An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.
Context

- Cannot be achieved without counties
- Cannot be achieved through over-reliance on one funding source
- Cannot be achieved through tenant-based rental assistance alone
  - 120 to 140 new developments over next ten years
  - Housing Ready Communities
  - Drive policies and resources to support 2,000+ PSH and 1,700 RRH units
- Cannot be achieved without cities which have land-use authority
Continuum of Care

Homelessness Prevention

 Transitional Housing / Emergency Shelter

Permanent Supportive Housing

Rapid Rehousing

Development Financing

Supportive Services

Operating Subsidies

Siting

Bridge / Interim Housing
Santa Clara County CoC

**HUD CoC**
- HMIS Lead
- Collab. Applicant
- Performance Mgt
- Coord. Entry

**Mainstream Services**
- Child Welfare
- Public Assistance
- Jail & Justice
- Health & Hospital

**Land Use Policy**
COORDINATED ASSESSMENT SYSTEM – Santa Clara County
November 15, 2015 – November 14, 2016:

5,524 VI-SPDATs

4,892 Unduplicated House

4,323 Individuals

569 Families with Children
Permanent Supportive Housing
Score of 9+ for Families w/Children
Score of 8+ for Individuals

Rapid Rehousing
Score of 4-8 for Families w/Children
Score of 4-7 for Individuals

Minimal Intervention
Score of 0-3

Community Queue
3,865 Households
November 15, 2015 – November 14, 2016:

653 Permanent Housing Referrals

- 171 Permanent Supportive Housing Referrals
- 482 Rapid Rehousing Referrals

585 Unduplicated Households Received Referrals (12% of those completing a VI-SPDAT)
November 15, 2015 – November 14, 2016:

585 Households

65% Enrolled in Program

19% Referral Pending

17% Referral Denied
(and no additional referral)
November 15, 2015 – November 14, 2016:

4,892 Unduplicated Households → 585 Unduplicated Households → 158 Unduplicated Households
Denied Referrals

- 41% Could not be located
- 25% Ineligible
- 11% Self-Resolved (already housed)
- 7% Enrolled in Another PH Program
- 5% Declined Services
- 9% Other
- 2% Unknown
What Ky Wants vs. What they Want

- Time & Role
- Multiple Systems
- Client Concerns
- Accuracy
- Responsiveness

- Prioritization
  - PSH Strategy
  - RRH Strategy
  - Local vs. System
Home Not Found: Cost of Homelessness in Silicon Valley (2015)

$520 MILLION / YEAR
providing services for homeless residents over the six-year study

- 53% HEALTH CARE
- 34% JUSTICE SYSTEM
- 13% SOCIAL SERVICES
Annual Agency Costs for Homeless Residents by Decile

- Cost data in 2011-2012, shown in 2014$

- 80% received <$8,000 in benefits & services

- Top, 10th Decile = 54% of public costs

- Top 5% = 42% of public costs

Source: Economic Roundtable analysis; Source: Linked records for 96,857 individuals with costs in 2011 and/or 2012, presented in $2014.
Automatically include cases with high service use in the last 2 years:

1. 1+ Mental Health inpatient days
2. 5+ Hospital inpatient admissions
3. 4+ Emergency psychiatric visits
4. 5+ Days Main Jail North 8A
5. 12+ Emergency room visits
6. 28+ Hospital inpatient days
### Santa Clara County Triage Tool for Residents Experiencing Homelessness

**Enter a number in each of column C of column E, when called for, to be instructions in column D.**

Follow the instructions in column D (if this is not done in column C of a client)

Please do not make edits on columns C, E, F, which are used to compute the high cost probability

#### 36 pieces of information entered into triage tool to calculate probability that a homeless individual will have high public costs next year

1. **Demographic**
2. **Criminal justice**
3. **Health diagnoses**
4. **Health services**
5. **Behavioral health**
6. **HMIS & social srv. plus**
7. **Automatic interactions**
Project Welcome Home after 18 months

Utilization of VMC Inpatient, VMC ED, EPS, BAP, and Jail Before and After being permanently housed

Plus Shelter
What about the Failures?
Mental health clients have in fact been integrated into our communities; we see them on the street corners and sleeping in parks. They are integrated into our jails and prisons; many are behind bars on what officers call “mercy bookings” – jailed for their protection, not the public’s. They are disproportionately represented among the poor, the victims of crime, the unemployed and the homeless. A majority of people erroneously sees them as “dangerous, dirty, unpredictable and worthless” – better shunned than embraced.¹

Source: Little Hoover Commission, November 2000, Being There: Making a Commitment to Mental Health
It’s Not Program, It’s a Movement

Housing special needs populations is a county priority, therefore the County takes an active role in developing, financing and supporting various types of affordable housing for the populations that we serve.

- Increase the scope and breadth of supportive housing for special needs populations, including homeless and chronically homeless persons.
- Increase the supply of housing that is affordable to extremely low income (ELI) households.
- Improve coordination and collaboration among the County, the cities, other governmental agencies and the affordable housing community.
Housing Ready Communities

The County of Santa Clara

Yes on A
Affordable Housing

California’s 2016-17 Budget
No Place Like Home
Invests $2 billion towards emergency shelter, temporary housing and support programs for homeless who are mentally ill.
http://focus.senate.ca.gov/homelessness

#CABudget | http://focus.senate.ca.gov/budget
Odds Compared to All Homeless of Being in Different Cost Groups based on Individual Attributes

Source: 33,582 persons with complete cost data from all departments who were in Santa Clara County all years 2007-2012.
Odds Compared to All Homeless of Being in Different Cost Groups Based on Medical Diagnosis

Source: 33,582 persons with complete cost data from all departments who were in Santa Clara County all years 2007-2012.
Residents experiencing homelessness compared to everyone

1. Over-represented:
   a. 18-54 years old
   b. Latinos
   c. African Americans
   d. English speakers

2. Parity:
   a. Men and women
   b. Spanish speakers

3. Under-represented:
   a. Children
   b. Seniors
   c. European Americans
   d. Asian American/Pacific Islanders

Data about total Santa Clara County population is from the 2008-2012 American Community Survey Public Use Microdata Sample.
Research Ready Counties

ODOME
Hybrid Staff
HCV Program
Executive Education

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT
Homeless Programs &
The Economics of Continuums of Care

Igor Popov

LEO: Promoting Stable Housing

June 9, 2017
My Goals (for the next twenty minutes)

1. Share an overview of my research on homeless programs

2. Offer a perspective on research/challenges opportunities on the horizon
Key economic question:

- How do households respond to anti-poverty or social insurance programs, and how generous should these programs be?
Homelessness & Economics

Key economic question:

- How do households respond to anti-poverty or social insurance programs, and how generous should these programs be?
Homelessness & Economics

Key economic question:
- How do households respond to anti-poverty or social insurance programs, and how generous should these programs be?
The Ecosystem of Homeless Services

Continuum of Care

Service Providers

Emergency Shelters

Transitional Housing

Permanent Supportive Housing

Other Services

Igor Popov
Airbnb
Homeless Programs
June 9, 2017
Continuum of Care Communities Across the U.S.
The Ecosystem of Homeless Services

Continuum of Care

Service Providers

Emergency Shelters
Transitional Housing
Permanent Supportive Housing
Other Services
The Ecosystem of Homeless Services

Continuum of Care

Service Providers

Emergency Shelters
Transitional Housing
Permanent Supportive Housing
Other Services

Focus of this paper – what happens when we pour more or less $$$ into the system?
Empirical Strategy - Who Responds?

Imagine two communities with identical characteristics and homeless service funding...

What happens when we give community B a large grant for homeless services?
Empirical Strategy - Who Responds?
Community B gets more funding and...
Empirical Strategy - Who Responds?
Community B gets more funding and total homelessness rises as...

more people enter a homeless state?
Empirical Strategy - Who Responds?

Community B gets more funding and total homelessness rises as ...

people migrate from Community A?
Data at the CoC Level

Point-In-Time (PIT) Counts

- Snapshot of a single night
- Count of sheltered (annual) and unsheltered (biannual) homeless
- Each CoC participates (432 CoCs in 2011)
- Categorization based on surveys (chronic vs. short-term, veteran vs. non-veteran, individual vs. family)
Data at the CoC Level

Point-In-Time (PIT) Counts
- Snapshot of a single night
- Count of sheltered (annual) and unsheltered (biannual) homeless
- Each CoC participates (432 CoCs in 2011)
- Categorization based on surveys (chronic vs. short-term, veteran vs. non-veteran, individual vs. family)

Annual Homeless Assessment Report (AHAR) Data
- Count of everyone using homeless programs throughout the year
- 341 largest CoCs reporting, spanning entire U.S.
- Totals split by length of stay, demographics, prior residence, program
- Specifies how many became homeless in another CoC
Context: Federal Homeless Assistance Grants

The primary federal grant for homeless services is the **Continuum of Care Program Grant (CoC Grant)**
The primary federal grant for homeless services is the **Continuum of Care Program Grant (CoC Grant)**

In practice, difficult to identify social insurance generosity effects because generosity tracks need

- The ancient Community Development Block Grant formula determines the amount for which each CoC is eligible
- If the formula doesn’t perfectly track need, we can exploit deviations that generate quasi-experimental variation
Does CoC formula funding (perfectly) track need?

No. A collection of prior research blames a particular variable in the formula: the number of residential housing units built before 1940.

“It is pre-1940 housing that is responsible for a large number of funding anomalies.”

— Todd Richardson, HUD Office of Policy Development and Research, 2005

“The CDBG formula has no real nexus to homeless needs.”

— Senate Committee on Appropriations, 2000
Pre-1940 Housing & Area Income

Housing Stock vs. Median Income, 2011

- Log(Pre-1940 Housing Per Capita) vs. Median Income (in thousands)

- Scatter plot showing the relationship between pre-1940 housing stock and median income in 2011.
Empirical Strategy

Use pre-1940 housing as an instrumental variable for homeless program funding.

- Demonstrate that pre-1940 housing very unlikely to determine homeless program outcomes
- Compare communities that are otherwise similar but differ in pre-1940 housing (and therefore homeless program funding)
- Placebo test using communities whose funding does not depend on pre-1940 housing
Results

What is the effect of homeless assistance funding on...

1. Capacity?
2. Unsheltered Homelessness?
3. Total Homelessness?
   - Along which margin(s)?
Results

What is the effect of homeless assistance funding on...

1. **Capacity**? Capacity expands for both individuals and families ($100,000 adds 152 year-round equivalent beds)

2. **Unsheltered Homelessness**? Funding successfully decreases unsheltered homelessness
   - $100,000 keeps 46 people off the streets on a given night
   - $10 per homeless person reduces average probability of unsheltered homelessness by 5%

3. **Total Homelessness**? No effect for individuals or chronically homeless! $100,000 draws 73 people into family programs who would not otherwise be part of local unsheltered population.
   - Along which margin(s)? **Migration and substitution away from social support** appear to account for most marginal families.
Individual Program Expansion

For individuals, the story is...

The family program generosity story is more complex.
Next Steps?

Towards comparing system- or community-level outcomes

- Coordinated entry and efficient matching?
- Coordination across regions?
- Interaction with other strands in the social safety net?
Remaining Questions?

Many thanks!
Lack of housing is a grave problem in many parts of the world, both in rural areas and in large cities, since state budgets usually cover only a small portion of the demand.

Not only the poor, but many other members of society as well, find it difficult to own a home. Having a home has much to do with a sense of personal dignity and the growth of families.

Laudato Si, Pope Francis’ encyclical on care for our common home 2015
Catholic Charities Strategic Priorities and Communities of Practice

INNOVATE

AFFORDABLE HOUSING
INTEGRATED HEALTH & NUTRITION
IMMIGRATION & REFUGEE SERVICES
LEADERSHIP DEVELOPMENT & CATHOLIC IDENTITY

ELEVATE

DISASTER SERVICES
SOCIAL ENTERPRISE INITIATIVES
ADVOCACY & SOCIAL POLICY INITIATIVES
CCUSA Strategic Priority: AFFORDABLE HOUSING

Goal: Develop and implement a national strategy to:

1. finance renovations of existing properties;
2. new construction of shelters; and
3. temporary and permanent housing for vulnerable persons.
CCUSA GOAL: Move the ‘Unit Production’ Needle Across the U.S. and its Territories
What is AFFORDABLE HOUSING?

**Housing for low-income family households?**

**Housing for low-income senior households?**
What is AFFORDABLE HOUSING?

Transitional Housing & Shelters for Homeless Households?

Housing for special needs or households in crisis?
Affordable housing is the PEOPLE
CATHOLIC CHARITIES USA: AFFORDABLE HOUSING

OVERVIEW

Catholic Charities agencies serve at every point in the housing continuum—from providing affordable housing and offering foreclosure prevention support to conducting homeless street outreach. From this wide perspective, we see the emotional, physical and financial toll being imposed upon millions of families and individuals as a result of America’s affordable housing crisis.

SUPERVISED LIVING

Catholic Charities agencies provided supervised living services including those for seniors, those with intellectual disabilities and people suffering from mental illness.

41,279 people received supervised living services in foster care, residential care and group home care, among others.

<table>
<thead>
<tr>
<th>Types of Services</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td>27,641</td>
</tr>
<tr>
<td>Foster Care</td>
<td>11,111</td>
</tr>
<tr>
<td>Group Home Care</td>
<td>2,527</td>
</tr>
</tbody>
</table>

TRANITIONAL HOUSING AND SHELTER SERVICES

125,297 people received transitional housing support and shelter services.

PERMANENT HOUSING

450,770 people of all ages received housing services such as foreclosure counseling, rental assistance, home mortgage assistance and home repair, among others.

75,195 individuals and families were assisted in attaining affordable permanent housing.

Types of Permanent Housing Units

- 24,831 apartments
- 4,398 single rooms
- 2,517 single family residences

WHO WE SERVE

- 27% Children
- 9% Seniors
- 64% Adults

Reflects clients for whom age is identified.

www.CatholicCharitiesUSA.org
Largest CCUSA Providers of Non-Facility Housing Services

Clients Served, 2015

- Catholic Community Services of Western Washington
- Catholic Charities, Archdiocese of New York
- Catholic Charities of Portland, OR
- Catholic Charities of St. Louis
- Catholic Charities of Brooklyn and Queens
Affordable Housing has two types of challenges (AECF Training):

**Technical**
- Technical challenges are those that are already within our problem solving expertise; procedures, norms, systems, methods are already known and well tested.

**Adaptive**
- Adaptive challenges are challenges we do not know how to solve.
- Adaptive problems require collaboration. They need committees, input and the wisdom of the crowd. You learn your way or evolve your way to your solution.
CCUSA HOUSING TECHNICAL CHALLENGES

Technical Problems

• Site Control and Acquisition Costs
• Pre-development expenses
• Loan Guarantees & Escrows
• Project Bridge, Construction and Permanent Loans
• Multi-year Capacity Grants for production start-ups

Before Rehabilitation
Answers and solutions

• Training and capacity building for start ups and/or small housing programs seeking expansion
  https://catholiccharitiesusa.org/members/events/affordable-housing-development
• Fund raising; leveraging of resources and borrowing power
• Leveraging the value of surplus church property
• Partnership development between experienced member producers and small/start-up agencies

After Rehabilitation
CCUSA HOUSING ADAPTIVE CHALLENGES

- The high risk nature of real estate development
- NIMBY
- Overwhelmed by the vast need
- Negative perceptions
- Using surplus church property as affordable housing
CCUSA Adaptive Responses

• Forming the Housing Community of Practice (HCoP) to develop strategy and share ideas
• The HCoP works with the other Communities of Practice
• Developing a Proactive Advocacy Strategy
• Acknowledging real estate risks - searching for mitigation of the same
• Addressing NIMBY: internally and externally
• Using the conversion of surplus church property as a solution and a statement
Housing Community of Practice (HCoP) Purpose: Increase Unit Production

• The theory attempts to articulate conditions needed to bridge gap between desired results and reality in complex adaptive systems.

• Aligned actions become aligned contributions when individuals within organizations and communities take actions that complement, support, leverage or correlate with actions at a scope and scale necessary to make a measurable improvement in a population level result.

Successful Results: New and Preserved Units
CCUSA HCoP Partners

- Member Agencies
- Member Dioceses and Archdioceses
- Member Communities
- L.E.O.; Notre Dame
- Mercy Loan Fund; Enterprise Community Partners; other CDFI’s
- Other Faith-based Housing Providers; NPO’s
- Public Funders; Foundations; Banks
Recent Housing Cuts Continue 20 Years of Federal Disinvestment

Discretionary spending for housing assistance, relative to GDP

Note: GDP = gross domestic product. "Housing assistance" includes the Section 8, public housing, homeless assistance, Section 521, HOME, Native American Housing, HOPWA, and Section 202 and 811 programs, as well as many smaller programs.

Source: Office of Management and Budget.
Renters’ Incomes Haven’t Kept Pace With Housing Costs

Percent change since 2001, adjusted for inflation

- Median gross rent (including utilities)
- Median renter household income

Note: Includes households with zero rent who pay utilities.
Source: CBPP analysis of the Census Bureau’s American Community Survey.
“Worst-Case Needs” Have Risen 54% Since 2001

Renter households with worst-case needs, in millions

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>'01</td>
<td>4</td>
</tr>
<tr>
<td>'03</td>
<td>5</td>
</tr>
<tr>
<td>'05</td>
<td>6</td>
</tr>
<tr>
<td>'07</td>
<td>7</td>
</tr>
<tr>
<td>'09</td>
<td>8</td>
</tr>
<tr>
<td>'11</td>
<td>10</td>
</tr>
<tr>
<td>'13</td>
<td>9</td>
</tr>
</tbody>
</table>

Note: Under HUD's definition, a household has "worst-case needs" if it receives no rental assistance, has income no greater than 50 percent of area median income, and either pays more than 50 percent of its income for housing costs or lives in severely substandard housing.

Source: Department of Housing and Urban Development.
Rental Assistance Expansion Has Slowed Dramatically Since the Mid-1990s

Average annual increase in assisted rental units

Note: Chart shows available units with rental subsidies that vary by amount based on the occupant’s income, including those funded under the Housing Choice Voucher, Section 8 Project-Based Rental Assistance, Public Housing, Section 202 Housing for the Elderly, Section 811 Housing for People with Disabilities, Rent Supplement, Homeless Assistance Grant, Housing Opportunities for People with HIV-AIDS, and Section 521 rental assistance programs. Several small programs are excluded due to a lack of data. Figures do not include programs without deep subsidies, such as the Low Income Housing Tax Credit program.

Housing Program Outputs
(Urban Institute)

Affordable Housing Program Description
For Community Development Corporations and nonprofit housing organizations, to improve the quality of families and communities, by helping to develop, produce and manage low-cost affordable housing in safe neighborhoods including rental units and home ownership programs. This program area does not include support services. Organizations providing support services may refer to other applicable program areas, such as employment training, adult education, youth tutoring and youth mentoring, prisoner re-entry.

Outcomes Sequence Chart

Intermediate Outcomes → End Outcomes

OUTPUT
Develop affordable housing units

Increased access to available affordable housing → Increased housing applications received from target population → Increased neighborhood support for affordable housing → Increased housing opportunities for low-income families → Increased resident safety → Increased long-term housing opportunities → Improved quality of life for families/neighborhood

Indicators
1-3. Number of housing projects receiving joint funding, amount of loan funds available and number of loans received per year.
4. Number and percent of target population in jurisdiction X without access to affordable housing.
5. Number of applications for housing received from targeted population.
6. Number and percent of favorable policy measures passed.
7. Number and percent of community residents/business in the area reporting a positive image towards the housing complex.
8. Number and percent of homeowners/tenants: (a) with low incomes receiving housing subsidies; (b) in minority racial/ethnic/disability groups.
9. Number and percent of low-income families housed in affordable, well-maintained units.
10. Number and percent of building code violations in the project, broken out by severity of the violations.
11. Number, and rate, of crimes in the housing neighborhood.
12. Number and percent of homeowners/tenants rating their feeling of safety in and around their homes as satisfactory.
13-14. Number and percent of resident turnover and unit/house vacancy.
15. Number of legislative policies passed to create or protect long-term housing opportunities.
16. Percent increase in investment dollars in neighborhood re-development.
17. Number and percent of low-income units in market-rate neighborhood.
Outputs

• Develop affordable housing units
• Indicators:
  • 1. Number of housing projects receiving funding.
  • 2. Amount of loan funds available.
  • 3. Number of loans received per year.
Intermediate Outcomes

• Increased access to available affordable housing
• Increased housing applications received from target population
• Increased neighborhood support for affordable housing
• Indicators:
  • 4. Number and percent of target population in jurisdiction X without access to affordable housing.
  • 5. Number of applications for housing received from target population.
  • 6. Number and percent of favorable policy measures passed.
  • 7. Number and percent of community residents/business in the area reporting a positive image toward the housing complex.
Intermediate Outcomes (cont.)

• Increased housing opportunities for low-income families
• Increased Resident Safety
• Indicators:
  • 8. Number and percent of homebuyers/tenants: (a) with low incomes receiving housing subsidies; (b) in minority racial/ethnic/disability groups.
  • 9. Number and percent of low-income families housed in affordable, well-maintained units.
  • 10. Number and percent of building code violations in the project, broken out by severity of the violations.
  • 11. Number, and rate, of crimes in the housing neighborhood.
  • 12. Number and percent of homeowners/tenants rating their feeling of safety in and around their homes as satisfactory.
End Outcomes

• Increased Long Term Housing Opportunities
• Improved Quality of Life for Families/Neighborhood
• Indicators:
  • 13. Number and percent of resident turnover.
  • 14. Unit/house vacancy.
  • 15. Number of legislative policies passed to create or protect long-term housing opportunities.
  • 16. Percent increase in investment dollars in neighborhood re-development.
  • 17. Number and percent of low-income units in market-rate neighborhood.
LEO Housing Conference: Making Housing Affordable

Jens Ludwig
University of Chicago & NBER
jludwig@uchicago.edu
RENT RECEIPT

No. ______ Date.______

Received from M/s.________

The sum of Rs.__________

Being the rent for No._______

for the month of ______ 20____

Rs.__________

Singature

RENT RECEIPT

No. ______ Date.______

Received from M/s.________

The sum of Rs.__________

Being the rent for No._______

for the month of ______ 20____

Rs.__________

Singature
FIGURE 2
Impacts of Experimental Voucher by Children’s Age at Random Assignment

A. Household Income, Age $\geq 24$ ($)$

## Impacts on Adult Mental Health

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Control Mean</th>
<th>Exp vs. Control</th>
<th>S8 vs. Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>.203</td>
<td>−.032~</td>
<td>−.048*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.017)</td>
<td>(.021)</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>.065</td>
<td>−.003</td>
<td>−.020~</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.010)</td>
<td>(.011)</td>
</tr>
<tr>
<td>Psychological Distress Index (K6 Z-Score)</td>
<td>.000</td>
<td>−.110*</td>
<td>−.093~</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.042)</td>
<td>(.056)</td>
</tr>
<tr>
<td>Absence of Mental Health Problems Index</td>
<td>.000</td>
<td>.073~</td>
<td>.069</td>
</tr>
<tr>
<td>(Mean Z-Score - depression, anxiety, distress, calm, sleep)</td>
<td></td>
<td>(.043)</td>
<td>(.058)</td>
</tr>
</tbody>
</table>

Notes: * = p < .05, ~ = p < .10

Source: Sanbonmatsu et al., 2010, HUD report
### Impacts on Adult Obesity and Diabetes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Control Mean</th>
<th>Intent-To-Treat</th>
<th>exp vs. Control</th>
<th>S8 vs. Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese Class I (BMI ≥ 30)</td>
<td>.584</td>
<td>−.012</td>
<td>(−.022)</td>
<td>(−.029)</td>
</tr>
<tr>
<td>Obese Class II (BMI ≥ 35)</td>
<td>.351</td>
<td>−.046*</td>
<td>(−.020)</td>
<td>(−.027)</td>
</tr>
<tr>
<td>Morbid Obesity (BMI ≥ 40)</td>
<td>.175</td>
<td>−.034*</td>
<td>(−.016)</td>
<td>(−.021)</td>
</tr>
<tr>
<td>Diabetes (HbA1c ≥ 6.5)</td>
<td>.204</td>
<td>−.052*</td>
<td>(−.018)</td>
<td>(−.024)</td>
</tr>
</tbody>
</table>

Notes: * = p < .05, ^= p < .10

Source: Ludwig et al., NEJM, 2011
# Impacts on Adult Subjective Well-Being

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Control Mean</th>
<th>ITT E vs. C</th>
<th>ITT S8 vs. C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very happy</td>
<td>.228</td>
<td>.010</td>
<td>.050~</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.018)</td>
<td>(.027)</td>
</tr>
<tr>
<td>Very happy or pretty happy</td>
<td>.725</td>
<td>.045*</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.018)</td>
<td>(.027)</td>
</tr>
<tr>
<td>Happiness 3-point scale</td>
<td>1.953</td>
<td>.056*</td>
<td>.084*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.029)</td>
<td>(.043)</td>
</tr>
<tr>
<td>Happiness scale, Z-scored</td>
<td>0.000</td>
<td>.082*</td>
<td>.130*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.042)</td>
<td>(.057)</td>
</tr>
</tbody>
</table>

Notes: * = p < .05, ~= p < .10

Source: Ludwig et al., Science, 2012
What if we conceive of goal instead as: 
More poor families in affluent areas?
**Fresh**
The Tomatometer is 60% or higher.

**Rotten**
The Tomatometer is 59% or lower.
Thank you
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING (HPRP2)

• Department of Community Affairs funded Program designed to assist low income individuals and families experiencing homelessness or at risk of becoming homeless.

• Housing First Model

• Homeless Prevention

• Rapid Re – Housing
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING (HPRP2)

• Intensive Case Management – prevention 6 months/RR 12 months (Goals, Action plans, Resource & Referral)

• Outreach – Homeless shelters, Street, Community Agencies, Landlords (including landlord luncheons), Landlord /Tenant Court, Presentations

• Community events/Meetings – Continuum of Care/CEAS, Point in Time Count
STATE RENTAL ASSISTANCE PROGRAM (SRAP)

- Department of Community Affairs funded program.
- 30 Vouchers for Disabled Chronically Homeless Veterans
- Housing First Program
- Case management for 5 years
- Outreach – shelters, transitional housing programs, street etc.
Supportive Services for Veteran Families (SSVF) Overview

- Program established 2011 (FY 2012).
- VA-funded grant program designed to stabilize Veterans experiencing literal homelessness or at imminent risk of homelessness.
  - Homeless Prevention
  - Rapid Re-Housing
  - Short-term, “housing first” intervention.
  - Blends case management and other supports (e.g. access to benefits) with TFA (if necessary).
- Can compliment or support other community and VA services.
Ready, Vet, Go! (SSVF)

• Currently in 6th year of providing housing assistance to homeless Veterans in Southern New Jersey

• Over 1,200 Veteran households served since 2011

• Targeting 285 Veteran households in Fiscal Year 2016-2017 with 200 being literally homeless
Outreach Services

• Locate targeted population
• Build connections within community
  – Establish relationships with agencies and other important community groups such as:
    • Shelters, Food pantries, VA, Board of Social Services, Family Success Centers, Landlords, Colleges and American Legion Posts
• Get information out to local community agencies
• Attend events within the community.
• Screen & assess possible Veterans
Intensive Case Management

• Supports housing stability as a priority.
• Improve daily living functionality.
• Access community resources.
• Assist Veteran with goal planning and sustainability planning for housing stability after short-term SSVF intervention.
• Assist Veteran with obtaining supportive services.
Veterans Resource Manager

• Benefits both Outreach and Case Managers
• Coordinates with SSVF Staff to provide Veterans with:
  – Navigating VA Benefits
  – Financial Education and Literacy Services
  – Vocational and Career Services
  – Access to State and Local Community Resources
  – Support staff with any other resources a Veteran may need
Referral Services

- Through community connections referrals can be made to other organizations
- Interchangeable resources among agencies
- Joint community effort in order to better assist Veteran families
Benefits of Collaboration

• Veterans receive assistance in a more timely fashion

• A wider variety of services available to Veterans

• Identifying issues can be streamlined through data sharing

• Understanding and sharing resources in the community

• Program awareness = Success for Vets
• PIT Count is a “snapshot” of homelessness on any given night in America

• 2016 PIT Count showed a 50% decline in Veteran Homelessness since 2010

• Data also revealed a 17% decline from 2015 to 2016, Quadruple the previous year’s rate
Housing First

• Studies Have Shown;
  • 75-91% remain housed a year later
  • Veterans are housed in 2 months or less on average
  • Increase in perceived levels of Autonomy, Choice and Control in the program
  • Clients are more likely to participate in the optional supportive services provided, often resulting in greater housing stability.
Open Houses and Landlord Events

- Invite the Community to come see what you do.
- Recognize and thank landlords that assist in helping our Veteran clients
For More Information Contact

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• Andrew.Valsamis@camdendiocese.org

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• 856-383-1762
• Cynthia.Lebron@camdendiocese.org

• www.catholiccharitiescamden.org
Experiments on Ways to End Homelessness for Individuals with Mental Illnesses and Families

Marybeth Shinn
Vanderbilt University
Collaborators

• Individuals with Mental Illness:
  ▫ Sam Tsemberis, Sara Asmussen, Leyla Gulcur Pathways to Housing, Inc.
  ▫ Siobhan Toohey, Linda Moran, Sean Fischer New York University

• Families
  ▫ Daniel Gubits, Michelle Wood, Steve Bell, Jill Khadduri, Abt Associates
  ▫ Scott Brown, Jason Rodriguez, Zach Glendening, Vanderbilt University
Individuals With Mental Illnesses, Histories of Homelessness

- 6.6 years homeless over lifetime
- 5.0 psychiatric hospitalizations
- 62% psychotic diagnoses
- 68 Hospital subsample
Supportive Housing for Individuals with Mental Illnesses

Exp: Pathways to Housing

- Housing first
- Independent apartments
- Housing is a right
- Services under consumer control
- CHOICE!
- Full menu of services

Control: Staircase Model

- Housing readiness
- Housing matched to needs
- Housing is earned
- Structure and supervision
- Guidance
- Full menu of services
Study Design

- **Random assignment:**
  - 99 Experimental (Pathways Housing First)
  - 126 Control (Staircase)

- **Interviews:**
  - Baseline N = 225
  - 6 months N = 197 (88%)
  - 12 months N = 204 (91%)
  - Groups well-matched at baseline, no differential attrition
Hypotheses

• Pathways Housing First participants will be housed faster, remain housed
• Pathways Housing First will be especially successful for consumers who
  ▫ value choice
  ▫ use substances
  ▫ have spent more time on the street
Additional Outcomes

- **Staircase Model:**
  - reduced substance use, symptoms
- **Pathways Housing First:**
  - increased income, jobs, life satisfaction
Model Fidelity: Program Differences

• By Directors’ reports: Program models
  ▫ Independent housing
  ▫ Choice of services (but not intensity)

• By Staff report:
  ▫ Greater endorsement of housing first values
  ▫ Less endorsement of staircase values
  ▫ More tolerance for difficult behavior by questionnaire and vignettes (but not behavior that disrupts others)

• By Consumer report:
  ▫ Choice
Results

Prediction:
• Pathways Housing First participants will be housed faster, remain housed
Housing States 6 Mos Before Study

Proportion of time

Pathways  Staircase

- Stable
- Transitional
- Institution
- Homeless
Housing States 0-6 Months

Proportion of time

Pathways  Staircase

- Stable
- Transitional
- Institution
- Homeless
Housing States 7-12 Months

Pathways

Proportion of time

Stable
Transitional
Institution
Homeless
Housing States 7-12 Months
For Those Indoors at 6 Mos

Pathways
Staircase

Proportion of time

- Stable
- Transitional
- Institution
- Homeless
Results

Predictions:

• Pathways Housing First will be especially successful for consumers who
  ▫ value choice – everyone at ceiling
  ▫ have spent more time on the street
  ▫ use substances
Group Differences Especially Large for Heavy Substance Users with More Prior Homelessness

Groups
- Con Heavy Use  n=31
- Con No/Low Use n=73
- Exp Heavy Use  n=24
- Exp No/Low Use n=69

Proportion Time Homeless 0-6 Months

Proportion time homeless prior to baseline
Group Differences Especially Large for Heavy Substance Users with More Prior Homelessness

Groups
- Con Heavy Use  n=31
- Con No/Low Use n=73
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Proportion Time Homeless 0-6 Months

Proportion time homeless prior to baseline

Control heavy use
Group Differences Especially Large for Heavy Substance Users with More Prior Homelessness

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Proportion time homeless prior to baseline
Group Differences Especially Large for Heavy Substance Users with More Prior Homelessness
2-Way Interaction Gone at 12 months: Group Differences Largest for Those with More Prior Homelessness
Additional Outcomes

• Predicted by Housing First
  ▫ Modest increases in access to benefits, jobs, life satisfaction for Pathways Housing First

• Predicted by Staircase model
  ▫ No difference in psychiatric symptoms; one of eight measures of substance use favored Pathways group
  ▫ Results consistent with sorting rather than treating substance issues
Too good to be true?

- Results hold over four years
- Multiple non-experimental replications
- Large-scale 5-City replication in Canada: At Home/Chez/Soi

- Stacked deck with most “difficult” clients
- Results not guaranteed for other versions of Housing First or of Permanent Supportive Housing
Family Options Study: Comparing Housing and Service Interventions for Families

**Long:** Long-Term Rental Subsidies: Typically Housing Choice Vouchers that hold rent to 30% of income

**Short:** Short-term rental subsidies: with some services from community-based rapid re-housing programs

**TH:** Transitional Housing: Congregate housing with intensive services and case management

**UC:** Usual care: Shelter and whatever mix of services families can access
2,282 families across 12 sites

- Typical family: woman with 1-2 young children
- Median age 29
- $7,400 median annual household income
- 30% with PTSD or distress
- 63% prior homelessness
- Spouses/partners:
  - 27% spouse or partner in shelter
  - 10.1% spouse or partner NOT in shelter
Study timeline and sample

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<th>Enrollment</th>
<th>20-month Survey</th>
<th>37-month Survey</th>
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<td>2,282 families</td>
<td>1,857 families (81%)</td>
<td>1,784 families (78%)</td>
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</table>
Families in shelter who consent to participate in study

Screening

Random Assignment

Long
Short
TH
UC

PRIORITY ACCESS
Take-Up of Program over 37 months by Groups with Priority Access and Usual Care

- Long-Term Subsidy
- Short-Term Subsidy
- Transitional housing

Comparison between Priority Access and Usual Care.
Housing Stability Impacts at 37 Months: Long-Term Subsidy vs. Usual Care Groups
Housing Stability Impacts at 37 Months: Short-Term Subsidy vs. Usual Care Groups

- Homeless in last 6 months
- Shelter stay in months 21-32
- Doubled up in last 6 months
Housing Stability Impacts at 37 Months: Transitional Housing vs. Usual Care Groups

- Homeless in last 6 months
- Shelter stay in months 21-32
- Doubled up in last 6 months

Bar chart showing:
- Transitional Housing vs. Usual Care
- Percentage distribution for each category.
### Summary of 20- & 37-Month Impact Results

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Long-Term vs. UC</th>
<th>Short-Term vs. UC</th>
<th>Transitional vs. UC</th>
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<tr>
<td></td>
<td>20 mos.</td>
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<td>Adult well-being</td>
<td>![Beneficial impact]</td>
<td>![Beneficial impact]</td>
<td>![Detrimental impact]</td>
</tr>
</tbody>
</table>

- **Beneficial impact**
- **Ambiguous impact**
- **Detrimental impact**
Ongoing Subsidies

- Few families ineligible
- High take-up, maintenance
- Large reductions in homelessness
- Radiating Impact
- Cost 9% more than usual care
12 Communities Participated
148 Programs    2,282 Families