

State of the Streets: Evidence on Reducing Homelessness

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Goals of the presentation

- How is homelessness defined?
 - What groups are hard to count?
 - How accurate are counts?
 - Trends in numbers
- Recent Federal efforts to address homeless
- Evidence of impact
 - Preventive
 - Reactive
- Some suggestions about gaps in knowledge

HUD Definition of Homelessness

- Living in a place not fit for habitation
 - Shelters, transitional housing, street, car
- People losing residence in 14 days
 - Including hotel/motel, doubled-up
- Families or children unstably housed
 - Not had a lease/ownership in past 60 days
 - Frequent moves
- People fleeing domestic violence

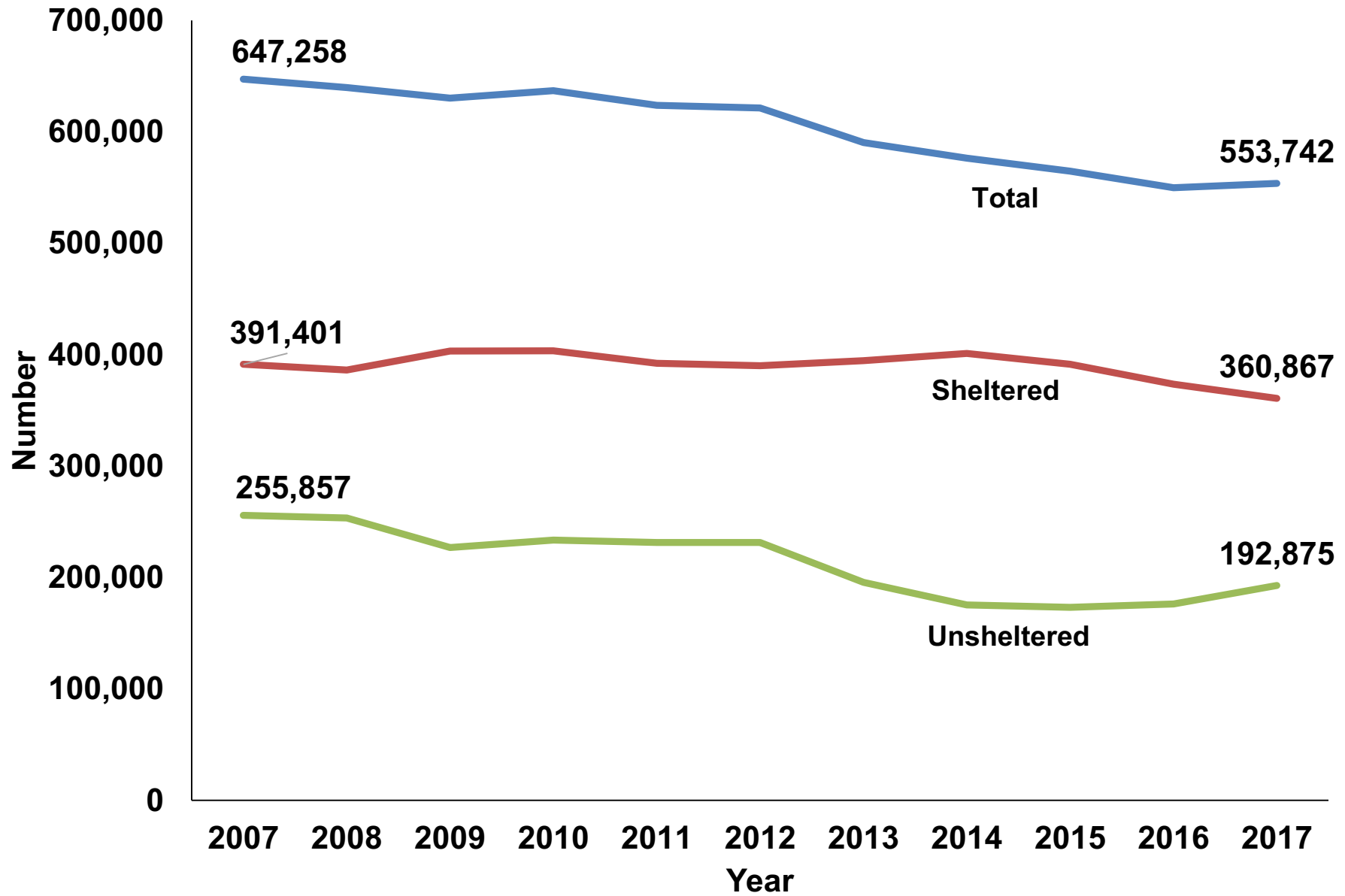
Counting Homelessness

- Point in time census done in January by HUD
- Began in 1983 in 60 municipalities
- Nationwide methodology since 2007

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- Captured by PIT
- Misses

Homeless PIT Estimates



Undercounts of targets

- Plant decoys at shelters and known places for homeless
- Identify whether they were contacted
- PIT misses
 - 30% of plants
 - 20% of places where homeless congregate
 - 30-40% of homeless out of shelters

Comparing numbers

- Stock vs. flow (2016)
 - PIT reports 549K homeless at a point in time
 - 1.42 million end up in a shelter (HMIS un-duplicated counts)
- Systematic undercount of children
 - PIT Estimate 2015, <18 years of age
 - 127,787
 - 0.17% of population
 - School children homeless, 2014-15 SY:
 - 1.26 million
 - 2.2% of school population

Comparing numbers

- Add Health
 - Surveyed ages 18-24 year olds in 2001
 - 4.6% report ever homeless
- Link et al. (1996) AJPH
 - homelessness rate
 - 3.1% five-year rate
 - 7.4% lifetime
 - Including double-up
 - 4.6% five-year rate
 - 14.0% lifetime

A high-needs group

- Of those that entered shelters
 - 23% came from substance abuse treatment
 - 41% from correctional facility
- Among those in shelters
 - 47% have a disability
 - 27% suffer a serious mental illness
- Among chronic homeless
 - Represente 1/6th of homeless
 - 30% have a serious mental illness
 - 2/3^{rds} have substance abuse disorder/chronic health problem

Costly

- Culhane et al. (2008)
 - \$40K in services among mentally ill homeless in NYC
- Poulin et al. (2010)
 - \$22K in services among chronic homeless
 - 20% responsible for 60% of costs
- Potential “double dividend”
 - Human benefit
 - Fiscal savings

Strategies to reduce homelessness

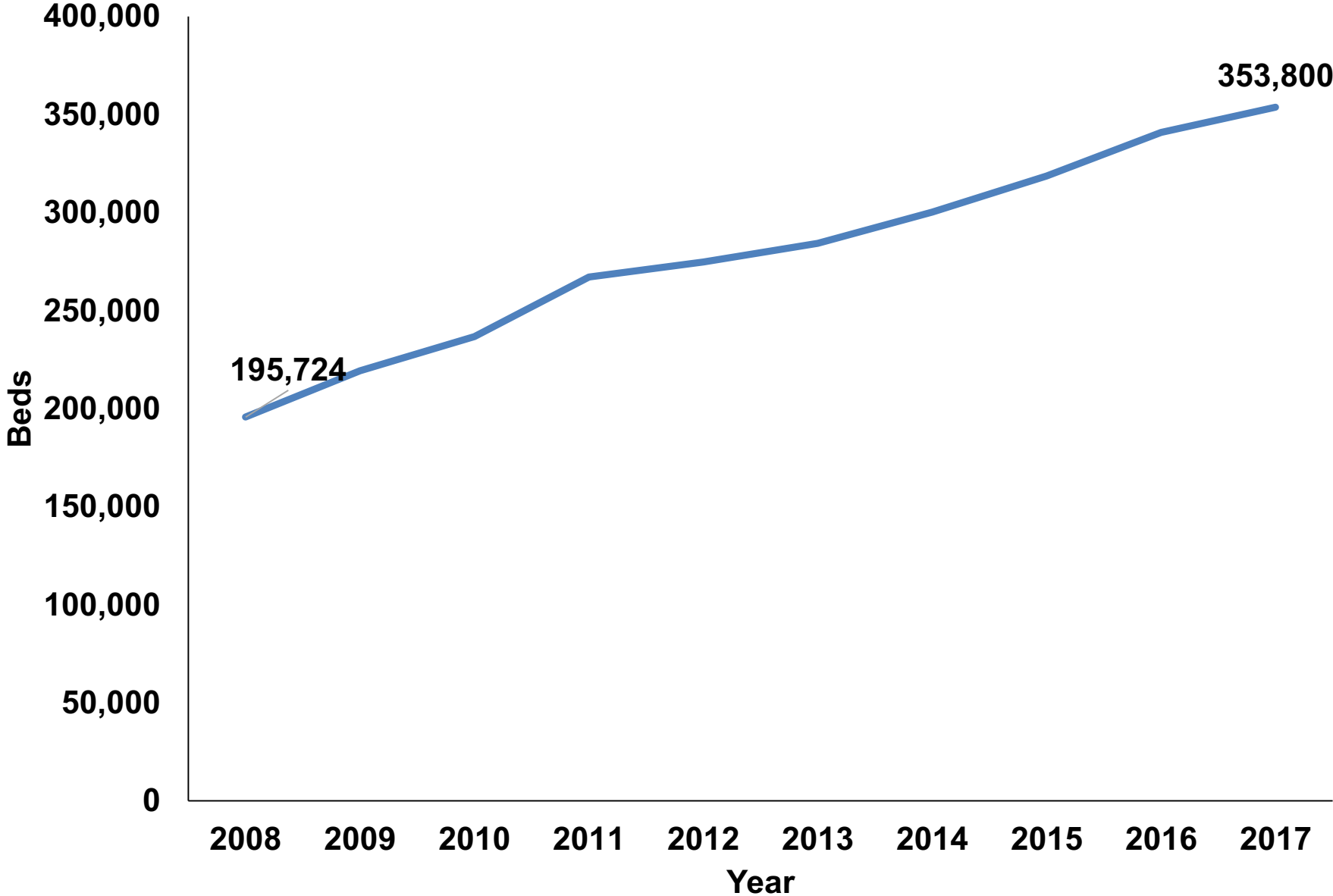
- Preventive
 - ~~• Any policy that:
 - ~~• Increases economic stability~~
 - ~~• Reduces housing costs~~~~
 - Targeted grants
 - Housing court reform
- Reactive
 - Continuum of care
 - Housing-first
 - Rapid rehousing
 - Permanent supportive housing

Major Housing Initiatives

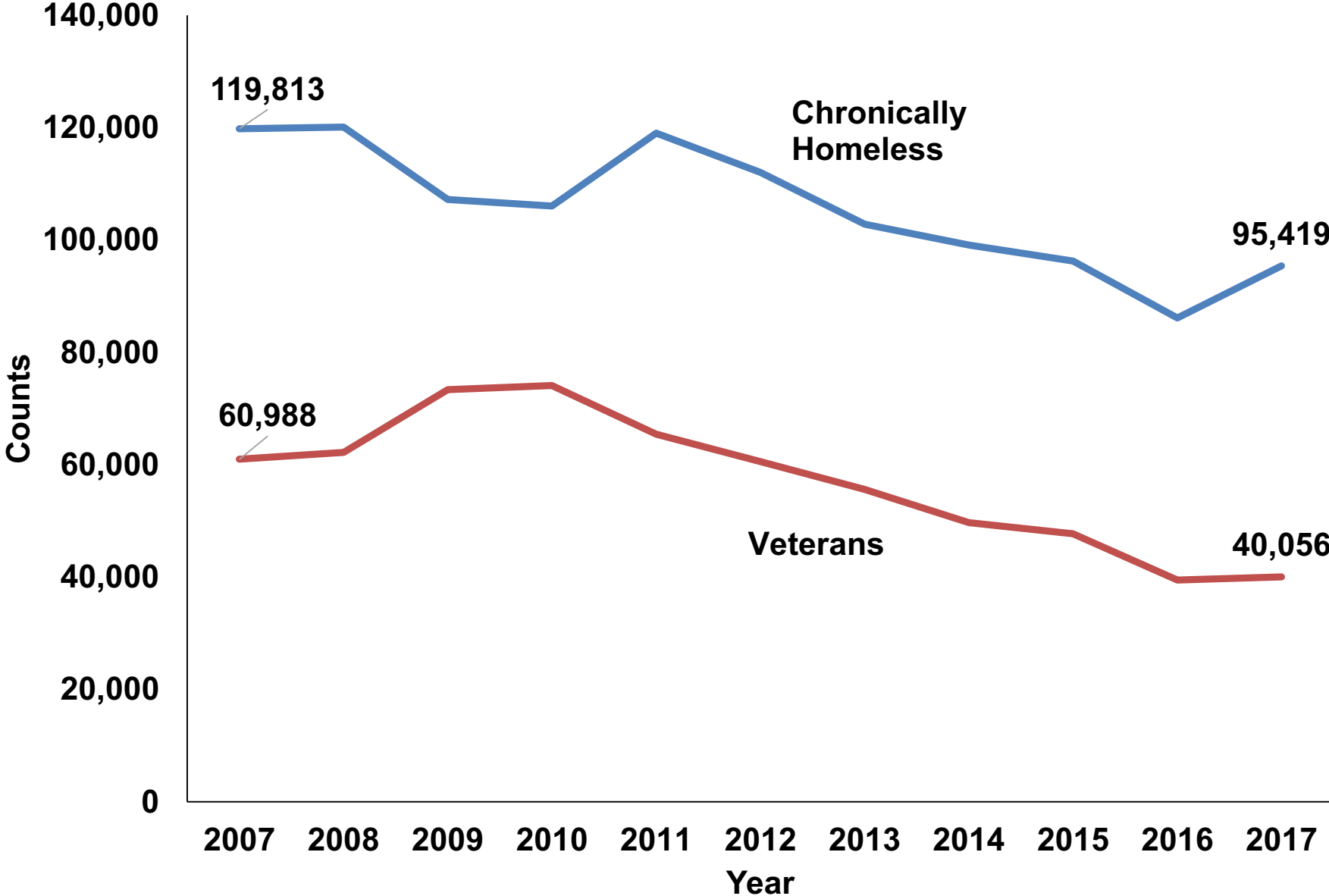
- HUD-VASH (2008)
 - Collaboration between the two agencies
 - PSH
 - 10,000 vouchers awarded each year
 - 85,000 have been awarded in total
- Opening doors (2010)
 - Coordinated effort by 19 agencies
 - Goals:
 - End chronic and veterans homelessness in 5 years
 - End family/youth/children in 10
 - Most significant portion: major investment in PSH

- Mayor's challenge to End Homelessness (2014)
 - Federal challenge to local gov'ts
 - Find permanent housing within 90 days of homelessness
 - 600 Mayors have joined

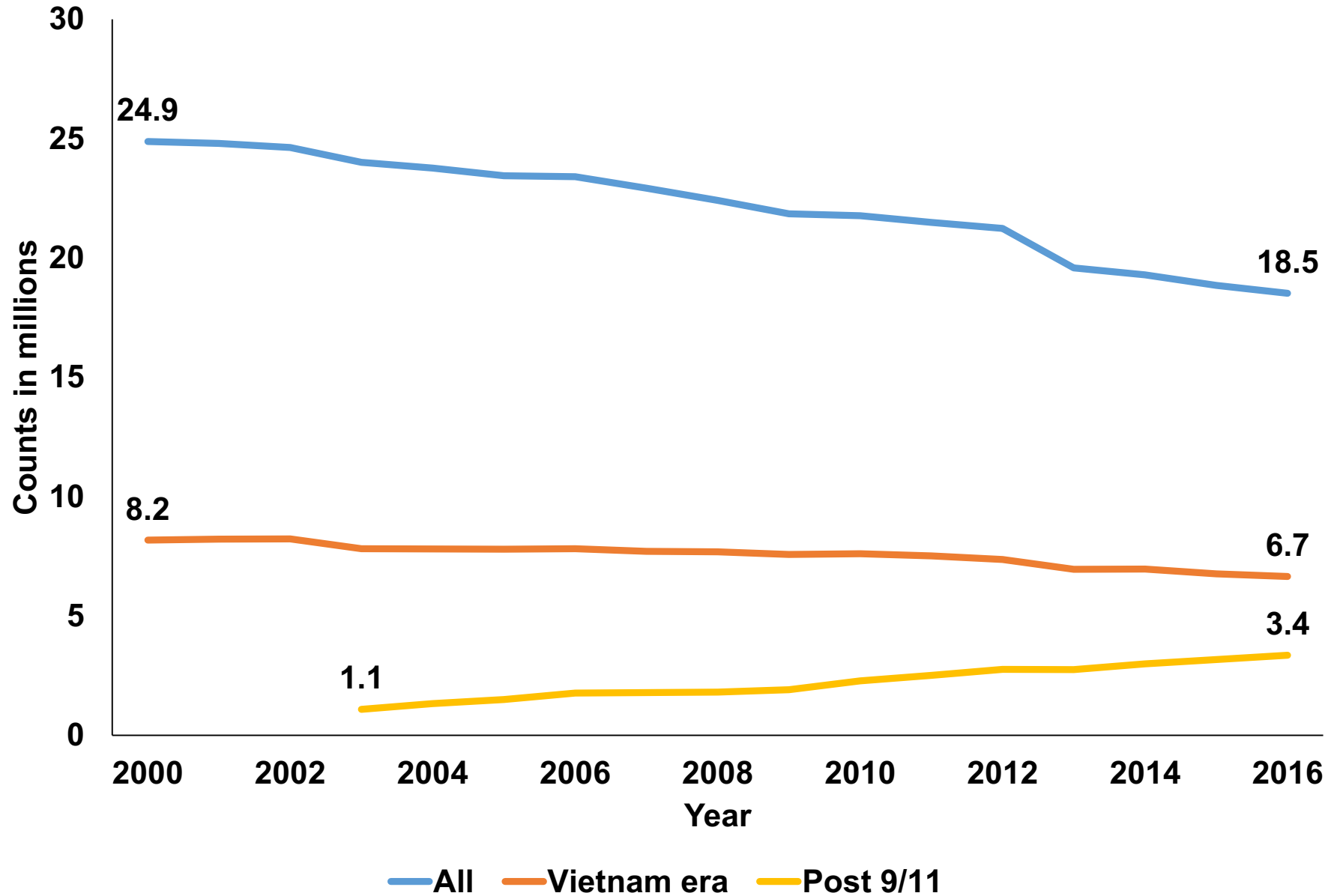
Year-round Beds in PSH



Homeless



Number of Veterans (in millions)

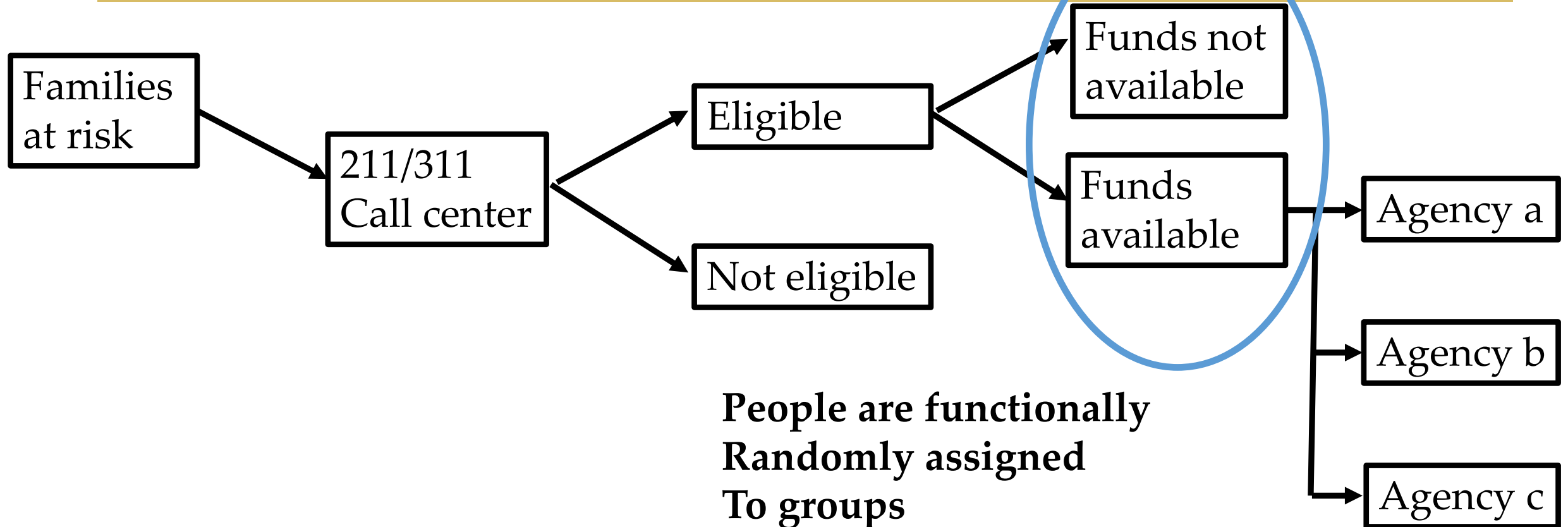


What works?

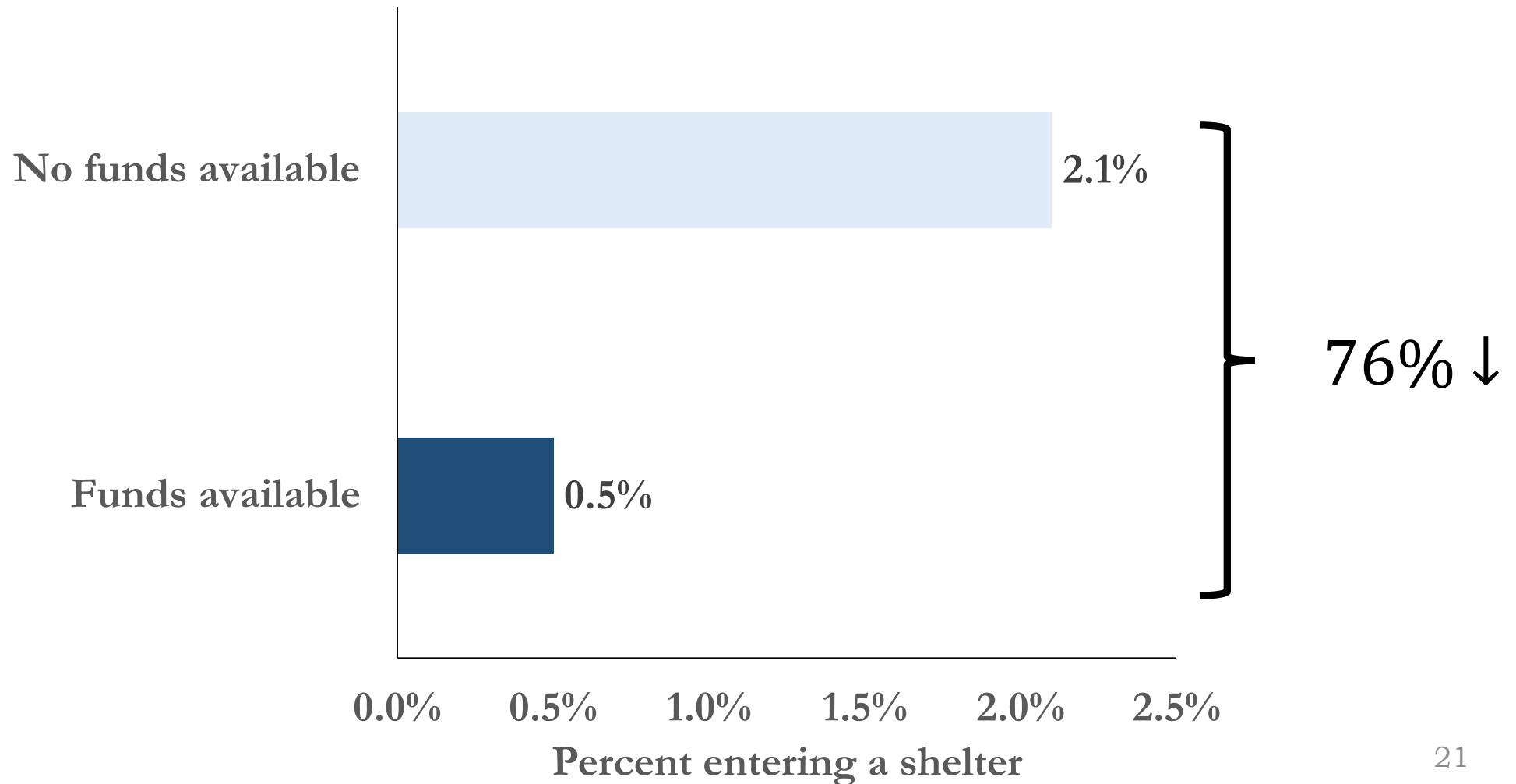
Targeted grants

- Most cities have grants to prevent homelessness
 - Mostly tied to 211/311 call centers
 - Covers > 90% of the country
- Targets those that
 - Are at risk of homelessness
 - Can stay in their homes after the grant

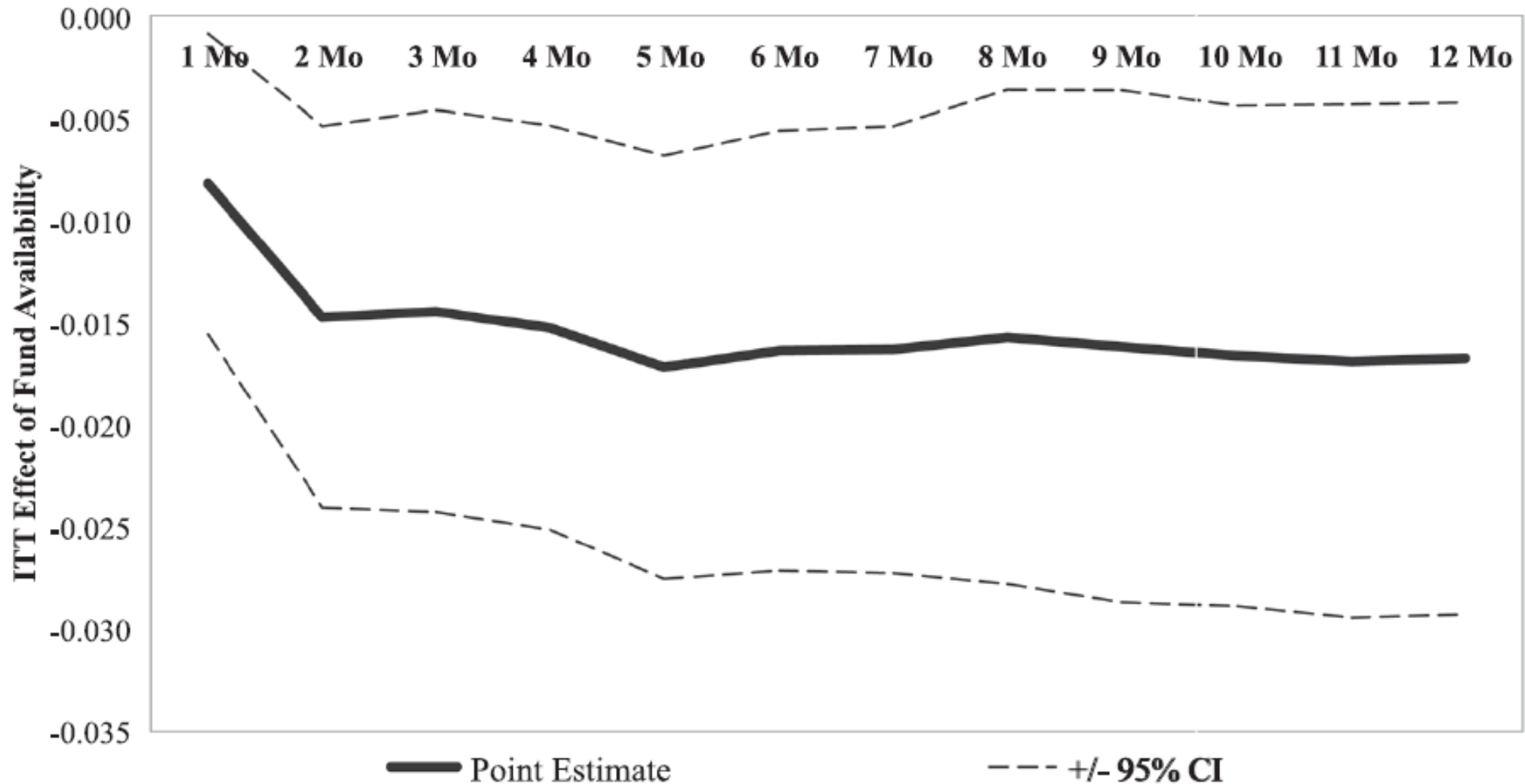
311 Call Center in Chicago



Shelter Admittance Rates after 6 months



12 month results



Some good news/some bad

- Effective program, large reduction in shelter entrance
- Poor targeting -- vast majority will not end up homeless
- Improve efficiency with better targeting
 - Reduce income threshold
 - All benefits are in lowest 50% income
 - Could use data analytics
 - Estimate who is most likely to end up homeless
 - Focus resources on this group

Homebase, NYC

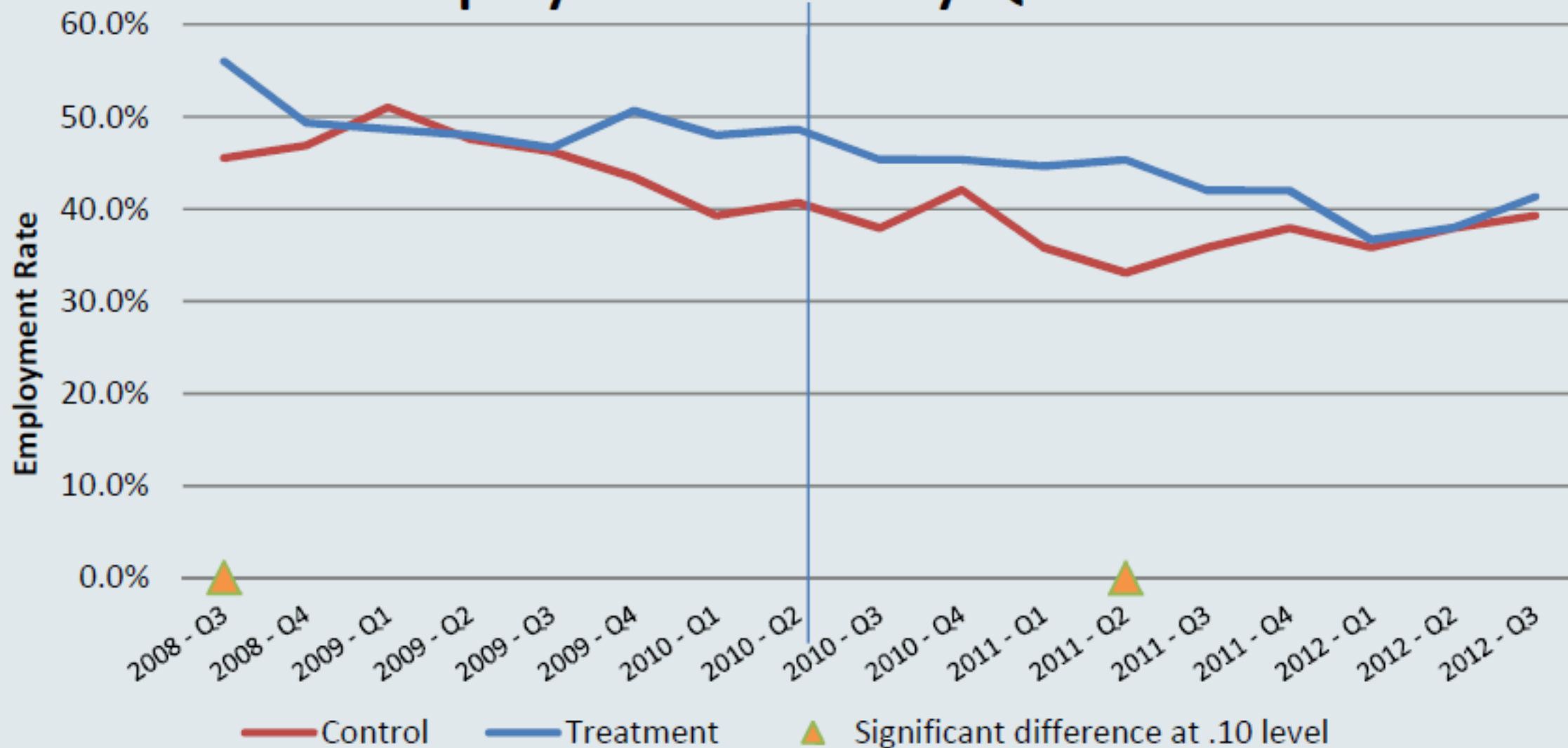
- Started in 2004
 - 11,000 served in 1st four years
 - 10,000/year now
- Prevention model for families at risk of homelessness
- Eligible families assigned a case manager
- Services
 - CM, emergency funding, landlord mediation, public benefits, job search assistance
 - Cash assistance

Homebase: RCT

- June-Sept 2010
- 295 families with at least 1 child assigned to Homebase or TAU
- Followed for 27 months
- Results on housing
 - 45% reduction in ever entering a shelter (14.5 to 8%)
 - 70% reduction in nights in shelter
- Economic outcomes
 - No impact on TANF, SNAP receipt

Note that 85%
Don't end up in shelters

Employment Rate - by Quarter



Landlord/tenant adjudication reform

- Evictions a common reason for homelessness
 - Maybe 25%?
- < 10% of tenants represented at hearings/90% of landlords
- Long term consequences
 - Desmond *Evicted*
 - Tannenbaum et al. study underway for Chicago
- RCT evidence -- lawyers help tenants
 - Seron et al. (2001) RCT in NYC
 - Increased legal help by 50 % points
 - Reduced eviction notices from 44 to 24%
- Maybe way to better target the two previous programs?

PSH Experiments

Study	Treatment	Sample Size	Enrolled
Housing 1 st NYC	<ul style="list-style-type: none">• Housing 1st w/ CM• CoC	T: 99 C: 126	Homeless w/ mental illness or SA
Chez soi (5 cities Can.)	<ul style="list-style-type: none">• Subsidy & community integration• TAU	T: 469 C: 481	Homeless w/ mental illness
HUD-VASH (4 cities US)	<ul style="list-style-type: none">• Sec. 8 w/ ICM• ICM• VA care	T1: 182 T2: 90 C: 188	Vets w/ SA Issues/mental Illness

PSH Experiments

Study	Sheltered outcomes	Other outcomes
Housing 1 st NYC	3x time spent stably housed	Stat. sign cost savings.
Chez soi (5 cities CA)	74% ↑ days housed	Some decline in ED/OP visits. For HN, cost of program offset by savings. No savings for MN
HUD-VASH (4 cities US)	35% ↓ days homeless	No change in SA, employment, days intoxicated. \$6K increase in medical costs

Some takeaways

- PSH successful at improving housing
 - Compliance not 100%
 - Days housed in last quarter:
 - Chez soi 73%
 - HUD-VASH 60%
- Hard to generate long term success in other areas
 - Not surprising given the population
 - Less acute population might get different results
 - But less potential for savings
 - Need MORE experimentation there
- PSH may increase costs
 - Greater interaction with case manager may encourage visits
 - Has been found in other non-housing settings

Some takeaways

- Experiments are expensive in this areas
 - They tend to be small
 - May be underpowered for second-stage outcomes

Shameless self-promotion

- Poster sessions later today
 - Rapid Rehousing in Santa Clara (HomeFirst)
 - Emergency Financial Assistance Hotline (Lab for Economic Opportunities)
 - Youth and Family Homelessness Prevention Initiative (King County)
 - Rapid Rehousing for Youth (City of Baltimore)
 - Project Welcome Home (Abode Services, Santa Clara County, UCSF)
- Next session
 - UCSF/Abode Services team on the Pay-for-Success evaluation of PSH in Santa Clara