay (costs will continue to accrue overtime the ultimate cost is not covered in this report).

State of Georgia



- Studied 9,013 exits from homelessness during one year in Georgia (shelter, transitional housing, and RRH).
- Analyzed 21 variables, to determine factors related to returns to homelessness

The top risk associated with a return to homelessness within two years:

Had NOT enrolled in Rapid Re-Housing

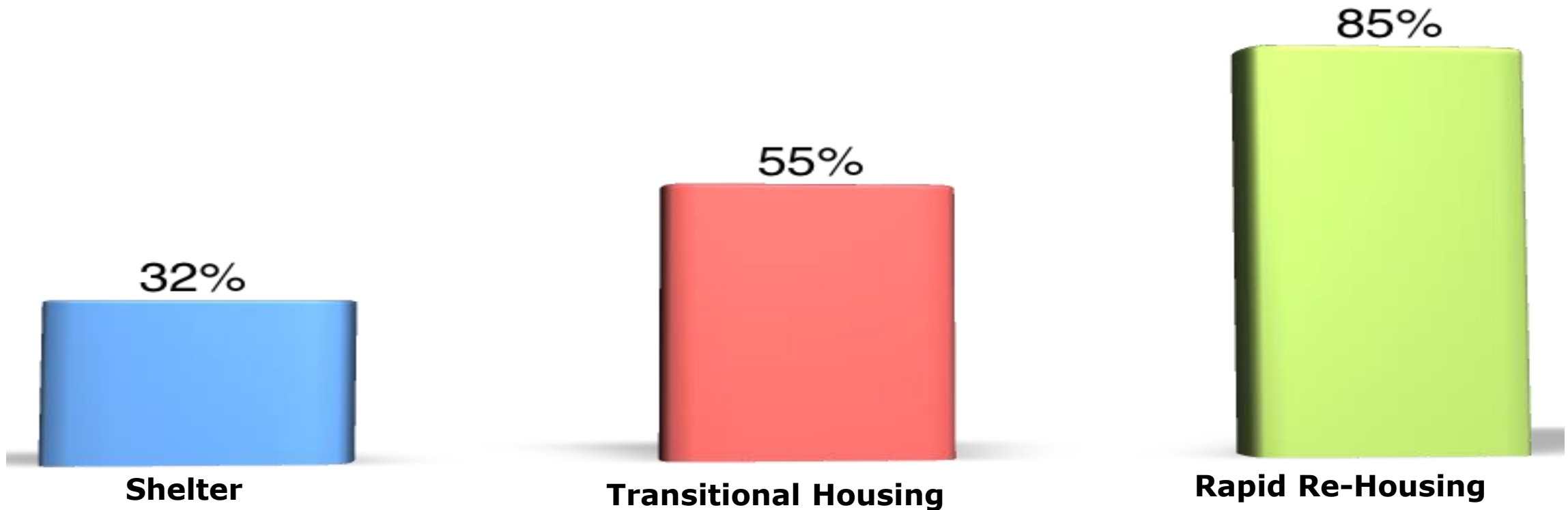
Rodriguez, Jason. 2013. "Homelessness Recurrence in Georgia: Descriptive Statistics, Risk Factors, and Contextualized Outcome Measurement." State Housing Trust Fund for the Homeless; Georgia Department of Community Affairs.

Focus Strategies/NAEH Study



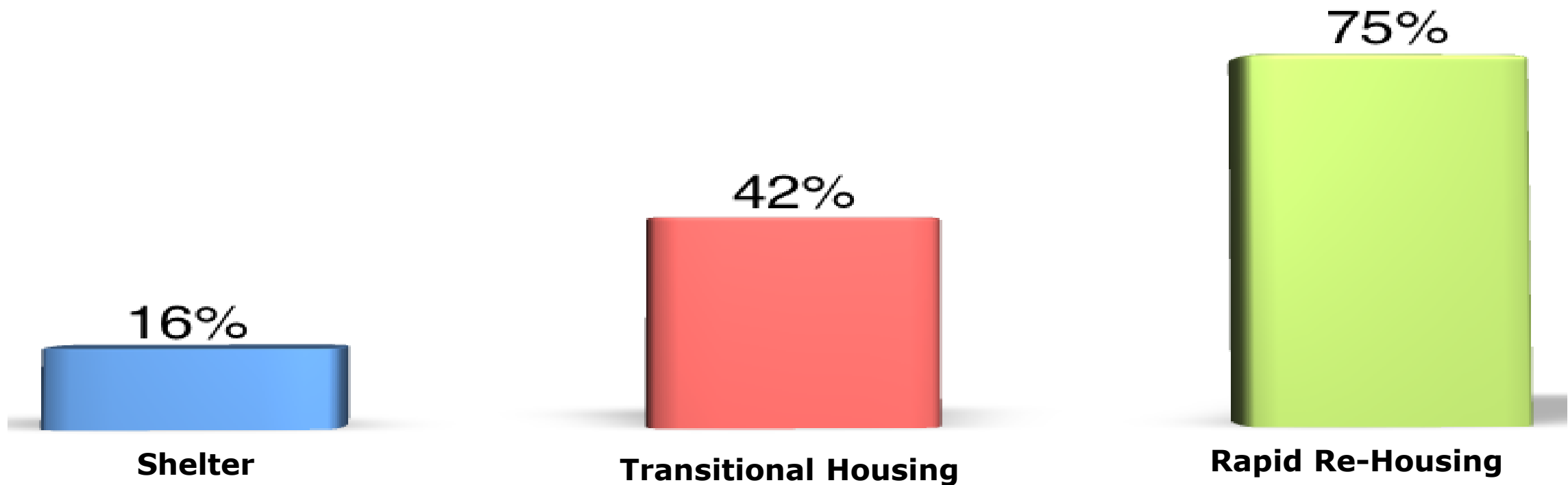
- 2011-2012
- 14 Continuums of Care in 7 states
- Comparing shelter, TH and Rapid Rehousing in their community.
- Diverse communities

Average Rate of Exits to PH Families



Data from 14 Continuums in seven states that prepared Evaluators for NAEH Performance Improvement Clinics in 2011-2012

Average Rate of Exits to PH Singles

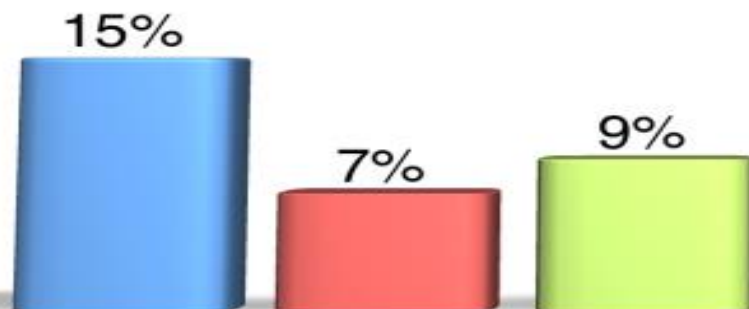


Data from 14 Continuums in seven states that prepared Evaluators for NAEH Performance Improvement Clinics in 2011-2012

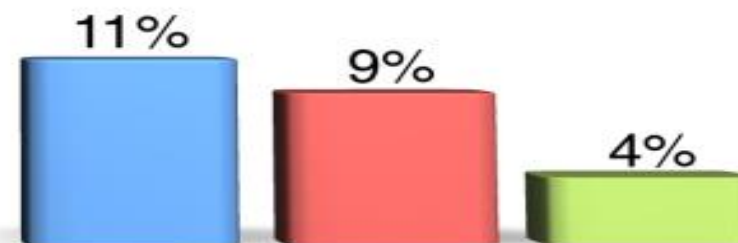
Rate of Return within 12 Months



- Shelter
- Transitional Housing
- Rapid Rehousing



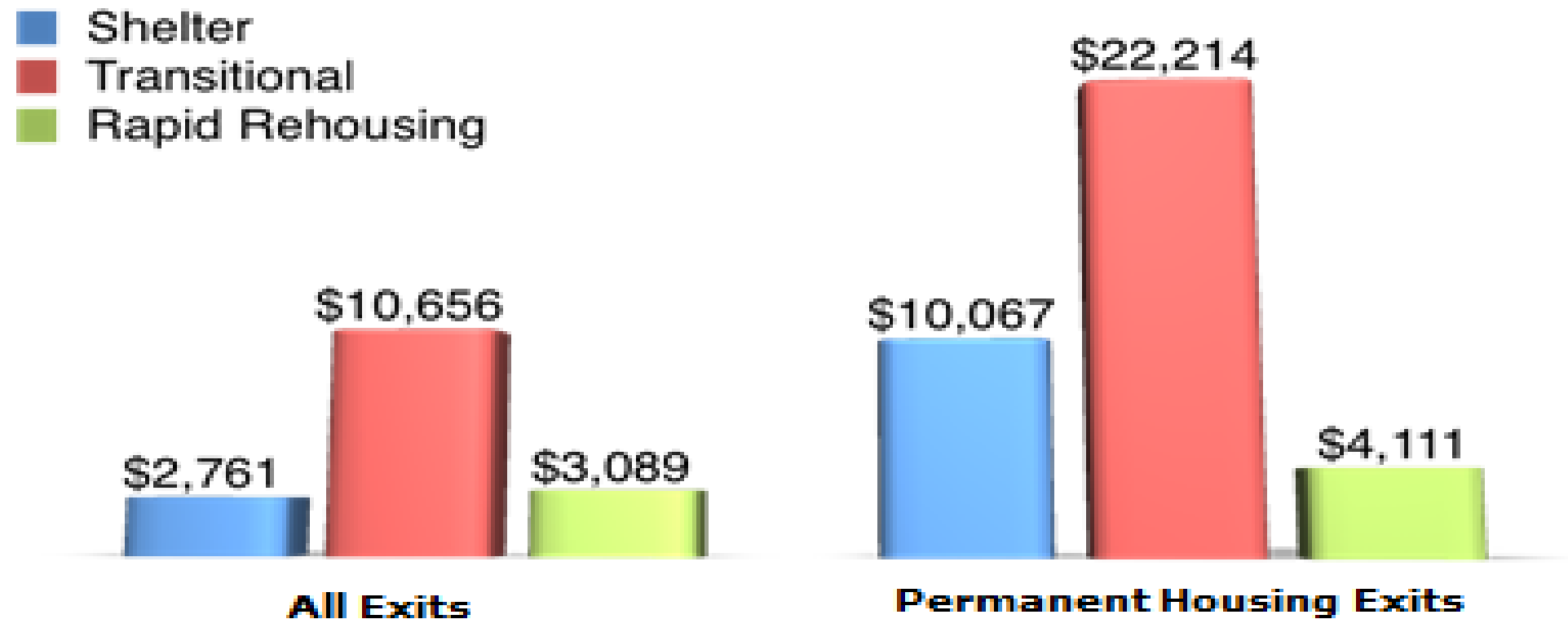
Singles



People in Families with Children

Data from 14 Continuums in seven states that prepared Evaluators for NAEH Performance Improvement Clinics in 2011-2012

Average Cost Per Exit for Families with Children in 14 Communities





Core Concepts of RRH



- **Housing First:** Assisting persons experiencing homelessness to move into permanent housing as quickly as possible, with no preconditions.
- **Crisis Response:** A crisis response program focuses on resolving the immediate crisis asap and restoring a person to at least a pre-crisis level of functioning.
- **Client Choice:** Participants' choices are respected and guide re-housing assistance; participants have the right to choose if/when/with whom to address non housing-related personal issues.

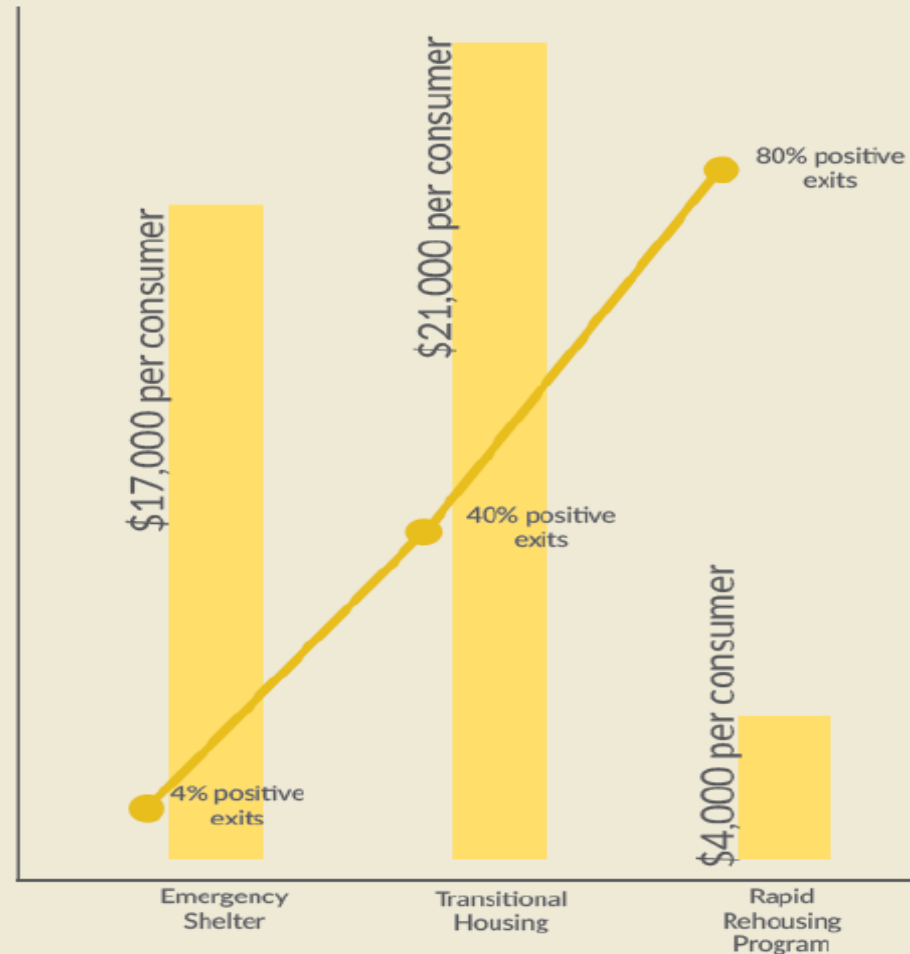
Rapid Re-Housing³²



<h2>What Rapid Re-Housing does</h2> 	<h2>What Rapid Re-Housing <u>doesn't</u> do</h2> 
<p>Reduces the length of time people are homeless</p> <p>Minimizes the impact of homelessness on their employment, school attendance and health compliance</p> <p>Allows people to access resources that can help with their other longer-term life problems and goals if they choose</p>	<p>Cure poverty</p> <p>Assure people will have affordable housing; i.e. eliminate rent burden</p> <p>Protect them from the impact of the housing market, job market, bad choices or bad judgment</p> <p>Eliminate housing mobility</p>

Our Experience: Effectiveness of Rapid Re-housing

UNDERSTANDING THE VALUE OF RAPID REHOUSING



Rapid Rehousing is the most cost-effective option for the newly homeless, for positive outcomes that we can invest in as a system.

- In Harris County, only 6% of families experienced another homeless episode after using Rapid Rehousing.
- Average costs for Rapid Rehousing are only \$4,000 over a six month period.
- Rapid Rehousing Services reduce the number of homeless households by focusing on maintaining housing.

VA's SSVF Program



Support Services for Veterans Families

- Rapid Rehousing for literally homeless Veterans (61%)
- Serves whole family and not just those VA eligible
- Homelessness Prevention (40%)
- 380+ programs around the country in almost every Continuum of Care (CoC)
- Served 138,500+ Veterans

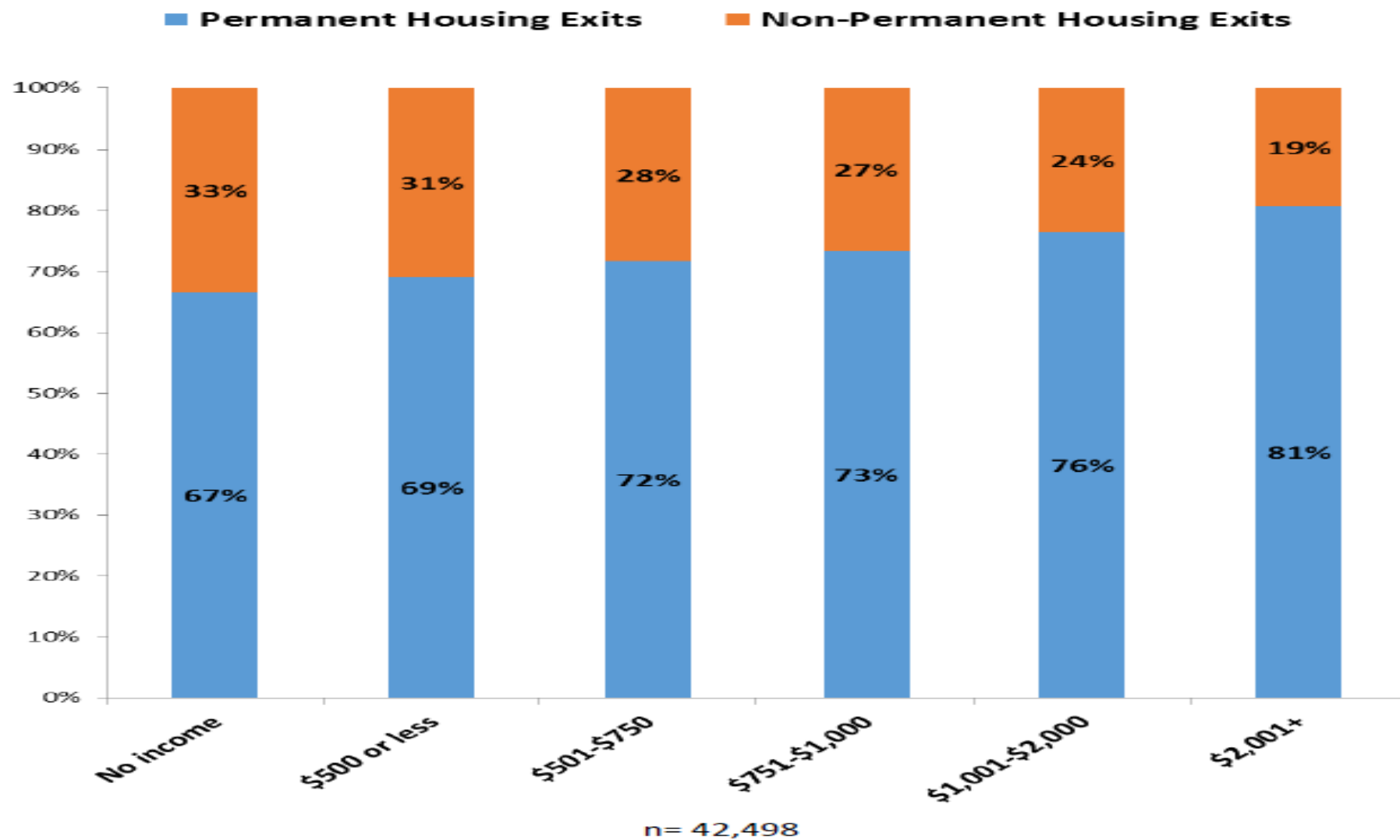
SSVF Results Year Three-2014



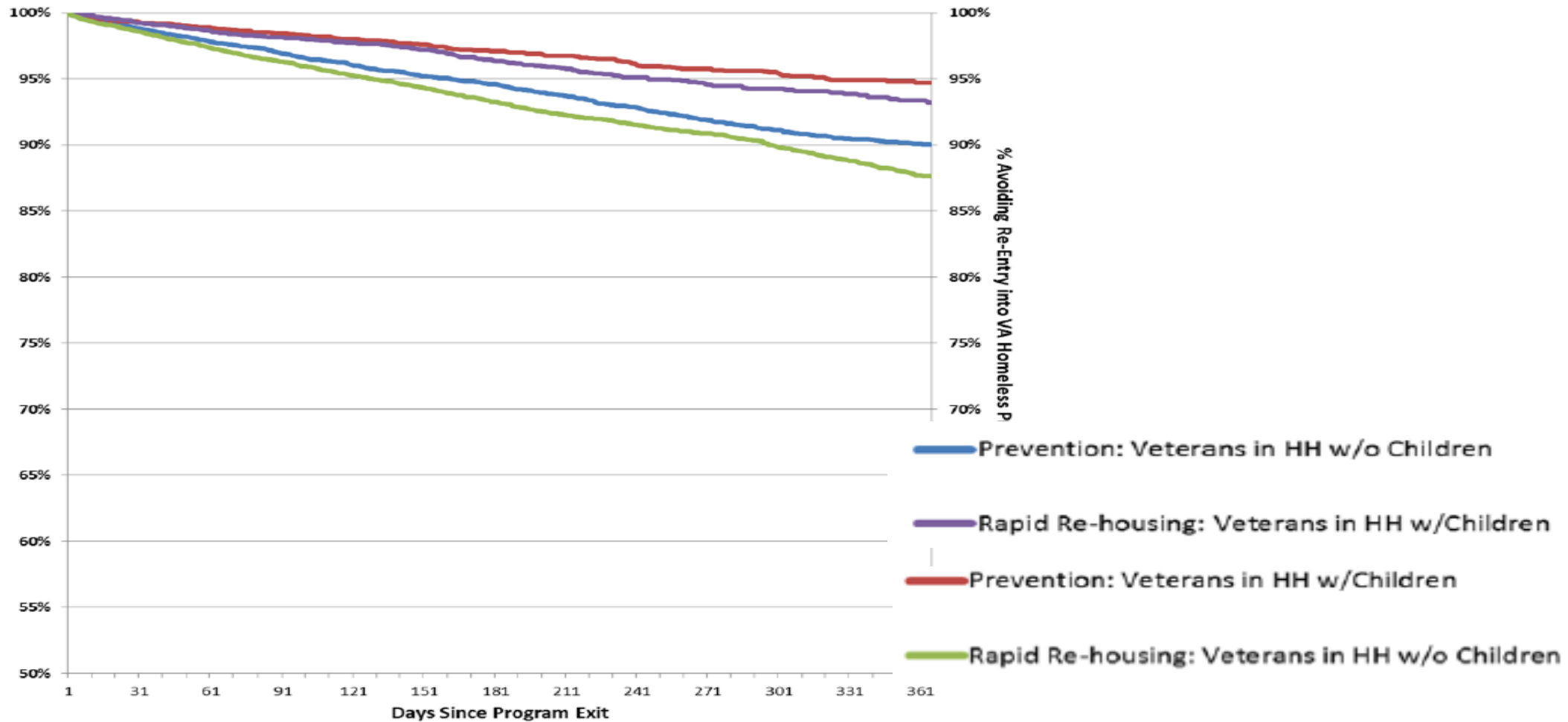
Permanent Housing Success Rate for All Clients

Assistance type	Average Length of Participation	% with PH destination
Prevention	93 days	88%
Rapid ReHousing	104 days	73%

Exhibit 22: PH Success Rates by Monthly Income at Program Entry Among Veterans Served, Excluding VASH Exits, FY 2014³⁵



FY 2013 SSVF Veteran Participants with PH Destinations Avoiding Re-Entry into VA Homelessness Programs.



Outcomes of Rapid Rehousing



Exited shelter 3.2 months faster than those referred to rapid rehousing but did not enroll



Incomes 10 percent higher than usual care



5 families rapidly re-housed with what it costs via transitional housing (6k per family vs. 32k)

[Source: Family Options Study](#)

PERMANENT SUPPORTIVE HOUSING (PSH)



- Usually preserved for those with long & repeated histories of homelessness and with significant disabilities.
- Permanent subsidy at no more than 30% of income with tenancy-oriented services attached.
- Many models including VA's HUD-VASH program and those run by CoC funded programs in your community.
- ❖ *A 2014 study by U Pennsylvania and US Dept of Veterans Affairs found that the addition of every 1 unit of PSH for every 10,000 individuals leads to a 1% reduction in chronic homelessness.*
- ❖ *2010, Virginia Coalition to End Homelessness found that the daily cost of PSH was \$49. While the costs for a bed in jail were \$70 and the costs for bed in adult psychiatric hospital were \$598.*

Housing First



Assisting people experiencing homelessness or a housing crisis by rapidly accessing a permanent home ***without pre-conditions*** (such as employment, income, sobriety, credit repair, etc.) followed by assistance (short or long term) to foster housing stability and prevent a return to homelessness. Service focus is on engagement and problem solving, not therapy.

Why Housing First?



It's What People Want

- Maslow's Hierarchy
- Homelessness engenders a survival response: food and shelter are the top priority.
 - » 1 study found 91% of chronically homeless persons with severe alcohol problems identified a need for housing, but only 64% identified a need for treatment.
- A place to live; to feel safe and secure
 - » The 2011 "Challeng for Veterans Report" reported that 11,446 veterans experiencing homelessness said top 2 areas of unmet need were: homelessness prevention and permanent housing.
- Having a home from which to recover, reorder life, find employment and resolve other issues is critical to success.

Housing First Outcomes



- **Gulcur, Stephancic, Shinn and Tsemberis 2003:**

- Chronically homeless individuals with a major mental illness from the streets and from a psychiatric hospital
- Randomly assigned to Housing First or standard community response to homelessness.
- End of two years, the Housing First group were housed earlier, spent more time stably housed, and were hospitalized fewer days—at a lower cost.
- The non-Housing First participants utilized more substance abuse treatment services but there was no difference in the substance use by the two groups. Housing First participants perceived more choice throughout the study.

Larimer, 2009



- In Seattle, looked at the impact of moving chronically homeless adults who were primarily alcohol dependent into a low-demand Housing First (HF) environment.
- The HF intervention was associated with a substantial decline (33%) in drinking despite no requirement to abstain from or reduce drinking to remain housed.
- Found a 95% acceptance of the housing.

2010 Demonstration Project



Compared a Housing First Program with treatment-first program for 177 Veterans experiencing homelessness.

- H.F. reduced the time to housing placement by 84% (223 days to 35 days)
- Housing Retention rates were 98% in Housing First compared to 86% for the treatment-first program.
- Emergency Room use declined 66% fewer in H.F. compared to 18% fewer visits

Summary



- ✓ Remember that extremely low income people are staying housed--- only 10% experience homelessness each year.
- ✓ Very few predictors of homelessness...only one for certain is a previous homeless episode.
 - ✓ Neither rent burden nor lack of a housing subsidy have been found to be predictive
- ✓ Rapid Rehousing has been proven to be effective for both single adults and families with children. Many models exist, create the best model for your work.

Summary 2



- ✓ Pay attention to OUTCOMES, not numbers served
 - ✓ Length of time to permanent housing
 - ✓ Returns to homelessness, etc.
- ✓ Consider re-examining Transitional Housing programs for better housing outcomes at a lower cost.
- ✓ Rapid Rehousing works as a Housing First intervention that operates as a crisis response providing short term rental subsidies and support services focused on housing stability.

Summary 3



- ✓ Permanent Supportive Housing is usually preserved for people with long and repeated histories of homelessness and significant disabilities
- ✓ PSH costs about 5 times less than other community interventions including shelter, jail and psych hospitalizations.
- ✓ Housing First really works! But it takes work, thoughtful engaging staff and rental subsidies.

It's a crazy idea:
Just ask Jon Stewart



- <http://thedailyshow.cc.com/videos/Intv3q/the-homeless-homed>



BREAK



UP NEXT: SYSTEMS

Key Theme

To end homelessness:

A community's response to homelessness must shift from acts of charity and programs operating in isolation to *systems* designed to end homelessness.

Systems are not created overnight.

In most communities, systems are still very much in development.

Prevent homelessness whenever possible, and otherwise making it rare, brief, and non-recurring





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Systems that support ending homelessness

- ▶ Continuum of Care
- ▶ 10-year and other strategic plans
- ▶ HMIS, Point-in-Time count, and other critical data
- ▶ By-name lists (BNLs)
- ▶ Coordinated Entry Systems and targeting
- ▶ Mainstream systems
- ▶ Other critical collaborations

Continuum of Care

- ▶ Established by the U. S. Department of Housing and Urban Development (HUD), implementing the HEARTH Act
- ▶ A program that provides major funding for homeless services, over \$2 billion annually
- ▶ Not just a funding competition: a vehicle for planning and coordinating each community's response to homelessness
- ▶ A means to align effort, focus, and resources with priorities
- ▶ A dynamic conversation
- ▶ Increasingly used a channel for new opportunities and by other partners

FFI: <https://www.hudexchange.info/programs/coc/>

1.06 How to Form Continuum of Care Governance that Gets Results

1.07 Forging and Enhancing Partnerships between the CoC and the Local Workforce Board

2.06 Working Together To End Veteran Homelessness: Successful CoC and VA Partnerships

2.13 Leading the Way: Developing and Supporting CoC Leadership

3.04 Funding and Operationalizing Employment Programs within Your CoC

5.08 Solutions for Balance of State CoCs

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Strategic plans

- ▶ Helpful in creating a shared community vision and goals, shifting from *managing* homelessness to organizing around ending it
- ▶ Most impactful if they are S.M.A.R.T.:
 - ▶ Specific
 - ▶ Measurable
 - ▶ Achievable
 - ▶ Realistic
 - ▶ Time-bound
- ▶ A critical vehicle for engaging leadership

FFI: <https://www.usich.gov/opening-doors>

1.06 How to Form Continuum of Care Governance that Gets Results

1.13 When to Give Assistance: A Discussion on Self-Resolution

S2.02 Leveraging Public and Private Resources Across Your System to Create More Housing

5.03 Using Forecasting: Tools to Plan Your System

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HMIS, PIT count, and other data

- ▶ Homeless Management Information System (HMIS) required by Congress and regulated by HUD, including system performance measures
- ▶ In a growing number of communities, HMIS data helps:
 - ▶ Target interventions to people who need them in real-time
 - ▶ Identify key trends in use of homeless services
 - ▶ Link with other data sources
- ▶ Similarly, PIT count can be more than just an counting exercise: rapid response teams, registry weeks, etc.

FFI: <https://www.hudexchange.info/programs/hmis/> and <https://www.hudexchange.info/programs/hdx/guides/pit-hic/>

1.09 How to Tackle Common Data Issues and Improve Data Quality

4.01 Using HMIS for System Management and Performance Improvement

4.07 Preparing for the 2017 Point-in-Time Count

5.13 A Discussion on Using HMIS to Prioritize People for Housing

Post-Conference Session: Data Privacy Laws, Regulations, and Best Practices: Practical Strategies for Coordinated Entry and HMIS Data Integration Projects

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By-Name Lists

5.13 A Discussion on Using HMIS
to Prioritize People for Housing

- ▶ A game-changing approach to efforts to end homelessness
- ▶ Requires a high level of coordination and information sharing among partners
- ▶ Creates shared accountability and clear performance indicators
- ▶ Critical for populations whose path to housing or connections to homeless services are most unpredictable
- ▶ Does not have to be “fancy”

FFI: <https://cmtysolutions.org/blog/assessment-and-role-name-lists>

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Coordinated Entry and targeting

- ▶ A game-changer: organizing resources rationally rather than “first come, first serve” – as you would expect in most professions
- ▶ A significant change from the *status quo* in most communities
- ▶ Required by Federal partners, but implemented locally
- ▶ Real opportunity for engaging all partners in allocating resources
- ▶ May herald other transformations: how do we fill service gaps? What happens once we reach our goals?

FFI: <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

2.07 How to Better Target your PSH to End Chronic Homelessness

3.03 Access, Assessment, Prioritization, Referral: The Fundamentals of Coordinated Entry

4.02 Coordinated Entry: Solutions to Advanced Challenges in Implementation

5.11 Developing an Effective Coordinated Community Response to Youth Homelessness

Post-Conference Session: Data Privacy Laws, Regulations, and Best Practices: Practical Strategies for Coordinated Entry and HMIS Data Integration Projects

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Mainstream systems

“Preventing and ending homelessness is not possible through targeted homeless programs alone, but requires the leveraging of mainstream resources and programs in the areas of housing, employment, education, health care, and income supports.” – *Opening Doors*, USICH

- ▶ “Mainstream” means not targeted specifically to people experiencing homelessness
- ▶ Examples include: economic assistance programs (e.g, TANF, SSI/SSDI, emergency assistance), Medicaid, public housing and Housing Choice Vouchers, workforce services, food support, etc.

FFI: https://www.usich.gov/resources/uploads/asset_library/Enlisting_Mainstream_Resources_2016.pdf and <http://tinyurl.com/hea72u3>

S1.07 How Do You Incorporate Medicaid into Your Funding for Supportive Services at a Systems Level?

S1.13 Partnering with Schools to Prevent and End Family Homelessness

3.04 Funding and Operationalizing Employment Programs within Your CoC

3.05 How to Make It Work: Medicaid and Financing Supportive Services in PSH Programs

4.03 Integrating Employment Strategies into Rapid Re-Housing Programs

4.04 How to Work with Your Public Housing Authority to Secure Mainstream Resources

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Other collaborations

- ▶ Veterans: Are you coordinating with your VA Medical Center and state, county Veterans service organizations?
- ▶ Chronic homelessness: Are you working with your state Medicaid agency, health care organizations or your state's response to the *Olmstead* decision as a path to create more housing opportunities?
- ▶ Youth: Are your child welfare agencies engaged in working with homeless minors or young people aging out of foster care?
- ▶ Families: Are you working with your state TANF agency or public health agencies (especially family home-visiting nurse programs)?

1.08 Housing as a Platform for Healthcare

S2.03 Helping Foster Youth Avoid Homelessness

2.06 Working Together To End Veteran Homelessness: Successful CoC and VA Partnerships

2.09 Engaging Your TANF Leaders

3.09 Partnering with Veteran Service Organizations to End Veteran Homelessness

4.10 Partnering with Child Welfare Agencies to End Youth Homelessness

Post-Conference Session: Housing/Healthcare Integration (H2) Peer Learning Session

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Finally...

Systems are effective not only based on what they do, but *how* they do it.

Process measures to use in monitoring your community's journey toward an effective system:

- ▶ Has the system been designed from the perspective of people experiencing homelessness?
- ▶ Are your services trauma-informed and culturally competent?
- ▶ Do you achieve equity in terms of engaging, serving, and housing groups of people disproportionately impacted by homelessness: people of color, people with disabilities, LGBTQ young people, and survivors of domestic violence?
- ▶ Do all partners have a clear and accessible way to engage?

S1.09 Rapid Re-Housing for Survivors of Domestic Violence

4.05 How Can We Actively Combat Racism and Its Impact on Homelessness

5.07 Improving Your Homeless Service System: Coordinating with Domestic Violence Providers

Post-Conference Session: Building Trauma-Informed Organizations and Systems

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Your questions?



Thank you!