About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use permanent supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

About Funders Together to End Homelessness

Formed in 2013, Funders Together to End Homelessness is San Diego’s regional funders network committed to preventing and ending homelessness, comprised of private foundations, private philanthropists, and the United Way. The Homelessness Working Group transitioned from San Diego Grantmakers to become part of the growing group of public and private partners supporting the United Way of San Diego County's activities to end homelessness in the region. The Funders Together partnerships capitalize on the work already done by the Homelessness Working Group since its formation in 2003, and is focused on promoting an effective and efficient system of housing and services to help end homelessness in San Diego County. The goal of Funders Together to End Homelessness is to build a San Diego County network of funders who are committed to solving homelessness through leadership, education, and advocacy; strategic collaboration, alignment and focus of resources; and effective promotion and replication of evidence based practices in our community.

March 2014
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I. Executive Summary

CSH is thankful for this opportunity to conduct an analysis of transitional housing for San Diego’s Continuum of Care in the fall of 2013/winter of 2014. CSH also wishes to thank the agencies involved in this assessment for their willingness to devote the time and energy to participate. The transitional housing assessment provides a comprehensive analysis of program level readiness for conversion to permanent supportive housing (PSH), rapid re-housing (RRH), or high performing transitional housing (TH).

These transitional housing projects present a unique opportunity to consider conversion and/or programmatic changes. Our recommendations focus both on opportunities to convert projects as well as the need to re-tool the programmatic aspects of housing for homeless people.

This analysis includes 19 TH projects operated by 12 agencies across San Diego County, representing 224 TH units with 577 beds. According to the Abt and Associates Systems Mapping data that is part of the Priority Communities Initiative, San Diego County as a whole includes 2,490 TH units and 3,523 beds, so this analysis represents 9% of the units and 16% of the available TH beds. The chart below provides our recommendations for the number of units that are suitable to convert to high-performing transitional housing, permanent supportive housing, or rapid rehousing.

Overall Analysis – Number of Units Best Suited for Each Type of Conversion

CSH found that 16 units are good candidates for conversion to permanent supportive housing (PSH) and an additional 54 units could be converted to rapid re-housing (RRH). 154 units are recommended to become higher-performing transitional housing. Among these, some projects scored very close between different models – indicating with some work, more units could convert to a permanent model.

CSH does not necessarily recommend that all units be converted, or that all TH units remain TH – rather San Diego and its partners should consider the full system need and then consider these units as options for conversion to rebalance the system.

San Diego is currently engaged in an analysis of the full system and the environment in which it operates. Recommendations from this report should be combined with the findings of any systems analysis to form a final set of recommendations for conversions and/or programmatic changes that will create a more balanced system response.
The information in this report provides additional depth and context to the Priority Community work that is underway with the San Diego Continuum of Care (CoC), including systems mapping work. This information, analysis and recommendations regarding specific TH projects will further inform the ongoing discussion regarding goals, priorities and outcomes.

In addition to the overall recommendations, this report contains program profiles that outline our analysis, scoring, and the basis for our recommendations. The program level scores and analysis are not intended to serve as grades or definitive action steps for TH programs, but rather as a way to encourage further discussion between the TH provider, the Continuum of Care (CoC), and the project sponsors about what is the best course forward for that particular program and San Diego’s overall efforts to end homelessness.
II. Background

Overview

Building upon our successful work with local communities retooling their homeless assistance systems, Funders Together in San Diego contracted with CSH to complete an assessment of San Diego’s transitional housing system.

CSH’s goal for the assessment process is to provide the community with an analysis of some of San Diego’s existing portfolio of transitional housing and a detailed assessment of program level readiness for conversion to permanent supportive housing (PSH), rapid re-housing (RRH), or high performing transitional housing (TH). The assessment process aims to create a platform for improved system level performance, where the overall homeless assistance system is more responsive to the needs of homeless people. As part of CSH’s analysis, this report includes recommendations to improve the performance of the overall system by converting or retooling existing transitional housing programs based on findings gathered throughout the assessment process.

For the past several years, HUD has placed an increasingly higher emphasis on permanent housing over other components of the Continuum of Care to end and prevent homelessness. This emphasis is linked to the growing empirical evidence that permanent housing approaches – such as rapid re-housing and permanent supportive housing – are the most effective models for ending homelessness among key segments of homeless individuals and families.

One key advantage to undertaking this analysis is to promote conversion opportunities that would result in new permanent housing units – whether permanent supportive housing or rapid re-housing – while expending no new CoC dollars. This assessment also sets the stage for improving performance among all homeless housing providers – as it will take time to undergo conversions and programmatic changes.

Federal Context

The role of transitional housing in a community’s homeless assistance system has come under greater scrutiny with the implementation of the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act along with the adoption of Opening Doors, the nation’s first comprehensive strategy to prevent and end homelessness.

These changes at the national level, along with local systems analyses, have moved communities throughout the country to evaluate the overall effectiveness of their own Continuum of Care. While transitional housing may continue to remain a component of the Continuum of Care, how this particular intervention will operate to end homelessness will likely change.

The primary goal of the HEARTH Act is to improve community capacity to carry out the mission of preventing and ending homelessness through systems transformation because systems can overcome barriers, achieve efficiencies, and
bring best practices to scale in a way that individual homeless assistance programs cannot. Specifically, the HEARTH Act aims to increase flexibility of HUD resources, and in return increase the focus on system-wide results. The primary system level measures for CoCs include the following:

- Length of homelessness episodes for individuals and families
- Repeated episodes of homelessness experienced by individuals and families
- Thoroughness of grantees in reaching homeless individuals and families in the geographic area
- Overall reduction in number of homeless individuals and families
- Jobs and income growth for homeless individuals and families
- Success at reducing number of people who become homeless

A community’s performance against these system level measures is expected to shape future funding decisions for CoCs. As of this writing, communities are continuing to operate under the CoC Program Interim Rule – the final regulations have not been published.

An additional driver for system-wide change at the CoC level is the adoption of Opening Doors, the nation’s comprehensive strategic plan to prevent and end homelessness. Opening Doors established four primary goals in the nation’s effort to end homelessness.

<table>
<thead>
<tr>
<th>Four Primary Goals of Opening Doors</th>
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<tr>
<td>Finish the job of ending <strong>chronic</strong> homelessness by 2015.</td>
</tr>
<tr>
<td>Prevent and end homelessness among <strong>Veterans</strong> by 2015.</td>
</tr>
<tr>
<td>Prevent and end homelessness among <strong>families, youth, and children</strong> by 2020.</td>
</tr>
<tr>
<td>Set a path to ending <strong>all</strong> types of homelessness.</td>
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The HUD Office of Special Needs Assistance Programs (SNAPS) administers CoC funding, which has traditionally funded shelter and transitional housing. The following is an excerpt from a blog post from SNAPS Director Ann Marie Olivia on changes to transitional housing.

According to the National Alliance to End Homelessness, rapid re-housing programs can be expanded to help 80-85 percent of families exit homelessness faster. This upfront assistance will help families who already have relatively short homeless episodes get back into housing even faster. Most of the families currently targeted to receive transitional housing can be more effectively helped with rapid re-housing assistance. By reducing reliance on this expensive intervention, communities can generate savings that can be reallocated to house a larger number of families. Communities can also more narrowly target service-rich interventions, such as transitional housing and permanent supportive housing, to the subset of families with more complex needs who require intensive and ongoing support to exit homelessness.

In seeking to better understand transitional housing resources in the San Diego region, HUD provided initial support to CSH to conduct a pilot analysis of three projects in San Diego in the summer of 2013:
- Community Housing Works - Centro
- Mental Health Systems – Next Step
- North County Interfaith – Spruce Street

After reviewing these projects, CSH recommended that Community Housing Works consider conversion to Rapid Rehousing or affordable housing; North County Interfaith consider conversion to supportive housing and that Mental Health Systems consider some programmatic changes to become higher performing transitional housing. Interestingly, two of the three pilot projects were successfully able to implement the recommendations described above and North County Interfaith continues to explore the possibility of conversion. CSH’s initial analysis of these three projects laid the groundwork for Funders Together to End Homelessness in San Diego to support an expanded analysis of transitional housing in the region, which was offered to all transitional housing projects who were interested in volunteering to participate in this effort. The following chapter outlines CSH’s process and methodology.

...It is time for CoCs to look at transitional housing programs with a critical eye – look at recent research, review each program’s eligibility criteria, analyze outcomes and occupancy rates, and make sure the services offered (and paid for) actually match the needs of people experiencing homelessness within the CoC. Many transitional housing programs may need to change their program design or serve a different population. For example, some may need to remove strict eligibility criteria that result in those families that really need intensive services being screened out (often resulting in low occupancy). In other cases, the best course of action is to reallocate the transitional housing program in favor of a more promising model...What HUD really wants is for communities to be strategic, to have the tough conversations, and really use their data to be sure that whatever programs they have in place to serve families and individuals experiencing homelessness are part of a larger system approach, and have the best outcomes possible.
III. Scoring Methodology & Key Criteria for the Assessment

Scoring Methodology
Between September 4 and September 19, 2013, staff from CSH conducted initial face-to-face and telephone interviews with 13 non-profit agencies that operate 18 transitional housing projects in San Diego.

Purpose of the face-to-face meetings

- Provide an orientation to the transitional housing assessment process and timeline
- Describe the role of HEARTH and how it requires greater emphasis on outcomes for homeless households
- Confirm initial findings from review and analysis of APR data and program-level information
- Interview program staff and managers who have the most knowledge of program operations and program population
- Assess the capacity of the TH program to convert to permanent supportive housing or rapid re-housing or retool to high performing TH

In addition to learning more about the individual programs to determine their capacity to proceed with a conversion, these discussions were a mixture of providing information to the organizations about the changing environment for transitional housing and talking about the conversion or retooling process. CSH was able to review information with key staff to inform our assessment of which programs would be the best suited to move forward with conversion or retooling of programmatic requirements. After completing our initial assessment using the analytical tool outlined below, CSH held follow-up meetings in December 2013 with transitional housing providers to review our scoring with them.
Six Indicators for Conversion

CSH used an analytical tool that scored transitional housing programs on their capacity to convert or retool based on six criteria. CSH staff used our experience with program conversions in other communities to inform the assessment process, taking into consideration six issues that play key roles in a community’s successful conversion from transitional housing to permanent supportive housing, rapid re-housing, or high performing transitional housing. The six criteria for CSH’s assessment process are as follows:

- Organization Commitment
- Program Orientation
- Financials
- Physical Plant
- Population
- Performance Measures

As part of CSH’s assessment process, each of the criteria was weighted equally and scored on a numerical scale ranging from 1 (not suited) to 5 (best suited). Weighing each category equally allowed for an assessment process that could survey a diverse range of programs (including populations, physical plant/structures, and organizational missions). Once each of the criteria received a score, the transitional housing program’s scores in these six key areas were then averaged and an overall score, ranging from 1 to 5, was generated, indicating whether the program was best suited to convert to permanent supportive housing or rapid re-housing or retool to become higher performing TH.

The assessment process consisted of a highly structured and detailed review of the participating TH programs. While CSH aimed to conduct the assessment as objectively as possible, we acknowledge that there is a level of subjectivity to our analysis. In order to adjust for this, CSH held follow-up meetings and discussions with TH providers to review and revise our scoring to reflect a combined understanding of the overall suitability of the TH program to convert to permanent supportive housing or rapid re-housing or retool to high performing transitional housing. The overall scores are not intended to serve as grades for programs or definitive action steps, but rather as a starting point for conversation between the provider, the Continuum of Care, and the project sponsors about what is the best course forward for that program and San Diego’s overall efforts to end homelessness.
Organizational Commitment
Critical to any conversion or retooling effort is the organization’s own desire to make the change from transitional housing to another model of housing and services – whether converting to permanent supportive housing, rapid re-housing, or high performing transitional housing. A commitment to changing the day-to-day operations of the program is required at multiple levels within the organization (from the Board of Directors to executive management to front line staff), and this broad-based commitment ensures the best chance of success for a conversion or retooling effort. The openness and willingness of the organization to explore the possibilities of conversion or retooling, or at a minimum, an analysis of the program’s operations is essential. The four areas evaluated as part of this criterion include:

- Openness to change/conversion
- Organizational History
- Understanding of HEARTH
- Connection to CoC/Homeless System

Program Orientation
In addition to organizational commitment, the program’s orientation should also support adopting a rapid re-housing approach or permanent supportive housing approach if converting to permanent housing. For some programs, this could mean embracing a new outlook on the homeless individuals and families they have been serving in emergency or transitional settings. Under the rapid re-housing model, the program’s mission orientation is critical in supporting the individual’s or family’s quick movement through the program, to achieve a placement into permanent housing.

Providing permanent supportive housing would require a cultural shift in the program’s mission orientation that would now consider the “client” as a long-term “tenant” who is part of a permanent community rather than a “participant” in a short-term housing and services program.

Additionally, while program rules are common in transitional housing and many permanent supportive housing projects, best practices indicate that a voluntary services approach results in greater success. Encouraging staff to outreach and engage with tenants or clients rather than requiring participation in services often leads to greater housing stability and the achievement of longer-term outcomes, whether in a permanent supportive housing setting or in a transitional or rapid re-housing setting that leads to permanent housing placements. The four areas evaluated as part of this criterion include:

- Organizational Mission
- Staffing model
- Program Rules & Eligibility Criteria
- Lease or Participant Agreement
Financials
While the overall financial health of an organization is a key consideration, for the specific purposes of CSH’s assessment we analyzed the range of project funding supporting the transitional housing program – including capital, operating, and services funding as part of our primary review. The reason for the inclusion of this analysis is to ensure that these leveraged funds do not have contradictory requirements that prevent a transitional housing program from moving toward conversion, either to rapid re-housing or permanent supportive housing. In some cases, units may be set aside, or funding may have to be swapped out to accommodate conversion. The four areas evaluated as part of this criterion include:

- HEARTH alignment
- Covenants and Ownership
- Other money in the project (match and leverage)
- Adequacy to support a conversion

Structure/Physical Plant
This component is significant for single-site, facility-based transitional housing. Converting transitional housing to permanent supportive housing or rapid re-housing requires that individuals are able to live as long-term tenants. In addition to holding a lease, this means that tenants are able to have a key, and their own entrance and exit to their housing unit. Ideally, units have private kitchens/kitchenettes and bathrooms. However, HUD regulations do not require that tenants have private kitchens and bathrooms. While shared kitchen and bathroom facilities were allowable under HUD for permanent supportive housing, the addition of capital funding from other affordable housing programs may require private facilities.

These housing units need to contain an appropriate amount of livable space to accommodate the entire household’s needs (i.e., if the family is a household of 5, at least 3 bedrooms would be appropriate, if the children are younger).

For rapid re-housing, TH units need to be converted to long-term, affordable units, and the operation and service funding is transferred to a scattered site, “transition in place,” rapid re-housing model. The converted units may also need an operating subsidy to stay affordable, and changes can be constrained by regulatory agreements on the property. For many organizations operating site-based transitional housing, this is the biggest barrier to considering a conversion to RRH. The four areas evaluated as part of this criterion include:

- Facility vs. Scattered Site
- Unit vs. Room (individual vs. shared)
- Unit vs. Room (shared kitchen and or baths)
- Condition
Population
For a conversion to permanent supportive housing, unlike transitional housing, eligible participants in HUD Permanent Supportive Housing must be homeless and disabled. For homeless families, the head of household must be disabled to qualify for assistance and under the current CoC Program Interim Rule; families with disabled children may also qualify. For transitional housing programs that are not currently serving a predominately-disabled population, conversion to permanent supportive housing, could mean a potentially dramatic shift in the program’s target population. It is important to note that HUD’s determination of disability includes broader eligibility categories than the high degree of functional impairment required to qualify for SSI/SSDI benefits. For example, an individual would qualify as disabled in a HUD program with a substance use disorder, but impairments primarily due to substance use would deem an individual ineligible for SSI/SSDI benefits. For providers who do not have a history of serving people with disabilities, meeting HUD’s criteria may be a significant shift in program design and staffing capacity (e.g. such as in supportive housing).

A shift to the rapid re-housing model does not necessarily require a change in target population. The three areas evaluated as part of this criterion come from the HUD CoC APR (Annual Performance Report) and include:

- Total families served (not scored, just for information)
- Special Needs
- Percentage coming from literal homeless situations\(^1\) and institutional settings

Performance Measures
The Annual Performance Report (APR) provides useful performance data, such as participant length of stay, exits, turnovers, and placement after program exit, all of which offer more insight into the success of a particular transitional housing program. Additional information is calculated with the measures that include the churn rate (or rate of households moving through the program) and placement rates. If a program is reporting long lengths of stay, low placement rates, and low retention rates with its participants, this program data may indicate the need to convert, or at a minimum, re-tool. To be consistent with the rest of the analysis, the scoring for performance measures is counter-intuitive. If a program has low performance measures (in the categories described above), they will receive a higher score indicating that the program may be better suited for conversion to a permanent housing model. The five areas evaluated as part of this criterion come from the APR and include:

- Average Length of Stay
- Churn Rate – the rate at which households move through a program

\(^1\) For this analysis, literal homelessness means coming from the street, shelter, or place not meant for human habitation.
Number of permanent housing (PH) placements to total households served
Number of PH placements to total number of units
Percentage increase of income among participants

Additional Analysis for Assessment Process
Based on the CSH’s experience analyzing TH projects across the country over several years, it is atypical for a transitional housing program to be 100% “ready-to-go.” This was the case in our analysis and assessment of San Diego’s transitional housing programs as well. Programs with assessment scores below 3.0 will likely require significant modifications to their operations in order to convert or retool.

A variety of reasons existed to prevent each organization from proceeding with full conversion – from lack of organizational commitment to lack of eligibility for the target population to restrictive program rules. Detailed discussions of the scoring and ranking process for each program are in the program profiles section.

Additionally, if the scoring indicated that the program was not suited for conversion to permanent housing, CSH advised program staff that their transitional housing program would likely need to change because of the adoption of HEARTH’s system-wide outcome measures. The staff of the Continuum of Care and other TA providers have been providing similar guidance to transitional housing providers for some time and many organizations have already begun to change their day-to-day operations to improve their outcomes. The two significant areas that transitional housing providers will need to focus on if they are not considering a conversion to permanent housing, are 1) how to retool their existing program to reduce the overall length of stay for participants and 2) how to ensure higher rate of exits to permanent housing.
IV. Overall Findings and Recommendations

Almost all organizations engaged in the CSH assessment process indicated an openness to explore their capacity to convert to permanent housing or high performing transitional housing. The following chart provides an overview of our assessment of San Diego’s transitional housing programs and their capacity to convert or retool their existing programs.

Recommended Changes by Project: Scale 1-5

Of the assessed programs, a higher green bar indicates a program is best suited for conversion to permanent supportive housing and a higher orange bar indicates a program is best suited to convert to rapid re-housing. A higher grey bar indicates that the program is best suited to continue operating as transitional housing, while operating more effectively with the HEARTH outcome measures in mind. In addition to looking at the color of the bar as an indicator of whether to convert or retool by program type, the level of the bar is an indicator of the program’s readiness for change.
Conversion Recommendations

Conversion to Permanent Supportive Housing

Of all of the agencies interviewed and projects analyzed, only one stood out as a potential conversion to PSH – PATH Connections. Other units could be suitable for conversion to PSH, however CSH did not recommend any at this time due to current populations in TH (not suited for PSH), organizational capacity, and service model. If the CoC or TH funders/providers decides to convert more units, CSH recommends:
   a) providing training and TA for current TH providers on operating PSH, and/or
   b) consider reallocating this funding to providers that are more suited to operating PSH and serving a PSH population.

These agencies will need to be open to serving people with multiple/long-term episodes of homelessness and other factors of vulnerability and system use, as well as consider the best service and housing model for this population.

Conversion to Rapid Re-Housing

26% of the project reviewed showed capacity to convert to RRH. More units may have been considered for conversion, however, guidelines in the 2014 NOFA for HEARTH funding limit RRH for families with children only. Additionally, several of the projects have shared units, sometimes with as many as 6 beds per room. Conversion is possible with these projects as well, but it would result in an overall loss of bed capacity. Based on our interviews and assessments with these particular projects, that did not seem feasible. A larger analysis of all TH in San Diego might result in a different recommendation.

Conversion to rapid re-housing would ensure access to housing for homeless families with short-term needs for financial assistance and housing stability services. None of the projects recommended to convert to RRH is currently serving a target population that has long-term special needs. Families served in these programs would likely benefit from short-term rental assistance and voluntary services geared to achieving housing stability and improving economic self-sufficiency.

As stated earlier, for projects owned by publicly funded nonprofits, converting to RRH would essentially mean that their units would convert to housing that is prioritized for homeless families. These families would access the units, take advantage of shorter-term housing stability services (based on their needs) and rent assistance, and then maintain that housing for as long as they choose, unless they violate terms of their lease. The CoC Program funds would then convert to rental assistance. At the time of this report, another challenge to converting to RRH lies with the role of government administration of rental assistance. While advocates are working hard to make changes at the federal level to allow non-profits to administer their own rental assistance, that option is currently not available, thereby placing additional barriers to non-profits wanting to convert to RRH.

Most agencies that convert to rapid re-housing will need to review and retool the screening criteria and program rules that have traditionally accompanied their transitional housing models. Overly restrictive program rules, while they may be well intentioned, may trigger trauma for families who are in unstable housing conditions. The use of Trauma Informed Care (TIC), an evidence-based practice designed for people who have experienced trauma in their lives, would be a useful competency for housing owners and service providers who are serving households who have experienced homelessness. A key component of TIC is understanding the service relationship with clients. Issues related to Power and Control, Authority and Responsibility, Goals, and Language are essential in defining trauma informed care.
In addition, no re-housing program would be complete without the availability of services to aid families in gaining education, employment, and economic self-sufficiency. Strong partnerships with the educational and workforce development field will be critical to ensuring that families who are housed, but likely rent-burdened, have access to the employment and educational opportunities that will allow them to increase their incomes.

**Retooling to High-performing Transitional Housing**

CSH recommends that the majority of project remain transitional housing. Of these 145 units with 353 beds, many are operating at a level that is meeting HEARTH requirements. However, many of them scored very closely to a PH conversion. San Diego might also want to consider converting these projects to a permanent housing model if a systems analysis indicates a greater need for this. (Since not all projects in the CoC will be ready for immediate conversion, some projects might continue to operate as TH for some time, and it will be important for them to begin to make programmatic changes as soon as possible).

All projects that do not convert can work toward a model of higher performing transitional housing. This will ensure that homeless families and individuals are able to end their homelessness episode more quickly, with shorter lengths of stay and improved exits to permanent housing, outcomes which assist in meeting HEARTH goals.

Additionally, these programs should move toward serving a target population that requires a more heavily enriched service model for a short period of time in order to achieve housing stability. Populations that may benefit from transitional housing include:

- People in early recovery from addictions/alcoholism where the TH is tied to treatment programs
- Survivors of domestic violence where the housing is tied to DV-specific services
- Youth/young adults where services are culturally competent to serve those who need more intensive services
Retooling Recommendations

A “retooling” of programmatic requirements will enhance each project and the system’s ability to serve more homeless individuals with independent, permanent housing and high performing transitional housing. CSH recommends project-level changes for all projects in three primary areas of operation: access and program requirements, targeting, and performance measures.

Access and Program Requirements

Two of the biggest changes that many homeless housing providers throughout the country need to address are their entrance criteria and program rules. In CSH’s experience, many TH programs have adopted program rules over the years that screen out homeless individuals and families with a strong need for time-limited housing and services. There is little evidence that these rules are necessarily related to improving client outcomes or ending homelessness. Since transitional housing is often a gateway into permanent housing, these criteria and rules also prevent homeless people, with relatively few needs, from accessing permanent housing.

CSH recommends that San Diego CoC and its partners review the entrance criteria and program rules of publically funded housing and housing programs to improve access to the overall homeless assistance system. The following chart shows how San Diego organizations rank in terms of their access—a lower score indicates more barriers to housing and more requirements for compliance with a program model.

Categories considered under this score include policies that agencies have adopted regarding:

- Curfew
- Visitors
- Sobriety requirements, including Urinalyses (when not associated with treatment programs)
- Income
- Program-specific requirements such as a number of required meetings with case managers, community service requirements, etc.)
If a project is converting to a permanent housing model, the housing should not be conditioned on households meeting a series of program rules that are overly restrictive. Rather, housing is tied to a tenant’s ability to maintain a lease. Housing stability services can and should be in place to help families in crisis situations to prevent multiple episodes of homelessness.

Entrance criteria for units specifically funded for homeless people should be less restrictive than those in the private market and screen in vulnerable, homeless households that would most benefit from a housing and services intervention.

In all projects, whether permanent or transitional housing, program staff members are encouraged to explore options for transforming key policies and practices such as:

- Implementing progressive engagement strategies
- Reducing entrance criteria and termination policies
- Reducing program rules and instead focusing on lease requirements
- Implementing trauma informed care approaches to housing stability services
- Partnering to ensure all families with low-incomes and rent burdens have access to education and employment

These changes to policies and practices are focused on encouraging programs to create a housing-oriented culture. Program owners can learn from other agencies and best practices in order to maximize effectiveness and be part of a learning community that inspires accountability and improvement.
Targeting

The following graphs show where families come from when they enter San Diego’s homeless transitional housing programs and whether they have special needs characteristics.

This graph shows the percent of residents who come from literal homelessness as well as from institutional settings. Note that people may be in a range of other environments before entering a transitional housing project, such as living with family and friends, couch surfing, coming from another TH program, etc. The final columns in the chart show that, on average, among the transitional housing units/beds analyzed, 49% of people came from literal homeless situations (shelters and streets).

For the purposes of this analysis, CSH did not count people coming from other transitional housing as literally homeless. CSH recognizes that some populations do not always show up in shelter or end up on the streets, particularly youth. However, the rationale for this data point was to determine if projects and agencies were serving vulnerable people - people who might benefit more from a transitional housing intervention. CSH also looked at people coming from institutional settings, as is similar across other studies of transitional housing, only a
small percentage (7%) come from places such as jail, psychiatric beds, or direct foster care placement/group homes.

Agencies that serve people with special needs vary widely across the projects analyzed, the average being 52% with at least one special need. Annual Performance Reports (APRs) from HUD have limitations on providing detailed data on special needs – acuity of the special needs is not defined in the report. Again, the purpose of looking at this data was to see if the population served in transitional housing had some level of special need that calls for that intervention.
Performance Measures

Permanent Housing Placement

Many TH projects in San Diego have incredibly high permanent housing outcomes for people – as indicated in green bars in the chart below. Encouragingly, despite a dire lack of affordable housing options in the San Diego region, programs that lack dedicated access to permanent housing resources have demonstrated a track record of strong results on this outcome measure. These results reflect a very strong program orientation to planning for successful exits to permanent housing. The expertise at these organizations is a valuable resource to the San Diego community as organizations strive to achieve an increase in exits to permanent housing.

When comparing placements of people who leave the program compared to all households served (the orange bars), the data show another screen of this measure. For example, one project could show 100% success rate, but that may only include 5 individuals out of 30 served in a year. High performing projects have high percentages in both categories. For example, El Nido is showing very strong outcomes with 100% of leavers exiting to PH, and almost as strong is Crisis House. Crisis House shows 69% success of leavers exiting to PH, this represents 52% of people served in a year, meaning that half of the program participants are moving through the program in a year and 69% of those people are exiting to permanent housing.


**Length of Stay**

The chart below shows the length of stay in the homeless housing programs surveyed. Overall, the lengths of stay are not exceedingly long – almost everyone is within one year, with many falling in the 6-7 month range (170 – 220 days).

**Average Length of Stay in Days**

![Chart showing average length of stay in days for various programs.](chart)

**Churn Rate**

Comparing length of stay with housing placement data provides an additional layer of analysis. The following chart compares the projects’ “churn rate” (the rate at which people move through a program). 100% churn would mean that 100% of the families moved through the program within a year. Therefore the higher the churn, the more efficient the program. This measure is different from length of stay because it compares households who left the program to those served in a year.

**Churn Rate**

![Chart showing churn rate for various programs.](chart)
Summary and Recommendations

CSH’s overall assessment of San Diego’s participating transitional housing providers offers a detailed, program-level analysis as to whether each program is best suited for conversion to permanent supportive housing, rapid re-housing or high performing transitional housing and how ready a program is for the change.

CSH is encouraged that findings from this assessment process may add to the system level discussions to create a more balanced, strategic mix of housing and service interventions for San Diego’s homeless assistance system that prioritizes serving people experiencing homelessness with a variety of needs, and ensuring the best possible outcomes in terms of exits to permanent housing as well as other key outcomes measures such as increases in income. Detailed individual Program Profiles start on the next page and provide a project-specific description of CSH’s scoring and recommendations.

While most programs were recommended to remain transitional, many were recommended for change, which will improve the overall balance of housing interventions available to people. Additionally, this assessment does not address the specific feasibility or impact of reallocating to different models for different agencies or populations. This analysis is a review of what currently exists and sought to determine which projects would be most suited for changes. Reallocating to different agencies for different models is a larger CoC/homeless assistance system discussion and CSH hopes this analysis will contribute to those considerations.

For performance improvement, CSH recommends that the San Diego CoC engages in ongoing quality improvement/performanc evaluation work with the projects that participated in this analysis, including the guidance and recommendations included in this report, and also works to identify resources to expand this analysis to include additional projects interested in undergoing this process. Through these, along with significant and comprehensive local homelessness planning efforts, San Diego will continue to improve its effectiveness by using common outcome measures along with evidence based best practices in working to end homelessness.
V. Program Profiles and Recommendations

The following pages provide explanations of scores and specific guidance regarding changes to the transitional housing analyzed in this process. The table below provides a summary of the units and beds analyzed.

<table>
<thead>
<tr>
<th>Agency and Projects</th>
<th>Units</th>
<th>Beds</th>
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<td>Catholic Charities - House of Rachel</td>
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</table>
Catholic Charities, Casa Maria / House of Rachel – Review of TH Analysis Scores

**CSH recommends that both models remain TH with the following considerations:**

1. Increase placements into PH for both programs;
2. Review program rules for those that are overly restrictive and adjust accordingly.

PSH or RRH may also be considered, though it will require a shift in population, structure and leasing policies.

**Cumulative Recommendations by Key Category**

<table>
<thead>
<tr>
<th>Catholic Charities</th>
<th>Average Organizational Commitment</th>
<th>Average Program Orientation</th>
<th>Average Population</th>
<th>Average Performance Measures</th>
<th>Average Financials</th>
<th>Average Structure/Physical Plant</th>
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**Project Overview:** Catholic Charities operates two TH projects located in two single family homes in different neighborhoods in San Diego, with a total of 10 beds. These TH projects serve homeless women 50+ with special needs as well as homeless pregnant women and seek to address the root causes of homelessness for women by creating communities that value individual needs and differences, with opportunities to effect changes in their lives.
Other Noteworthy Analysis

Where People come from

Placements to Permanent Housing

Length of Stay - in Days

Special Needs
Crisis House recommends that Crisis House remain Transitional Housing with the following considerations:

1. Target more “literally” homeless people.
2. Review program rules and reduce ones that may be overly restrictive.

Additionally, PSH may be considered where feasible.

Cumulative Recommendations by Key Category

<table>
<thead>
<tr>
<th>Project</th>
<th>Average Organizational Commitment</th>
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**Project Overview:** Crisis House TH program is partnership of three service providers (Crisis House; Alpha Project; and Volunteers of America) who provide TH in three locations in the County of San Diego with a total of 7 units (2 of which are houses) with 64 beds. These three TH sites serve the homeless (including chronically homeless), with a particular emphasis on individuals who are recovering from mental illness and/or addiction, along with co-occurring disorders.
Other Noteworthy Analysis

Where People come from

Length of Stay - in Days

Placements to Permanent Housing

Special Needs
Episcopal Community Services, Downtown and Uptown Safe Haven

– Review of TH Analysis Scores

**CSH recommends that both models remain TH/Safe Haven with the following consideration:**

1. Preserve the valuable low barrier/housing first elements of the Safe Haven model

Cumulative Recommendations by Key Category

<table>
<thead>
<tr>
<th>Project</th>
<th>Average Organizational Commitment</th>
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</table>

**Project Overview:** Episcopal Community Services operates two Safe Haven projects in San Diego which provide low barrier housing for homeless individuals with serious mental illness: Downtown Safe Haven which provides 28 Safe Haven beds and Uptown Safe Haven, which provides 19 Safe Haven beds (Uptown Safe Haven services are provided by Community Research Foundation).
Other Noteworthy Analysis

**Where People come from**

- Downtown Safe Haven: 87% from literal homeless, 13% from institutions
- Uptown Safe Haven: 91% from literal homeless, 9% from institutions

**Length of Stay - in Days**

- Downtown: 230 days
- Uptown: 301 days

**Placements to Permanent Housing**

- Downtown Safe Haven: 60% of Leavers to PH, 34% of all HH to PH
- Uptown Safe Haven: 71% of Leavers to PH, 35% of all HH to PH

**Special Needs**

- Downtown: 100%
- Uptown: 100%
As a youth TH project, CSH recommends that the Home Start FSYB remain Transitional Housing with minor adjustments

1. Target more “literally” homeless people
2. Increase exits to permanent housing

CSH also recommends that Home Start CoC project serve more literally homeless people and more people with special needs.

Cumulative Recommendations by Key Category

<table>
<thead>
<tr>
<th>Project</th>
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<th>Average Population</th>
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</table>

Project Overview: Home Start’s Housing Program provides safe and secure housing with intensive case management services for homeless/at risk of homelessness pregnant and parenting young women between 18 and 24 years old, and their dependent children. Home Start operates both a transitional housing program (FSYB) and a CoC funded Supportive Housing Program (labeled Home Start above).
Other Noteworthy Analysis

Where People come from

Length of Stay - in Days

Placements to Permanent Housing

Special Needs

- Percentage of Leavers to PH
- Percentage of all HH to PH
CSH recommends that the ISN – El Nido consider converting to Rapid Rehousing or remain Transitional Housing with minor adjustments

1. Reduce Lengths of Stay while maintaining high performance.

PSH may also be considered, but will take greater effort to convert.

---

**Project Overview:** Interfaith Shelter Network operates the El Nido TH project, a single site secure TH project for 11 families with children facing domestic violence.
Other Noteworthy Analysis

Where People come from

- From Homelessness: 100%
- From Institutions: 0%

Placements to Permanent Housing

- Permanent Housing Placement Placement per Leavers: 100%
- Permanent Housing Placement Placements per all HH served: 44%

Length of Stay - in Days

- 372 days

Special Needs (Head of Household)

- 35%
CSH recommends that ICS, Casaworks remain TH, although a conversion to RRH or PSH are feasible options. The following recommendations should be considered.

1. Target more “literally” homeless people.
2. Reduce lengths of stay.

### Project Overview:
Casaworks for Families provides TH for 32 families in two-bedroom, two bath apartments. Each family works closely with ICS Client Advocates to gain life skills training, vocational assistance, and counseling, to identify and overcome barriers that have kept them self-sufficiency, with a focus on successful transitions to permanent housing.
Other Noteworthy Analysis

Where People come from

- From Homelessness: 7%
- From Institutions: 36%

Length of Stay - in Days

- 266 days

Placements to Permanent Housing

- Placement per Leavers: 87%
- Placements per all HH served: 50%

Special Needs

- ICS - Casa Works: 20%
CSH recommends that Solutions for Change remain Transitional Housing, but could convert to other models. If remaining TH, the following adjustment should be considered.

1. Review program rules for those that are overly restrictive and adjust as applicable.

RRH and PSH may be considered, but will take greater effort to convert.

### Cumulative Recommendations by Key Category

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<thead>
<tr>
<th>Project</th>
<th>Average Organizational Commitment</th>
<th>Average Program Orientation</th>
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<td>2.9 2.8 2.9</td>
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</table>

**Project Overview:** Solutions for Change provides 100 beds of TH within 28 units in North County San Diego for homeless families. 85% of assisted families are headed by single mothers, the majority of whom have a special need/disabling health condition. Services include programs such as parenting effectiveness, work ethic development, leadership development, access to continued education and healthy family classes.
Other Noteworthy Analysis

Where People come from

- % from literal homeless: 88%
- % from institutions: 5%

Placements to Permanent Housing

- Percentage of Leavers to PH: 76%
- Percentage of all HH to PH: 52%

Length of Stay - in Days

- 149 days

Special Needs
(Head of Household)

- 71%
CSH recommends that PATH, Connections Housing become PSH, although a TH model is an option. The following recommendations should be considered.

1. Target more “literally” homeless people and/or people from institutional settings.

---

**Project Overview:** Connections Housing TH provides 16 beds of “service enhanced transitional” housing for people who are homeless with disabling health conditions. Residents live in private rooms at Connections Housing and have access to a wide range of on-site services through the PATH Depot along with Family Health Centers of San Diego co-located Federally Qualified Health Center.
Other Noteworthy Analysis

Where People come from

- From Homelessness: 38%
- From Institutions: 6%

Length of Stay - in Days

- PATH: 256 days

Placements to Permanent Housing

- Percentage of Leavers to PH: 50%
- Percentage of ALL HH to PH: 6%

Special Needs

- PATH - Connections Housing: 100%
As a youth TH project, CSH recommends that SDYS remains TH or considers converting to Rapid Rehousing. For either model the following adjustments should be considered.

1. Target more “literally” homeless people.
2. Improve placements to permanent housing.
3. Consider reducing lengths of stay.

Cumulative Recommendations by Key Category

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<th>SDYS</th>
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**Project Overview:** San Diego Youth Services (SDYS) Take Wing TH program serves youth between the ages of 18 and 24 (or age 16 if they are legally emancipated youth) who are either aging out of the foster care system or who are homeless/at-risk of homelessness. SDYS works to increase the self-sufficiency of youth and improve their safety and well-being through the Take Wing program.
Other Noteworthy Analysis

Where People come from

- 15% from literal homeless
- 0% from institutions

Placements to Permanent Housing

- 47% Placement per Leavers
- 21% Placements per all HH served

Length of Stay - in Days

- Average Length of Stay: 370 days

Special Needs

- 6% San Diego Youth Services

San Diego Youth Services Placement per Leavers

% from institutions

% from literal homeless
### Project Overview:
South Bay Community Services offers TH at Casas de Transicion, a scattered site TH program (15 units/73 beds) throughout the South Bay, available to families who have experienced homelessness and/or domestic violence; and at Victorian Heights, an eight-unit transitional housing development that serves homeless women facing domestic violence.

### Cumulative Recommendations by Key Category

<table>
<thead>
<tr>
<th>SBCS</th>
<th>Average Organizational Commitment</th>
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</table>

**CSH recommends the following**

1. Casa de Transicion remains transitional housing or convert to Rapid Rehousing.
2. Victorian Heights converts to Rapid Rehousing or remains TH with adjustments.
3. Victorian Heights target more “literally” homeless people and reduce lengths of stay – particularly if it remains transitional housing.
Other Noteworthy Analysis

**Where People come from**

- **Casa de Transicion**: 82% from literal homeless, 18% from institutions.
- **Victorian Heights**: 45% from literal homeless, 0% from institutions.

**Length of Stay in Days**

- **Casa de Transicion**: 354 days.
- **Victorian Heights**: 453 days.

**Special Needs**

- **Casa de Transicion**: 91% of families from literal homeless, 32% of families from institutions.
- **Victorian Heights**: 77% of families from literal homeless, 26% of families from institutions.

Note: both programs serve families facing domestic violence, which is not included in this special need category.
### As a youth TH project, CSH recommends that Turning Point remains Transitional Housing with minor adjustments

1. Target more “literally” homeless people
2. Review Program Rules and Requirements for restrictiveness

### Cumulative Recommendations by Key Category

<table>
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<tr>
<th>YMCA</th>
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### Project Overview:

Turning Point TH provides 24 beds serving young adults (male and female) 16 to 21 years of age (along with their children) who are homeless/at-risk of homelessness, including pregnant and parenting youth. Turning Point’s support services are designed to facilitate the transition to self-sufficiency with a positive youth development philosophy.
Other Noteworthy Analysis

Where People come from

- 27% from literal homeless
- 0% from institutions

Length of Stay - in Days

238 days

Placements to Permanent Housing

- 78% Leavers to PH
- 48% Percentage of ALL HH to PH

Special Needs

- 6% YMCA
**CSH recommends the following**

*Transitional Housing with minor adjustments*

1. Target more “literally” homeless people
2. Review Program Rules and Requirements for restrictiveness
3. Continue moving forward with planned changes

### YWCA – Review of TH Analysis Scores

#### Cumulative Recommendations by Key Category

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<thead>
<tr>
<th>YWCA</th>
<th>Average Organizational Commitment</th>
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**Project Overview:** YWCA historically operated three types or phases of TH under their Passages Program: Stabilization, Women in Transition, and Supportive Independent Living. Stabilization was designed as a 90-day intensive group therapy program; Women in Transition (WIT) was designed as a longer-term phase focusing on career development; and Supportive Independent Living (SIL) allowed residents to have greater independence. Prior to this analysis, the YWCA had initiated a comprehensive review of key components of its TH program and several changes to the program design are underway/planned for the Passages Program.
Other Noteworthy Analysis

Where People come from

- YWCA - Stabilization: 72% from homelessness, 6% from institutions
- YWCA - Women in Transition (WIT): 40% from homelessness, 4% from institutions
- YWCA - Supported Independent Living (SIL): 21% from homelessness, 0% from institutions

Length of Stay – In Days

- YWCA - Stabilization: 63 days
- YWCA - Women in Transition (WIT): 170 days
- YWCA - Supported Independent Living (SIL): 314 days

Special Needs

- Placements per Leavers
  - YWCA - Stabilization: 83%
  - YWCA - Women in Transition (WIT): 75%
  - YWCA - Supported Independent Living (SIL): 70%

- Placements per all HH
  - YWCA - Stabilization: 16%, 14%
  - YWCA - Women in Transition (WIT): 25%, 25%
  - YWCA - Supported Independent Living (SIL): 33%, 33%