Capacity and Gaps in the Homeless Residential and Service System, Harris and Fort Bend Counties



2011

### Introduction

In a city as large as Houston, it is a challenge to obtain a picture of the entirety of the service and housing options available to people who are homeless in our community. As the leader in development and implementation of community strategies to prevent and end homelessness, the Coalition for the Homeless of Houston/Harris County has developed an analysis of the inventory of services and the homeless residential system in our community, as well as identified gaps that must be filled in order to address the needs of people seeking housing stability.

## Methodology

Information from multiple studies and reports by the Coalition for the Homeless of Houston/Harris County was compiled for use in this service inventory/gap analysis—including the "Perceived Needs of Homeless Persons in Houston/Harris County 2011," Housing Inventory Chart, Point-in-Time Count, the Continuum of Care Exhibits 1 and 2, and the Homeless Services Directory. Studies conducted by community partners are cited throughout the report.

Additional information was gathered through interviews with the following thirty-two homeless service and housing providers conducted by Coalition for the Homeless Houston/Harris County and the Houston Health and Human Services Department.

Alliance of Community Assistance Ministries

(ACAM)

**AIDS Foundation Houston** 

**Bay Area Homeless Services** 

**Bay Area Turning Point** 

Bread of Life

Catholic Charities of the Archdiocese of

Galveston-Houston Change Happens!

City of Baytown

City of Houston Department of Health and

**Human Services** 

Fort Bend Social Services Department

Goodwill Industries of Houston

Harmony House

Harris County Protective Services

Healthcare for the Homeless Houston

Housing Corporation of Greater Houston

Houston Area Community Services (HACS)

Houston Area Women's Center

Magnificat Houses, Inc.

Main Street Ministries

Mental Health and Mental Retardation

Authority

**New Hope Counseling** 

**SEARCH** 

Society of Saint Vincent de Paul

Star of Hope

Stop Turning Entering Prison (STEP)

**Temenos CDC** 

The Salvation Army Greater Houston Area

Command

US Veteran's Administration

Volunteers of America—Texas

Wellsprings Village

Westside Homeless Partnership

Wesley Community Center

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## Accessing the Homeless Residential System and Services

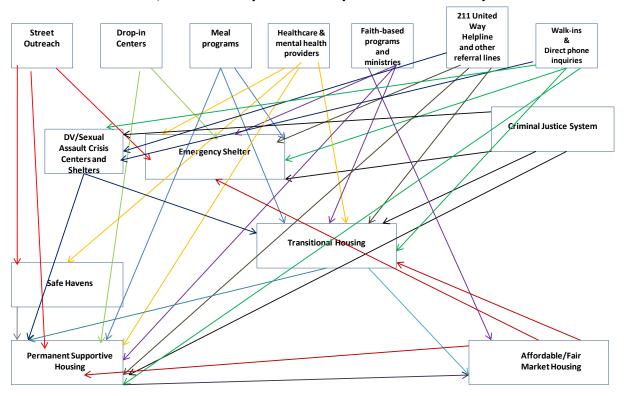
Accessing housing options for people who are homeless—rapid re-housing, transitional housing, permanent supportive housing, and affordable housing—can be a cumbersome and difficult to navigate process in the Houston area. At this time, the homeless residential system is fragmented, with each agency having their own intake system, eligibility criteria, waitlists and staff or volunteers dedicated to intake and assessments. For people seeking housing, going from place to place working from a list of referrals is frustrating and often times unrealistic. For staff, much time is spent assessing people who may not be eligible for services, and programs might not have capacity. The effect is often that people with the most significant barriers to housing find it impossible to exit homelessness.

Emergency shelters and day centers are the most common source of referrals into transitional and permanent supportive housing, with their staff identifying clients who could potentially fit the eligibility requirements of programs. HUD requires documentation of homelessness for people to be accepted into HUD-funded transitional housing, rapid rehousing, or permanent supportive housing. For people who continuously sleep outside or in other places not intended for human habitation, documenting homelessness can be a challenge. There is currently no coordinated system between street outreach providers and the larger residential system to identify people in need of housing and coordinate their housing intake.

The diagram below was developed after surveying 14 emergency shelter, permanent supportive housing, transitional housing, and service programs about their processes for intake and sources of client referrals.

Figure 1 (Coalition for the Homeless Houston/Harris County, July 2011)

## Current Houston/Harris County Homeless System Points of Entry: Summer 2011

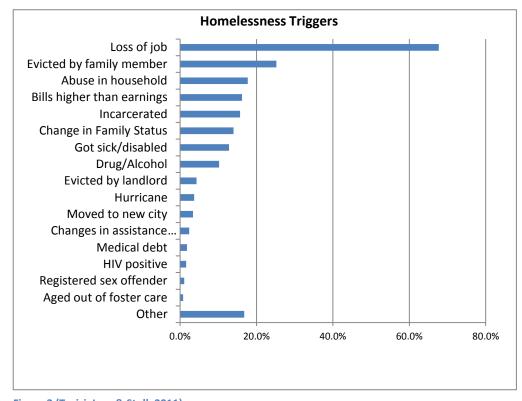


## Homelessness Prevention and Rapid Re-Housing Capacity and Gaps

Preventing an individual or family from becoming homeless is the key to decreasing the amount of newly-homeless people. Before the Homelessness Prevention and Rapid Re-Housing (HPRP) program was introduced through the American Recovery and Reinvestment Act of 2009, in Houston programs to target the prevention of homelessness were very limited in scope and funding. One-time rental assistance through the federal Emergency Food and Shelter Program (EFSP) whose release is at times unreliable, the Emergency Shelter Grant (ESG), Harris County general funds, and private donations provided limited funding if a person had an eviction or vacate notice. However, for people imminently at-risk of homelessness, such limited financial assistance was often insufficient, and did not include limited or no case management or other supportive services. The prevention component of the HPRP program is designed to provide longer-term rental assistance (3 to 18 months) coupled with case management with the goal of preventing someone who would likely end up on the street or in an emergency shelter within the next couple of weeks from doing so. The rapid re-housing component of HPRP is intended to quickly place people who are literally homeless in a permanent place to live, while working with the client to achieve housing stability long-term. As stimulus funds end between Fall 2011 and Summer 2012, the Houston area will face a major decrease in funds dedicated to prevention of homelessness, although the new Emergency Solutions Grant (ESG) regulations from HUD will provide a dedicated funding stream at a majorly decreased level compared to HPRP.

Because of a lack of systems-level coordination, HPRP programs were implemented without common criteria for eligibility and program structure, creating large disparities in type of client served and level of service provided through the more than twenty programs created. In addition, fully understanding the needs of clients related to economic assistance and other supportive services is difficult after just an initial assessment.

When asked in the needs assessment, people who are homeless listed these reasons as their causes of homelessness, with the option to report multiple causes.



As indicated in the graph, the majority of people report the main cause of homelessness to be related to financial problems resulting from a loss of employment. There is also a significant amount of people reporting homelessness caused, at least in part, by domestic violence, incarceration, illness or disabilities, and problems with substance abuse. Serious mental illness is known to be a major contributing cause of homelessness, although underreported or included in the category "Got sick/disabled."

In Harris and Fort Bend Counties, 21 HPRP prevention programs were funded and focused on these populations.

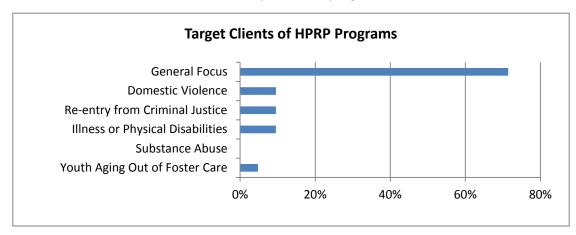


Figure 3 (Self-Reported by Agency)

Due to limitations in eligible expenses of the Homelessness Prevention and Rapid Re-Housing and the new Emergency Solutions Grant program, funding for furniture, general transportation, food, training of staff in evidence based practices, and funding for enough staff to serve clients with high barriers is left to individual providers to develop.

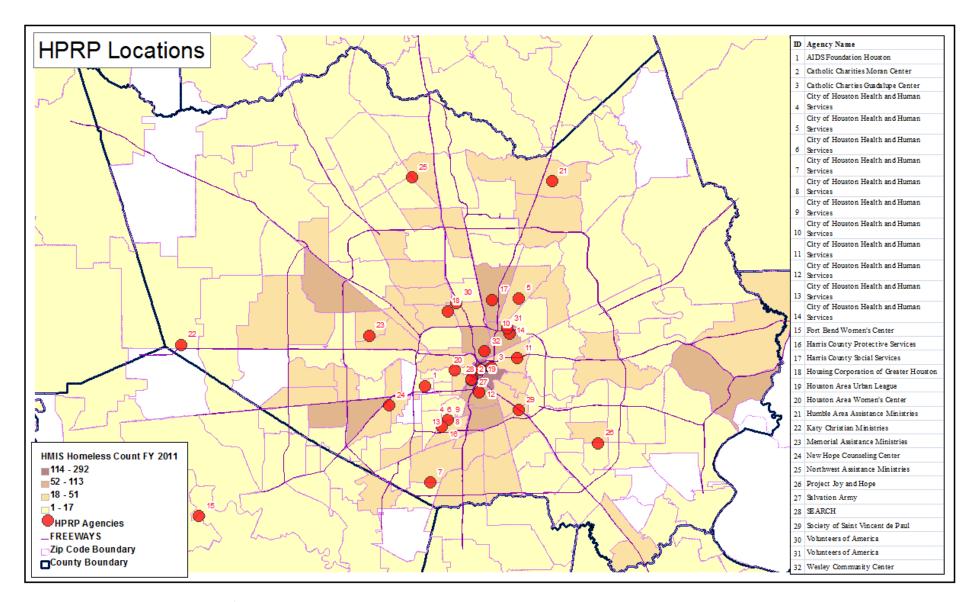


Figure 4 (Coalition for the Homeless Houston/Harris County, 2011)

When newly-homeless people are registered in the Homeless Management Information System (HMIS), they are asked what ZIP code they lived in before becoming homeless. The map depicts the ZIP codes people lived in before becoming literally homeless compared with the location of homelessness prevention providers. As can be seen, the ZIP codes of 77041 (Bear Creek), 77036 (Sharpstown), 77072 (Alief), 77026 (Kashmere Gardens) and 77093 (Northside/North Forest), 77004 (Third Ward), and 77021 (MacGregor) all have high rates of residents becoming homeless, but no homelessness prevention providers located in the area.

## Support Services for People who are Currently Homeless

## **Needs Reported by People who are Homeless**

People who are homeless indicated their level of need for the following services. These could either reflect needs that are being met or are going unmet depending on availability of service and ability to access.

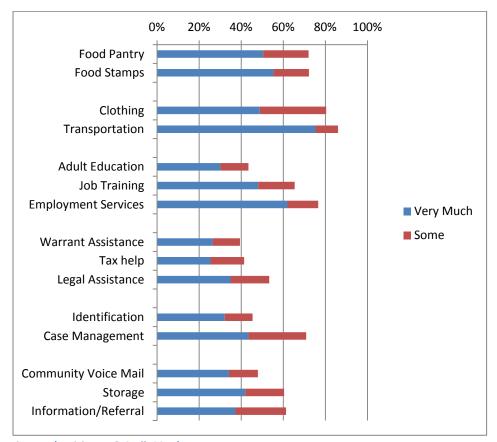


Figure 5 (Troisi, Lee, & Stoll, 2011)

## **Inventory of Supportive Services for People who are Currently Homeless**

#### **Explanation of Supportive Services Inventory**

The following inventory of supportive services for currently homeless people illustrates the availability and gaps in services for people who are currently homeless. In addition, the Emergency Shelter section includes services provided by shelters to their clients. Agencies who are included in the following inventory are either primarily focused on serving people who are homeless or a large proportion of their clients are homeless. Beyond this inventory of services targeted to people who are homeless, there are 255 food pantries in Harris County and 16 food pantries in Fort Bend County partnering with the Houston Foodbank, and 44 congregate meal sites funded through the Area Agency on Aging that are sometimes accessed by people who are homeless.

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			Total	AIDS Foundation Houston	Aid to Victims of Domestic Abuse	Baytown Resource and Assistance Center	Bread of Life	Cathedral Health and Outreach Ministries (Beacon)	Career and Recovery Resources	Catholic Charities	Christian Community Service Center	Crossroads at Park Place	Cypress Assistance Ministries	Department of Veteran Affairs	Emergency Aid Coalition	Fort Bend County Social Services	Goodwill Industries Houston	Harris County Area Agency on Aging	Harvest Life Foundation	Horizon Outreach	Houston Volunteer Lawyers Program	Houston Community Voice Mail
		Congregate	10				V	v				v		v	V							
		Meal Sites Food Pantry	10 27	X		Χ	X	X		Χ	Χ	X	X	X	X	Χ			Χ	Χ		
		Food Voucher	0	^		^	^			^	^	^	^		^	^			^	^		
	ō	SNAP																				
	<b>Food</b>	Enrollment	1																			
		Clothing	22	Χ		Χ	Χ	Χ			Χ	Χ	Χ		Χ					Χ		
		Toiletries	5					Χ														
		Transportation																				
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Employment/Income	Assistance	(SOAR) Enrollment	2																			
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		Houston COMPASS	Lone Star Legal Aid	Community of the Streets / Lord of the Streets	Magnificat House	Main Street Ministries	Montrose Counseling Center	Northwest Assistance Ministries	Operation ID	Palmer Way Station	Salvation Army	SEARCH	St. Vincent de Paul	Star of Hope Mission	Tellepsen Family Downtown YMCA	The Gathering Place	Wesley Community Center	West Houston Assistance Ministries	Westside Homeless Partnership	Workforce Solutions
	Congregate		_			_		_		_	0,		0,							
	Meal Sites Food Pantry	v		X	X		V	V		V	V	X	V	X	V		V	v		
	Food Voucher	X			X		X	X		X	Χ	X	X		Χ		X	X		
7	SNAP											^								
Food	Enrollment											Χ								
	Clothing			Х	Χ		Χ	Χ			Χ	Χ	Χ	Χ				Χ		
	Toiletries	Χ								Χ		Χ		X						
	Transportation Voucher			Х								X								
Basic Needs	Direct Transportation Shower	X				X	X	X				X					X			
	Financial																			
ᇣᇤ																	X			
Education and Skill	counseling Adult Education																			
an	Education							X				X		X		X				
	Job Training			X			X	X								X		X		X
61	Job Search															.,			v	v
ome.	Assistance	X		X			X					X				X	X		X	X
Employment/Income Assistance	Job Placement Outreach,			٨			٨										٨			٨
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Em	Enrollment											Χ		Х						
Legal	Assistance		Х					X									X			
	istance	Χ		X		Χ			Χ											
	Vlanagement											Χ		Χ	Χ				Χ	
Housi	ng Placement	X				X						X		X	X				X	

## Capacity and Gaps in Food Assistance

One of the most easily-accessible and readily available services for people who are homeless in the Houston area is food. 6% of clients served by The Houston Food Bank are homeless, the majority of whom accessed assistance with food through a "soup kitchen" serving prepared meals or through an emergency or transitional shelter. According to a study for The Houston Food Bank, of the clients who are homeless services were received through the following places.

Clients Without a Place to Live	Pantry Client Households	Kitchen Client Households	Shelter Client Households	All Client Households
Homeless, living in shelter or mission	0.5%	18.5%	57.6%	3.9%
Homeless, living on the street	0.3%	8.2%	11.4%	1.1%
Car, van, or recreational vehicle	0.8%	0.0%	0.0%	0.8%
Abandoned Building	0.1%	0.0%	0.0%	0.1%
Subtotal	1.8%	26.6%	69.0%	5.9%

Table 2 (Mabli, Cohen, Potter, & Zhao, 2010)

#### Capacity and Gaps in Basic Needs Assistance

For services categorized as basic needs assistance, there exists a large disparity between services readily-available and those that are more difficult to attain or non-existent. The most pressing need reported by people who are homeless is transportation, which is also one of the most under-resourced areas. Project Access provides free fixed-route transportation on weekdays to area social service agencies, specifically for people who are homeless. For destinations other than these, some service providers purchase Metro bus tickets for clients and have program-set limitations. Showers are available every day of the week, but capacity is limited at most locations. More than 40% of people who are homeless reported that they need assistance, financially or in accessing, identification. In order to obtain state ID, a person must have a birth certificate, and identification to obtain birth certificates is required, which can act as a barrier to obtaining ID. Operation ID, the primary source of subsidized identification obtainment assistance in the Houston area, spends approximately \$186,000 per year to assist 7,830 homeless and very low income people obtain identification. (Thompson, 2011) In addition to traditional state-issued ID, there exists a gap in funding for replacement Green Cards and citizenship cards, which are very expensive and cumbersome to acquire.

# Capacity and Gaps in Education and Skill Building Table 3 (Troisi, Lee, & Stoll, 2011) (US Census Bureau, 2005 - 2009)

#### **Education Attainment in Harris County**

	Homeless Population	General Population
Less than High School	27.9%	23.2%
High School or GED	40.6%	25.2%
Some College or Associate's	22.5%	26.5%
Bachelor's Degree or Higher	9.0%	25.1%

As is demonstrated in the table, people who are homeless in the Houston area much more likely to have ended education at a high school level than the general population, and are much less likely to have completed a Bachelor's or post-graduate degree.

Because income is limited by educational attainment, vocational training and adult education are

disproportionately needed services for people who are homeless, whether they are provided while someone is literally homeless or after housing is attained. Of the people surveyed in the homeless needs assessment, approximately 40% cited adult education as a need and 70% cited job training as a need. (Troisi, Lee, & Stoll, 2011)

#### Capacity and Gaps in Income Support Services

People surveyed through the homeless needs assessment listed the following as their sources of income.

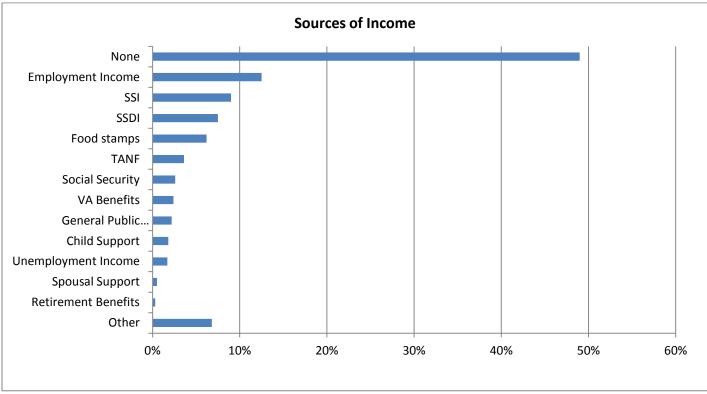


Figure 6 (Troisi, Lee, & Stoll, 2011)

Because almost half of the people interviewed had no income at the time, there is a large need for services that will increase people's income. Accessing employment and/or attaining SSI/SSDI are major needs. Employment services and job training were two of the highest ranked needs reported by people who are homeless in Houston. While job search programs through mainstream public and privately-funded sources are readily available, for people with significant barriers such as limited education and skills, criminal histories, disabilities, and the very nature of surviving without housing, a higher level of assistance is needed coupled with employment opportunities for people who face these barriers. There is a lack of programs that provide in-depth vocational skill training and supported employment services.

In the general population, 4% of people live in long-term poverty (more than 36 months), while 65% of people with disabilities live in long-term poverty. (She & Livermore, 2009) People who are homeless long-term or chronically are disproportionately impacted by disabilities. Of the people who are homeless that were interviewed, 49% had no income, and 40.5% had incomes less than \$750 per month (Troisi, Lee, & Stoll, 2011), illustrating the relationship between poverty and homelessness.

## **Capacity and Gaps in Legal Assistance**

Legal assistance—including help with warrants and taxes—ranks high on needs reported by people who are homeless. In Harris and Fort Bend counties, free civil legal assistance is available through multiple nonprofit and volunteer programs. However, paying warrants and fines is a large barrier to resolving legal issues for people who are homeless and have very limited income. The Cathedral Justice Project, under the umbrella of the Cathedral Health and Outreach Ministries (The Beacon), is the only pro bono legal representation program targeted to people who are homeless, and is able to

resolve outstanding warrants at the state and county level. The City of Houston Municipal Court's partnership with the Coalition for the Homeless allows currently and formerly homeless people to resolve outstanding misdemeanor offenses and warrants through community service rather than financial payments.

#### Medical Care and Mental Health and Substance Abuse Treatment

According to people who are homeless surveyed as part of the needs assessment, the need for the following medical services was reported. People would report a perceived need either if they are receiving medical attention or have an unmet need.

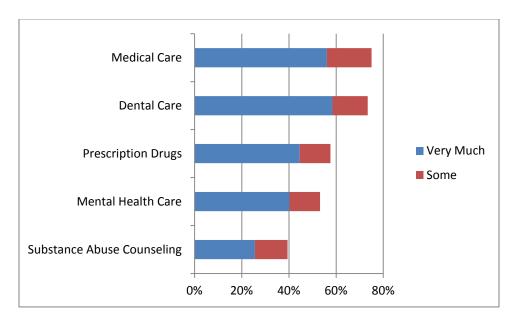


Figure 7 (Troisi, Lee, & Stoll, 2011)

Healthcare for the Homeless Houston, a homeless Federally Qualified Health Center, provided medical care to 4,393 unique individuals in a year (Healthcare for the Homeless Houston, 2010). The Mental Health and Mental Retardation's PATH behavioral health program for people who are homeless served 1,123 in a year (Steinberg, 2011). In addition, the Harris County Hospital District's Health Care for the Homeless program provides basic medical care at area shelters.

According to Healthcare for the Homeless Houston, the most common primary diagnoses of their patients are (Healthcare for the Homeless Houston, 2010):

23%--Substance Related Disorder (excluding tobacco use)

18%--Depression and Other Mood Disorders

11%--Hypertension

7%--Tobacco Use Disorder

4%--Asthma

Because of the instability that accompanies a lack of housing, people who are homeless are far more likely to require recurring acute medical care through hospitalization than is the general population with the same diagnoses. A devastating gap in the needed housing and supportive services exists in the Houston area. For example, in Harris County's publicly funded hospitals LBJ and Ben Taub, on average \$86,474 is spent annually per homeless patient compared to \$43,169 per patient with housing. Clinical case management, permanent supportive housing that will accept people with multiple disabilities including ongoing substance addiction, and medical respite care were identified as proven solutions to the existing gap (Buck, Brown, Mortensen, Riggs, & Franzini, 2011).

# Supportive Services for Homeless Children and Youth **Child Care**

For children who are currently homeless and part of a family, child care is provided by homeless service providers and emergency shelters. For formerly homeless children in a stable housing situation, mainstream child care is sometimes difficult to qualify for or has waitlists. As a result, parents who are in the process of seeking employment do not qualify for child care. In addition, while being defined as homeless automatically makes children eligible for Head Start and Early Head Start services, parents must enroll children months in advance for the programs. Because there are no setaside slots for children who are homeless, the unstable nature of homelessness usually prevents homeless children from enrolling in the programs.

## **Counseling and Behavioral Health Services**

One of the most frequently identified gaps in services by providers is the lack of counseling services for children and youth who are homeless. While publicly-funded outpatient psychiatric services are available for children, no-cost counseling services for children who have experienced the trauma induced by homelessness and related factors are lacking in availability (Coalition for the Homeless Houston/Harris County, July 2011). There is much evidence linking early childhood trauma with long-term issues of chronic substance abuse and mental illness as these children grow up. Without therapeutic interventions, young children in such situations are more likely to become adults who are chronically homeless, incarcerated, and use addictive substances to self-medicate (Mate, 2009).

In addition, a person under 18 must have a parent or guardian's consent to access counseling or mental health services, which even when such services are available, makes it impossible for children and youth who are either unaccompanied or have poor relationships with their parents to access such services.

## **Housing for Homeless Youth**

Houston is considered a hub for domestic and international human trafficking, and homeless and runaway youth are a major target. For minors who have been victims of international human trafficking, Catholic Charities has the only Houston Unaccompanied Refugee Minor Program, which provides foster care-type services for children and youth deemed refugees by the US Office of Refugee Resettlement (Children at Risk). There are more than 6,000 youth that runaway in Houston each year.

There are six 24-Hour Residential Child Care providers licensed by the Texas Department of Family and Protective Services in Harris and Fort Bend Counties. Because there is no transitional housing and long-term supportive services tied to any of the local emergency residential programs for unaccompanied children and youth, they are not used as permanent placements by Children's Protective Services as they are in other Texas cities. (Texas Department of Family and Protective Services, 2011) As a result, older youth are often reluctant or unable to access shelter and housing, with the result of unaccompanied youth living on the streets and precariously housed in hotels or with friends.

In addition, because of a severe shortage of funding of the Children's Protective Services and the unaccompanied youth service and residential system, laws for unaccompanied youth and children are stronger than their actual practice.

- Children's Protective Services might choose to not open a case for an older teen, making it difficult for housing to be located.
- Children and youth involved in human trafficking and prostitution may not be held by law enforcement as criminals, but there is not funding for trauma-informed safe houses that could provide for their care, resulting in homelessness or recidivism into human trafficking.
- Youth up to the age of 21 may choose to remain in foster care housing if there is an appropriate placement, which is difficult to access or limited in capacity. (Cash, Rynders, & Johnson, 2011)

## **Legal Services for Homeless Youth**

Because unaccompanied homeless youth often face complex legal issues—criminal prosecution, family law related to their own and their children's rights and housing placement, human trafficking, and education rights—there is a large need for adequate legal representation. A major gap in services in the Houston area is that there is no comprehensive center providing legal services for unaccompanied homeless youth and children. Instead, if legal services are to be accessed, they are pieced together through a variety of public and private sources, none of which are able to address the person's full spectrum of legal needs.

## **Shelter Capacity and Gaps**

	-						Тур	e of	Clie	nt Se	rved	or T	arge	ted				
	<u>Units</u> for Households with Children	Beds for People without Children	Single Males	Single Females	Children	Married Couples	Unmarried Couples	GLBTQ Couples	Young Adults 18 - 25	Youth Under 18	Mental Disability	Physical Disability	Domestic Violence	Sexual Assault	Elderly Over 65	Active substance Abusers	Pregnant/Parenting Teens	Veterans
Bay Area Homeless Services	5	33	X	X	Х	J					<u>.</u>	<u> </u>		<u> </u>	<u></u>			
Bay Area Turning Point	7	6		Х	Х								Х	Х				
Bread of Life	0	150	Х	Х		Х	Х		Х		Х	Х			Х			
Center For Empowerment	25	100	х	Х	Х													
Covenant House Texas	0	80							Х		Х	Х						
Fort Bend County Women's Center	15	25											Х					
Houston Area Women's Center	18	32											Х					
The Kinder Emergency Shelter Mission of	24	0								Х							Х	
Yahweh Montrose	10	20		Х														
Counseling Center	5	9	х	Х				Х					Х					
Parks Youth Ranch Salvation Army -	15	0								Х								
Family Residence	28	6		Х	Х													
Salvation Army - Red Shield Lodge	0	136	Х												Х			Х
Star of Hope Mission - Men's Development Center	0	108	х								Х	X			Х			Х
Star of Hope Mission - Women & Family Emergency																		
Shelter The Bridge Over	44	119		Х	Х										Х			Х
Troubled Waters	1	12			-							-	Х					
Total Agencies	Serving Pol		6	8	5	0	0	1	1	2	2	2	5	1	3	0	1	3

Table 4 (Coalition for the Homeless Houston/Harris County, 2011)

The service inventory documents emergency shelter targeted to sub-populations of people who are homeless. Although many (if not all) shelters would accept some of the sub-populations, such as Veterans or victims of domestic violence, the shelter service is only indicated if specialized services are targeted to the sub-population, such as a Veterans' Administration grant per diem program or staff who are specialized in meeting the needs of people who have recently experienced domestic violence.

Although people are not turned away from emergency shelter due to capacity, barriers to shelter exist in our system. All shelters require sobriety while staying at the shelter, which can be a significant barrier for people who are chronic substance abusers. In order for couples to stay in shelters together, they must be legally married, which can be a deterrent for unmarried adult couples and families to access shelter. Very little emergency shelter for unaccompanied homeless youth under the age of 18 exists, and there are strict limitations placed on acceptance and length of stay. Other barriers include pets not being allowed, required religious participation, the amount of people staying in the same room, and the requirements of some shelters to leave very early in the morning and return in the late afternoon to be re-admitted (Consumer Advisory Council, 2011). Limits in length of stay range from seven days to three months depending on the program (Interviews with Houston Area Homeless Service Providers, 2011), and the inability to find long-term housing placements for people with significant barriers or no income results in people exiting back to street homelessness after expending their time in shelter.

# Permanent Supportive Housing Capacity and Gaps in Permanent Supportive Housing

#### **Permanent Supportive Housing Inventory in Harris and Fort Bend Counties**

Total	400 total units (1,235 total beds) for households with children under 18	1,517 total beds for single adults
	<b>793</b> beds for households with children, not targeted to specific sub-population	77 beds for single women, not targeted to a specific subpopulation
General		<b>5</b> beds for single men, not targeted to a specific subpopulation
		1,258 beds for either single women or single men, not targeted to a specific sub- population
Domestic Violence	210 beds for households with children who have experienced domestic violence	3 beds for single women who have experienced domestic violence
HIV Positive	203 beds for households with children who have an HIV positive family member	43 beds for single women or single men who are HIV positive
Veterans	29 beds for households with children who have a Veteran family member	131 beds for single women or single men who are Veterans
Ve	<b>865</b> Veterans Affairs Supportive Hou Veterans and Veteran families	using (VASH) vouchers for individual

Table 5 (Coalition for the Homeless Houston/Harris County, 2011)

#### **Explanation of Permanent Supportive Housing Inventory**

31 out of 35 programs receive HUD McKinney-Vento funds

**2,458** people were residing in permanent supportive housing during the January, 2011 Point In Time enumeration in Harris and Fort Bend Counties. (Troisi C. , 2011)

Because HUD's current classification of permanent supportive housing is for either households with children under 18 or single adults, on paper it appears that there is no permanent supportive housing available for adult couples (married or unmarried) who do not have children under the age of 18 living with them, or for adult family members living together. In order to eliminate barriers to housing, some permanent supportive housing providers are able to provide housing for adult couples and family members living together, classifying all adults in the household as "single adults."

#### **Gaps in Permanent Supportive Housing**

An overall deficiency of the amount of permanent supportive housing exists in our community. According to the 2011 Corporation for Supportive Housing report, 9,440 new units of permanent supportive housing are needed to fully meet the need of permanent supportive housing in the Houston area. (Corporation for Supportive Housing, 2011)

	Number of Households that are Homeless Over the Course of a Year	Percent of Homeless Population	Percentage of Population Group that Needs PSH	Number of PSH Units Needed
Single Individuals:	24,252	81%	31%	7,567
Single Adults:	23,979	80%	31%	7,472
Chronically Homeless:	1,969	7%	100%	1,969
NOT Chronically Homeless:	22,010	73%	25%	5,503
Unaccompanied Youth:	273	1%	35%	96
Families with Children:	5,856	19%	35%	2,050
TOTAL (Annual Homeless Estimate):	30,108	100%	32%	9,617

For both singles and families, the current capacity of permanent supportive housing meets only 16% of the total need.

# Barriers to Permanent Supportive Housing in Harris and Fort Bend Counties

Accessing Permanent Supportive Housing
There is currently a fragmented system of
housing and services in the Houston area, and
each PSH provider has their own intake
system—prioritization of clients, application
process, and waitlists. This results in
duplication of efforts among providers, no
centralized information about capacity, and
leaves people who are homeless to navigate
the system independently. 73% of homeless or
formerly homeless people who have used
housing vouchers found the system very
difficult to access. (Troisi, Lee, & Stoll, 2011)

#### Income

Almost all permanent supportive housing programs in Houston require tenants to have some income—ranging from paying a minimum of \$50 per month to 30% of the rent. Although HUD allows for a hardship waiver for people with no income, few housing programs in Houston make use of the option.

Table 6 (Corporation for Supportive Housing, 2011)

#### Utilities

The average electric bill in the Houston area is more than \$200 in the summer months, making utility bills a barrier to maintaining housing if the tenant is required to pay his or her own utility bills (Centerpoint Energy, Public Utility Commission Power to Choose Website, 2010). According to PSH providers interviewed, about half require tenants to pay for their own utilities (Interviews with Houston Area Homeless Service Providers, 2011). Funding for rental assistance is a formula that calculates fair market rent for the household, according to income reported, the housing accommodations (unit composition) and utility allowance calculation for that potential housing unit. Barriers for the homeless community have included rental assistance programs being restricted to support rent payments only and not covering costs for deposits, application fees and utility costs that exceed the utility allowance calculated. Housing accommodations that were inclusive of all bills paid has been an advantage to creating PSH programs.

#### Youth

Other than the foster care system, there is no form of supportive housing for unaccompanied youth under the age of 18. It is not uncommon for teens to choose to live on the street or precariously housed with friends in lieu of entering the Texas Child Protective Services system. Lesbian, Gay, Bisexual, and Transgender youth are disproportionately impacted by homelessness. Between 20 and 40% of homeless youth identify as LGBT, and 1 out of 4 teens who come out to their families are asked to leave home (National Gay and Lesbian Task Force, National Alliance to End Homelessness, 2006).

#### Citizenship Status

Federally-funded permanent supportive housing programs require documentation of citizenship or legal residence. Although there is no official count of how many undocumented people are homeless in the area, a lack of housing resources for people in this group is a common barrier according to service providers (Interviews with Houston Area Homeless Service Providers, 2011).

#### **Criminal Convictions**

People with certain criminal convictions often find it difficult to find market-rate mainstream rental housing. In addition, the majority of permanent supportive housing programs restrict people who are registered sex offenders or have histories of violent crimes from entering their housing programs. Many also restrict eligibility based on prior history of drug felonies (Interviews with Houston Area Homeless Service Providers, 2011).

## Capacity and Gaps in Supportive Services

There is a broad range of levels of support services provided through the existing permanent supportive housing, ranging from very minimal assistance for tenants to resource-intense housing.

#### Case Management

HUD COC funding caps service dollars at 30% of the total awarded amount, meaning it is likely that programs need to secure supplemental funding to fully implement evidence based practices for permanent supportive housing—Housing First, Motivational Interviewing, Integrated Dual Diagnosis Treatment, Assertive Community Treatment, Illness Management and Recovery, and Supported Employment. SAMHSA's Services in Supportive Housing (SSH) program provides funding for 62 programs in the nation for staff and services in supportive housing. At this time in our community, there are only 2 SSH grants.

#### Behavioral Health

Behavioral health services through the Mental Health and Mental Retardation Authority (MHMRA) and community-based substance abuse treatment exist, but are under-resourced in our community. Although the MHMRA PATH program is easily-accessible for currently homeless people with a wide range of mental health issues, mental health treatment for formerly-homeless people can be difficult to access due to services being under-funded. Treatment is limited to people who have been diagnosed with bipolar disorder, clinical depression, and schizophrenia, and the wait list for services reaching 2,000 people (Grissom, 2011). Permanent supportive housing providers named capacity of mental health and substance abuse services as one of the main gaps in our community. In addition, counseling services for families and individuals was named as a gap (Interviews with Houston Area Homeless Service Providers, 2011).

#### **Basic Needs Services**

Mainstream benefits such as food stamps support the basic needs of people with limited incomes. Food pantries are also available to supplement food needs. Food insecurity is a problem for low-income people across our community, and disproportionately impacts formerly homeless people. Texas is one of the few states in the nation that imposes a lifetime ban to the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for people who have been convicted of a drug felony. In addition, 865,800 unique individuals receive assistance from the Houston Food Bank annually, and 60% report having to choose between paying utility bills and purchasing food (Houston Food Bank, 2010).

#### **Income Support Services**

The SSI/SSDI Outreach, Access, and Recovery (SOAR) program for people who are homeless assists in successfully enrolling in disability income benefits. Increasing income through employment is a challenge for many residents of permanent supportive housing, due in part to needs for increased supported employment services and partnerships with employers for direct hiring. In addition, the 82<sup>nd</sup> Texas Legislature eliminated the Project Rio employment program for formerly incarcerated people. Social Security Insurance/Social Security Disability Insurance is a primary source of income for people with disabilities that make it difficult to work, and grants access to Medicaid. Applying for SSI/SSDI can be a cumbersome process. The SSI/SSDI Outreach, Access, and Recovery (SOAR) program for people who are homeless is designed to simplify the application process for people whose conditions are easy to identify as eligible for assistance, and utilizes nonprofit staff for application preparation. There is currently only one staff person in Houston submitting SOAR applications.

#### **Transportation**

Because Houston is such a sprawling city, using public transportation to travel long distances in the city for services can be expensive and time-consuming, making accessing off-site support services difficult.

#### **Veterans**

For tenants served through the Veterans Affairs Supportive Housing (VASH) program, supportive services are provided through the Veterans Administration hospital, including case management, behavioral health, physical health, and employment services.

## **Transitional Housing Capacity and Gaps**

## **Transitional Housing Inventory for Harris and Fort Bend Counties**

Total	361 units (1,243 beds) for households with children under 18	1,989 beds for single adults
•	<b>680</b> beds for households with	<b>393</b> beds for either single women or
	children, not targeted to a specific sub-population	single men, not targeted to a specific sub-population
General		<b>183</b> beds for single women, not targeted to a specific subpopulation
		940 beds for single men, not targeted to a specific sub-population
Violence	<b>474</b> beds for households with children who have experienced domestic violence	<b>9</b> beds for either GLBT single women or single men who have experienced domestic violence
Domestic Violence		113 beds for single women who have experienced domestic violence
	169 beds for households with children who have an HIV positive family member	98 beds for either single women or single men who are HIV positive
HIV Positive		<b>32</b> beds for single women who are HIV positive
_		<b>39</b> beds for single men who are HIV positive
rans	<b>0</b> beds for Veteran families	72 beds for either single women or single men who are Veterans
Veterans		110 beds for single men who are Veterans

Table 7 (Coalition for the Homeless Houston/Harris County, 2011)

#### **Gaps in Transitional Housing**

Identifying groups for whom transitional housing is a critical step in achieving stable permanent housing is key to "right-sizing" the system of residential services for people exiting homelessness in our community. Currently, a mix of transitional housing for people who are victims of domestic violence, people with substance addiction issues, people who are HIV positive, Veterans, and the general homeless population exists.

Because of a lack of permanent supportive housing and a coordinated intake system, people sometimes access transitional housing because it is the only readily-available source of housing they qualify, but exit to homelessness upon completing the program because they are not able to be self-sufficient at the end. There are inconsistent standards for helping clients locate permanent housing upon exiting transitional housing among various providers, sometimes resulting in clients who are in need of subsidized housing but are otherwise self-sufficient to become homeless again.

Because there is a lack of inpatient publicly-funded substance abuse programs, many transitional housing programs in the Houston area have substance abuse recovery (whether using evidence based practices or a spiritual recovery model) as their primary focus for clients.

The most commonly cited gap by transitional housing providers is a need for intensive employment training and placement for clients, mental health care, affordable housing, and physical health care including gynecological exams, vision, and dental care (Interviews with Houston Area Homeless Service Providers, 2011).

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