Right Sizing Through Realignment of Transitional Housing

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Pierce County
Community Connections

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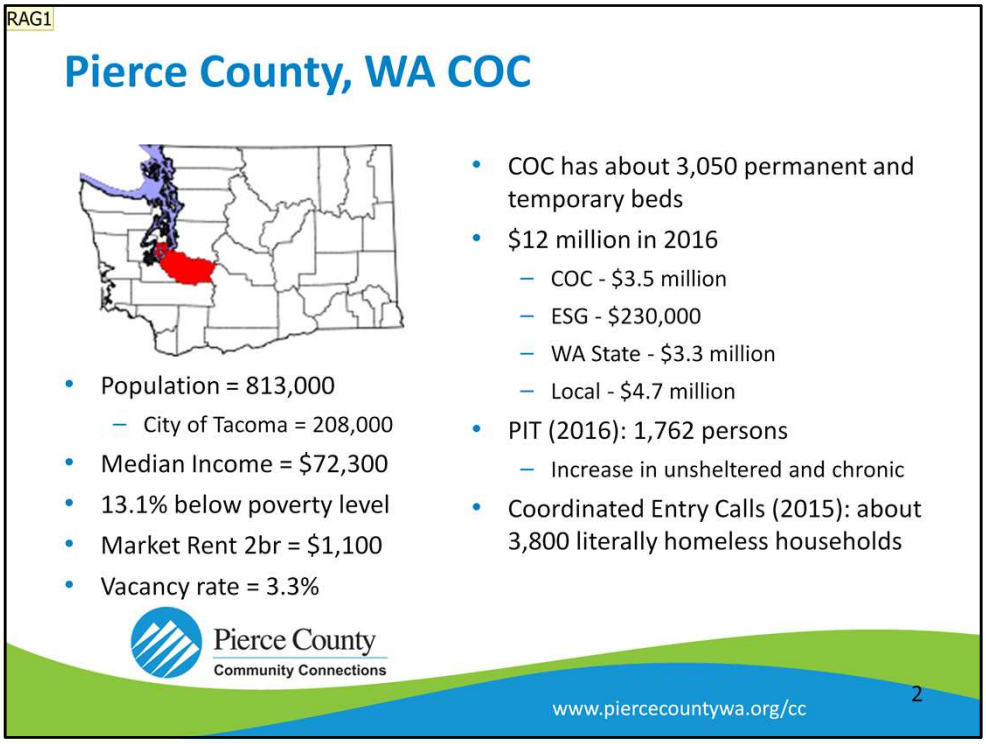


Pierce County is the second largest county in WA; We are located south of Seattle, with a total population of about 813,000.

About a quarter of the population lives in the largest city, Tacoma – the remainder are in small cities under 60,000 or rural unincorporated areas.

Our median income is $71,000 for a family of 4, and the market rent for a 2br unit is $1,100 – affordable to a family earning about 60% of the area median income.

With over 12% of the population below the poverty line, we estimate that Pierce County needs an additional 50,000 units of affordable housing to meet the needs of low- and extremely low- income families.

Like many communities, as we are pulling out of the recession our vacancy rates are declining. Vacancy stands at about 3.5% now, down from 5% just one year ago. Our market gets squeezed even more when rents in the Seattle area increase, which is definitely happening now. The market rent for a 2-br in King County, where Seattle is located, is $1,450, which pushes a lot of families south.

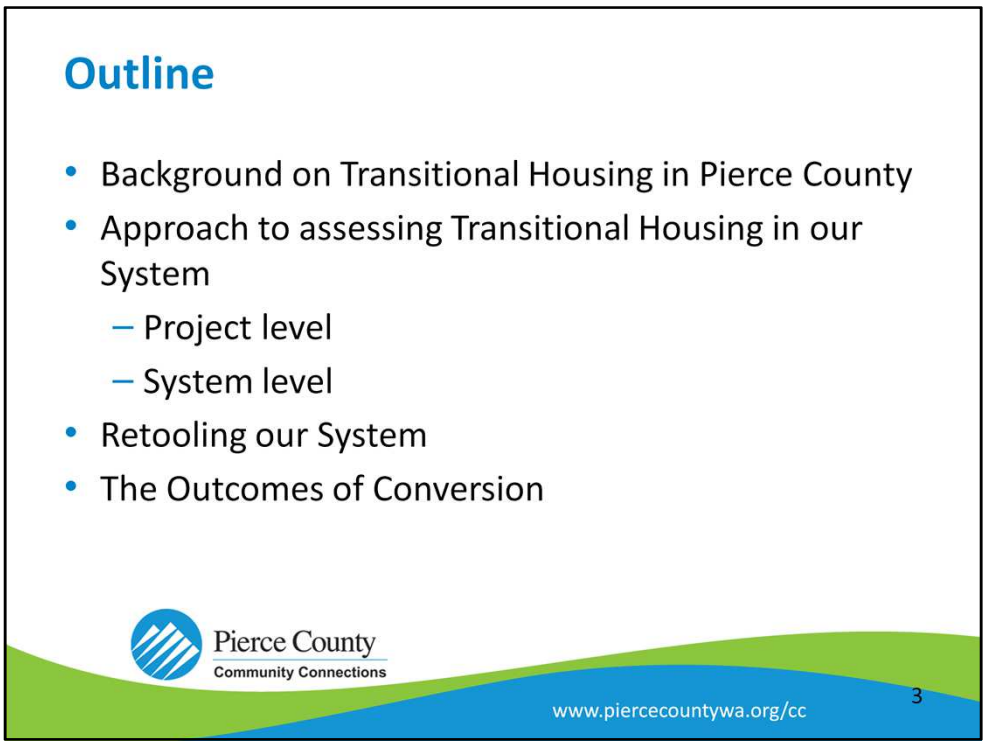
Our Continuum of Care operates about 2,300 permanent and temporary beds, almost half of which are targeted to families with children.

In 2015 we counted 1,283 people experiencing homelessness. Last year we saw an increase in our unsheltered count to about 340.

As we all know, the PIT is great for tracking trends, but it's not always the most accurate count of who experiences homelessness, so we also use our Coordinated Entry data to help us understand who is becoming homeless. Last year about 3,800 households experienced homelessness; about 1,300 were families with children.

Slide 2

RAG1 Rae Anne Giron, 1/21/2016



During this presentation I will

Background on Transitional Housing in Pierce County

Approach to assessing Transitional Housing in our System

- Project level
- System level

Retooling our System

The Outcomes of Conversion

For over 10 years transitional housing for families with children was the main staple of our homeless response system, with minimal feedback loop for improvement.

We had an influx of capital funds between 2001 and 2010 from a program called Sound Families funded mainly by the Gates Foundation, which resulted in the creation of 206 new OWNED TH units for families and MANY MORE that were funded using project based section 8 vouchers.

Started radically shifting our system in 2010 – from one reliant on the notion that families needed TH to become Housing Ready to a Crisis Resolution System that recognizes that everyone needs housing FIRST in order to address factors that contributed to their homeless crisis.

You can see, we've adopted new interventions and approaches each year since.

Coordinated Entry has been KEY to revealing data about who needs housing services, and how well we are doing meeting that need.

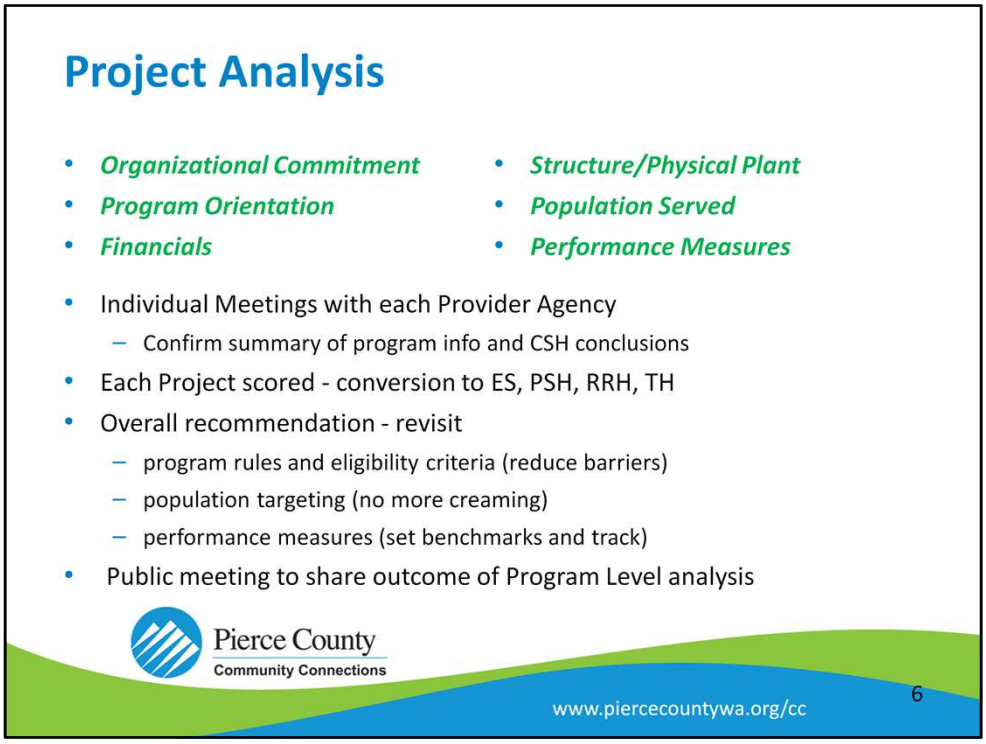
The short answer is – many more literally homeless people seek services than we have housing resources available

That resulted early on in a very long Wait List for referrals to housing – only about 20% of the households seeking services were actually getting referrals to housing programs.

We set about better understanding why our system was out of balance, and how to right size it to better meet the need in our community.

In 2013 and 2014 we collaborated with the Corporation for Supportive Housing to assess, on a project level and a system level, how well our system was meeting the goal of making homelessness rare, brief and non-recurring in Pierce County.

1. CLICK We started with project level analysis of TH programs to better understand
2. CLICK The next step was to do a System-level analysis, to assess whether our current system of housing programs was meeting the needs of the families and individuals seeking our assistance.
3. CLICK As part of the Systems Analysis we looked at System-wide outcomes to determine how best to align our investments to meet the needs…
4. CLICK All with the goal of **right-sizing** our system to become more effective and efficient in our response to the crisis of homelessness.



We started with project level analysis of TH programs to better understand

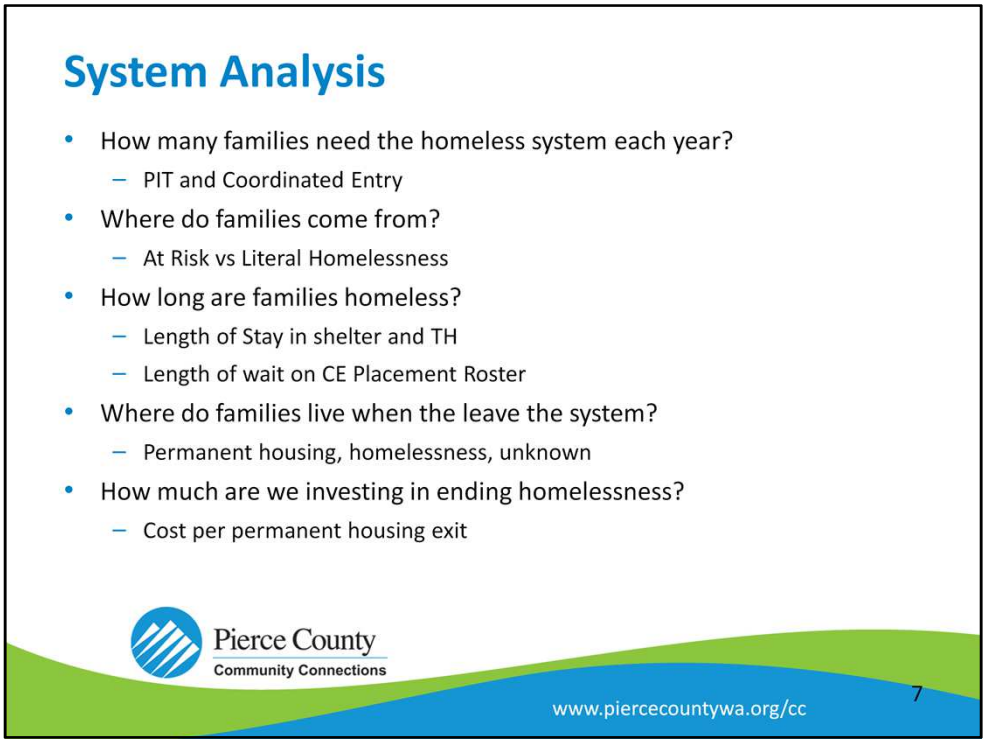
- Organizational Commitment - openness to change/convert; organizational history; overall connection to the COC and homelessness system
- Program Orientation – organizational mission; staffing model; program rules and eligibility; lease or participant agreement
- Financials – operating budget AND capital investments in project; funding covenants/restrictions; ownership structures (LIHTC partnership?); adequacy to cover conversion
- Structure/Physical Plant – single facility vs scattered sites; units vs rooms (individual vs shared); congregate – shared kitchen or baths; property condition
- Population Served – total families served; families served with special needs; percentage of families entering from literal homelessness
- Performance Measures – average length of stay; churn (turnover) rate; 5 exits to permanent housing; % increase in income/employment

CSH met individually with each TH agency, which was critical.
It allowed us to reiterate the COC's commitment to shifting our investments to permanent housing; and it let us hear the stories of agencies that were ready to convert and those who weren't.
It created space for some agencies to take the initiative to move forward with conversion – and gave those uncomfortable with the shift time to plan.

Each Project scored - conversion to ES, PSH, RRH, TH

Overall recommendation – Pierce County should revisit
program rules and eligibility criteria – old TH rules were NOT housing first
Population targeting – no more creaming
Performance measures - we needed to set system benchmarks and track progress towards achieving them

Public meeting to share outcome of Program Level analysis



I'm going to linger on the Systems Analysis because this is where the bulk of our work, as the COC, was.

This slide shows the basic questions we wanted to answer to get a broad picture of who we are serving and how well we are providing those services.

Because the vast majority of our TH serves families, our system analysis focused on the network of programs that serve families with children.

How many families become homeless each year?

- We compared the annualized PIT count AND the number of families that come through coordinated entry. We did this because we know that the PIT does a fine job of telling us who's sheltered, but it tells us little about unsheltered families.
- Coordinated Entry tells us who is literally homeless and seeking services, most of whom are not in our shelter system.
- As it turned out, both calculations came up with comparable numbers of homeless families in a year – about 500.

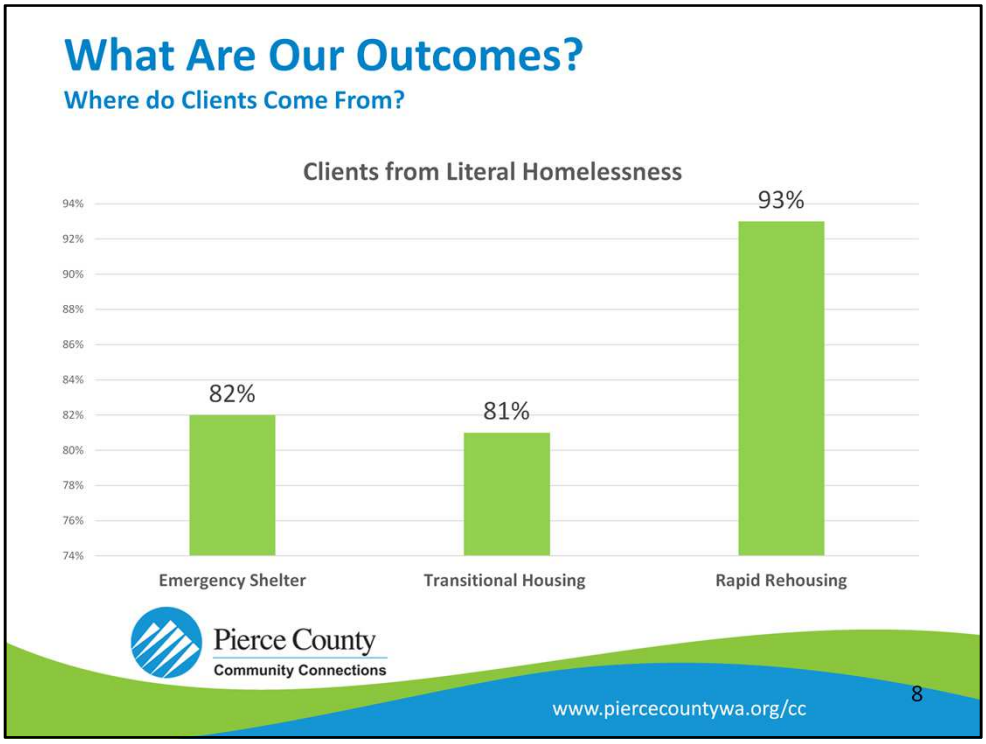
We used H M I S data to answer the question about where families come from, whether they were literally homeless – coming from shelter, unsheltered or places not meant for human habitation – or were they housed but at risk.

We used length of stay in shelter and TH to help us understand how long families remain homeless after entering our system.

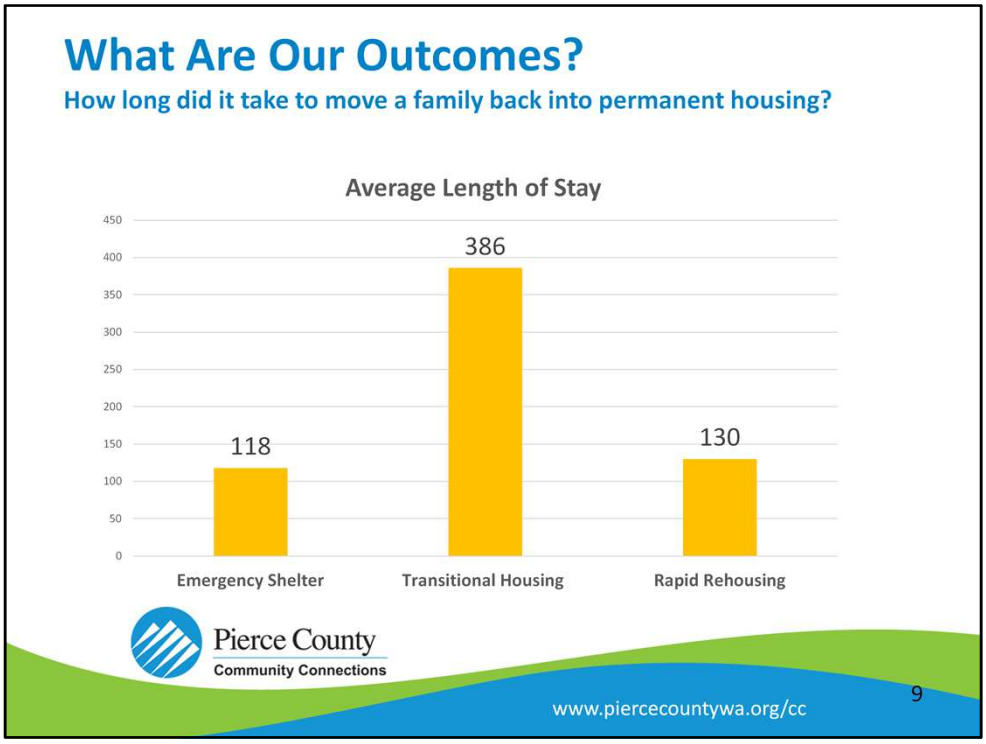
- We also used data from our Coordinated Entry wait list to better understand how long families wait to even get access to shelter or a housing program.
- That data also taught us a lot about how many families self-resolve their homeless crisis while waiting for a referral to housing We've found that about 30% of families identify housing options on their own within 30 – 90 days of becoming homeless, and another 25% or so lose contact with CE and don't come back. Again, this was helpful in affirming our belief that investing in diversion programs will help resolve homelessness for a significant portion of our clients.

We wanted to know how successful our programs are at ending homelessness, so we asked whether families were leaving TH and shelter for permanent housing or returning to homelessness.

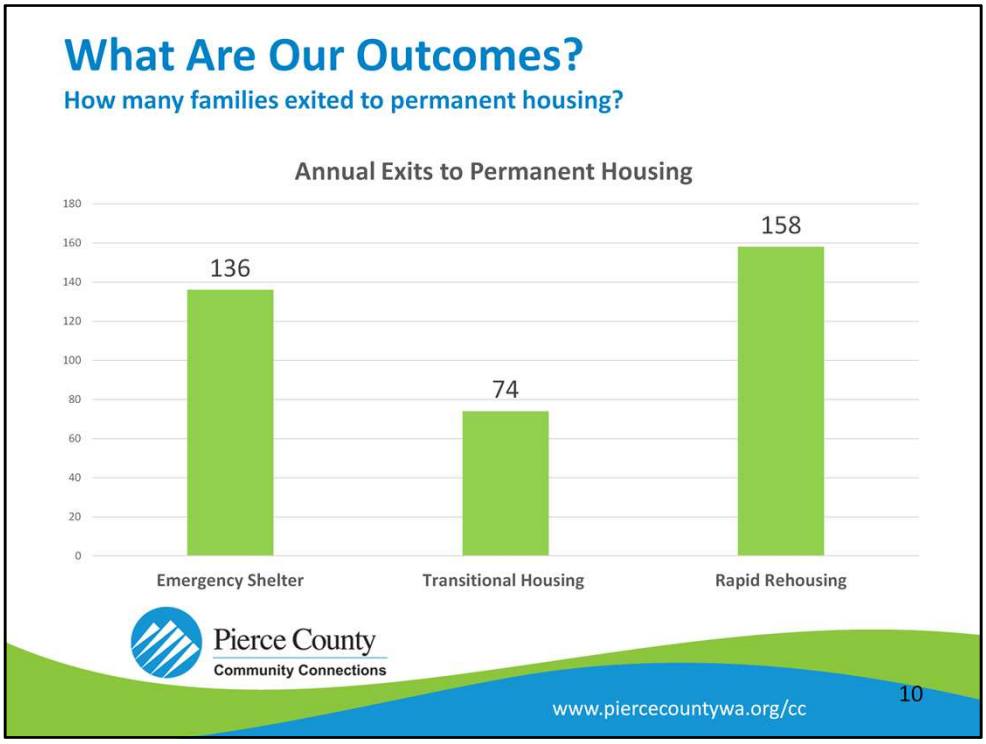
And we wanted to know how efficient our system is, so we looked at not just the cost of operating a program but the cost per permanent exit, which we found to be quite a bit higher than average cost per family enrolled.



Pleasantly surprised to see that most clients were coming from literal homelessness – as COC, our goral is that 100% of clients come from literal homelessness (cat1) or are fleeing a situation of domestic violence (cat 4).

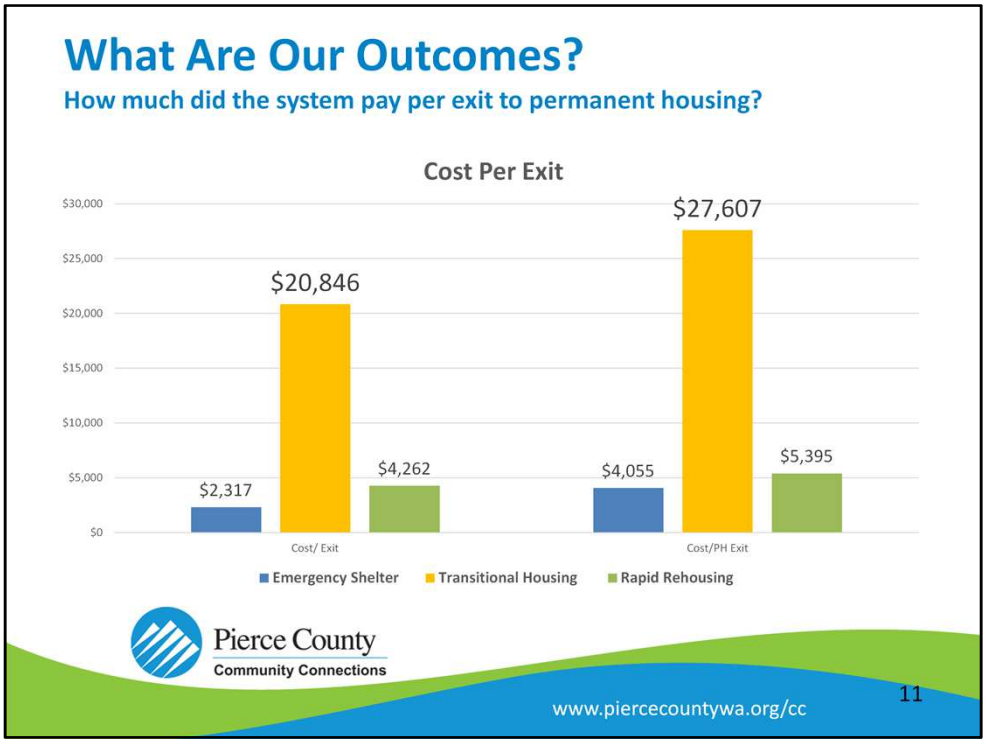


Not surprising – TH length of stay the longest. That length of stay, and the reliance on TH, was contributing to a long wait list through our Coordinated Entry process – another incentive to right-size our system .

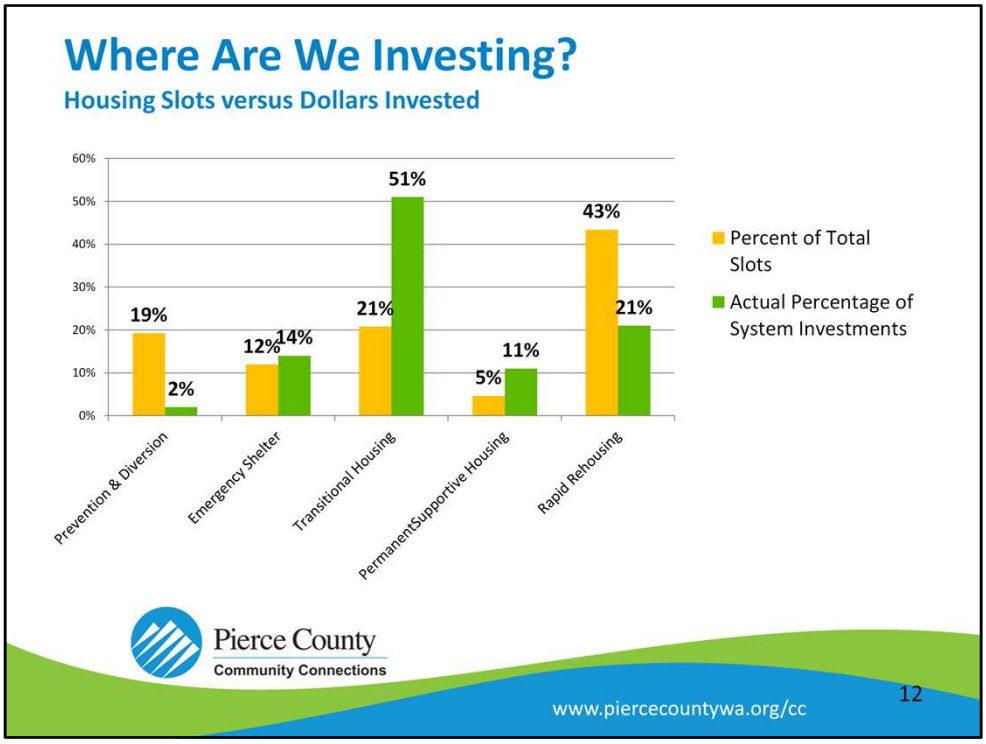


The long length of stay meant that fewer families exited TH to perm housing than RR or even shelter. People were remaining homeless too long.

It should be noted that the long stay in TH did NOT result in significant increases in income or employment – less than 30% of families exiting TH did so with increased income or employment.

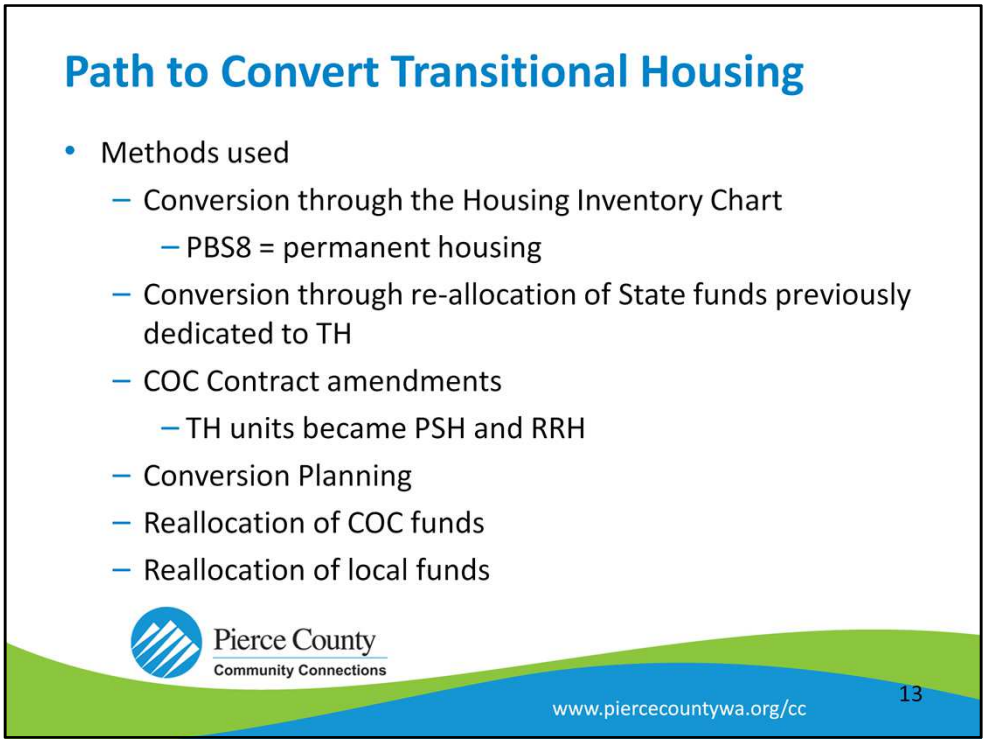


And, TH is the most expensive intervention – 5 times the cost of a RRH exit.



Finally, looked at where we were investing – the highest investment – in TH – yielded the fewest number of housing slots each year.

All of this led us to the conclusion that our investments were poorly aligned with outcomes. In short, we were getting a pretty poor return on our very precious resources.



Even before the CSH analysis was completed, we tackled the "low hanging" projects:

Between 2012 and 2015 we reduced our inventory of TH units by 72% through

- Reclassification - As I mentioned earlier, much of our TH was accompanied by PBS8 vouchers, which made the reclassification fairly easy, by simply switching them from TH to Permanent Housing in the Housing Inventory Chart. Of course, we did that with the consent of the provider agencies, who understood that the reclassification would impact their program model. In that instance, most providers were already treating the TH units like permanent housing, so the conversion was well received.

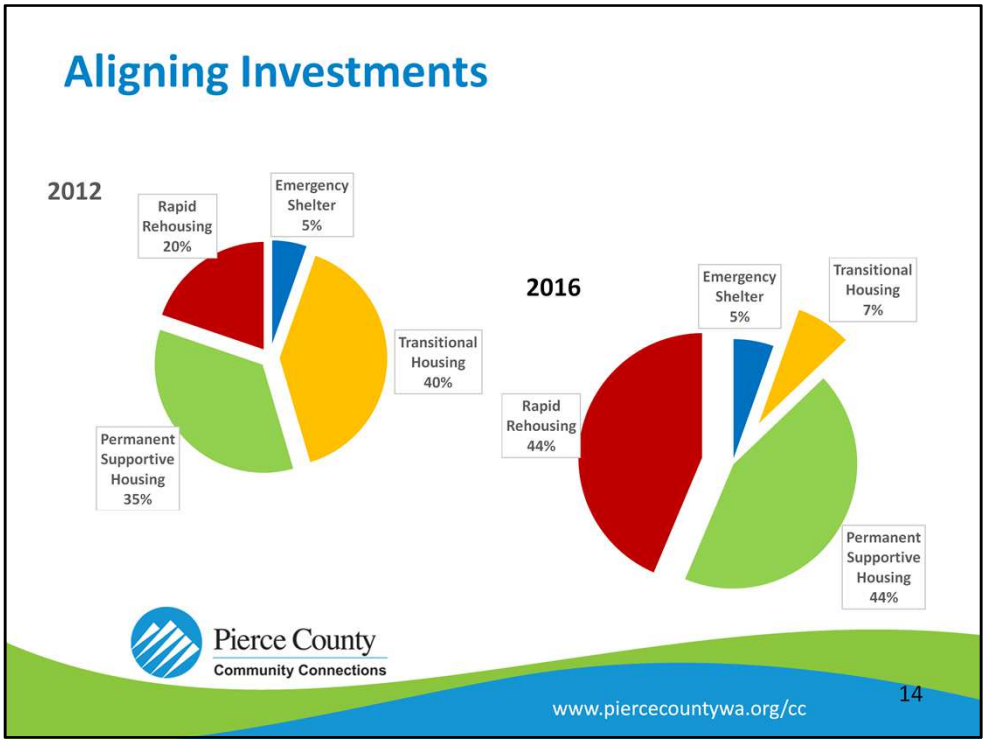
- Similarly, in 2012 we converted units that had received funding through a State funded program for the operation of transitional housing. When the State expanded that program to support an integrated system of housing assistance to prevent homelessness and quickly re-house unsheltered households, the units were converted to RRH and were awarded funding through the expanded State program and/or local County funds.

- In 2013 and 2014 we amended COC contracts for projects that had, during the contract period, shifted their program models from TH to PSH or RRH. We worked with our local field office to amend these contracts.

- In 2014 we reallocated TH projects to PSH and RRH through the COC funding round, and are proposing to reallocate more TH project funds in this current funding round.
    - Our 2016 COC application had half of an existing TH project in Tier 1, and all the remaining COC funded TH in Tier 2 – none of which was funded.

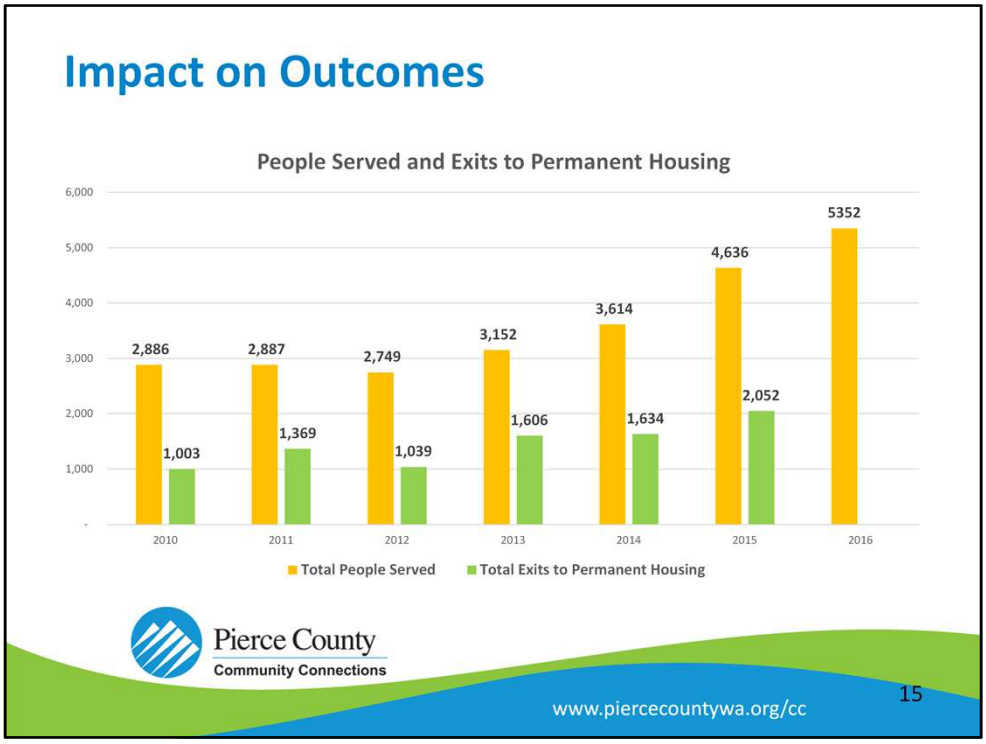
- In 2014 we also began a conversion planning process with the remaining 5 TH projects – working individually with each program they are developing conversion plans. Most are converting to some form of RRH; one will convert to a sober-living permanent housing project (PBS8)

- Since 2012 our NOFA for our local funds, including our ESG, has eliminated funding for any new TH. The NOFA we issued this year – for contracts beginning in 2017 – explicitly states that funding for TH is not a priority, and that we will only consider funding for TH programs that have a conversion plan in place that will be carried out in 2017



So what does our system look like now?

The pie chart on the left shows how we were investing our dollars in 2012, compared to the pie chart on the right in 2016. We have gone from half of our investments supporting temporary housing down to only 12% .



And – that shift – away from TH to Permanent Housing, and in particular RRH, has meant that we can end homelessness for more people.

2010 – 2012 – when we were heavily invested in TH – the number of people served AND the number of exits to PH was fairly stagnant. As soon as we began shifting our investments to RRH, both of those indicators increased.

Between 2012 and 2015, the number of people served increased by 68%. The number of exits to PH has just about doubled.

We've done all of this without significant increases in our total revenue stream. It's simply because our investments are more efficient and yield superior outcomes now tat we have fully adopted a housing first model.

Conversion process key overall **Right Sizing** of our system

- We knew, thru CE, that as it stood our system was not serving the vast majority of people who sought services form us
- Reallocation of resources away from TH and to RRH and Diversion has greatly increased out ability to serve that need.

System AND Project Level Analysis – **so worth it!**

Harder to claim "exceptionalism" by providers when they see each other's data and can see that they were ALL, essentially, creaming

The data doesn't lie… because the providers input it – it's their data; we just reflected it back to them

Baseline from which to celebrate change – the shows the impact of the change and trends to better outcomes for programs and the system as a whole

Leverage from "peer" pressure – early adopters – several providers converted to RRH early and then, in learning collaboratives, were able to talk about the successes they were having.

Be sure there is need for the new project type – esp. PSH for families – one conversion to PSH yielded high vacancies; we don't have a lot of chronically homeless families

TH Good for Special Populations… **maybe not!**

Young Adult RRH Program – longer stay, deeper level of support services

DV Rapid Rehousing Program – most therapeutic activity is handing keys to a survivor and welcoming then into a home where they control the lease

Young Pregnant Women Rapid Rehousing Program – converting to RRH in 2017; lost COC funding this last round; scattered site TH so working with landlords on transferring leases to clients name. Looks very promising

Women in Recovery and CPS-Involved Transitional Housing Program – remaining TH with goal for shorter LOS