

# Strategies to Reduce Unsheltered Homelessness: Feasibility Analysis and Implementation Considerations

Prepared for Changing Homelessness  
by Focus Strategies

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## **A. Overview**

The Northeast Florida Continuum of Care (CoC) is exploring the feasibility of launching a targeted initiative to reduce the population of unsheltered homeless people in Duval, Nassau and Clay Counties. The Plan to Reduce Street Homelessness that is under consideration envisions a process of community engagement with a range of constituencies to support this effort, data analysis to understand the scope of the problem, and marshalling the resources needed to implement the project over a 12-month period.

As part of the initial planning work for this initiative, the Northeast Florida CoC has engaged Focus Strategies to develop and analyze a range of scenarios to understand what housing interventions will be needed to reach a 50% reduction in the unsheltered population over the next two years. This report presents the results of that analysis and our recommendations about what kinds of system changes will be needed to achieve this goal. It also identifies likely implementation challenges and our suggestions about strategies the Northeast Florida CoC can pursue to engage community leadership and funders, as well as the kinds of staffing and technical support that will be needed for this effort to be successful.

## **B. Modeling Methodology and Overview of Results**

To conduct the feasibility assessment and modeling, Focus Strategies collected data from several sources, including:

- Data from the Coordinated Entry System managed by Changing Homelessness on behalf of the Jacksonville-Duval, Clay, and Nassau Counties CoC (FL-510)
- 2017 Point in Time (PIT) and Housing Inventory Count (HIC) data for FL-510
- HUD System Performance Measures for FL-510 generated from the Homeless Management Information System (HMIS) managed by Changing Homelessness for period from December 2016 through November 2017.

We used these sources to develop an estimate of the unsheltered homeless population and model the system's capacity to house this population based on current system performance. Given the relatively small size of the population of people experiencing homelessness in the community and the strong performance of the Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) inventory in exiting people to permanent housing, we developed a set of modeling scenarios to explore whether the population of people experiencing unsheltered homelessness could be substantially reduced through improved targeting of the existing system to serve that population.

Our modeling suggests that the community can achieve a 60% reduction in the unsheltered population through more strategic use of the existing inventory of RRH and PSH. We modeled three different ways that these reductions can be achieved, all involving use of turnover in the existing portfolio PSH and RRH. This analysis shows that additional inventory is not needed to achieve the desired results. Instead, significant reductions can be attained by strongly targeting the existing PSH and RRH program vacancies to people who are unsheltered.

A detailed summary of the modeling results, data sources and methodology are described in more detail in Appendices A, B and C respectively.

### **C. Recommendations for System Re-Design**

Our analysis demonstrates that it is possible to achieve a significant reduction in unsheltered homelessness in the Northeast Florida CoC through more effective use of the existing inventory of housing interventions. All three scenarios we modeled show that, based on current performance, there is sufficient flexibility in the system to accommodate each household's specific needs while still meeting the target goal of reducing unsheltered homelessness by 50% over the next two years. The most promising of the three scenarios would involve using a progressive engagement model when serving most of the unsheltered households in need of housing interventions – starting first with rapid rehousing and only offering permanent supportive housing when rapid rehousing is unsuccessful or if the household has extremely high needs. This strategy shows the potential to dramatically reduce the unsheltered homeless population in the Northeast Florida CoC over the next two years while also reducing the chronically homeless population.

Implementing this strategy will likely involve some significant system re-design work, some elements of which we have detailed below:

1. **Changes to Coordinated Entry System policies.** To ensure unsheltered people have priority access to existing resources, Coordinated Entry System policies may need to be changed to ensure that the status of being unsheltered becomes a strong factor in prioritization. Using VISPDAT scores alone to determine prioritization will not necessarily ensure that those who are unsheltered are prioritized for RRH and PSH, since that tool considers a number of factors in addition to a household's current living situation.
2. **Removal of Program Barriers.** Although mathematically there is sufficient capacity to serve a larger population of unsheltered people in existing programs, there are likely a number of programmatic barriers to doing so. Increasing the number of unsheltered and chronically homeless households accessing RRH and PSH will require that these programs remove entry barriers that might prevent unsheltered people from using these resources, such as sobriety requirements, income or employment requirements, etc.
3. **Training and Capacity Building for RRH Providers.** Not all RRH program providers have expertise or capacity to work with higher need households, or with using a progressive engagement model. Significant training may be needed to help these organizations implement best practices in RRH service delivery. Some communities have also developed RRH provider academies or learning collaboratives in which RRH staff meet regularly to share information and problem solve. These communities include Pierce County, Washington; Albany and Atlanta, Georgia; Baltimore County, Maryland; and the CT Balance of State CoC.<sup>1</sup>
4. **Systemwide Diversion.** As the system's RRH inventory shifts to serving higher barrier households, it will likely be necessary to develop lighter touch interventions for those households who have lower needs. Developing a robust shelter-diversion or system-diversion strategy and practice for households who are not experiencing unsheltered homelessness (i.e. couch surfing, unstably housed) would be recommended to ensure that these households can receive effective assistance to prevent them from entering the homeless system.

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<sup>1</sup> <https://endhomelessness.org/road-capacity-building-team-touches-georgia-maryland-improve-rapid-re-housing-outcomes/>; <http://cceh.org/event/rapid-rehousing-learning-collaborative-meeting-5/>

The modeling we have conducted does not assess whether there are external constraints that would limit the ability of the existing system to serve the identified unsheltered population. For example, there could be some entry requirements for RRH or PSH that are imposed by funding sources that cannot be removed and would preclude some unsheltered households from being served. Serving higher need clients with rapid rehousing could also mean that program model might become more expensive on average (due to needing longer or deeper rental subsidies and more robust case management), which would impact performance. However, the modeling does show that significant progress can be made within the existing system. We would advise the CoC to develop and implement an initiative to strongly target and prioritize unsheltered people for the available RRH and PSH in the community and assess how much of an impact this has on the population before considering whether to add new RRH or PSH inventory.

#### **D. Implementation Challenges and Strategies**

The system changes we describe above will represent a significant shift in how the community approaches homelessness. System change initiatives generally are highly complex undertakings, requiring strong leadership, coordinated funding, and intensive staffing and technical support. Below we outline some of the likely implementation challenges and some strategies for addressing them.

##### **1. Leadership & Funding**

Like many communities, the Northeast Florida CoC has a broad range of engaged and involved stakeholders working to address homelessness, including local government (counties and cities), private funders, business interests, the faith community, non-profit housing and service providers, and others. All stakeholders have critical expertise and experience, and each has an important role to play in the system. Yet this diversity of entities working in the homelessness arena also presents a challenge – it can be difficult to coordinate these entities and ensure all are working towards a shared set of key objectives.

System change along the lines of what will be needed to strongly re-direct and target existing resources to serve unsheltered individuals will require a much more unified leadership structure that can bring all the current players to the table to work towards a shared set of goals and to do business differently. The Northeast Florida CoC Governance Board, with community representatives, can play a pivotal role in leading this effort. Housing providers will have to re-orient their programs to serve more challenging clients and develop the expertise to effectively help them secure housing. The Northeast Florida CoC Governance Board (elected officials, business leaders) and funders (both public and private) must set system level objectives, identify the strategies and interventions needed to achieve them, and decide what they will invest in. They will need to establish policies to ensure that homeless system interventions are designed to target and prioritize those who are unsheltered and invest only in those that can be measurably demonstrated to move homeless people into housing. They will have to hold providers accountable for results and insist on changing the status quo.

Currently the Northeast Florida CoC region has a semi-decentralized decision-making structure for work relating to homelessness. The CoC, with Changing Homelessness as the lead agency/collaborative applicant, develops policies relating to some federal funding streams but does not have authority over City or County funds, nor does it oversee private funding. To drive a system change initiative, there will

likely need to be a shift to stronger leadership and decision-making from the Northeast Florida CoC Governance Board. Some options might include the support of:

- *A Mayoral initiative.* Given that the majority of unsheltered people in the region are living in or near downtown Jacksonville, an initiative to tackle unsheltered homelessness could be supported by the Mayor's office.
- *A business-led initiative.* Similar to the above, a system change effort to bring about a reduction in unsheltered homelessness could be supported by business leaders from the City of Jacksonville.
- *A funder collaborative.* Bringing together both public and private funders to drive systems change through a targeted and coordinated investment strategies is another option.

While there are several options for how this initiative could be spearheaded, the critical implementation challenge will be ensuring that the Northeast Florida CoC Governance has authority over system-wide investment policies. Whether guided in the public forum by the Mayor's office, a business council, or a funder collaborative, the initiative must have a structure in place to set clear objectives and performance targets and then hold all stakeholders accountable for meeting them. This will include requirements that programs must prioritize unsheltered people for assistance and provide them with high quality, evidence-based programs and services that ensure they secure an appropriate housing solution as quickly as possible.

## 2. Staffing

Another critical implementation challenge will be to appropriately staff and resource this system change effort. The Northeast Florida CoC Governance Board will need information and support to effectively drive the needed changes in the system. Some critical staffing roles and functions are outlined below.

- System design and refinement. Translating the broad objectives of this initiative into policies and programs requires staff that are well versed in system design, who can flesh out the broad vision and identify the policy and programmatic changes that are needed. While the leadership entity would be responsible for deciding what will change, experienced staff with knowledge about how homeless systems work are needed to articulate how it will change.
- Data collection and analysis. The proposed system change initiative is strongly data-informed and based on analysis demonstrating that unsheltered homelessness can be reduced significantly by re-tooling existing programs to better target and serve this population. Continuous collection and analysis of data will be needed to track progress and make refinements as needed. Staff will be needed to extract, analyze, and summarize data in a way that helps funders understand answers and use that information to make investment decisions.
- Performance measurement and performance-based contracting. A critical element of this initiative will involve setting performance targets for programs serving people experiencing homelessness and then holding providers accountable for meeting them. This will require staff with experience in integrating performance into funding and contracting processes.
- Provider training and capacity building. It is unlikely that all providers in the community will be prepared to make the shift towards providing housing to people experiencing unsheltered

homelessness who have high housing barriers and other challenges. Developing a provider training and capacity building initiative will be essential to ensure that housing and services entities are brought along and supported to make the needed changes.

- Community messaging. Another critical role for staff will be working with the Northeast Florida CoC Governance to develop and implement a plan to communicate with the community at large about the goals of the initiative, how the planned reductions in homelessness will be achieved and what progress is being made.

### 3. Technical Assistance

Although the initiative cannot be successful without high level staffing, it is also likely that staff in turn will also require support from a technical assistance (TA) provider or providers that are expert in homeless system planning and system change initiatives. Specific areas for TA support are likely to include assistance with designing a system change implementation plan, crafting policies aligned with best practices, developing and implementing a provider training and capacity building initiative, and analytic and data management support. Qualifications of a TA provider or providers would include experience working with HMIS data; facilitating data quality improvement activities; analytic strategies; developing, producing and presenting reports for audiences that vary in their level of expertise; translating data findings into useful recommendations; knowledge of homeless programs in the community; and expertise with performance and outcome measures.

### E. Return on Investment

When considering launching an initiative to reduce unsheltered homelessness, community leadership typically will immediately assume that the key strategy will be identifying funding to invest in new housing capacity. However, our analysis shows that in the Northeast Florida CoC, a significant reduction can be achieved through more effective use of the existing inventory of RRH and PSH. Making this change will require an investment, not in new housing resources, but in system change. Creating and staffing a new leadership entity and securing needed technical assistance will require an investment of funds for a period of at least two to three years.

While we do not have sufficient information to estimate the staff and TA costs for the proposed initiative, the benefits to the system of housing people experiencing unsheltered homelessness is likely to far outweigh the costs. Supportive housing has been shown to help people permanently stay out of homelessness, improve health conditions, and reduce public costs, by reducing the cost of physical and behavioral health crisis services, hospitalizations, and incarcerations.<sup>2</sup> Several local studies have estimated the cost of homelessness to average between \$30,000 and \$40,000 per year per person (San Francisco, 2016; Central Florida, 2014; New York City, 2002). Dramatic cost decreases (ranging between 50% and 68%), have been found after people begin living in Permanent Supportive Housing.

If the Northeast Florida CoC were able to tackle one of the models suggested by Focus Strategies to reduce unsheltered homelessness by over 60% in the next two years, a conservative estimate of \$3 million might be saved after housing just those experiencing chronic homelessness. The table below uses the most conservative cost associated with experiencing homelessness (\$30,000) and assumes the least savings (50%) associated with being housed in PSH. We have estimated the savings associated with

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<sup>2</sup> USICH, Ending Chronic Homelessness in 2017, usich.gov

the third strategy we modeled (using a hybrid of progressive engagement and filling remaining open PSH units with households experiencing chronic homelessness).

	<b>Total Number of Chronically Homeless Individuals</b>	<b>Cost of Homelessness (\$30,000)</b>	<b>Total Number Housed</b>	<b>Cost of Housing (\$15,000) or 50% savings</b>	<b>Total Cost</b>	<b>Savings</b>
Start	152	\$4.56 M	--	--	\$4.56 M	--
After Year One	69	\$2.07 M	83	\$1.25 M	\$3.32 M	\$1.24 M
After Year Two	31	\$0.93 M	121	\$1.82 M	\$2.75 M	\$1.81 M
<b>TOTAL SAVINGS</b>						<b>\$3.05 M</b>

**F. Conclusion**

The Northeast Florida CoC community has made some significant strides in its efforts to address homelessness through improved coordination and shifts towards more housing-focused and data-informed interventions. Our analysis shows that significant reductions in unsheltered homelessness can be achieved through further system change, which will require that existing projects and programs strongly target people who are unsheltered and assist them to move rapidly into housing. Developing and implementing these changes will require highly unified community leadership supported by high capacity staff and technical assistance. A financial investment will be needed to support this effort, but the costs are likely to be more than offset through savings to the system as a whole from moving people experiencing homelessness off the streets and into stable housing.

## Appendix A: Modeling Results

This Appendix details the methodology used for modeling as well as the modeling results.

### 1. Developing an Estimate of the Unsheltered Population

According to the 2017 Point In Time count, there were 432 unsheltered single adults within the CoC, which spans a three-county geographic area. We understand from discussions with Changing Homelessness that the majority of unsheltered people are located in the area around downtown Jacksonville, however, there are also people experiencing unsheltered homelessness in other parts of the CoC geography.

The Coordinated Entry System data we analyzed indicated there were only 123 single adult unsheltered households.<sup>3</sup> Although the size of the population served by Coordinated Entry System was small compared to the Point In Time, for most demographics and other characteristics, the active unsheltered Coordinated Entry System client population closely mirrored the unsheltered Point In Time population (see Table 1 on next page).

Two characteristics where differences were found included gender (a higher percentage of Coordinated Entry System clients were female while males were reflected a higher proportion of the Point In Time unsheltered population), and race (Coordinated Entry System data showed a slightly higher proportion of white adults than the Point In Time data). We were unable to directly compare the proportion of each population who were chronically homeless, as the Coordinated Entry System data did not contain an indicator for chronic homelessness. It is interesting to note, however that 59% of Coordinated Entry System client VI-SPDAT scores fell into the range which would recommend them as most appropriate for Permanent Support Housing, likely due to their propensity to also report higher levels of mental illness, substance abuse, HIV/AIDS, or experience of domestic violence.

Due to (1) the similarities between the Point In Time and Coordinated Entry System adult unsheltered population, (2) the Point In Time having a direct indicator of chronic homelessness, and (3) the larger population represented by the Point In Time, Focus Strategies used the Point In Time unsheltered population as the baseline from which to model a decrease of at least 50% over the next two years.

**Table 1. Characteristics of Unsheltered Adults in Point In Time Versus Coordinated Entry System Data**

	Point In Time	Coordinated Entry System
Total Unsheltered Persons	432	123
<i>Age</i>		
Less than 18 years	0	0
18-24 years	37 (9%)	13 (11%)
25 or more years	395 (91%)	110 (89%)
<i>Gender</i>		

<sup>3</sup> Coordinated Entry System data were filtered to include only unsheltered adults who either entered in the last six months or received services in the last six months and remained active in Coordinated Entry System, leaving 156 unsheltered adults, 123 of whom were in single adult households. The remaining 33 adults were part of 21 family households.



	Point In Time	Coordinated Entry System
Female	101 (23%)	48 (39%)
Male	319 (74%)	74 (60%)
Transgender	12 (3%)	1 (1%)
<i>Ethnicity</i>		
Non-Hispanic/Non-Latino	407 (94%)	115 (93%)
Hispanic/Latino	25 (6%)	6 (5%)
Don't Know/Missing	-	2 (2%)
<i>Race</i>		
White	184 (43%)	66 (54%)
Black/African American	212 (49%)	52 (42%)
Asian	4 (1%)	0
American Indian/Alaska Native	4 (1%)	1 (1%)
Native Hawaiian/Other Pacific Islander	1 (0.2%)	0
Multiple Races	27 (6%)	3 (2%)
Don't Know/Refused/Missing	-	1 (1%)
<i>Other Subpopulations</i>		
Chronically Homeless	152 (36%)	NA
Veterans	25 (6%)	3 (2%)
Unaccompanied Youth	37 (9%)	0
Adults with Serious Mental Illness	101 (23%)	71 (58%) <sup>4</sup>
Adults with Substance Use Disorder	97 (22%)	48 (39%)
Adults with HIV/AIDS	0	7 (6%)
Experiencing Domestic Violence	0	47 (38%)

## 2. Assumptions About System Performance

We used data from Jacksonville's HUD System Performance Measures report to determine the number of adults who enter rapid rehousing (RRH) and permanent supportive housing (PSH) programs and the rate with which clients exit those programs into permanent housing over the course of a year (December 2016 through November 2017). Table 2 summarizes those results.

For RRH, the data shows that during the year, 290 adults entered RRH, 296 exited, the average length of stay was approximately 200 days, and the permanent housing exit rate was 78%. For PSH, the comparable data shows that 147 adults entered during the year, 109 exited, the average length of stay for those who exited was over 600 days, and the permanent housing exit rate was just 56%. These performance results are consistent with a previous system analysis conducted by Focus Strategies in June 2017.

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<sup>4</sup> Coordinated Entry System data does not contain a field for Serious Mental Illness, so this is the number of clients who indicated they had a "mental health problem."

**Table 2. Performance Measures for RRH and PSH Programs**

	RRH	PSH
Total Entries	290	147
Total Exits	296	109
Total PH Exits	231 (78%)	61 (56%)
Average LOS, days	197.9	618.6

### 3. Strategies for Reducing the Population of People Experiencing Unsheltered Homelessness

Given the relatively small size of the population of people experiencing homelessness in the CoC and the strong performance of the RRH and PSH inventory in exiting people to permanent housing, we developed a set of modeling scenarios to explore whether the population of people experiencing unsheltered homelessness could be substantially reduced through improved targeting of the existing system to serve that population. Our analysis modeled the impact of three different strategies:

- **Strategy 1:** All chronically homeless adults should be served in PSH, while all non-chronically homeless adults should be served in RRH.
- **Strategy 2:** All adults, regardless of chronicity, should be served first in RRH; those that are unsuccessful should then, through progressive engagement, enroll in PSH; any remaining PSH capacity should be made available to serve unsheltered households if there is insufficient capacity to assist them in RRH.
- **Strategy 3:** This strategy falls between Strategy 1 and Strategy 2. Half of chronically homeless adults should be served in PSH, while the other half should first be served in RRH; all non-chronically homeless adults should be served in RRH.

All three strategies were modeled using the following set of assumptions:

- The starting population consisted of 432 unsheltered single adult households, 152 of which were chronically homeless.
- We used the estimated exit rate and exit destination data described above to model the capacity to house the unsheltered population on an annual basis. For RRH, available capacity was defined as the number of annual exits from RRH programs. Since average length of stay was over one-year, available PSH capacity was defined as 10% of the existing PSH capacity for households without children (~90 beds available per year).
- System performance and capacity will remain the same over the next two years.
- 75% of the available capacity will be used to serve unsheltered households (the remaining capacity will be filled by entries from other locations).
- 65-70 people will become newly homeless each year (over and above those who may self-resolve or re-enter the homeless system from a homeless program).<sup>5</sup>

As Table 3 shows, all three strategies successfully reduced the size of the unsheltered population by more than 60% in two years. Strategy 1 – placing all chronically homeless households directly into PSH and all other households into RRH – showed the greatest potential reduction in the first year (36.8% vs.

<sup>5</sup> We estimated that 0.05% of the poverty population of Duval County will become newly homeless each year. 2016 population estimates for Duval County show a total population of 926,255 people, of whom 14.5% (134,307 people) are living in poverty. <https://www.census.gov/quickfacts/fact/table/duvalcountyflorida/PST045216>.

Strategy 2 35.0% and Strategy 3 33.3%); Strategy 2 – engaging all households progressively through RRH then into PSH – yielded the greatest potential reduction overall (69.9% vs. Strategy 1 65.0% and Strategy 3 63.9%).

**Table 3. Modeled Reductions in the Total Unsheltered Population**

Unsheltered Households	Strategy 1		Strategy 2		Strategy 3	
	Number	% Reduction <sup>6</sup>	Number	% Reduction	Number	% Reduction
Start	432	NA	432	NA	432	NA
After Year One	273	36.8	281	35.0	288	33.3
After Year Two	151	65.0	130	69.9	156	63.9

We also analyzed which strategy had the greatest potential to reduce the unsheltered chronically homeless population. Both Strategies 2 and 3 showed potentially 70% or greater reduction in chronically homeless unsheltered households, with Strategy 3 – housing 50% of chronically homeless households in PSH and the other 50% in RRH, with all non-chronic households being served in RRH – yielding a potential 55% reduction in the chronically homeless population in the first year and nearly 80% by the end of the second year.

**Table 4. Modeling Reductions in the Unsheltered Chronic Homeless Population**

Unsheltered CH Households	Strategy 1		Strategy 2		Strategy 3	
	Number	% Reduction <sup>7</sup>	Number	% Reduction	Number	% Reduction
Start	152	NA	152	NA	152	NA
After Year One	123	19.1	99	34.9	69	54.6
After Year Two	108	28.9	46	69.7	31	79.6

<sup>6</sup> % Reduction is calculated as reduction from the Starting Population for both years.

<sup>7</sup> % Reduction is calculated as reduction from the Starting Population for both years.

## **Appendix B Data Sources**

Focus Strategies received the following data from Changing Homeless for use in this analysis.

### **1. Coordinated Entry System Data**

The Northeast Florida CoC provided Focus Strategies three distinct data sets related to their Coordinated Entry System: Annual Performance Report (APR) data for all Coordinated Entry System clients served between 12/1/2016 and 11/30/2017, VI-SPDAT assessment responses and scores collected between April 2014 and December 2017, and a list of clients receiving services between 12/1/2016 and 11/30/2017. Data from the three data sets were matched based on the Client ID field in each set.

### **2. Point in Time (PIT) Data**

The Northeast Florida CoC provided Focus Strategies copies of their 2017 Point In Time data, including the Methodology Summary, Total Population Report, Subpopulation Report, Youth Population Summary, and Veteran Summary. Data from the Total Population Report and Subpopulation Report were used to compare the Point In Time population to the Coordinated Entry System active client list.

### **3. System Performance Measures**

The Northeast Florida CoC provided Focus Strategies an extract of their HUD System Performance Measure data for 12/1/2016 through 11/30/2017. Each System Performance Measure contained data listed by Client ID, Enroll ID, Case ID, and Program Name. The System Performance Measures included:

- Measure 1 – Length of time persons remain homeless
- Measure 2 – Returns to Homelessness within 6 or 12 months following an exit to permanent housing
- Measure 3.2 – Annual count of sheltered homeless persons
- Measures 4.1 through 4.6 – Income changes for system stayers and leavers
- Measure 5 (including Metrics 5.1 and 5.2) – Number of system entrants with or without prior system entries (5.1 covers ES, SH, and TH, while 5.2 includes those program types along with PH)
- Measure 7 (including Metrics 7a.1, 7b.1, and 7b.2) – Successful placement into or retention in permanent housing (7a.1 covers exits from Street Outreach; 7b.1 covers exits from ES, SH, TH, and PH-RRH; and 7b.2 covers exits from and retention in PH that is not RRH)

### **4. Housing Inventory Count (HIC)**

The Northeast Florida CoC provided Focus Strategies an extract of their Housing Inventory Count, which contained a list of system projects with their project type and number of beds or units.

## **Appendix C Analysis Methodology**

### **1. Coordinated Entry System Unsheltered Population Analysis**

To be included on the active Coordinated Entry System unsheltered adult client list for this analysis, a client met the following criteria:

- have no exit date (N=1,953);
- have either an entry date between 6/1/2017 and 11/30/2017 or received any service between 6/1/2017 and 11/30/2017 (N=1,276);
- be aged 18 or older (N=930);
- have either prior living of “place not meant for habitation” or no prior living value with housing status “Category 1 – homeless” (N=156); and
- have a unique Case ID (N=123).

The number in parentheses indicates the number of records that met each set of criteria when applied cumulatively from the first item through the last.

### **2. System Performance Measures**

Focus Strategies used System Performance Measure data to derive the following items for single adult households for both RRH and PSH programs: total entries, total exits, total PH exits, and average length of stay (LOS). Household size was determined by calculating the unduplicated number of records according to Case ID, and single adult households were defined as those with only one person per household.

Total entries were calculated as the number of unique single adult entry records for each RRH and PSH program in Metric 5.2. Total exits were calculated as the number of unique single adult exit records for each RRH program in Metric 7b.1 and unique single adult exit records for each PSH program in Metric 7b.2. Total PH exits included all single adult exits to permanent housing destinations in the defined exit populations. The following exit destinations were considered permanent housing: owned by client, with ongoing housing subsidy; permanent housing (other than RRH) for formerly homeless persons; rental by client, no ongoing housing subsidy; rental by client, other (non-VASH) ongoing housing subsidy; rental by client, VASH subsidy; rental by client, with GPD TIP housing subsidy; staying or living with family, permanent tenure; and staying or living with friends, permanent tenure. Average length of stay was calculated by averaging the days between entry date and exit date for all unique, exited single adult households in RRH and PSH.

### **3. Existing PSH Capacity**

Since average length of stay is typically greater than one year for PSH, we also determined the existing PSH capacity for single adults by adding the number of beds for households without children for all PSH projects included in the Housing Inventory Count.

### **4. Modeling**

To model the unsheltered population, we compared the number of unsheltered households needing housing to the capacity available to serve them. When capacity to serve exceeded the number of households needing housing, the number of households served equaled the number of households needing housing; when capacity to serve was less than the households needing housing, the number of households served equaled the available capacity. We made the following assumptions:

- 0.05% of the poverty population becomes newly homeless each year;
- available RRH capacity is equal to the number of annual exits made by single adult households from existing RRH programs;
- available PSH capacity is equal to the existing PSH capacity in the Housing Inventory Count times a 10% turnover rate;
- 75% of available capacity is used to serve unsheltered households;
- the number of households successfully housed is equal to the number of households served times the rate of exit to permanent housing;
- CH and non-CH households exit to permanent housing at the same rate.