



HOUSING AUTHORITIES:

Essential Partners in Ending Homelessness

A publication of the Council of Large Public Housing Authorities

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Preface

In 2013, CLPHA's members—some of the largest and most forward-thinking housing authorities in the country—committed to an effort to reshape the way that the housing system works with other systems at the federal level. It is CLPHA's view that investing in systems alignment will ultimately improve the delivery of services and will support low-income households by allocating scarce resources more effectively, leveraging other public and private resources, and institutionalizing best practices. Housing authorities' partnerships and innovation are already challenging rigid, compliance-driven programs and systems to be better aligned and integrated while refocusing on "people outcomes." In the current budget climate, systems alignment may be the answer to the challenges that housing authorities face in continuing to meet their missions and to serve their communities.

CLPHA members already know, from experience, that when local systems work together, outcomes for families and individuals living in poverty improve. At the heart of every housing authority's mission is bettering the lives of the families and individuals they serve. For many housing authorities, this means coordinating with the local education, workforce development, health care, transportation, and social services systems to provide supports and opportunities to residents, recognizing that housing quality and stability are inextricably linked to the "people outcomes" of those systems. On any given day, CLPHA members make both affordable housing and vital services available to more than one million low-income households.

Service partnerships enhance housing authorities' ability to meet the needs of their communities, as evidenced by local-level work on homelessness. Housing authorities have always assisted households previously experiencing or at risk of experiencing homelessness. By enabling extremely low-income households to afford their homes, housing subsidies serve to prevent and end homelessness as a matter of fact. Increasingly, however, housing authorities are bringing their subsidies into partnerships with the homeless services system. Such partnerships lead to more targeted efforts to address homelessness, such as the development of permanent supportive housing for populations with specific service needs. Those housing authorities with additional flexibility through Moving to Work have developed additional innovative approaches, such as sponsor-based vouchers, and are dedicating resources to evidence-based practices such as rapid rehousing.

Partnerships also enhance our work at CLPHA, and we are grateful to be able to include in this publication contributions from the U.S. Interagency Council on Homelessness, the Bill & Melinda Gates Foundation, the National Alliance to End Homelessness, CSH, LeadingAge, and the National Coalition for Homeless Veterans. We appreciate their sharing of their expertise and their recognition of the importance of housing authority work in this arena. We look forward to expanding our partnerships, on issues related to homelessness and for broader systems alignment, and encourage readers of this publication to contact us with ideas about how we can work together to improve outcomes for those living in poverty.

Thank you for your interest in the work of housing authorities to end homelessness.



Sunia Zaterman
Executive Director, Council of Large Public Housing Authorities

Foreword

Grit and ingenuity. These two words capture the unique value that public housing agencies across the country bring to the work of ending homelessness. I've had the chance to witness this grit and ingenuity among public housing agency leaders and staff first hand, originally in my work to end homelessness at the community level in Ohio, and now in my role as Executive Director of the United States Interagency Council on Homelessness (USICH). Time and time again, I've watched public housing agency leaders make and stand behind bold commitments, tackle bureaucratic and political hurdles, and come up with innovative solutions and partnerships to improve housing opportunities for individuals and families experiencing homelessness.

The qualities of grit and ingenuity are reflected in the Council of Large Public Housing Authorities' (CLPHA) publication, *Housing Authorities: Essential Partners in Ending Homelessness*, through the many examples of how public housing agencies are helping to end homelessness. Now more than ever, we need the grit, ingenuity, and leadership of public housing agencies in our effort to end homelessness in America. This effort is guided by *Opening Doors*, the first-ever Federal strategic plan to prevent and end homelessness, which is shepherded by USICH in partnership with the 19 Federal agencies that comprise the Council and valued partners like CLPHA. *Opening Doors* is a roadmap for joint action, providing a reference framework for the allocation of resources and the alignment of programs. It includes 10 objectives and 58 strategies that call upon the Federal government to work in partnership with State and local governments, as well as the private sector, to employ cost-effective, comprehensive solutions to end homelessness. Its objectives are organized according to five themes, which CLPHA has, in turn, used to organize this publication: increasing leadership, collaboration, and civic engagement; increasing access to stable and affordable housing; increasing economic security; improving health and stability; and retooling the homeless crisis response system. These themes build upon the lesson that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness.

Such engagement and coordination drives the real work of ending homelessness, which happens at the community level, through partnerships between homeless services providers, Continuum of Care leaders, municipal and State governments, philanthropy, community and business leaders, and public housing agencies. In the past three years, we've seen how these local partnerships have resulted in significant progress towards achieving the goals of ending chronic homelessness and homelessness among Veterans by 2015, and ending homelessness among families, youth and children by 2020. We've seen declines in homelessness overall, while achieving greater declines in homelessness among Veterans and people experiencing chronic homelessness.

But make no mistake: we still have a long way to go and much work ahead of us to reach our goals. And adding to our challenge is the extraordinarily difficult budgetary and political climate in which we now operate. As public housing agencies are well aware, Federal resources for affordable housing—the cornerstone of the Federal strategy to end homelessness—have shrunk due to budget cuts and sequestration. Meanwhile, despite compelling evidence that investing in affordable and supportive housing is cost-effective for low-income households, including people experiencing homelessness, the current political climate is not the most conducive to reasoned, evidence-informed policy arguments.

I remain firm in my conviction that we can achieve the goal of ending homelessness in America. Getting there entails leveraging every available resource—Federal, State, local, and philanthropic—to provide affordable housing and permanent supportive housing to individuals and families experiencing homelessness. It requires the continued leadership and commitment of CLPHA and public housing agency leaders everywhere. It necessitates that those of us in the Federal government support the ability of public housing agencies to adopt the policy changes and programs that increase housing opportunities for people experiencing homelessness, things like limited homelessness preferences, revised admissions policies, project-based vouchers to create permanent supportive housing, and participation in Continuum of Care planning efforts. It also requires more Federal, State, local and philanthropic strategic investments in public housing agencies and their partners to expand the supply of affordable and permanent supportive housing.

Most of all, ending homelessness means learning from the example of public housing agency leaders, who routinely face bureaucratic and political obstacles and must make tough choices about how to allocate scarce resources. By channeling the grit and ingenuity they exhibit, we can ensure that no child, adult, or family will experience homelessness, but instead will have a stable place to call home.



Barbara Poppe
Executive Director, U.S. Interagency Council on Homelessness

Increasing Leadership, Collaboration, and Civic Engagement

Communities need strong leadership and coordination of efforts across all sectors in order to establish, implement, and revise action plans to prevent and end homelessness. These plans must be locally driven and tailored to address the specific conditions of the locality. Since 1995, communities have organized local or regional Continuums of Care (CoC) to take a collaborative funding and planning approach to providing homeless services. Originating in a U.S. Department of Housing and Urban Development (HUD) requirement to submit a single community application for McKinney-Vento Homeless Assistance Grants, the CoC maintains as a central purpose the preparation of that application and the oversight of administration of those grants. The CoC also bears responsibility for developing a long-term strategic plan and managing a year-round planning effort regarding the provision of homeless services. To support their efforts, CoCs gather local data on homelessness, largely carried out through a biennial Point-in-Time (PIT) count of all persons experiencing homelessness and through year-round data collection from homeless assistance providers in a local Homeless Management Information System (HMIS).

Despite the traditional division at the federal level between housing and homelessness program administration, many housing authorities have strong relationships with their local CoCs, in some cases playing important leadership roles in the collaborative approach. Some housing authorities have been engaged with their CoC since the beginning, as many administer Shelter Plus Care vouchers or projects, funded through McKinney-Vento grants. Others may have become more involved in the first decade of the 21st century, as communities began writing local ten-year plans to end homelessness. Most of those plans include a strong focus on developing an adequate supply of affordable housing, and housing authorities can play an important role in increasing that stock, whether as part of a development team or by allocating subsidies to new units to make them deeply affordable.

The affordable housing that housing authorities administer has become an increasingly essential part of local collaborations as more communities adopt a Housing First approach to address homelessness. Housing First efforts center on preventing homelessness and providing people experiencing homelessness with housing as quickly as possible, with varying levels of wrap-around services offered once they are housed, depending on need. With this approach, households can focus their attention on addressing the issues that led to their experience of homelessness because they have the stability of housing. Housing authorities provide units, often through set-asides or admissions preferences, that enable housing to come first.

Houston Housing Authority

HOUSING HOUSTON'S HEROES

“We do so much more together than we could do on our own.”

– Mark Thiele, Houston Housing Authority’s Vice President of the Housing Choice Voucher Program

Together with its governmental, non-profit, and private sector partners, the Houston Housing Authority (HHA) is well positioned to meet the ambitious goal of ending homelessness in Houston. On May 29, 2013, HHA celebrated the one-year anniversary of Housing Houston’s Heroes, an initiative which successfully housed and provided supportive services to 148 homeless veterans, including 101 chronically homeless veterans, in 100 days. Throughout the first 100 days, HHA provided leadership through organization, engagement, community outreach, and agency performance.

In April 2013, HHA started another ambitious project—the goal this time to house 300 homeless veterans in 100 days. Together, the partnership surpassed this goal and housed 357 homeless veterans, including 195 chronically homeless veterans. Using HHA vouchers, Harris County Housing Authority vouchers, Supportive Services for Veteran Families (SSVF) funds, and other local HUD-funded Continuum of Care (CoC) units, this effort capitalized on an enduring sense of collaboration. HHA attributes its success to the coordinated access and outreach with its community partners. Working with its partners, HHA has hosted briefings that bring the homeless and homeless service providers together, in one room, in order to expedite the process of securing housing and supportive services for homeless individuals. Currently, Housing Houston’s Heroes has housed over 830 homeless Houstonians.

“We do so much more together than we could do on our own,” affirms Mark Thiele, HHA’s Vice President of the Housing Choice Voucher Program, who has been the effort’s Team Leader.

Housing Houston’s Heroes has facilitated many other positive changes, including: an amended administrative plan allowing for a homeless admissions preference with attached supportive services, creation of a new HHA position focused on homeless and housing initiatives, Houston’s move towards Coordinated Access for units funded by both the U.S. Department of Veterans Affairs (VA) and the CoC, integration of triage tools to assess and place clients in housing with the correct level of care, troubleshooting of system barriers, enabling open dialogue on the definition of chronic homelessness, formation of a subcommittee to address housing retention, increased utilization of the Homeless Management Information System (HMIS) to track those housed, a dramatic shift toward VA implementation of Housing First principles, and HHA’s participation in Houston Registry Week.

Houston Registry Week, the local effort of the national 100,000 Homes Campaign, was a citywide collaborative initiative to create a comprehensive database to identify Houston’s most vulnerable homeless individuals. For three days, volunteers canvassed downtown Houston surveying Houston’s homeless. Identifying and prioritizing the most vulnerable homeless individuals is the first of a three-step process to house 2,500 homeless Houstonians by 2016. The additional steps include placing the homeless into permanent housing, and providing them with needed services and treatments.

“It makes sense on a moral and financial level to get Houston’s homeless off the streets and into permanent supportive housing,” says HHA President and CEO Tory Gunsolley. “We are committed to working with our partners to make sure that homeless veterans, individuals, and families in Houston get the help that they need.”



Veteran James Adams in his new apartment

Courtesy of Johnny Hanson, Houston Chronicle

The unprecedented collaboration among Houston's homeless service providers greatly impacts the lives of Houston's homeless veterans, such as Marine Corps veteran James Adams. James moved into his new apartment in southwest Houston on May 1, 2013 after being homeless for five years. He said that his life is now back on track. He is taking classes to become an electrician and expects to graduate from Everest Institute in fall 2013. "I got my own place, and my self-esteem is coming back," James says. "Life has many challenges, and sometimes it takes people a little longer to get back up when life knocks them down."



Veteran Burnell Bemiss in his new apartment

Single father Burnell Bemiss is as optimistic as Adams about his future as a result of help from Housing Houston's Heroes. Burnell, an Army veteran, was living in a shelter with his 15-year-old son before receiving a voucher. Now, the two live in a two-bedroom apartment and are both grateful for the newfound stability in their lives. Burnell's son is involved in ROTC and is excelling at his high school. He plans on attending college and then pursuing a career in the military. Burnell is proud of his son but also proud of his own accomplishments. He is currently attending classes to become a barber and hopes to open his own barber shop. "Taking care of my son and watching him grow up to become a responsible adult is important to me," Burnell says. "My son and I are in a good place, things are better."

HHA President and CEO Tory Gunsolley conducting homeless survey with Houston resident

Agencies participating in Housing Houston's Heroes include: HUD; VA; City of Houston, Office of the Mayor; Baxter Trust; The Beacon; Career and Recovery Resources, Inc.; Catholic Charities; City of Houston, Housing and Community Development Department; City of Houston, Office of Veterans Affairs; Cloudbreak Communities; Coalition for the Homeless of Houston/Harris County; Compassionate Houston; CSH; Goodwill Industries; Harris County Housing Authority; Harris County, Office of Housing and Community Development; The Housing Corporation; Houston Housing Authority; Houston Food Bank; Houston Police Department – Homeless Outreach Team; Mental Health and Mental Retardation Authority; Neighborhood Centers, Inc.; Salvation Army; SEARCH Homeless Services; U.S. Vets.



Fresno Housing Authority

FRESNO MADERA CONTINUUM OF CARE

Fresno Housing (FH) employs innovative Housing First strategies to end homelessness in Fresno County. Through partnerships in the non-profit, government, and medical arenas, FH offers a plethora of housing options with services to diverse populations. Enhanced work around garnering additional resources for housing the homeless has strengthened the excellent partnerships that FH had previously forged. Homelessness and its solutions are community issues that should be addressed collaboratively, and FH leads its community in doing so, in a number of ways.

As the Collaborative Applicant for the Fresno Madera Continuum of Care (FMCoC), FH is responsible for stewardship of HUD's extensive Continuum of Care Notice of Funding Availability (NOFA) process for supporting projects that alleviate homelessness, for both Fresno and Madera Counties. In 2012, FH worked closely with all FMCoC members and an outside consultant on a successful Collaborative Application, resulting in funding for all but two new projects. Currently, resources stand at \$5.7 million with 21 projects funded.

In addition, FH serves as the Homeless Management Information Systems (HMIS) Lead Agency, maintaining the system within its information technology purview and training all FMCoC members on superior data collection, quality, and analysis. As HMIS Lead, FH procures and analyzes data for the Annual Homeless Assessment Report and Housing Inventory Chart, which are reported to HUD.

FH embarked on participation in the 100,000 Homes Campaign in 2011. During Fresno's first registry in July 2011, 100 volunteers administered Health and Housing Surveys to approximately 250 homeless respondents over a three-day period. The resulting Vulnerability Index (VI) informed strategies on collaborative solutions to prioritize housing those most vulnerable. To date, utilizing VI data, Fresno has secured housing for 269 households of the area's most at-risk residents. In March 2013, Fresno participated in a Rapid Results Boot Camp, delving further into developing housing strategies for those most in need of assistance.

Building on its experience with the VI, FH along with FMCoC partners played an integral role in the 2013 Point-in-Time (PIT) count. With HUD's encouragement to incorporate the VI into the PIT, the FMCoC seized the opportunity to enhance its knowledge of characteristics of those it aims to serve. Over a three-day period in February 2013, volunteers surveyed the homeless community utilizing the Health and Housing instrument, resulting in the addition of 300 unsheltered individuals to the VI. One of the most important features of the PIT was civic engagement, and volunteers came from every part of the community—faith-based organizations, students, non-profit agencies, and concerned individuals.

“This is all just one part of a collaborative, community-wide effort focused on a long-term strategy to prevent and end homelessness in our area.”

– Preston Prince, Executive Director and CEO of Fresno Housing

Preston Prince, Executive Director and CEO of Fresno Housing notes, “This is all just one part of a collaborative, community-wide effort focused on a long-term strategy to prevent and end homelessness in our area.”

From its leadership position in the FMCoC, FH observed the scant supply of housing resources available to address homelessness, and the staff and Board of Commissioners responded by prioritizing the housing of homeless individuals and families. One of FH's proudest achievements is the establishment of 118 units of permanent supportive housing in partnership with the Fresno County Department of Behavioral Health (DBH). These “Renaissance” projects utilize a Housing First/Harm Reduction model with behavioral health services offered both on- and off-site. Such a model presents challenges, like dealing with behaviors antithetical to traditional housing models and teaching households that rent payment is the primary priority in maintaining housing. This is why case management is a vital element for success, and partnership with the dedicated professionals of DBH is invaluable. FH has developed the partnerships needed to take on the difficult and rewarding work of ending homelessness in Fresno County.



“I haven’t lived on my own for more than 27 years! I’m scared but know this is the step I need to move forward!”

– Jackie (left), moving into Renaissance at Santa Clara.

After eleven years of homelessness and dealing with substance abuse issues, Pearl was desperate for change but unable to make the transition to sobriety. Past trauma, coupled with life on the streets, was just too hard. Pearl utilized services at the local soup kitchen, the women’s day center, and sometimes spent nights at the women’s shelter.

She was fast losing hope of ever getting off the streets when she participated in a 100,000 Homes Health and Housing Survey. The volunteer performing the survey remembers Pearl sobbing as she recalled how long she had been on the streets and the trauma she faced throughout her life.

Pearl’s luck and life changed when she learned that she was eligible for a FH permanent housing program featuring subsidized housing payment and case management services. “I can’t remember a time when I have felt so blessed,” states Pearl, her smile and laugh infectious. Since moving into housing provided by FH, she has reconnected with her family, including her children and grandchildren. Today, Pearl has hope, love, and laughter—all because she has a place to call home.



Renaissance at Santa Clara

San Antonio Housing Authority

HOMELESS SERVICES VOUCHER PROGRAM

“We know that our partnership will continue to be vital as we work together to refine the housing strategy for people experiencing homelessness in our community.”

– Scott Ackerson, Haven for Hope’s Vice President of Strategic Relationships

The San Antonio Housing Authority (SAHA) serves 27,000 households through its 6,321 public housing units, 6,879 mixed-income units, and 13,417 Housing Choice Vouchers. While SAHA maximizes its HUD-funded, low-income housing programs, another 40,000 families are on the agency’s waiting lists for housing assistance, and as many as 3,000 individuals are homeless in San Antonio every day.

“SAHA is committed to reducing homelessness in our community, through programs that provide affordable, quality housing for more than 1,100 homeless individuals and families, while working with local service providers on issues that affect the participants’ quality of life,” says Lourdes Castro Ramirez, SAHA President and CEO.

The agency’s Homeless Services Voucher (HSV) program provides rental vouchers to homeless individuals through a partnership with Haven for Hope, a one-stop center for the homeless that features a multi-acre campus and a recovery-oriented system of care with comprehensive social services provided on-site by community agencies.

Haven for Hope is comprised of two major programs: Prospects Courtyard, a low-barrier, safe sleeping area that offers shelter and basic needs; and the Transformational Campus, a center that offers services and shelter with an emphasis on addressing the root causes of homelessness. The goal at the Transformational Campus is to help homeless individuals or families obtain the resources and support needed to attain permanent housing.

Through a collaborative process under SAHA’s HSV program, Haven for Hope refers Transformational Campus participants to the Housing Authority, which places eligible applicants on the Housing Choice Voucher waiting list. Upon selection from the waiting list and final eligibility screening, an HSV participant is issued a voucher by SAHA and receives continued case management and supportive services from Haven for Hope.

“SAHA has been an invaluable partner in our efforts to rehouse families,” says Scott Ackerson, Haven for Hope’s Vice President of Strategic Relationships. “We know that our partnership will continue to be vital as we work together to refine the housing strategy for people experiencing homelessness in our community.”

A total of 400 vouchers have been allotted for the HSV program, and 350 individuals are currently being assisted. Since its inception in July 2010, the program has helped 627 households, who rely on HSV assistance for an average of two years.

SAHA’s other homeless assistance efforts include: 435 Veterans Affairs Supportive Housing (VASH) program vouchers, which combine rental assistance with case management and clinical services provided by the U.S. Department of Veterans Affairs (VA) at VA Medical Centers and community-based outreach clinics; 200 Set-Aside Homeless Voucher Program vouchers, which utilize a collaborative referral process with local supportive service providers including SAMMinistries and the Center for Health Care Services; and 101 Shelter Plus Care (S+C) vouchers, providing rental assistance and supportive services for homeless families and individuals with serious mental illnesses, chronic problems due to alcohol or drug dependencies, and AIDS or related diseases. Additionally, SAHA has engaged CSH to assist in the development of a Permanent Supportive Housing Program.



Air Force veteran Adele Jamison-Jackson, housed through SAHA's VASH program, and her daughters

Leslie Serna, 35, lost her full-time job as a car dealership service manager and then lost her home— ultimately finding herself at Haven for Hope, along with her five children. “After selling everything I had to keep up with the bills, my kids and I showed up to Haven with just three bags of clothes,” says Leslie.

The following six months, which her family spent at Haven for Hope, required adjustments, especially for her children, who range in age from 11 months to 18 years. “You try to provide your children with as much as you can,” she says. “But the experience helped my children appreciate more what they have.”

After finding a job as a bartender, Leslie was able to save enough money to transition to her own home, upon receiving her voucher from SAHA. She credits the resources, programs, and advice given to her from the Haven for Hope representatives that helped her get back on her feet, provide for her children, and eventually buy a car.

Leslie just signed her second-year lease on her apartment and advises anyone who had a similar situation to take advantage of all that Haven for Hope has to offer. “Don’t be afraid to ask questions about anything. They are here to help, and they want to see you succeed.”

“After selling everything I had to keep up with the bills, my kids and I showed up to Haven with just three bags of clothes.”

– Leslie Serna, participant in the Homeless Services Voucher Program

Increasing Access to Stable and Affordable Housing

According to HUD's *Worst Case Housing Needs* report, in 2011 there were only 31 affordable, available, and adequate housing units for every 100 extremely low-income renters. These are households with incomes of no more than 30 percent of their Area Median Income (AMI). As a result of this affordable housing shortage, the number of households with "worst case needs"—very low-income renters (up to 50 percent of AMI) who do not receive housing assistance and either pay at least half of their income for housing or live in severely substandard housing—has been increasing at a record pace for a decade. Between 2001 and 2011, the incidence of worst case needs increased by 69 percent.

Families with children make up the greatest share of worst case needs, accounting for 38.2 percent of the total. Among very low-income renter families with children, 42.8 percent have worst case needs, an increase of 24 percent since 2007. Paying most of their income for housing, these families are extremely vulnerable. One study showed that 20 percent of households with children in the lowest-income quintile lose more than 50 percent of their income in any given year, with only about half fully recovering the loss within a one-year period.¹ Without the resources to cushion themselves from such income shocks, households may experience serious residential instability, and may become homeless.

Although we have made some progress, as a nation, we are still challenged by the problem of family homelessness. As homelessness has decreased overall, the number of persons in families with children who are experiencing homelessness has seen only a limited decline, 3.7 percent since 2007. Between 2011 and 2012, homelessness among persons in families actually increased by 1.4 percent. During the 2010-2011 school year, public schools identified 1,065,794 homeless students, the highest number on record and a 57 percent increase since the 2006-2007 school year.

Aware of the traumatic effects that housing instability and homelessness can have on children—physically, emotionally, and in terms of their educational progress—housing authorities have developed specific efforts to help families regain and maintain stable and affordable housing. Some families, including those involved in the child welfare system, may need long-term support services to achieve stability. Others may only need short-term assistance to get back on their feet and may be best served with rapid rehousing assistance. Rapid rehousing is a Housing First strategy through which households receive temporary assistance that allows them to obtain and retain housing. It can take the form of short-term rental assistance, security deposit assistance, utility payments, moving cost assistance, or other types of assistance. For some families, this will be enough to stabilize their households, while others may need the long-term rental assistance of the traditional housing authority programs.

FAMILY HOMELESSNESS

BILL & MELINDA GATES FOUNDATION

By David Wertheimer, Deputy Director, Pacific Northwest Initiative

Rental markets that put housing out of reach of lower-income workers, unstable employment, domestic violence, uninsured health crises, long-term debt, checkered rental histories and mortgage foreclosures—these are but a few of the reasons families in the United States can face housing instability and homelessness.

There are as many unique stories of family homelessness in America as there are homeless families. In 2012, families represented 37 percent of the overall homeless population in the United States. HUD's 2012 Point-in-Time homeless count identified more than 230,000 people in families in 77,000 American households. In Washington State, the focus of homelessness work by the Bill & Melinda Gates Foundation, the 2012 count identified 9,231 homeless family members in 2,871 households. Other counts produce even more stark statistics. The 2012 count of kids who are homeless in public schools across Washington, which includes those in doubled-up housing, identified more than 27,000 homeless children across the state.

With numbers like these, it is no surprise that housing authorities in Washington—and elsewhere across the nation—have been such essential partners in the ongoing work of ending homelessness. But, as housing authorities and others know well, successfully stabilizing families in housing frequently requires more than just a roof overhead and pat on the back. Although rapidly housing homeless families is the essential first step towards stability, families may present a range of complex needs that must be addressed on an individualized and tailored basis if their housing tenure is going to be successful over time.

Data from a cohort of more than 350 homeless families being studied as part of our work in King, Pierce, and Snohomish Counties (the central Puget Sound region) provides insights into the range of needs that must be considered by housing providers working with these families. Three quarters of the families are headed by single adults, and many have young children: 66 percent have at least one child under six years old, 38 percent have a child two or younger. At baseline (shelter entry), 68 percent of the heads of household in these families met the threshold criteria for moderate or severe psychological depression. A history of domestic violence and/or

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Jeff Raikes and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

BILL & MELINDA
GATES *foundation*

trauma was reported by 61 percent of the families. Unemployment was reported by 65 percent of the potential wage earners in these families; for those employed, the mean hourly wage was \$10.77, and families had a mean monthly income of \$633. An alarming 84 percent reported significant levels of debt; the mean debt level was \$14,117. A significant number of these families have been or are involved with the child welfare system.

Many of these families would benefit from help from a number of different sources. Yet the existing fragmentation of services and systems often complicates the experiences of these families, placing an even greater burden on shelter and housing providers to assume a coordinating role in service delivery. Working in partnership with housing authorities, housing can become the essential platform on which pathways to stability and success can be built. Pairing housing with the right mix of services—no more and no less than what each family needs—can make the difference between success and failure over time, both for individual families and for the systems that are assisting them.

Using tools like progressive engagement and formal linkages between housing, education, workforce training, employment supports and other services, partnerships with housing authorities have helped to reinforce how resilient families truly can be, and how the goal of stability and independence is within reach for many. In the current environment of limited resources that stretch every system's capacities to meet at times overwhelming demands, working with families to help them move up and out of subsidized housing supports the larger system goal of "through-put." That is, it frees up subsidies from the existing, limited pool and increases the number of families who can benefit from those subsidies. Over time, this actually increases the capacity of housing providers to meet the needs of the families whom they have not yet even met.

At the Bill & Melinda Gates Foundation, we rely on housing authority partnerships as critical to the shared goal of ending family homelessness.

Housing Authority of Snohomish County

PROJECT-BASED VOUCHER PROGRAM FOR HOMELESS FAMILIES

Of the 9,000 households on HASCO's Section 8 waiting list, 45 percent are homeless.

The Housing Authority of Snohomish County (HASCO) aims to provide housing opportunities that are as affordable as possible and that enhance quality of life for individuals and families of limited financial resources. HASCO owns and manages a portfolio of 5,500 subsidized and affordable units and vouchers, and covers a jurisdiction of 620,000 people and 15 school districts. Of the 9,000 households on HASCO's Section 8 waiting list, 45 percent are homeless.

HASCO began project-basing vouchers in 2001 as part of a regional initiative aimed at reducing homelessness for families with children. "Matching housing and supportive services for homeless families was a really good idea," says Bob Davis, HASCO Executive Director, "and we wanted to use our voucher resources to assist in that effort." HASCO understood that the educational and developmental outcomes of homeless children suffered due to lack of affordable housing and that the cycle of homelessness and poverty would continue without a housing and services intervention.

The agency's project-based voucher (PBV) program serving homeless families has grown to 243 units. In partnership with non-profit service providers, HASCO has been able to assist 1,055 families in the program since its inception, and among the households currently served by the program are 400 children. The average family in the program consists of a single parent with two children and has a household income of just \$750 per month. The average family pays \$118 per month to their landlord, and the PBV covers the balance.

HASCO's service provider partners screen homeless families for the program and provide wrap-around services including case management, mental health counseling, life skills classes, education and employment services, and youth programs. Service providers work closely with school district homeless liaisons to ensure educational needs are met for all children in the program. HASCO and other landlords provide the apartment units, and HASCO provides the rental assistance through PBVs. Once families complete their Supportive Services Housing Plan, they graduate from the program and receive a Housing Choice Voucher (HCV).

A recent evaluation of the program showed that, over a 2.5 year period, 86 percent of the participating families achieved housing stability, meaning they: (1) were still successfully participating in the PBV program, (2) had graduated and were successfully participating in the HCV Program, or (3) became self-sufficient and obtained their own housing.



Bruno, Juliana, and Siti

Siti and her two children, Bruno and Juliana, moved into the YWCA shelter in August 2010 after becoming homeless due to a family breakup caused by domestic violence. Siti's native country is Indonesia, and she has limited English proficiency, making it difficult for her to help her children with their school work. Bruno and Juliana attended homework club at the shelter for support with their school work, and Bruno received help from a YWCA Child Advocate. In addition, Siti attended Edmonds Community College to improve her English skills.

The family's dream of a safe and affordable home to begin their journey to self-sufficiency became a reality in April 2012, when they moved into their own three-bedroom apartment, a PBV unit at YWCA Family Village in Mountlake Terrace. This stable housing enabled Siti to obtain a job at the University of Washington in the janitorial department. In addition, Bruno and Juliana's school performance blossomed.

Bruno, age 12, just entered seventh grade and is thriving. Siti will enroll Bruno in Washington State's College Bound Scholarship Program, which combines with other state financial aid to cover college tuition for low-income seventh and eighth grade students who work hard in school, stay out of legal trouble, and successfully apply to higher education institutions.

Juliana, a 10-year-old in fifth grade, is an excellent reader and has received numerous awards for her reading accomplishments this past year. In addition, Juliana was able to receive McKinney-Vento transportation services from the Edmonds School District, allowing her to continue her education in her school of origin and avoid the school changes that often cause homeless students to fall behind.

“The collaboration between the YWCA, HASCO, and the Edmonds School District made it possible for this family to obtain the stable home they so desperately needed in order to thrive and to achieve their employment and educational goals.”

– Maria Bighaus, Director of Housing Services of YWCA Snohomish County.

King County Housing Authority

RAPID REHOUSING DEMONSTRATION

“Researchers have demonstrated that rehousing homeless children in stable, affordable housing allows them to ‘make up’ the learning and development they may have lost while homeless.”

– Casey Trupin, attorney with Columbia Legal Services

As homelessness increases among families, teachers and school administrators are witnessing its effects on children and their academic performance. School districts throughout Washington State are wrestling with this growing issue and recognizing its impact on the classroom. In 2012, school districts in King County alone reported more than 5,200 homeless children. This reflects an increase of 53 percent in just three years.

Being homeless affects how children learn. Kids who are sleeping on a relative’s couch can’t do their homework. Kids who change classrooms every two months because their parents don’t have stable housing don’t keep up with the curriculum for their grade.

Homelessness has been shown to affect the behavioral development, interpersonal relationships, and physical and mental health of students. Housing and classroom stability is increasingly associated with on-time grade advancement and graduation rates.

Under the federal McKinney-Vento Act, school districts are required to pay to transport students back to their school of origin, even if they have been forced to find emergency shelter outside the district. The purpose of this requirement is to support homeless students with classroom stability, keeping them connected to their teachers, peers, and a consistent curriculum. With no federal funding for this purpose, school districts must use limited education funds to provide cab fare, bus passes, or other means of transportation for these children. The cost is high and continues to grow: school districts in King County alone spent \$5.69 million on homeless student transportation during the 2011-2012 school year.

[Back to School Fair for Highline Students in SeaTac](#)



While the intention of the McKinney-Vento requirement is laudable—it is well documented that providing a stable classroom setting can reduce the negative impacts of homelessness on children—wouldn't it be more effective to prevent or limit homelessness in the first place? Shouldn't available resources be directed to providing housing stability rather than cab fares? The King County Housing Authority (KCHA) is exploring how it can cost-effectively help address these twin challenges.

“Providing long-term stable, affordable housing has the effect of stabilizing the lives of formerly homeless students at home and at school,” says Casey Trupin, attorney with Columbia Legal Services and one of the editors of the study *Beds and Buses: How Affordable Housing Can Help Reduce School Transportation Costs*, commissioned by the National Law Center on Homelessness and Poverty. “Researchers have demonstrated that rehousing homeless children in stable, affordable housing allows them to ‘make up’ the learning and development they may have lost while homeless.”

Working as a partner in the Road Map District Consortium, a network of seven school districts in King County collaborating on educational initiatives under a federal Race to the Top grant, KCHA is developing a program that links schools and housing. A pilot Rapid Rehousing Demonstration with one of these partners, the Highline School District—where 900 students were homeless during the 2012-2013 school year—is just getting underway. Rapid rehousing is increasingly being seen across the country as an effective strategy for returning homeless families to permanent housing.

Using the flexibility provided under its Moving to Work (MTW) contract, KCHA's program will provide short-term rental assistance to rapidly rehouse 40 homeless families who have at least one child attending school in the Highline School District. The District's McKinney-Vento school liaisons will identify and screen eligible families for referral to the pilot program. These families will be connected to rental subsidies, client assistance funds, employment, and other resources. Neighborhood House, a service provider with deep roots in the south King County community, will provide support as needed through housing search assistance, job training, employment, and financial case management. The expectation is that targeted families will only require assistance for a limited period of time (six months or less). The goal is to stably rehouse these families within the catchment areas of their existing schools.

Technical assistance on program design is being provided by CSH. Building Changes, a local non-profit that supports homeless family initiatives, is providing funds for employment connection services. Additional client assistance funds from the United Way and other community foundations are expected to expand the reach of the program. If the demonstration program is successful, KCHA hopes to expand the initiative to the other school districts in the Race to the Top consortium.



Highline's Kindergarten Jump Start program

The initiative is being evaluated by an outside consulting firm. KCHA and the Highline School District will be looking at four outcomes:

- 1) Reductions in the length of time families are homeless;
- 2) The success of the program in utilizing short term assistance to facilitate long term housing stability;
- 3) Reductions in the use of educational funds for transportation costs; and
- 4) Improvements in classroom stability and academic outcomes for the youth assisted.



The first day of school for students in the Highline District

Tacoma Housing Authority

COLLABORATION WITH THE CHILD WELFARE SYSTEM

In Washington State, seventeen housing authorities, four non-profit housing organizations, and the State's agency for child welfare services, Department of Social and Health Services (DSHS), have signed a Memorandum of Understanding (MOU) establishing a promising and innovative collaboration. They seek to better serve client households that need both housing and supportive services for one of three purposes: (1) to prevent the need for a child's foster care placement, (2) to shorten the length of a foster care placement, or (3) to allow a young person aging out of foster care to begin his or her adulthood without becoming homeless.

The collaboration aims to supplement and build upon the Family Unification Program (FUP) by committing 249 vouchers and units in addition to 912 FUP vouchers already designated for these purposes, with DSHS providing enhanced social services for as long as the household receives housing under the MOU. The service commitment may encourage a voucher landlord to take a risk on renting to a participating family or youth who may otherwise fail a landlord's screening, giving that landlord a caseworker to call if problems arise during a tenancy. The collaboration also takes advantage of the flexibility available to the four participating housing authorities with MTW status. For example, the Tacoma Housing Authority will limit the duration of its rental assistance for the non-FUP participants. Once the family is adequately stable and no longer needs the housing assistance to prevent or shorten a child's placement, DSHS could recycle the rental assistance to the next family who needs it for those purposes.

Along with others, Tacoma Housing Authority's Executive Director, Michael Mirra, helped develop this partnership as the housing representative on DSHS's Advisory Committee for fashioning a competitive application to the U.S. Department of Health and Human Services for a Title IV-E Waiver. Such a waiver allows more flexible use of federal foster care dollars. Mirra took the opportunity presented by the application process to move previous discussions forward and formally propose the housing-child welfare collaboration to the leadership of DSHS and to Representative Ruth Kagi, a leader on the issue in Washington's House of Representatives.

The proposal addressed two related problems. First, the nation's child welfare systems need housing resources to be effective. Conservative estimates indicate that, if DSHS child protection and child welfare workers had housing resources available to use when they judged it would work to prevent or shorten a child's foster care placement, the State could prevent about 5 percent of initial placements and significantly speed up reunification in 15 percent of placement cases. Other estimates suggest that nearly half of youth become homeless within two years of aging out of foster care. Second, many of these families and youth need more than housing.

They need supportive services to succeed not only as parents or transitioning youth but as tenants. Services may be necessary to help them find and keep housing. Notably, they may need these services beyond the duration of the child welfare services they are receiving.

"If these estimates are even partially correct, then the provision of housing resources and supportive services offers several appealing and valuable policy and fiscal benefits," says Mirra. "It would greatly increase the ability of the child welfare system to prevent or shorten placements that would otherwise be unnecessary. It would better reserve placements for the children whose need for them is unavoidable. It would give youth a better chance at a stable life after care. It would save money in averted foster care costs."

Because of these promising advantages, DSHS and State Representative Kagi received the proposal very positively. "As Washington State embarks on a major reform of its child welfare system that involves keeping children safely at home whenever possible, and safely returning children home as soon as possible when removal is necessary, the cooperation and support of the public housers is critical to our success," explains Representative Kagi. The housing authorities, non-profit housing providers, and DSHS collaborated to develop the MOU, which the State of Washington then included as part of its successful Title IV-E waiver application. Representative Kagi credits the MOU as an important reason the State was successful in obtaining the waiver. Now, all partners work on implementation, expecting that the enhanced match of housing, child welfare services, and supportive services will make all three more effective and more cost-effective. The MOU provides for an evaluation of these possible outcomes, to be conducted by DSHS.

Increasing Economic Security

It is no surprise that households with the greatest financial insecurity are the most at risk of experiencing homelessness. In a country with 43 million people living in poverty, this fact leaves far too many people just one paycheck away from losing their homes.

Low-wage workers, for example, often find themselves in precarious housing situations. According to the National Low Income Housing Coalition's *Out of Reach* 2013 report, with only a handful of exceptions in states with higher minimum wages, there is no county in the United States where a one-bedroom unit priced at the Fair Market Rent is affordable to someone working full-time at the minimum wage. As a result of this mismatch between income and housing costs, low-wage workers must spend significantly greater percentages of their incomes for housing than their higher-income counterparts. Over three quarters of extremely low-income households spend more than half of their income on housing costs. This puts them at risk of losing their ability to pay for their housing as a result of reductions in working hours, job loss, or stagnating wages that do not keep pace with rent increases.

Unfortunately, this precariousness means that employment itself does not protect against homelessness. A startling number of those experiencing homelessness are actually employed. The New York Times recently reported that more than one out of four families in New York City shelters, 28 percent, include at least one employed adult, and 16 percent of single adults in shelters hold jobs. Hard-working, responsible people go to work each day, only to go back to a shelter at night because their wages are not sufficient to buy or rent adequate housing.

Those who face serious barriers to employment, such as ex-offenders trying to get back on their feet as productive community members, face an even greater risk of homelessness. Youth aging out of foster care, who are establishing independent households in the community for the first time without assets to fall back upon, are particularly vulnerable. Persons with disabilities who cannot work and those who have suffered long-term homelessness may need extra support to achieve economic and housing stability, including connections with mainstream assistance programs. These particularly disadvantaged populations require targeted resources and services to help bolster their economic security and prevent them from falling into or returning to homelessness. Housing authorities are helping to provide such assistance.

Still, most homelessness is situational, the result of an acute housing crisis, usually due to a sudden decrease in financial resources. Households experiencing situational homelessness spend relatively short amounts of time in the homeless assistance system, exit to housing, and rarely return. Due to their financial circumstances, they may need rental assistance to secure that housing, and supports such as case management and job search assistance to help them maintain it. Housing authorities are working with partners in their communities to provide these types of aid to those in need.

Housing Authority of the County of Santa Clara

THE OPPORTUNITY CENTER

In the heart of Silicon Valley, where the high cost of living is well beyond the means of many residents, the Housing Authority of the County of Santa Clara (HACSC) administers over 16,000 Section 8 vouchers and has a real estate portfolio of 2,700 tax credit and HUD-funded affordable units. Furthermore, HACSC has housed over 2,000 homeless families and seniors by using MTW funding flexibility to develop housing, and by dedicating new turnover vouchers and project-based vouchers to this population. These efforts are critical in Santa Clara County, where the 2013 Point-in-Time count found that more than 7,600 people are homeless on any given night—an increase of eight percent since 2011.

The Opportunity Center of the Midpeninsula, a Housing First facility within HACSC's real estate portfolio, was built in 2006 to provide permanent housing plus comprehensive services and personalized case management to homeless individuals and families. "The Housing Authority serves as developer, asset manager, and joint owner. We, along with key partners Community Working Group and InnVision Shelter Network, work with a broad coalition of citizens, charities, local governments, and educators," says Vanessa Cooper, HACSC Director of Real Estate Services. "The mixed-use center combines 88 units of extremely low-income permanent housing with an on-site, drop-in service center for those experiencing or at risk of homelessness." Numerous non-profit organizations provide services and resources that include case management, medical services, counseling, food distribution, education support, computer access, laundry facilities, showers, and lockers.

Located in downtown Palo Alto and near Stanford University, in one of the wealthiest and yet most unaffordable places to live in the nation, the Opportunity Center provides homeless households with homes of their own and assists many more individuals and families in finding their way back to productive, self-sufficient lives. Personal success stories of Center residents provide support that the Housing First strategy for reducing homelessness is as effective in Palo Alto as it has been in other areas, including New York, Santa Monica, Alameda County, and San Francisco.

Personalized case management is paramount to helping people secure permanent housing and self-sufficiency. Last year, 2,975 case management services were provided to Opportunity Center clients. The case managers, staff, and specialist volunteers assist clients and residents with a range of issues from housing to substance abuse to financial assistance to the justice system. Currently 130 people, including 23 children, reside at the Center. The tenants' average

"The Opportunity Center shows what can be done when a community and local governments work in partnership to solve homelessness and develop economic self-sufficiency."

– Alex Sanchez, Executive Director of the Housing Authority of the County of Santa Clara

stay of four years, with 20 percent of the tenants living at the Center for more than six years, demonstrates that these formerly homeless households have managed to stabilize their lives.

Equally important is the rental subsidy available to those who are unable to be housed due to insufficient or no income. Since its inception in 2006, the Center's rental subsidy program (provided by a local, community-driven non-profit) has aided 53 tenants, more than half of whom were disabled, chronically homeless, and without income. Funds provided amounted to \$485,000. Through intense case management, 45 of the 53 tenants now are receiving benefits, while eight are employed. Data show that on average, current households experience an increase in income of 20 percent during their stay. A further 22 households are assisted by direct subsidy from HACSC, which has contributed \$1,398,870 to date.

"The Opportunity Center shows what can be done when a community and local governments work in partnership to solve homelessness and develop economic self-sufficiency. This strategy is even more important as federal budget cuts continue to deplete funding for social services and affordable housing assistance," asserts Alex Sanchez, HACSC Executive Director.



Vanessa and Mae at the Center's six-year celebration

Mae Law, 50, has rented an Opportunity Center apartment for the past five years. She had been chronically homeless for 30 years, primarily in East Palo Alto. An InnVision Shelter Network client, Mae used all of the available services to get to where she is now—housed and employed. “I’m currently working as a dishwasher at Stanford University, and I’ve had that job for seven years this November,” Mae says proudly. Mae’s two months at the Hotel De Zink rotating emergency shelter, janitorial work with Palo Alto’s Downtown Streets Team, and the Opportunity Center’s rehabilitative and medical services all have enabled her to earn an income.

“Mae joins hundreds of Opportunity Center residents and service center clients who have moved into permanent housing or are taking huge steps toward self-sufficiency,” says Dr. Don Barr, Stanford University Professor of Pediatrics and Human Biology, and a founder of the Community Working Group. “The several hundred names on the Center’s housing wait list indicates a powerful need on the Peninsula for other centers like this one.”



The Opportunity Center

Charlotte Housing Authority

COMMUNITY BASED RENTAL ASSISTANCE PROGRAM

A report by the U.S. Conference of Mayors revealed that Charlotte's population of homeless families grew by more than 20 percent in 2012. The report predicted that the size of that population would continue to increase in 2013. In addition, with Charlotte's population expected to double by 2050, there is no doubt that there will be an increased need for affordable housing to assist families across the city. The Charlotte Housing Authority (CHA) continues to use its MTW flexibility to create unique programs to address this growing need.

In 2011, CHA entered into a collaborative partnership with Charlotte Family Housing (CFH), a shelter-to-housing program, through the Housing Authority's Community Based Rental Assistance Program (CBRA). Under this 50-unit pilot program, which CHA is able to implement because of its MTW status, CHA provides a flexible housing subsidy of up to \$500 per month to 50 homeless families: 10 to 15 families who need employment and 35 to 40 working households. The program targets extremely low-income families who are situationally or transitionally homeless. CFH submits the initial application packet to the Housing Authority, which then screens the applicant for eligibility requirements and processes the request for admission.

CBRA has requirements and processes similar to CFH's existing housing program. The goal is to help families achieve self-sufficiency within three to five years by providing comprehensive family development via social work, intensive case management, and access to services while the family is permanently housed in a stable apartment community. CFH established operating procedures, landlord relationships, and administrative staff to deliver wrap-around services. The partnership enables delivery of supportive services at no cost to CHA.

"We have been fortunate to work with partners like Charlotte Family Housing, who share in our mission of providing quality housing in sustainable communities of choice for residents of diverse incomes. This partnership allows CHA to leverage its resources to assist families beyond their housing needs," says A. Fulton Meachem, Jr., CHA's President and CEO.

CBRA participants receive intensive supportive services as a part of CFH's self-sufficiency program. Families are paired with a clinically trained social worker, who provides counseling and helps them create goals towards self-sufficiency. CFH social workers partner in all aspects of a family's life to give direction on reaching their goals, especially with financial literacy, vocational counseling, children's education, and health and wellness. The social worker connects families to resources in the community, such as Goodwill Industries of the Southern Piedmont's vocational training.

In addition, the self-sufficiency program includes help from social workers and volunteers trained to motivate and transact with families by offering interest-free microloans, interest-free and below-market car loans, matched savings accounts, and more, thereby preserving dignity and self-esteem, increasing personal accountability, and decreasing dependency.

Working families are expected to complete the self-sufficiency program within three years with a one-year extension, and non-working families are given a four-year program requirement with a one-year extension. Currently, 91 percent of the participating families have been successfully housed, graduated from CFH's program, and are maintaining permanent housing on their own without rental subsidy.

"This partnership with the Charlotte Housing Authority has allowed us to pull families out of their initial trauma and place them in stabilized housing, where they are able to benefit from our supportive services and empowerment-based strategies," states Darren Ash, founder of CFH.

"This partnership with the Charlotte Housing Authority has allowed us to pull families out of their initial trauma and place them in stabilized housing, where they are able to benefit from our supportive services and empowerment-based strategies."

– Darren Ash, founder of Charlotte Family Housing



Glendora in front of her house

After several bad relationships, Glendora was a 26-year-old single mother with five children living in New York. She decided to move south in 1998, eventually settling in Charlotte. Over the years, Glendora was able to get by on various jobs in retail and restaurants with the help of income from some of her children. Her circumstances changed when her 19-year-old son moved out and knee surgery forced her to stop working for a while. Unable to afford rent at her apartment, Glendora moved in with her oldest daughter and sent her two youngest children to live with their father.

Glendora realized she needed more permanent work and seized a job opportunity when it arose. “They told me I wasn’t qualified, but my spirit was so good that they gave me the job,” says Glendora, who began working at Burlington Coat Factory in 2011. Even with the new income, Glendora could not afford her own place, so she contacted CFH in early 2012. The CBRA program helped her obtain housing, and CFH helped her gain the skills needed to become self-sufficient. “Charlotte Family Housing has taught me a lot. Respect for money, planning ahead.”

With her social worker, Glendora budgeted and saved for a house. Once she bought her own home, she was able to bring her younger sons back to live with her. She also graduated from Getting Ahead, a program that teaches families the hidden rules of the middle class and evaluates their current resources. Glendora has a new understanding of finances. Every month she puts \$25 into savings, and she is saving to buy a car through CFH’s Jumpstart Automobile program.

“I am in poverty, and I need to be on my A game to get out. I don’t want a hand-out—I want a hand up,” Glendora says. “You can take a fall, but as long as you keep your head up, stay focused, be persistent and don’t be ashamed to ask for help, you’ll get to where you need to go.”

Cuyahoga Metropolitan Housing Authority

Y-HAVEN AND OPEN DOOR

“CMHA is proud of its partnership with Y-Haven, which focuses on helping residents with housing and obtaining the tools to achieve their goals.”

– Jeffery K. Patterson
CMHA’s CEO

Cuyahoga Metropolitan Housing Authority (CMHA) is committed to collaborating with local organizations addressing homelessness, as evidenced by its engagement with the Y-Haven and Open Door programs run by the YMCA of Greater Cleveland.

The Y-Haven program assists homeless men, 18 and older, to become self-sufficient, live free from drugs and alcohol, and achieve permanent housing. The average Y-Haven resident is a 38-year-old male with a seventh grade education. Approximately 99 percent of the clients have substance dependency issues, and nearly 40 percent have history of mental illness. Y-Haven provides transitional housing and a continuum of care beginning with primary treatment for substance dependency. When residents graduate from the primary counseling phase, case managers focus their treatment plan on continuing care, relapse prevention, and appropriate education and training programs.

The final phase of the treatment plan is finding suitable permanent housing for residents. CMHA provides priority permanent housing for all graduates of Y-Haven’s two-year program. To date it, this has resulted in hundreds of housing placements. In 2010, 170 men entered Y-Haven’s residential substance abuse program, and an 85 percent graduated from the 90-day Primary Treatment Phase. Of the 170 residents, 151 (89 percent) increased their employment readiness skills and income, and 70 percent secured permanent housing through family reunification, home ownership, or subsidized housing. More than 3,000 men have turned to Y-Haven for help since it first opened, and over 70 percent of those who complete the program successfully live drug and alcohol free in permanent housing.

“CMHA is proud of its partnership with Y-Haven, which focuses on helping residents with housing and obtaining the tools to achieve their goals,” says Jeffery K. Patterson, CMHA’s CEO. “The Y-Haven Program continues to have highly successful outcomes in helping the chronically homeless population.”

In 2011, CMHA, the YMCA, the Center for Families and Children, and Cuyahoga County’s Office of Re-entry partnered to establish the Open Door re-entry program. Managed by Y-Haven, Open Door offers formerly incarcerated men comprehensive case management, transitional housing, and permanent housing placement with CMHA. Men at least 18-years-old and released from a correctional institution within the last six months are eligible for the program.

Y-Haven also administers the Green Team Custodial program, a job training and placement program that addresses employment barriers for the homeless by offering participants the training and work experience needed to develop long-term, transferable skills; a consistent work history; and economic self-sufficiency. The ten-week hands-on, comprehensive instructional program teaches janitorial and floor technician skills. Graduates, all of whom obtain recognized industry-certified credentials, have enjoyed an 80 percent job placement rate. The YMCA is one of the major employers of the graduates.

One of the two Y-Haven locations, Open Door, and the Green Team are housed at CMHA’s Carl B. Stokes Social Service Mall, a one-stop shop for community needs managed by the Housing Authority. The Mall was formerly an elderly housing building that was redeveloped through a HOPE VI grant to house a full-service medical clinic, a large transitional housing program, a probation center, and additional social services. CMHA provides space, utilities, and security to maintain a drug-free environment, absorbing all capital cost in order to allow Y-Haven funds to pay for its direct services.





Y-Haven group session at the Stokes Social Services Mall

Bobby Nieves, 48, grew up in a Cleveland household with a bar as the focal point of family life, and by 13 he was into marijuana, speed, and alcohol. After high school, he relocated to South Carolina. “I was working for Coca-Cola first and then took a job in a mortuary. It was a very sad job, and I would drink away my sorrow,” he recalls.

Eventually, Bobby’s mom, disabled from diabetes and unable to care for herself, came to live with him. Growing stress from caretaking and work eventually led Bobby to try crack. Though he had been financially comfortable, he smoked his way through his money, neglecting his mother and his bills. His mom had to move back to Cleveland to be with his sister.

Bobby also moved back and eventually lost his apartment and nearly his life after getting into trouble with dealers. “I was in treatment a few times but then got addicted to Xanax. I felt helpless and hopeless,” he says. In an act of absolute desperation, he decided to rob a bank for drug money, hoping either to be caught or killed. “I didn’t think they’d give me the money and let me leave,” he says. But that’s what happened. And so Bobby smoked up the drugs bought with the stolen money and then turned himself in to the Justice Center.

Thirty months later, and after nine months of sobriety, he asked to come to Y-Haven. “Sobriety gave me enough sense to know what got me to prison in the first place.” He credits group therapy with turning his life around. He turned the mirror on himself and really looked at who he is and why.

After pursuing career counseling and then community mental health counseling, Bobby decided to focus on working in a support capacity. He worked at several social service agencies. Then his dream job opened up at Y-Haven. Today, in his role as Y-Haven’s Educational and Vocational Specialist, he helps clients find educational and employment opportunities. He helps them to prepare for interviews, write resumes and use the computer to search for job opportunities.

“People come here come as their last stop,” says Bobby. “But you can actually see their hopes and dreams come alive as they progress through the program. They actually look different. What they learn here they take with them out the door.”

YOUTH HOMELESSNESS

NATIONAL ALLIANCE TO END HOMELESSNESS

By Nan Roman, President and CEO, and Samantha Batko, Director, Homelessness Research Institute

An estimated 530,000 unaccompanied youth under age 25 are homeless for a week or more each year. Of these, 380,000 are 18 or younger. If they are lucky, homeless youth get a shelter bed or sleep on a friend or family member's couch. If they are unlucky, they sleep on the streets, in cars, in abandoned buildings; they may ride public transit all night; or they may barter sex for a place to stay.

While most quickly return home, a smaller percentage of youth faces greater challenges and requires more support to reconnect with family or find another living arrangement. Approximately 52,000 youth under the age of 24 have more serious problems: they are disconnected from school and family, homeless repeatedly or for long periods of time, and/or suffering with a disabling condition. The population of homeless youth is sizable compared to the 1.5 million adults and children that are homeless every year.¹

There are a variety of reasons that so many youth become homeless. Housing affordability is a significant driver, although not as definitively as for homeless adults and families. Many young people become homeless when their families, unable to afford a place to live, split apart. Affordable housing can thus be cost-effective in allowing families to stay together and prevent foster care placement and youth homelessness.

Beyond causes related to housing, youth homelessness is often the result of family breakdown. Youth run away from home, are abandoned by their parents, or are rejected because of their sexual orientation. No matter what the appropriate housing intervention, family counseling and intervention are critical components of solutions to youth homelessness.

There are a number of distinct subpopulations of homeless youth. LGBTQ youth are over-represented. Youth who have aged out of foster care or "re-entered" from juvenile corrections and those from families with very young parents are at particular risk of homelessness.

Homelessness has serious consequences for young people. Unaccompanied homeless youth are at a higher risk for physical and



sexual assault, abuse, and physical illness. They suffer from anxiety disorders, depression, post-traumatic stress disorder, and risk of suicide because of increased exposure to violence. Homeless youth are highly vulnerable to sexual exploitation and trafficking, and they are more likely to become involved in prostitution, to abuse drugs, and to engage in dangerous and illegal behaviors.

Prevention of homelessness is particularly important for youth. The provision of affordable housing can help to prevent the family dissolution that can lead to youth homelessness. For youth who are exiting foster care or juvenile corrections, affordable housing is also a critical need, and programs such as the Family Unification Program help achieve stability while youth address the challenges of employment and self-sufficiency.

For youth who have become homeless, family intervention and counseling play a critical role, but housing is also important. They need stable, short-term housing linked to family counseling and intervention to ensure the homeless episode is as short as possible. For those with more serious disabilities and those who cannot return home, permanent supportive housing may be indicated, although the meaning of "permanent" is often different for youth than it is for adults. Youth may move frequently to be close to employment or support networks of family and friends. As such, non-project-based housing assistance may be a particularly useful tool when assisting this population.

Many young people under age 25 experience homelessness every year, but for most it is a short experience. Housing is an important component of the solution to youth homelessness, but it must be accompanied with developmentally appropriate services and a linkage back to family or to another caring adult.

The National Alliance to End Homelessness is a nonprofit, non-partisan, organization committed to preventing and ending homelessness in the United States. As a leading voice on the issue of homelessness, the Alliance analyzes policy and develops pragmatic, cost-effective policy solutions; works collaboratively with the public, private, and nonprofit sectors to build state and local capacity; and provides data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.

¹ Data on youth homelessness is imperfect at best. This information is from *An Emerging Framework for Ending Youth Homelessness* (2012), by the National Alliance to End Homelessness.

Greensboro Housing Authority

FAMILY UNIFICATION PROGRAM

According to the U.S. Department of Health and Human Services, over 25,000 youth between the ages of 18 and 21 left foster care in 2012. Housing stability is a key component in helping these youth successfully transition to adulthood and avoid homelessness. Through HUD's Family Unification Program (FUP), housing authorities and child welfare agencies partner to provide that stability, and the Greensboro Housing Authority (GHA) is among them.

Awarded 100 housing vouchers in 2010 through FUP, GHA quickly leased up the vouchers to families in need of rental assistance in Greensboro, North Carolina. FUP serves youth, ages 18 to 21, who have left foster care and who lack adequate housing. FUP vouchers used by youth are limited to 18 months of housing assistance. The program also serves families for whom the lack of adequate housing is a primary factor in the imminent placement of a child or children in out-of-home care or the delay of the unification of the family from out-of-home care.

"I see FUP as a permanent solution to a temporary problem," states Tina Gray, Vice President of Assisted Housing for GHA, "giving participants stability they never had."

Though administered by GHA, the program relies on the partnership between the state's Department of Social Services (DSS) and the Housing Authority to ensure that the vouchers go to eligible families and individuals, who also receive supportive services including money management skills, job preparation, educational counseling, and proper nutrition and meal preparation. This cooperative partnership is the key to the success of the program, which has served over 100 families since its inception. Among these are three young adults leaving foster care, whom GHA and DSS have helped to access stable and affordable housing.

"I see FUP as a permanent solution to a temporary problem...giving participants stability they never had."

– Tina Gray, Vice President of Assisted Housing for the Greensboro Housing Authority

Though the services for the youth have only been available since October 2010, one young man, Terrance, has shown how successful the program can be. After being part of the program for 18 months, Terrance is now self-sufficient with a full-time job due to his hard work and help through FUP.

Candace, the second youngest of seven children, was removed from her home at age two because of abuse and neglect. All six of her siblings were sent to live with family members, and Candace was placed in foster care. She bounced around from one foster home to another and can't remember how many homes she lived in while growing up. "Sometimes a worker from Department of Social Services would remove me because the foster parents didn't know what they were supposed to do, but sometimes it was because of me," states Candace.

At age ten, Candace began running away from her foster homes. "I had issues of trust, and I wanted to go home—I didn't understand." As she grew, life became more complicated as healthy relationships were hard to find. Candace dropped out of high school with only seven credits left for graduation. Though she tried returning to school at age 19, she felt uncomfortable because she was older than the other students and felt she didn't fit in.

Candace left the foster care program at 18 but remained connected to her DSS case worker. When funds became available through GHA's FUP to assist with her \$425 per month rent, Candace was referred to GHA to complete the paperwork, attend orientation, and become a part of the program.

Now 20-years-old and mother of a six-month-old, Candace loves going to church, singing, going to the park and seeing animals; things she shares with her daughter. "Without this program, I would be struggling. I'm not sure where my daughter and I would be." FUP has created stability for both of them. "The program helps me provide for my daughter and give her a better home than I had. I'm an overprotective mother and concerned for my daughter's well-being and safety. I want to make things better for her." Candace describes herself as independent, responsible, and a good mother. "Life experiences have made me stronger. I am very happy," she says.

Candace is currently looking to earn her GED and become self-sufficient. From there she plans to pursue her dreams of becoming a pediatrician or registered nurse. "My aunt is a pediatrician and has been my role model. I would like to help people just like she does."



Candace and her daughter

Improving Health and Stability

Health and housing stability are closely linked, with the quality and presence of each affecting the other. Poor health and disabling conditions can be precursors to homelessness. Medical events that lead to an inability to work, to personal bankruptcy, and to foreclosure can in turn lead to homelessness, as the affected individual can no longer afford to pay for housing.

At the same time, the experience of homelessness exacerbates existing health conditions and leaves people at risk of developing new ones. People experiencing homelessness struggle to manage chronic diseases such as diabetes, hypertension, or asthma, and they have difficulty healing from more acute conditions, such as infections or injuries. Living on the street or in shelters, individuals experience emotional trauma and may become victims of violence. With inadequate hygiene due to their living situation, they may contract communicable diseases. Though ever present, these challenges and risks grow more serious the longer that a person is without stable housing. Mental health concerns, which affect a significant percentage of those experiencing long-term homelessness, can also increase the risk of developing physical health conditions, as they may cause people to neglect taking proper care of themselves.

In trying to address their health concerns, individuals experiencing homelessness may repeatedly and excessively use hospital emergency departments and inpatient services as their primary source of medical care. As patients are discharged back to the street or to a shelter, without the stability needed to follow through on a treatment plan, their outcomes remain poor.

Evidence indicates that permanent housing integrated with health care—both physical and behavioral—serves as an effective alternative intervention for homeless persons with serious medical conditions. Integrating support services such as case management also helps. For example, the Chicago Housing

for Health Partnership, an 18-month randomized control trial, showed that providing housing and case management to adults with chronic illness who are experiencing homelessness creates housing and health stability and reduces the need for hospital care.

Since 2007, the number of permanent supportive housing beds in the United States has increased by 46 percent, or nearly 90,000 beds. These beds help ensure that their occupants have the stability they need to focus attention on managing their health and following medical treatment advice and instructions. In communities across the nation, housing authorities have provided subsidies essential to the development of permanent supportive housing for the most vulnerable members of their communities. They have helped to reduce chronic homelessness by more than 19 percent and to increase the quality of life for thousands of people.

CHRONIC HOMELESSNESS

CSH

By Deborah De Santis, President and CEO

For over twenty years, CSH has been providing housing solutions to communities across the country to meet the needs of the most vulnerable—with a significant focus on the chronically homeless. We have learned that housing coupled with services is the key to keeping individuals and families with disabilities and long histories of homelessness safe and stably housed, and improving their lives.

Seventeen percent of people who are homeless are experiencing chronic homelessness. An individual or family experiencing chronic homelessness typically has been homeless for more than one year or had multiple episodes of homelessness. Usually they also have one or more diagnosable disabilities such as a serious mental illness, substance use disorder, or a chronic physical health condition. The mortality rate for chronically homeless individuals is four to nine times higher than for the general population. Due to their intense needs, such persons or families often consume a disparate share of the resources in a given community. Many come to be “frequent users” or “high utilizers” of public services—facing the double jeopardy of having complex health and behavioral health problems but having no coordinated systems of care. This dynamic—coupled with a lack of stable housing—forces them through a revolving door of multiple, costly crisis and institutional settings such as emergency rooms, inpatient care, detox facilities, long-term care facilities, and correctional facilities.

These individuals’ personal crises become public crises as their frequent and persistent encounters with public systems drive up public spending (in such areas as Medicaid, corrections, and homeless services) and contribute to overcrowded jails and overburdened emergency departments. Moreover, these increased expenses do not result in positive health, housing, or community safety outcomes. The clear alternative is a more appropriate, more humane, and less expensive approach to integrated care that includes housing.

Supportive housing, affordable housing combined with services that help people who face the most complex challenges to live with stability, autonomy, and dignity, is thus an effective solution for ending chronic homelessness. It can be particularly cost-effective when made available to people who otherwise spend multiple nights in expensive public institutions such as hospitals and jails. Increasingly sophisticated data collection systems and analyses provide new opportunities to identify frequent users of healthcare, correctional, and emergency systems; show the ripple effect of avoidable public service use across systems; and target interventions to those most in need and most likely to benefit. Further, a growing body of research has demonstrated that targeted interventions employing cross-system strategies—including care coordination and housing—can interrupt patterns of repeated rounds of institutional and emergency care, thereby improving individual lives and

making better use of limited public resources. Supportive housing is a proven solution to the costly and tragic problem of chronic homelessness. Collectively, by increasing access to supportive housing, we are having an impact. According to HUD’s 2012 Point-in-Time count, the number of persons experiencing long-term or chronic homelessness has declined 6.8 percent (or 7,254 persons) from 2011 and 19.3 percent (or 23,939 persons) since 2007. Housing authorities have played a critical role in this success, providing much needed rental assistance, prioritizing chronically homeless people in their administrative plans, project-basing vouchers for supportive housing, partnering with community behavioral clinics, and so much more.

Housing authorities face significant challenges to playing such a role in ending chronic homelessness, including limited resources. Though supportive housing produces cost savings, it is difficult to harness those savings when they are accruing to another public system. Because policymakers seeking to reduce the cost of caring for complex beneficiaries of any one of these systems do not control the policies that ultimately affect spending for all systems, comprehensive solutions require broad-based approaches that consider the full range of public services. This requires leadership, vision, and coordination, from housing authorities and from their partners.

The resulting strong partnerships between housing authorities, local Continuums of Care, and supportive housing providers across the country are clearly producing results and improving lives. In the summer of 2013, CSH signed a Memorandum of Understanding with CLPHA to partner on even more efforts to create supportive housing opportunities for the chronically homeless and other extremely vulnerable populations. Together with its members, CLPHA and CSH are expanding our collective impact, engaging more housing authorities, providing the tools and knowledge to create supportive housing, and developing strategic partnerships. Supportive housing providers are looking for vouchers, for development partners, for project-based rental assistance, and for easier access and lower barriers to existing housing authority-controlled units. Housing authorities are looking for good relationships with landlords, high utilization rates, and competitive advantages when applying for grants or other forms of capital. Thus, when housing authorities and supportive housing providers collaborate, it is a win-win situation.

Even under adverse conditions, CLPHA members and other housing authorities around the country are helping to lead the way to ending chronic homelessness, providing critical rental assistance but also playing many other key roles in efforts to provide more supportive housing opportunities to the most vulnerable people in our communities. With this leadership, chronic homelessness will continue to decline, until it is ultimately ended.



CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners

to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

San Diego Housing Commission

HOME AGAIN, PROJECT 25

The San Diego Housing Commission (SDHC) made a commitment to find solutions toward ending homelessness in the City of San Diego through innovation and partnerships. Both were used to launch the United Way of San Diego County's (United Way) Home Again, Project 25 (Project 25) campaign targeting 25 homeless individuals who had become the most frequent users of public services.

On July 1, 2010, SDHC became one of the first housing agencies in the nation to receive HUD approval to use federal Sponsor-Based Vouchers to provide long-term housing for chronically homeless individuals. When the United Way approached SDHC in December 2010, seeking help to address the problem of chronic homelessness through Project 25, SDHC was in a position to step in.

With its MTW designation, SDHC has the flexibility to test innovative programs for local housing needs. For Project 25, SDHC awarded Sponsor-Based Vouchers to St. Vincent de Paul Village, a local homeless rehabilitation agency that manages the program for the United Way, to place 25 homeless San Diegans into long-term housing.

"These federal housing vouchers have become an essential component in the success of this program and the significant savings it has meant for public services and safety," says SDHC President and CEO Richard C. Gentry. "These vouchers are making a profound difference for people who are struggling not just to get their lives in order, but to get a roof over their heads as well."

A three-year pilot program launched in January 2011, Project 25 focuses on adult men and women who account for some of the costliest demands on medical, law enforcement, and emergency services, frequently stemming from mental health or substance abuse issues. The campaign begins by providing them with a place to call home. Then, it builds on this critical component by providing participants access to mental and physical health services, substance abuse counseling, and other supportive resources needed to stabilize their lives.

St. Vincent de Paul Village, working off a list of the highest users of public services referred to them by hospitals and law enforcement, issues the vouchers in the individuals' names after SDHC confirms their eligibility. There's a waiting list for future participants. The County of San Diego awarded an additional 10 housing subsidies to the program, bringing to 35 the total number of participants in Project 25.

"The progress we are seeing with Project 25 is the direct result of the growing collaboration between the County of San Diego, the City of San Diego, the San Diego Housing Commission and the other partners we have, including St. Vincent de Paul and the United Way," says County Supervisor Greg Cox, Chairman of the San Diego County Board of Supervisors.

Additional partners include: Alpha Project, County of San Diego District Attorney, County of San Diego Health & Human Services Agency, Family Health Centers of San Diego, San Diego County Sheriff's Office, San Diego Medical Services Enterprise, San Diego Police Department, San Diego Rescue Mission, and UC San Diego Medical Center.

"These vouchers are making a profound difference for people who are struggling not just to get their lives in order, but to get a roof over their heads as well."

– Richard C. Gentry, President and CEO of the San Diego Housing Commission

In April 2012, Project 25 announced preliminary results of the program:

- Emergency room visits down 77 percent
- Ambulance transports down 72 percent
- In-patient medical stays down 73 percent
- Arrests down 69 percent
- Jail days down 43 percent

In April 2013, Project 25 updated the cost savings the program has provided. According to St. Vincent de Paul Village, the 35 people whom Project 25 has helped cost the community \$4.2 million in 2010. In 2012, the cost to the community was \$2 million. Including the operating cost, the program has saved the City more than \$1.4 million.



James, at his downtown San Diego apartment

The idea that “home is where you hang your hat” is no cliché for James, 48, an Army veteran who was homeless for almost 15 years before one of SDHC’s Sponsor-Based Vouchers through Project 25 helped him get an apartment.

The hallway of his apartment in downtown San Diego is lined with more than 30 baseball caps—the San Diego Padres, NASCAR’s Kyle Busch, Tapout, and “President Obama at Barnard Commencement,” among others. “I change my hats like the weather,” James says. Collecting them “is like a little hobby, it gives me something to do.”

James is now in recovery from alcoholism. His homelessness previously was a costly drain on public resources: 54 ambulance rides, 51 emergency room visits, and 34 jail days just in 2010. Then St. Vincent de Paul Village chose James for Project 25 from a list of the highest users of public services.

James says his apartment provides him with stability and a sense of purpose. “I feel like somebody again.” Off the streets, he returned to his love of cooking. He has a closet for his shirts and a place to iron them. He cleans obsessively.

He keeps a regular schedule of appointments with doctors, a case management worker, and a life skills coach. He attends Alcoholics Anonymous. With the emergency room visits and jail time behind him, James feels like he is on his way back up. “I’m advancing. I’m not taking steps backward. It’s been tremendous, the difference. And I can’t believe this myself.”

Oakland Housing Authority

SPONSOR-BASED HOUSING ASSISTANCE PROGRAM

In 2010, the Oakland Housing Authority (OHA) used its MTW designation to create a local Sponsor-Based Housing Assistance Program (SBHAP) to serve low-income clients who otherwise might not qualify or be successful in the traditional Public Housing and Section 8 programs. This initiative aims to assist a population of hard-to-house clients with special needs by leveraging additional funding and program expertise in the community.

In order to meet these goals, OHA established the Oakland PATH Rehousing Initiative (OPRI) through a partnership with the City of Oakland's Department of Human Services (DHS) and the City's Permanent Access to Housing Strategy (PATH) to end homelessness. As part of the agreement with the City, OHA allocates up to \$1,500,000 per year for rental housing assistance through OPRI providers to between 125 and 144 households who are also receiving services from providers working under contract with DHS.

Those served under the SBHAP agreement come from homeless encampments or are exiting the criminal justice system, including re-entering youth. Program eligibility was streamlined to best meet the needs of the target populations while maintaining program integrity. Households receiving assistance through the program pay no more than 30 percent of their income towards rent and must meet the same income limits as the Section 8 program.

OHA funding through SBHAP covers the direct housing subsidy costs, security deposits, monthly utility payments, repairs and cleaning, vacancy losses on master leased units, and housing locator assistance. Providers work under contract with the City of Oakland and are entitled to a 10 percent administrative fee. All funds received by the City under OPRI are passed through to the providers. The City does not receive any direct funding for the program and is not authorized to charge the Housing Authority for any costs associated with the administration of this agreement.

The City currently leverages social services funding of \$1,600,000 with OHA funds to administer the program using four providers. Abode Housing provides housing placement assistance to up to 124 adults in the program. The ongoing services for the homeless individuals coming from the encampments are provided by Lifelong Medical. Additionally, housing placement and ongoing services for youth coming out of the criminal justice system are provided by First Place Fund for Youth, while services for the adult re-entry population are provided by Volunteers of America.

As of May 31, 2013, 139 individuals were receiving housing assistance through the program, and 74 of them came from homeless encampments. The remaining 42 had recently exited the criminal justice system, including 23 youth. Since its inception, the program has assisted over 200 people: 116 individuals who were residing in an encampment, 20 of whom have a serious mental illness; and 53 re-entry individuals. Thus far, 95 percent of all persons who obtain housing through the program remain housed for more than six months, and 85 percent for more than a year.

"The first three years of our Sponsor-Based Housing Assistance Program and the OPRI partnership have demonstrated great success in connecting some of Oakland's most vulnerable and at-risk households to the housing and services they need to increase stability and self-sufficiency," says OHA Executive Director Eric Johnson. "However, federal funding cuts have caused a serious shortfall of available MTW funding, resulting in a current freeze on program enrollments. It is critical that Congress reverse this trend so that we can build on this promising start."

"The first three years of our Sponsor-Based Housing Assistance Program and the OPRI partnership have demonstrated great success in connecting some of Oakland's most vulnerable and at-risk households to the housing and services they need to increase stability and self-sufficiency."

– Eric Johnson, Executive Director of the Oakland Housing Authority

SENIOR HOMELESSNESS

LeadingAge

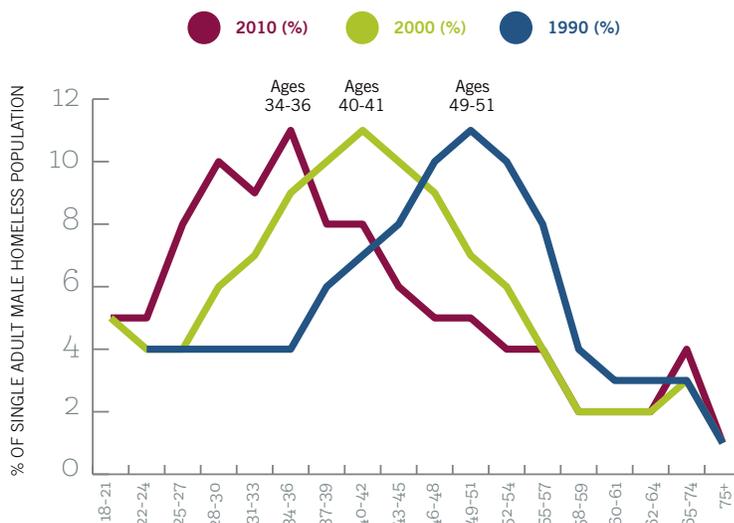
By Alisha Sanders, Managing Director, LeadingAge Center for Housing Plus Services

If you pass by a homeless shelter these days, you may notice that a large number of people coming or going from the shelter walk with canes, use a cart of some sort as a walker, or, frankly, just have a lot of wrinkles. This reflects what is happening in the homeless population across the nation; it's aging. While the general population is aging, the aging of the homeless population is actually a distinct phenomenon.

The median age of homeless single adults in 2010 was about 50, up from 35 in 1990. In 2011, over a quarter of individuals in shelters were age 51 and above. According to researcher Thomas Byrne and his colleagues, the aging of the homeless population is the result of a cohort effect. Persons born during the latter half of the baby boom era (i.e., 1955-1965) have consistently remained at the highest risk for homelessness as they have aged. The chart below shows how this segment of the homeless population is like a wave moving through time.

Because of this cohort effect, the homeless population is expected to continue aging. Byrne and colleagues predict that by 2025, the largest proportion of the single adult homeless population will be between the ages of 65 and 74.

In the context of homelessness, we label individuals as "elderly" starting at age 50 because living on the street prematurely ages people. Although chronologically younger, they develop chronic illnesses and geriatric conditions that rival those ages 65 and above. Chronic illnesses are things that persist for extended periods, like arthritis, diabetes and heart disease. Geriatric conditions include things such as functional impairment, cognitive impairment, hearing or visual impairment and urinary incontinence.



Combine the lack of stable housing with high levels of chronic disease and geriatric syndromes, and homeless elderly adults use health resources at a very high rate. For example, researchers have found that homeless adults age 50 and over use the emergency department at a rate nearly four times that of the broader population.

Although the reasons are often complex, studies suggest there are two primary pathways into elder homelessness. Some individual have been chronically homeless over many years, experiencing challenges such as mental illness, substance abuse, imprisonment and other instabilities. This is partially what is playing out in that cohort effect. Others are simply financially vulnerable. They may be living on a small fixed income, lose a job, not able to find affordable housing, have a precarious social support network, develop a debilitating illness without access to health insurance or, likely, experience a combination of many of these challenges.

Together, the shifting age of the homeless population and the premature aging of homeless adults have implications for serving this population, both in temporary shelter and permanent housing environments. Providers will need to consider a broad array of supportive services. In addition, to mental health and substance abuse services, providers will need to consider physical health services and resources to help individuals manage their chronic illnesses.

Coping with functional limitations is challenging enough without staying in a traditional shelter or on the street. Although all populations deserve to be housed, there should be a focus on rapid rehousing or permanent supportive housing for the elderly homeless population. As the population ages, many begin to become eligible for elderly-designated subsidized housing and other age-related programs. This opens new partnership potential between providers and opportunities to assist this vulnerable population.



To expand the world of possibilities for aging, LeadingAge members and affiliates touch the lives of 4 million individuals, families, employees and volunteers every day. The LeadingAge community includes 6,000 not-for-profit organizations in the United States, 39 state partners, hundreds of businesses, research partners, consumer organizations, foundations and a broad global network of aging services organizations that reach over 30 countries. The work of LeadingAge is focused on advocacy, education, and applied research. We promote home health, hospice, community-based services, senior housing, assisted living residences, continuing care communities, nursing homes as well as technology solutions and person-centered practices that support the overall health and wellbeing of seniors, children, and those with special needs.

Source: Culhane, D.P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy*. Online version ahead of print publication.

Housing Authority of the City of Los Angeles

PERMANENT SUPPORTIVE HOUSING PROGRAM

Los Angeles is known as the homeless capital of the country. To shed the city of this title, the Housing Authority of the City of Los Angeles (HACLA) has been collaborating with public and private partners to address the problem. The agency is playing a key role in an unprecedented effort to tackle chronic homelessness through the Permanent Supportive Housing Program (PSHP). To date, HACLA has committed over 2,500 Section 8 Project-Based Vouchers for homeless and chronically homeless individuals and families to this effort.

Permanent supportive housing combines affordable housing with comprehensive services such as mental health treatment, substance abuse prevention, employment opportunities, and life skills training. Studies in Los Angeles show that placing someone in permanent supportive housing is 40 percent less costly than leaving them on the streets, where they utilize a variety of public resources.

“Los Angeles has the largest homeless population in the United States. Those of us tasked with providing housing cannot ignore this fact. The Housing First model provides the stability that this population needs in order for them to receive proper treatment. Some of these individuals have been living on the streets for twenty, thirty years. Los Angeles’ Permanent Supportive Housing Program demonstrates that there is a solution, and I am pleased that HACLA can provide critical resources toward this effort,” says Douglas Guthrie, President and CEO of HACLA.

Seniors are one of the target populations assisted through the PSHP. While the elderly are assisted in projects across HACLA’s portfolio, several projects specially target this group. Among them is Parkview on the Park. Developed by Los Angeles Housing Partnership, Parkview on the Park is a transit-oriented community of affordable housing for seniors that features 79 fully-furnished efficiency units and approximately 8,000 square feet of on-site social service and community space.

In response to overwhelming need, 50 percent of the units at Parkview are set aside for the homeless and chronically homeless senior population in Los Angeles, including veterans, seniors at risk of being homeless, and seniors that are formerly homeless. To aid tenants in need of permanent supportive services, the building facilitates full-time, on-site and off-site mental health and homeless case management services, provided by partner agencies such as Affordable Living for the Aging (ALA).

Studies in Los Angeles show that placing someone in permanent supportive housing is 40 percent less costly than leaving them on the streets, where they utilize a variety of public resources.

In order to best target PSHP resources such as the units at Parkview on the Park, HACLA is participating in United Way of Greater Los Angeles’ Home for Good (HFG) effort, a five-year plan to end chronic and veteran homelessness in Los Angeles County by 2016. HFG has focused public agencies, community based organizations, businesses, and foundations on establishing a regional coordinated system to serve the most vulnerable by leveraging the resources of all the partners.

In March 2013, HACLA was among the core group of HFG partners that launched the Skid Row Coordinated Entry System (CES) Pilot—a single, accessible system that enables all local homeless service organizations to identify the homeless in a community by name, assess their vulnerability, and prioritize them for housing using a methodology that ensures the most vulnerable are housed first, then links them with the next available appropriate housing resource. The team streamlined the information and data required into a single document called the Rapid Universal Supportive Housing (RUSH) application and used it to house 37 of Skid Row’s most vulnerable, several in as soon as one day. The next step is to implement the CES in other parts of the County.

Collaboration with these partners, who share the agency’s vision and have committed resources, will enable HACLA to use the PSHP to house the most vulnerable members of the community in the most efficient way possible.



“This place enabled me to grow as a person, not just grow old and die.”

- Paul Davies, Parkview on the Park resident

For those who enter his immaculately-kept apartment and receive his warm hospitality, it is difficult to imagine that Paul Davies, 67, has lived such a tough life—most of it homeless. He grew up in San Diego with an alcoholic mother who beat Paul while her boyfriend held him down. “She told me that I had ruined her life,” he recalls. “A child questions his reality after a while. You are damaged, and you never really learn how to function in life.” The constant abuse led him to develop a stutter at the age of seven.

At age 16, he ran away. He was unable to hold down the job he found at a plastics plant due to flashbacks to his childhood. He was later hired by Aerospace to develop space locks for spacecraft, excelling in his work and contributing to Apollo 11’s landing on the moon. After being laid off, he took on odd jobs to get by, leading a carefree life and hitchhiking through several states.

When he tired of the hippie lifestyle, Paul enrolled in a junior college and eventually earned a Bachelor in Science. He met his wife and had twin girls, but things fell apart after his wife had a seizure and died. Paul’s girls were taken from him while he struggled to maintain a job and care for his daughters. He fell into depression and befriended cocaine.

Paul returned to California, where he became homeless. Declining health and lack of resources thwarted attempts to pull his life together, and he had no luck seeking housing through different social service providers. Paul was exhausted and losing hope when he was introduced to St. Barnabas Senior Center, where he was able to get a voucher for Parkview on the Park. “I couldn’t sleep the first night, I was afraid of something. When dawn came, I figured it out. I wanted to touch everything to make sure it wasn’t a dream. I jumped up and looked around and said, ‘Is this real?’” Paul recalls. “This place enabled me to grow as a person, not just grow old and die.”



Nick Sidebottom, a Parkview on the Park resident who was homeless before being housed through HACLA’s PSHP

Marin Housing Authority

SHELTER PLUS CARE PROGRAM

Marin County, California, known for its beauty and affluence, has one of the highest per capita incomes in the nation. It also has a significant wealth disparity that is challenging for the poorest citizens, including the mentally ill homeless. Affordable housing is a challenge for the wealthy county in general, and it is even more of a pronounced issue for those with mental illness. While the Fair Market Rent (FMR) for a two-bedroom unit is \$1,795 per month, many households on Supplemental Security Income (SSI) receive roughly \$866 and those on General Assistance receive roughly \$387 monthly.

Since 1994, Marin Housing Authority (Marin Housing) has partnered closely with the County of Marin Mental Health and Substance Use Services (MHSUS) Department to provide permanent supportive housing to homeless individuals and families with severe and persistent mental illness, 70 percent of whom have co-occurring substance use issues. Marin Housing's program combines HUD-funded tenant-based Shelter Plus Care (S+C) Program rental subsidies with in-house wrap-around intensive case management.

MHSUS approached the Housing Authority with operating funds to hire mental health and housing search case managers, along with a clinical supervisor, and access to the County's psychiatrist and mental health nurse practitioner. The intention was to help the mentally ill homeless not only obtain permanent housing through the S+C Program but also maintain the housing and avoid costly recidivism, hospitalizations, and incarceration. The program has expanded to include a team of Peer Advocates through Community Action Marin—the County's largest private social services agency, which, among other work, hires and provides job coaching to employees with mental illness.

What makes the Marin Housing's program unique from other S+C programs around the country is that the entire team, including the case managers, clinical supervisor, Peer Advocates, and the Housing Eligibility Specialist, sits together under one roof, cutting through the bureaucratic red tape. "Having a case management team within the Housing Authority organization has really streamlined the housing lease-up process for both the tenant and landlord. Landlords are more willing to accept a tenant with poor credit and no recent rental history because they know they can get help if there is a tenancy issue," states June Miyake, Director of Supportive Housing.

During the last reporting period, 95 percent of the households in Marin Housing's S+C Program retained housing for six months or longer, while 55 percent have been successfully housed for over five years. Of those who left during the reporting period, 90 percent had been housed for over six months. Some of the households who exited the program left because they received Section 8 vouchers and chose that program, creating opportunities for the Housing Authority to take in more homeless households through the S+C Program.

During the last reporting period, 95 percent of the households in Marin Housing's S+C Program retained housing for six months or longer, while 55 percent have been successfully housed for over five years.



Tiar and Randy, S+C participants enjoying the annual client picnic



Reed, a longtime S+C Peer Advocate, with Advocate Program supervisor Eileen

“Most of our clients are severely and persistently mentally ill and have been on the streets for years with little to no services. Sometimes it takes a few tries before they feel safe accepting wrap-around services.”

– Mimi Griffin,
S+C case manager
at Marin Housing

Bethany Powell, a S+C participant since 2002, states that the wrap-around intensive case management services for herself and two children kept her stable. Bethany was born to drug-addicted parents and suffered major early childhood trauma, resulting in post-traumatic stress disorder (PTSD), bipolar disorder, and major depression. As a young adult with two small children, she faced multiple obstacles including her own addiction to drugs, incarceration, and domestic violence. She ended up in a homeless shelter and eventually found herself in the S+C Program. Shortly after entering the Program, despite having a roof over her head, Bethany ended up relapsing, going to jail, losing custody of her kids, and losing her housing. After completing a residential treatment program for drug addiction, she was able to come back into the S+C Program. This time, she accepted the wrap-around support from the Shelter Plus Care Team and has remained sober, regained a positive relationship with her children, and has been successfully housed for over eight years.

Bethany's longtime S+C case manager, Mimi Griffin, states that Bethany's relapse and her nonlinear path to sobriety and housing stability is not unique. “Most of our clients are severely and persistently mentally ill and have been on the streets for years with little to no services. Sometimes it takes a few tries before they feel safe accepting wrap-around services. Living on the streets makes you hyper vigilant out there and distrusting of everyone.” Bethany says that the S+C Program provided her a safe place to be in order to stabilize her life. “I had to take a lot of side swings along the way, but I always made it back on track,” she states. Bethany is currently an active member of the Marin Housing's Shelter Plus Care Advisory Board and provides valuable insight and experience for setting policies and procedures.

Retooling the Homeless Crisis Response System

For decades, the homeless crisis response system has taken a linear form: street outreach to emergency shelter to transitional housing to permanent housing. People experiencing homelessness have progressed through the four levels of care as they have been deemed “ready.” For example, sobriety has been required for admission to shelters, and treatment compliance has been expected for admission to transitional housing. In the past decade, many communities have replaced this “housing ready” model with the Housing First approach, focused on preventing homelessness and rapidly returning people experiencing homelessness to housing. As communities make this shift, they are reassessing the ways that they use their resources.

Housing authorities, too, are adopting new priorities and taking on new roles. But retooling the crisis response system involves more than just adopting best practices of increased investments in permanent supportive housing and rapid rehousing for families. It means ensuring that all program administration is efficient and effective in helping people experiencing homelessness to achieve the outcome of permanent housing quickly and successfully. This requires consideration of potential barriers that people experiencing homelessness might face, whether in admissions, application processing, the housing search process, or any other point leading to securing housing. It entails adapting protocols and streamlining procedures to eliminate such barriers. In order to address the needs of those experiencing homelessness, housing authorities are transforming the ways that they do business.

Home Forward

SHORT-TERM RENT ASSISTANCE PROGRAM

“Housing is the key to everything. Because you can’t do anything until you have a place to live. It’s the foundation for everything.”

— Jenny Child, case manager at Independence Northwest

Designed to respond quickly when homelessness threatens an individual or family, Home Forward’s Short-Term Rent Assistance (STRA) program provides housing subsidies for up to two years to households experiencing or at risk of homelessness. STRA was created in 2006 to unify the short term rental assistance programs that were previously operated separately by Multnomah County, the cities of Portland and Gresham, and Home Forward. Now the four jurisdictions pool their money for the program, which is administered by Home Forward.

Funds are contracted to local agencies, which also are required to provide services to help families stabilize. In 2013, 18 non-profits and public agencies distributed \$4 million in rental assistance to the homeless and near-homeless. To participate in the program, households must have incomes at or below 50 percent of the annual area median income, which was \$34,700 for a family of four in 2012. Those who qualify are eligible for emergency hotel vouchers, rapid rehousing, and eviction prevention assistance.

The housing, in turn, provides stability and allows clients to get daycare, find jobs, and go to school. “Housing is the key to everything,” says Jenny Child, a case manager for service provider Independence Northwest who estimates that nearly two dozen of her clients have received rental assistance from the program. “Because you can’t do anything until you have a place to live. It’s the foundation for everything.”

The program’s goal is to ensure that at least 70 percent of families retain their housing for a year after their subsidy ends. From July 2006 through December 2011, 6,480 households received rent assistance for an average of three months. In 2013, 76 percent of participants were still housed 12 months after their assistance ended.

Local housing officials say the program has dramatically changed the way short term rental assistance is provided in the Portland area. Because STRA is administered by a single entity, instead of four, the distribution of funds is more efficient. Administrative costs have dropped significantly. And the agencies that provide assistance now have uniform goals, eligibility rules, and data collection requirements.

“Rent assistance is a flexible tool that can be used to tailor support for clients,” says Steve Rudman, Executive Director of Home Forward. “When we combine it with wrap-around services, families can stabilize much more quickly. And we end up spending less on rental assistance than in traditional programs.”

Short-term assistance won’t work for everyone. But focusing scarce resources on short-term subsidies, paired with services, provides help for more households over the long term. “When we opened up the Section 8 waiting list for the first time in years, we got 21,000 applications in the first week,” Rudman says. “We can maybe assist 3,000 in the next five years.” Through STRA, Home Forward and its partners can likely help another 6,500 households. Rudman acknowledges that STRA doesn’t offer permanent affordability. But given the reality of limited resources, he believes that housing stability is an equally important metric.



In August 2012, after his second layoff, Andre Nabors didn't have a job or enough money to pay the rent. But, with guidance from Self Enhancement Inc., he was buoyed by Home Forward's STRA program, which paid for his apartment while he looked for a new job. Andre, a 53-year-old father of two sons, is now a bus driver with good pay and benefits. The rent assistance program gave him time to find work without worrying about whether he would be evicted. It also allowed him to remain a part of his community. "I'm still with my neighbors," Andre says. "I'm still part of that building. We're a little tight-knit apartment complex."

In 2011, Jasmine¹ escaped her abusive husband with an infant, a toddler, and no safety net. She spoke limited English and had no family for support. "I was alone," she says, "without a job and with two daughters." But Jasmine was fortunate. When she sought help at Catholic Charities, the agency helped pay her rent for five months through Home Forward's STRA program. This allowed her to use her limited resources to pay for childcare and monthly bills while she secured stable employment, started community college, and, ultimately, turned her life around.

"What the rent assistance enabled me to do, it created space for me to organize my life for myself and my children," she says. Jasmine and her daughters, who are now 4 and 2, didn't require a long-term rent subsidy. By June 2012, she had a job and began to focus on career opportunities. She studied math and college-level English and hopes to learn more about accounting. Jasmine and her daughters live in a two-bedroom apartment in Gresham, east of Portland.

Now she tells her friends about the STRA program. She knows, first-hand, the difference it can make. "This help is very important for those of us who truly need it. It's saved many of us."

STRA INDIVIDUALS AND HOUSEHOLDS SERVED BY YEAR

YEAR	INDIVIDUALS	HOUSEHOLDS	HOUSING RETENTION All STRA 12-Months Post-Assistance
2008-2009 Full Year Total	3,911	1,715	78%
2009-2010 Full Year Total	5,605	2,299	74%
2010-2011 Full Year Total	5,728	2,365	73%
2011-2012 Full Year Total	5,787	2,416	78%
2012-2013 Full Year Total	6,666	2,655	76%

¹ Because she is a survivor of domestic violence, Jasmine is a pseudonym.

Oklahoma City Housing Authority

100,000 HOMES OKC

OCHA rigorously trained its team members on completing required paperwork so that, now, a 100,000 Homes OKC client can go to the Housing Authority with their case manager in the morning and walk out with a voucher in time to grab lunch.

In August 2012, the Oklahoma City Housing Authority (OCHA) joined a group of homeless service providers participating in a week-long boot camp in Kansas City to learn about the national 100,000 Homes Campaign. This national movement encourages the use of the Housing First model to move chronically homeless, medically vulnerable, unsheltered people directly into housing without preconditions. The Oklahoma City contingent included a major charitable foundation, as well as representatives from municipal government, a mental health and substance abuse provider, a homeless services provider, and the local Veterans Administration.

Oklahoma City spends \$28 million annually on homelessness and the chronically homeless—almost all of which are incurred by nontraditional providers, such as the police, fire department, ambulance service, local hospitals and their emergency departments, and the county jail. Other communities that have implemented Housing First have drastically reduced their cost of chronic homelessness, some by as much as 70 percent.

The most critical step to implementing the 100,000 Homes program in a community is lining up the supply of housing and services. This was where OCHA's leadership proved critical. Oklahoma City's team of 35 government, faith-based, and non-profit agencies—collectively 100,000 Homes OKC—would provide the services the homeless would need to sustain housing, but for the program to work, a community has to be able to quickly take someone directly from the streets and put them into housing. OCHA pledged up to seven Housing Choice Vouchers per month from its turnover pool to the effort, and then the Housing Authority took the bold step of waiving all but the federally-mandated requirements to qualify for housing. Moreover, OCHA rigorously trained its team members on completing required paperwork so that, now, a 100,000 Homes OKC client can go to the Housing Authority with their case manager in the morning and walk out with a voucher in time to grab lunch.

Perhaps equally important to the success of the initiative was simply the “moral authority” that OCHA's participation brought to the initiative. “Prior to 100,000 Homes, no agency in Oklahoma City was using the Housing First model, and many traditional providers felt strongly that it was destined to fail. To have the Housing Authority willing to roll the dice on the program in the face of not insignificant opposition not only enabled us to start the program but was key to recruiting the team we have now,” says OCHA Executive Director Mark Gillett.

The team began housing people immediately following the homelessness surveys in January 2013. As of July 31, 2013, 100,000 Homes OKC has housed 151 chronically homeless, medically vulnerable, previously unsheltered people. This represents 48 percent of Oklahoma City's total chronic homeless population. Only two have fallen out of the program. While there aren't valid cost data after only six months, anecdotally, the Oklahoma City experience appears to mirror the national trend of drastically reducing the cost of homelessness.



Aubrey Sutton, housed by 100,000 Homes OKC



Randy, Janet, and their daughter Christa, housed by 100,000 Homes OKC

Jeff Dillard, 44, was one of the first chronically homeless people housed under the 100,000 Homes program in Oklahoma City. Like Boopsie, the dog he took in from the streets, Jeff bears scars from the past. He has a mark on his shaved head from a brain injury suffered in a construction accident in Phoenix years ago. He also has a scar from when another homeless man attacked him with a knife after Jeff refused to hand over his cigarettes.

Being in a home—and being connected to services—has helped him focus on the future. “I couldn’t have told you before what day or month it was because my mind was more on where am I going to be tonight, what’s going to happen tomorrow?” Jeff says. “I was drinking a lot and was getting in trouble. Every day that was on my agenda—I had to drink, get drunk to forget about the way my life was,” he recalls. “You won’t find any liquor in here.”

Since entering housing and receiving supportive services, Jeff has reconnected with his family. “My family didn’t even matter to me,” Jeff recalls. “They weren’t helping me out unless it was my birthday. Now I understand why.” The goal now is to prove to his mother that he can stay housed. “I was aggravated. Now I know I’m lucky to have what I have,” he remarks, before turning to Boopsie, “Lucky to have friends.”

“I couldn’t have told you before what day or month it was because my mind was on more where am I going to be tonight, what’s going to happen tomorrow?”

– Jeff Dillard, housed under the 100,000 Homes Campaign in Oklahoma City

VETERAN HOMELESSNESS

NATIONAL COALITION FOR HOMELESS VETERANS

By Baylee Crone, Vice President, Operations and Programs

On a single night in January 2012, 62,619 veterans were homeless. Homeless veterans represent 13 percent of the adult homeless population and are highly concentrated in urban areas of California, New York, Texas, and Florida. In 2009, President Obama committed his Administration to ending homelessness, with a focus on rapidly ending homelessness among veterans. The 2010 *Federal Strategic Plan to Prevent and End Homelessness* provided an outline for meeting this goal within five years. VA Secretary Shinseki has operationalized this plan, defining concrete strategies to end veteran homelessness by 2015.

Since 2009, the number of homeless veterans has declined by 17.2 percent. Efforts to strategically build up major homeless assistance programs, increase VA staffing to meet targeted needs, and improve local collaboration between service providers and government partners have contributed to this decline.

In a challenging fiscal climate, HUD, the VA, and the U.S. Department of Labor have maintained and expanded federal grant programs offering housing, supportive services, and employment assistance. The VA has hired staff members at nearly every VA Medical Center or Regional Office to support Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans, veterans with polytrauma, women veterans, and veterans in Grant and Per Diem (GPD) transitional or HUD-Veterans Affairs Supportive Housing (VASH) permanent supportive housing programs. National level data integration between HUD and the VA and local level coordinated planning initiatives mean that funding is better matched to local needs. These efforts continue to drive down homelessness numbers and are increasingly focused on the risk factors that precipitate homelessness for veterans.

Risk factors for veterans include those common among homeless populations, as well as those related more directly to military service. Experiences before entering the military and demographics can significantly impact the risk of homelessness for veterans. Childhood abuse, involvement with the foster care system, or other episodes of

trauma each increase the likelihood of experiencing homelessness later in life. Demographic factors, including being male, aged 40-64, and African American can also increase risk. Mental health diagnoses impact risk level; these include diagnosed schizophrenia, bipolar disorder, personality disorders, and alcohol or drug use disorders. These factors can contribute to but do not fully predict homelessness, especially for special needs subsets within the homeless and at-risk veteran population.

A subset of the veteran population with a complicated but critically important risk profile is aging low-income veterans. Americans over 50 experience more rapid increases in homelessness than any other age bracket. From 2002 to 2008, the percentage of homeless veterans in the 45-60 age bracket increased at a faster rate than this same age group within the overall veteran population, showing that as veterans age, increased numbers of them experience homelessness. This trend is expected to continue, with the largest subset of homeless veterans predicted to be the 70-74 age bracket by 2020. The service providers assisting these veterans must address barriers related to homelessness as well as aging. For aging veterans, loss of a loved one and atrophied social support networks increase risk, especially for those who are low-income and have dementia, depression, cardiovascular disease, obesity, or diabetes.

OIF/OEF veterans represent a second distinct subset of veterans who are experiencing or are at risk of homelessness. A diagnosis of bipolar disorder, depression, or schizophrenia among this population increases homelessness risk by up to three times. Many are living in urban areas and have low incomes, which increases risk. This group of veterans, especially the 18-24 and 25-29 age cohorts, experience high and fluctuating unemployment that fosters income instability.

A third special needs subset, women veterans, are three times more likely than women non-veterans to experience homelessness. This population may come from a larger group of unstably housed women veterans who more frequently enter and exit homelessness. Certain factors can contribute to homelessness for this group, including unemployment; poor health; trauma; and diagnosed anxiety, depression, or other disabling conditions. For those with military sexual trauma (MST), including the 53 percent of homeless women veterans who report experiencing this trauma during their service, preventing homelessness and providing a pathway out of homelessness requires targeted treatment planning and trauma-informed care services.

Veterans of all ages and backgrounds have dedicated themselves to the protection of our safety and freedoms. It is imperative that we serve those who served by working to end and prevent veteran homelessness.

The National Coalition for Homeless Veterans (NCHV) is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless veterans each year.



District of Columbia Housing Authority

VASH PLUS

In just one day, the District of Columbia Housing Authority (DCHA) can find an eligible, homeless veteran a safe and comfortable place to call home—making it an award-winning national model that is studied by other housing authorities throughout the country.

The HUD-Veterans Affairs Supportive Housing (VASH) program combines Housing Choice Voucher (HCV) rental assistance with case management and clinical services provided by the VA at VA Medical Centers (VAMCs) and community-based outreach clinics. Homeless veterans in DC are screened by the VA and then referred to DCHA.

When the program was established in 2008, it could take up to six months from the point a homeless veteran was identified by the VA to the point where the veteran was able to secure a suitable dwelling utilizing their voucher. “We found many of the veterans were having trouble completing the required VASH paperwork,” says Ronald M. McCoy, Director of DCHA’s Housing Choice Voucher program. “We found they were not attending eligibility meetings and orientation briefings, and once a VASH voucher was issued, the veterans could not locate adequate housing on their own prior to their voucher time expiring.”

In response, DCHA partnered with other local agencies and community organizations to develop VASH Plus, a rapid VASH housing model that has dramatically reduced client wait time from application to voucher-issuance. Key to this success has been strategic collaboration and the effective use of technology and communication.

McCoy and his colleagues examined the VASH process and found ways to reduce administrative time, as well as ways to bring housing options to veterans instead of leaving them to find suitable housing on their own.

DCHA cross-trained the DC Department of Human Services (DHS) on applicant documentation processes, helping veterans to complete their paperwork prior to meeting with housing officials. DHS works in coordination with the VAMC to customize the delivery and scope of clinical and case management services, allowing both the ability to refer clients to DCHA’s VASH program.

The Housing Authority also partnered with the Community Partnership for the Prevention of Homelessness, an organization that manages DC’s Continuum of Care, and with DHS to conduct outreach with area landlords to create an inventory of units available to veterans. DCHA created a Landlord Advisory Committee, which

DCHA partnered with other local agencies and community organizations to develop VASH Plus, a rapid VASH housing model that has dramatically reduced client wait time from application to voucher-issuance.

now has 600 landlords representing thousands of rental units. DCHA routinely promotes VASH rentals with this group.

“Landlords with available units are now more receptive,” McCoy says. “That new relationship allowed us to ask landlords to lower their normal tenant screening criteria and/or security deposits to enable the veterans to be easily selected for tenancy. As a generous sign of support for the vets, some landlords waived security deposits altogether.”

In the District, the program pays an average of \$936 per month toward a veteran’s rent. DCHA was able to expedite leasing rent negotiations by developing a unique way of determining and posting reasonable rents to landlords in all areas of the city, which are then posted on its website.

To facilitate coordination and data tracking, DCHA worked with DHS and the District’s Office of the Chief Technology Officer to develop customized computer software that all of the coordinating agencies can access. The system tracks veteran identification, unit approvals, and client files moving throughout the process, reducing the time required to transfer files back and forth through agencies. Rather than the traditional linear approach, the voucher approval and lease-up processes can progress simultaneously.

As of 2013, more than 800 veterans in DC have been housed successfully with VASH vouchers. In addition to housing the veterans, DCHA hosts a myriad of events throughout the year to connect them with additional employment, case management, and skills training.



DCHA brings military veterans together with service agencies who offer employment, case management, and skills training.

Tricia Richardson served four and a half years in the Army, including one year in Iraq. During a military exercise, she sustained serious injuries that left her with five fractured bones in her face. After discharging from the Army, Tricia remained unemployed for three years, and she and her children lived out of her car for a year.

Their prospects changed when she learned about DCHA's VASH program. The Housing Authority and its partners were able to get her family into housing and provide supportive services. Tricia and her three sons now live in an apartment in Northeast DC.

CLPHA

The Council of Large Public Housing Authorities supports the nation's largest and most innovative housing authorities by advocating for the resources they need to solve local housing challenges and create communities of opportunity.

CLPHA is a non-profit organization that works to preserve and improve public and affordable housing through advocacy, research, policy analysis, and public education.

CLPHA's nearly 70 members represent virtually every major metropolitan area in the country. Together they manage almost half of the nation's multi-billion dollar public housing stock; administer a quarter of the Housing Choice Voucher program; and operate a wide array of other housing programs.

Housing authorities are the cornerstone of affordable housing and community development. CLPHA:

- Advocates for adequate public and assisted housing funding and policies that support local management and accountability.
- Develops and analyzes policies impacting the affordable housing community.
- Educates policymakers and the public about the critical role public housing and the voucher program play in meeting affordable housing needs.