



Transitional Housing

Welcome and Introduction

Facilitator

Patrick Moynahan, Cloudburst Consulting Group

HUD Presenter

Brian Fitzmaurice, Office of Special Needs Assistance Programs, HUD

Presenters

Martha Burt, Urban Institute

Dora Ivey, YWCA of Central Alabama

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2

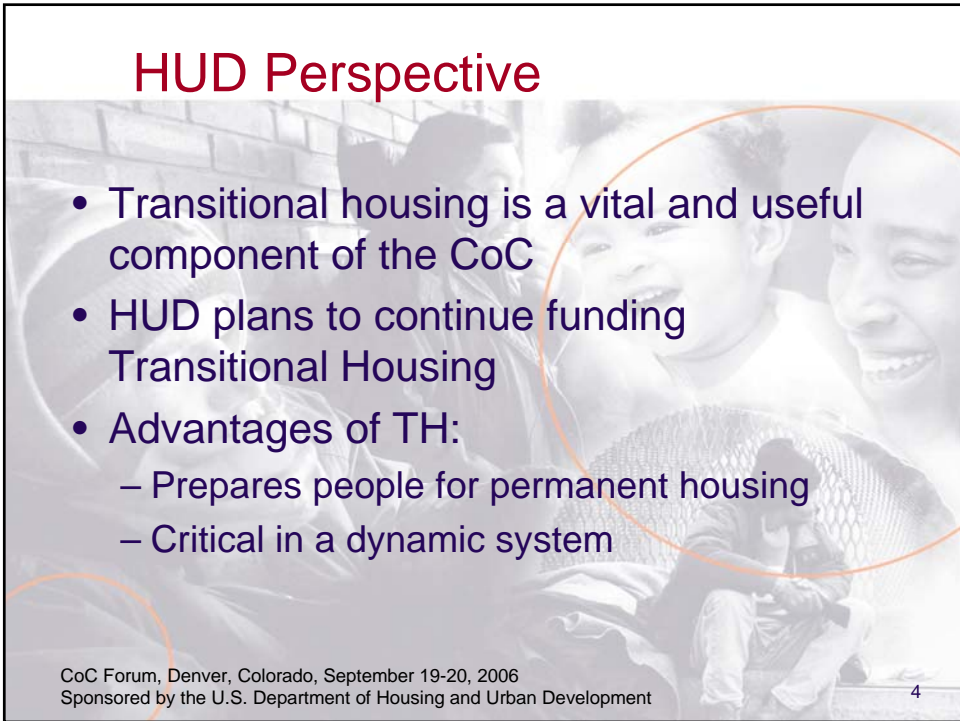


Brian Fitzmaurice
Director, Community Assistance
Division
Office of Special Needs Assistance
Programs

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3


HUD Perspective



- Transitional housing is a vital and useful component of the CoC
- HUD plans to continue funding Transitional Housing
- Advantages of TH:
 - Prepares people for permanent housing
 - Critical in a dynamic system

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4




Dora Ivey
YWCA of Central Alabama
Birmingham, AL

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5

The slide features a background image of a family—a man in a winter hat, a woman, and a smiling baby—overlaid on a textured, light-brown background. The text is centered in a dark blue font.



Martha Burt
The Urban Institute
Washington, DC

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6

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Background

- TH has a long history
- The SHP and TH for homeless families
- Growth of TH for homeless people
 - Very little when McKinney passed in 1987
 - 1996 – 4,400 programs, 160,000 beds
 - 2004 – 7,000+ programs, 220,000 beds
 - About half are for families
- Need for research

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7

“Characteristics of Transitional Housing for Homeless Families”

Life After Transitional Housing: Following Families After They Leave TH – HUD \$

- 3 levels – communities, programs, families
- Selected 5 CoCs – Cleveland, Detroit, Houston, San Diego, Seattle, and their counties
- Inventoried family TH, interviewed up to 15 per CoC that had at least 11 beds (4+ families)
 - Reporting on responses from the 53 responding family TH programs

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8

Program Size and Configuration

- Size – ours are larger
 - 3-9 units: 57% nationally, 17% our sample
 - 10-19 units: 26% nationally, 38% our sample
 - Up to 40+ units: 5% nationally, 15% our sample
- Housing Configuration
 - 58% single site
 - 26% scattered site
 - 15% clustered-scattered
 - 23% could be “transition in place”

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9

Length of Stay

- Maximum length of stay – as *policy*
 - Average: 21 months
 - Range: 12 months or less (21%) up to 24 months (68%)
- *Actual* average length of stay – all families enrolled – much lower
 - Average: 12 months
 - 1-6 months: 31% of programs
 - 7-12 months: 30% of programs
 - 13-23 months: 37% of programs (23% at 13-18 mo)

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10

Program Entry

- Referral sources
 - 2 were overwhelmingly most common – emergency shelters (89%) and CBOs (79%)
- Proportion of applicants accepted
 - 25% take almost all, but applicants for these were prescreened by referral sources
 - 12% take half, and 16% take about 3 in 4
 - 47% take 1 in 3, or fewer

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11

Family Characteristics Required at Entry

- 100% – poor rental history, multiple evictions
- 91% – literally homeless; able and willing to carry out a treatment plan
- 87% – parent 18 or older
- 85% – clean and sober – but
 - Some require only a day or two of sobriety, most asks for 30-60 days, and a few require up to a year

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12

Family Characteristics that Will Lead to Rejection

- 89% – active substance abusers, meaning those with no intention of stopping
- 72% – sex offenders (but not other felonies, mostly)
- 51% – parent is *perpetrator* of violence
- 34% – SPMI, alone or co-occurring (but an even greater proportion *specialize* in SPMI and co-occurring)

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13

Most Common Reasons for Rejection

- Availability – this overwhelms all other reasons. Many programs do not keep a waiting list, do not even consider applicants until they have a unit opening
- Unwillingness to “work the program”
- Incomplete applications
- Not fitting the program – not being homeless, having children, DV, teen mother, whatever the special program focus is

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14

Tenant Family Characteristics

- Length of current homeless spell
 - 0-12 months: 81 percent
- Came to TH from (on average):
 - The streets – 6%
 - Emergency shelters – 57%
 - Other TH programs – 8%
 - Somewhere else – 29% (includes treatment program, institution, conventional dwelling)

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15

Income and Benefits

- Employment, at time of survey (on average):
 - 34% full-time work; 21% part-time work
- Benefits at time of survey (on average):
 - TANF/GA – 40%
 - SSI – 7%; DI – 1%
 - Food stamps – 68%
 - Medicaid – 56%
 - Medicare – 4%

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16

Health and Mental Health

- Few have physical disabilities or HIV/AIDS
- Mental health (on average):
 - 16% SMI; another 13% co-occurring
 - But 24% of moms are on psychotropic meds
 - 9% had been hospitalized for SMI
- Substance abuse (on average):
 - 39% history but not active
 - 16% with alcohol, 25% with drugs

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17

TH Program Services Most Likely to Be In-House

- 96% – case management; budgeting and money management
- 87-89% – tenant stabilization; developing support systems; daily living skills training
- 75-79% – assistance to access housing, benefits; conflict resolution training; basic needs (clothing, food)
- Arrangements for delivering many other services are split between (1) guaranteed receipt through on-site provision or (2) off-site provision with a clear commitment with off-site providers to serve the TH program families

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18

TH Program Services Least Likely to Be In-House

- 72-74% – veterans services, representative payee services
- 53-60% – general health care; psychotropic meds prescribing, dispensing, monitoring
- Substance abuse-related services are most frequently offered off-site, and about evenly split between guarantee/clear commitment and “all we can do is refer.”

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19

Most Common Collaborative Partners

- Public benefit programs
- Mental health and substance abuse agencies
- Legal aid
- Case management agencies
- TH programs for families are also likely to have active partnerships with employment services, child care and health care providers, and services that help with accessing housing

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20

Most-Used TH Program Services

- Case management, by a mile
- Counseling, of many varieties
 - Employment-related
 - Life skills, including money management, crisis management, scheduling (time management), and daily living skills
- During follow-up, after families leave the program, the most frequently used services remain the same, and help with entitlements and benefits is also popular

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21

Program Outcomes – Successful Exits

- Programs had a hard time defining “successful exit”, but generally focused on housing and employment
 - Have permanent housing
 - Have a job (or a way to afford the housing)
- Other goals that were part of TH program definitions of success were: maintaining sobriety, handling one’s mental illness, better parenting, making better decisions, and, for DV programs, living violence-free
- On average, programs say that 77% of their families leave successfully.
- On average, successful leavers are TH program residents for about 13 months; programs tend to think they could have used a bit longer – meaning that most programs feel that even their successful leavers might still be a bit shaky on their own

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22

Outcome Indicators

- Housing, and housing stability
 - 98% of programs track what types of housing families go to when they leave the program
 - 85% track whether families are still in housing a significant period of time after leaving the program
- Employment, and employment stability – 89% of programs track whether families obtain and keep a stable income source
- Length of follow-up: 9% do only 1-3 month follow-up, 36% do 4-6 months, 43% do 6-12 months, 11% do 18-24 months

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23

Housing Outcomes

- 70%, on average, go to permanent housing
 - 35% go without a subsidy or supportive services
 - 22% go WITH a subsidy, but without services
 - 13% go with BOTH subsidy and services, although mostly this is not formal PSH
- 13% reunite with family – could be good or bad
- 2% go to institutions
- 4% go back to homelessness
- 10% go to unknown destinations

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Subsidy Differences by CoC

- Our study design included different communities so we could look at contextual differences, of which housing policies was one
- On average, 35% of TH families with successful exits leave with a housing subsidy
 - 16% in Houston, of 70% going to permanent housing
 - 26% in Detroit, of 65% going to permanent housing
 - 33% in Cleveland, of 54% going to permanent housing
 - 42% in San Diego, of 77% going to permanent housing
 - 5% in Seattle, of 78% going to permanent housing
- Most common reason for not going to permanent housing is that family could not afford it

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25

TH Challenges

- Will know more about the impact of TH once we have completed the family interviews
- Some of the issues and challenges we will be able to address are:
 - Creaming – does not appear very common
 - Importance/effect of the need to move, vs. transition in place – 1 in 4 offer, but mostly families can't do
 - Need for TH at all – certainly not for all families, but for families with multiple barriers and multiple housing failures, may work and be needed

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26

Where to Find the Full Report

- www.urban.org
- Search by author, for Burt, Martha R.
- Click on “homelessness”
- Sorry, it won’t be up for about a week, so I don’t have the full URL

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27