# MEMO

TO: Board of Trustees, MetroWest Health Foundation

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SUBJECT: Family Homelessness- A Public Health Issue

Date: June 17, 2015

**Scope of the Problem:**

From 2013 to 2014, Massachusetts had the largest increase in the number of homeless people in families in the nation.[1] Specifically, there were 2,114 more homeless people in families in 2014, a 17 percent increase from 2013. As of February 2015, the state's Emergency Assistance (EA) shelter program was housing more than 4,500 families with children; 1,438 of these families were sheltered in motels. In addition to EA recipients, an additional 4,200 families were living in unstable conditions --doubled up, behind on rent with the threat of eviction, or sleeping in their cars.

Specific data about the number of homeless families in the MetroWest region as a whole is currently unavailable. Although towns in the region and various governmental and non-governmental agencies collect data on housing instability, there is no singular definition of homelessness among them. Furthermore, the methodology that each town or agency uses to gather its data varies.

Although the lack of available data is a challenge, one may conclude that the high cost of living and lack of affordable housing in MetroWest contributes to the increasing incidence of family homelessness. While a certain percentage of new housing is required to be affordable, the definition of "affordable" varies depending on the median income of a town, which raises the question: "Affordable by whom?" For example, in Natick, a two-bedroom apartment that rents for $1,400 per month is considered affordable. A working-class person earning $16 per hour would have to contribute more than 50% of his or her income in order to live there.

Access to stable, affordable housing has health implications for individuals, families, and the community. Homelessness strains the resources of health care facilities, schools, and social services agencies. Conversations with individuals who work with homeless families in MetroWest have revealed direct connections between the lack of stable housing and poor health, including the following: fragmented medical care; difficulty picking up ill children from school or transporting them to their home pediatricians; poor dental care; falling behind in school; and poor nutrition, as families staying in motels often do not have access to refrigerators or cooking devices.[2]

**Community Partners:**

The following potential community partners have been identified based on their existing work with homeless families, and the diverse viewpoints they would bring to the table:

Potential local community partners: South Middlesex Opportunity Council, Family Promise MetroWest, school family liaisons/someone from school systems, Advocates, Women of Means, MetroWest Legal Services, MetroWest Free Medical Program, United Way, local mayors and/or town officials.

[1] Department of Housing and Urban Development: Part 1 Point-In-Time Estimates of Homelessness. The 2014 Annual Homeless Assessment Report (AHAR) to Congress. October 2014 Page 26.

[2] file://Hln_health_factsheet_Jan10.pdf

Potential resources/consultants not in region but with expertise: One Family, Shelter Legal Services Foundation, MA Coalition for Homelessness.

Potential funder partners: Ludcke Foundation, Fireman Foundation, Foundation for MetroWest.

Additionally, it will be important to collaborate with statewide agencies and agencies outside of MetroWest because the problem is larger than the MetroWest region. Homeless families who qualify for EA shelter are placed in motels around the state. Anecdotal evidence suggests that the TraveLodge in Natick houses more families from Boston than from MetroWest.

**Role of the Foundation and Others:**

In order to support the many needs of homeless families, a coordinated, sustainable, region-wide, effort is needed. The Foundation should take a leadership role in developing and supporting a coalition of local MetroWest agencies devoted to building a network of cohesive services for homeless families. The first task of the coalition will be to measure the problem, since we lack reliable data on the scope of family homelessness. This is necessary in order to craft an appropriate regional strategy. Therefore, the Foundation should act as a convener, bringing together stakeholders to devise a strategic plan for the region, including a data collection protocol.

Intense coordinated effort across agencies and community groups is necessary to provide the required support for the reduction and elimination of homelessness. Collaborating across sectors is critical to creating a network of resources that work together to achieve the goal of preventing homelessness.[3]

The connections between unstable housing and poor health are manifest, as described in the introductory section of this memo. Founding a coalition devoted to eliminating homelessness in the region fulfills the Foundation's mission of "improving the health status of the community, its individuals, and families through informed and innovative leadership."

**Research Regarding Effective Strategies:**

Many traditional governmental housing programs have long waiting lists, punitive eligibility requirements, and are designed to address short-term gaps in stable housing. While such programs are helpful for families dealing with a specific crisis, they are not flexible enough to address intergenerational poverty, chronic homelessness, mental health issues, and other unique family needs. Over the past several years, evidence has grown in support of programs operating under a different kind of philosophy, often referred to as Housing First. Whatever the name, these programs focus on getting homeless people into stable housing as the top priority, with the understanding that once individuals have their basic need for shelter met, they will be capable of focusing on higher-order needs, such as income generation, access to health care, and freedom from addiction. Three model programs are described below.

> **Housing First: Housing First Model** Developed by Pathways to Housing in 1992, this program created a shift in thinking of housing *as a basic human need and a treatment in itself*, as opposed to a reward for compliance or coercion with a treatment program.[4] The U.S. Veterans Administration has adopted Housing First as a strategy to house all homeless veterans. In 2014, Canada became the first country to adopt the model as its national policy to end homelessness. Hundreds of communities across the United States, Canada, Europe, and Australia have adopted Housing First to end chronic homelessness in their communities.[5]

[3] http://usich.gov/usich_resources/solutions/explore/homelessness_prevention

[4] Ingrid Gould Ellen, I., & O'Flaherty, B, eds. (2010). *How to House the Homeless*. New York: Russell Sage Foundation (pp. 37-53).

[5] https://pathwaystohousing.org/housing-first-model

**Home and Healthy for Good (HHG) -BOSTON** Permanent Supportive Housing: A Solution-Driven Model. This model operates on the premise that giving people a stable place to live immediately eliminates the chaos of living on the streets, and therefore gives them an opportunity to move forward. One study found a dramatic decrease in emergency service usage within the first 12 months of housing.

- Annual cost per person for HHG: $15,468
- Current annual cost per homeless person: $33,446
- Annual savings per person: $9,339[6]

**Rapid Re-Housing** As its name suggests, the goal for Rapid Re-Housing is to move families and individuals out of homelessness and into permanent housing as soon as possible. Another critical feature is the community's ability to quickly identify people at risk of being homeless or recognizing that someone is homeless as soon as possible. Because of the flexibility, Rapid Re-Housing is appropriate for a variety of populations, but should be reserved for those who, without this intervention, would become homeless.

Generally it is used for people who need time-limited assistance to get and keep housing. It is designed to minimize the length of time of homelessness. Data indicates that 90 percent of households served by rapid re-housing are successfully housed and do not return to shelter. Compared to long stays in shelters and transitional housing programs, the rapid re-housing approach allows communities to assist more households with the same resources.[7]

**Results show a trend toward tremendous savings in health care costs, especially hospitalizations, when chronically homeless individuals are placed into housing with services.**

**Recommendations**

We recommend that the Foundation employ both short-term and long-term strategies to reduce family homelessness in the region.

Strategy 1: Reduce the incidence of homelessness among families with high barriers to stability by funding programs that employ a housing first approach. This includes rapid re-housing with case management, eviction prevention (especially for families with housing subsidies), and partnerships between housing and health and behavioral health providers.

- Most families that experience homelessness have experienced a financial or other crisis, and are able to exit the shelter system once the problem is resolved. Other families require intensive services and longer-term assistance, and they are the focus of this strategy.
- Rapid rehousing has been shown to reduce family homelessness more effectively than traditional shelter systems.[8]
- Permanent rent subsidies have proven to be the most effective way to prevent homelessness among low-income families. When families are evicted, they risk losing their subsidies for a period of time.[9]
- The federal government recognizes the tremendous opportunity to integrate health care with housing.[10] For homeless families, access to prenatal, early childhood development, and other programs not readily available.

[6] http://www.mhsa.net/sites/default/files/January%202015%20HHG%20Report.pdf

[7] http://usich.gov/usich_resources/solutions/explore/rapid_re_housing

[8] National Alliance To End Homelessness: Families, http://www.endhomelessness.org/pages/families_solutions.

[9] National Alliance to End Homelessness: Promising Practices: Housing Families, Inc. /Malden Housing Authority, http://www.endhomelessness.org/library/entry/promising-practices-housing-families-inc.-malden-housing-authority.

[10] Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (2010) http://usich.gov/opening_doors/.

Strategy 2: Partner with local homelessness organizations, health care providers, and governments to more efficiently deploy existing funding and services from a broad range of sources.

- There is no existing homelessness coalition or organization that focuses exclusively on the MetroWest region. As a starting point, the coalition members should prioritize collecting data, sharing successful strategies, and comparing program outcomes across the region.
- Coalition members will develop a coordinated plan to combat family homelessness by leveraging dollars already available to aid homeless families.
- Long-term planning to retain affordable housing in the region is essential to reducing and eventually eliminating family homelessness.

**The Initiative's Key Messages**

The three key messages below were selected because they explain the foundation's interest in the issue; provide an analogical bridge between homelessness and health care; and convey optimism about solving the problem through collaboration.

- Homelessness is a public health issue.
- Just as in medicine, when it comes to homelessness, prevention is better than a cure; and a cure is better than ongoing treatment.
- We have the prevention and the cure for homelessness: it's housing. What we need is political will.

**Determining Success**:

There are two main indicators of the success of this initiative: (1) Establishment of an active, local interagency coalition working to eradicate family homelessness; and (2) Reduced number of families suffering from homelessness or at risk of homelessness in the region.

An interagency coalition comprised of local agencies, schools, medical centers, and government would be the foundation of a system that ensures that families in danger of falling into homelessness have adequate supports. This might include rental assistance, skills training, and case management. The coalition could spearhead a longitudinal data-collection project to determine participation levels in existing programs, average length of time of participation, and outcomes.

A reduction in the incidence of family homelessness would indicate that the region is moving toward affordability in the housing market. The proposed interagency coalition could potentially work with local governments and builders to enact or modify land use regulations with the goal of building more affordable units - and the result of fewer families housed in local shelters and motels.

**Risks and Pitfalls:**

Negative public opinion is an obstacle that the foundation may confront with this initiative. Many people believe that homelessness is a result of a personal--rather than systematic--failure, and therefore may not be willing to support efforts to increase supports for homeless families. A media campaign may be helpful in countering this potential pitfall. As discussed in Public Attitudes Toward the Homeless, if media campaigns to increase awareness of homeless focused on the seriousness of homelessness, that homelessness is getting worse, and that there are real structural reasons why a person might be homeless instead of personal failings and negative stereotypes, sympathy may increase.[11]

[11] Robert P.Agans, Liu G., Jones, M., Verjans, C., Silverbush, M., & Kalsbeek, W.D. *Public Attitudes toward the Homeless.* Retrieved from https://www.amstat.org/sections/srms/proceedings/y2011/Files/400188.pdf