



CCEH 16th Annual Training Institute Keynote Speaker

Dr. Dennis P. Culhane

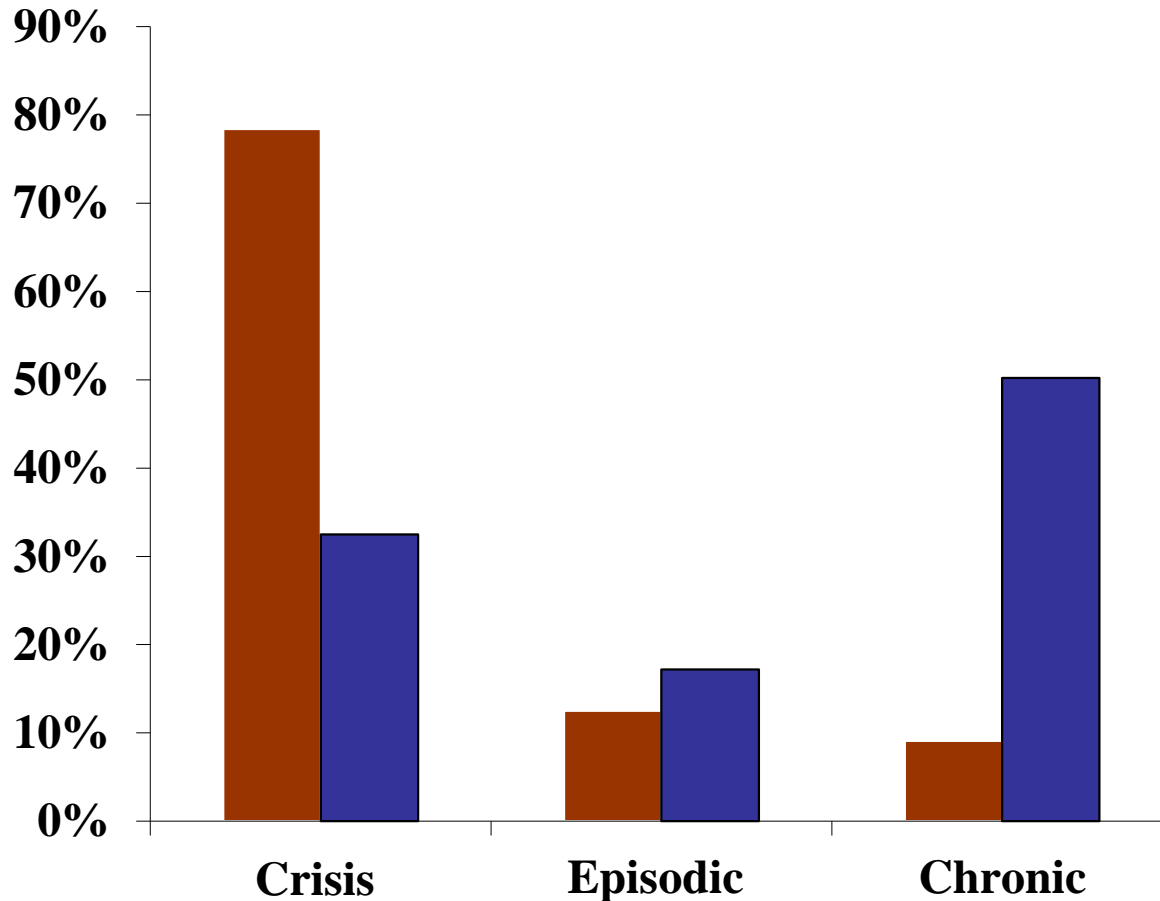
***Director of Research, Director of Research for the
National Center on Homelessness Among Veterans***



Emerging Opportunities in Homelessness Policy and Practice

Dennis P. Culhane
University of Pennsylvania

Cluster Distributions: Persons and Shelter Days (Single Adults in Philadelphia)

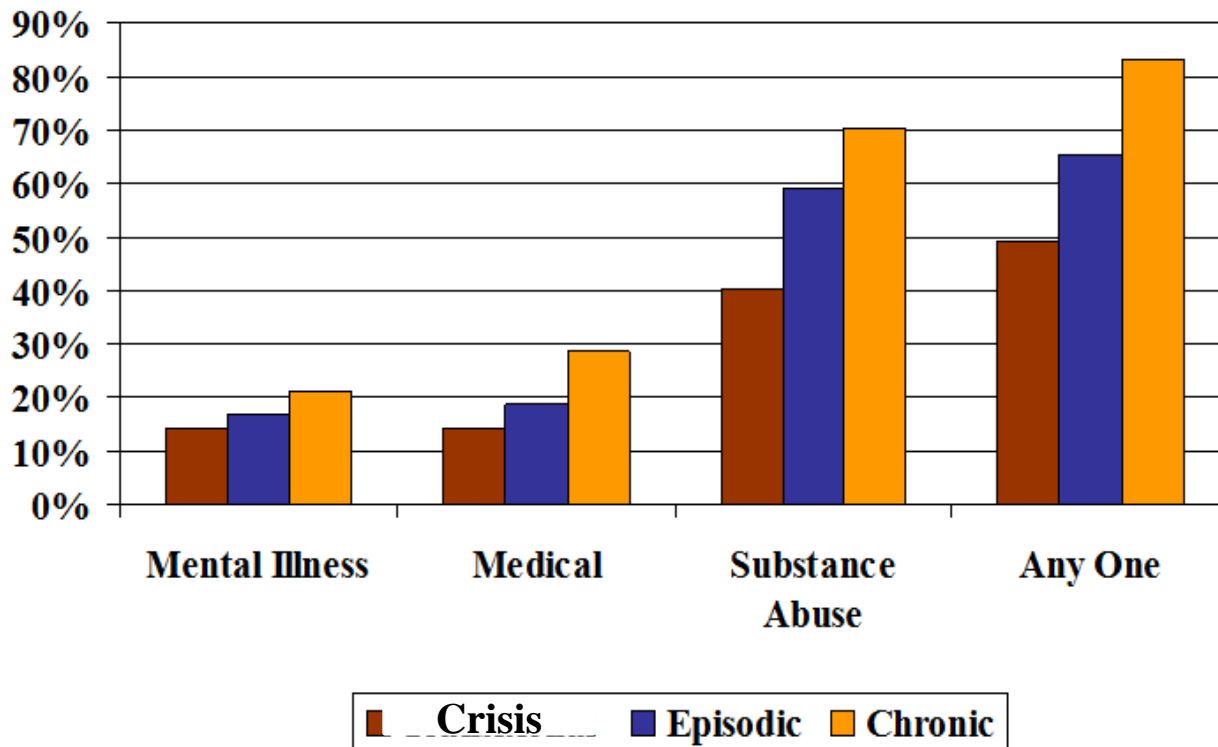


■ % of Persons ■ % Days Used

- Crisis:
 - 1.19 stays
 - 20.4 days
- Episodic:
 - 3.84 stays
 - 72.8 days
- Chronic:
 - 1.53 stays
 - 252.4 days

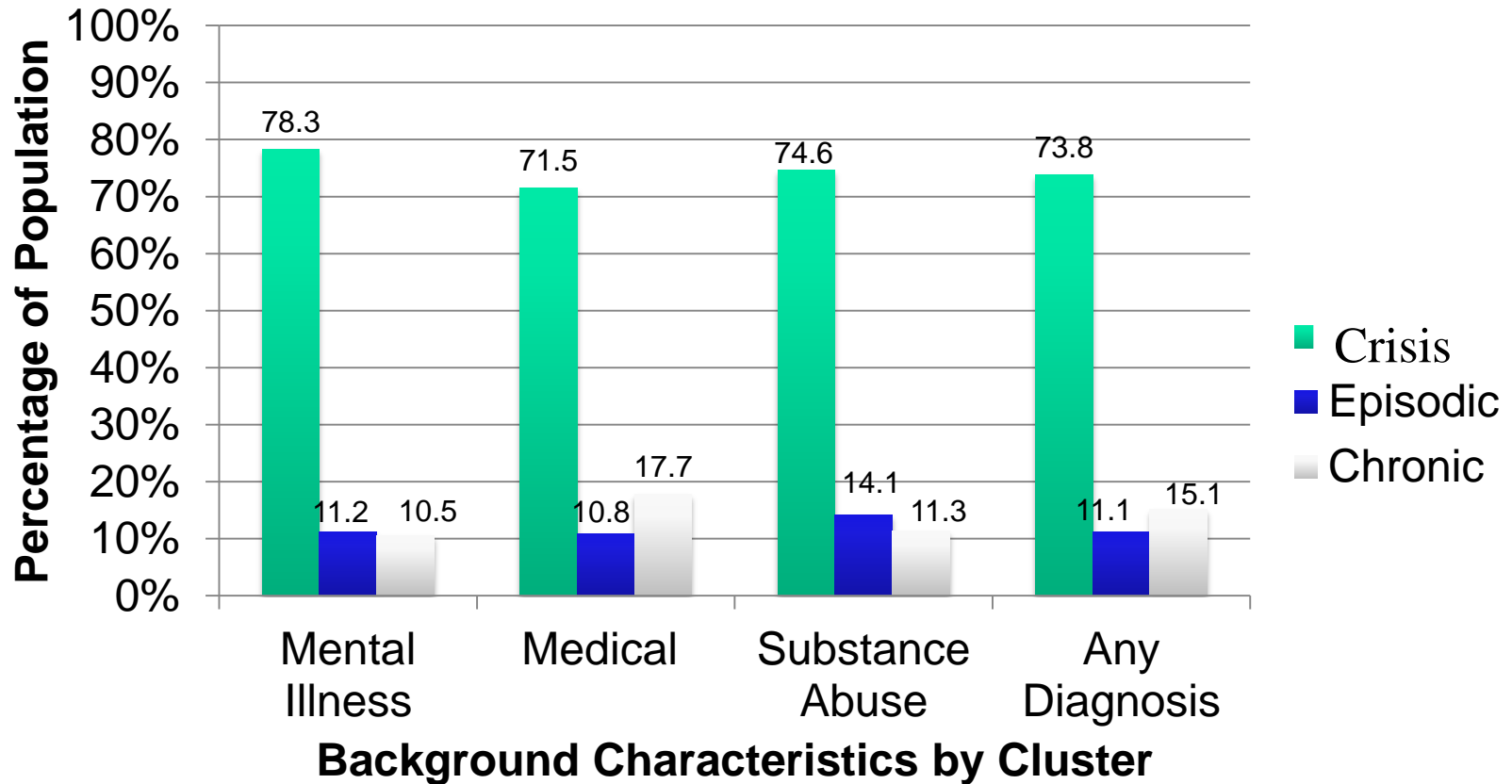
Characteristics by Cluster: Dated Data (Philadelphia)

Nearly all chronically homeless people have a disability:



Clusters by Characteristics

Most homeless people with a disability experience *Crisis* Homeless

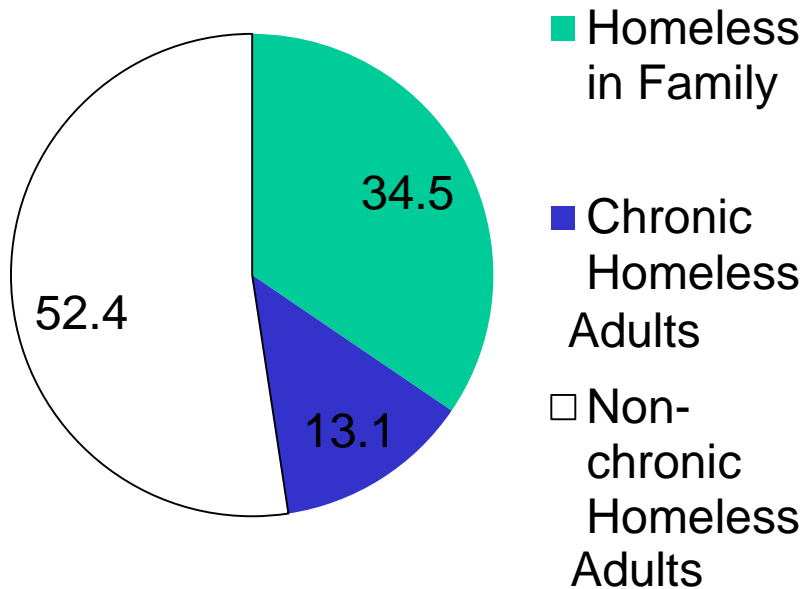


Crisis Homelessness in the US in 2014 (Adults and Families):

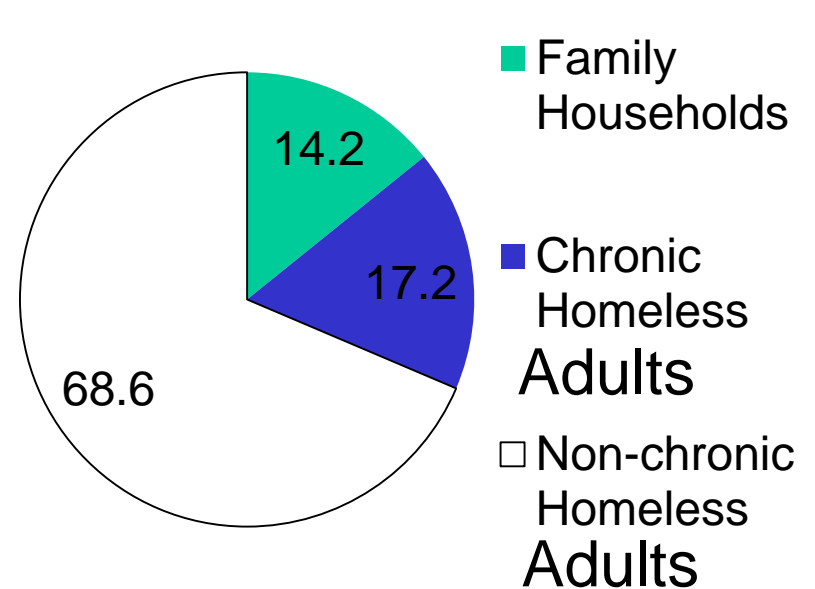
Scope: PIT: 452,747

Annual: 900,400

Annual Number of Persons

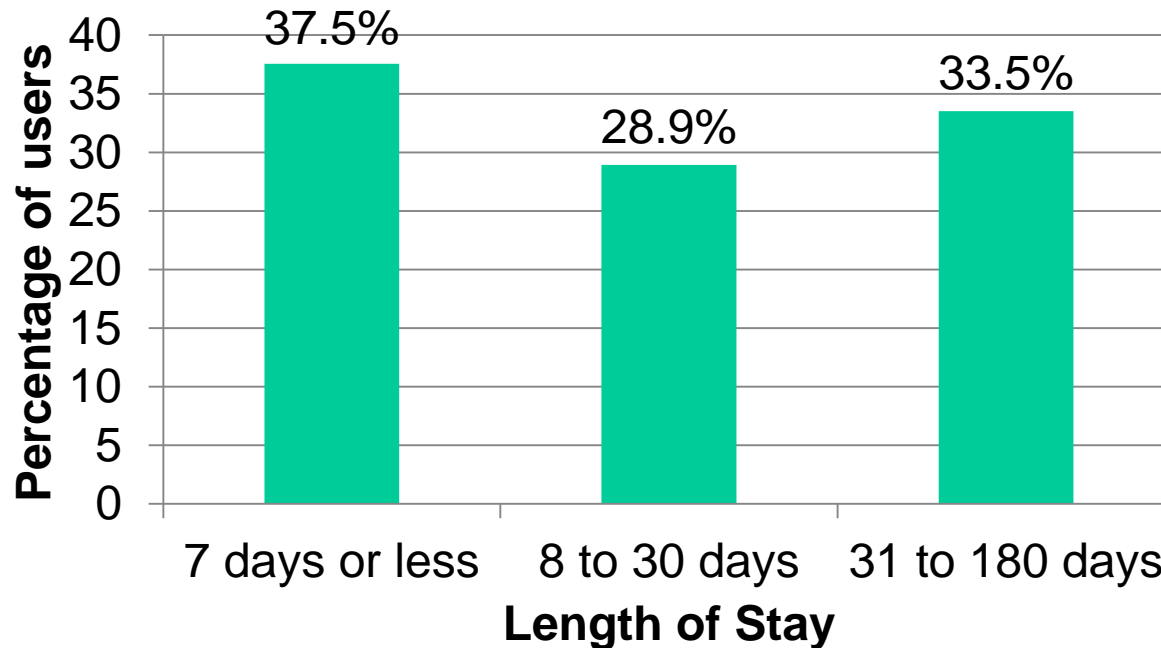


Annual Number of Households



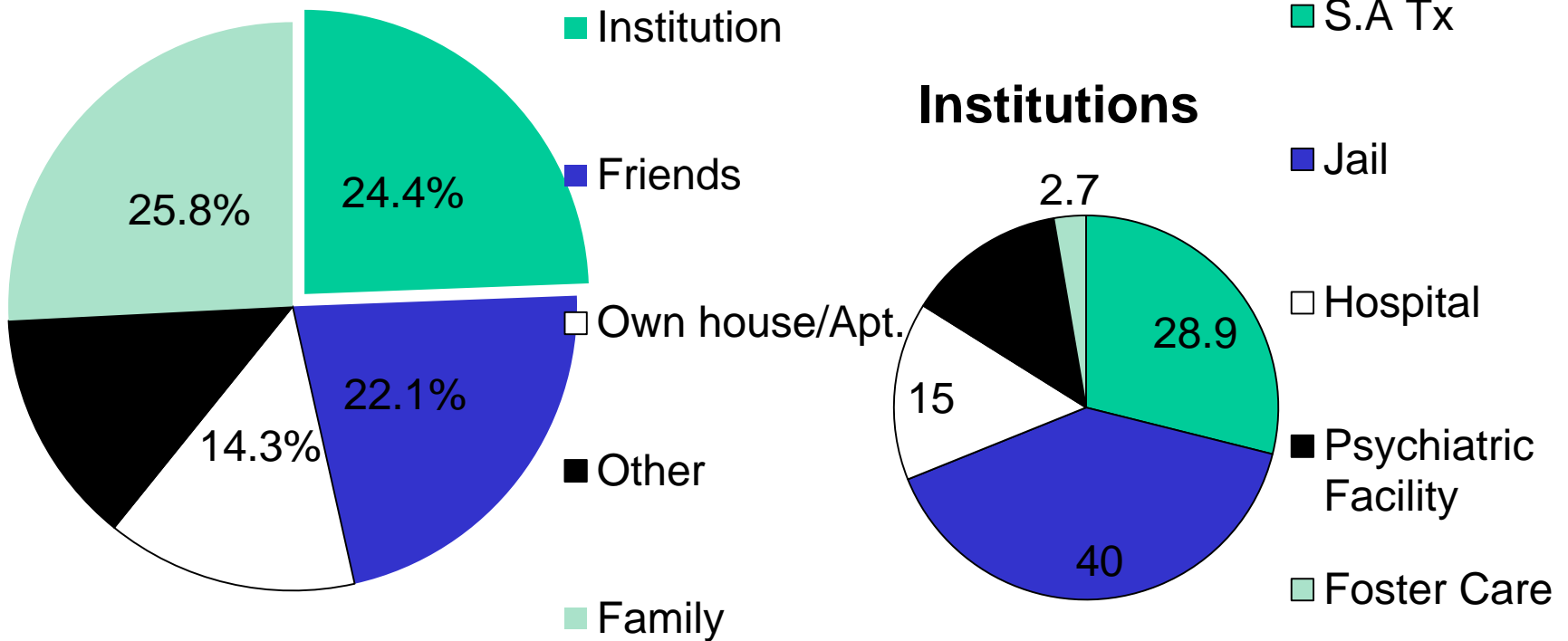
Dynamics:

- Pattern of Homeless Service Use among Sheltered Individuals: Length of Stay (AHAR)



(Only stays less than 180 days)

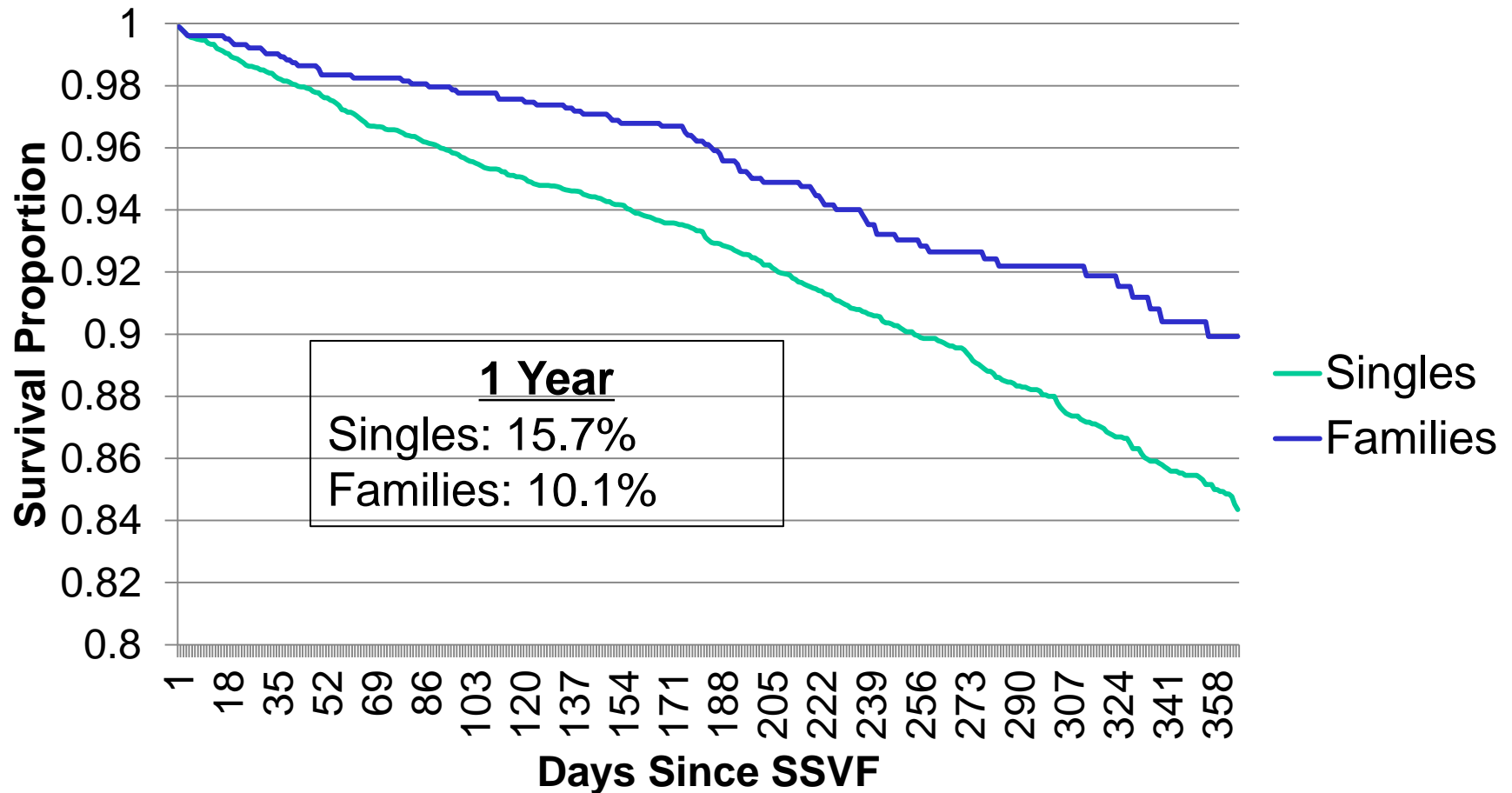
Where Do the Single Adults Come from?



Rapid Rehousing

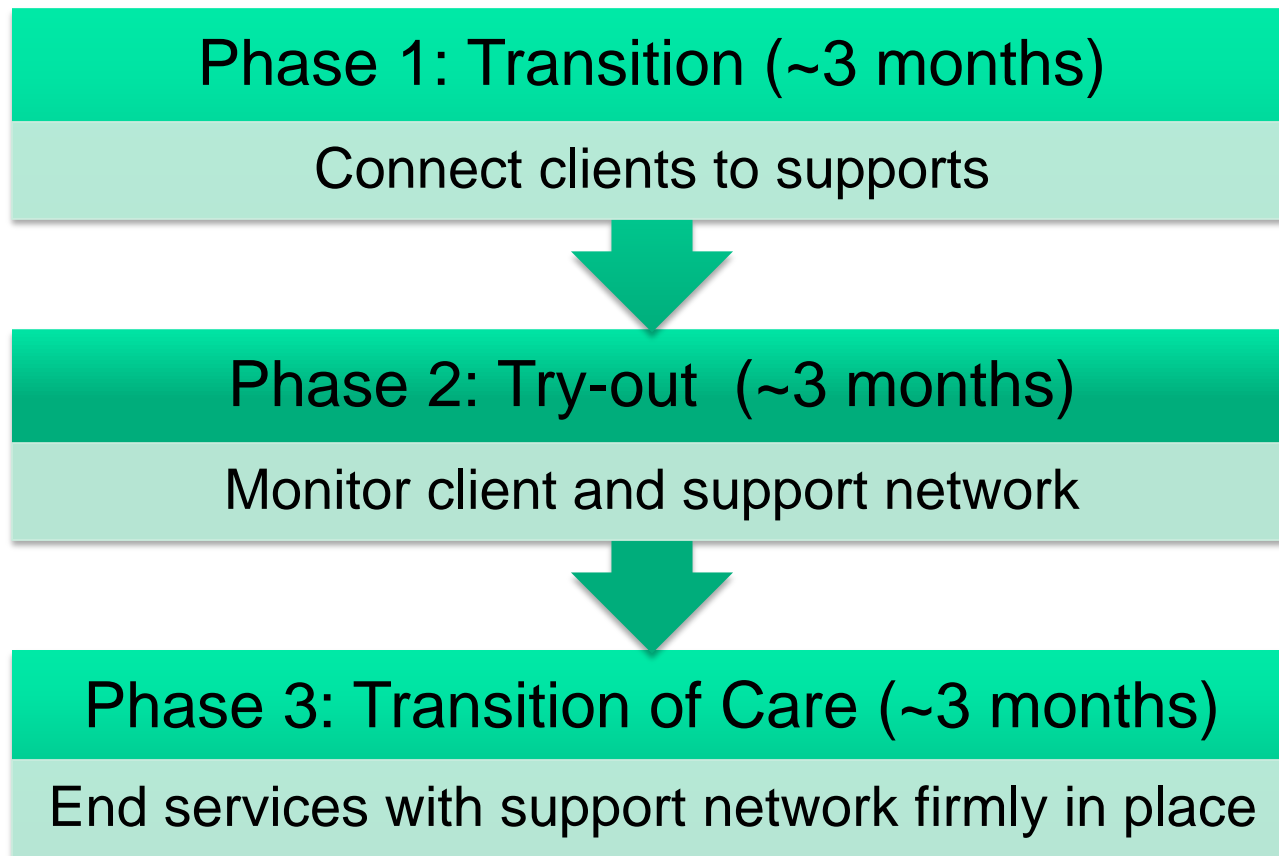
- Critical Time Intervention (CTI)- Potential for Medicaid reimbursement
 - SSVF- Veteran exemplar, approximately 120,000 non-chronic adult and family HHs served in 2017.
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SSVF Rapid Rehousing: Housing Retention



Critical Time Intervention

- Critical Time Intervention (CTI)
 - Time-limited support during period of transition
- Potential Medicaid reimbursement

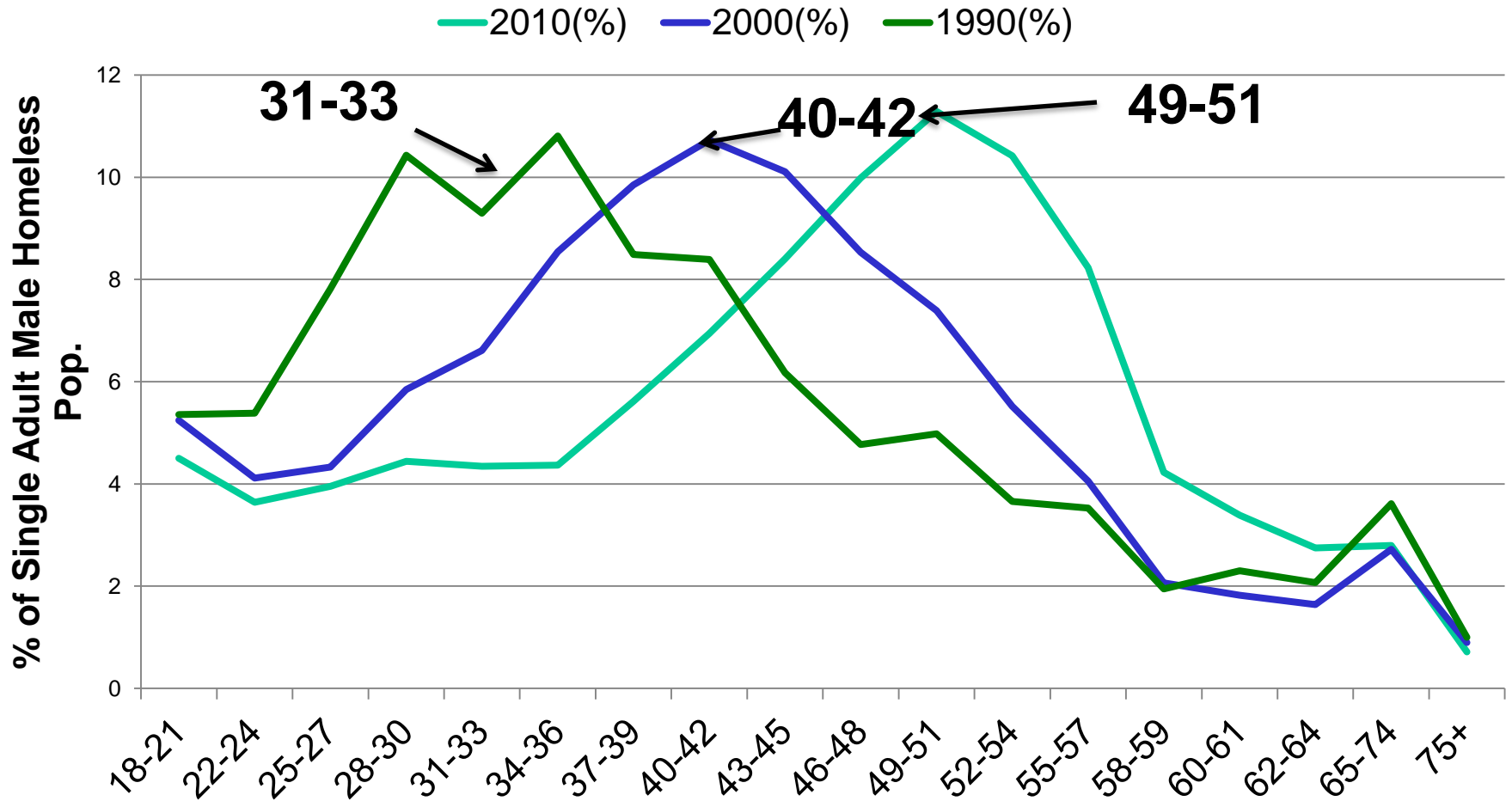


Crisis Homelessness Recap

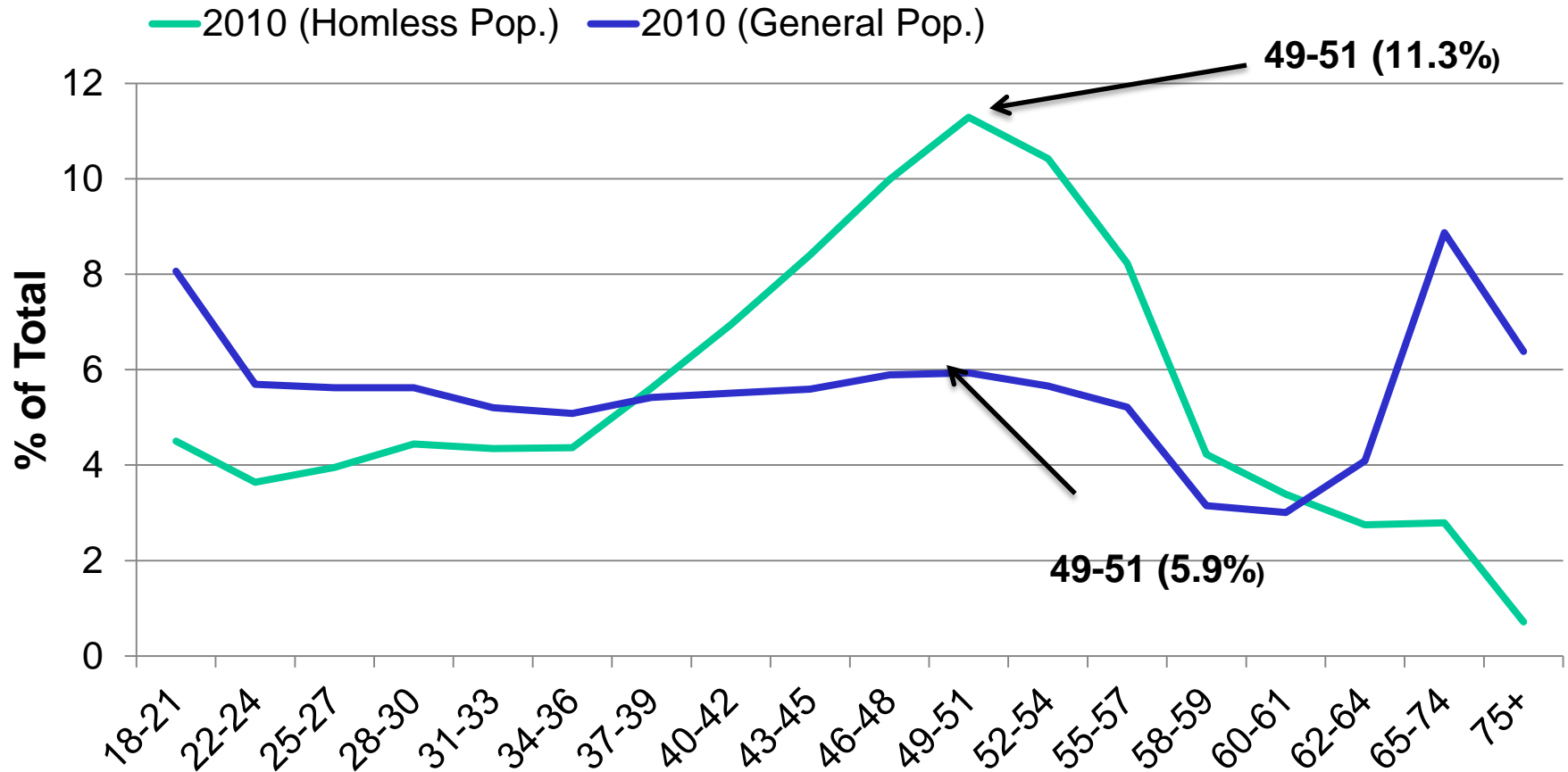
- Most homeless adult and family households experience crisis homelessness (68.6%)
 - 24.4% come out of institutions.
 - Most disabled adults experience crisis homelessness
 - SSVF proves rapid rehousing works
 - Medicaid could pay for CTI
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A Birth Cohort Phenomenon: Persons Born 1955-1965

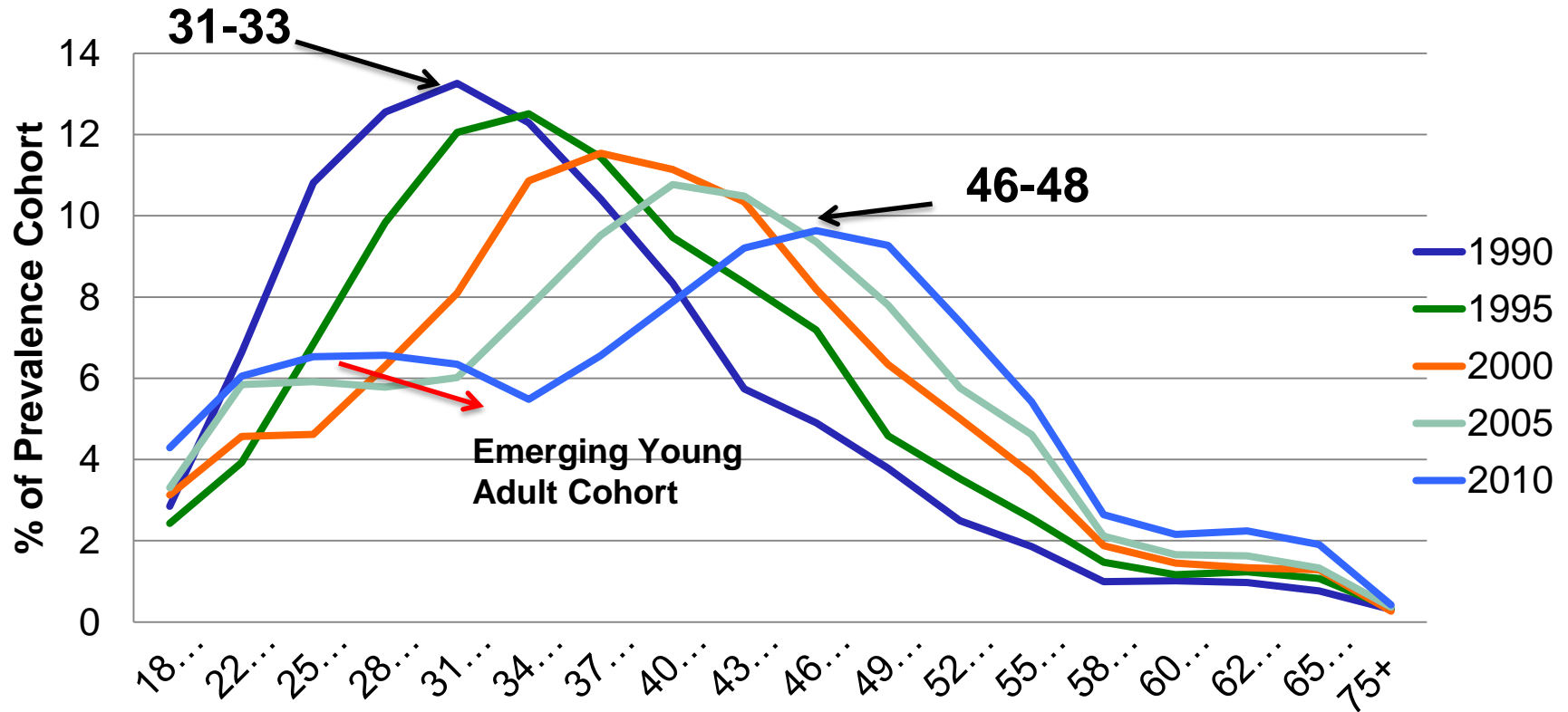
Age Distribution, Male Shelter Users, US Census



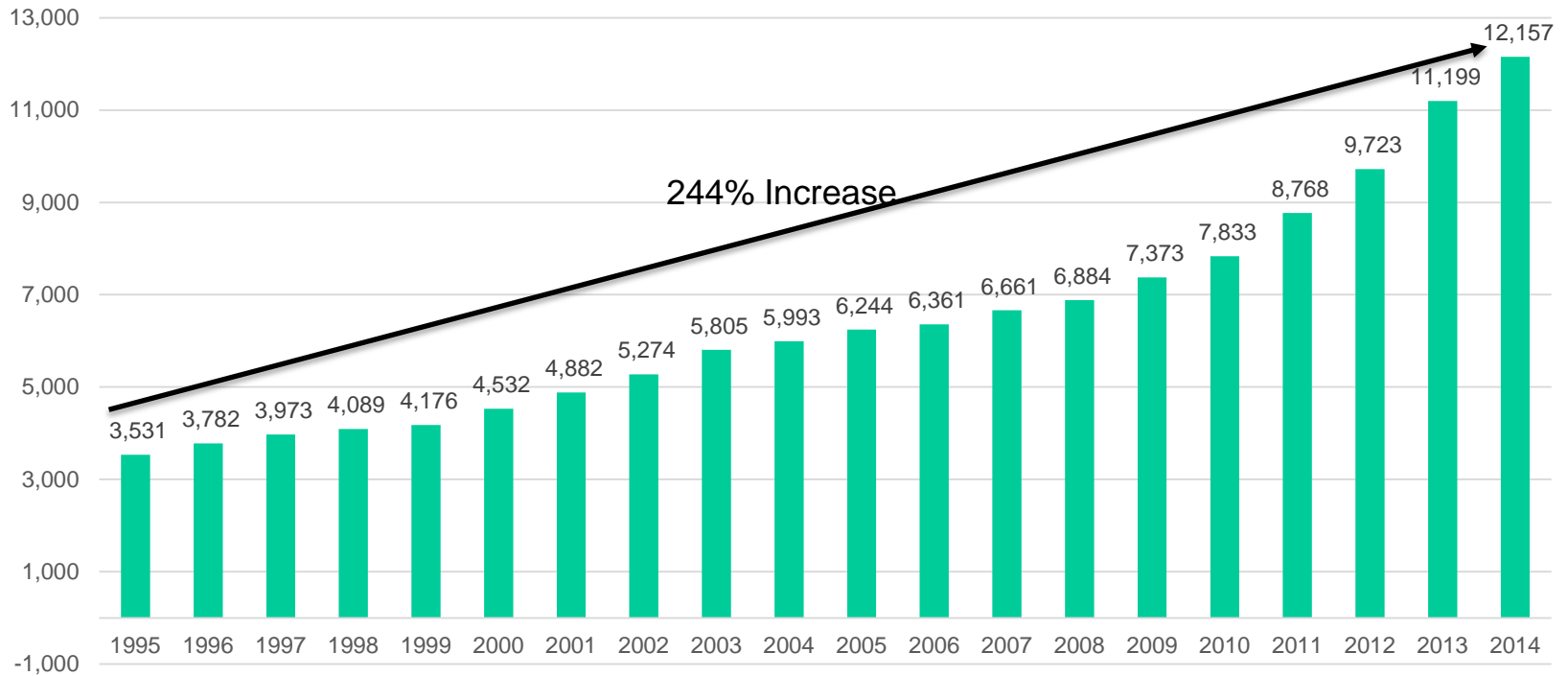
Aging Trend Is Quite Distinct from the Aging of General Population



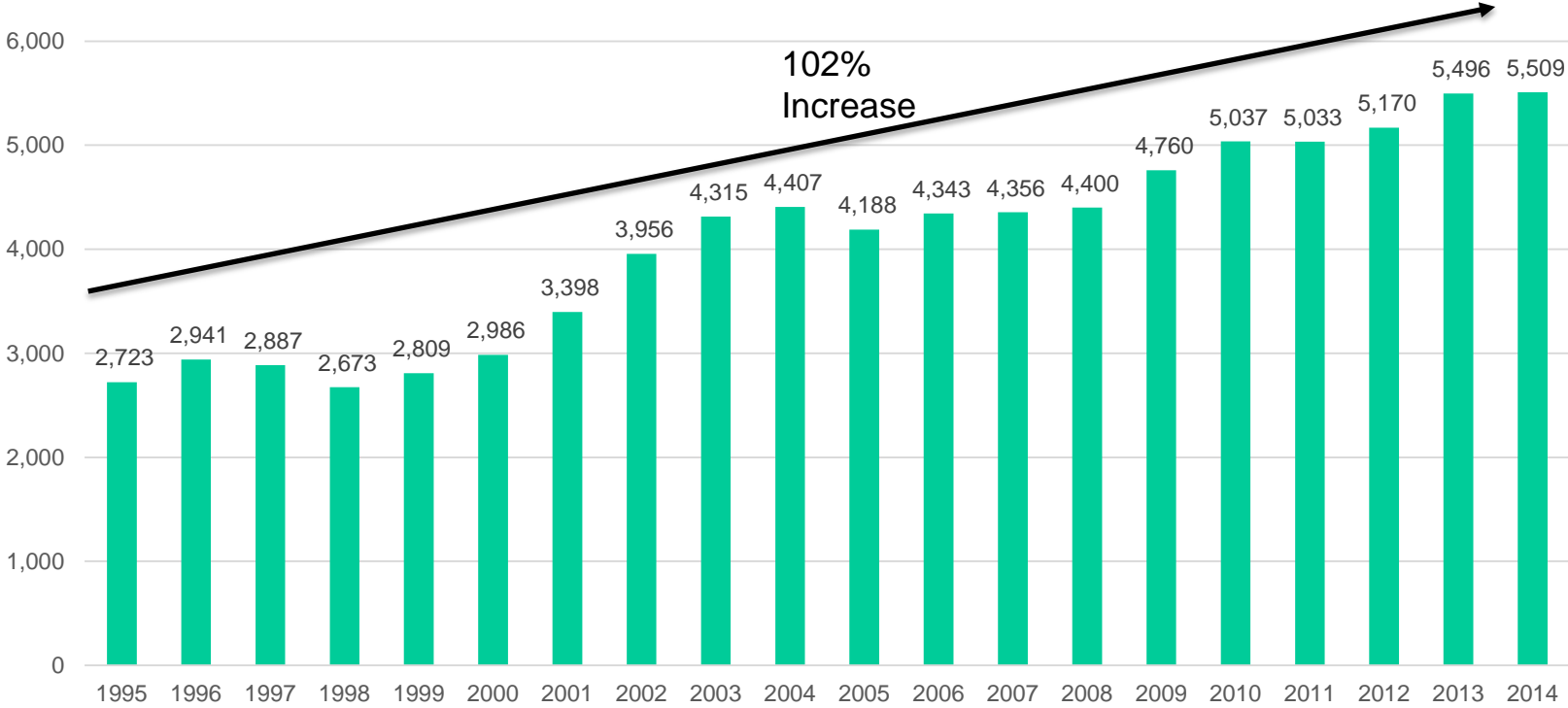
Age Distribution of Prevalence Cohorts of Male Shelter Users in New York City, 1990-2010



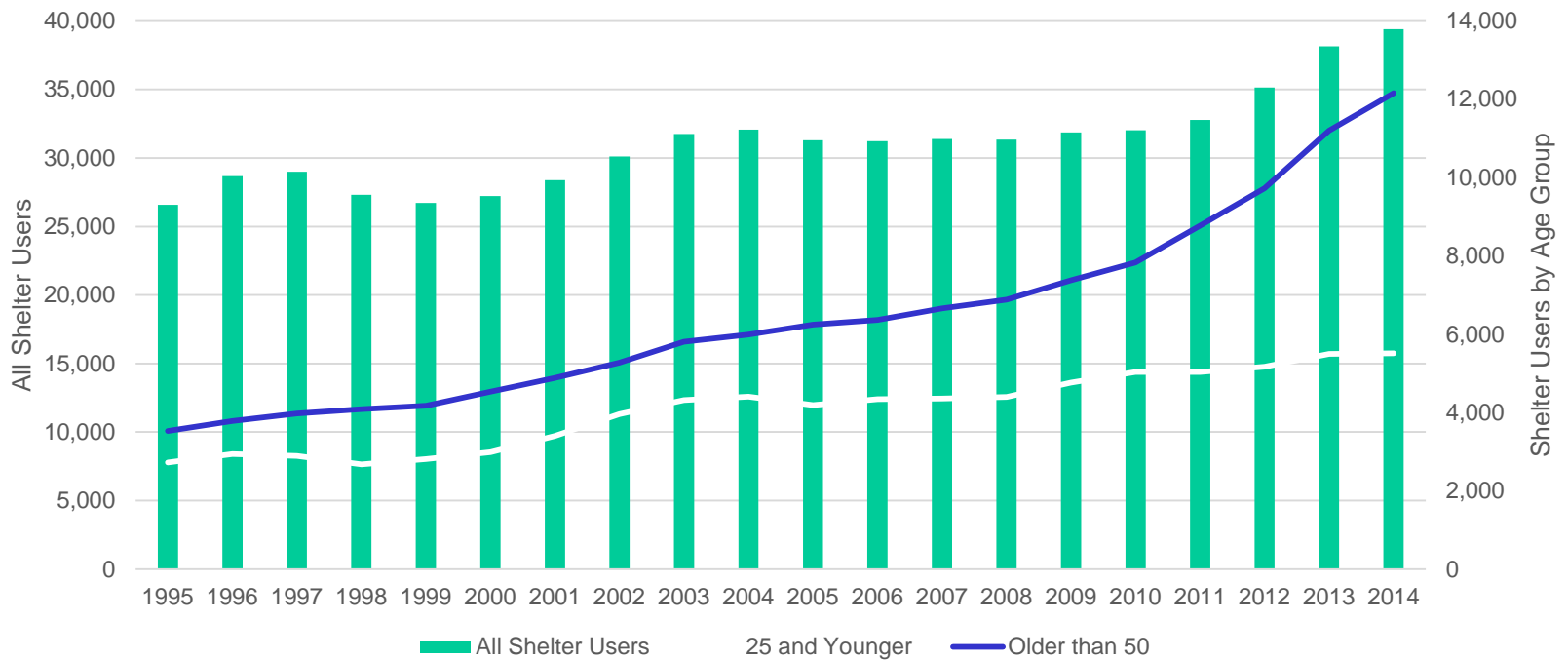
Shelter use among singles 50 and older



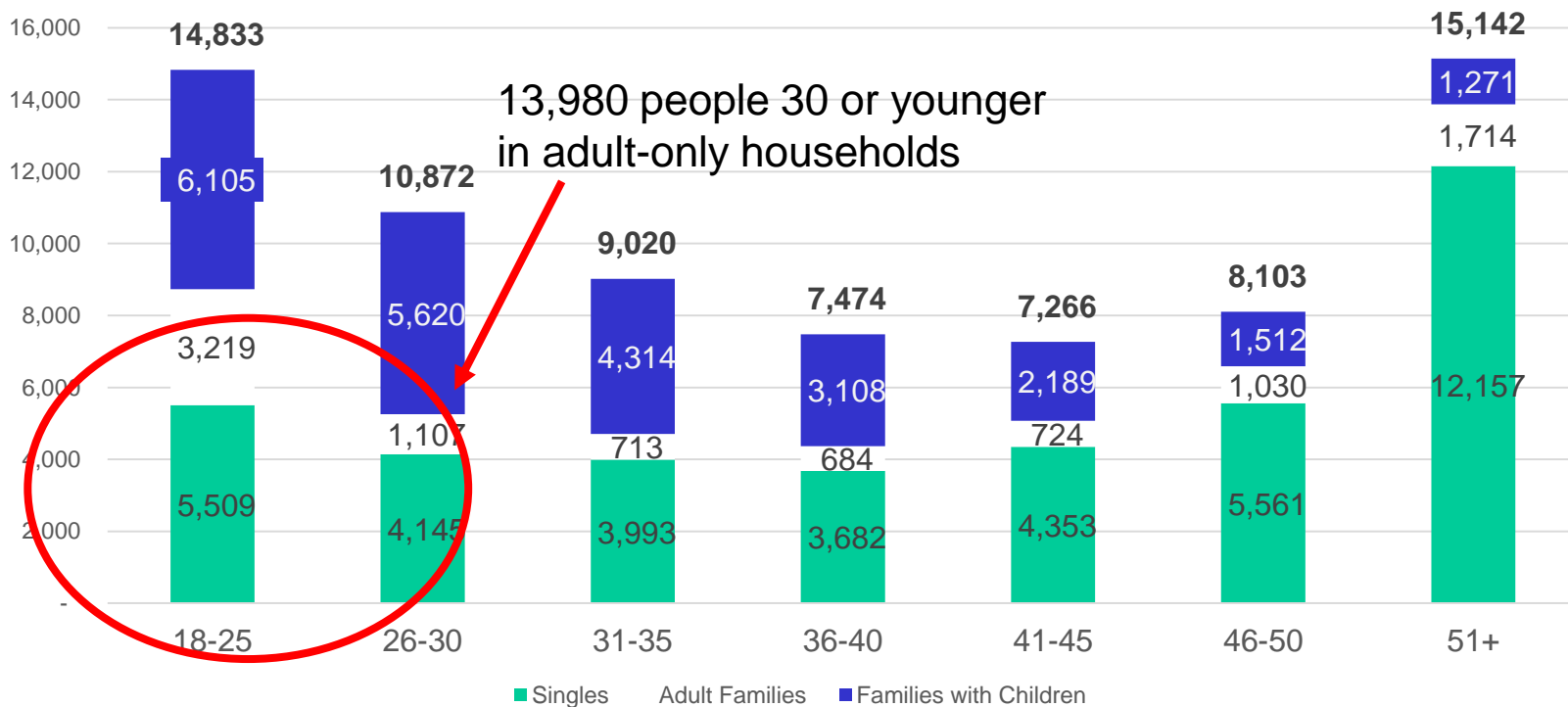
Shelter use among singles 18-25



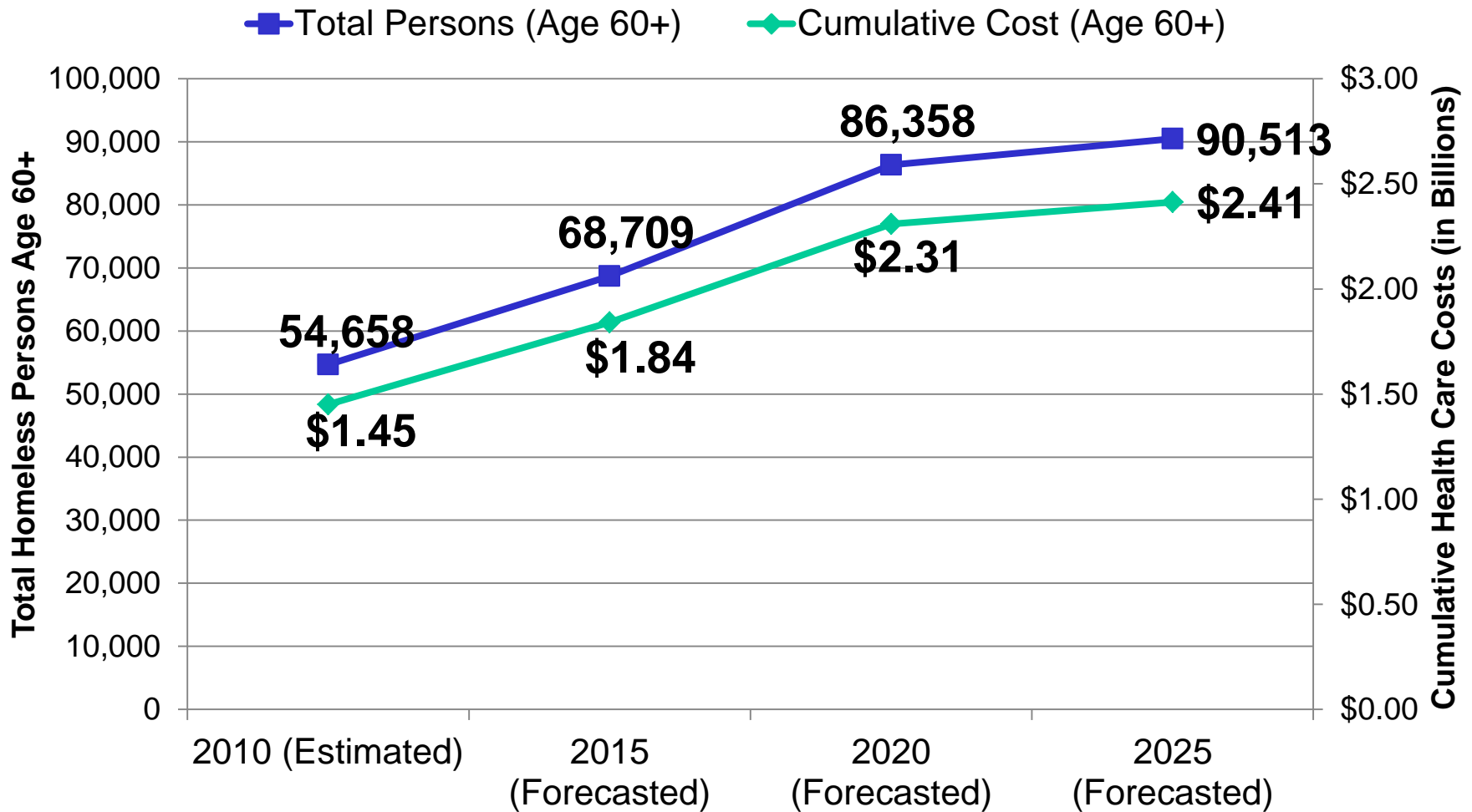
Youngest and Oldest Account for 89% of Shelter Use Increase



Age Distribution of all Adults in Shelter: 2014



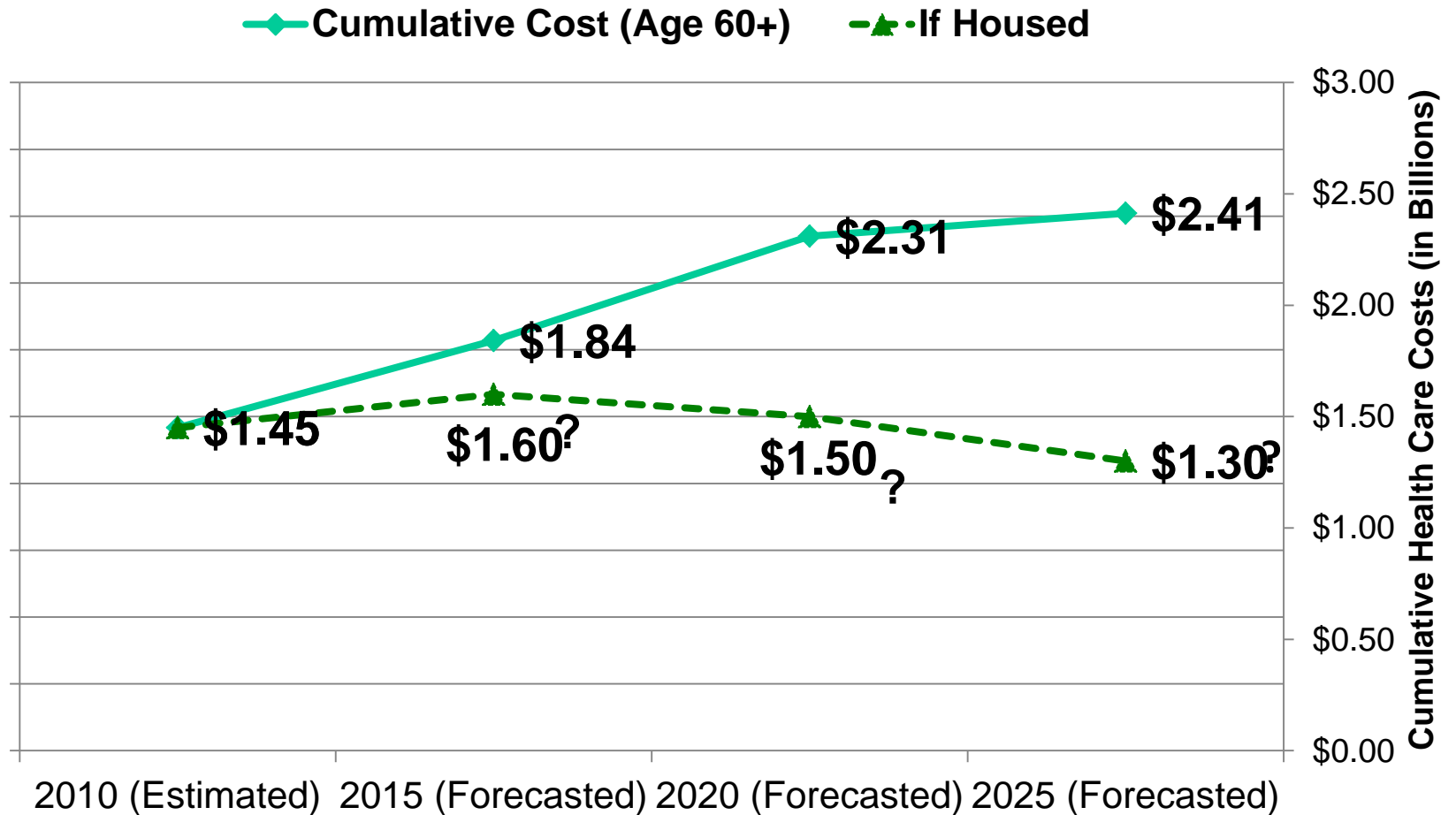
Projected Health Care Costs



Source: Author Estimates Based Data from U.S. Census Bureau, AHAR Report and U.S. Department of Veterans Affairs.

Note: Cost estimates based on use of VA healthcare services and should be interpreted cautiously.

Can permanent housing lead to cost savings for health care systems? How much?



Intervention Opportunities

- Income
 - Younger: Jobs and Job Training
 - Older: SSI
 - Services
 - Younger: Behavioral Health Supports
 - Older: Chronic Disease Management
 - Housing
 - Younger & Older: Rapid Rehousing
 - Shallow Subsidies and PSH
-

Homeless among Families?

- Family Options Study: Conclusive evidence of positive impact of housing subsidy
 - Challenge: How to manage demand and increase volume of vouchers?
 - For now, prevention and rapid rehousing are the “light touch” alternatives to shelters and hotels
 - Progressive Engagement is a moral hazard risk mitigation approach to identify sustained need...
 - But not ideal. Better to expand housing assistance, consider time limits and targeting to young families with pre-school children
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Thank you for joining us!

Save the date!

CCEH 17th Annual Training Institute
May 16, 2019