ASSESSING THE FAITH-BASED RESPONSE TO HOMELESSNESS IN AMERICA: FINDINGS FROM ELEVEN CITIES

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PURPOSE STATEMENT

• The report is an effort to establish an initial, credible estimate of the total impact, socially and economically, of faith-based organizations (FBOs) in 11 cities across the country in the areas of homelessness, hunger, abuse and addiction.

• The primary findings for the report focus on measuring the impact on homelessness by means of the percentage of emergency shelter beds provided through FBO homeless ministries, measured through HUD’s Housing Inventory Count (HIC).

• This preliminary study is also intended for laying the foundation for a more in-depth, comprehensive, and rigorous study in the future. This report includes a 3-year Return On Investment (ROI) projection of taxpayer savings, specifically focused on homelessness ministries involved in Residential Recovery and Job Readiness (RRJR) programs. (referred to by HUD as Transitional Housing).
THE ELEVEN CITIES
1. Collaborations (Civic Pluralism):
   - FBO/Public Sector (HUD/CoC and municipal government)
   - FBO/FBO
   - FBO/Community-Based Organizations (CBOs)

2. Impact of FBO Residential Recovery and Job Readiness programs on the lives of homeless men and women (Total estimated state, federal and local three-year taxpayer savings, Overall three-year Return-On-Investment from private and public dollars, and three-year Public ROI specifically for governmental funds invested in these programs).
WHO DID WE TALK TO?

- Gospel Rescue Missions
- Salvation Army
- Catholic Charities
- Family Promise
- Jewish Family/Community Services
- Volunteers of America
- Other Local FBOs serving the Homeless
- CoC lead agency (per HUD designation)
Racial/Ethnic Breakdown of All Sheltered Homeless Population

(2014 annual homeless assessment report)
**FINDING #1:** Almost 60% of the Emergency Shelter Beds, what many consider the ‘safety net of all safety nets’ for the homeless population, are provided through faith-based organizations.

**FINDING #2:** The percentage of Emergency Shelter beds provided by FBOs varied significantly by city, with a high of 90% FBO-provided ES beds in Omaha to 33% in Portland, OR.
**FINDING #3:** What Government agencies and Public Policy makers see as the cause of homelessness; namely, the lack of housing, many FBOs see as a symptom of a deeper problem.

**New City Initiative (Portland, OR)** There are many factors that enter into homelessness, such as job loss, physical or mental disability, domestic violence, mental illness, drug and alcohol addiction, and others. But one important factor that is frequently overlooked is the breakdown of relationships and community that occurs when people become homeless. People don’t become homeless when they run out of money, at least not right away. They become homeless when they run out of relationships. And this means that the solution to homelessness necessarily involves a reestablishment of relationships and community.

**Housing First** is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.
MOTIVATING FACTORS FOR FBOS IN SERVING HOMELESS MEN, WOMEN AND FAMILIES

“But seek ye first the kingdom of God and his righteousness, and all these things shall be added unto you.” (Matthew 6:33, KJV).

“... I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.” (Matthew 25:40, NIV).

“Love the Lord your God with all your heart, with all your soul, with all your strength, and with all your mind, and love your neighbor as yourself.” (Luke 10:27, NIV).

“There will always be poor people in the land. Therefore I command you to be open-handed towards your brothers and toward the poor and needy in your land.” (Deuteronomy 15:11, NIV)

Many FBOs participate in HUD’s CoC even though they don’t received HUD funds. Both those served and those serving are blessed.

In Jacksonville, the lead CoC was hiring away FBO case management staff. Lower staff turnover, less burnout for FBOs.

Serving a person as a neighbor, not a number. HUD is more focused on eligibility and benefits, FBOs approach more holistic in serving the needs of homeless men and women.

HUD in year 15 of a 10-year plan to end homelessness. HUD is focused on developing systems to end homelessness. FBOs generally recognize the individual story behind each homeless person (e.g., Seattle Union Gospel Mission and the “Jungle”).
Finding #4: Leadership and collaboration among faith and community-based organizations to address homelessness originates from many different places within the community. Some examples:

1. You don’t have to be ideologically aligned with other parties and stakeholders addressing homelessness (e.g., HUD) to collaborate:

2. Sending staff to participate in CoC meetings and committees (even if you don’t get funding from them);

3. Open Door policy in providing housing units for veterans within the mission through a voucher system (e.g., Houston and Baltimore): Veteran residents have access to, though not required to participate, various religious and faith-based programming (e.g., discipleship and worship);

4. Access to health services (Healthcare for the Homeless): For example, San Diego and Houston have medical recuperative care beds. Other missions (e.g., Jacksonville) collaborate with Healthcare for the Homeless to provide medical services to residents.
**FINDING #5:** High Tech, High Touch

**FINDING #6:** FBO homeless ministries are at the forefront of program innovation and transformation to improve their ability to increase positive outcomes for the homeless individuals and families:

- We often think of relation-focused programs as ‘touchy-feely’ with only anecdotal program outcomes and absent of any performance-based metrics and management. However, we observed that many of the FBO homeless ministries demonstrate the ability to be both; highly-relational in their ministry to individuals and families experiencing homelessness (high touch) while also employing sophisticated, metrics-based performance measurement and management systems (high-tech).

- Nonetheless, there is significant work needed in order to improve the data collection and performance metrics for many homeless providers. The three-year ROI survey in this study is a first step in that direction.
Finding #7: The centralized nature of Housing First policies, mandates, and priorities do not always effectively engage with FBOs of all types, especially congregation-based efforts that are not seeking federal funding. HUD-funded Continuums of Care are often not conducive to galvanizing collective efforts and optimizing successful outcomes in preventing and reducing homelessness in communities across the country.

Lisa Gustaveson, Program Manager for the Faith and Family Homeless Initiative at Seattle University, stated:

“Many congregation homeless programs operate outside of the mainstream system. Therefore, communities who are working to implement coordinated entry systems fail to capture the impact of the faith-based responses and synchronize efforts with the congregational programs. In addition, many continuum of care systems struggle to effectively partner with faith communities.

We have found that the community response to homelessness is strengthened when the faith community ministries are invited to contribute in a meaningful way to local responses.”
FINDING #8: There are other FBOs serving homeless “under the radar” of HUD (not included in the HIC) – many individuals struggling with addictions that are not included in HUD’s HIC or the Point-In-Time (PIT) homeless count

- Organizations such as Teen Challenge and Salvation Army’s Adult Rehabilitation Centers (ARCs), with programs located across the country, routinely serve significant numbers of homeless individuals through their programs, although these individuals are not counted among the homeless by HUD.
FINDING #9: The total estimated 3-year taxpayer savings, net of public funding, resulting from projected program outcomes for FBO residential recovery and job readiness programs is $119 million

• An individual who is no longer addicted, for example, is better able to obtain and keep a job, maintain better health, and, if they have children, are better able to parent. All of these have financial implications:
  1. An employed person contributes to the tax base through income tax, sales tax, etc.
  2. Someone with better health incurs fewer health costs
  3. Someone who is better able to raise their own child and thus avert the need for their child to be placed in foster care at taxpayer expense
**FINDING #10:** Based on an annual estimated overall program cost of $104 million, which includes an estimated $12.7 million from governmental sources, results in an overall estimated 3-year ROI of $1.01 for every $1.00 invested in these programs. The estimated public 3-year ROI, based only on $12.7 million in total estimated public dollars invested annually is $8.27.

- **Addictions:** Ettner, Susan et al; *Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”?*; Health Services Research 41:1 (February 2006); pp 199-213. Adjusted for inflation.

- **Parenting:** An estimated 25% of successful program completers receive their children back from Child Protective Services. With an average foster care length of stay of about 24 months and a per diem rate of $22.50, this results in a savings of $16,425, or an average of $4,106 per successful completer ($16,425 * 25%) of women with children in foster care.

To download the complete study, visit:

http://www.baylorisr.org/publications/case-studies/