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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



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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).
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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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Jennifer Ho, Moderator

United States Interagency Council on Homelessness

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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

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Lessons Learned from Federal Initiatives

Marty Fleetwood HomeBase

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Overview

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

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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

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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**

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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

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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*

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HPRP Case Studies

Fresno

Category	Percentage
Prevention	55%
Rapid Re-housing	45%

San Diego

Category	Percentage
Prevention	40%
Rapid Re-housing	60%

Nearly half of all those served were families with children

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Comparison of HPRP Fresno and San Diego

	Fresno	San Diego
Federal Grant	\$1.6 million	\$6.1 million
Approx. # Households	446	981
Exited to Perm Housing—Prev	82%	89%
Exited to Perm Housing—RR	64%	71%

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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

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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

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Prevention Challenges

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

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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

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**Homelessness Prevention:
Research Perspectives**

**Marybeth Shinn
Vanderbilt University**

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Universal Prevention

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

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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)

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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

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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*

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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

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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*



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Current Targeting Efforts

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

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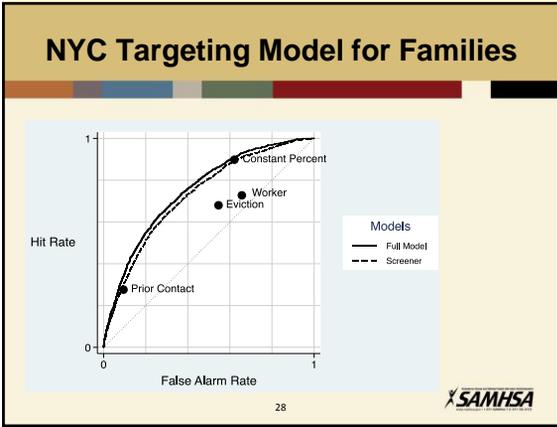


Empirical Targeting Models

- 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

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- ### Services: Different Populations
- 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*
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- ### 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*
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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

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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

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Community Prevention

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

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Community Prevention

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

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Need for More Research

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

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In the Field: Homelessness Prevention and System Change

Jamey Burden
Community of Hope

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In the Field: Homelessness Prevention and System Change

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

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How Does the Old System Respond to Homelessness?



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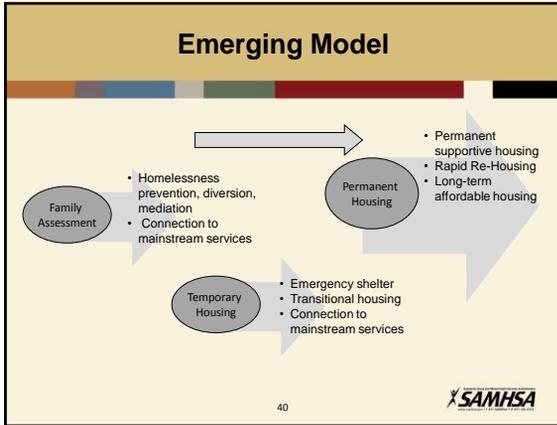


Problems with the System

- 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

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- ### 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
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- SAMHSA**

- ### 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
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- SAMHSA**

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

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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



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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"

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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

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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

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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

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Components of Rapid Re-Housing

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

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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”

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Lessons Learned

- Choice in housing is critical
- No time like the present
- Progressive engagement!
- Be cautious about making major changes in the program model

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Rapid Re-Housing Outcomes to Date

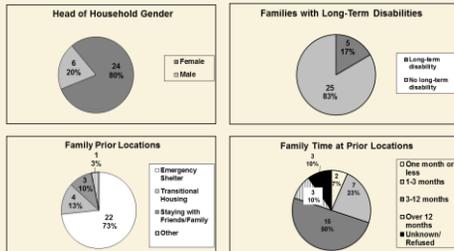
- 80 families have exited the program (50 in 2011; 30 in 2012)
- 91% (73 of 80) had not returned to DC shelter as of 12/31/12
- Average length of home-based case management: 11.6 months
- Average length of subsidy: 10.8 months
- Average length of most recent shelter stay: 11.4 months*

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

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2012 Rapid Re-Housing Demographics



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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

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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

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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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Presenter Contact Information

Martha Fleetwood, Executive Director, HomeBase
marty@homebaseecc.org – 415.788.7965

Beth Shinn, Professor and Chair
Department of Human and Organizational Development,
Vanderbilt University
beth.shinn@vanderbilt.edu – 615.322.8735

Jamey Burden, Director of Housing, Programs & Policy,
Community of Hope, Inc.
jburden@cohdc.org – 202.407.7766

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