Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover

Homelessness Prevention

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).

- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA, or DHHS. The training should not be considered substitutes for individualized client care and treatment decisions.
Topics Covered in this Presentation

Homelessness Prevention will be covered from three different perspectives:
- Lessons learned from federal initiatives and implications for next steps
- Research perspectives
- Insights gained from work in the field

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Presenters
- Jennifer Ho, United States Interagency Council on Homelessness (Moderator)
- Martha Fleetwood, HomeBase
- Marybeth Shinn, Vanderbilt University
- Jamey Burden, Community of Hope
Lessons Learned from Federal Initiatives
Marty Fleetwood
HomeBase

Overview

• Past limits to federal prevention efforts
• HPRP overview
• HPRP case studies
• Challenges
• Lessons learned

Prior to 2009, No Unified Federal Prevention Effort

• No uniform definition of homelessness
• Lack of inter-agency coordination
• Limited funding
• Most prevention funded by local resources or other indirect federal initiatives
New Federal Focus on Prevention

• Homelessness Prevention and Rapid Re-Housing Program (HPRP)
  - American Recovery & Reinvestment Act (2009)
  - $1.5 billion over 3 years – ended 9/2012
  - To prevent people from becoming homeless & rapidly rehouse homeless people

• HPRP components later added to HEARTH

Interpretation of HPRP

Original interpretation:
  - Focus on sustainability—persons expected to remain stably housed

Later HUD issued guidance:
  - Focus efforts instead on persons homeless “but for” the assistance

HPRP Aid/Service Provided

• **Prevention**: Financial assistance/supportive services to stabilize at-risk households
• **Rapid Re-Housing**: Quickly obtaining housing for homeless
• **Services**: Rental assistance, security deposit, utility payments, moving costs, credit repair, legal counsel, case management
  - 1–18 months
HPRP Case Studies

- Fresno
  - Prevention: 40%
  - Rapid Re-Housing: 60%
- San Diego
  - Prevention: 40%
  - Rapid Re-Housing: 60%

Nearly half of all those served were families with children.

Comparison of HPRP Fresno and San Diego

<table>
<thead>
<tr>
<th></th>
<th>Fresno</th>
<th>San Diego</th>
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<tbody>
<tr>
<td>Federal Grant</td>
<td>$1.6 million</td>
<td>$6.1 million</td>
</tr>
<tr>
<td>Approx. # Households</td>
<td>446</td>
<td>981</td>
</tr>
<tr>
<td>Exited to Perm Housing—Prev</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Exited to Perm Housing—RR</td>
<td>64%</td>
<td>71%</td>
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</tbody>
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HPRP Case Study: Yolo County

- Created Housing Resource Centers
  - Streamlining referrals, increasing efficiency
- Coordinated Triage & Assessment Using HMIS
  - Improve interagency coordination & community-wide planning
HPRP Prepared Communities for Implementation of HEARTH Act

- Focus on performance measurement
- System-level coordination
- Common assessment tool
- Ongoing collection of data
- Periodic review of outcome data
- Collaborative approach to planning

Prevention Challenges

- Targeting
  - Rapid Re-housing Placement
  - Transitioning to Stability
  - Performance Measurement

Lessons Learned

- Need unified federal definition of “homeless” and “at risk”
- Targeting assistance to the right people makes a difference
- Local context matters; learn from successful local, innovative models
- Focus on at-risk and homeless children
Homelessness Prevention: Research Perspectives

Marybeth Shinn
Vanderbilt University

Universal Prevention

- Homelessness is not inevitable
  - Low rates in decades following WWII
  - Lower rates in Europe and Japan than in the U.S.

Universal Prevention

- Universal prevention strategies
  - Reduce inequality
  - Require living wage
  - Promote affordable housing, right to housing
    - National Housing Trust Fund
    - Shared Equity housing
    - More or better targeted subsidies (Housing Choice Vouchers)
Targeted Prevention: Two Tasks

A. Targeting: Identify people at highest risk for becoming homeless

B. Services: Help them avoid that fate (primary prevention)

Bad targeting is often confused with successful services

Targeting for Secondary Prevention

• Most people are homeless only briefly
• The issue becomes identifying those likely to have longer stays or repeated stays
  • Single individuals: Long-term and episodic users have more mental health and substance problems
  • Families: Episodic, but NOT long-term, users have more involvement with other systems

Triage

• Adopted by many Homeless Prevention and Rapid Re-Housing (HPRP) programs
• Identify those at risk, but not at such high risk that they cannot be helped
Current Targeting Efforts

• Guesswork
• One-factor model—e.g., eviction
• Hennepin County went back to drawing board
  • Families targeted for prevention did not look like families in shelter

Current Targeting Efforts

• Similarity of people getting prevention services to those in shelter is also not enough
  • E.g., single parenthood

Empirical Targeting Models

• More accurate than expert judgments, across many domains
• For New York City HomeBase Prevention, use of model would:
  • Improve correct identification of families entering shelter by 26%
  • Reduce misses by almost two-thirds
• Parallel local models could be developed elsewhere
NYC Targeting Model for Families

- Families—housing subsidies
  - Prevent homelessness for poor families
  - Reduce rates of repeat shelter use for families in shelter
  - Increase housing stability
- Housing with supportive services also has good results
  - Has not been compared with housing alone

Services: Different Populations

HPRP

- Homelessness Prevention and Rapid Re-Housing Program—short-term, shallow subsidies
  - Credited with slight reduction in homelessness nationwide, despite recession
  - Data promising, but few counterfactuals
Family Options Study (ongoing)

- 2,300 families across 12 sites randomized to four housing and service interventions:
  - Housing Subsidies
  - Community-Based Rapid Re-Housing
  - Program-Based Transitional Housing
  - Usual Care
- Five outcomes: housing stability, self-sufficiency, family preservation, adult well-being, and child well-being

Services: Different Populations

- People with serious mental illnesses
  - Critical Time Interventions to transition to community
  - Supported Housing, particularly Pathways Housing First
    - Apartments with private landlords
    - Directly from street—no preconditions
    - Extensive services under tenant control

Community Prevention

- New York City HomeBase: Small subsidies and social services administered by community agencies
  - Quasi-experimental evidence, experiment ongoing
Community Prevention

- New York City Common Ground (Community Solutions): Focus on community development rather than services to individuals
  - *Evidence not yet available*

Need for More Research

- Targeting: Getting the right services to the right people
- Effectiveness: Showing that services work to prevent homelessness

In the Field: Homelessness Prevention and System Change

Jamey Burden
Community of Hope
In the Field: Homelessness Prevention and System Change

- The challenges
- The emerging model
- Results and lessons learned
- Next steps

How Does the Old System Respond to Homelessness?

- Shelter Eligibility/Assessment
- Emergency Shelter
- Long-term Shelter
- Transitional Housing
- Permanent Housing?

Problems with the System

- A lot of steps take a lot of time
- Unrealistic assumptions about level of coordination necessary to make it work
- Cracks in the system
- Fair or effective?
- Lack of flexibility to deliver assistance based on need versus delivering the assistance that is available
Emerging Model

- Family Assessment
- Homelessness prevention, diversion, mediation
- Connection to mainstream services

- Temporary Housing
- Emergency shelter
- Transitional housing
- Connection to mainstream services

- Permanent Housing
- Permanent supportive housing
- Rapid Re-Housing
- Long-term affordable housing

Emerging Model Assumptions

- Most families who receive an eviction notice do not become homeless
- Most families living in poverty do not become homeless
- Most families who do become homeless exit shelter and never return a second time
- Families who stay in shelter longer generally regress in the following areas: mental health, substance use, domestic violence, and children’s performance in school

Emerging Model Assumptions

- Families do better in their own housing
- Funding and services should focus on housing access and stability vs. shelter services
- Must do everything possible not to isolate families experiencing homelessness
- System change = strong leadership + creating real mainstream partnerships + building capacity and staying true to the model
Context: Washington, DC

- Central intake system for families
- Shelter capacity: approximately 500 families
- Since 2008, 23% average annual increase in families entering shelter
- 91 provider agencies

Context: Community of Hope

- Provide health care for people with little or no insurance.
- Provide housing and supportive services for families near-homeless, homeless, or previously homeless

Our Short History With Prevention, Diversion, and Rapid Re-Housing

- Homelessness prevention vs. emergency assistance
- Over-prescription of prevention services
- Diversion/prevention and defining homelessness
- Rapid re-housing: Limitations of targeting and assessment, and “going further downstream”
Principles of Rapid Re-Housing

- Permanent housing is the immediate goal
- Financial assistance is provided based on need (no more than is necessary)
- Services are offered to find housing and, if necessary, to retain housing

Principles of Rapid Re-Housing

- People move directly into housing—no intermediate steps
- First things first: meet clients where they are
- Identify and build upon families’ strengths; minimize or eliminate barriers

Principles of Rapid Re-Housing

- Choices are client-driven (and housing is not risk-free)
- Rapid re-housing is not for everyone
- Provide no more assistance than is needed to solve the housing problem
Components of Rapid Re-Housing

→ Assessing barriers to housing stability
→ Housing search (and building landlord relationships)
→ Financial assistance and subsidy models
→ Services

Lessons Learned

• Adhere to the rapid re-housing model
• Stay goal-focused (independent housing stability)
• The language we use matters
• “Right assistance, right time, right person”

Lessons Learned

• Choice in housing is critical
• No time like the present
• Progressive engagement!
• Be cautious about making major changes in the program model
**Rapid Re-Housing Outcomes to Date**

- 80 families have exited the program (50 in 2011; 30 in 2012)
- 91% (73 of 80) had not returned to DC shelter as of 12/31/12
- Average length of home-based case management: 11.6 months
- Average length of subsidy: 10.8 months
- Average length of most recent shelter stay: 11.4 months*

*Based on 15 families who entered Rapid Re-Housing from a COH-operated shelter

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**2012 Rapid Re-Housing Demographics**

- 30 families exited rapid re-housing in 2012
- Average age of HOH at program entry: 35 years
- Average length of subsidy: 7 months*
- Average total subsidy: $5,916*
- Average monthly subsidy: $830*
- Average income at program entry: $878

* Based on the 27 families for whom COH provided the rental subsidy
2012 Rapid Re-Housing Demographics

- Families receiving TANF at entry: 43% (13/30)
- Families receiving SSI at entry: 7% (2/30)
- Families receiving SSDI at entry: 0% (0/30)
- Families receiving child support at entry: 7% (2/30)
- Families employed at entry: 37% (11/30)

* Based on the 27 families for whom COH provided the rental subsidy

Next Steps

- **Family Housing Solutions** program:
  - → Assessing 500 families in DC shelters
- Families assessed within three categories of assistance:
  1. *One-time assistance*
  2. *Rapid re-housing*
  3. *Permanent supportive housing (PSH)*
- 150 slots: 100 rapid re-housing, 50 PSH

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