



RESEARCH REPORT

Evaluation of the 100,000 Homes Campaign

Assessing the Campaign's Effectiveness in Housing the Chronically and Vulnerable Homeless

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The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

COMMUNITY SOLUTIONS

ABOUT COMMUNITY SOLUTIONS

Community Solutions, which launched and coordinated the 100,000 Homes Campaign, is working to end homelessness and help low income neighborhoods address the complex challenge of intergenerational poverty. The organization draws on successful tools and strategies from unexpected sectors like healthcare, manufacturing and design to help communities become more effective problem solvers. The adaptation of these strategies to civic and human services issues supports the natural wisdom and capacity of community members to develop and implement their own solutions.

Community Solutions began its efforts by pioneering innovative responses to homelessness. Today, the organization is at work on a range of social problems that contribute to homelessness - from concentrated poverty to urban public health. Staff members are working and consulting across five core initiatives to test, scale and share new approaches to these issues for the benefit of all organizations and communities seeking smart, humane and lasting solutions. The organization's collaborative process aims to produce more effective local services, more connected and resilient communities, reduced taxpayer costs, and better lives for struggling people.

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Executive Summary

The Urban Institute's evaluation of the 100,000 Homes Campaign (the Campaign) found that the Campaign had a major impact on national efforts to end homelessness, despite its modest staffing and budget. Community Solutions successfully recruited nearly every major city to join the Campaign and exceeded its goal of placing 100,000 chronically or vulnerable homeless Americans into permanent housing. Participants and national leaders reported that the Campaign brought new energy and urgency to the work of ending homelessness. Communities that participated in the Campaign were more successful than nonparticipant communities in reducing street homelessness, homelessness among veterans, and chronic homelessness. Though the Campaign did not invent the Housing First approach to chronic homelessness, it helped establish its credibility to some skeptical or uninformed audiences by personalizing public health needs of homeless people and emphasizing the positive impact permanent housing can have on their lives.

According to participants, the Campaign was most successful in increasing the urgency communities felt toward ending chronic homelessness and homelessness among veterans. Perhaps because of its focus on grassroots actions and its lack of sufficient resources to work intensively in each community, the Campaign appears to have been less successful in spurring policy changes that would reduce barriers to admission, such as criminal history or drug use, among supportive housing providers. In addition, most Campaign communities lacked a fully implemented system for assessing housing needs and helping match people to the most appropriate available housing resource.

The impact of the Campaign varied across participants and may have been most effective in communities with moderate to high functioning homeless service systems. Some communities that were very high functioning reported that they had advanced beyond the areas the Campaign focused on, while other low-functioning communities reported that they lacked the infrastructure or the leadership to apply the lessons of the Campaign.

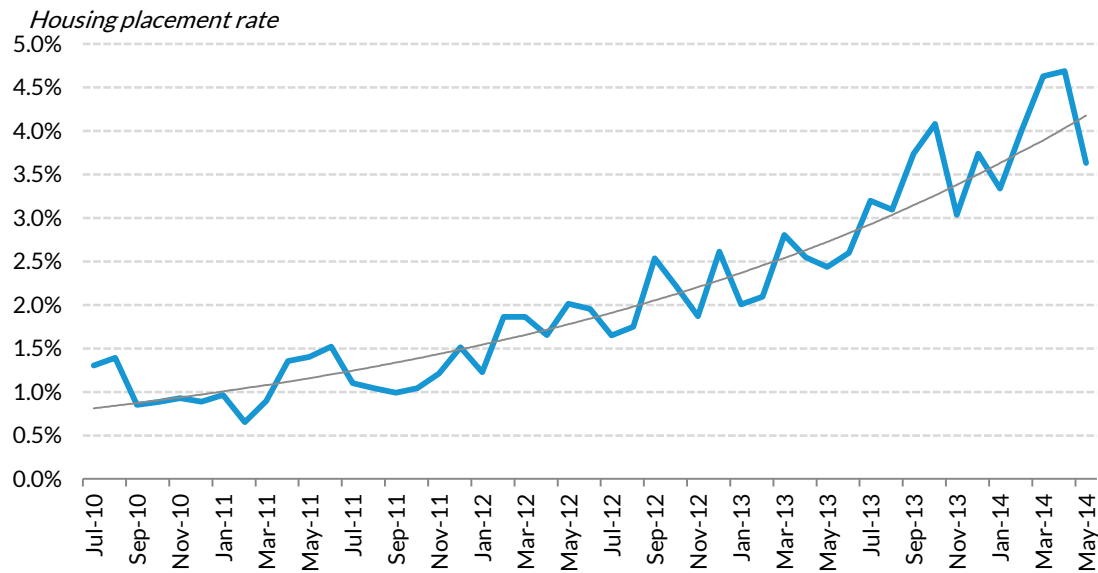
Urban's evaluation is based on a review of data from the Campaign as well as national data on homelessness reported to the Department of Housing and Urban Development (HUD), an online survey of Campaign communities, and stakeholder interviews with Campaign staff, participating communities, and national partners. Because the evaluation began at the conclusion of the Campaign, and Campaign communities were strategically targeted, there is no valid comparison group of similar communities that did not participate in the Campaign. This limited the evaluation team's ability to draw any causal inferences about whether any specific outcome happened because of the Campaign or would have

happened in its absence. However, the evaluation does show the Campaign participation was strongly associated with improvements in the number of chronic or vulnerable individuals placed into permanent housing. Campaign communities also reported steeper reductions in chronic homelessness, unsheltered homelessness, and homelessness among veterans, than communities that were not in the Campaign. Many Campaign communities also reported that the Campaign helped them to secure additional permanent housing resources and better target their housing resources for chronically or vulnerable homeless individuals.

The primary performance measure of the Campaign was the monthly housing placement rate: the percent of a community’s baseline population of chronically or vulnerable homeless people who the community was able to place into permanent housing each month. The average (median) participating community reported a monthly housing placement rate of 1.3 percent in July 2010. By April 2014, the median monthly housing placement rate had risen to 4.7 percent (figure ES. 1). Housing placement rates increased considerably after Community Solutions established a standard monthly housing placement goal of 2.5 percent for all participating communities. Campaign communities placed a total of 105,580 chronically or medically vulnerable homeless people into permanent housing, well exceeding the Campaign’s original goal (figure ES. 2).

FIGURE ES.1

**Median Monthly Permanent Housing Placements of Chronically or Vulnerable Homeless People
By Campaign communities, July 2010–May 2014**

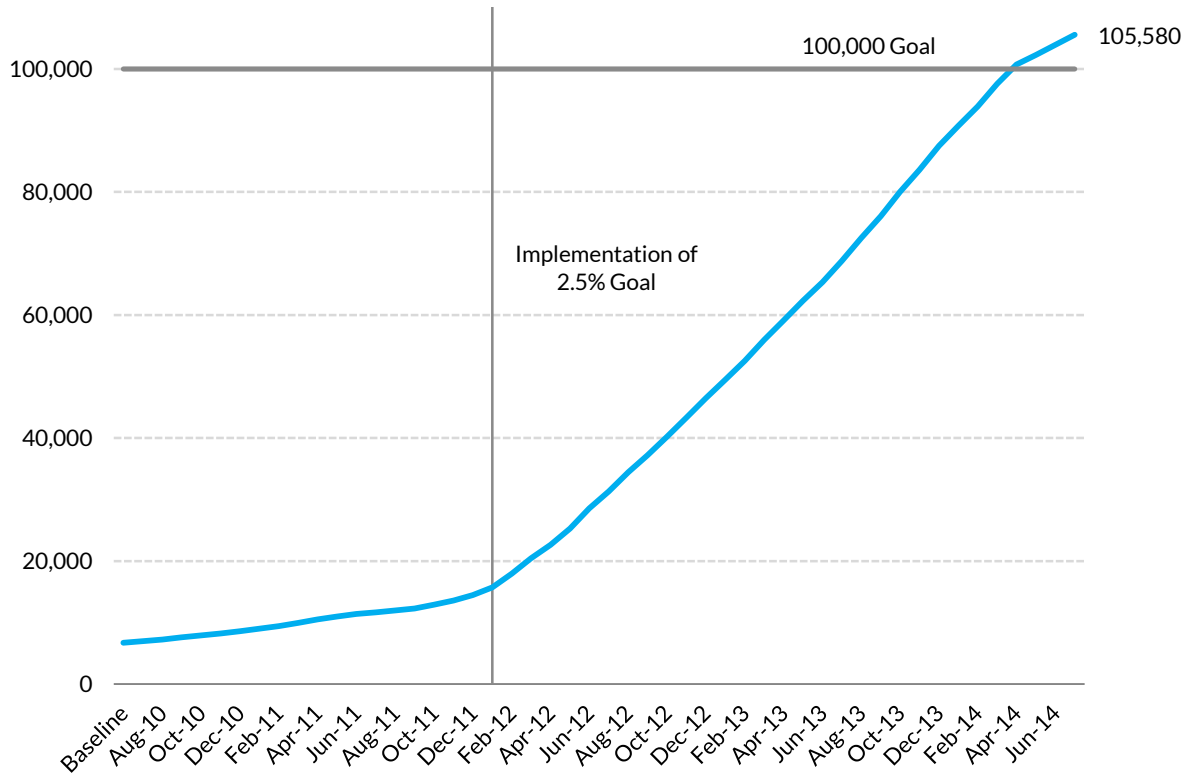


Source: Monthly Campaign housing placement reports from July 2010–May 2014.

Note: n = 159.

FIGURE ES.2

**Cumulative Permanent Housing Placements of Chronically or Vulnerable Homeless People
By Campaign communities, July 2010–June 2014**



Source: Monthly Campaign housing placement reports from July 2010–May 2014.

Note: *n* = 159.

Although Community Solutions did not provide any direct funding for housing development through the Campaign, 36 percent of Campaign participants reported that their participation greatly improved their ability to secure additional permanent housing resources. As one senior HUD official reported, the Campaign “changed the housing resource conversation” in some communities to include leveraging mainstream resources like Housing Choice Vouchers. However, most Campaign communities reported that the lack of supportive housing vacancies was still a significant impediment to reaching their housing placement goals.

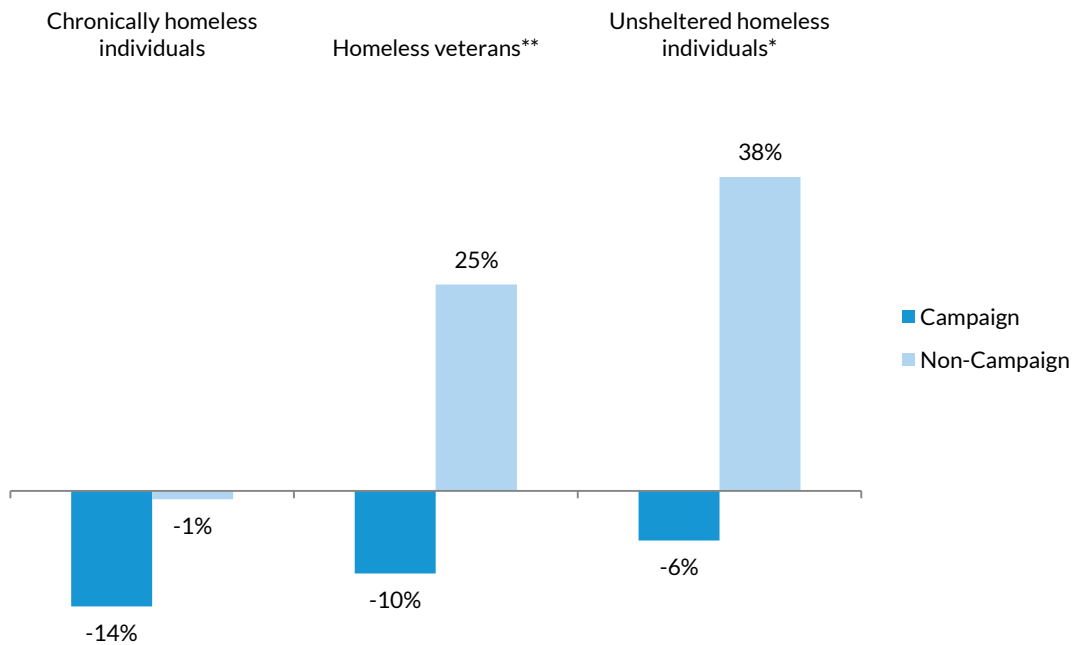
In the 2014 participant survey, 59 percent of respondents reported that the Campaign had helped them to prioritize housing resources for chronically or vulnerable homeless individuals to a great or very great extent. In addition, the 30 Campaign communities that completed the 2013 self-assessment

tool and the 2014 survey reported significant increases in the percent of supportive housing vacancies that went to the chronically homeless.

On average, from 2011 to 2014, Communities that participated in the Campaign reported steep reductions in chronic homelessness, unsheltered homelessness, and homelessness among veterans; these populations either increased or stayed the same in communities that did not participate (figure ES.3). The differences in homeless reductions were statistically significant for veteran and unsheltered homelessness but not for chronic homelessness. On average, Campaign communities were larger than non-Campaign communities. To control for this difference, we also compared large Campaign communities, those with at least a 1,000 people experiencing homelessness as of January 2011, with large non-Campaign communities. In this comparison, Campaign communities still had steeper reductions in homelessness, but the results were no longer statistically significant.

FIGURE ES.3

Average Percent Change in Point-In-Time Counts from 2011 to 2014 by Campaign Participation



Source: 2011 and 2014 PIT data and monthly placement data from the 100,000 Homes Campaign.

Notes: Continuums of Care were considered to be in the Campaign if they contained a campaign community that housed at least one person during or prior to January 2014.

* p<.10, ** p< .05

The 100,000 Homes Campaign had different components, and not every community had equal exposure to each component. The evaluation provided some insight as to the impact of different components of the Campaign:

- Campaign communities that completed a Registry Week were much more likely to report significant improvement in their ability to prioritize housing resources (68 percent) than Campaign communities that did not complete a Registry Week (45 percent). Communities that completed a Registry Week also had significantly greater average reductions in chronic homelessness (26 percent) versus other Campaign communities (1 percent).
- The Boot Camps were associated with significant and sustained increases in monthly housing placements. However, there were no significant differences in reductions in homelessness between Campaign communities that completed a Boot Camp and those that did not.
- Communities that regularly reported their monthly housing placement rates to the Campaign reported significantly greater reductions in unsheltered homelessness than communities that did not regularly report these rates—regardless of whether the community’s reported placement rates were above or below the 2.5 percent target.
- Based on stakeholder interviews and results from the online survey, the Campaign appeared to have had the greatest impact on communities within the middle-range of homeless service system capacity. Some high-performers reported that they had already adopted many of the best practices promoted by the Campaign, and some of the low-performers reported they lacked the resources or the will to apply the Campaign’s lessons.

The evaluation also provides some lessons relevant to future efforts to end homelessness and for other grassroots social policy campaigns:

- Communities need support to adopt even the most well-known best practices. The Campaign was able to increase the adoption of the principles it championed, though the principles were not new. It achieved this success by providing accessible tools and communicating the benefits of concepts like Housing First in a more direct and compelling way.
- Knowing people’s names and faces along with the severity of their needs is critical for communicating the urgency of the problem and triaging resources.
- Using data to regularly measure performance helps improve outcomes. The Campaign saw marked improvement in housing placement rates after setting a universal 2.5 percent goal instead of

allowing each community to set its own goals. The communities that benefited most from the Campaign were the ones that internalized the lessons of regularly setting data-driven goals and using those goals to spur local collaboration and innovation.

- National campaigns should go out of their way to share credit with local partners. National campaigns need to be sensitive to how the media portrays their successes. Though it is important that local actions are viewed within the context of the larger campaign, it is also important for a national campaign to acknowledge that it is building on local efforts and that most of the day-to-day work is done with local staff and resources.

This evaluation provides evidence of the value of the 100,000 Homes Campaign in helping communities find permanent housing for chronically or vulnerable homeless individuals. It also shows the work that remains in helping communities develop systems, adjust policies, and increase resources to overcome barriers to housing for people experiencing homelessness.

Introduction

In July 2010, Becky Kanis Margiotta and Rosanne Haggerty of Common Ground, a homeless services and supportive housing provider, launched the 100,000 Homes Campaign (the Campaign) at the National Alliance to End Homelessness' (NAEH) summer conference. In 2011, Community Solutions, under the leadership of Rosanne Haggerty, spun off from Common Ground. Community Solutions managed the Campaign along with several other initiatives. The goal of the 100,000 Homes Campaign was to house 100,000 homeless Americans whose health conditions put them at risk of premature death without permanent housing.¹ In July 2014, Community Solutions concluded its campaign, having helped participating communities house 105,580 people in 186 communities.

As stated in its manifesto, the Campaign was based on the following core principles:

- Knowing the names of every person living on the streets and in shelters, assessing their health and housing needs, and prioritizing permanent housing to those people with the greatest needs
- Following the Housing First philosophy of offering permanent housing right away, with case management and optional supportive services provided as needed, rather than conditioning housing on sobriety, treatment, employment, or other milestones
- Regularly reporting the number of chronically or vulnerable homeless people communities placed into permanent housing
- Improving local homeless systems “to target resources to the most vulnerable individuals and families quickly and predictably”²

In its final operating year, the 100,000 Homes Campaign had a staff of 13 people and an annual operating budget of less than \$2,000,000. The Campaign was supported by a variety of corporate and philanthropic partners as well as grants from the US Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA).

This is the final report from the Urban Institute’s evaluation of Community Solutions’s 100,000 Homes Campaign.

Evaluation Research Questions

This report describes the Campaign's goals, its history, and the important activities and resources it offered. The report addresses the following research questions:

- Did the Campaign meet its goal to find permanent housing for 100,000 chronically or vulnerable homeless Americans?
- Did the Campaign help participating communities identify their most chronically or vulnerable homeless individuals and place them in permanent housing?
- Did the Campaign help reduce homelessness, particularly for veterans, the chronically homeless, and the unsheltered?
- How effective were each of the different components of the Campaign?

Evaluation Approach

The evaluation used a mixed-methods design. It used data that Campaign communities reported to Community Solutions, including monthly housing placements, a community self-assessment in 2013, and an online survey in 2014. The evaluation also analyzed national data that all communities report to HUD on their inventory of homeless programs and the number of people experiencing homelessness on a single night. The evaluation team supplemented these data with stakeholder interviews with Campaign staff, national experts on homelessness, representatives from Campaign communities, and representatives from HUD, the VA, and the US Interagency Council on Homelessness (USICH). Table 1 summarizes the different data sources used for this evaluation.

TABLE 1

Data Sources Used for the 100,000 Homes Campaign Evaluation

Data source	Description	Number of respondents	Time period
Monthly housing placements	Campaign communities report on the number of chronic and vulnerable homeless people placed in permanent housing	159 Campaign communities reported at least one housing placement	July 2010 to May 2014
Community Self-Assessment Tool (SAT)	Self-directed survey of Campaign communities' assets and barriers	37 Campaign communities, answering for their entire Continuums of Care	April to November 2013
Participant survey 2014	Online survey of Campaign assets and barriers and the impact of the Campaign	122 respondents representing 106 Campaign communities, for a response rate of 67 percent	April to May 2014
Fully Committed and 2.5 Percent Club membership	Campaign communities listed in Community Solutions's monthly emails as having reported their housing placement rates every month for 3 months (fully committed) or meeting the 2.5 percent housing placement goal for three consecutive months (2.5 Percent Club)	67 Campaign communities were on the Fully Committed list and/or on the 2.5 Percent Club list	August 2012 to May 2014
Point-in-Time (PIT) data	Count of all people experiencing homelessness on a single night in January	HUD requirement for all Continuums of Care	2011, 2013, and 2014
Housing Inventory Count (HIC) data	Inventory of all housing programs (emergency shelter, transitional housing, permanent supportive housing) and beds available	HUD requirement for all Continuums of Care	2011, 2013 and 2014
Stakeholder interviews	Interviews with representatives from Campaign communities, national homeless experts, and Campaign staff.	12 stakeholders	2014

The evaluation includes measures of changes in homelessness and housing placements in participating communities over time. Where possible, it also compares participating communities to nonparticipating communities using common measures reported to HUD. HUD data are reported by Continuums of Care (CoC), which are HUD-defined geographic areas. CoCs can cover areas the size of a county to nearly an entire state. Many Campaign communities covered different, generally smaller, areas than the CoCs in which they were located. For example, at one point there were 37 different Campaign communities located within the Los Angeles CoC. In other areas, like Phoenix and Tucson, the Campaign community represented only a portion of the CoC. CoCs were categorized as Campaign CoCs if they contained at least one Campaign community within their service areas.

The evaluation also includes a qualitative assessment, based on stakeholder interviews, of what distinguished the Campaign from prior efforts to reduce homelessness as well as the Campaign's impact on local communities and national homeless policies.

Limitations

Because the evaluation started at the end of the Campaign, it was not possible to construct a valid comparison group of similar communities with no exposure to the Campaign. Community Solutions targeted and was generally successful in engaging with communities with the highest homeless rates. As a result, Campaign participants were fundamentally different from nonparticipants. They were more likely to receive additional resources and targeted technical assistance and be selected for place-based initiatives, like Dedicating Opportunities to End Homelessness or Strong Cities/Strong Communities. This evaluation cannot control for all the external differences between Campaign and non-Campaign communities, which makes it impossible to attribute changes that occurred within participating communities directly to the Campaign.

The evaluation relies on data all communities report to HUD to compare differences between Campaign and non-Campaign communities—an imperfect comparison for several reasons. First, in many cases only some of the CoC service area participated in the Campaign. Second, HUD's measures do not fully align with those of the Campaign. For example, HUD does not ask CoCs to report on whether people experiencing homelessness meet the Campaign's definition of vulnerability. Finally, as with the Campaign's own data, HUD data are self-reported and CoCs vary in their ability to accurately report on the number and characteristics of people experiencing homelessness.

Monthly housing placement data from participating communities are limited by the voluntary nature of Campaign reporting. Because submitting data to Community Solutions, unlike submitting data to HUD, is voluntary, the results may over-represent communities that are more engaged with the Campaign. Communities may also selectively report in months when they meet their targets. This is also true of the participant survey. Communities that were more involved in Campaign activities were also more likely to complete the survey.

Despite these limitations, the evaluation is noteworthy for the level of access the team had to Campaign staff and data, and for being the only independent assessment of the Campaign's impact on participating communities and national trends in homelessness.

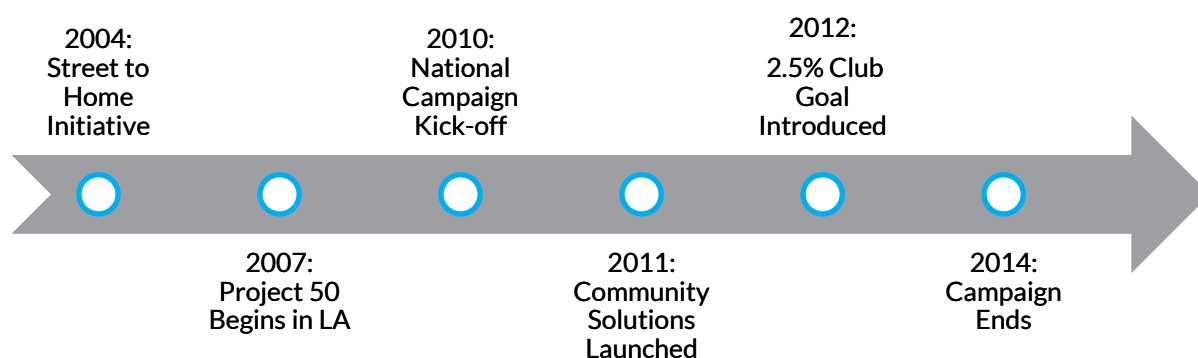
Campaign History

The 100,000 Homes Campaign was rooted in the success of Common Ground’s Street to Home initiative in Times Square (see figure 1). Before Street to Home, street outreach efforts in New York, as in most of the country, tended to focus on palliative efforts like providing sandwiches or blankets to people living on the streets. Street to Home, modelled after the Rough Sleepers Initiative in England, reoriented street outreach work to focus on engaging people in Times Square with the longest histories of homelessness and getting them into permanent housing. The initiative nearly eliminated street homelessness in Times Square. Its success helped spur New York City to overhaul its homeless outreach program to focus on permanent housing for people experiencing chronic homelessness.³

The Street to Home Initiative pioneered two innovations that were at the core of the 100,000 Homes Campaign: the homeless registry and the Vulnerability Index (VI). The registry introduced the concept that street outreach workers should know the names, faces, homeless histories, and vulnerability factors of all people experiencing homelessness. The VI is the assessment tool used to collect this information. Appendix A provides a more detailed description of the VI and other core components of the Campaign.

FIGURE 1

100,000 Homes Campaign Timeline



The success of Street to Home caught the attention of local leaders in Los Angeles, specifically County Supervisor Zev Yaroslavsky, which led to Project 50, a pilot program to house the 50 individuals living on Skid Row who were at the greatest risk of dying on the streets. Through Project 50, Los Angeles conducted the first Registry Week. Volunteers, trained by Common Ground, spent nine days canvassing Skid Row and surveying people living on the streets and in shelters (using the VI) to create the homeless registry. Project 50 exceeded its goal by housing 67 of Skid Row’s most vulnerable people from the homeless registry. Its success helped build momentum for a Housing First approach to

addressing street homelessness throughout Los Angeles. It also showed that it was not necessary to replicate Street to Home in every community; Common Ground could help lead the Registry Weeks and then rely on local innovation to determine how to get people into permanent housing.

After Project 50, other communities began contacting Common Ground to help conduct their own Registry Weeks. In response to the growing demand across the country, Common Ground launched a national campaign. The goal was to build a network around ongoing learning, rather than attempt to replicate a fixed model. In consultation with national experts in homelessness, health care, and organizational theory, it designed the Campaign. One of the Campaign's biggest inspirations was the Institute for Healthcare Improvement's (IHI) 100,000 Lives Campaign, which recruited hospitals to save lives by adopting certain evidence-based practices. The 100,000 Lives Campaign's biggest influence on the 100,000 Homes Campaign was setting a measurable goal with a deadline, based on the slogan of 100,000 Lives's founder, Don Berwick, that "some is not a number and soon is not a time." The Campaign also drew from management theory, most influentially Chip and Dan Heath's book *Switch: How to Change Things When Change is Hard*, about how to change behavior in people and organizations by simultaneously appealing to people's analytical and emotional reasoning and by shaping their environment.

As the Campaign launched, Common Ground actively recruited communities with at least 1,000 people experiencing homelessness. Any community that completed an online application and was willing to mobilize volunteers to conduct a Registry Week was eligible to join. Campaign leaders originally envisioned the Registry Week as a sufficient catalyst to increase permanent housing placements in every community.⁴ However, some communities struggled with what to do after they completed their registries and needed additional assistance to address barriers that prevented the most chronically or vulnerable homeless people from finding permanent housing.

Boot Camps, another core feature of the Campaign, were developed to help communities address these barriers. In 2011, Community Solutions developed the original housing placement Boot Camps in collaboration with IHI. When they began, the Boot Camps were solely focused on the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program and only offered in New York and Los Angeles. During these Boot Camps, community leaders mapped out their process for placing eligible individuals into permanent housing, their ideal process, and a middle ground for how they could create as streamlined and simple a process as possible within existing rules and regulations. The Boot Camps led to significant improvements in the housing placement process, but, though these improvements made the process of placing people into housing faster and less onerous for tenants and providers, it did not ultimately increase the number of people moving off the streets and into permanent housing. At the end

of 2011, an analysis by Paul Howard, then of the Center for Urban Community Services, showed that the Campaign was on track to have achieved 30,000 housing placements by its original anticipated end date of 2013, leaving the Campaign 70,000 placements short of its goal.⁵

In 2012, Community Solutions made five major changes to the Campaign all with the goal of making the Campaign more systematic and data driven. First, it extended the Campaign end date to July 2014. Second, it established a common goal of housing 2.5 percent of its chronically or vulnerable homeless population each month, rather than letting each community set its own housing placement goal. Third, to align with its federal partners, Community Solutions expanded the Campaign's target population to include people experiencing chronic homelessness who did not meet the vulnerability criteria. Meaning, individuals with a disabling condition and a long history of homelessness who did not have at least one of the health conditions the VI uses to determine vulnerability. Fourth, it partnered with the Rapid Results Institute (RRI), an organization that had exclusively worked on anti-poverty issues in developing countries, to redesign the Boot Camp curriculum. The revised curriculum went beyond process issues to address how communities' homeless and mainstream resources are accessed and prioritized. Finally, the team reorganized itself to focus on improving communities' abilities to house people from their registry in a timely, consistent, and effective way. Team member Beth Sandor became the Director of Improvement and used skills acquired at trainings from IHI to shape the interventions ultimately deployed in partnership with RRI and federal government partners.

At the end of 2011, an analysis by Paul Howard, then of the Center for Urban Community Services, showed that the Campaign was on track to have achieved 30,000 housing placements by its original anticipated end date of 2013, leaving the Campaign 70,000 placements short of its goal.

To incent communities, Community Solutions created the 2.5 Percent Club, for communities that met the 2.5 percent placement target, and the Fully Committed list, for communities that regularly reported their monthly housing placements regardless of their placement rate. Each month the Campaign distributed the list of 2.5 Percent Club and Fully Committed communities to all Campaign communities as well as to federal and national partners.

As the Campaign progressed, and in conjunction with their involvement in the VA's 25 Cities Initiative, Community Solutions became more involved in helping some of the largest Campaign communities increase their capacity through the development of coordinated access and housing placement systems. To that end, together with OrgCode Consulting, Community Solutions developed the VI-Services and Prioritization Decision Assistance Tool (VI-SPDAT), which captures information on chronic homeless status, medical vulnerability as well as other factors that influence acuity, but can also be used to assess a person's housing needs and refer them to the most appropriate housing option. The VI-SPDAT is now the most commonly used assessment tool as CoCs work to meet HUD's coordinated entry requirement.

In July 2014, Community Solutions concluded the 100,000 Homes Campaign, having helped communities place 105,580 chronically or vulnerable homeless people into permanent housing.

Results

How Many People Were Housed?

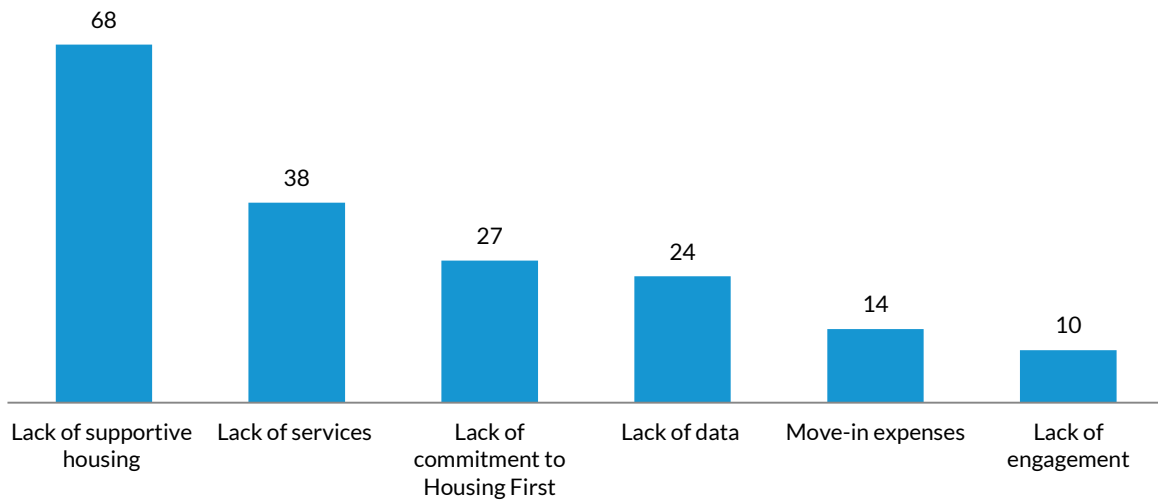
The Campaign met, and then exceeded, its goal of placing 100,000 homeless Americans into permanent housing, although it reached its target a year behind its original schedule. The most important turning point appears to have been the decision to establish a target monthly housing placement rate of 2.5 percent for all Campaign communities, rather than letting each community pick its own target. Through stakeholder interviews, three primary explanations emerged for how the Campaign helped communities increase their housing placement rates: increased resources, removal of barriers to housing, and better data.

The number of placements increased significantly after January 2012 when the Campaign introduced the 2.5 percent housing placement goal.

Each month Community Solutions asked communities to report on the number of chronically or vulnerable homeless people who were placed into permanent housing. These monthly placement reports were the principal measure used to track the progress of the campaign. The housing placement rate was determined by dividing the number of people placed into permanent housing each month from the baseline number of chronically or vulnerable homeless people in the community. To estimate the baseline rate, Community Solutions takes each community's most recent Point-in-Time (PIT) count report (the number of people experiencing chronic homelessness) and adjusts it to account for people who are vulnerable but not chronically homeless. For communities that completed a Registry Week, the percentage of their vulnerable homeless population who did not meet the definition of chronically homeless was used. For communities that did not complete a Registry Week, the Campaign applied an estimate based on the average percentage of the vulnerable homeless population who did not meet the definition of chronically homeless.

Of the 250 communities that signed up for the Campaign, 159 reported at least one housing placement. By May 2014, 107 of these communities were on the Fully Committed list for regularly reporting their monthly placement rates and 56 were in the 2.5 Percent Club. Based on the survey of Campaign participants, 68 percent of respondents indicated that the most common barrier to communities meeting their monthly housing placement goal was a lack of supportive housing vacancies (figure 2).

FIGURE 2
Significant Barriers to Meeting Housing Placement Goals
Percent of respondents

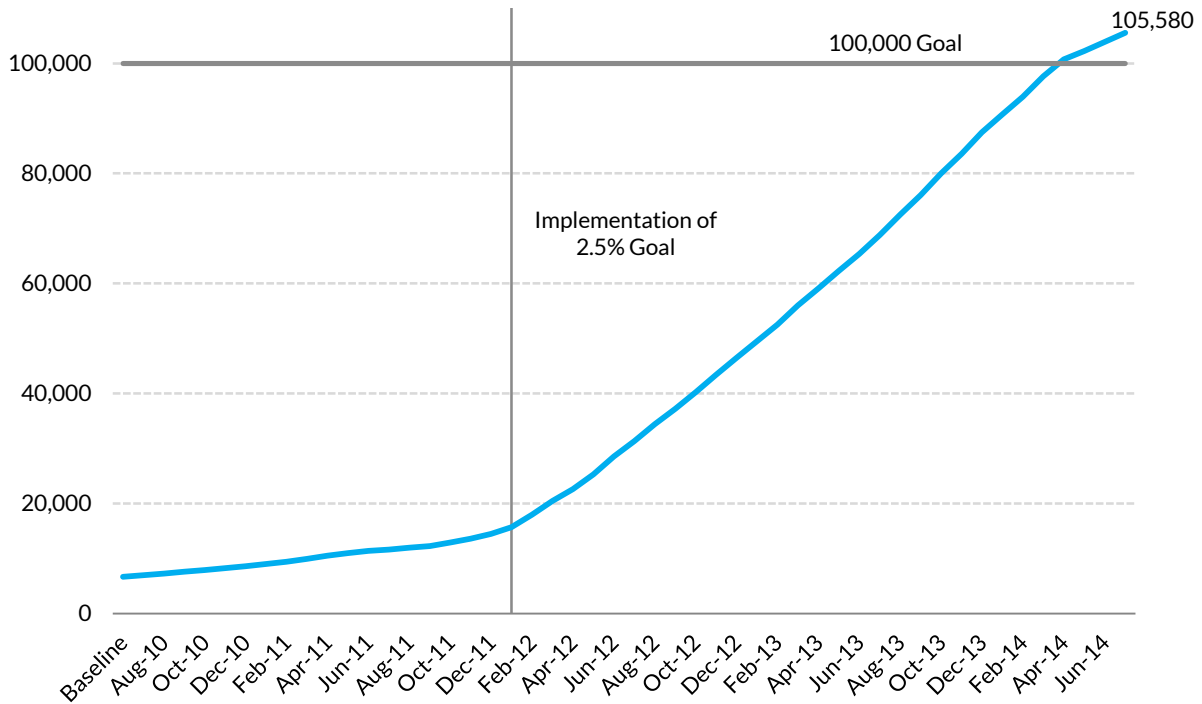


Source: Online survey of Campaign communities, April-May 2014.
Note: Percent of respondents reporting barrier was significant ($n = 106$).

At the conclusion of the Campaign, participating communities had reported 105,580 permanent housing placements. Figure 3 shows the cumulative number of housing placements reported by Campaign communities each month.⁶ The number of placements increased significantly after January 2012 when the Campaign introduced the 2.5 percent housing placement goal.

FIGURE 3

Cumulative Monthly Permanent Housing Placements by Campaign Communities

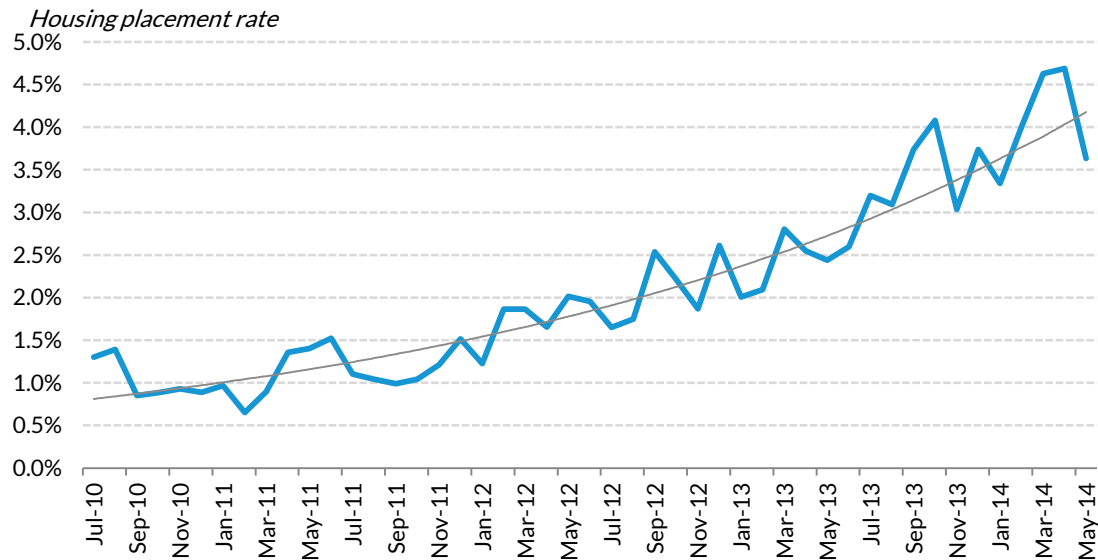


Source: Monthly Campaign housing placement reports from July 2010-July 2014.
Note: $n = 159$.

The increase in total placements was primarily the result of increases in housing placements among existing communities, rather than new communities joining the Campaign. As shown in figure 4 the median monthly housing placement rates of Campaign communities increased steadily over time, from 1.3 percent in July 2010 to a height of 4.7 percent in April 2014.⁷

FIGURE 4

Median Monthly Housing Placement Rates of Campaign Communities July 2010-May 2014



Source: Monthly Campaign housing placement reports from July 2010-May 2014.

Note: *n* = 159.

The online survey and stakeholder interviews pointed to three possible ways the Campaign helped to increase communities' housing placements: increased resources, reduced barriers, and improved reporting.

INCREASING RESOURCES

In the online survey, 36 percent of respondents reported that the campaign improved their ability to secure additional permanent housing resources to a great or very great extent. Common examples of how the Campaign increased resources include a local PHA's adoption of a housing preference, the local VA dedicating additional HUD-VASH vouchers to veterans experiencing chronic homelessness, and the reception of additional city funds for housing assistance and services.

As one HUD official noted, the Campaign "changed the housing resources conversation" in many communities. Rather than only looking within the resources devoted exclusively to homelessness, communities began looking at the broader set of resources for affordable housing and services. In stakeholder interviews, both local and federal respondents reported that the Campaign helped spur policy changes that removed regulatory barriers in the HUD-VASH and Shelter Plus Care programs to housing the chronically or vulnerable homeless.⁸

REMOVING BARRIERS

The Campaign, particularly the Boot Camps, helped some communities to streamline the process for moving people into permanent housing units through reducing the number of applications clients need to fill out or easing the identification requirements. These improvements could have increased monthly housing placements by reducing the amount of times available units were vacant. On the other hand, the Campaign also pushed communities to prioritize housing based on need, and higher need individuals may have barriers to housing (e.g., poor rental histories, behavioral issues) that make housing placements more difficult and lengthy.

Community Solutions did not ask communities to report on average length of time housing placement took as part of the Campaign, and the evidence from outside sources is mixed. The VA analyzed the effect of Boot Camps on HUD-VASH housing placement times and found that the 13 communities that participated in a Boot Camp reported less progress in reducing their placement times than other communities that had not participated in a Boot Camp, but the results were not statistically significant. However, HUD data shows that PHAs that participated in a Boot Camp showed more improvement in using all their HUD-VASH vouchers than PHAs that did not participate in a Boot Camp.

DEVELOPING BETTER DATA

Some communities reported that the uptick in housing placements was primarily a result of more complete reporting: as the Campaign grew and gained more partners, communities included more sources in their housing placement reports. While these placements would have occurred independent of the Campaign, it was a benefit to communities to have a more comprehensive picture of how many chronically or vulnerable homeless people were moving into permanent housing each month. It is not possible to determine how much of the reported increase in housing placements is the result of more accurate reporting compared with actual increases in the percent of the chronically or vulnerable homeless population that was placed into permanent housing.

One HUD official noted, the Campaign “changed the housing resources conversation” in many communities.

Though the Campaign certainly helped increase permanent housing placements, much of the credit should go to local communities. As at least one interviewee pointed out, though Campaign participants reported over 100,000 housing placements, the Campaign did not directly provide permanent housing for anyone. No housing units were directly financed or built by the Campaign and Campaign staff generally did not refer specific individuals to permanent housing programs. In interviews, Campaign staff acknowledged the tension between wanting to associate each permanent housing placement with the national Campaign, while not claiming undue credit for the work of local communities or federal agencies. This issue of claiming credit was not explored systematically among Campaign participants as part of this evaluation. Campaign staff reported that they learned from early mistakes in which media attention focused on the role of the Campaign at the expense of the contribution of the local community.

Did the Campaign Help Communities Prioritize Housing Resources Based on Need?

One important Campaign goal was to help communities prioritize their permanent housing resources to chronically or vulnerable homeless people. Through the registries, monthly placement reports, and other resources, the Campaign provided communities tools that helped them identify people with the greatest need for housing and services and breakdown barriers to get them permanently housed. Campaign participants reported that the Campaign improved their prioritization, and data from a limited number of Campaign communities shows an increase from 2013 to 2014 in the percent of supportive housing tenants who were chronically homeless at entry. Unfortunately, because of limitations in the available data, it is difficult to compare differences in prioritization between Campaign and non-Campaign communities. Additionally, Campaign communities reported that many of their supportive housing providers had eligibility criteria that screened out a large proportion of this population.

Since 2000, HUD, USICH, and national partners, like the National Alliance to End Homelessness (NAEH), have urged communities to adopt a Housing First approach to ending homelessness. The main principle of the Housing First approach is to find permanent housing as quickly as possible for people experiencing homelessness, regardless of whether providers believe they are “housing ready,” and then offering voluntary additional services, such as therapy, drug or alcohol abuse treatment, or job training, as needed. Though almost all communities claim they are operating under Housing First principles and support prioritization, it is still an ongoing challenge to get the highest-need individuals into supportive

housing. Communities have lacked a system-wide process for prioritizing housing based on need, and individual housing providers often screen out high-need individuals through sobriety requirements, background checks, or other barriers. In this respect, Housing First can be considered a “slow idea,” meaning an innovation that has taken years or decades to be widely adapted even after it has been shown to be a best practice.⁹ One of the major motivations of the Campaign was to speed up the adoption of Housing First.

Through the Registry Weeks, Boot Camps, and online resources, the Campaign appears to have helped many communities do a better job of prioritizing housing based on need. In the online survey, 59 percent of respondents reported that the Campaign has greatly improved their ability to identify chronically homeless and vulnerable individuals (table 2). In stakeholder interviews, both federal staff and local community representatives credited the Campaign for helping dispel the myth that certain people cannot get or stay housed. Its highly visible successes have helped establish credibility and build momentum for Housing First approaches to ending homelessness. Community Solutions was able to personalize the benefits of Housing First by telling the stories of the people who received permanent housing and how it changed their lives in ways that government agencies could not.

TABLE 2

Extent that Campaign Improved Communities’ Prioritization of Chronically or Vulnerable Homeless Individuals for Permanent Housing

	Percent of Respondents
To a great or very great extent	59
To some extent	25
To a small extent	8
Not at all	8

Source: Online survey of Campaign communities, April-May 2014.

Note: n = 106. Survey query was “To what extent has your participation in the 100,000 Homes Campaign improved your community’s ability to prioritize chronically or vulnerable homeless individuals for housing?”

Through the Registry Weeks, Campaign communities were able to identify thousands of people experiencing homelessness with acute needs. As of March 2012, Campaign communities had administered the VI survey to 30,128 individuals. Of those surveyed, 24 percent were tri-morbid, meaning they had coexisting mental health, substance abuse, and physical health conditions. More than half of survey individual had a serious health condition: 11 percent had diabetes, 14 percent had heart disease, 10 percent had Hepatitis C, and 4 percent had tuberculosis. Campaign communities did not link data on housing outcomes to the results of the VI survey, so it is not possible to know if people who

received permanent housing had higher or lower needs than those who did not receive permanent housing.

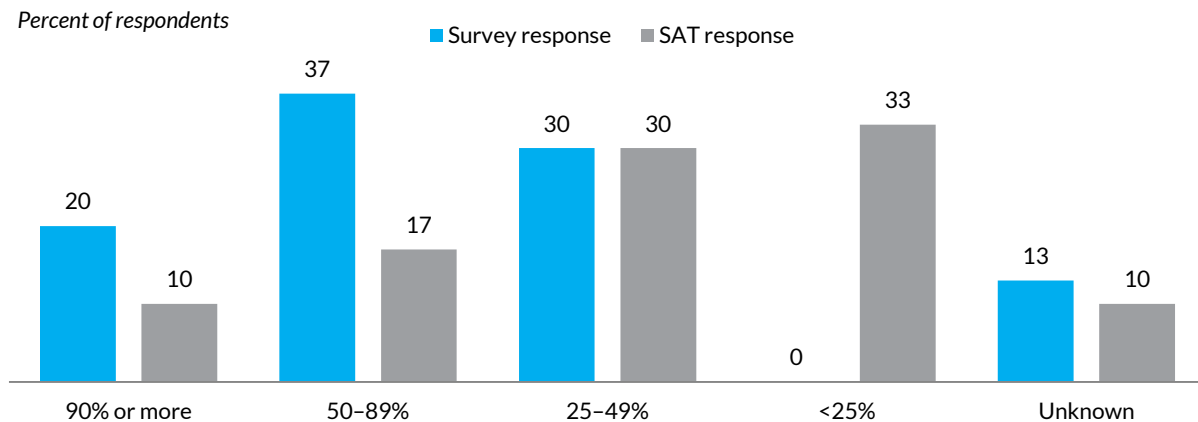
In the online survey, 59 percent of respondents reported that the Campaign has greatly improved their ability to identify chronically homeless and vulnerable individuals.

The Campaign collected information on the characteristics of people entering supportive housing both in the 2013 Self-Assessment Tool (SAT) and the 2014 participant survey. Figure 5 displays the changes in the percent of supportive housing tenants who were chronically homeless at entry among communities who completed both the SAT and the participant survey. These communities show improvement in prioritization from 2013 to 2014. The percent of communities that prioritized 90 percent or more of their supportive housing to people experiencing chronic homelessness doubled (from 10 to 20), while the percent of communities that prioritized less than 25 percent of units decreased from 33 to 0.

FIGURE 5

Share of Supportive Housing Entrants Who Were Chronically Homeless

Campaign Communities that Responded to the Online Survey and the Self-Assessment Tool



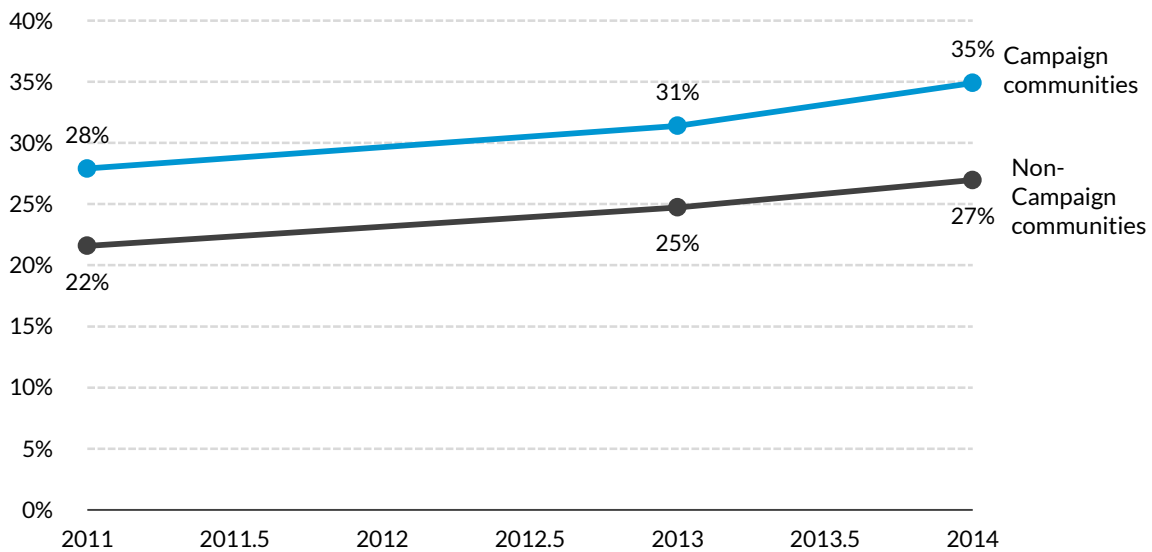
Source: Online survey of Campaign communities in April–May 2014 and online self-assessment tools submitted by Campaign communities from April–November 2013.

Note: $n = 30$. The question asked in the online survey, “Approximately what percent of individuals who entered permanent supportive housing in your community in the past year met the threshold for chronic homelessness?” differed slightly from the question asked in the SAT, “Considering all of the funding for supportive housing, what percentage of new supportive housing units are dedicated for people who meet the definition of vulnerable homeless?”

HUD requires CoCs to provide an annual Housing Inventory Chart (HIC) that provides data on the percentage of supportive housing beds that are dedicated to people experiencing chronic homelessness—meaning a chronically homeless individual is automatically given preference for an available unit over an individual who is not chronically homeless. The HIC is not an ideal measure for analyzing prioritization because it is a measure of preferences and not actual placements and it does not include individuals who are vulnerable but not chronically homeless. However, it is the only available data that allows for a comparison of prioritization between Campaign and non-Campaign communities.

Figure 6 shows the total proportion of supportive housing beds dedicated to people experiencing chronic homelessness by Campaign status between 2011 and 2014. On the whole, both Campaign and non-Campaign communities have increased the proportion of beds dedicated to chronic homelessness. Campaign communities had a higher proportion of beds dedicated to chronic homelessness both before and after the Campaign. In Campaign communities the proportion of all supportive housing beds dedicated to people experiencing chronic homelessness increased from 28 to 35 percent from 2011 to 2014. In non-Campaign communities it increased from 22 to 27 percent.

FIGURE 6
Share of Total Supportive Housing Beds Dedicated for People Experiencing Chronic Homelessness 2011 to 2014 by Campaign participation



Source: 2011 and 2014 HIC data and monthly placement data from 100,000 Homes Campaign.

In addition to looking at the percent of all supportive housing beds prioritized for the chronically homeless, the evaluation also compares the change in average dedication rates of Campaign and non-Campaign communities. T-tests were used to determine if the differences between Campaign and non-Campaign communities were statistically significant. As shown in table 3, the average dedication rate increased in both Campaign and non-Campaign communities. Campaign communities increased their average dedication rate by 3.2 percentage points, while non-Campaign communities increased their average dedication rate by 3.7 percentage points. The difference was not statistically significant.

TABLE 3

Average Share of Supportive Housings Beds Dedicated for People Experiencing Chronic Homelessness

2011 to 2014 by Campaign participation

	Campaign	Non-Campaign
Percent dedicated in 2011	30.9%	26.1%
Percent dedicated in 2014	34.1%	29.9%
Change	3.2%	3.7%
<i>n</i>	112	289

Source: 2011 and 2014 HIC data and monthly placement data from 100,000 Homes Campaign.

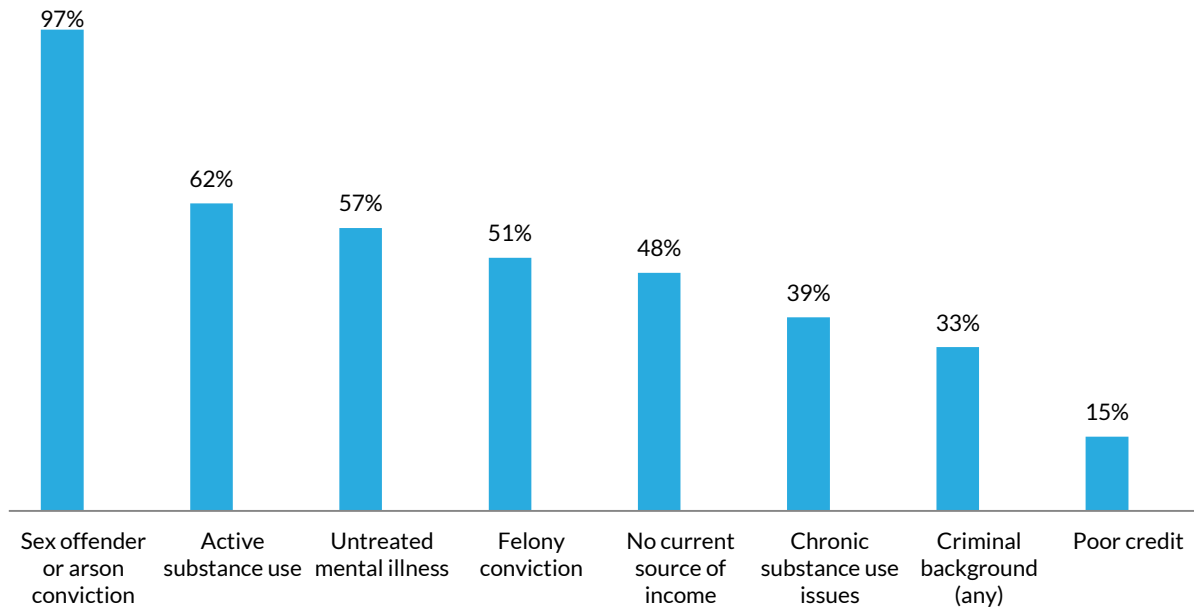
Notes: Continuums of Care were considered to be in the campaign if they contained a campaign community that housed at least one person during or prior to January 2014.

While dedication of supportive housing is higher among Campaign communities, they are still dedicating about one-third of their supportive housing to people experiencing chronic homelessness. As shown in figure 7, even in Campaign communities, supportive housing providers regularly screen out high-need individuals. As of 2013, more than half of the communities that completed an SAT reported that the majority of their supportive housing providers do not accept clients who are active substance users, have an untreated mental illness, have a felony conviction, or have been convicted of a sex offense or arson.

However, the Campaign did provide critical resources for communities to prioritize housing resources based on need. For example, in collaboration with OrgCode Consulting, the Campaign helped develop and promote the VI-SPDAT, which is now used in 662 counties throughout the United States to match people experiencing homelessness to the most appropriate housing resource.

FIGURE 7

Share of Communities Reporting That More than Half of Supportive Housing Providers Screen Out Clients with These Characteristics



Source: Self-Assessment Tool administered to Campaign communities in 2013.

Note: *n* = 37.

Did the Campaign Reduce Homelessness?

A comparison of PIT data between Campaign and non-Campaign communities showed that Campaign communities had steeper reductions in chronic, veterans, and unsheltered homelessness from 2011 to 2014 than non-Campaign communities. After limiting the comparison to communities with larger homeless populations, these differences persist but are no longer statistically significant.

Both chronic and veteran homelessness have decreased since the start of the Campaign in 2010. However, this could be the result of a number of factors, including an increase in resources, particularly for veterans; the implementation of Opening Doors, the federal strategic plan to end homelessness; and major changes to homeless policy put in place by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. In stakeholder interviews, most respondents thought that the Campaign deserved some credit for these reductions, but were unsure of how much. Some believed that, by virtue of having housed 100,000 people, the Campaign must have had an impact on reducing chronic and veteran homelessness, while others downplayed the Campaign's role in those housing

placements. Some community stakeholders reported that they owed all of their success in reducing homelessness to the Campaign, while others believed it had only a minimal impact.

To quantify the impact of the Campaign, this evaluation compares changes in the PIT count between Campaign and non-Campaign communities. In addition to veterans and people experiencing chronic homelessness, the analysis also looks at changes in the total number of people who were unsheltered on the night of the PIT count. There is an unknown amount of variance from year-to-year that changes in methodology, weather conditions, and other factors cause. However, PIT counts are generally considered the best measure for assessing year-to-year trends in the prevalence of homelessness.

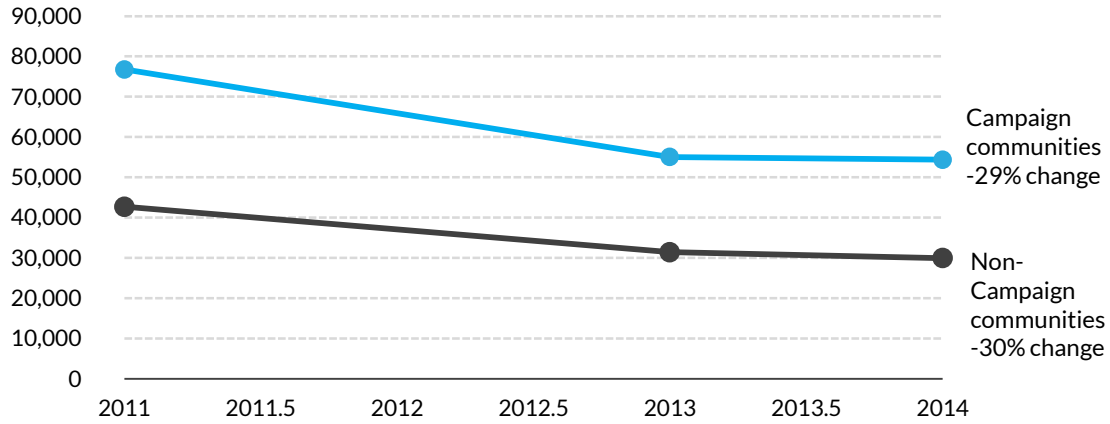
Figure 8 shows the changes in the PIT count of chronically homeless people and veterans experiencing homelessness in 2011, 2013, and 2014 by Campaign status. Only communities that had reported a housing placement as of January 2014 were considered part of the Campaign. For all populations, both Campaign and non-Campaign communities reported reductions between 2011 and 2014.

The difference between Campaign and non-Campaign communities is greatest in veteran homelessness. The number of homeless veterans counted decreased by 30 percent in Campaign communities while it decreased by 12 percent in non-Campaign communities. The reductions in total chronically homeless individuals and unsheltered homeless individuals were more similar between Campaign and non-Campaign communities. In Campaign communities, the number of chronically homeless individuals counted decreased by 29 percent, while in non-Campaign communities it decreased by 30 percent. The reduction in unsheltered homelessness within Campaign communities was 25 percent compared with 22 percent in non-Campaign communities.

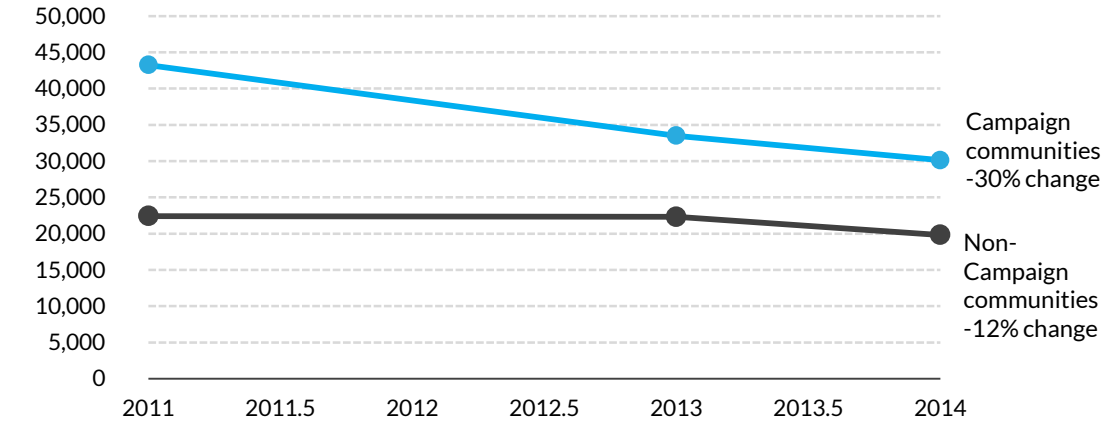
FIGURE 8

Point-In-Time Counts by Campaign Status, 2011-2014

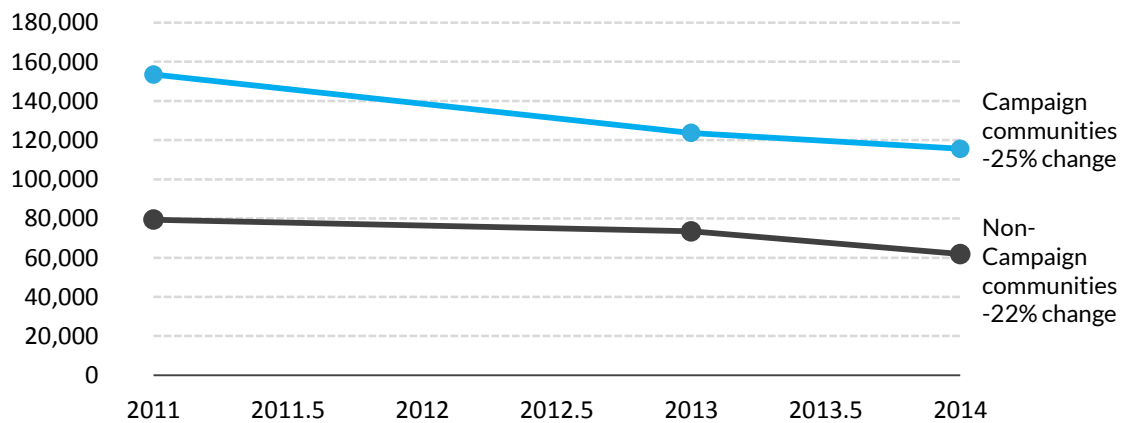
Chronically homeless individuals



Veterans



Unsheltered



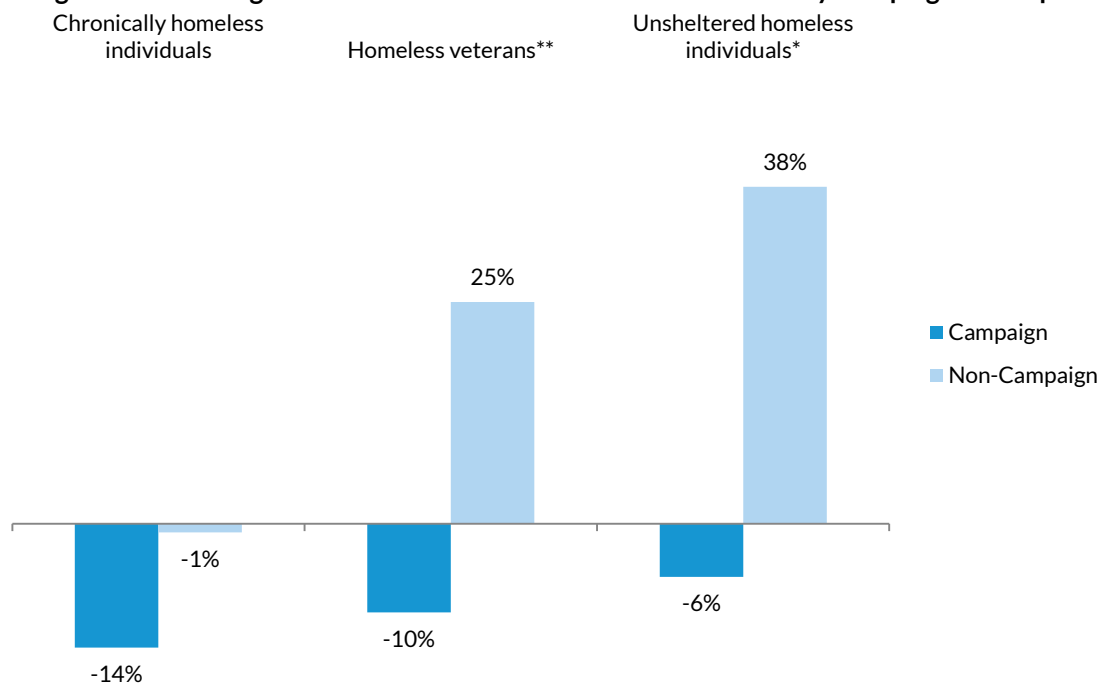
Source: 2011, 2013, and 2014 HUD PIT data merged with Community Solutions data on communities participating in the Campaign as of January 2014.

Note: Campaign communities $n = 113$; Non-Campaign communities $n = 302$.

In addition to looking at national trends, the evaluation compares the average change in homelessness from 2011 to 2014 between Campaign and non-Campaign communities. T-tests were used to determine if the differences in average homelessness changes between Campaign and non-Campaign communities were statistically significant. In all categories, Campaign communities had greater reductions than non-Campaign communities. The differences were statistically significant for veterans (35 percent difference) and unsheltered homelessness (44 percent difference).

FIGURE 9

Average Percent Change in Point-In-Time Counts from 2011 to 2014 by Campaign Participation



Source: 2011 and 2014 PIT data and monthly placement data from 100,000 Homes Campaign

Notes: Continuums of Care were considered to be in the campaign if they contained a campaign community that housed at least one person during or prior to January 2014.

* p<.10, ** p<.05

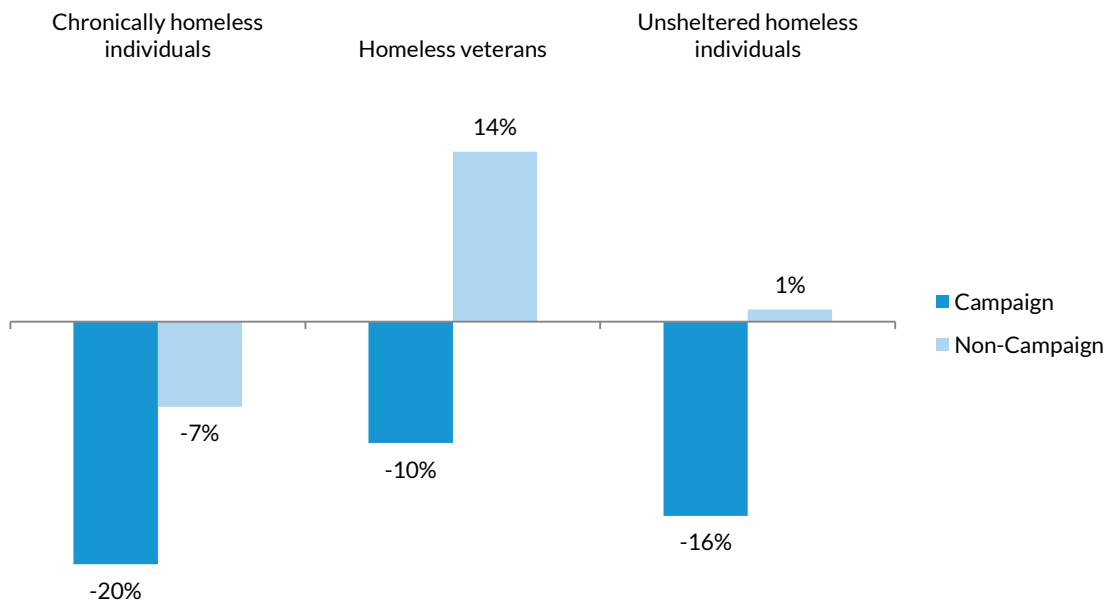
In all categories, Campaign communities had greater reductions than non-Campaign communities. The differences were statistically significant for veterans (35 percent difference) and unsheltered homelessness (44 percent difference).

Community Solutions actively recruited communities with more than 1,000 people experiencing homelessness. Thus, Campaign communities tended to be larger than non-Campaign communities. In addition to being more likely to join the Campaign, larger communities were also more likely to benefit from a greater share of new resources such as HUD-VASH vouchers or to be selected for additional technical assistance initiatives. To try to account for these differences, figure 10 compares Campaign communities that had at least 1,000 people experiencing homelessness as of the 2011 PIT count with non-Campaign communities that also had at least 1,000 people experiencing homelessness as of the 2011 PIT count. In this comparison, Campaign communities still experienced larger average reductions in chronic, veterans, and unsheltered homelessness than non-Campaign communities. However, the differences in homeless veterans and unsheltered homeless individuals were smaller and no longer statistically significant.

FIGURE 10

Average Percent Change in Point-In-Time Counts

2011 to 2014 by Campaign participation, Continuums of Care with over 1,000 people experiencing homelessness during the 2011 Point-in-Time count



Source: 2011 and 2014 PIT data and monthly placement data from 100,000 Homes Campaign

Notes: Continuums of Care were considered to be in the campaign if they contained a campaign community that housed at least one person during or prior to January 2014.

Did the Campaign Spur Improvements to Local Homeless Systems?

The Campaign attempted to influence communities in a variety of ways, from improving their data systems, to bringing in additional resources, to energizing staff. Table 4 displays the responses from the online survey about the extent to which the Campaign helped communities across a wide-range of areas. According to respondents, the Campaign had the greatest impact on increasing the sense of urgency around ending chronic homelessness and helping communities feel connected to the federal goals of ending chronic and veterans' homelessness. This resonates with the sentiment expressed in many of the stakeholder interviews about the emotional impact of the Campaign and its ability to energize people by connecting with them at a personal level about the urgency of the Campaign's mission. However, respondents were least likely to rate the Campaign as successful in increasing their use of data to improve performance and decision-making and increasing collaboration with federal officials and thought leaders.

“The Campaign is behind where we are—every ‘hot new idea’ you come up with is old hat to us.” – An online respondent

For most categories, participants generally found the Campaign was helpful to them, but varied in their assessment of the extent of its influence. For each question, at least 34 percent of respondents believed the Campaign had a great or very great impact and at least 35 percent felt it had some, little, or no impact. Based on responses from the online survey as well as stakeholder interviews, it appears that the Campaign's impact was greatest with communities in the middle range of capacity. In some high-performing communities, there was less buy-in because stakeholders felt that they had already adopted best practices and had strong coordination among partners. As one respondent to the online survey wrote, “the Campaign is behind where we are—every ‘hot new idea’ you come up with is old hat to us.” However, these communities' participation created an infrastructure for their innovative ideas to be spread to other communities. On the other hand, some lower-performing communities may have needed more assistance than the Campaign could provide. Community Solutions deliberately set a low bar for Campaign participation. However, they discovered that some organizations that signed their

communities up for the Campaign either were not able to get key community leaders to participate in Campaign activities, or the communities were too dysfunctional for the Campaign to have an impact. By contrast, some of the communities that reported getting the greatest benefit from the Campaign were already high functioning, but needed the Campaign’s help to better prioritize resources or to help energize their staff or bring additional partners, such as the PHA or the VA, to the table.

TABLE 4

Impact of the Campaign on Improving Local Homeless Systems

To what extent did the Campaign help you...	Percent of respondents reporting			
	Great or very great extent	Some extent	Small extent	Not at all
increase the sense of urgency around ending chronic homelessness in your community?	64	19	9	8
feel connected to the federal goals of ending chronic and veteran homelessness?	63	26	6	5
opportunity to learn from other communities?	62	28	7	3
prioritize chronically homeless and vulnerable individuals for permanent housing?	59	25	8	8
identify chronically homeless and vulnerable individuals?	58	25	11	6
provide opportunities for your community to share your knowledge and successful strategies with others?	52	30	10	8
Increased collaboration and/or alignment within your community?	45	30	20	6
simplify the process for moving chronic and vulnerable homeless individuals from shelter or the streets into permanent housing?	39	35	12	14
increased your use of data to improve performance and decision-making?	39	39	11	10
increased the availability of supportive housing?	36	25	18	21
Increased collaboration and/or alignment with federal officials and thought leaders?	34	29	23	14

Source: Online survey of Campaign communities in April–May 2014.

COORDINATION AMONG LOCAL PARTNERS

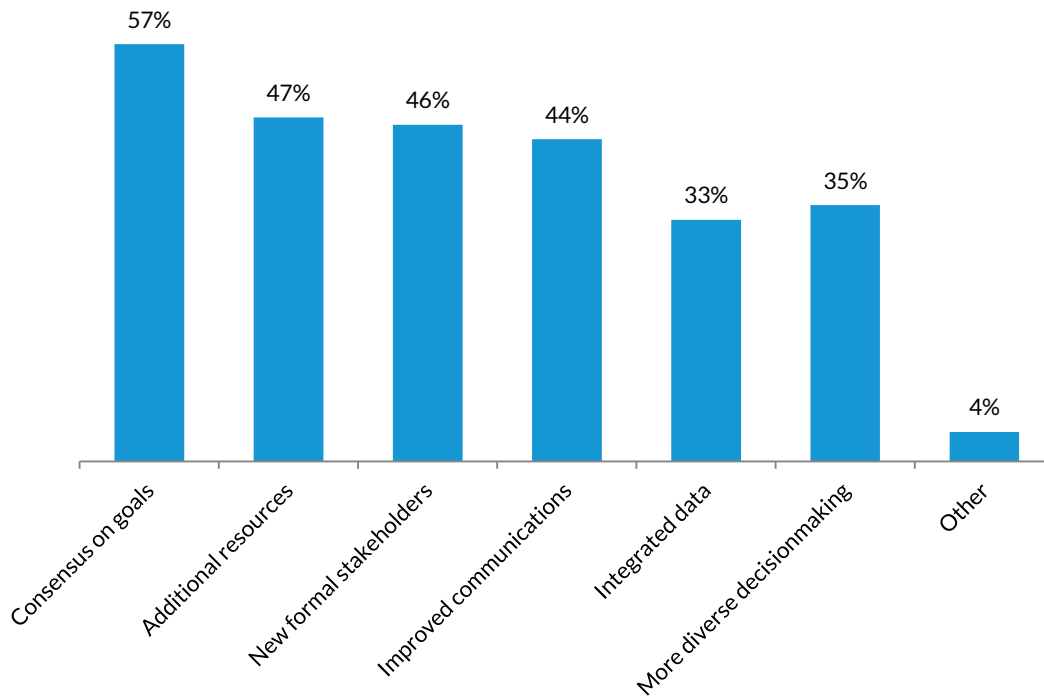
Homelessness is a complex problem that cuts across many different policy areas (e.g., housing, health care, criminal justice, employment). One of the goals of the Campaign was to increase coordination across the different public and private sectors with a role to play in ending homelessness. As stated in the Campaign’s online manifesto: “Until local businesses, foundations, government agencies, landlords, outreach workers and service providers are seated at the same table with the same data, local systems will not improve and the same people will continue to languish on the streets.” The Campaign helped facilitate this data-driven collaboration in a number of ways, including community briefings to discuss

the results of Registry Weeks, the monthly housing placement reports, and Boot Camps with specific, community-led goals and follow-up sustainability reviews to assess progress against those goals.

In the online survey, 44 percent of respondents reported that the Campaign had increased collaboration and alignment of stakeholders in the community to a great or very great extent and only 6 percent reported it had not increased collaboration at all. Fifty-seven percent of all respondents reported that the Campaign had helped build consensus among stakeholders about goals, 47 percent reported that the Campaign has helped the community access additional resources, and 46 percent reported that the Campaign has helped the community integrate new stakeholders, such as the PHA or correctional system, into local efforts to end homelessness (figure 11). Some concrete examples communities provided of improved collaboration resulting from the Campaign include PHAs dedicating a portion of their Housing Choice Vouchers or public housing units for people experiencing chronic homelessness; better coordination among street outreach programs; and the creation of a coordinated entry system for permanent supportive housing.

FIGURE 11

Improvements in Collaboration



Source: Online survey of Campaign communities, April–May 2014.

Note: *n* = 106.

Were Some Campaign Activities More Effective than Others?

This section evaluates the effectiveness of some of the important components of the Campaign: Registry Weeks, the VI and VI-SPDAT, Boot Camps, and monthly housing placement reports.

Registry Weeks

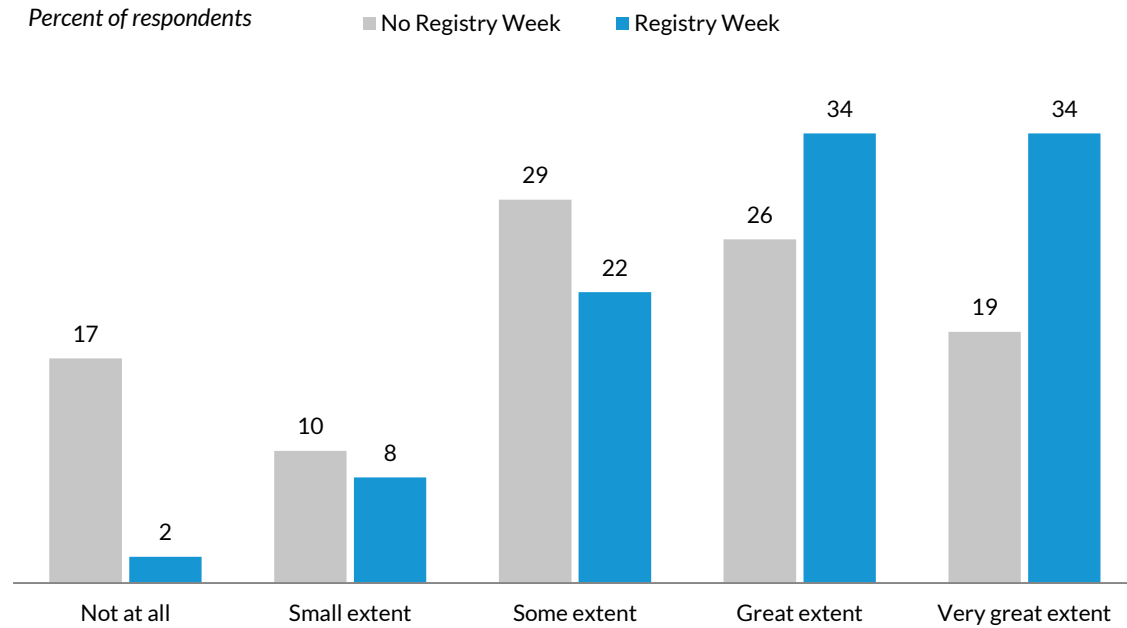
The Registry Week is an intensive week-long blitz to learn the names of every homeless person in the community and collect information necessary to triage them into the appropriate permanent housing option. Registry Weeks typically take five days: one day for training, three days surveying people on the street and in shelters and entering the data into the local Homeless Management Information Systems (HMIS) or the Campaign's QuickBase system, and one day (on the final day) for a community press briefing and fundraising event. The Registry Week is usually the official kick-off of a community's participation in the 100,000 Homes Campaign, signifying their commitment to know everyone by name and to prioritize permanent housing resources based on acuity rather than a first come, first served approach. Communities are trained in how to hold Registry Weeks during two-day training events (or Boot Camps) led by 100,000 Homes Campaign staff for enrolled community teams.

One-hundred and two communities completed one or more Registry Weeks through the campaign. In the online survey, 90 percent of respondents that participated in a Registry Week Boot Camp believed it had been significantly helpful in their work. As shown in figure 12, communities that completed a Registry Week were much more likely to report that the Campaign greatly improved their ability to prioritize chronically and vulnerable homeless individuals (68 percent) than communities that did not (45 percent).

In stakeholder interviews, community representatives reported that Registry Weeks provided them a richer understanding of the needs of people experiencing homelessness than what is collected through the PIT counts.

FIGURE 12

Community Assessment of Extent that Campaign Improved Prioritization by Registry Week Participation



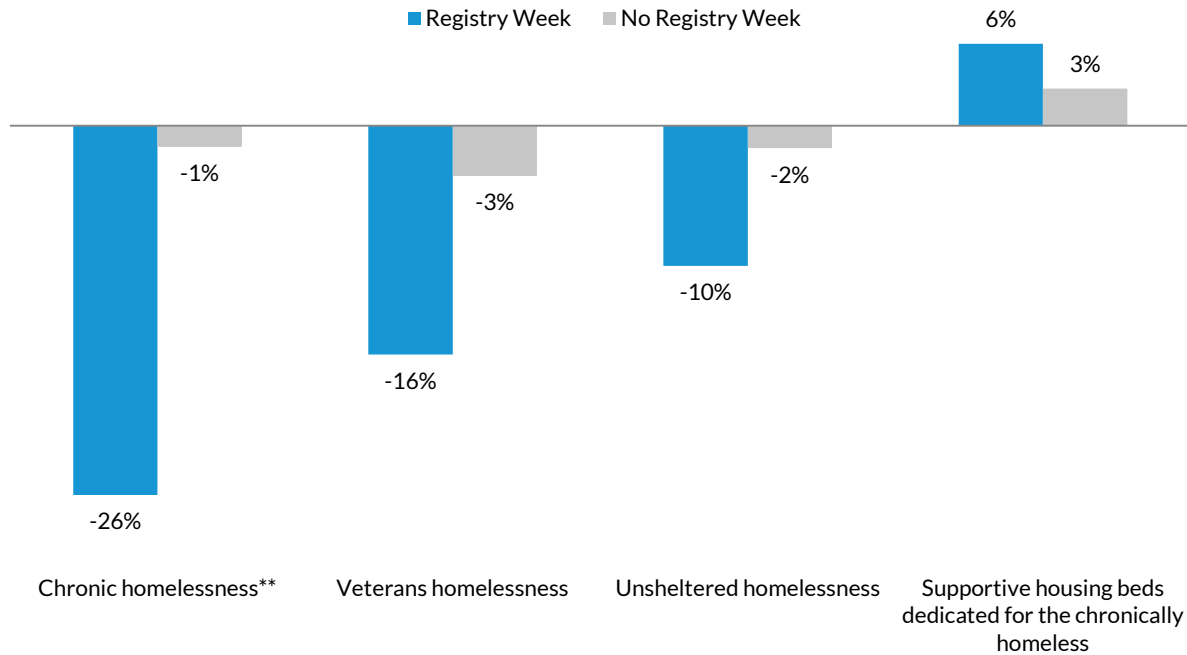
Source: Online survey of Campaign communities in April–May 2014 and data on Registry Week participation from Community Solutions.

Note: Respondents were answering the query, “To what extent has your participation in the 100,000 Homes Campaign improved your community’s ability to prioritize chronically and vulnerable homeless individuals for permanent housing?”

Figure 13 shows that Campaign communities that completed a Registry Week before January 2014 experienced larger reductions in chronic, veterans, and unsheltered homelessness and increases in supportive housing dedication than Campaign communities that did not. The t-test results showed that the difference in chronic homelessness reductions was statistically significant. On average, Campaign communities that completed a Registry Week had a 25 percentage point higher reduction in chronic homelessness than other Campaign communities.

FIGURE 13

Participation in Registry Weeks and Mean Changes in Chronic, Veteran, Unsheltered Homelessness, and Bed Dedication
2011–14



Source: 2011 and 2014 HUD PIT data merged with Community Solutions data on communities participating in a Registry Week prior to January 2014.

Note: Registry Week $n = 60$; No Registry Week $n = 53$.

** $p < 0.05$

In stakeholder interviews, community representatives reported that Registry Weeks provided them a richer understanding of the needs of people experiencing homelessness than what is collected through the PIT counts. They also reported that knowing the names and faces of people on the streets and in shelters was a powerful tool for getting key stakeholders, including city agencies, the business community, and PHAs, more actively involved in addressing homelessness. Some communities used the registry as their primary means for prioritizing access to permanent housing. As permanent housing units became available, they would go to the first eligible person at the head of the registry. Other communities reported that they chose not to use their registries in this way because of concerns about who could access the confidential health-related information. HUD officials have also expressed concern about the data security of the thousands of personally identifying client records in Community Solutions’s QuickBase system. Some larger communities reported that their service area was too large to manage access to supportive housing through a single registry or a network of registries. Instead,

they have evolved from the registry to a coordinated intake system, using the VI-SPDAT, to match all people experiencing homelessness to the most appropriate housing option.

Vulnerability Index and Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT)

Many Campaign communities used the Vulnerability Index (VI) instrument to collect information on people surveyed during Registry Weeks.¹⁰ The VI, which takes 10–15 minutes to administer, uses a scoring algorithm to prioritize individuals for permanent housing based on their mortality risk. More than 60,000 individuals in communities across the country were surveyed using the VI during the course of the Campaign.

One stakeholder interviewed reported feeling paralyzed by how greatly the need for permanent housing overwhelmed the resources available. The VI helped her avoid paralysis by providing an objective score she could use to determine how to allocate scarce resources rather than having to decide on her own who was most “deserving” of assistance. Another community stakeholder reported that the VI, and later the VI-SPDAT, was critical to their success in moving the most vulnerable individuals into permanent housing before they died on the streets.

The VI has not been independently validated to determine if the results are repeatable (the same person always receives the same score) or externally validated (high scores are correlated with other objective measures of health risk). Some stakeholders interviewed were concerned that some vulnerable individuals underreported their medical conditions on the VI, while others manipulated their responses to increase their chances of getting permanent housing. At least one community has adopted stricter verification and documentation requirements to address this manipulation. Another criticism of the VI stakeholders expressed was that, when applied dogmatically, it can prevent communities from incorporating other factors, like frequent use of jails or emergency rooms, into their prioritization decisions. Additionally, while the VI measures need, it does not provide information about which housing program would be most appropriate for an individual or family given their characteristics, preferences, or service needs.

Community Solutions, in collaboration with Iain DeJong of OrgCode Consulting, developed the VI-SPDAT in July 2013 to address some of the limitations of the VI—specifically, the ability to match a person to a housing resource based on fit rather than just measuring acuity of need. The tool helps identify the best type of support and housing intervention for an individual, including Permanent

Supportive Housing, Rapid Re-Housing, and Affordable Housing, based on a scoring algorithm that combines housing history, health risks, socialization and daily functioning, and wellbeing. More than 600 communities, including Los Angeles and Washington, DC, are using the VI-SPDAT for their coordinated assessment systems.

Boot Camps

Boot Camps were 2 to 3 day workshops for Campaign communities to engage in improvement and acceleration efforts related to specific interventions or systems for ending homelessness. Improvement Boot Camps came first and were focused on improving access to the HUD-VASH program for chronically and vulnerable homeless veterans. In 2013, Community Solutions teamed with the Rapid Results Institute to develop Rapid Results Housing Boot Camps.

During the Boot Camps, a diverse group of stakeholders participates in team-building exercises as well as data-driven strategic planning to determine how the community can accelerate progress given its existing resources. At the end of the Boot Camp, the community sets an “unreasonable but achievable” goal for what they can accomplish in the next 100 days. After the 100 days, the Campaign hosts a Sustainability Review where the community reports back on whether it achieved its goal.

On average, Campaign communities that participated in a Boot Camp increased their monthly housing placement rates from 4.9 percent in the period before the Boot Camp, to 6.3 percent at the time of the sustainability review (100 days after the Boot Camp), to 7.7 percent six months after the Boot Camp.

Forty-five communities participated in Rapid Results Acceleration and Veterans Boot Camps in 2013. In the online survey, 84 percent of respondents who participated in Boot Camps believed they had been significantly helpful in their work. In stakeholder interviews, both Community Solutions staff and community leaders pointed to the Rapid Results Boot Camps as a turning point for the Campaign. This is how one stakeholder described the impact of the Rapid Results Boot Camp in her community:

We had to stare in the face of the data and figure out how we were going to house all those people... We found that to be perfect for motivating us. Before we went to that Boot Camp we pretty much had the attitude we were doing all that could be done... The group exercises

illustrated [the] point that you can always do things better. And we carry that through all the time.

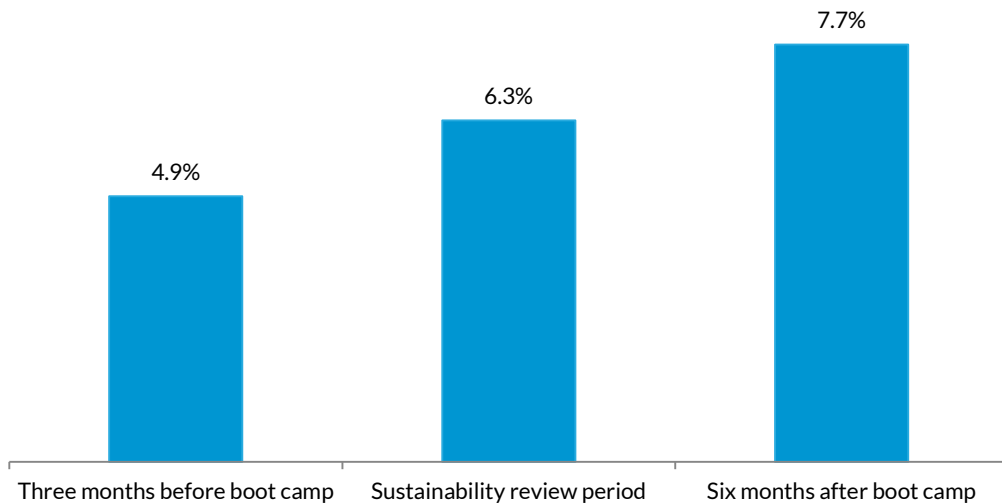
Several of the communities that felt they had benefited the most from the Campaign have adopted the 100-Day challenges as a regular part of their business operations: continuously setting measurable 100-Day goals to force innovation and prevent burnout. Federal staff interviewed also appreciated that their participation in the Boot Camps allowed them to work with local communities as problem solvers and help them to resolve perceived barriers created by federal regulations.

Some stakeholders criticized the Boot Camps for emphasizing short-term gains over long-term impacts. One respondent reported that the Boot Camps led to short-term successes but did not address the underlying policy challenges in her community and things reverted back to the status quo. Another respondent reported that her community felt like they “fell off a cliff” after the sustainability review ended because they went from working side-by-side with Campaign staff to not having any contact with them. She reported that their community actively sought out additional assistance to sustain their progress, but not all communities were as proactive.

Thirty-eight communities participated in Boot Camps and reported housing placements at least once during each of the following time periods: three months before the Boot Camp, during the Boot Camp and sustainability review, and six months after the Boot Camp. On average, Campaign communities that participated in a Boot Camp increased their monthly housing placement rates from 4.9 percent in the period before the Boot Camp, to 6.3 percent at the time of the sustainability review (100 days after the Boot Camp), to 7.7 percent six months after the Boot Camp (figure 14). The increases in housing placement rates were statistically significant. This data does not support the concerns raised in stakeholder interviews that housing placements dropped off after the sustainability review period.

FIGURE 14

Average Monthly Housing Placement Rates Before and After Boot Camps



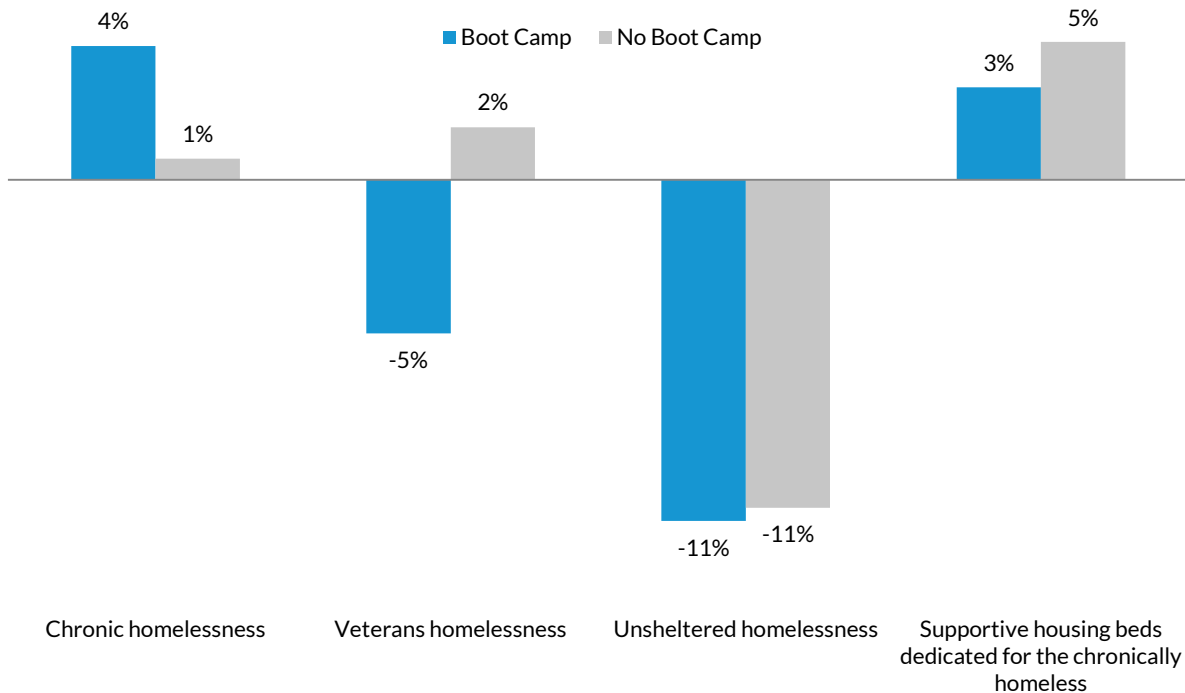
Source: Community Solutions data on Boot Camp participation and monthly housing placements.

The HUD-VASH Boot Camps also helped improve the program’s lease-up rates as well as its targeting of vouchers to chronically homeless veterans. Boot camp participants increased the share of vouchers that went to chronically homeless veterans by 41 percent, while non-Boot Camp participants increased the percent of vouchers going to chronically homeless veterans by 19 percent.

Figure 15 shows differences in changes in homelessness between Campaign communities that did and did not participate in Boot Camps. Since the Boot Camps occurred in 2013, this analysis compares 2013 and 2014 PIT counts. On average, Campaign communities that participated in Boot Camps experienced an increase in chronic homelessness counts while Campaign communities that did not participate in Boot Camps experienced almost no change. Campaign communities that participated in Boot Camps experienced a decrease in veterans homelessness counts while communities that did not participate in Boot Camps experienced an increase. Both groups experienced about the same decrease in unsheltered homelessness and similar increases in supportive housing dedication. None of these differences were statistically significant.

FIGURE 15

Participation in Boot Camps and Changes in Homelessness and Supportive Housing Bed Dedication



Source: 2013 and 2014 HUD PIT and HIC data merged with Community Solutions data on Boot Camp participation.

Note: Boot Camp n=41; No Boot Camp n= 72.

Monthly Housing Placement Reports

The monthly housing placement reports were both a measurement of the Campaign’s progress towards its goal of 100,000 placements and a tool for communities to measure their own performance.

Campaign staff felt that for homeless systems to become more results-oriented they need to measure their progress more regularly than every other year, which is how often they are required to do a full PIT count. All of the communities included in the stakeholder interviews said that the monthly housing placement reports helped keep their community focused on permanent housing. They also reported that the external pressure to report their placements, and the recognition they received for meeting their goals, gave the reporting a much greater impact than if it had originated from within their community. They also reported that the regular reporting helped establish the success of the Campaign early on, which helped build momentum to their efforts to increase prioritization and adoption of Housing First.

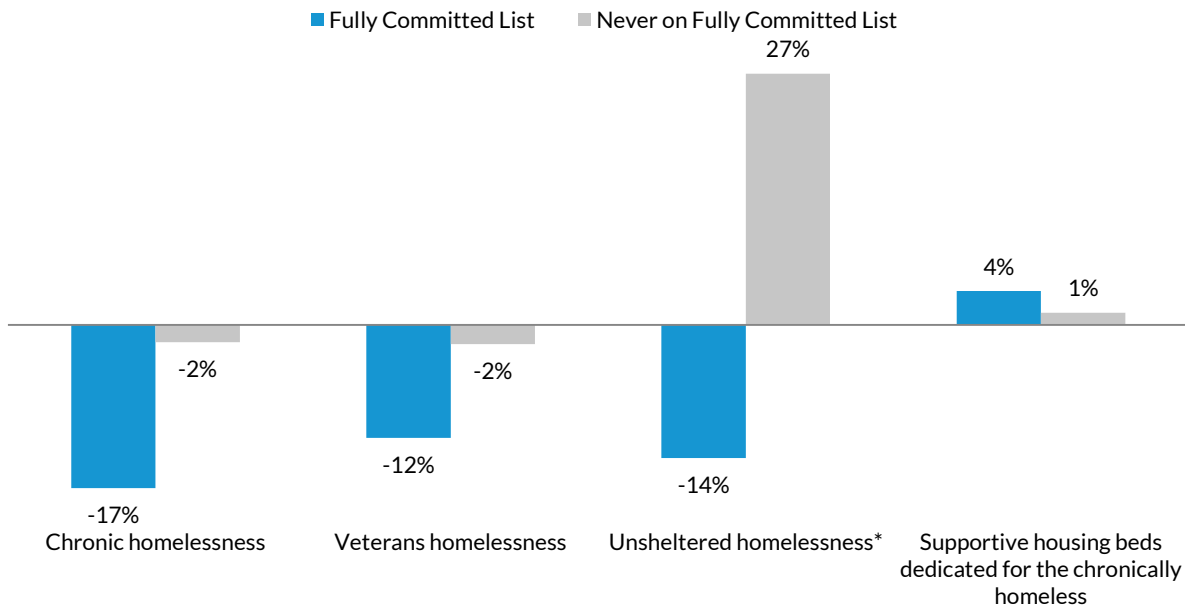
To encourage regular reporting, the Campaign publically acknowledged communities that reported housing placements in the last three months on its Fully Committed list. The act of reporting data monthly seemed to have a positive effect regardless of the monthly placement rates. Campaign communities that were on the Fully Committed list at least once had greater reductions in chronic, veteran, and unsheltered homelessness and increases in supportive housing dedication than Campaign communities that were never on the Fully Committed list (figure 16). These differences were only statistically significant for unsheltered homelessness.

To encourage higher placement rates, Community Solutions used 2.5 Percent Club membership to acknowledge communities that housed at least 2.5 percent of their baseline chronically or vulnerable homeless population in the past three months. Communities that at least once were in the 2.5 Percent Club experienced greater reductions in chronic, veteran, and unsheltered homelessness and increases in supportive housing dedication than Campaign communities that were never in the 2.5 Percent Club (figure 17). Only the difference in reductions in unsheltered homelessness was statistically significant.

FIGURE 16

Mean Changes in Homelessness and Dedication of Supportive Housing Beds among Campaign Communities

2011–14 based on membership in Fully Committed List



Source: 2011 and 2014 HUD PIT data merged with Community Solutions data on communities attaining Fully Committed status prior to January 2014.

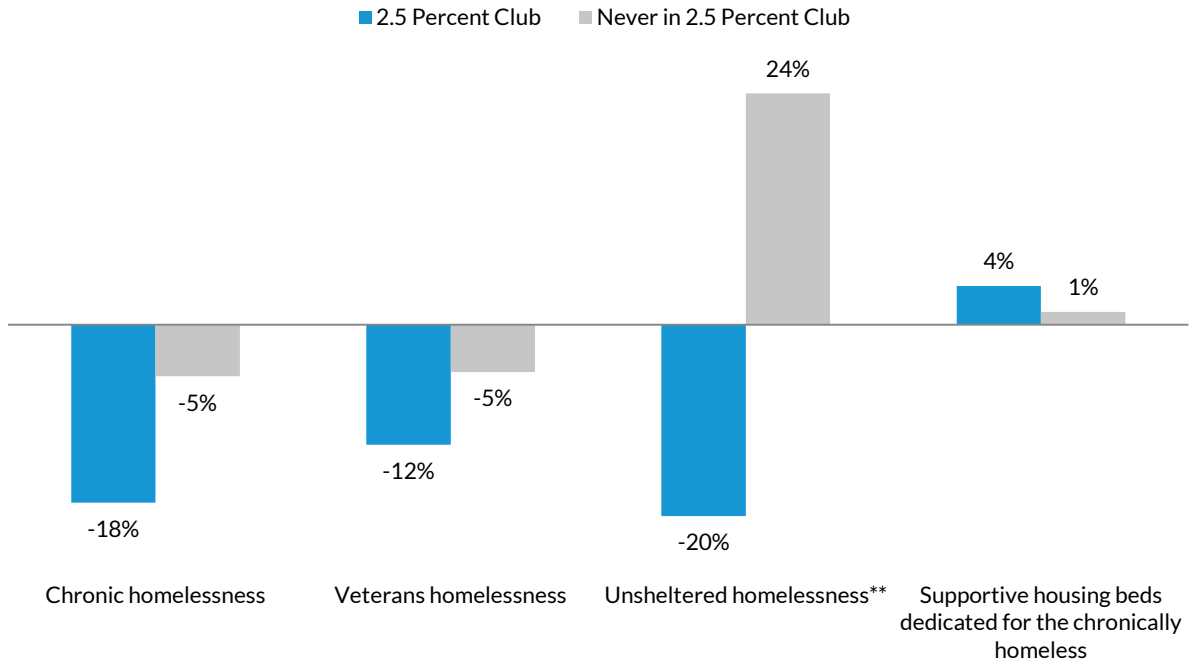
Note: Fully Committed List *n* = 90; never on Fully Committed List *n* = 23.

**p* < .10.

FIGURE 17

Mean Changes in Homelessness and Dedication of Supportive Housing Beds among Campaign Communities

2011–14 based on membership in 2.5 Percent Club



Source: 2011 and 2014 HUD PIT data merged with Community Solutions data on communities attaining 2.5 Percent Club membership prior to January 2014.

Note: 2.5 Percent Club $n = 77$; never in 2.5 Percent Club $n = 36$.

** $p < .05$.

The act of reporting data monthly seemed to have a positive effect regardless of the monthly placement rates.

Emerging Issues

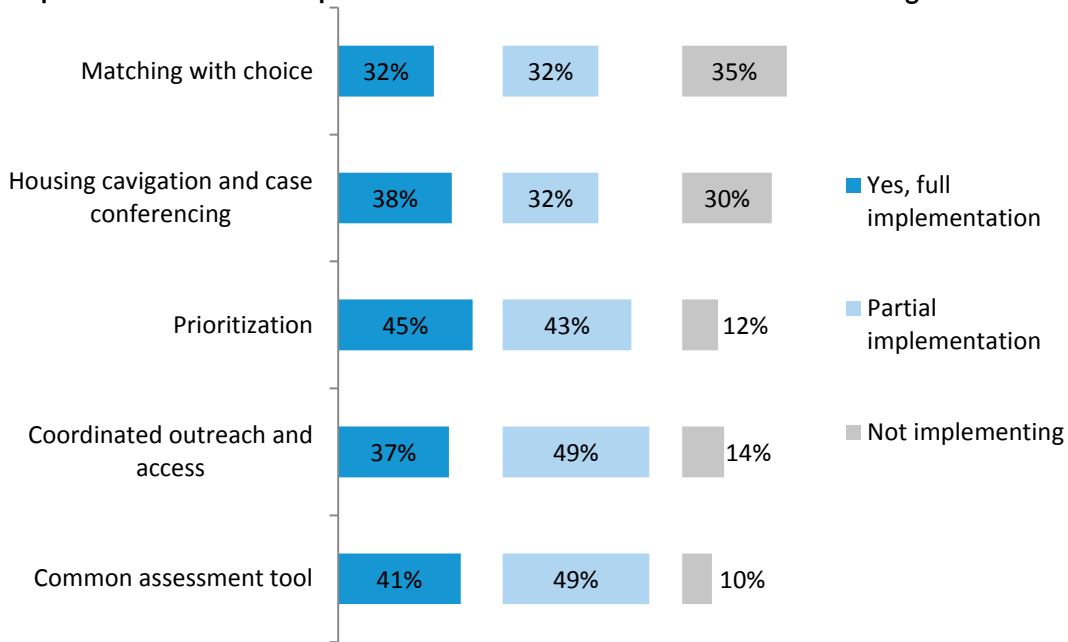
Community Solutions has applied many of the lessons learned from the 100,000 Homes Campaign to its new project: Zero 2016. Through Zero 2016, Community Solutions is working with 71 communities to help them end chronic and veteran homelessness by December 2016. Communities participating in Zero 2016 will receive tailored technical assistance to achieve these goals based on their preferred areas of focus. However, one of the main areas of focus is expected to be the design and implementation of a Coordinated Assessment and Housing Placement (CAHP) System.

A CAHP System is a community-wide effort to match people experiencing homelessness to the most appropriate available housing resource based on need and fit. CAHP Systems must include a community-wide system for coordinated outreach to people experiencing homelessness, a common assessment tool, resources to help clients navigate the process of finding housing, and a process for providing choice for both clients and providers.

The 100,000 Homes Campaign online survey asked about communities' implementation of each of the components of a CAHP System. The results help show to what extent community efforts to prioritize housing resources based on need and consumer preference are codified in systems and policies rather than reliant on motivated individuals. As shown in figure 18, most Campaign communities have not fully implemented a CAHP System. None of the components of a CAHP System had been fully implemented by a majority of Campaign communities, although many were in the process of implementing them at the time of the survey.

FIGURE 18

Adoption of Individual Components of a Coordinated Assessment and Housing Placement System



Source: Online survey of Campaign communities in April-May 2014.

Note: n = 105.

To understand what effect, if any, CAHP System implementation has on housing placements, we compared Campaign communities' survey responses with their reported monthly housing placement rates (table 5).¹¹ Although the CAHP System is intended to help communities ensure that supportive housing is prioritized for the vulnerable and chronically homeless, none of the CAHP components are associated with higher median housing placement rates. In fact, for all components except prioritization, median placement rates are higher for communities that have not yet implemented the component; but none of the differences are statistically significant.

TABLE 5

Median Monthly Housing Placement Rates

By adoption of individual components of a Coordinated Assessment and Housing Placement System

Component	Median Housing Placement Rates	
	Full implementation	Partial or no implementation
Common assessment tool	3.8	4.1
Coordinated outreach and access	3.1	4.1
Prioritization	4.6	3.8
Housing navigation and case conferencing	3.6	4.2
Matching with choice	3.7	4.0

Source: Online survey of Campaign communities in April-May 2014 and housing placement rates December 2013–May 2014.

Note: *n* = 85.

Our analysis shows that most Campaign communities lack a fully implemented CAHP System to coordinate efforts to identify, refer, and place people experiencing homelessness into the most appropriate housing option. In addition, communities that report having implemented components of a CAHP System do not report greater success in placing high needs individuals into permanent housing than those that did not. For Community Solutions and its partners, this suggests a continued need to help communities better understand the CAHP System and how to implement its components in a way that allows for more efficient and effective placements into permanent housing. As CAHP Systems mature, additional research will be useful in understanding the state of implementation across the county and whether these systems are having the intended effects.

Conclusion

The 100,000 Homes Campaign has had a major impact on national efforts to end homelessness, particularly chronic homelessness and homelessness among veterans, despite its modest staffing and budget. Qualitative data suggests that the Campaign helped bring new energy and partnerships to the work of ending homelessness. One of the defining themes that emerged from stakeholder interviews with local and national groups was the uncommon joy that Community Solutions brought to the work of addressing homelessness. Another defining theme was the Campaign's ability to bring diverse community stakeholders together around ambitious, data-driven goals. The Campaign has also helped to establish the credibility of the Housing First approach by demonstrating both the severity of the public health needs of people experiencing homelessness and the positive impact permanent housing can have on peoples' lives.

The design of this evaluation does not allow for the evaluators to determine whether the outcomes observed in Campaign communities occurred as a result of the Campaign or because of other factors. However, the evaluation shows that communities that participated in the Campaign were significantly more successful in reducing veteran and unsheltered homelessness than non-Campaign communities. Campaign communities also prioritized a greater percentage of their supportive housing beds to people experiencing chronic homeless and had steeper reductions in chronic homelessness than non-Campaign communities, although those results were not statistically significant.

The Campaign had a greater impact in some communities than others. In particular, it may have been less successful in communities that were already high functioning and did not feel they had anything to learn from the Campaign or so low functioning that they could not implement the key components of the Campaign.

Despite the Campaign's successes, many participating communities continue to impose barriers to housing, particularly for people with substance use problems, mental illness, and criminal histories. Additionally, most Campaign communities lacked a coordinated assessment and housing placement system to quickly match people to the appropriate housing resource. Moreover, having such a system in place did not appear to translate to placing more chronically and vulnerable homeless people into permanent housing.

Overall, the Campaign appears to have had a positive impact on helping people with high needs experiencing homelessness move into permanent housing and on reducing chronic homelessness. However, the full extent of this impact cannot be determined from this evaluation.

Appendix A. Description of Key Campaign Components

All Hands on Deck Webinars

The All Hands on Deck webinars occurred monthly for the duration of the Campaign and were open to all enrolled communities, as well as federal partners, interested bystanders, journalists, and partners. Topics included an update on the metrics of the movement, a welcome of newly enrolled communities, announcements of Registry Week events, a lesson in innovative practices from the field, updates from the Community Solutions' semi-annual strategic planning retreats, and calls to action. The goals of the webinars were to build movement cohesion, disseminate learning, and, ultimately, increase housing placement rates across the country.

Vulnerability Index

Based on the research of Drs. James O'Connell and Stephen Hwang, the Vulnerability Index (VI) was a first-of-its-kind assessment instrument designed to capture information related to an individual's experience of homelessness, certain medical conditions, and other relevant factors to prioritize for permanent housing those individuals with the highest mortality risk. The VI provided a scoring algorithm that assessors used to create by-name priority lists for individuals experiencing homelessness in communities. The scoring algorithm was as follows:

More than six months on the streets and at least one of the following:

1. Tri-morbidity (mental health + serious medical condition + substance abuse)
2. More than three hospitalizations or Emergency Room visits over a year
3. More than three Emergency Room visits in the past three months
4. 60 years or more of age
5. HIV+ or AIDS
6. Kidney disease, end stage renal disease, or dialysis
7. Liver disease, hepatitis C, cirrhosis, or End stage liver disease
8. Cold weather injuries (e.g., frostbite, immersion foot, and hypothermia)

The VI survey took approximately 10–15 minutes to complete and was administered by over 10,000 volunteers to over 60,000 individuals in communities across the country during the course of the Campaign.

Vulnerability Index and Service Prioritization Decision Assistance Tool

The VI-SPDAT combines the strengths of the Vulnerability Index (VI) with the Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting. The SPDAT is an assessment and case management tool in use in hundreds of communities throughout North America and Australia. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT helps communities calibrate their homeless response systems based on the individual, not merely the general population category into which they may fall (e.g., chronically or vulnerable homeless). The tool helps identify the best type of support and housing intervention for an individual, including Permanent Supportive Housing, Rapid Re-Housing, and Affordable Housing based on a scoring algorithm that examines acuity of individuals and families along four domains:

- History of housing and homelessness
- Health and other risks
- Socialization and daily functions
- Wellness

The VI-SPDAT was launched in July 2013 and revised in October 2013 following additional testing in several communities. The VI-SPDAT is now in use in hundreds of communities as the common assessment tool for local coordinated assessment systems and continues to be used by volunteers and professionals in Registry Weeks. The VI-SPDAT is now embedded in most of the major HMIS in the country.

Registry Week

The Registry Week is an intensive, week-long blitz to learn the names of every homeless person in the community with enough information to triage them into the appropriate permanent housing option.

The week includes

- volunteer and staff training in the survey process and the VI-SPDAT specifically,
- three days of on-street and in-shelter surveying using the VI-SPDAT,
- data entry of the VI-SPDAT results into a database (HMIS or QuickBase), and
- a community press briefing, including fundraising.

This event is usually the official kick-off of a community's participation in the 100,000 Homes Campaign, signifying their commitment to know everyone by name and to begin to prioritize individuals and families for the most appropriate permanent housing option based on acuity rather than a first come, first served approach. At the beginning of the campaign, Community Solutions used the VI as the common assessment tool for Registry Weeks but began using the VI-SPDAT assessment tool beginning in July 2013, since this tool not only assesses clients for vulnerability but also identifies the most appropriate intervention to resolve each person's homelessness.

Registry Week Boot Camps

The Registry Week Boot Camp is a 2-day training event led by 100,000 Homes Campaign staff for enrolled community teams. This event provides an orientation to the fundamental principles of the Campaign and a step-by-step playbook for conducting a successful Registry Week in local communities. Communities generally send a team of four to eight people to these events, including representatives of their Continuum of Care, homeless services providers, local housing authorities, VA Medical Centers. Core elements of the training curriculum include important Campaign themes, like prioritization, lining up housing, creating political will, and housing first. Campaign staff conducted these trainings across the country from August 2011 through June 2014 and trained approximately 150 communities, over 100 of which conducted Registry Weeks in their communities, resulting in well over 60,000 chronically and vulnerable homeless individuals being surveyed. These trainings were provided for free to enrolled communities during the Campaign. Community Solutions plans to make a Registry Week Boot Camp binder and other training materials available electronically in the future and will continue to offer Registry Week training under its Knowledge Sharing division.

Fully Committed Communities

Fully Committed communities were enrolled Campaign communities that met two basic criteria each month:

- The community completed a Registry Week or used a similar method of knowing everyone experiencing homelessness in their community by name.
- The community reported every month for at least the last three consecutive months, even if they have not housed anyone.

The Campaign used the Fully Committed List to encourage reporting and boost community morale.

2.5 Percent Club

Originally, enrolled communities were allowed to set their own housing placement goals. In January 2012, it became clear that the 100,000 Homes Campaign would not reach its goal without a significant increase in the rate of housing placements. Based on an analysis of the performance to date, the Campaign team established a goal for communities to house at least 2.5 percent of their chronically and vulnerable homeless neighbors on a monthly basis. This put communities on track to end chronic homelessness in four years and help achieve the Campaign's national goal. Communities that achieved this housing placement rate on a rolling three-month basis were included in the elite 2.5 Percent Club.

The 2.5 Percent Club was a significant intervention because it introduced the monthly housing placement rate as an important metric in the fight to end homelessness. The club was intended to supplement annual PIT counts by providing a more actionable method of understanding a community's progress in real time.

Participant Hub on Facebook

The Participant Hub is a closed group on Facebook for participants in the 100,000 Homes Campaign. Unlike the All Hands on Deck webinars, the Participant Hub is an invite-only forum for practitioners in the movement to connect and share their questions and advice and to celebrate and encourage one another. There are over 362 members in this group and it is an active source of discussion and collaboration for the field.

Improvement and Rapid Results Boot Camps

Improvement Boot Camps are two to three day workshops for enrolled community teams to engage in improvement and acceleration efforts related to specific interventions or systems for ending homelessness. The first Improvement Boot Camps focused on the HUD-VASH program where community teams engaged in process mapping and system refinement and design. In 2013, Community Solutions teamed with the Rapid Results Institute to evolve the Improvement Boot Camps to use the Rapid Results approach combining audacious goal setting and work planning for 100-day cycles consisting of a launch event, 100-day Rapid Results phases, and a sustainability review. Forty-five communities participated in Rapid Results Acceleration and Veterans Boot Camps in 2013.

Notes

1. In 2012, the Campaign expanded its target population to include people experiencing chronic homelessness, meaning they had been homeless continuously for a year or more, or had 4 or more episodes of homelessness over the last 3 years, even if they did not meet the vulnerability criteria.
2. 100k Homes, "Our Manifesto," website, accessed January 4, 2015, <http://100khomes.org/read-the-manifesto>.
3. For more information about the Street to Home Initiative, see Amanda Parsons and Emily Spivack, "Mini Case Study: How Common Ground Reinvented Its Homelessness Strategy," *Dowser*, May 11, 2010, <http://dowser.org/mini-case-study-common-ground-reinvents-its-homelessness-strategy/>.
4. US Interagency Council on Homelessness, "100K Homes Housing Placement Boot Camp: A New Efficient Way to Decrease Time to Housing," accessed January 4, 2015, http://usich.gov/population/veterans/veterans_homelessness_in_focus/100k_homes_housing_placement_boot_camp_a_new_efficient_way_to_decrease_time/.
5. Paul Howard would later join the Campaign full time and is currently the Director of Knowledge Sharing at Community Solutions.
6. This evaluation did not attempt to independently confirm that all of the people reported actually received permanent housing or that they remained permanently housed. However, it can confirm that the housing placement number Community Solutions reported matches the housing placement reports provided by participating communities. In addition, there was not sufficient evidence to determine what percent of people housed through the Campaign were able to remain permanently housed.
7. Campaign staff reported that housing placement rates decreased significantly at the end of the Campaign as it became clear that the Campaign would reach its goal of 100,000 placements.
8. Shelter Plus Care is a HUD program that combines housing assistance with a matching grant to provide services for homeless persons with disabilities.
9. Atul Gawande, "Slow Ideas," *New Yorker*, July 29, 2013, <http://www.newyorker.com/magazine/2013/07/29/slow-ideas>.
10. Some communities that did not complete a Registry Week still used the VI for assessment.
11. If a community did not report for one month, the research team used the community's housing placement rate for the previous month. However, communities that did not report their housing placements at least three times in the last six months were dropped from the analysis.

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