Progress in Ending Homelessness

The origins of the dramatic decline in family homelessness in Hennepin County, Minnesota can be traced to 1993. Because of a "right to shelter" policy, Hennepin County faced a sharp increase in homeless families that quickly outpaced the number of shelter beds and overflow motel space in the community. The county could not build an adequate number of shelter beds in time to accommodate the growing demand for shelter – particularly given the opposition around location of homeless shelters. To solve the problem, Hennepin County administrators worked cooperatively with the Minnesota Housing Finance Agency to develop a state policy that ultimately received strong bipartisan support. The result is the Minnesota Family Homelessness Prevention and Assistance Program (FHPAP), a program that provides local communities with flexible funding to meet specific goals including:

- Preventing homelessness from occurring;

- Shortening lengths of time homeless and in emergency shelters; and

- Preventing repeated episodes of homelessness.

Key Initiatives

Hennepin County implemented a number of key initiatives in response to the increasing demand for shelter and the need for permanent housing:

Rapidly Rehousing Families. Starting from the time a family enters shelter, staff from the shelter system prepare the family to access permanent housing. Most families are referred to the county's Rapid Exit Program. As a part of this program, local non-profit agencies under contract with the county help families find housing in the private market and then provide follow-up services for up to six months to promote housing

From 2000 to 2004 family homelessness in Hennepin County declined by 43 percent.

stability. Because the county lacks an adequate number of federal housing subsidies, most families are expected to quickly assume the full cost of rent, although the county provides some financial resources, which can be used flexibly by the agencies to help families access housing (for example, security deposit assistance, first month's rent, etc.). The program's success in finding housing relies on the agencies' ability to cultivate relationships with landlords in the private sector. Since 2000, the county has incorporated the success of Rapid Exit into mainstream county programs. Rapid Exit is now a mandatory requirement for all sheltered families. The county has a copy of each family's Rapid Exit plan, which it uses to monitor progress and consistency between Rapid Exit and TANF eligibility requirements (so families will have some income to pay rent). The county continues to make such refinements to the program based on outcome measures that assess the performance of the program as a whole as well as the work of contracted nonprofits.

Targeting Resources Based on Needs. The staff refers families to services based on information from a housing barriers assessment, which identifies the family's service needs and assigns them to a service track. This assessment allows staff to target services more effectively. Families with minimal barriers receive minimal services and quickly exit shelters on their own. Families with moderate to severe housing barriers receive Rapid Exit Program services (described above). The most intensive service delivery models serve families with multiple barriers to housing stability.

Emphasizing Prevention and Shelter Diversion. The cost of eviction is expensive, for the county and for the family. To prevent housing loss, the county funds an array of geographically based, outcome-focused homeless prevention initiatives — the average cost of which is only 10 percent of the cost of a typical shelter stay
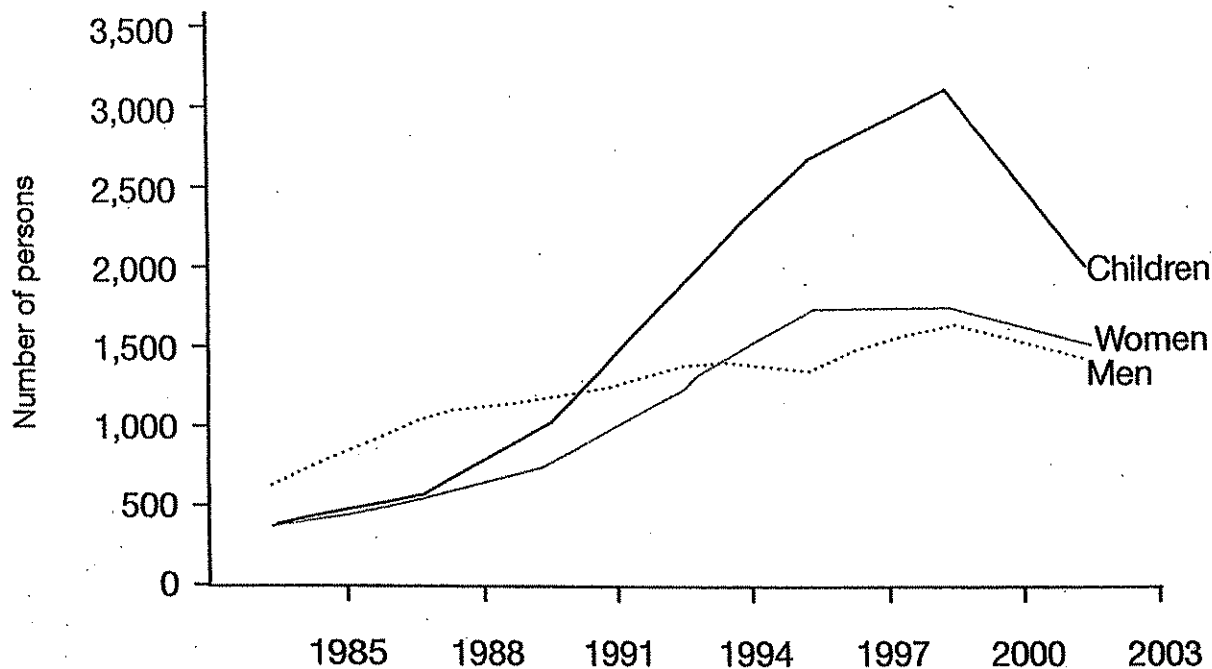
Source: Minnesota Department of Human Services, Quarterly

and re-housing placement. In addition, a shelter team explores alternatives to entering shelter and helps families resolve crises without entering the shelter system.

Outcomes

Because of these efforts, Hennepin County is making progress in achieving the goal of ending homelessness. Homelessness among children is declining significantly. According to data from the county, in 2000, 1,583 children in Hennepin County experienced homelessness; less than two years later, in 2002, the number of homeless children dropped by 28 percent to 1,145. During that same period, homelessness among children increased in the rest of Minnesota. Homelessness among families also declined from 1,819 in 2000 to 1,046 in 2004, a decline of 43 percent.

Across the country, communities are making progress in ending homelessness. The National Alliance to End Homelessness *Community Snapshot Series* highlights strategies, programs and innovations in these communities. To learn how to end homelessness in ten years, visit www.endhomlessness.org.

The National Alliance to End Homelessness is a nonprofit organization dedicated to solving the problem of homelessness and preventing its continued growth. Our mission is to mobilize all sectors of society in an alliance to end homelessness.

Community Snapshot
San Francisco
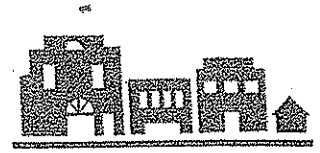
Progress in Ending Homelessness

San Francisco's Department of Public Health began a permanent supportive housing program in 1998 called Direct Access to Housing. Instead of providing services while people are homeless, Direct Access helps people move quickly into permanent stable housing and provides the services necessary for them to maintain their housing and make progress toward recovery and self-sufficiency. The program provides housing for about 600 formerly homeless people, most of whom have mental health, substance abuse, and chronic medical conditions. In addition to providing permanent housing and improved care, the program produces a substantial reduction in emergency room utilization and incarceration among its residents. Building on the success of Direct Access, the Department of Human Services began implementing the Housing First program the following year. The Housing First program provides permanent housing and supportive services to people living on the streets and in shelters who were receiving cash assistance from the city. The Housing First Program became the cornerstone of the implementation of the Care Not Cash Program, a local welfare reform measure that provided housing and services in lieu of cash to homeless single adults. The Care Not Cash Program has housed over 900 formerly homeless single adults since its implementation in May of 2004.

Efforts to end chronic homelessness continued in 2004, when a planning committee appointed by the mayor and 126 community-based organizations developed The *San Francisco Plan to Abolish Chronic Homelessness*. Guided by the principles of interagency collaboration and reprioritization of funds, the Ten Year Planning Council charted a course to develop 3,000 units of permanent supportive housing and make systematic changes to transform homeless assistance. In addition to the focus on permanent housing, San Francisco's plan involved a commitment to homelessness prevention that includes:

From 2002 - 2005, chronic homelessness in San Francisco dropped 28 percent.

- Improving discharge planning so that people who exit institutions like jails, prisons, and psychiatric hospitals do not become homeless;
- Expanding housing options for people with mental illness;
- Developing more housing options for former foster care and homeless youth;
- Expanding eviction prevention services;
- Coordinating mainstream and veteran specific services and increasing housing options for veterans; and
- Increasing the capacity of substance abuse treatment programs so they can serve more homeless people.

Key Initiatives

The ten-year plan highlights a few key initiatives:

- *Housing First.* The city is refining all homeless services for the chronically homeless to operate in the context of permanent supportive housing. 24-hour crisis clinics and sobering centers will replace shelters and transitional housing. City officials believe that immediately placing homeless individuals in permanent supportive housing and providing supportive services is the most effective method of ending chronic homelessness.

- *Redirect Funds.* The ten-year plan commits to finding new money, but also places emphasis on redirecting funding. The plan recommends more funding be directed to options that provide permanent supportive housing. Seven city departments that directly spend homeless dollars are streamlining funds and collaborating on initiatives to end chronic homelessness.

Exhibit 1. Homeless People in San Francisco
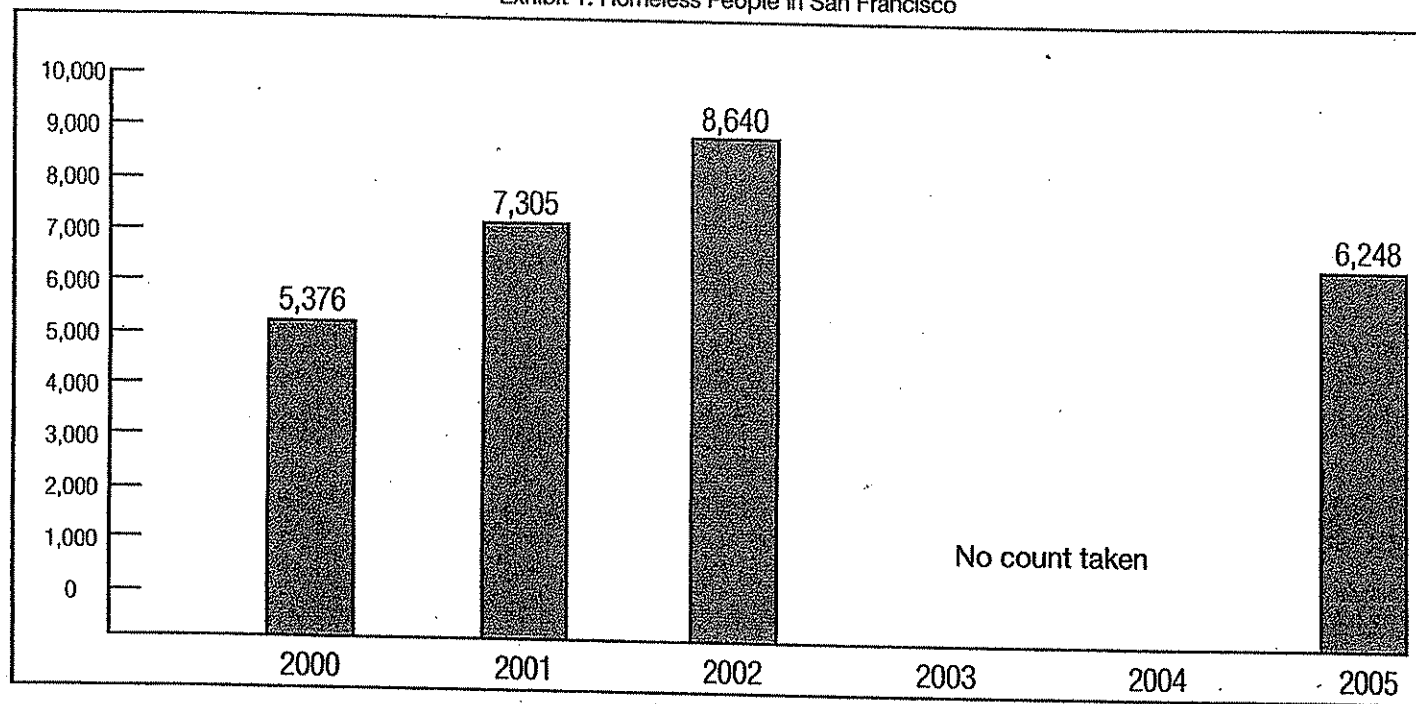
Source: City of San Francisco

Outcomes

The city's focus on using permanent housing to end chronic homelessness is beginning to show results. According to data from the annual point-in-time estimates, from 2002 to 2005 the number of homeless people dropped from 8,640 to 6,248, a decline of 28 percent (see exhibit 1).

Over the past year, the city's Housing First initiative housed over 900 people. It is also proving to be cost effective. An analysis of system expenditures showed that the city currently spends $61,000 per year for emergency room services and incarceration for each chronically homeless person. Providing permanent supportive housing costs the city approximately $16,000 per year, and results in much better health and housing outcomes for individuals.

Homeless people are coming in off the street. Over the last two years, street homelessness declined by 40 percent (from 4,535 to 2,655). During 2004, 101 homeless people died because of exposure to harsh weather and untreated health complications. Although this is still far too high, it represents a 40 percent reduction from 169 the year before.

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Community Snapshot
Portland and Multnomah County
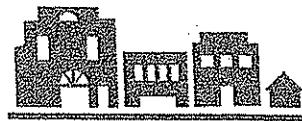
Progress in Ending Homelessness

Over the course of a year between 16,000 and 18,000 people experience homelessness in Portland and Multnomah County, Oregon. On any given night, nearly 3,000 people are on the street or in shelter and another 2,355 people live in transitional housing.

The city and county have worked to improve services for homeless individuals and families since 1999, when the jurisdictions undertook a planning process to review shelter options for homeless adults. Between 1999 and 2004, the city and county implemented a number of initiatives to change the homelessness assistance system. Since that time, the city and county integrated the homeless youth system, adopted a Housing First model for families and redirected funding from shelters to permanent housing (see timeline).

Recently, the city and county developed *Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County*. The plan was released in December 2004 and continues efforts already taking place in Portland and the surrounding county. The plan builds on three principles:

- Focus on the most chronically homeless population;

- Streamline access to existing services in order to prevent homelessness; and

- Target resources to programs that offer measurable results.

As of September 2004, 350 units of permanent housing were either committed or under construction.

The plan uses a "Housing First" approach, a model that reduces the time an individual or a family spends in shelter and helps them obtain permanent housing. Individuals or families who need services access permanent supportive housing, which links stable housing to medical care, mental health services and other social services depending on the household's needs. The plan focuses on chronically homeless individuals but also includes families and unaccompanied youth.

As efforts to end homelessness continue, city and county officials will focus on nine actions. Programs throughout the county will address moving people into Housing First, ending the practice of discharging people into homelessness from jails and hospitals, improving outreach, emphasizing permanent solutions, increasing the housing supply, creating new partnerships, improving the rent assistance system, increasing economic opportunity for homeless people and implementing new data collection technology.

Outcomes

For Portland and Multnomah County, one of most important outcomes to date is the progress made on implementing new data systems throughout the homeless system. Homeless Management Information Systems (HMIS) are operational in nine homeless service agencies; the goal is to establish HMIS databases in 26 homeless service agencies by the end of 2005.

Timeline

1993	1998	2000	2001	2003	2004
Shelter reconfiguration	Youth homeless system integrated	Homeless family system adopted Housing First model	City funds a rental assistance program 1,322 households obtain permanent housing	Domestic violence plan implemented 150 women and children obtain permanent housing	Providers help 636 homeless people obtain permanent housing
350 units of permanent housing either committed or under construction
City and county officials announce plan to end homelessness

Source: City of Portland and Multnomah County

Portland and Multnomah County are leading efforts to increase the supply of permanent housing available to homeless individuals and families. The plan calls for the creation of 1,600 units of permanent housing. As of September 2004, 350 units of permanent housing were either committed or under construction.

Since the plan's adoption just six months ago, a number of outcomes have been documented: 254 chronically homeless people have moved into permanent housing; 108 moved directly from the streets into permanent housing. Families and youth are moving to permanent housing as well; 64 homeless families and 13 homeless "hard to reach" youth moved to stable and permanent housing.

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Community Snapshot
Columbus

Progress in Ending Homelessness

By redesigning their programs to focus on prevention and housing first, and regularly measuring performance, Columbus has reduced the number of families that become homeless and increased the percentage of families that successfully move into permanent housing. Columbus uses data and performance measures to ensure that homeless families move through the homeless assistance system quickly and receive the services they need to maintain stable housing. The Community Shelter Board, a nonprofit umbrella organization, oversees this system and fosters collaboration between the numerous community based organizations.

The Community Shelter Board used data from an early Homeless Management Information System (HMIS) to identify program models and services that demonstrated successful outcomes. These findings led to a reorganization of homeless services, changing the focus from providing emergency shelter to helping families locate and move into permanent housing, and then linking them with services needed to help them remain stable.

These programs are cost-effective, enabling the Community Shelter Board to stretch funding and serve families better. Interventions are targeted to closely match families' needs. Families with fewer service needs move quickly into permanent housing to avoid expensive long term shelter stays. Services are provided to help families gain incomes and stabilize in their housing, thus reducing repeat homelessness episodes. Higher cost interventions, such as permanent supportive housing or transitional housing, are targeted to families with many barriers to moving into housing.

Columbus achieved success using resources and strategies that could be replicated by homelessness providers in most communities. While some cities have reduced homelessness with a special infusion of funding from their state or local government, Columbus has relied on traditional funding sources, including HUD Homeless Assistance funding and the United Way.

Family homelessness decreased 46 percent—from 1,297 families in 1997 to 696 families in 2004.

Key Initiatives

Responding to the increase in family homelessness in the mid-1990s and data on programmatic outcomes, the Community Shelter Board spearheaded several initiatives to reduce family homelessness:

Developed Short Term Rental Subsidies. The Community Shelter Board's Transition Program provides short term rental and utility assistance to help families move into housing, whether it is subsidized or private market. This program is funded in part by the city's Community Development Block Grant and state housing trust fund.

Single Point of Entry to Homelessness System. The YWCA Interfaith Hospitality Network was re-designed as a single point of entry into the homelessness system for families. In October 2005, the YWCA opened a new family center which improved upon the Network's congregation-based lodging program. Families entering shelter are quickly assessed and referred to the appropriate services. Many families are referred to an agency that provides prevention assistance, including financial assistance and case management, and are successfully diverted from homelessness. No families needing shelter are turned away, and a recent point in time count found no unsheltered families in the city.

Housing First. The Salvation Army and other community partners implemented the Family Housing Collaborative, a program that helps families move directly into permanent housing with transitional services. Families with sufficient incomes to pay for housing without a long term subsidy receive services and financial assistance to help them locate and move into permanent housing within three weeks of referral. The Salvation Army also works with private and public housing providers to connect lower income families to subsidized housing.
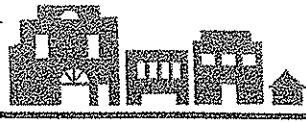
Exhibit 1: Families Served by the Emergency Shelter System
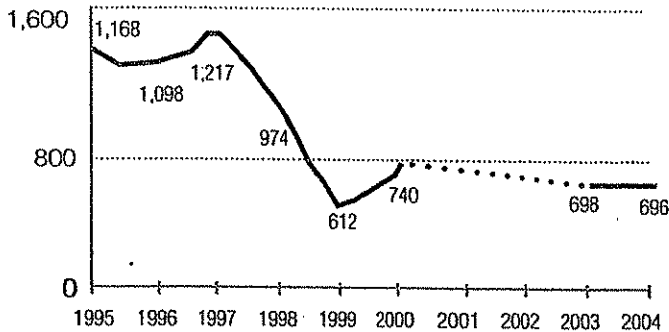
Source: 2005 Community Report on Homelessness; Community Shelter Board December, 2005. No data were available for 2001 and 2002.

Data and Planning. Data and planning are essential components of Columbus's efforts to end homelessness. Underlying these initiatives is a quarterly evaluation process using HMIS data that focuses on a few key measures, including the length of time families are homeless, the success rate for placing families into housing, and lower recidivism back into homelessness. Data from the HMIS system help program managers evaluate programs and properly allocate resources.
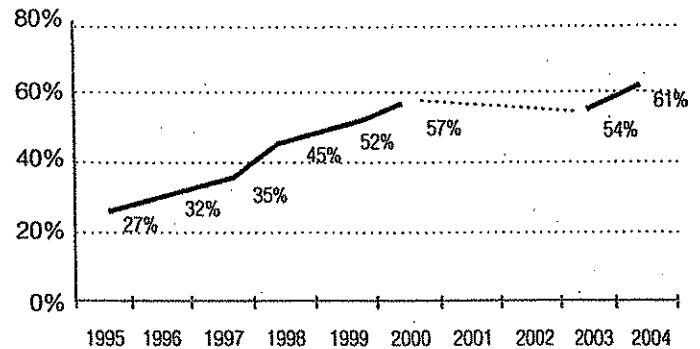
Outcomes

Targeting services and focusing on prevention and permanent housing is beginning to show results. In 1995, 1,168 families entered Columbus's homeless system. This figure peaked at 1,217 in 1997 before declining to 696 in 2004 (See Exhibit 1). Much of the decline is attributed to prevention efforts.

Successful housing outcomes have risen steadily for families in Columbus's homeless system from 27 percent in 1995 to 61 percent in 2004 (See Exhibit 2).

Repeated episodes of homelessness are also decreasing. Since the adoption of new strategies, families that exit homelessness to permanent housing are unlikely to return to shelter. For example, fewer than 5 percent of families who successfully exit emergency shelter return within 90 days.

Exhibit 2: Successful Housing Outcomes

Source: 2005 Community Report on Homelessness; Community Shelter Board December, 2005. Successful housing outcomes include families that exit homelessness programs for transitional housing or permanent housing where the family is on the lease. Doubled up families are not included in the count. Moves to transitional housing account for approximately 10 percent of exits. Successful housing outcomes in a few instances also include moves from a emergency shelter to longer term shelter when such a placement is necessary.

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Progress in Ending Homelessness

On any given night, New York City provides shelter to approximately 8,700 homeless families with 15,000 children. An estimated 97,000 families living in "doubled up" situations and earning less than $20,000 a year are at risk of becoming homeless. Under the leadership of Mayor Michael Bloomberg and Department of Homeless Services Commissioner Linda Gibbs, preventing family homelessness became a top priority and a critical goal of the city's five-year plan *United for Solutions Beyond Shelter*. The plan draws on a set of principles that guide homelessness prevention which are:

- Expand affordable housing;
- Leverage community support;
- Prioritize high need neighborhoods;
- Apply a range of interventions;
- Utilize a variety of settings for intervention;
- Identify different points of time for intervention;
- Understand the unique needs of families;
- Increase legal services interventions; and
- Draw on family support networks.

Key Initiatives

The city is developing new strategies and resources to help prevent homelessness among families. A few key initiatives from New York City's five-year plan stand out:

Expand community-based homelessness prevention programs. City officials use a data-driven approach to design homelessness prevention models that target at-risk families before they become homeless. This data-based system enables the city to evaluate existing prevention programs, understand why programs show results and replicate successful models. One program uses shelter intake data to identify the neighborhoods in the city that produce the highest number of homeless people entering shelter. Prevention programs then target these "hotspots."

> In 2002, the city placed 22 percent of families who entered shelter in permanent housing; in 2003, 28 percent were placed; and in 2004, 33 percent were placed.

Increase communication among city agencies to prevent system-to-shelter discharges. The plan created mechanisms to enable and ensure that homeless agency case workers collaborate with their counterparts at mainstream agencies (e.g., the Department of Corrections, Child Welfare, etc.). Cross agency collaboration helps avoid contradictory decisions and reduce duplicative efforts.

Redirect funds currently used for shelters to supportive or service-enriched housing. City officials review funding streams and evaluate the cost-effectiveness of programs aimed at reducing the shelter counts. The review includes all federal and state money currently dedicated to shelter.

Outcomes

The city is beginning to see positive results. According to data from the city's Department of Homeless Services, in 2002, the rate of families entering the shelter system dramatically outpaced the rate at which they were leaving; less than 3,000 families left shelter for permanent housing. Two years later, in 2004, the city placed just over 7,000 families in permanent housing, a 133 percent increase.

The percentage of families served by shelters that are later placed into permanent housing is also increasing. In 2002, the city placed 22 percent of families who entered shelter in permanent housing; in 2003,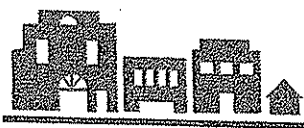 28 percent were placed; and in 2004, 33 percent were placed (see exhibit 1). In the last two and half years, an unprecedented 15,300 homeless families—with an estimated 29,500 children—left shelter for permanent housing.

Exhibit 1. Percent of Families Served Placed
in Permanent Housing
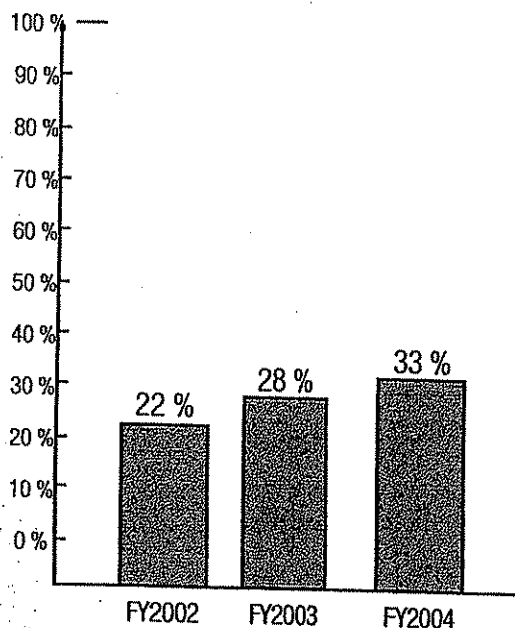
Source: New York City Department of Homeless Services

Exhibit 2. Families in Temporary Housing
in New York City 2003-2004

Source: New York City Department of Homeless Services

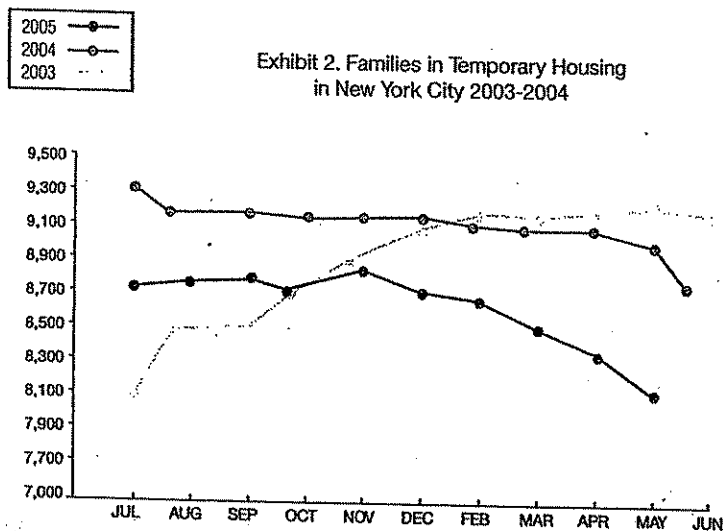The practice of immediately placing families in permanent housing and the city's data driven prevention efforts contributed to an overall reduction in the number of families living in temporary housing (see exhibit 2). In 2003, the number of families in temporary housing was increasing. By 2004, the city started to see a slight decline in the number of families in temporary housing. This decline continues through 2005; the total number of families entering the shelter system declined by 5 percent, from 9,731 in 2004 to 9,252 in 2005.

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Beyond Shelter

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"Housing First":
Ending & Preventing Family Homelessness

Overview

In 1988, the "Housing First" Program developed by Beyond Shelter in Los Angeles, California, introduced a new response to the problem of family homelessness -- the immediate return of homeless families to permanent housing. An innovation in the field at the time, the focus of "Housing First" is to assist homeless families in moving into permanent rental housing in residential neighborhoods *as quickly as possible*, with minimum stays in the homeless services system. The "Housing First" methodology is premised on the belief that families are more responsive to interventions and support once they are in permanent housing. In most "Housing First" programs, families are provided time-limited, home-based case management *after* they move into rental units, in order to help them rebuild their lives. These services often range from six months to one year and may be provided by the "Housing First" provider or by a variety of community-based and/or government social services organizations. Over the years, this basic model has helped to transform the homeless services system on a national scale.

"Housing First" programs provide a critical link between emergency shelter and transitional housing systems and the community-based private and public resources and services that can help to stabilize and support vulnerable families and their children for the long term. In Los Angeles, homeless families are referred to Beyond Shelter's "Housing First" Program for housing relocation and home-based case management by more than 60 collaborative referring agencies, which include emergency shelters, transitional housing programs, substance abuse treatment programs, domestic violence programs, and a variety of community-based social services, legal aid, and health and mental health services agencies. Through 2005, more than 3,000 primarily single parent homeless families have successfully participated in the program.

The Process

The "Housing First" approach is most often implemented in four primary stages:

- **Crisis Intervention & Short-Term Stabilization**: This phase addresses family crisis needs, including assisting families to access emergency shelter services and/or short-term transitional housing.
- **Screening, Assessment & Planning**: "Housing First" incorporates in-depth screening and assessment that result in an action plan that builds upon a family's strengths, and also addresses their particular needs. Enrolled families agree to work with a case manager after the move into permanent housing.
- **Provision of Housing Resources**: With a plan for housing and social services, families are assisted in overcoming various barriers to obtaining rental housing that may include poor credit, a history of evictions, and housing discrimination. When available, families are provided housing subsidies, move-in funds, furnishings and other basic household needs. Families are then assisted in moving into permanent, affordable housing, preferably in a residential neighborhood.
- **Provision of Home-Based Case Management**: Case management is provided both before and after the move, to help families improve their coping skills, become reoriented to stable living patterns, and to establish links with community-based resources and services.

Recognition For Beyond Shelter's "Housing First" Program
- *Nonprofit Sector Achievement Award* from the National Alliance to End Homelessness (1996)
- One of "*25 U.S. Best Practices*" selected by HUD to represent the United States at the United Nations Conference on Human Settlements, Habitat II, Istanbul, Turkey (1996)
- One of "*100 International Best Practices*" chosen by the United Nations Centre for Human Settlements in Nairobi, Kenya, for dissemination worldwide (1996)
- One of "*19 Solutions for America*" selected by the Pew Partnership for Civic Change (1999)

"Housing First" for Homeless Families Program

(examples of)
Points of Entry

Drop-in Center	Emergency Shelter	Battered Women's Shelter	Drug Treatment Program	Welfare Office

provision of and/or referral to crisis intervention,
short-term housing/shelter and short-term case management

(preferably) **from 0 to 3 months**

while in temporary housing,
family is referred to ...

"Housing First" Program
Intake and Enrollment

- Screening for housing and social service needs
- Family Action Plan developed
- Housing search begins

family moves to permanent housing

after family moves, provision of
Home-Based Case Management Support

(preferably) **from 6 to 12 months**

- Tenant education
- Household management
- Money management
- "Survival skills" counseling
- Welfare advocacy
- Legal advocacy
- Family & individual counseling
- Liaison with schools
- Parenting education
- Health/nutrition counseling
- Address children's special needs

- Child abuse and neglect intervention and prevention
- Child care resources
- Child care subsidies
- Basic medical care
- Job readiness program
- Career counseling
- Job training and placement
- Basic remedial education
- English language classes
- Substance abuse prevention

**Family integrated into community
with improved social
and/or economic well-being**