

Final Report

Statewide Homeless Prevention and Rapid Re-Housing Program

For the program October 1, 2009 through December 31, 2011

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Executive summary

The Diversion and Prevention and the Engagement and Stabilization programs were designed to provide temporary, emergency assistance to individuals and families at different stages of housing crisis. A majority of the households, 1806, received security deposits as part their involvement in the program. As such, these security deposits provide an ongoing level of support for participants as in most cases they can take the security deposit with them when the move. With the average security deposit of both programs of \$553, this suggests \$1,159,452 was provided to landlords on behalf of participants to be held in escrow for security deposits. These funds continue to be available for participants to use for future security deposits. This rolling process provides a level of stability in the rental system. As such, the program affords participants in the program the opportunity to recapture and remain stably housed over the long term.

Diversion and Prevention program summary

- The Diversion and Prevention program has provided housing stability to 2909 households, or approximately 5900 individuals, between October 2009 and October 31, 2011. The average age of participants in the program is 32.
- 43% of those served are children and the average age of the children is 9.
- 9% of program participants reported being veterans.
- Domestic violence was also prevalent within the population with 25 % self reported being victims of domestic violence at sometime in their life.
- A majority of families, 87.4% were provided with rental assistance and security deposits, a smaller percentage received assistance with utility payments.
- The average payment for rental assistance was \$1,104.
- The average security deposit payment was \$742; the average utility payment was \$384. The average length of time the person was engaged in the program was 3 months.
- Families who entered the program with other sources of financial support, e.g., income from work, disability, stable housing situations prior to entry into the program and access to non cash benefits tended to do better in the program then those who did not have these indicators. Additionally, participants who had higher self sufficiency matrix scores at

intake on indicators income, food and employment, tended to have higher exit matrix scores with an overall mean change in score from 2.1 to 3.23 or from vulnerable to safe..

Engagement and Stabilization program summary

- The Engagement and Stabilization program has provided intensive services for 942 individuals between October 2009 and December 31, 2011.
- The average age of the participant in this program is 41.
- 3 % self reported being victims of domestic violence sometime in their life.
- 5 % reported being veterans.
- The Engagement and Stabilization program appears to have saved the emergency shelter system \$2,693,250 by providing permanent and stable housing to participants who were chronically homeless prior to admission.
- Participants who complete the program have greater exit scores on the self sufficiency matrix than at intake and their increased matrix scores can be correlated to frequency of case management intervention by program staff.

Program Overview

The HPRP program was created through the American Recovery and Reinvestment Act of 2009 funding passed by Congress and signed by the President. The intent is to serve persons who are homeless or would be homeless but for this assistance and can remain stably housed after this temporary assistance ends. Maine chose to further refine the guidelines to focus on two broad goals: 1) diverting and preventing people who are at imminent risk of becoming homeless and 2) helping people who are chronically homeless to quickly move into permanent housing.

MaineHousing chose to focus on the chronically homeless as the data suggested there is a clear need for this type of programming. Additionally, programming targeted toward this population had the greatest promise of changing chronic homeless people's lives. To accomplish these goals, services were divided into two different programs as defined by MaineHousing, which are; Engagement and Stabilization, and Diversion and Prevention. Engagement and Stabilization focuses specifically on those who are chronically homeless. Diversion and Prevention is focused on temporary support for those who are on the verge of becoming homeless.

Evaluation questions

Assessment of the impact of the HPRP program is focused on exploring the demographics of the participants who were served through the program, as well as the frequency and type of services received through the program. Additionally, we looked at the changes in individual quality of life of the participants who entered and exited the program. Finally, we also looked at the program's overall impact on the shelter usage during the grant period.

Data collection and analysis

All participants in the program complete screening forms which assessed eligibility for either program as well as the type of assistance for which they are eligible. Additionally, each

participant completes, at intake, a self sufficiency matrix which measures six indicators: employment, food/nutrition, health care coverage, income, transportation, shelter/housing. The matrix is attached to this document as appendix A. These indicators are on a scale of 1 to 5 with 1 indicating in crisis and 5 indicating empowered. While enrolled in the program, additional data is collected including number of case management encounters with the participants, type and amount of financial assistance. Upon exit from the program, participants also complete a final self sufficiency matrix which is then used for comparison to the intake matrix. Additional analysis was conducted to look at the impact and frequency of case management on matrix scores.

Case Management Defined

In the context of the HPRP program, case management in Engagement and Stabilization as well as the Diversion and Prevention was defined as the case manager serving in the role of a system navigator who provides community resource connections and linking and brokering relationships with other service providers. The key distinction in these instances is the expectation that participants who work with the case manager are themselves expected to follow through and to participate fully in their own stability. As such, the participants play a vital role in determining the goals to be accomplished and in developing clear objectives to reach those goals.

Diversion and Prevention program

The Diversion and Prevention program is significantly different than the Engagement and Stabilization program. The primary purpose of this Program is to assist households who are at imminent risk of homelessness. MaineHousing provided guidance to organizations implementing Diversion and Prevention programming to define “Imminent risk” as “Eviction from a private dwelling - the tenant has received termination notice in the form of either a Notice

to Quit or a Summons and Complaint in a forcible entry and detainer action; or Foreclosure from a privately owned dwelling - the homeowner has been served a Writ of Possession issued by the court in a foreclosure proceeding; Impending termination of a housing arrangement provided by family or friends that is not sustainable; or Discharge within 2 weeks from an institution in which the person has been a resident for more than 180 days (including prisons, mental health institutions, and hospitals) and met the McKinney-Vento definition of homelessness at admission and finally, housing that is not fit for human habitation.”

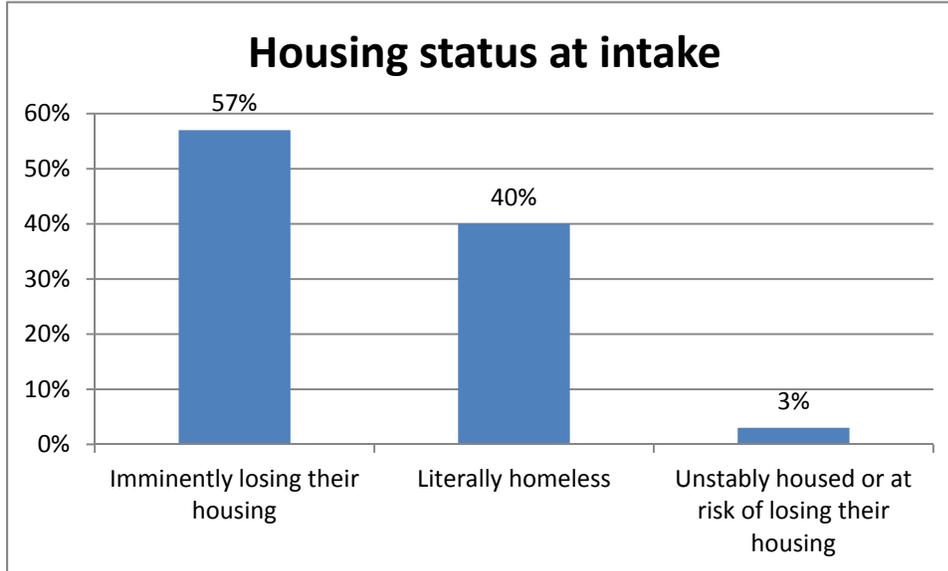
Furthermore, the program focuses on providing financial assistance and stabilization services to keep individuals and families stably housed, as well as to provide rapid re-housing and stabilization services to those households experiencing homelessness.

Data Overview

The data suggests the program served 2909 households, or approximately 5900 individuals, have been served by the Diversion and Prevention program since the program’s inception in October 2009. The average age of those who have been served in the program is 32. Of those served 43 % were children with the average age of children served at 9. Additionally, the program assisted 41 families who have grandchildren. The data also suggests that 9 % of the population served by the program were veterans.

Domestic violence at some point in the lives of the participants was also prevalent within the population. Twenty five percent of households self reported that they were victims of domestic violence. Of those who were victims of domestic violence, 46 % reported being victims within six months before applying to the program.

Figure 1: Housing status at intake

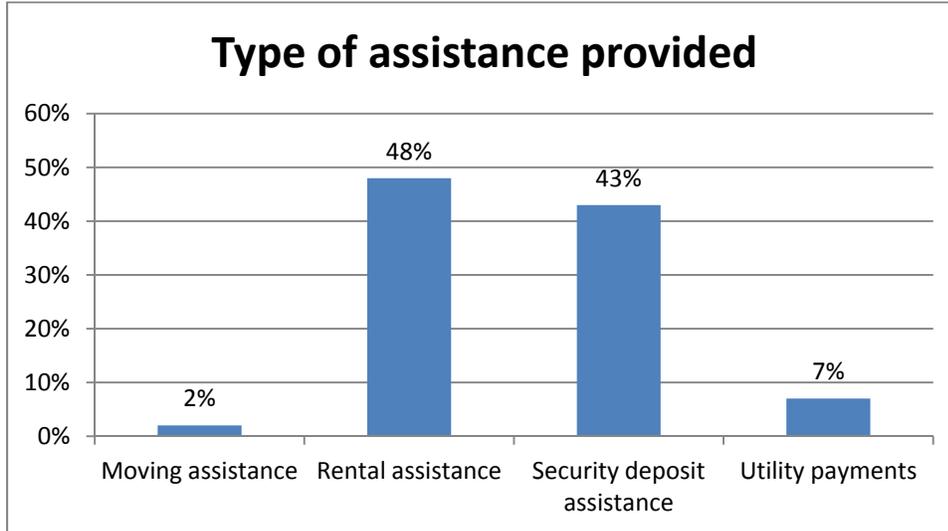


As Figure 1 suggests, the majority of participant who applied for assistance under the Diversion and Prevention program were at imminent risk of losing their housing. Three percent reported being unstably housed or at risk of losing their housing.

Where did they come from prior to intake?

Forty-seven percent of participant reported living in rental units without a subsidy for 12 months or longer prior to admission into the program.; 23% of those doubling up reported living in a doubled up situation for less than 1 month; 18% of those participants were from emergency shelters have been in the shelter for 3 months or less; 8 % reported living in unsheltered locations for a month or less. Given the high number of participants who came to the program from stable housing situations, this suggests the program met the goal of providing temporary assistance to meeting participants needs for housing who traditionally did not struggle with housing needs.

Figure 2: Type of assistance provided



As Figure 2 suggest, a majority of individuals and families were provided with rental assistance and security deposits, a smaller percentage received assistance with utility payments. The average payment for rental assistance was \$1,104. The average security deposit was \$742, the average utility payment was \$384.

Average family benefit

Of the families assisted by the program the average length of time in the program is 3 months. The average family benefit for rental assistance was \$1,142.80 and \$334.20 in utility payments. Eighty-seven percent of households received rental or security deposits as part of this program.

Who has been the most successful in this program?

The data clearly suggests that the Diversion and Prevention program was beneficial to a number of families but there are several indicators that suggest greater success. They include:

- Were stably housed for at least 6 months before coming into the program
- Are vulnerable but not in crisis on 3 or more of the self sufficiency matrix indicators.
- Receive some financial support from other sources at intake into the program.

- Have monthly income of at least \$866 at intake.
- Reported having 2 or more non cash benefits, e.g. SNAP, Medicaid, etc.

As such, families who entered the program with other sources of financial support, e.g., income from work, disability, stable housing situations prior to entry into the program and access to non- cash benefits tended to do better in the program than those who did not have these indicators. This suggests two important points. First, it verifies the concept of the temporary nature of the Diversion and Prevention program to meet the needs of those who are imminently at risk of homelessness. Second, it suggests that those families who have some other type of support in place prior to application to the Diversion and Prevention program were in a better position to transition back to stability, than those who did not have these supports at the time of intake.

Risk analysis

Statistical analysis of those in the Diversion and Prevention program who were at greatest risk of homelessness where those households with 3 or more family members, had earned incomes of less than \$1,873 a month, had been staying with family or friends for more than 3 months, and had experienced domestic violence in their homes within the past 6 months. Households with the lowest risk had earned incomes of more than \$2500 per month, less than 3 family members and were most recently staying in an apartment prior to coming in for assistance. Given the average family assistance in the Diversion and Prevention program of three months is \$1,477, this provided enough assistance to help stabilize a family. It is important to remember that this is a statewide analysis and does not include variations in living standards in different parts of the State.

Economic indicators and intake in the program

Participants in the Diversion and Prevention program who were on unemployment or general assistance were either at imminent risk-(less than 7 days) or were actually homeless upon entry into the program.

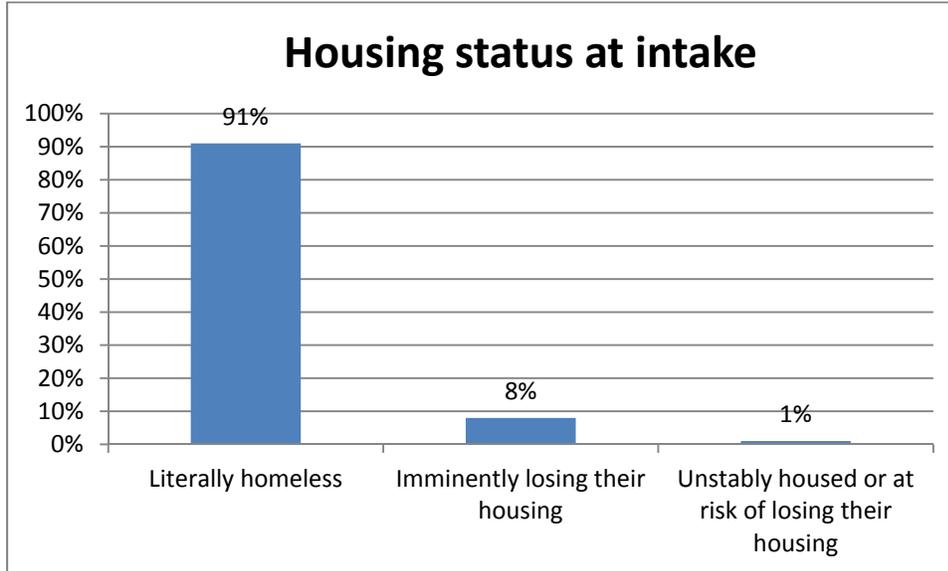
Engagement and Stabilization program

The Engagement and Stabilization program is designed to work with participants who have been homeless for longer periods of time and were in emergency shelters. Research suggests that this population is often the most difficult to house because of multiple issues. These participants may have other confounding issues such as mental illness or co-occurring disorders which impede their ability to find and maintain permanent housing. Participants who qualified for the Engagement and Stabilization Program may also access financial assistance as well as case management to help stabilize them as they move to permanent housing. Engagement with program participants is not designed to be long term. Rather, it is designed to work closely with program participants to connect them to housing, services and entitlements. However, the type of work and level of engagement by workers with the participants is one of the areas which will be explored in this analysis. Data from October 2009 through December 2011, suggest 942 individuals have been served by this program in 5 geographic areas of the State.

Engagement and Stabilization client demographics

Data through December 2011 shows that the program has served 942 individuals. Of those, 51 % were female and 49 % were male. The average age of the participant is 41 with 3 % self reporting being victims of domestic violence within the past 12 months. The number of participants who were veterans is reported as 5 %.

Figure 3: Housing status at intake

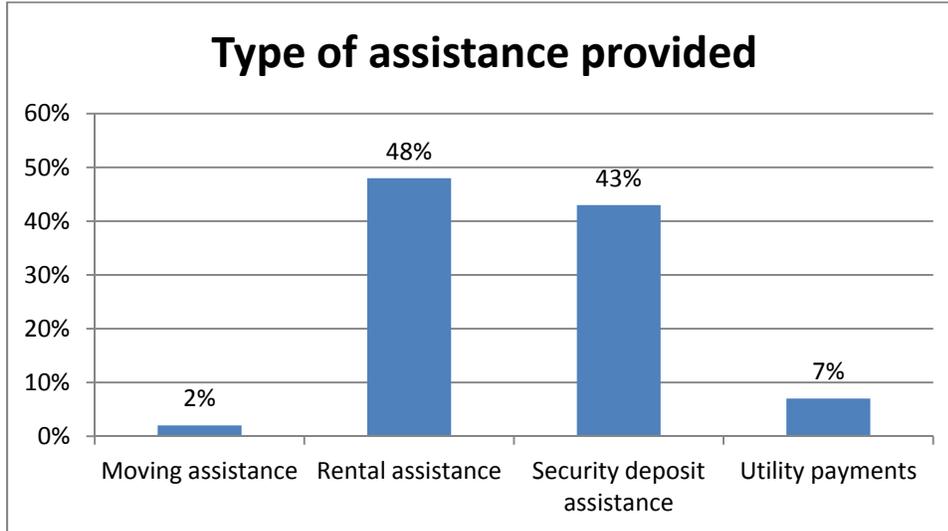


As Figure 3 suggests, over 90 % of the participants who participated in the program were literally homeless at intake. A small number, 8 %, were imminently at risk of losing their housing at intake.

Prior housing

The data suggests of those who came from the emergency shelter, 17 % reported staying at the shelter for 1 year or longer. Another 69 % reported staying at the shelter 3 months or longer. Additionally, of those who reported living in a place not meant for human habitation-unsheltered, 41 % reported living outside less than 1 month. The data suggests that the average length of time in the program is 8.4 months. The data suggests the longer the person is in the program they exhibit increased scores on the self sufficiency matrix.

Figure 4: Type of financial assistance



As Figure 4 suggests, the majority of support provided by this program is for rental assistance and security deposit assistance. As with the Diversion and Prevention participants, a majority of support provided by this program is for rental assistance and security deposits. Of the assistance provided, the average cost of rental assistance is \$1,762.99 per individual, security deposit assistance is \$667.87 per individual, utility deposits averaged \$300.87 per individual and utility payments averaged \$411.09 per individual. Less than 4 % of participants received legal assistance while another 3 % received credit assistance. Nearly 84 % of participants received at least 2 sessions of case management while enrolled in the program.

Barriers to Housing

Given the chronic nature of many of the participants who applied for assistance under the Engagement and Stabilization category, a number of them were not able to be successful in the program. Indicators which suggested they were not successful were participants who had more than a year of nights in the shelter, little or no income and had scores of in crisis on the self sufficiency matrix for health related issues. Additionally, participants who received less than 2

sessions of case management also appeared to be less successful than those who had two or more case management sessions.

Cost Avoidance Calculation

The Engagement and Stabilization program was developed specifically to meet the needs of individuals who were chronically homeless and had been in emergency shelters for some time. Because of this focus, the number of participants who have been taken out of the emergency shelter system and placed into housing has been significant. As such, a savings in bed nights in the emergency shelter system can be calculated based on the shelter system bed nights.

Figure 5: Emergency Shelter Cost Avoidance

| Indicator | Number of participants | Estimated bed night savings |
|---|-------------------------------|------------------------------------|
| In the emergency shelter for 1 year prior to admission into the program | 162 | \$ 1,312,200 |
| In the emergency shelter 3 months prior to admission into the program | 341 | \$1,381,050 |

Using the Statewide daily rate of \$45 per night for an emergency shelter stay, the average cost savings for those participants who came from emergency shelters AND who were enrolled and

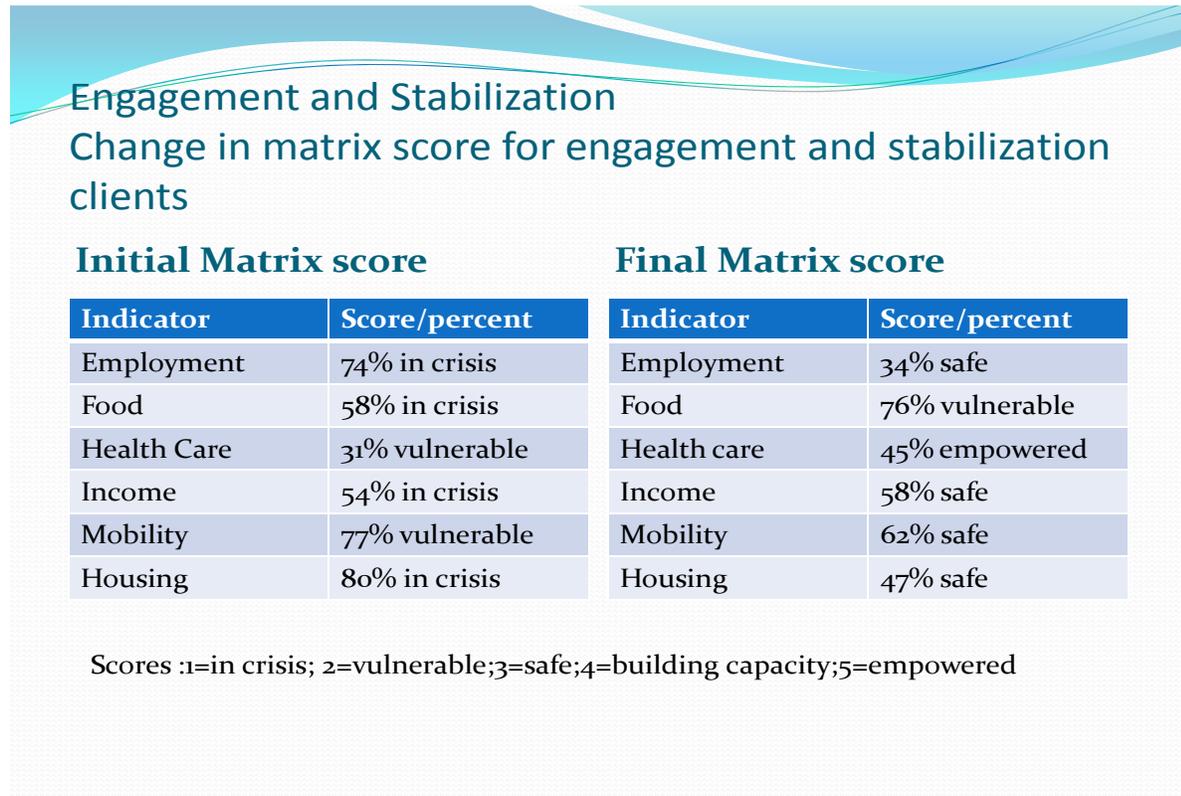
completed the program is calculated at a total savings of \$ 2,693,250 during the program period. This assumes participants stayed out of the shelter for an average of 6 months actually saves shelter bed nights during that timeframe. This is an \$8,100 savings per client who was chronically homeless and in the program for at least 6 months. For those who are in the program for three months or less, there is a \$4,050 savings per client who was chronically homeless and in the program.

Figure 6: Type of service provided

| Type of service | Percent of total |
|----------------------------------|------------------|
| Check in with client | 14.9% |
| Exit interview | 4.2% |
| Housing approval site visit | 1.9% |
| Intake screening | 19% |
| Interview and assessment | 15.8% |
| Linking and referral | 15.7% |
| Travel to/from housing review | 2.2% |
| Travel to/from offsite interview | 6.3% |

As Figure 6 suggests, the majority of services provided were case management type services, 74 percent. Data suggests staff have provided nearly 6,400 units of service.

Figure 7: Change in self sufficiency matrix score from intake to exit



As Figure 7 suggests, participants who complete the program have greater exit scores on the self sufficiency matrix than at intake. A further success of this program is for participants who have more frequent contact with program staff. Of those participants who have a higher number of contacts with program staff, their scores on the self sufficiency matrix are higher.

Engagement and Stabilization Case Management Analysis

Of the 942 cases who reported no income at intake, a subsample of 46 individuals were analyzed where participants who were in shelter or homeless for 6 months. In these cases participant income rose from \$0 per month to an average of \$1,233 per month. A majority of the income changes came when participants qualified for SSI or SSDI benefits while in the program. The qualification of benefits suggests these participants have stabilized and will be less likely to

return to the shelter. For every month that a participant remains in housing and does not return to the shelter, it saves the emergency shelter system \$1,350 per month which is based upon 30 days per month an average cost savings of \$45 per night.

Additionally, a smaller subset, 11 cases of participants who were in the Engagement and Stabilization program, saw earned income increase from 0 to \$944 per month.

In both of these cases, the change in income or entitlements was based on the work provided to the participant by their case manager. As such, these client successes appear to be based clearly on the connection between financial support and the case management provided to participants while in the program. From a program strategy perspective, this appears to be an important best practice approach to providing time limited services and financial support to participants who are chronically homeless.

Diversion and Prevention Case Management Analysis

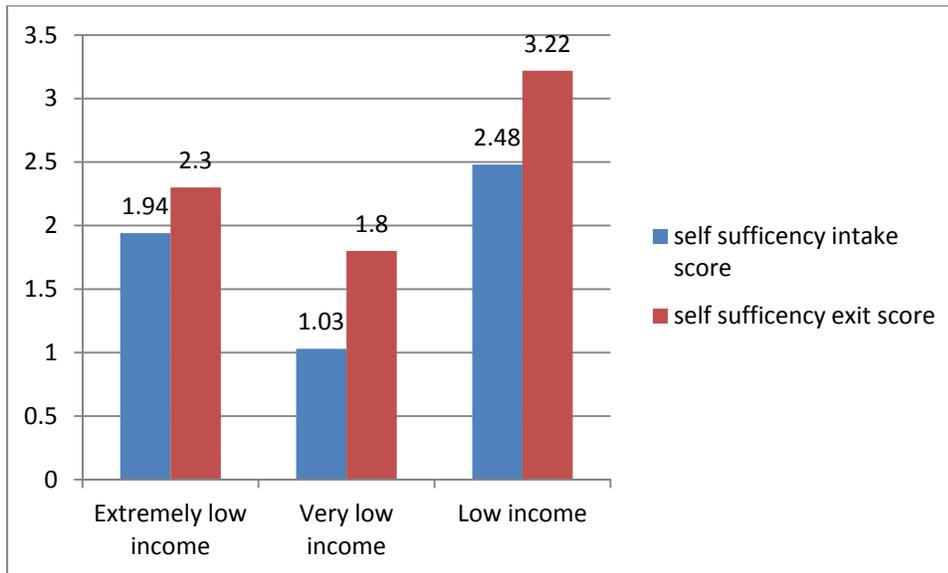
Where did they come from prior to intake?

Of participants who were in rental units without a subsidy reported being in that unit for 12 months or longer; 53% of those doubling up reported living in a doubled up situation for less than 1 month; 58% of those participants from emergency shelters have been in the shelter for 3 months or less; 8 % reported living in unsheltered locations for a month or less.

Average Median Income, Case Management and Change in Matrix Score

With changes in the qualifications of housing, analysis was conducted of individuals in the Engagement and Stabilization program based on their intake Average Median Income (AMI) score.

Figure 8: Change in AMI score



As the data suggests, participants who have higher intake scores on the self sufficiency matrix, tended to fair better than those with lower scores at intake. This suggests that individuals with lower AMI tended to have additional confounding issues occurring in their lives which impacted their overall stability.

Recidivism

While the HPRP program ended less than 4 months ago, the recidivism rate of all HPRP participant's entry into the emergency shelter system is 3 % with 187 participants entering an emergency shelter after receiving HPRP supports. This analysis did not examine only those clients who formally in the emergency shelter, received HPRP supports, and then returned to the emergency shelter. As such, the rate of recidivism only measures those who completed an intake as part of the HPRP program and who later appeared in the emergency shelter system. It is important to consider that many of the participants in the Engagement and Stabilization program

were actually in the emergency shelter system for lengthy periods of time. This suggests continuing stability for program participants as well as ongoing system cost savings.

Conclusions and Recommendations

Given the difficult nature of working with people who are experiencing homelessness or, in the case of the Diversion and Prevention program, are on the verge of homelessness, the programs provided clear support and stabilization to individuals and households. As a short term solution to chronic issues, the programs provided both immediate assistance with housing and housing related issues. For the Diversion and Prevention program, the data clearly suggests that the design of a temporary program to meet the needs of those participants who were on the verge of homelessness is working. Participants who were stably housed for 6 months or longer seemed to fare better than those with a shorter duration of housing prior to admission. Additionally, participants accepted into the program that had other sources of support such as earned income or disability and some non cash benefits were the most successful.

MaineHousing's focus for the Engagement and Stabilization program appears to have met two important needs. First, the program has been successful in stabilizing housing for nearly 82 % of the program participants. Secondly, the program has provided some relief to the emergency shelter system by removing a portion of chronically homeless individuals from the system.

Additional analysis also clearly suggests a combination of case management and financial assistance is essential to the overall stability of participants in the program. The case management model operationalized by staff in the HPRP programs appears to be a good practice model for replication in other program and service delivery models.

ARIZONA SELF SUFFICIENCY MATRIX

| DOMAIN | 1 IN CRISIS | 2 VULNERABLE | 3 SAFE | 4 BUILDING CAPACITY | 5 EMPOWERED |
|------------------------|---|---|--|--|--|
| Employment | No job | Temporary, part-time or seasonal; inadequate pay, no benefits. | Employed full time; inadequate pay; few or no benefits. | Employed full time with adequate pay and benefits | Maintains permanent employment with adequate income and benefits |
| Shelter | Homeless or threatened with eviction | Transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income) | In stable housing that is safe by only marginally adequate. | Housing is in safe, adequate subsidized housing. | Household is safe, adequate, unsubsidized housing |
| Food | No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food. | Household is on food stamps | Can meet basic food needs, but requires occasional assistance. | Can meet food needs without assistance. | Can choose to purchase any food household items |
| Health care | No medical coverage with immediate need. | No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health | Some members are on MaineCare/Medicare | All members can get health care when needed but may strain budget. | All members are covered by affordable, adequate health insurance |
| Substance abuse | Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may | Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal | Use within the last 6 months evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive | Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional, or physical | No drug use/alcohol use in last 6 months |

| | | | | | |
|-----------------------|---|---|--|---|--|
| | be necessary. | avoidance or neglect of essential life activities. | behavior or housing problems). Problems have persisted for at least one month. | problems related to use; no evidence of recurrent dangerous use. | |
| Mental health | Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems. | Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms. | Mild symptoms may be present but are transient; only moderate difficulty functioning due to mental health problems. | Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning | Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns. |
| Transportation | No access to transportation, public or private; may have car that is inoperable | Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc. | Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured | Transportation is generally accessible to meet basic travel needs. | Transportation is readily available and affordable; car is adequately insured |