

A Blueprint for Hope

15 Years of Community
Impact and Outcomes at
Haven for Hope





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Our mission is to offer a place of hope, love, and new beginnings by providing, delivering, or coordinating impactful care for people experiencing homelessness in our community.

About Haven for Hope

The individual is at the center of all our services. We meet clients where they are in their journey.

We are Trauma Informed. We recognize and understand the role trauma plays in the lives of those we serve.

We are Recovery Oriented. We work with our clients to help them recover from conditions associated with mental health, substance use, and trauma.

We are Peer Supported. We recognize the importance of lived experience in those we serve and actively hire peers to work at Haven.

We Collaborate. We work with more than 80 partner organizations to provide over 300 comprehensive services for clients on our 22-acre campus.

We are Housing Focused. We offer a variety of housing solutions and work with our clients on person-centered housing plans.

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Executive Summary

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Executive Summary

Haven for Hope of Bexar County is a purpose-built, one-stop campus designed to serve individuals and families experiencing homelessness in San Antonio and Bexar County. Haven for Hope is located adjacent to downtown, in the near west side of San Antonio, Texas. Opened in 2010, Haven operates a 22-acre transformational campus, a kind of community campus which was designed to operate like a small town dedicated to addressing homelessness rather than a traditional shelter. This system of care provides resources essential to resolving the most common causes of homelessness.

By providing a centralized location where clients receive services from Haven for Hope staff and from dozens of partner agencies, the Haven system has transformed the way homelessness is addressed in San Antonio and Bexar County.

Report Scope

- Describe Haven for Hope and how it functions
- Detail how the Haven for Hope campus became the catalyst that redesigned San Antonio and Bexar County's response to homelessness
- Evaluate the person-level impacts for 52,108 clients served in the 15 years from Haven's opening from fiscal years 2010-2024
- Articulate the various components of San Antonio's Community Social System
- Provide the fiscal and economic impacts of Haven, including cross-sector cost avoidance and cost benefit from community investments

Section Overview

Section 1 introduces the Haven for Hope campus and explains the history from 2010 – 2024

Sections 2 and 3 evaluate the findings from analyzing these 15 years of client data including key characteristics, demographics, client trajectories, and long-term outcomes.

Section 4 describes the San Antonio and Bexar County integrated community system model that intersects on the Haven for Hope campus.

Section 5 provides an analysis of the fiscal and economic impacts of the Haven system on the community.

Summary of Findings

Over the last 15 years (2010 to 2024), Haven served 52,108 people on the campus. After evaluating 15 years of data, there were meaningful differences in demographics, characteristics, and outcomes between people who stay at Haven a single time vs. those who stay two or more times. Comparing single stay clients vs. multiple stay clients highlights insights more noteworthy than comparing outcomes by demographics, program type, service engagement, and most surprisingly, even if clients move out of Haven directly into housing or not.

It is important to note two operational practices that add context to the number of times a client may stay at Haven.

- 1. There is no policy that limits the maximum number of times a client can stay or enroll at Haven for Hope. This means the number of single-stay clients is not inflated by operational practices.
- 2. There is no policy that establishes a time limit on how long people can remain at Haven. This is helpful because a time limit could influence clients to leave before they are ready, leading to an increased likelihood of a subsequent episode of homelessness, including returning to Haven for multiple stays. Clients enroll at Haven voluntarily, leave when they determine, and can re-enroll voluntarily based on their needs and circumstances.

Research Questions

- 1. How many clients did Haven serve?
- 2. What services and support did people receive while they were at Haven?
- 3. How long did people stay at Haven?
- 4. Did clients return to homelessness after their stay at Haven?



52,108

people served from 2010-2024

65%

Single Stay Clients

65% (34,059) of all clients came to Haven *only once* in 15 years

35%

Multiple Stay Clients

35% (18,049) of all clients came to Haven *at least twice* in 15 years

Single Stay Findings

Client Outcomes

- 65% of all people who came to Haven only came once in 15 years
- 65.4% of the people who only came once stayed at Haven for less than 90 days (3 months)
- After leaving Haven, clients did not return to homelessness at rates over 90%. This was consistent at the 1-, 5-, and 10-year intervals.

Client Characteristics

- There were 585 different pathways and service combinations that they used while on the campus
- People who stayed only one time at Haven in 15 years are almost twice as likely to be in a family unit and report lower rates of mental health challenges, substance use disorder, and disability
- After leaving Haven, clients did not return to homelessness at rates over 90%. This was consistent at the 1-, 5-, and 10-year intervals.



Photo Courtesy of Marie Langmore



Multiple-Stay Findings

Client Outcomes

- 35% of people came to Haven at least twice in 15 years
- 48% of these multiple stay clients had only two visits to Haven across all 15 years. Of these two-stay-only clients, the average time between episodes of homelessness (either returning to Haven or any other provider in the community) was 3.1 years
- Clients returning to Haven three or more times make up 52% of all multiple stay clients, and the average time between homelessness episodes was 1.45 years
- 66.9% of the people that came multiple times stayed at Haven for less than 90 days (3 months)

Client Characteristics

- People who came to Haven at least twice in 15 years report significantly higher rates of disabling conditions, justice involvement, mental health challenges, substance use disorder, and average 5 years older than people with only one stay
- There were 1,205 different pathways and service combinations that they used while on the campus
- Definitionally, the people who stayed at Haven at least twice in 15 years demonstrated a higher need for services. Trauma and overcoming homelessness is not always linear. These clients do face higher cyclicity, but what matters is Haven being able to provide them with a place to sleep safely, support, and services to avoid decompensating and facing higher risks living unsheltered and on the streets

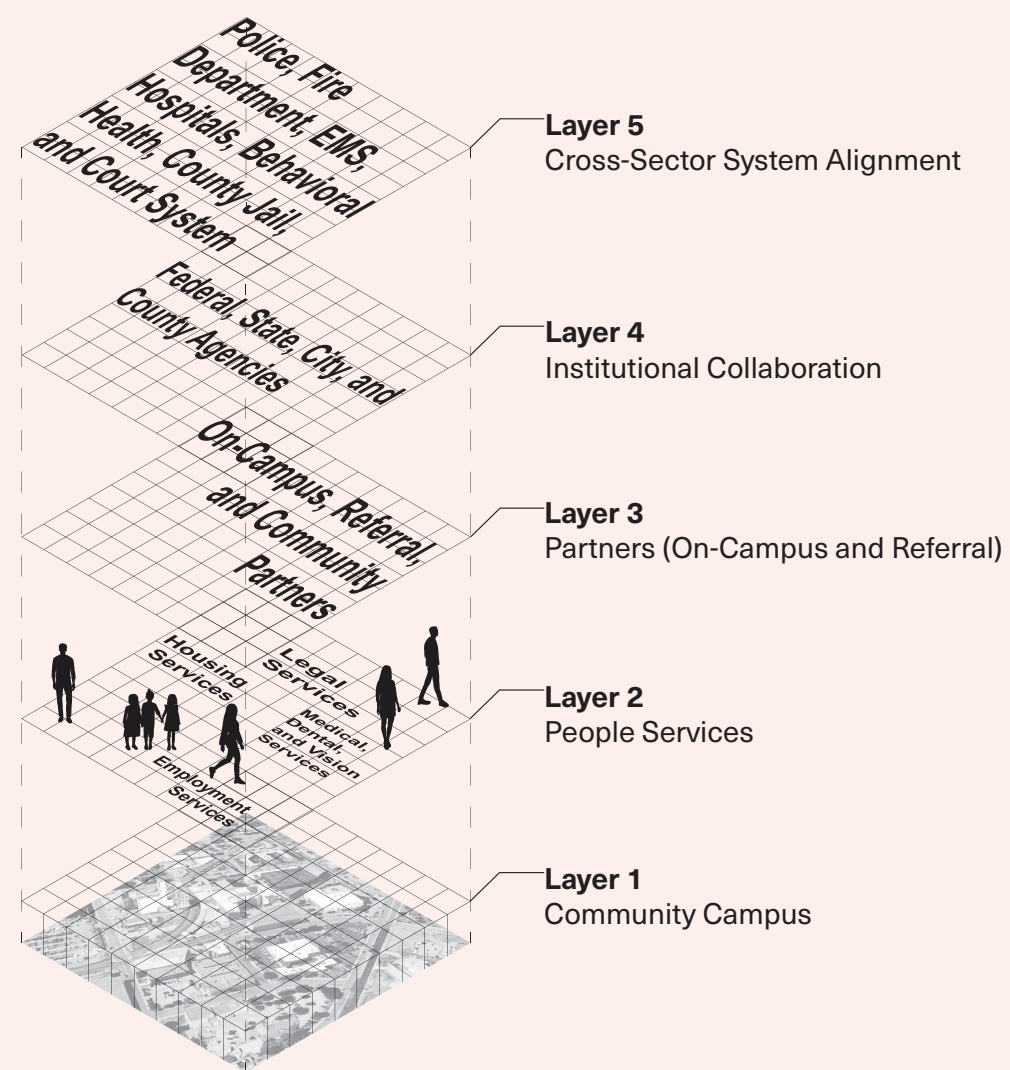
Photo Courtesy of Marie Langmore



Creating an Integrated Community System¹

San Antonio created alternatives to the traditional interventions across the crisis response systems that provide additional options beyond emergency rooms, county jail, and/or psychiatric units. While the traditional options are still available, these programs expand the system’s capacity to support people in alternative settings more suitable to recovery and integration into the community. Many of these options intersect on the Haven for Hope campus, not only because of the number of people served but because Haven provides a single address for the system response to coordinate alternative interventions at scale.

There are five layers that sustain the complex services and relationships across San Antonio’s Community System model provide the framework for other communities to develop their own version of a community campus. Each layer is a critical component that is needed to shift the response from individual interventions to community-wide interventions to better serve people and improve the system response.



1 Dillard Gonzalez, K. (2025). Synchronizing Social Systems: Redesigning Community Systems to Serve People. Ladder Logik. <https://ladderlogik.com/featured-projects>

Haven for Hope serves three roles in the community to support the on-going work for the five layers of activities described in Section 4.

1. **Operational Role:** Provides the operational support for the day-to-day management of a 22-acre campus that serves a design capacity of 1,450 people.
2. **Service Provision Role:** Delivers client services on the campus directly through their organizational staff and engages partners providing client services (on campus and in the community).
3. **System Synchronization Role:** Engages in system-level coordination of entities across the community to serve people experiencing homelessness.

As noted by Ramirez, et. al. “Haven for Hope was designed as a small town to improve individual and community outcomes through a systems approach, creating the platform for an innovative policy design to address homelessness...the place served as a site that fostered collaboration, connection, and healing for the larger community in San Antonio, Texas.”²

The unprecedented number of people served on campus became the catalyst that shifted the capacity for testing new approaches and collaborations, at scale.

Dozens of leaders reimaged how services could be delivered more effectively. This spurred a network of interventions across systems that continue to be refined on- and off-campus.

2 Ramirez, J.S., Dillard Gonzalez, K., Hudson, T., Blanco, W. (2024). Root Shock’s Missing Appendix: Using Situation Analysis for Critical Policy Studies and Beyond. Built Environment, 50(2). 304-315.

Haven System Fiscal Impact

The fiscal and economic impacts of homelessness cut across nearly every sector and aspect of modern society. As a result, no single entity owns the entire issue of homelessness on their own. As explained by Tsai et al. (2024), “One of the reasons why homelessness remains policy resistant is because communities are already spending their budgets on various initiatives that end up siloed or conflicting” and siloed approaches face system friction when attempting to produce durable, transformative results.³ Solutions that produce results that are more than the sum of the parts involve systems thinking, as outlined in Section Four: Redesigning Community Social Systems.

The table below calculates the average cost per night, based on the design capacity of 1,450. Average cost per stay is calculated by multiplying the average cost-per-night times the average length of stay for clients across each phase of Haven’s history. This cost-per-stay figure paints a more accurate picture than per-year costs, since average lengths of stay are less than a year, and a single bed will turnover throughout the year, serving multiple clients.

Phase of Haven History	Average cost per diem (not adjusted for inflation)	Average Stay Length	Average Cost per Stay
Phase 1 (2010 – 2014)	\$23.00	175 days	\$4,025
Phase 2 (2015 – 2019)	\$35.73	148 days	\$5,288
Phase 3 (2020 – 2024)	\$54.17	75 days	\$4,063
15 Years (2010 – 2024)	\$37.70	108 days	\$4,072

In 2021, Steve Nivin, Ph.D. conducted an independent Cost-Benefit Analysis of Haven for Hope. This initial study covered 2007 (with Haven’s initial capital investments and formation) through 2019. Dr. Nivin’s work was the first comprehensive cost-benefit analysis about Haven for Hope. In 2025, shortly before the publication of this report, Haven engaged with Dr. Nivin to update the analysis. The following table provides a summary of the findings.

3 Tsai, J., Dillard Gonzalez, K., Orsinger, R., & Jefferies, K. (2025). Haven for Hope: A Transformational Campus Model to Address Homelessness. Community Mental Health Journal, 61(5), 827-833. <https://doi.org/10.1007/s10597-024-01419-8>

Net Benefits of Haven for Hope: 2007-2024 ⁴	
Economic Impacts of Haven for Hope Operations	\$648,800,789
Economic Impacts of Volunteers	\$6,043,578
Benefits from Reduced Crime	\$164,975,535
Benefits from School Stability	\$583,201,982
Benefits of Medical Care, Housing, & Other Care Services	\$11,603,159,211
Total Benefits	\$13,006,181,095
Total Expenses (including capital)	\$313,360,290
Net Benefits	\$12,692,820,805
Benefit-Cost Ratio (Benefits per dollar of expenses)	\$42

The bottom-line of this analysis is that for every \$1 investment into Haven for Hope, there is a \$42 benefit to the community in cost-avoidance, economic contributions, and lifetime earnings from clients securing employment and exiting homelessness.

Consider the outcomes on the Haven for Hope campus. What would have happened to the 52,108 people experiencing homelessness if they did not have access to this system of care?

Building for the Future

- Over the last 15 years, the Haven system has:
- Improved its efficiency through reducing lengths of stays
 - Enhanced its effectiveness with higher rates of housing exits and reducing rates of return to homelessness
 - Engaged with cross-sector cost-saving interventions

There remain additional areas for development and opportunities for improvement, moving forward. The next phase in Haven for Hope's development will continue to focus on innovation at the nexus of a systems design approach to addressing homelessness in San Antonio and Bexar County.

4 Nivin, S. R. (2025). Cost-Benefit Analysis of Haven for Hope [Report]. Steven R. Nivin, Ph.D., LLC. <https://stevenivin.com/wp-content/uploads/2025/12/cost-benefit-analysis-of-haven-for-hope-update-final.pdf>

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Haven for Hope Campus

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Section **one**

Haven for Hope Overview

Photo Courtesy of Marie Langmore

Haven for Hope Overview

Haven for Hope of Bexar County (referred to as Haven for Hope or Haven) is a purpose-built, one-stop campus designed to serve individuals and families experiencing homelessness in San Antonio and Bexar County. Haven for Hope is located adjacent to downtown, in the near west side of San Antonio, Texas. Opened in 2010, Haven operates a 22-acre transformational campus, a kind of community campus which was designed to operate like a small town dedicated to addressing homelessness rather than a traditional shelter. This system of care provides resources essential to resolving the most common causes of homelessness.

From one campus, clients can access:

- Food
- Temporary housing and emergency shelter
- Health care, dental, and behavioral health services
- Case management services
- Housing assistance
- Childcare
- Transportation
- Family support
- Workforce development and job training
- Benefits navigation
- Legal services

By providing a centralized location where clients receive services from Haven for Hope staff and from dozens of partner agencies, the Haven system has transformed the way homelessness is addressed in San Antonio and Bexar County.

Research Questions

1. How many clients did Haven serve?
2. What services and support did people receive while they were at Haven?
3. How long did people stay at Haven?
4. Did clients return to homelessness after their stay at Haven?

Report Scope

- Describe Haven for Hope and how it functions
- Detail how Haven for Hope is key to a transformative redesign of San Antonio and Bexar County’s response to homelessness
- Evaluate the person-level impacts for 52,108 clients served in the 15-years from Haven’s opening 2010 through 2024
- Articulate the various components of San Antonio’s Redesign Community Social System
- Provide the fiscal and economic impacts of Haven, including cross-sector cost avoidance studies and the cost-benefit analysis of investments into Haven

Section Overview

Section 1 introduces the Haven for Hope campus and explains the history from 2010 – 2024.

Sections 2 and 3 evaluate the findings from analyzing these 15-years of client data including key characteristics, demographics, client trajectories, and long-term outcomes.

Section 4 describes the San Antonio and Bexar County integrated community system model that intersects on the Haven for Hope campus.

Section 5 provides an analysis of the fiscal and economic impacts of the Haven system on the community.

History

The idea for Haven for Hope was born in the aftermath of San Antonio’s community response to Hurricanes Katrina and Rita in 2005. San Antonio received an estimated 35,000 evacuees from the Gulf South Region. While delivering services to people displaced from neighboring communities, local leaders encountered San Antonio residents who also found themselves in need of shelter, food, clothing, and services. Local leaders and philanthropists took the lessons learned from the response to evacuees and applied it to create a system of care to address homelessness in San Antonio and Bexar County.⁵

With the support of municipal leaders, including San Antonio Mayor Phil Hardberger and Bexar County Judge Nelson Wolff, Haven’s founder Mr. Bill Greehey, a local philanthropist and businessman, began the effort to create Haven for Hope of Bexar County as an independent 501(c)(3) nonprofit organization. The Haven for Hope one-stop design originated through a committee that included Patti Radle and other community leaders. Dr. Robert G. Marbut Jr. led an initiative over 18 months to research of over 200 homeless services providers across the United States.⁶

Once the model was finalized, a coalition of local businesses, private philanthropic organizations, and government leaders (city, county, and state) came together to generate the \$100 million investment to build the Haven for Hope campus. The development would not have been possible without a diverse array of funding and financing tools, including qualifying for New Market Tax Credits (NMTC).⁷ The initial \$60 million came from private business and philanthropy, with significant vision, contribution, and leadership from Mr. Greehey. The remaining funds came from the public sector: \$22.5 million from the City of San Antonio, \$11 million from Bexar County, and \$6 million from the State of Texas.

It is important to note that the original vision for Haven for Hope as a coordinated system of care was entirely different from both traditional shelter models and guidance from the U.S. Department of Housing and Urban Development (HUD). Haven for Hope would not exist if leaders in San Antonio and Bexar County had chosen to move forward with following a federal policy model between 2008 - 2010. At the same time that Haven for Hope was being designed and built as a transformational campus, HUD policy, nationally, began shifting away from shelters.⁸

The public-private partnership that helped start Haven was instrumental to ensure that the Haven system would be effective in addressing homelessness through an intentionally designed system of care. There are several key takeaways, from Haven’s design:

- **There is not one model or program that works for everyone. Haven’s offering of both the low barrier South Campus (formerly called the Courtyard) and North Campus, including specialty programs, helps meet clients where they are**
- **Emergency shelter plays a critical role in providing safe sleeping options for people to exist and address their root causes of homelessness**
- **Shelter enriched with co-located services and partner integration creates an environment where clients can access higher levels of care with better coordination and improved outcomes**
- **Systems alignment from key players enables collective outcomes and cost avoidance in the community**
- **Funding allocations for programming beyond federal guidance is critical to ensure people experiencing homelessness in a community have access to services and housing support. Funding diversity and flexibility allows Haven to serve more clients than federal funds alone**

By 2016, the Texas House Select Committee on Mental Health took notice and recognized Haven for Hope as a proven, statewide model of systems-level effectiveness, integrating mental health, housing, and recovery services through unprecedented public-private collaboration that measurably reduces homelessness and crisis system strain.⁹

5 Gonzalez, K. R. (2022). Systemic strategies to address homelessness: A situation analysis of the response in San Antonio, Texas (Doctoral dissertation, The New School). ProQuest Dissertations & Theses. (Accession No. 29207238). <https://www.proquest.com/docview/2715399598/A32095F329384D2BPQ/>

6 Strategic Development Solutions. (2010, July). Haven for Hope: Impact Report (for Haven for Hope of Bexar County). San Antonio, TX: Haven for Hope of Bexar County. Retrieved from <https://www.muni.org/departments/mayor/documents/haven%20for%20hope%20impact%20report.pdf>

7 Urban Land Institute. (2023). Haven for Hope: Case study (H2H case study). <https://knowledge.uli.org/-/media/files/case-studies/2023/h2h/haven-for-hope.pdf>

8 Leopold, J. (2019, May 9). Five ways the HEARTH Act changed homelessness assistance. Urban Institute. <https://www.urban.org/urban-wire/five-ways-hearth-act-changed-homelessness-assistance>

9 House Select Committee on Mental Health. (2016, December). Interim Report to the 85th Texas Legislature. Texas House of Representatives. <https://www.house.texas.gov/pdfs/committees/reports/interim/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf>

Personas



Joseph



Maria



Marcus



Carlos



Rob

As we explore the findings in the data throughout this report, we will share five representative client stories that highlight the human story behind the numbers and show how each part of the Haven system (including partners and cross-sector collaboration points) worked together to meet the clients' needs and support them to navigate programming and services.

These personas are composites of real clients with different trajectories, service engagement, and outcomes.

Three Key Phases of Haven’s Development

During Haven’s first 15 years (2010 – 2024), there were three clearly defined phases of Haven’s growth, program development, service delivery, funding level and composition, and client outcomes.

Phase 1 (Fiscal Years 2010 - 2014)

In Phase 1 of Haven’s history (2010 – 2014), the client services were oriented towards a behavior modification model across the campus. The low-barrier Courtyard (now called South Campus), was operated by The Center for Health Care Services (CHCS), the Local Mental Health Authority (LMHA). At that time, the Courtyard featured minimal services and outdoor sleeping. In addition to operating the Courtyard, CHCS also started the In-House Recovery and In-House Wellness Programs for clients with substance use disorder and mental health issues, respectively. Goodwill Industries was another early partner at Haven and operated the donation warehouse. San Antonio Metropolitan Ministries (SAMM) operated the dormitories on North Campus until the beginning of Fiscal Year 2013 when the operation of the dorm transitioned to Haven for Hope’s budget and staffing.

While there were more services available to North Campus clients at this time, client lengths of stays in Phase 1 (between 2010 – 2014) were significantly longer than Phase 2 and Phase 3, for a variety of reasons. The main reason for client stay lengths of 100 days longer, on average, than the current phase is due to not having sufficient funding to provide housing and deposit assistance to support clients transition to the community. Additionally, other housing providers did not have enough capacity to rapidly house clients from Haven. As a result, clients would take longer to build up their savings for deposits, movers, utilities, and other expenses to identify housing on their own.

Phase 2 (Fiscal Years 2015 – 2019)

Phase 2 of Haven’s history began during Fiscal Year 2015 with the implementation of the Healthy Community Collaborative (HCC) grant from the Texas Health and Human Services Commission (HHSC). The eligible expenses in this grant allowed Haven to start the housing programs including a shallow subsidy for first month’s rent as well as move-out kits with beds, furniture, and kitchen items. HCC allowed Haven to develop housing programming for both North Campus and the low-barrier South Campus, which shortened lengths of stay and increased the number of clients exiting to housing.

The HCC grant also came while Haven was transitioning from a behavioral modification model of service delivery to evidence-based practices including recovery-oriented care, person-centered planning, peer integration, and trauma-informed care.¹⁰ Shortly after the HCC grant came online, Haven won additional state grants, notably one from the Texas Workforce Commission (TWC) for workforce development and job training.

Another significant Phase 2 milestone is Haven for Hope assuming operational control of the Courtyard operations from CHCS. Haven then transitioned Courtyard clients to indoor sleeping. Additionally, Haven developed the Direct Referral Program (DRP), which was the first dormitory sleeping available to Courtyard clients. To designate an umbrella term for dormitory and indoor congregate sleeping for these Courtyard clients (and move away from a name historically associated with outdoor sleeping), Haven now calls this part of campus the South Campus.

This phase also included the creation of specialty programs for target populations with specific needs and characteristics including the VA funded Veterans Programming, the DRP for street outreach and chronically homeless clients to connect with housing providers, the Jail Outreach program for pre-trial jail diversion, and the creation of the overnight medic provided by the San Antonio Fire Department’s (SAFD) Mobile Integrated Health (MIH) unit on campus and through the collaboration with The Southwest Texas Regional Advisory Council (STRAC).¹¹

Additionally, Haven expanded its technical capacity, preserved historical data, and clarified data definitions and standardized assessments in the Homeless Management Information System (HMIS). Close to Home, formerly South Alamo Regional Alliance for the Homeless, became the community’s HUD designated CoC Lead Agency, working to oversee the Coordinated Entry housing priority tool and produce the annual Point-In-Time Count. Haven retained its role as the HMIS Lead for the CoC.

10 Kuhn, W., & Stevens Manser, S. (2018, August 30). Recovery Oriented Service Provision and Individual Outcomes: Haven for Hope / San Antonio, Texas. Texas Institute for Excellence in Mental Health, The University of Texas at Austin. Retrieved from https://tiemh.org/wp-content/uploads/2021/12/2018-Recovery-Oriented-Service-Provision-and-Individual-Outcomes-Haven-for-Hope-San-Antonio_REPORTS.pdf

11 Rollman, J., Miramontes, D., Villers, L., Carrillo, M., & Guzman, S. (2024). San Antonio's experience with a mobile integrated health program at a local homeless shelter (Presentation 20.F.1). University of Texas Health Science Center at San Antonio; San Antonio Fire Department MIH Program. Retrieved from <https://ircp.info/Portals/11/Meetings/2024/Presentations/20.F.1.pdf>

Phase 3 (Fiscal Years 2020 – 2024)

Phase 3 of Haven's history began in Fiscal Year 2020 and continued through the end of Fiscal Year 2024. Across this period, significant shifts happened at Haven, including:

- Haven's response to COVID-19, which included social distancing and operationalizing Home Away from Haven, which moved higher risk clients to an off-site hotel operated by Haven from 2020 through 2022
- HUD formally recognizing and designating the South Campus (formerly Courtyard) as Emergency Shelter
- Expanded funding opportunities
- Expanding and replicating all services (including case management, workforce development, benefits navigation and more) available on North Campus to serve clients on the low-barrier South Campus
- Developing new programming such as the Young Adults Program for single adults aged 18-24 years old
- Expanding specialty programs (Jail Outreach, Medical High Utilizers, Veterans Programming)
- Deepened coordination and collaboration with Close to Home and other housing providers in the San Antonio system, leading to San Antonio being the first community in the nation to reach the ambitious goals of the House America initiative in 2022¹²

On the funding side, Haven benefitted from new sources of funding, including but not limited to COVID-era funding:

- Emergency Rental Assistance (ERA) funds to pay for housing assistance and housing stability services for clients to move out of Haven
- New HUD grants for a housing program and additional funding to provide services and benefits navigation to unsheltered clients coming into Haven
- Additional funding from Bexar County to help cover the addition of the Resource Center, which expanded higher levels of services for South Campus clients

For clients, however, the most impactful change in Haven for Hope operations between 2020 and 2024 was expanding and replicating all the housing, case management, workforce development, and partner services (including ID recovery, bridge psychiatric care, counseling, and more) to the clients staying in Haven for Hope's low-barrier South Campus in the Resource Center. Operationalizing the Resource Center added an additional 34,000 square feet of multi-use indoor space for client services and more than a hundred additional beds for clients.



Photos Courtesy of Marie Langmore

¹² Dimmick, Iris. "San Antonio surpasses federal goal, housing 1,500 people living on the street." San Antonio Report, 17 Oct. 2022. <https://sanantonioreport.org/san-antonio-surpasses-goal-of-housing-1500-people-living-on-the-street/>.

	Fiscal Years 2010 – 2014
Operations	<ul style="list-style-type: none"> • One-stop campus with partner integration for colocated service delivery • CHCS operated the low-barrier Courtyard • SAMM initially operated the dormitories and transitioned to Haven operations in FY2013 • 155 average employee count
Service Delivery Approach and Expansion	<ul style="list-style-type: none"> • Behavior modification model of service delivery • Limited housing interventions or direct assistance for clients
Average Cost Per Stay	<ul style="list-style-type: none"> • \$4,025 average cost per client stay • \$23 average cost-per-night times 175-day average stay
Average Stay Length	<ul style="list-style-type: none"> • 175-day average stay length
Community Impact	<ul style="list-style-type: none"> • 77% initial reduction in downtown homelessness • Established a single physical location to address homelessness • Haven began building the Homeless Management Information System (HMIS) data backbone for community • 21% of clients were chronically homeless

Fiscal Years 2015 – 2019	Fiscal Years 2020 – 2024
<ul style="list-style-type: none"> • Courtyard transitioned from CHCS to Haven operation • Courtyard (now called South Campus) transitioned to indoor sleeping only with more services • Added specialty programs including DRP for high need and chronically homeless people • Haven expanded operations initially funded by other partner agencies • 232 average employee count 	<ul style="list-style-type: none"> • Expanded specialty programs including but not limited to Veterans Programming, Pre-Trial Jail Diversion, Medical High Utilizers, and Young Adult programming • Operated off-site hotel for COVID separation (2020 – 2022) • 285 average employee count
<ul style="list-style-type: none"> • Transition to trauma-informed care service delivery, introduced person-centered planning • Expanded housing services, housing subsidies, workforce development, employment, and benefits services 	<ul style="list-style-type: none"> • Increased proportion of clients exiting to housing • Replicated all housing, employment, case management for low-barrier clients on South Campus (formerly Courtyard)
<ul style="list-style-type: none"> • \$5,288 average cost per client stay • \$35.73 cost-per-night times 148-day average stay 	<ul style="list-style-type: none"> • \$4,063 average cost per client stay • \$54.17 average cost-per-night times 75-day average stay
<ul style="list-style-type: none"> • 148-day average stay length 	<ul style="list-style-type: none"> • 75-day average stay length
<ul style="list-style-type: none"> • Clients enrolling at Haven automatically added to community's housing priority pool (Coordinated Entry) • Worked with STRAC and SAFD to create the overnight medic program, producing community cost avoidance and 911 call and EMS transport reductions • Introduced specialty programs including family overflow, Jail Outreach, and more. • 15% of clients were chronically homeless 	<ul style="list-style-type: none"> • Specialty programs producing community cost avoidance • Reductions in jail recidivism • Reduced lengths of homelessness across the community • Haven system served more people more rapidly • 9% of clients were chronically homeless

Maps of Haven for Hope Campus



Here we see a bird’s eye view of Haven for Hope’s 22-acre campus which includes residential dormitories, cafeterias, administrative buildings, multi-purpose spaces, other social services buildings, community areas, and health care spaces. This area also includes:

- The Restoration Center which is the community’s crisis, sobering, and detox operated by Center for Health Care Services (CHCS), the local Mental Health Authority
- The American GI Forum, a partner agency who operates transitional housing and veteran services
- 140 affordable housing apartments managed by Prospera

Overall, the map shows the buildings and spaces that house agencies and programs designed to work together to help clients address the root causes of homelessness. Note that there are eight different bus lines running on roads bordering Haven’s property, the VIA Metropolitan Transportation Centro Plaza with 17 bus lines is half a mile away, and downtown San Antonio is within walking distance of the Haven for Hope campus.



A. Campus	B. Community Areas	D. Residential
A1 Campus Dining	B1 Butterfly Garden	D1 Adult Residential
A2 Campus Store	B2 Central Square	D2 Multi-Family Housing
A3 Courtyard	B3 Chapel	D3 Women’s & Family Residential
A4 Courtyard Dining	B4 Gathering Spaces	
A5 Courtyard Resource Center	B5 Haven’s Main Street	E. Social Services
A6 Donation Center	B6 1 Haven for Hope Way	E1 Childcare Center
A7 Intake		E2 Family Activity Center
A8 Mail Room	C. Healthcare	E3 Gym
A9 Parking	C1 Behavioral Health Clinic	E4 Hair Care Center
A10 Security	C2 Medical Clinic	E5 Kennel
A11 Visitor Center	C3 The Restoration Center (Crisis/Detox)	E6 Social Services Building
A12 Warehouse	C4 Vision & Dental Clinic	E7 Veteran Services

This view of the Haven Campus details the elements in San Antonio’s model for delivering co-located community services.¹³

13 Dillard Gonzalez, K. (2025). Synchronizing Social Systems: Redesigning Community Systems to Serve People. 31 Ladder Logik. <https://ladderlogik.com/featured-projects>.

People Accessing Services on Campus

People are at the heart of the Haven for Hope campus. This is a place to belong for a while, to heal, and to chart another path in life. These are the categories of people who are served on the campus.

- Single adults
- Married couples
- Single and two parent families with children (birth to 18 years old)
- Parent(s) with adult children who have disabilities
- Youth and young adults (18-24)
- Seniors (65+)

Haven’s programming integrates evidence-based programming to meet the unique needs of people as they transition from experiencing homelessness to life in the community. The following represents the types of circumstances addressed by specialized services available across the campus:

- Chronically homeless
- Fleeing domestic violence
- Discharged from hospitals
- Jail diversion and justice involved
- Mental illness
- Physical disabilities
- Registered Sex Offender (RSO) status
- Substance use disorders
- Veterans

Campus Operational Features

- Programming follows these evidence-based client engagement practices: Trauma-Informed Care, Recovery-Oriented Systems of Care, and Person-Centered Planning
- Residential facilities are designed to provide security to people on the campus
- People stay on the campus all day to access social services based on their unique needs. There is not a specific time that they are required to exit the facility

Eligibility Requirements

Haven offers a variety of different programs (operating like a cluster of shelters in one place) and eligibility is based on finding the right program offering for people to meet them where they are, rather than finding reasons to deny service to people.

North Campus

- Clients need to meet ID requirements and Bexar County residency
- Due to North Campus serving families and people in recovery, there is a sobriety requirement
- Due to North Campus serving families with children, people with RSO status are prohibited from accessing this area of the campus

South Campus

- South Campus offers the community’s lowest barrier shelter possible while maintaining practices that provide a safe environment for clients
- Sobriety is not required. While people cannot bring substances on the property, they can be intoxicated and/or under the influence at entry and admitted as long as they are not a threat to self or others
- If someone’s intoxication or substance use is a threat to themselves or others, they are escorted to the Restoration Center across the street to access mental health crisis, sobering, and detox services

Haven By The Numbers

Haven for Hope Campus Notable Details	
Haven for Hope's operational area	22 acres
Square footage of indoor space	354,486 square feet
Design capacity for indoor sleeping	1,450 (not including emergency overflow sleeping)
Number of trees on campus	162
HVAC Units	60
Boiler units	20
Fire Extinguishers	191
Bus lines that run on roads surrounding the Haven campus	8
Miles to closest VIA bus transfer station	0.5 miles away from 17 bus lines
Automatic External Defibrillators	34
Emergency oxygen tanks	28
Number of San Antonio Water System (SAWS) accounts	17 (due to funding and compliance reasons, demonstrating the operational complexity involved)
People on campus daily (clients, employees, partner staff, volunteers, etc.)	1,800 - 2,000

FY 24 Numbers of Interest	
Gate entries and security checks	828,732
Number of Volunteers	3,021
Number of hours of service by volunteers	11,486
Haircuts provided to clients by volunteer barbers and hair stylists	3,452
Number of pets served by the kennel	82 (75 dogs, 7 cats)
Pounds of pet food for client kennel	6,670





Joseph

Let's meet Joseph. After a back injury cost him his job, eviction soon followed. He spent several months unsheltered and in a deep depression. A Haven street outreach worker met with Joseph weekly over the course of one month and encouraged him to enroll in the Direct Referral Program on South Campus.

Once he accepted, Joseph was connected to a case manager that provided referrals on-campus partner programs:

- A psychiatrist from Center for Health Care Services (CHCS), the on-campus partner and local mental health authority, to address his depression
- CentroMed, the on-campus Federally Qualified Health Center (FQHC) clinic, to treat his back injury and establish primary care
- Street2Feet, an on-campus partner focused on accessibly promoting health and wellness in spirit, mind, and body

After two months, Joseph transitioned to the adult dorm on North Campus, continued working with the Income & Skills Development team, practiced interviewing, and took a digital literacy class. Soon after finding part-time work, a housing liaison reached out to inform him that he qualified for a housing voucher. Haven covered his first month's rent and provided a move-out kit with furniture and essentials. Joseph was able to move into his own place in less than a year.

Services

Together with services provided by dozens of partner agencies, Haven for Hope also employs staff who provide direct services including but limited to:

Case management, housing services, and workforce development

- Adult and family case management
- Housing liaisons who provide housing navigation services
- Housing payment assistance (shallow subsidy, deposits, utilities)
- Move-out kits including beds, furniture, and kitchen supplies
- Workforce development and job readiness training
- Benefits navigation (for those qualifying for Social Security Income)
- Service enriched housing

Specialty Programming

- Clinical case management
- Jail Outreach for Pre-Trial Jail Diversion
- Dedicated programming for Young Adults aged 18-24
- Continuity of Care Team for medically fragile clients

Fundamental services for clients

- Client services and Residential/Campus life
- Clothing and Haven Store at the donation station
- Showers, hygiene products, towels
- Peer support services

This diverse constellation of services provides clients who have unique barriers and needs with the most appropriate care and tools, depending on their circumstances, program eligibility, and direction taken through their person-centered plan.

The total number of transformational services provided between 2010– 2024 not including meals, bed nights, and fundamental services is 1,379,378.

Service Category	Number of Services Delivered to Clients from 2010 - 2024
Fundamental services such as clothing, laundry service, shoes, showers, towels, thrift store voucher, hygiene kits, cell-phone charges, etc.	3,831,270
Case Management Appointments	539,439
Housing Services (housing orientation, housing search, rental application navigation, help with representation to landlord, etc.)	275,980
Enrichment services (educational, enrichment, recreational, and special events), anger management, communication 101, healthy living classes, personal enrichment, yoga, etc.	221,837
Medical, Dental, and Vision Services	79,038
Substance Use Disorder and Recovery Services	69,372
Behavioral Health Services	48,056
Housing Payments and Deposits	41,990
Employment Services (Workforce development, job training, job retention verification)	30,057
Transportation Services (taxi voucher, bus pass, bus ticket, direct transportation)	27,448
Benefits Services, Services related to benefits applications, appeals, and obtaining SSI/SSDI and other benefits for those who qualify	19,707
Family Services (family activities, diapers, strollers, etc.)	17,151
Spiritual Services	5,795
ID Recovery and Legal Aid Services	3,508
Total	1,379,378

Partners

As outlined, partner integration is part of Haven’s DNA and design intent, meaning that the impact of Haven for Hope, as a system, is larger than Haven the 501(c)(3) or the physical campus itself. In total, there are currently 88 partners working with Haven; 50 have a presence on campus and another 38 are available by referral.

Some notable partnerships include, but are not limited to the following:

- CentroMed, the Federally Qualified Health Center for primary care
- Center for Heath Care Services (CHCS) operates several programs on campus including the integrated health clinic, psychiatric care, the Integrated Treatment Program, and Restoration Center for crisis, detox, and sobering
- San Antonio Food Bank, which provides three hot meals a day for North Campus clients (including snacks and sack lunches for overnight workers)
- Faith Kitchen (formerly St. Vinnys Bistro) who provides three hot meals a day for South Campus clients (including snacks and sack lunches for overnight workers)
- San Antonio Christian Dental
- Family Violence Prevention Services
- St. Mary’s University School of Law for ID recovery services¹⁴
- Additional legal aid provided by Texas Rio Grande Legal Aid and San Antonio Legal Aid Association (SALSA)
- San Antonio Fire Department (SAFD)’s overnight medic
- YMCA provides free on-campus childcare for clients

In addition, there are three on-campus partners with residential programs:

- CHCS’s Integrated Treatment Program for co-occurring mental health and substance use disorders
- Pay It Forward provides a 12-month sober living program on campus
- THRIVE Youth Center’s shelter, case management, and housing for youth experiencing homelessness

Haven for Hope is the largest “front door” agency in San Antonio’s Coordinated Entry system. Front door agencies are those who automatically enroll clients into Coordinated Entry, which is the standardized assessment and prioritized waitlist for housing programs funded by HUD.

In San Antonio and Bexar County, the HUD designated Continuum of Care (CoC) Lead Agency is Close to Home. Close to Home collaborates with HUD funded providers in the community to connect clients with available housing resources. Since Haven clients are automatically added to the community’s housing provider list for HUD housing programs, it is easier for housing liaisons to connect with Haven clients and collaborate with their Haven case manager, which accelerates the time it takes to move clients into housing.



14 Zlotnick, Gregory M. “Teaching Client Counseling in the Shadow of Homelessness.” St. Louis U. L. J. vol. 69, no. 3 (2025). Available at: <https://scholarship.law.slu.edu/lj/vol69/iss3/12/>

Meals

Breakfast
Lunch
Dinner
Snacks
Water

Baby Food and Formula
Diapers and Baby Wipes
Car Seat & Stroller
Parenting Classes
School Supplies
Support Group
Childcare

Family Services

Housing Services

Housing Advocacy &Mediation
Housing Application Assistance
Housing Referral & Placement
Lease Agreement Services
Housing Stability Plan & Budget
Permanent Housing Services

Housing Payments and Deposits

Criminal Justice Legal Services
Immigration Services
Civil Legal Services
Notary Services
Legal Fees
Legal Aid

Legal Assistance

Application Fee Assistance
Food Pantry
Home Repair Assistance
Cleaning Supplies
Mattress and Furniture
Household Goods
Kitchen Items
Mortgage Assistance
Moving Assistance
Property Tax Assistance
Pet Deposit Fee Assistance
Utilities and Electricity Assistance

Behavioral Health

Psychiatric Services
Empowerment Group
Trauma Recovery
Counseling
Therapy
Crisis

Case Management

Permanent Supportive Housing Eligibility & Screening
Person-Centered-Planning
Documentation Assistance
Direct Program Referral
Action Plan

ID Recovery Services

ID Recovery
Birth Certificate Recovery
Obtain Social Security Card

Transportation

Vehicle Maintenance & Assistance
Bus Passes & Vouchers
Taxi Vouchers

Jail Outreach

Basic Needs Assistance
Reentry Planning &Support
Family Support
Spiritual & Emotional Support
Mentorship

Medical, Dental & Vision

CentroMed Visit
EMS Transport
Dental Exam
Vision Exam
Vaccinations
Illness Management & Recovery
Medical Fees & Documentation
HIV/AIDS-Related Services

Benefits Services

Social Security Disability Insurance (SSDI)
Supplemental Security Income (SSI)
Benefit Application Assistance
Benefit Bank Service

Veteran Services

Assistance Obtaining VA Benefits
Veterans Benefit Counseling

Enrichment Services

Gas & Grocery Gift Cards
Anger Management Class
Communication 101
Healthy Living Class
Like Skills Training
Welcome Kit
Goal Setting
Hair Cut
Yoga

Substance Use Disorder Services

Substance Use Assessment
Substance Use Diversion
Twelve Step Classes
Sobering Admissions
Ambulatory Detox
Peer Support

Employment Services

Staff Assisted Job Search
Uniforms & Work Clothes
Academic Development
Resume Assistance
Career Readiness
Financial Literacy
GED Classes

Fundamental Services

Street Outreach & Engagement
Medication Assistance
Bed Linens & Towels
Campus Orientation
Clothes and Shoes
Hygiene Products
Personal Care
Cell Phone
Glasses
Showers

Spiritual Services

Bible Study
Spiritual Education
Faith & Works
Connected to Soul Friend
One-on-One Spiritual Care
Connected to Congregation

This diverse constellation of services provides clients who have unique barriers and needs with the most appropriate care and tools, depending on their circumstances, program eligibility, and direction taken through their person-centered plan.



Maria

Meet Maria. Maria and her two children came to Haven due to domestic violence and enrolled in Haven's Family Emergency Services. While at Haven, her high schooler and middle schooler continued attending their home schools.

After a week in Family Emergency Services, Maria's family moved into the Family Dorm and got a room of their own. As she worked with her campus case manager, she received referrals for these on-campus partner programs:

- Maria received legal help from Texas Rio Grande Legal Aid, a partner agency that serves people while they are on campus
- The youth enjoyed playing basketball with The Basketball Embassy's Youth Ambassador Program at Haven

Maria and her children were able to safely move out of Haven and back into their home with a protective order. Their stay at Haven lasted less than two months and they have not returned to Haven or homelessness since.

Haven for Hope Overview Summary

This section focused on Haven’s development since it opened in 2010. These are a few of the unique features of Haven and the system of care delivered on the campus that impacted the outcomes described in Sections 2 and 3.¹⁵

Campus Operations

- Haven was created through a public-private partnership and is maintained by a variety of funding sources both public and private
- Haven’s design capacity sleeps 1,450 people indoors with additional space for overflow
- Haven serves individuals and families with children up to age 18
- People experiencing homelessness may stay at Haven for Hope as long as they need to and there are no limits on the number of times a person may enroll at Haven
- Haven offers both congregate and non-congregate indoor sleeping
- Haven operates a customizable database system called the Homeless Management Information System (HMIS), that serves as the data backbone for Haven and 47 other agencies in the homeless services space in the community. Haven is also the HMIS Lead Agency for the local Continuum of Care, Close to Home¹⁶

Partners

- In addition to direct services provided by Haven staff, there are also 88 partner agencies (50 on campus, 38 available by referral) who provide additional services to clients
- For families with young children, the on-campus YMCA provides free childcare and enrichment activities for those children staying at Haven
- Overnight medic provided by San Antonio Fire Department (SAFD) to provide emergency medical response and reduce 9-1-1 calls and emergency transport
- The Local Mental Health Authority operates Projects for Assistance in Transition from Homelessness (PATH), tenant-based rental assistance (TBRA), medically supervised detox, sobering, a crisis center, psychiatric appointments, and residential mental health and substance use programing on campus
- On-campus primary care is provided by CentroMed, a Federally Qualified Health Center, and Haven clients may continue to access services for up to two years after leaving Haven
- On-campus dental care is provided by San Antonio Christian Dental

Services and Specialty Programs

- Haven provides wrap-around care with direct services staff providing case management, counseling, benefits navigation, and peer assistance
- Income and skills development staff provide workforce development and job training
- Housing team provides navigation with apartment searches, landlord engagement, and tenant representation as well as shallow-subsidies for assistance with rent, utilities, and movers
- Dedicated Veterans programming for people who served in the U.S. Armed Forces
- Dedicated case management programming and separate dorm space for single Young Adults aged 18-24
- Haven has a dedicated Street Outreach team engaging in outreach to unsheltered people in the community and operates the Direct Referral Program and Unsheltered Placement Program to address the unique needs of these clients

Services and Specialty Programs Continued

- There is also a Jail Outreach program, in partnership with the Bexar County Pre-Trial division, that supports pre-trial jail diversion to transition people out of jail to Haven while pending trial
- Haven operates a kennel/cattery for pets

Sections 2 and 3 will share how the Haven system impacts people, building on the organizational history, service delivery, partner integration, and co-located campus operations covered in Section 1.

15 Tsai, J., Gonzalez, K. D., Orsinger, R., & Jefferies, K. (2025). Haven for Hope: A transformational campus model to address homelessness. Community Mental Health Journal, 61(5), 827–833. <https://doi.org/10.1007/s10597-024-01419-8>
16 Haven for Hope. (2025). “Homeless Management Information System, About Us.” <https://www.havenforhope.org/hmis-about-us/>

Section **two**

**People Impact:
Single-Stay**

Photo Courtesy of Marie Langmore

People Impact: Single-Stay

Over the last 15 years (2010 to 2024), Haven served 52,108 people on the Haven for Hope campus. To evaluate the characteristics and outcomes for such a large population, it is helpful to disaggregate the data into subpopulations of interest.

After evaluating the data and disaggregating by dozens of different variables, and conducting deeper analysis, the data revealed meaningful differences in demographics, characteristics, and outcomes between people who stay at Haven a single time vs. those who stay two or more times.

Comparing single stay clients vs. multiple stay clients highlights insights more noteworthy than comparing outcomes by demographics, program type, service engagement, and most surprisingly, even if clients move out of Haven directly into housing or not.

This section shares findings on the individuals and families who stayed at Haven only one time over the 15 year time frame (2010-2024) and presents the analytical takeaways about this subpopulation including demographics (such as age and family composition), clinical characteristics (such as disability or mental health), pathways through programming, and, most importantly, whether people return to homelessness in San Antonio and Bexar County, not just another stay with Haven.

Section 3 will explore the similarities and highlight the key differences for clients who have stayed at least twice at Haven over the same 15-year time frame (2010-2024). Appendix A, the Data and Methods section explains in detail how the data for the entire work was collected, presents the data definitions, and shares additional details and other data methods used.

Campus Stay Operational Practices

It is important to note two operational practices that add context to the number of times a client may stay at Haven, whether for North or South Campus.

1. There is no policy that limits the maximum number of times a client can stay or enroll at Haven for Hope. This means the number of single-stay clients is not inflated by operational practices.
2. There is no policy that establishes a time limit on how long people can remain at Haven. This is helpful because a time limit could influence clients to leave before they are ready, leading to an increased likelihood of a subsequent episode of homelessness, including returning to Haven for multiple stays. Clients enroll at Haven voluntarily, leave when they determine, and can re-enroll voluntarily based on their needs and circumstances.

Meet the people who came to Haven *once* in 15 years

Families



- **79%** of single-stay clients are Single, Head of Households
- **21%** of single-stay clients are in families

Veterans



- **8%** report veteran status
- **92%** are non-Veterans
- **11%** of Bexar County is Veteran

Mental Health/ Substance Use Disorder



Mental Health

- **28%** of single stay clients report yes
- **23%** of Bexar County residents report yes

Substance Use Disorder

- **20%** report yes
- **80%** no
- **6%** of Bexar County adults report yes

Race & Ethnicity



Race

- **74%** White
- **21%** Black or African American
- **2%** Multiple ethnicities
- **1%** Indigenous American
- **1%** No data or client declined to answer
- Less than **1%** Asian or Asian American
- Less than **1%** Native Hawaiian or Pacific Islander
- Less than **1%** Middle Eastern or Northern African

Ethnicity

- **43%** Hispanic
- **57%** non-Hispanic

Age



- **15%** Under 18
- **12%** 18-24
- **41%:** 25-44
- **28%:** 45-64
- **4%:** 65+

Gender



- **64%** Male
- **36%** Female
- Less than **1%** no data or other answer

Disability




- **35%** Report a disability of any kind. More than double the rate (14%) of all Bexar County residents.
- **65%** No disability
- **12%** of all clients report physical disability. Higher than the overall Bexar County rate of 7%
- **4%** report developmental disability

Chronic Homelessness



- **11%** Yes
- **89%** No



65%

65% of all clients came to Haven *once* in 15 years

Consider the area covered by the graphic on this two-page spread. The graphic that spans both pages together represents 52,108 people who have stayed at Haven for any length of time in the last 15 years. The bright profiles represent the 34,059 people who stayed at Haven only once between 2010-2024.

This finding is important because it highlights that a substantial number of people are going through a transitional or situational experience of homelessness rather than chronic or episodic.

Nearly two-thirds of clients had only one stay.

Single-Stay Client Overview

Total Population of All Clients Served on Haven Campus (includes on-campus residential partners)	52,108
Number of Haven Clients with only a Single Stay	34,059 (65.36% of all clients)
Single Stay Clients enrolling on South Campus Only	62% of the 34,059 single-stay clients
Single Stay Clients enrolling on North Campus Only	31% of the 34,059 single-stay clients
Single Stay Clients whose enrollments span across both North or South campus or where the enrollment is available on both North and South Campus	7% of the 34,059 single-stay clients

Remember meeting Joseph and Maria from earlier. They each enrolled in different programs and progressed across multiple programs in different ways. While each person’s experience is unique, the order of program enrollments creates a unique set of program pathways that other clients can follow.

Client Pathways

As introduced in Section 1, there were two programming pathways available in Haven’s first year. There was the Transformational Campus (what is now called North Campus) and the Courtyard (now the low-barrier South Campus). Two program options seem to provide only two unique pathways for clients. However, the order of program pathways matters. Consider the following:

- A client may start their journey on North Campus, move to South Campus, and back again to North Campus. That’s a 3rd pathway, a third order of combination of options, which is called a permutation in mathematics. North -> South -> North is a unique pathway.
- Similar, another client who starts on South Campus, then moves to North Campus, then back to South Campus, presents another permutation, another unique ordered combination of values.

As Haven developed more programs for specific groups like families, veterans, chronically homeless, and young adults and integrated more partner programs, the number of permutations grew rapidly. With 30 different program options (including partner programs), there have been 585 unique permutations of program pathways for single-stay clients.

These pathways demonstrate that offering a diverse array of program options paired with client choice through person-centered planning creates an environment for people to identify the programs that best fit their needs and circumstances. This client-driven approach is a key driver of outcomes, contrasting with models that limit participants to one or two prescribed pathways.

The 65% (34,059) of all single-stay clients at Haven took 585 different pathways while on campus. This became part of what was able to keep them from returning to Haven.

585 Pathways



Haven for
Hope
Community
Campus

The 65% (34,059) of all clients with only one stay at Haven in 15 years took 585 different pathways to keep them from returning to the campus.

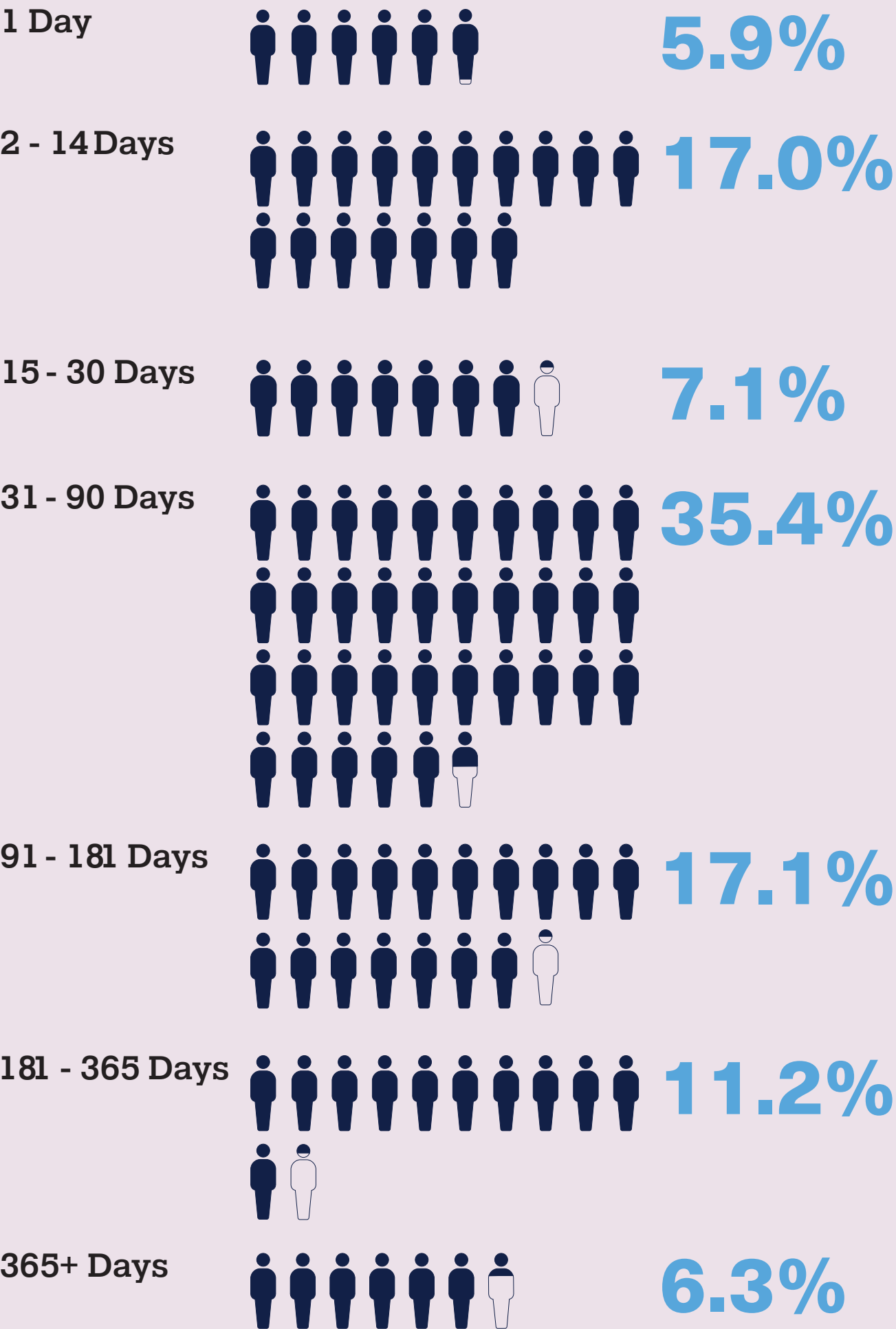
Stay Lengths for Single-Stay Clients

This visual demonstrates the distribution of stay length, across 15 years, where each person icon represents 1 percentage point of the entire 34,059 clients with a single stay. The categories break out the shorter stays into 1-day, 2-14 days, and 15-30 days, showing that many people only needed Haven for a brief time. This means that 30% of single-stay clients were at Haven for less than 30 days, 35% of had stays between 1 month and 90 days, and the remaining 35% had stays of longer than 90 days.

Early critics of the Haven for Hope model argued that it would serve only to warehouse people. The data about stay-lengths for single stay clients finds the opposite to be the case. As shown in this analysis, most people who came to Haven only stayed once in 15 years. Most of these clients only needed Haven for a short period of time, as they stabilized to find their next chapter.

There are 34,059 different stories for people who came to Haven only one time between 2010-2024. As you consider this data graphic, it is important to remember:

- 10,218 people stayed at Haven only one time for 30 days or less
- 12,057 people stayed at Haven one time for 31-90 days
- 11,784 people stayed one time for longer than 90 days



Where do people go after Haven?

Sober living home such as Oxford House or similar

Return to unsheltered homelessness

Family reunification

Staying with other family on either a short term or long term basis

Foster care home or foster care group home

Moving into a rental with some form of rental subsidy

Hotel

Exiting to transitional housing

Moving to a low-income tax credit rental or other affordable housing

Staying with friends on a short term or long term basis

Skilled nursing facility or hospice

Substance abuse treatment facility or detox

Emergency Shelter

All other forms of self-resolution of homelessness, including leaving Haven, not sharing where they are going, but remaining out of the entire homeless response system

Exits, Community Retention, and Returns to Homelessness

Homelessness is like a highway with many on-ramps and many off-ramps.

The on-ramps include:

- Housing affordability
- Housing availability
- Stagnant wages/ inflation
- Job loss
- Eviction history
- Chronic health issues
- Workforce readiness
- Mental health
- Substance use disorder
- Justice involvement

There are also many off-ramps, including:

- Housing programs
- Family reunification
- Client self-resolution to housing
- Transitional housing
- Staying with friends
- Other forms of shared housing
- Sobriety programs
- Group homes
- Skilled nursing, and
- Other institutional exits such as hospitals, in-patient psychiatric care, or incarceration

Due to administrative requirements, program eligibility, scarcity, and expense, the most widely studied interventions are housing programs like rapid rehousing programs (RRH), permanent supportive housing (PSH), and subsidized housing including vouchers and public housing. However, Tsai, Kaspro, and Rosenheck (2011) highlight that “many of those who do not receive such subsidies also manage to obtain housing in naturalistic, but as of yet, unstudied ways.”¹⁷ Work by Kuhn et al. (2025) with the ongoing Periodic Assessment of Trajectories of Housing, Homelessness, and Health Study (PATHS) longitudinal cohort study is promising, as the study evaluates self-resolution and other forms of housing stability achieved outside of subsidy programs. There is an opportunity for Haven to collaborate with academic researchers to conduct rigorous study, especially for self-resolving clients, specifically using this PATH survey framework.¹⁸

This section presents findings discovered from Haven’s existing 15 years of quantitative data. Some key questions are:

- 1. Where do clients go after leaving Haven?
- 2. Did they return to homelessness?
- 3. How many and how long did clients retain their exit from Haven into the community?

When possible, a client’s exit destination when they leave Haven is recorded by case managers and housing liaison staff in their HMIS profile. Over the period, Haven staff recorded 26.2% of single stay clients exiting to housing, higher level of care, or other appropriate shelter such as transitional housing, substance use treatment programs, or family reunification. 71% of single-stay clients, however, left Haven on their own, without an exit interview with their case manager.

17 Tsai, J., Kaspro, W. J., & Rosenheck, R. A. (2011). Exiting homelessness without a voucher: A comparison of independently housed and other homeless veterans. *Psychological Services*, 8(2), 114–122. <https://doi.org/10.1037/a0023189>

18 Kuhn, R., Chien, J., Guzman Hernandez, N., Mobley, T. M., Paulazzo, D., Corletto, G., & Henwood, B. F. (2025). Periodic Assessment of Trajectories of Housing, Homelessness, and Health Study (PATHS): Protocol for a prospective cohort study of people experiencing homelessness. *JMIR Research Protocols*, 14, e74266. <https://doi.org/10.2196/74266>

This begs the question: did these clients who left Haven with no exit interview self-resolve and retain their exit in the community or did they return to homelessness and if so, after how long? While 65% of all clients, these 34,059 unique people, did not return to Haven after a single visit, does that mean that they simply moved to another homeless services provider or to living unsheltered on the street? Here is what we found.

The chart demonstrates the percentage of clients who retained their exit from Haven and remained out of the entire homeless response system in the community. This rate is calculated as 1 minus the rate of return to homelessness, for the given period.

Phase of Haven History	Exit Retention Window	% Retention Housing Exit	% Retention All Exit Types
Phase 1 Fiscal years 2010 - 2014	10-year retention period	91.36%	90.27%
Phase 2 Fiscal years 2015 - 2019	5-year retention period	93.64%	91.86%
Phase 3 Fiscal years 2020 - 2024	12-month retention period	97.11%	92.58%

Phase 1 (2010-2014): After 10 years, **90.27%** of single stay clients who left to any destination (not only housing programs), remained out of the entire homeless response system (47 agencies), including all shelter beds, safe haven programs, transitional housing, and street outreach programs run by various agencies including street outreach workers with the City of San Antonio. For those who exited from Haven to a housing program, **91.36%** remained out of homelessness for 10 years.

Phase 2 (2015-2019): After 5 years, **91.86%** of single stay clients who left to any destination, remained out of the homeless response system for 5 years. Of those who exited to housing programs, **93.64%** remained out of homelessness for 5 years. Not enough time has passed for this group to measure 10-year retention, yet, so we present the 5-year retention for this entire period, Phase 2 of Haven's history.

Phase 3 (2020-2024): For those who exited Haven between 2020 and 2023 to any destination, **92.58%** remained out of the homeless response system, and for those who exited to housing programs, **97.11%** remained out of homelessness for 12 months.

These findings are remarkable because as outlined in Appendix A: Data and Methods of this paper, 99% of available beds in the homeless response system are included in this dataset. It also includes enrollment data from nearly 50 other agencies in San Antonio to determine if those clients return to either sheltered or unsheltered homelessness anywhere in our community.

The data includes client records of multiple agencies operating coordinated street outreach interacting with people living in encampments and responding to calls made to the city's homeless hotline. Simply, these clients did not just leave Haven and re-enter homelessness somewhere else. The vast majority retained their exit from Haven and remained out of the system.

This finding is powerful because not only does it track with typology research by Kuhn, R., & Culhane, D. P. (1998) showing most people receiving shelter are transitionally and not episodically or chronically homeless, but that Haven's data proves this out for the San Antonio and Bexar County across 15 years (2010 – 2014).¹⁹

Nearly two-thirds of all clients who came to Haven at any point in the last 15 years (2010-2024) did not return. The vast majority of these same clients did not re-enter homelessness in San Antonio and Bexar County across 15 years, whether they exited to a housing program or left on their own.

19 Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness: Results from the analysis of administrative data. American Journal of Community Psychology, 26(2), 207–232. <https://doi.org/10.1023/A:1022176402357>

Section three

People Impact: Multiple-Stays

Photo Courtesy of Marie Langmore



Marcus

First Stay

Let's meet Marcus. Marcus was 8 years old the first time he came to Haven, in 2014. Marcus and his mom came to Haven after she lost her job at an aviation company as the result of a merger. After working with Haven's Income and Skills Development team to rewrite her resume and practice her interviewing skills, Marcus's mom was able to secure a new office job. Since it would be a couple years before Haven's shallow subsidy would become available, it took six months of saving for Marcus's mom could afford to move them into a place of their own.

After 2 years, Marcus's mom tragically died from complications with undiagnosed cancer, and Marcus was placed in the foster care system, as he had no other family. His foster family cared about him deeply but were themselves going through a financial crisis and were unable to continue supporting him after aging out of foster care services. Marcus didn't know where to turn, until one day, he heard a news story about Haven for Hope's Young Adult program for young adults between 18 to 24 years old.

Second Stay

Remembering his time at Haven, Marcus decided to visit Intake, and learned that he would be eligible for a dorm room and would also get a dedicated case manager and wrap-around services. Marcus enrolled, was placed on the community's housing priority list, and made fast friendships with the other young adults. After three months, Marcus heard from his case manager that he had been approved for a youth housing program, and he could move into a place of his own – this time with Haven support to pay for his first month's rent, application fees, and a move-out kit with a bed and other furniture.

Marcus's story shows that not every re-entry to Haven means that there was a failure or an insufficient level of impact. Haven remained available for Marcus when he needed it most, served him at key points in his life, and evolved as an institution so that new programs became available not only for him, but for others going through similar experiences in the community.

People Impact: Multiple-Stays

When considering any person experiencing homelessness, it is important to recognize that homelessness and everything that led to it is deeply traumatic. For the people who came to Haven more than once, recovering from trauma and overcoming homelessness is not always linear. In life, especially in social services and trauma, there is no silver bullet. A return is not necessarily a failure. A return is finding a way back to much needed care, safety, and support. For some people, Haven was the only source of stability and support they could rely on at the time.

People who have more than two stays at Haven are not a monolith. The results of people who had multiple stays at Haven can also be evaluated in different sub-groups.

- **For example, 48% of the multiple-stay clients had only two visits to Haven across all 15 years. Of these two-stay-only clients, the average time between episodes of homelessness (either returning to Haven or any other provider in the community) was 3.1 years.**
- **Clients returning to Haven three or more times make up 52% of all multiple-stay clients, and the average time between homelessness episodes was 1.45 years.**

Comparing Multiple Stay and Single Stay Client Stays

While there are some similarities, there are many noticeable differences in the demographic makeup and clinical characteristics of multi-stay clients compared to single-stay clients and Bexar County, overall.

The average age of Multiple-Stay clients is 40 years old. Single stay clients average 35 years old, and the average age in Bexar County is 35 years. In almost every age range, multiple-stay clients differ considerably from single-stay clients.

Measurement	Multiple-Stay Clients	Single Stayers
Enrolled with any on-campus residential partner program	20.4%	8.2%
Connected with pre-trial jail diversion from Bexar County Jail and enrolled at Haven	13.5%	4%
Percent with a job placement	16.3%	6.7%
% with Social Security Income (SSI or SSDI)	17%	10.5%

These clients do face higher cyclical-ity, but what matters is Haven is available to provide a place to sleep safely and access supportive services. This reduces the likelihood that someone will decompensate and face higher risks living unsheltered and on the streets.

There are additional differences between multi-stay and single-stay clients. The percentage of multiple-stay clients who engage with on-campus residential partners is more than double that of single stayers. This is because Pay It Forward and the Center for HealthCare Services (CHCS) have operated in-house recovery programs for substance use disorder nearly since the beginning of Haven. They both serve people more likely to move between the low-barrier South Campus and North Campus programs, including these residential partners.

This utilization of substance use recovery programs is consistent with people staying multiple times, as they experience a higher rate of substance use disorder and mental health challenges than single-stay clients. While the multi-stay client proportion of substance use disorder is higher, the upside of partner engagement shows willingness and accountability among a substantial percentage of people that are ready to engage in treatment and recovery.

In addition, a larger percentage of multiple-stay clients also enrolled at Haven through the Pre-Trial Jail Diversion program at the Bexar County Jail and in partnership with Bexar County Specialty Courts. Because Haven’s operating cost per client is lower than jail costs, as well as provides a less restrictive environment, clients engage in targeted case management, including peer support, there are significant cost savings to Bexar County is addressed in Section 4.

Also consider that adults with multiple stays at Haven from (2010 – 2024) secure job placements at a higher percentage of clients with a single stay. At first, this may be confusing, since the multi-stay population, overall, has higher rates of disability, social security income, mental health and substance use disorder. It is possible that more single-stay clients retained their jobs or secured employment without assistance from Haven’s Income and Skills Development team. They may also have more robust family and community connections, facilitating their exit from Haven, than multiple-stay clients. Further research is needed to provide additional insights.

From a public health view and in a moral light, it is preferable to have clients return to Haven and receive needed care than face three times higher mortality rates by being unsheltered, as measured by Roncarati et al. (2018).²⁰ Charania (2021) states the case simply and directly – housing is healthcare and “access to shelter can improve health outcomes for people experiencing homelessness and reduce overall health care costs.”²¹

20 Roncarati, J. S., Baggett, T. P., O’Connell, J. J., Hwang, S. W., Cook, E. F., Krieger, N., & Sorensen, G. (2018). Mortality among unsheltered homeless adults in Boston, Massachusetts, 2000-2009. JAMA Internal Medicine, 178(9), 1242–1248. <https://doi.org/10.1001/jamainternmed.2018.2924>

21 Charania, S. (2021). How Medicaid and States Could Better Meet Health Needs of Persons Experiencing Homelessness. AMA Journal of Ethics, 23(11), E875–E880. <https://doi.org/10.1001/amajethics.2021.875>



Photo Courtesy of Marie Langmore



Meet the people who came to Haven *at least twice* in 15 years

Families



- **89%** of multiple-stay clients are single, head of households
- **11%** of multi-stay clients are in families

Veterans



- **8%** report veteran status
- Same as single-stay (8%)
- **11%** Bexar County is Veteran

Mental Health/ Substance Use Disorder



Mental Health

- **48%** of multiple stay clients report yes
- **23%** of Bexar County residents report yes

Substance Use Disorder

- **31%** report yes
- **69%** report no
- **6%** of Bexar County adults

Race & Ethnicity



Race

- **75%** White
- **21%** Black or African American
- **1.8%** Multiple ethnicities
- **1.3%** Indigenous American
- Less than **1%** Asian or Asian American
- Less than **1%** Native Hawaiian or Pacific Islander
- Less than **1%** Middle Eastern or North African
- Less than **1%** no data

Ethnicity

- **47%** Hispanic
- **53%** non-Hispanic

Age



- **6%** Under 18
- **7%** 18-24
- **45%** 25-44
- **37%** 45-64
- **5%** 65

Gender



- **69%** Male,
- **31%** Female
- Less than **1%** no data or other answer

Disability



- **52%** report a disability of any kind, nearly four times the rate of Bexar County overall (14%)
- **23%** report a physical disability (nearly twice that of Single Stay clients and more than 3 times the rate of Bexar County's 7%).

Chronic Homelessness



- **22%** Yes
- Twice that of single-stay clients (**11%**)
- **78%** No



Carlos

Here we meet Carlos. Carlos is a 53-year-old U.S. Army Veteran who first came to Haven struggling with PTSD, alcoholism, and a deteriorating marriage. During his first stay, he spent only a couple of weeks on the low-barrier South Campus but left and started sleeping in an abandoned building. After his alcoholism continued to worsen and a brush with the law a few months later, he returned to Haven for a second stay, this time moving from Bexar County Jail to Haven through the Pre-Trial Jail Diversion program. Initially, he was skeptical of a large institution, but he quickly connected with his Jail Diversion case manager who had lived experience with addiction and homelessness. With his case manager's encouragement, Carlos finally felt comfortable reaching out to his estranged wife. They reconnected and he was able to leave Haven in less than six weeks.

After reuniting with his wife and remaining out of homelessness for more than five years, Carlos' wife tragically passed away in a car accident. Finding himself alone and facing eviction, Carlos returned to Haven, a third time, hoping to find a familiar face. His old case manager from Jail Outreach introduced Carlos to the Veterans Team and they got to work on the following plan:

- Worked with St. Mary's Law School volunteers to recover his vital identification documents
- Engaged with San Antonio Legal Services Association (SALSA) to get help with settling his late wife's estate
- Started attending a 12-step program to address his alcoholism
- Worked with his case manager to petition the Veteran's Administration (VA) for back benefits that were owed to him
- Transitioned to VA Transitional Housing programming on Haven's North Campus
- Received a Veterans housing voucher through the American G.I. Forum (AGIF) so he could secure a place of his own.

All told, Carlos stayed at Haven three different times and with a variety of program pathways. Carlos remains securely housed and returns to Haven often to volunteer and find ways of giving back.



35%

35% of all clients came to Haven at least *twice* in 15 years

Consider this two page-spread. The 18,049 individual clients, represented by the highlighted area, show the 35% of clients who needed Haven multiple times. Some people faced recurring episodes of homelessness, some experienced chronic homelessness, and many only had two visits.

Their journeys show that multiple engagements with Haven's system of care is what they need to support them at this point in their life.

Multiple-Stay Client Overview

Total Number of All Clients Served on Haven Campus (includes on-campus residential partners)	52,108
Number of Haven Clients with multiple stays	18,049 (34.64% of all clients)
Multiple Stay Clients enrolling on South Campus Only	51% of multiple-stay clients stayed only on South Campus
Multiple Stay Clients enrolling on North Campus Only	12% of multiple-stay clients only enrolled on North Campus
Multiple Stay Clients whose enrollments span across both North or South campus or where the enrollment is available on both North and South Campus	37% of multiple-stay clients had stays that spanned both North and South Campus

Client Pathways

From 2010 through 2024, there were 18,049 clients who had at least two different stays at Haven for Hope. These clients can access the same 30 different programs across Haven’s campus – both the low-barrier South Campus and North Campus, including on-campus residential partner programs (CHCS ITP, Pay It Forward’s Next Right Step, and Thrive). For these 18,049 clients with multiple stays, there were a total of 1,205 unique permutations of program pathways. In addition to there being more than double the number of possible program pathways, there are other characteristics to note about multiple-stay clients compared to single-stay clients.

	Multiple-Stay Clients	Single-Stay Clients
Percent with stays on North Campus only	12%	31%
Percent with stays on South Campus only	51%	62%
Percent of clients with stays involving both North and South Campus	37%	7%

In addition to more permutations of program pathways taken, there are other differences between the program pathways for these multiple-stay clients and single-stay clients. Clients with multiple stays are 5 times more likely to have stays that involve both North and South Campus programs at different times and across each individual stay. This is likely due to needing different types of programming to meet their needs at different times. There are several ways that clients can move between and among programs in North and South Campus.

- Since North Campus has a Bexar County residency requirement, clients stay on the low-barrier South Campus long enough to qualify for North Campus.
- If North Campus beds are at capacity, clients may enroll in the low-barrier South Campus and continue to check bed availability.
- If a person is active in substance use, they won’t be eligible for North Campus as there are sober living programs and families with children on this part of the campus.

Multiple stays across 15 years (2010 – 2024), double the number of program pathways taken, and higher levels of behavioral health and substance use disorder all come together to demonstrate the higher needs of this group. The ability to shift course and try a new pathway in a subsequent stay is crucial. When someone returns, they aren’t simply repeating the same track – they can pursue a different strategy that better fits their circumstances.

The breadth of Haven’s programming and the policy of welcoming clients back allows for alternate pathways that are often necessary for meeting their evolving and higher levels of need.

1,205 Pathways



Haven for
Hope
Community
Campus

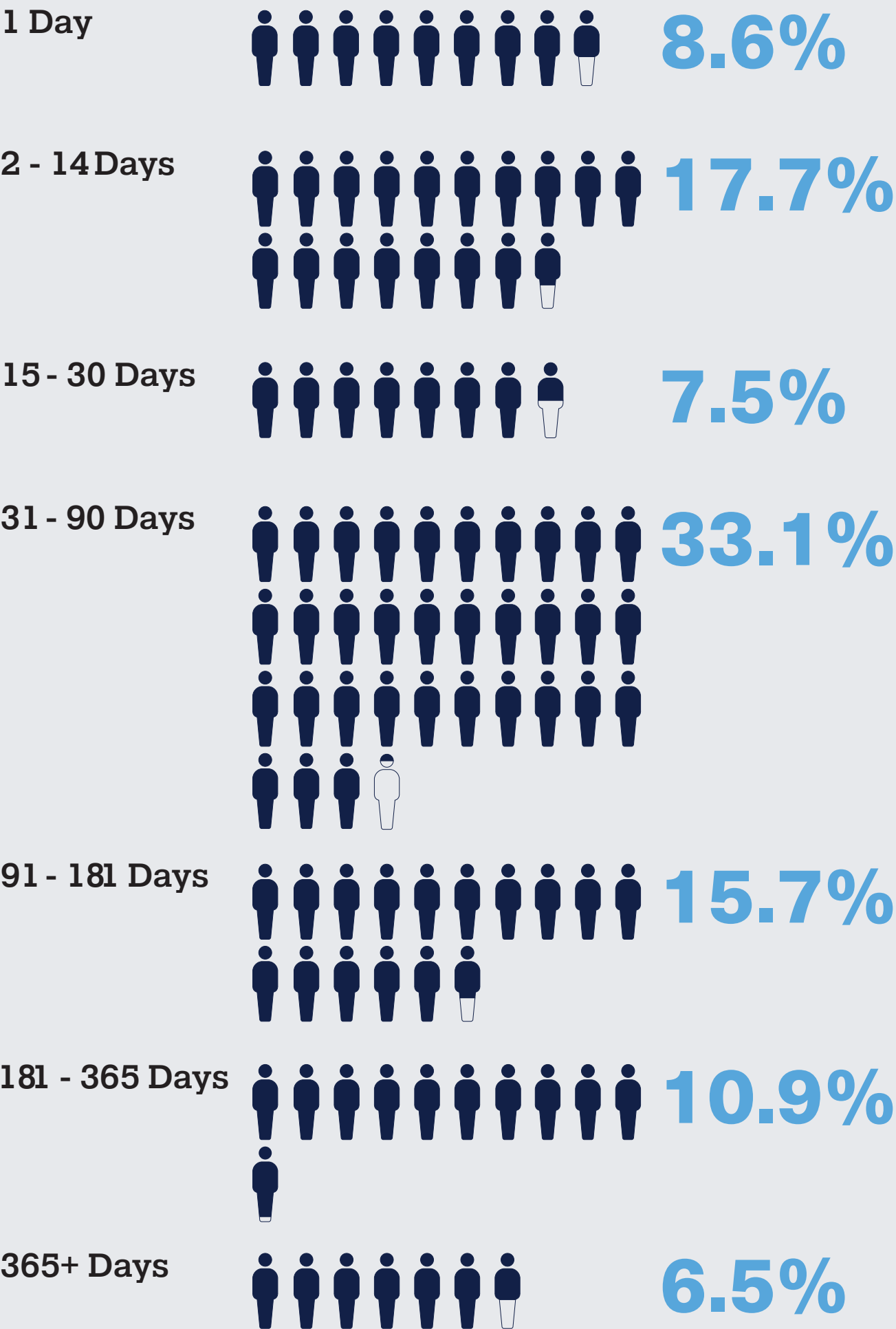
The 35% (18,049) of all clients that came to Haven more than once in 15 years took 1,205 different pathways during their time on campus.

Stay Lengths for Multiple-Stay Clients

Clients with multiple stays at Haven had an average of 3.5 stays per person, from 2010 to 2024. The average stay length for multiple stay clients was 108 days (where single stay clients averaged 110 days), with a median of 44 days, the same as single-stay clients. The distribution of multiple-stay client stay lengths are very close to the distribution of stay lengths for single-stay clients.

The stay lengths are quite similar and recall that there are not organizational practices like a maximum number of times a person can enroll in Haven or a maximum stay length. Additionally, there are two specific residential partner programs (Pay It Forward and CHCS’s Integrated Treatment Program) with maximum stay lengths, but when clients complete those, they are welcome to enroll in other programs at Haven without any maximum length. This flexibility is key in meeting people where they are, as part of the evidence-based practice of person-centered planning. Someone can choose their level of engagement, including how long they stay.

What’s most important is that Haven is available for people when they need it and over time as their situation changes in life.



Exits, Community Retention, and Returns to Homelessness

According to HUD guidance on System Performance Metrics (2018), measuring returns to homelessness is conducted only for those clients exiting to permanent housing destinations and remaining out of homelessness for up to 24 months. When someone returns to homelessness after two years, they are counted as newly homeless, as per HUD. Tsai and Byrne (2023) note this and suggest that clients with different types of exit data from homeless programs should be considered in a different category.²²

The present analysis on Haven outcomes from 2010-2024 incorporates this suggestion and presents two approaches, treating HUD guidance as a minimum, a floor, and not a ceiling for what is possible:

1. This paper evaluates exit retention (1 minus the rate of return to homelessness) for Haven clients on longer time scales than HUD’s two-year maximum
 - A 10-year window for clients exiting from Haven between 2010 and 2014
 - A 5-year window for clients exiting from Haven between 2015 and 2019
 - A 1-year window for exits between 2020 through 2024
2. This work also explores the outcomes for all types of client exit, not only those exits to housing programs and other permanent housing, as defined by HUD

Phase of Haven History	Exit Retention Window	% Retention Housing Exit	% Retention of All Exit Types
Phase 1 Fiscal years 2010 - 2014	10-year retention period	14.65%	12.56%
Phase 2 Fiscal years 2015 - 2019	5-year retention period	38.81%	28.06%
Phase 3 Fiscal years 2020 - 2024	12-month retention period	78.11%	52.54%

The table demonstrates the percentage of multiple-stay clients retaining their exit from Haven for Hope and remaining out of the entire homeless response system in the community. This rate is calculated as 1 minus the rate of return to homelessness, for the given period.

The data on multiple-stay clients contains a variety of outcomes and additional insights. The average number of stays at Haven, for this population across 15 years (2010 – 2024) is 3.5 stays. Another way to explore this data is to evaluate the length of time between each subsequent stay at Haven or any other measure of unsheltered or sheltered homelessness in the community.

For multiple-stay clients across the 15 years (2010 – 2024), the average time after leaving Haven until returning to sheltered or unsheltered homelessness in the community (including Haven) is 1.9 years.

In social services and data on people, though, rarely any people in a data looks exactly like the average. Therefore, it is helpful to break down the data. Here we consider quartile ranges, based on the amount of time between homelessness enrollments in the community (including Haven) for these multiple-stay clients.

- **The first quartile range of multiple-stay clients, the 25% of clients with the shortest gaps between returns, returned to homelessness in under 84 days. 84 days is the cutoff point for the lowest quarter, called the first quartile in analysis**
- **The second quartile range of multiple-stay clients averaged a returned to homelessness in between 84 days and 299 days. 299 days is the second quartile, which is the median number of days gap between each stay**
- **The third quartile range of multiple-stay clients averaged a return to homelessness between 299 days and 2.4 years, with 859 days as the third quartile cutoff mark**
- **The fourth quartile range of multiple-stay clients had gaps between returns to homelessness between 2.4 years and 14 years**

22 Tsai, J., & Byrne, T. (2023). Returns to homelessness: Key considerations for using this metric to improve system performance. American Journal of Public Health, 113(5), 490-494. <https://doi.org/10.2105/AJPH.2023.307263>

Some multi-stay clients returned to Haven or other providers more frequently and with very brief periods between episodes, while others had long gaps before returning to any provider in the community. This is a clear example of what is called a power-law distribution in statistics, where most of the observed values are not in the middle, but at extremes. This is explained by Gladwell (2006) in *Million Dollar Murray*, where he describes how the smallest portion of people experiencing homelessness are the most frequent, and most costly, utilizers of homeless services, first responders, and hospitals.²³

In a longitudinal New York City cohort study, research by Caton et al (2005) found that long-term homelessness was most strongly associated with substance use disorders, low social support networks, early onset of homelessness, and prior durations of homelessness.²⁴ They conclude that chronic homelessness arises from the interaction of behavioral health, social isolation, and structural disadvantage, arguing that interventions must combine addiction treatment, mental health support, and housing assistance, in concert, and not in isolation. These findings highlight the value of Haven for Hope’s comprehensive and integrated service delivery model which present a recovery-oriented system of care, delivered through a trauma-informed lens to clients who may need higher levels of care across different times in their life.

In addition to measuring returns to homelessness, as presented here, the opportunity exists to evaluate longer term client wellbeing by integrating linked administrative records from local databases including state hospitals, justice systems, and publicly reimbursed behavioral health and substance use disorder treatment programs, like work by Culhane et. al (1996), to evaluate longer term outcomes for the people who did and did not return to homelessness in San Antonio and Bexar County.²⁵

23 Gladwell, M. (2006, February 6). *Million-Dollar Murray*: Why problems like homelessness may be easier to solve than to manage. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2006/02/13/million-dollar-murray>

24 Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, 95(10), 1753-1759. <https://doi.org/10.2105/AJPH.2005.063321>

25 Culhane, D. P., Averyt, J. M., & Hadley, T. R. (1996). The treated prevalence of behavioral health disorders among adults admitted to public shelters in Philadelphia, and the rate of shelter admission among users of behavioral health services. University of Pennsylvania, Center for Mental Health Policy and Services Research.



Part II

Haven for Hope & Community Systems

Section 4

Redesigning Community
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Section 5

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Section four



Redesigning
Community Social
Systems

Redesigning Community Social Systems²⁶

Between 2000-2025, many sectors in San Antonio came together to create a different way to support people experiencing homelessness, mental illness, and substance use transition from living in public spaces to life in community. Much progress has been made, despite the work that remains. The system-wide approach shifted how social service organizations, government agencies, philanthropy, and the private sector addressed these needs together. This section provides the framework that began in 2000 and continues to evolve.

Traditional Community Model

Outlines the existing options to address homelessness, mental illness, and substance use disorders through existing crisis response systems

San Antonio’s Integrated Community System

Details the interventions implemented across crisis response systems to shift how the community coordinates care for people experiencing homelessness, mental illness, and substance use disorders

Elements of San Antonio’s Community System

Describes the layers of the system response and how they intersect on the Haven for Hope campus



26 Dillard Gonzalez, K. (2025). Synchronizing Social Systems: Redesigning Community Systems to Serve People. Ladder Logik. <https://ladderlogik.com/featured-projects>

Traditional Community Model

Many communities across the country address homelessness, mental illness, and substance use through crisis response systems comprised of:

- Law Enforcement
- Fire Department and EMS
- County Jail and Courts
- Hospitals
- Mental Health and Substance Use Crisis Providers
- Homeless Services

This results in people cycling through emergency rooms, county jail, and/or psychiatric units. If available, there may be an emergency shelter with limited space and often will not accept people that are intoxicated or under actively the influence of a substance. The next pages provide the typical options available in traditional community models and a flow chart that outlines this model.

The absence of a single location to support people through their recovery process means that interventions are provided across the community and with limited long-term impact.

Traditional Law Enforcement Response

1. Warning/Release
2. Citations, which require court appearances, often result in an arrest warrant/incarceration if someone cannot pay or show up to court
3. Arrest
 - An arrest can lead to jail, resulting in a criminal record
 - Depending on the offense, a criminal record will affect access for the following:
 - Employment
 - Income access
 - Retirement income
 - Health care/insurance access
 - Housing options
 - Voting
 - Public benefits access

Traditional Justice System Response

1. Jail
 - Remain in jail until release (a personal recognizance (PR) bond is typically not granted to someone without a permanent residence or address upon release)
2. Traditional Court; Sentencing
 - Bond release, with address and access to pay bond
 - Case assigned to court/judge based on offense

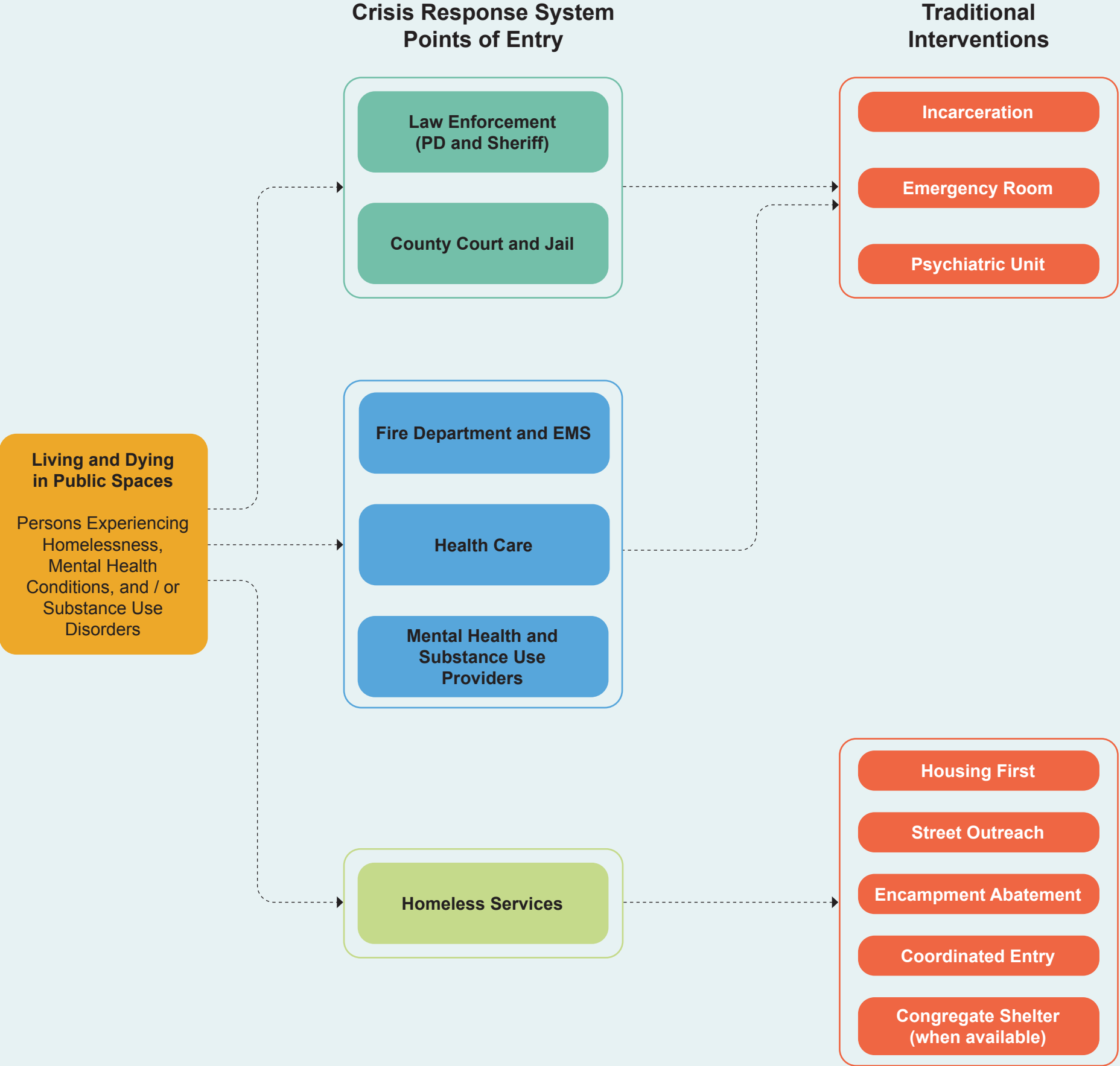
Traditional Health Care Response (Emergency Care and Behavioral Health)

1. Emergency Room
 - Stabilize & release
2. Emergency Detention (w/ police officer or mental health professional)
 - 72 hour hold-max
3. Psychiatric floor in the hospital
 - Short-term stay
4. Transfer to psychiatric specialty hospital
 - Short-term/mid-term stay
5. State Psychiatric Hospital
 - Primarily forensic cases, depending on bed capacity

Traditional Homeless Services Response

1. Seasonal Shelter Only
 - Based on local weather pattern
2. Evening stay only
 - Open for dinner
 - Closed during daytime
 - Sobriety requirements
 - Other eligibility requirements that limit access

Traditional Community Model





Rob

For a person-level picture of how one part of the Integrated Community System works, meet Rob. Rob came to Haven after complications from an undiagnosed medical condition that led him to lose his construction job. Late one night, Rob goes pale and slumps off his bed, shaking and drenched in sweat, sending the Haven Residential Life staffer on-duty running for the overnight paramedic. This paramedic is an employee of the San Antonio Fire Department's Mobile Integrated Health Unit and part of the Acute Care Station (ACS) team on the Haven campus.

- The paramedic arrived in less than 3 minutes and got to work, quickly discovering that Rob's blood sugar was dangerously low- not a heart attack, but severe hypoglycemia. After a quick dose of glucose gel and half a sandwich, Rob's color returned, and the fear passed.
- If Rob had been experiencing a heart attack or other urgent issue, the paramedic would have already been on the scene and called for immediate EMS transport.
- The next day, the Haven ACS navigator followed up with

Rob to help him set up CentroMed as his primary care provider to begin working with Rob on securing medical benefits.

By having a paramedic from the San Antonio Fire Department's Mobile Integrated Health Unit stationed overnight on the Haven campus at the Acute Care Station:

1. Rob received the appropriate level of care in the least restrictive setting possible
2. The community has reduced the volume of 9-1-1 calls from the Haven campus
3. There are less transports to local hospital's emergency department leading to higher availability of EMS teams for community needs
4. Emergency departments can focus on acute care needs and reduce their cost

The South Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services to manage the trauma and emergency system across a 22-county region that includes San Antonio. Since San Antonio is the only community that has a Trauma I hospital in the area, managing the capacity of local hospitals and emergency response teams is critical to ensuring public safety. The partnership with STRAC's Southwest Texas Crisis Collaborative helps to ensure community residents have access to comprehensive treatment across the healthcare system through programs like ACS at Haven.

San Antonio’s Integrated Community System

San Antonio created alternatives to the traditional interventions across the crisis response systems that provided additional options beyond emergency rooms, county jail, and/or psychiatric units. While the traditional options are still available, these programs expanded the system’s capacity to support people in alternative settings more suitable to recovery and integration into the community.

Many of these options intersect on the Haven for Hope campus, not only because of the number of people served but because Haven provides a single address for the system response to coordinate alternative interventions at scale. Each of these programs are described in the subsequent pages of this section. Before exploring these programs, key milestones provide further detail on how the system evolved.

San Antonio’s Integrated Community System Development Milestones²⁷

The milestones span two decades across many organizations and community institutions. Their progress was not linear and there was no comprehensive plan that everyone adopted and followed. While individual organizations certainly had their own strategic plans and goals, there was no cross-sector plan that was developed to arrive at this community system. It happened disparately, one step at a time.

It started in 2005, when the San Antonio community came together to support the 35,000 evacuees from Hurricanes Katrina and Rita. The operation of several evacuation sites across the city led the mayor to engage business leaders to find a way to help people that were living on the street. These conversations led to the creation of the Haven for Hope campus that opened in 2010. “Haven for Hope was designed as a small town to improve individual and community outcomes through a systems approach, creating the platform for an innovative policy design to address homelessness...the place served as a site that fostered collaboration, connection, and healing for the larger community in San Antonio, Texas.”²⁸

The number of people served on campus became the catalyst that shifted the capacity for innovation at scale. Dozens of leaders were willing to think about different ways to serve people. This spurred a network of interventions across systems that continue to be refined.

²⁷ Dillard Gonzalez, K.R. (2022) Systemic Strategies to Address Homelessness: A Situation Analysis of the Response in San Antonio, Texas. Dissertation. The New School. Available at: <https://www.proquest.com/docview/2715399598/abstract/5A719CF21CA94B20PQ/1>.
²⁸ Ramirez, J.S., Dillard Gonzalez, K., Hudson, T., Blanco, W. (2024). Root Shock’s Missing Appendix: Using Situation Analysis for Critical Policy Studies and Beyond. Built Environment, 50(2). 304-315.

2000 - 2003

Focus on Mental Health & Jail Diversion

- 2000: Bexar County jail overpopulated and seeking alternative space
- 2001: CHCS creates jail diversion program with Bexar County
- 2003: Bexar County and CHCS create Community Medical Director’s Roundtable

2005

San Antonio Welcomes Hurricane Katrina & Rita Evacuees

- June 7, 2005: San Antonio Mayoral Election
- August 23-31, 2005: Hurricane Katrina makes landfall in New Orleans, Louisiana
- August/September 2005: Mayor Hardberger interview on CNN welcoming evacuees
- September 18-26, 2005: Hurricane Rita makes landfall on the Texas/Louisiana border
- September 24, 2005: President Bush visits San Antonio to tour San Antonio evacuation sites

2006 - 2008

Finding Alternatives for People Dying on the Streets

- December 2005: Local news anchor Steve Spriester airs a 1-hour broadcast special on the state of homelessness in San Antonio
- January 2006: Mayor Hardberger’s first State of the City address to the local chamber of commerce, which emphasized the challenge of homelessness
- January 2006: Mayor Hardberger and Mr. Greehey meet to discuss how to address homelessness
- Spring 2006: Mayor Hardberger creates committee to identify potential mitigation efforts
- Late 2006/Early 2007: Dr. Robert G. Marbut Jr. is hired by Bill Greehey as a consultant to visit facilities across the country
- 2008: Construction of the Haven for Hope campus begins
- 2008: Restoration Center (Mental Health Crisis and Detox Center, operated by CHCS) construction begins on the Haven for Hope campus
- 2009: Restoration Center opens

2010 - 2016

Expanding Institutional Coordination Capacity

- July 2010: Haven for Hope campus opens
- 2015: Close to Home designated as local Continuum of Care
- 2016: STRAC convenes the Southwest Texas Crisis Collaborative to coordinate the emergency response and hospital emergency department response
- 2016: National Nonprofit Local Initiatives Support Corporation (LISC) opens the San Antonio office to focus on community development initiatives

2011 - 2021

Community System Reports and Data Alignment

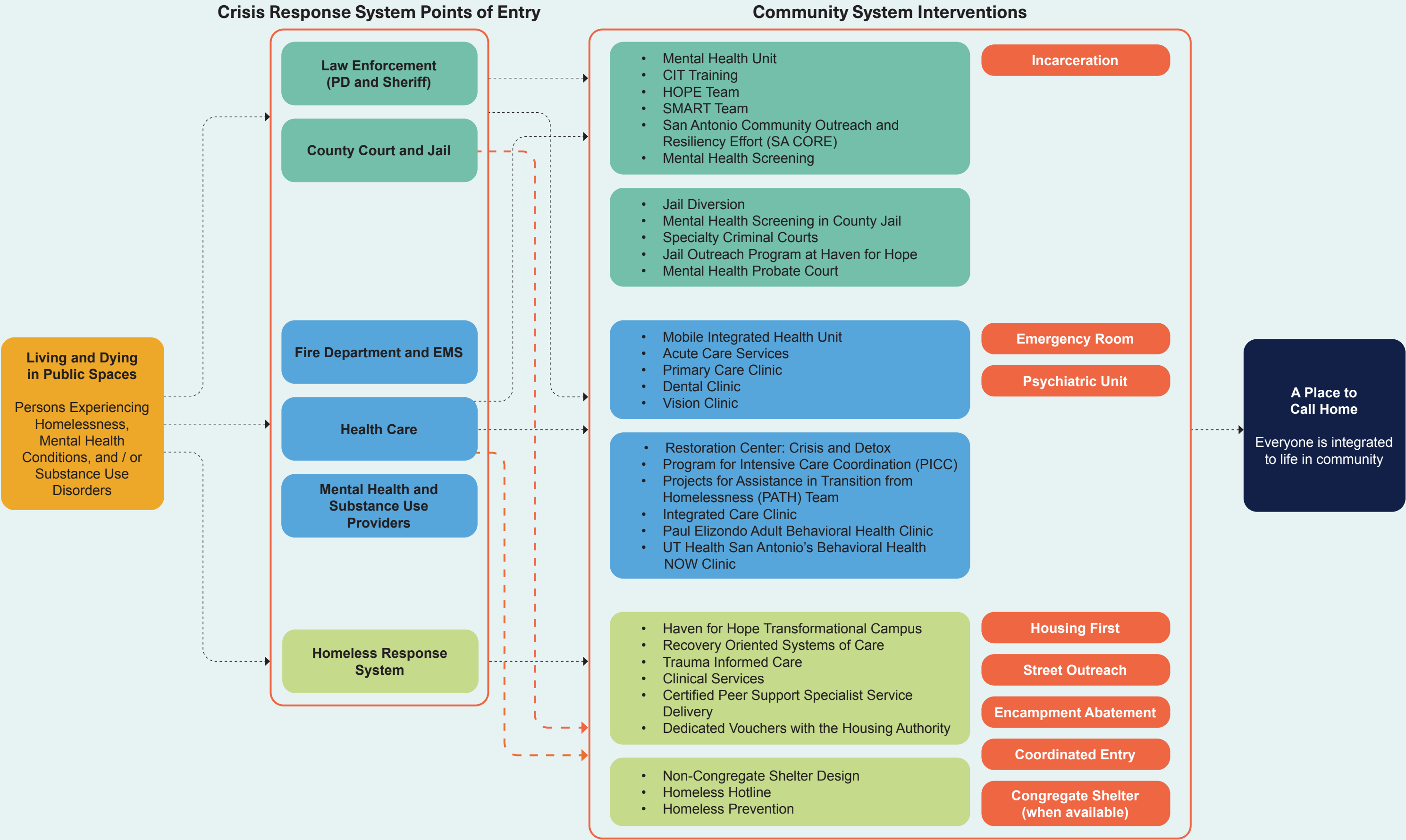
- 2011: Haven for Hope becomes HMIS Lead for the Continuum of Care housed at the City of San Antonio
- 2013: Haven for Hope implements trauma-informed care
- 2014: Haven for Hope establishes the State of Texas’ Health and Human Services Commission’s Healthy Community Collaborative Initiative
- 2016: Trinity University studies healthcare needs on the Haven for Hope campus and provides system gaps
- 2016: Meadows Mental Health Policy Institute publishes Bexar County Mental Health System Assessment and provides system gaps across providers
- 2016: Capital Healthcare Planning publishes the Bexar County High Utilizer/ Homeless Healthcare Analysis and identifies the cost of uncompensated care at local emergency departments
- 2018: San Antonio Housing Policy Framework: The Cornerstone of Economic Development Report published
- 2020: San Antonio Homeless Strategic Plan published
- 2021: Strategic Housing Implementation Plan (SHIP) published

2001 - 2020

Community System Interventions

- 2001-2014: Bexar County implements therapeutic courts
- 2002: Mental Health Probate Court created
- 2006: San Antonio Police Department (SAPD) implements 40-hour Crisis Intervention Team (CIT) training
- 2008: SAPD creates Mental Health Unit
- 2014: Haven for Hope partners with Bexar County to create Jail Outreach Program
- 2014: San Antonio Fire Department (SAFD) creates the Mobile Integrated Health (MIH) Team
- 2016: SAPD creates Homeless Outreach Positive Encounters (HOPE) Team to support ID recovery
- 2016: SAPD and SAFD-MIH create Integrated Mobile Partners Action Care Team (IMPACT)
- 2018: SAFD-MIH creates Acute Care Station at Haven
- 2019: STRAC creates Program for Intensive Care Coordination (PICC) Team
- 2019: STRAC creates Specialized Multidisciplinary Alternate Response Team (SMART)
- 2020: UT Health opens New Opportunities for Wellness (NOW) Clinic (mental health urgent care)

Integrated Community System



Law Enforcement Response

Traditional Response Options

- 1. Warning/Release
- 2. Citations, which require court appearances, often result in an arrest warrant/incarceration if someone cannot pay or show up to court
- 3. Arrest
 - An arrest can lead to jail, resulting in a criminal record
 - Depending on the offense, a criminal record will affect access for the following:
 - Employment
 - Income access
 - Retirement income
 - Health care/insurance access
 - Housing options
 - Voting
 - Public benefits access

Non-Traditional Response Options

- 1. Court mandated recovery program
 - Court supervised case management
- 2. Community campus for people experiencing homelessness
 - Create an option for judges not willing to release someone on a personal recognizance (PR) bond due to no address/residence upon release
- 3. Community-based residential recovery program
 - Community campus
 - Crisis and detox facility
- 4. Community-based residential program for people with severe mental illness
 - Community campus
 - Permanent supportive housing (site based or scattered site)
- 5. Multi-disciplinary response teams to respond to mental health calls, substance use related calls, persons experiencing homelessness, and high utilizers of hospital emergency rooms
 - Law enforcement officer
 - Paramedic
 - Mental health clinicians

San Antonio's Community System Interventions

Law Enforcement	
Mental Health Unit	Dedicated team within the police department to response to mental health crisis calls routed from dispatch.
CIT Training	Crisis Intervention Team (CIT) training to expand skills and strategies to support people in a mental health crisis.
HOPE Team	Dedicated team within the police department to support street outreach efforts for people experiencing homelessness, including ID recovery.
SMART Team	Dedicated interdisciplinary team with sheriff deputies, a paramedic, and mental health professionals responding to mental health crisis calls.
San Antonio Community Outreach and Resiliency Effort (SA CORE)	Dedicated interdisciplinary team with police officers, a paramedic, and mental health professionals responding to mental health crisis calls.
Mental Health Screening	A 4-question resource for law enforcement officials to determine if people are actively in a mental health crisis or have an existing mental health diagnosis, to ensure they receive specialized assessments at the county jail.

Justice System Response

Traditional Response Options

- 1. Jail
 - Remain in jail until release (a PR bond is typically not done for someone without a permanent residence or address upon release)
- 2. Traditional Court; Sentencing
 - Bond release, with address and access to pay bond
 - Case assigned to court/ judge based on offense

Non-Traditional Response Options

- 1. Create Therapeutic Justice Model/ Integrate in Court System by Creating Specialty Courts
 - Adult Drug Court
 - DWI Court
 - Mental Health Court
 - Veterans Treatment Court
 - Domestic Violence Court
 - Prostitution Court
 - Felony Drug Court
 - Felony Veterans Treatment Court
 - Family Drug Court
 - Early Childhood Court
 - Felony Mental Health Pre-Trial Diversion
 - Juvenile Pre-Adjudication Drug Court
- 2. Jail Diversion
 - Mental Health/ Substance Use Disorder In-Patient Treatment/ Recovery Program
 - Homeless: Transition to Community-Based Programming
- 3. Mental health treatment and medication administered in jail

San Antonio's Community System Interventions

County Court and Jail	
Jail Diversion	An alternative option to county jail for people to receive mental health and/or substance use treatment or be released on a personal recognizance (PR) bond to the Haven for Hope campus.
Mental Health Screening in County Jail	A 4-question resource for law enforcement officials to determine if people are actively in a mental health crisis or have an existing mental health diagnosis, to ensure they receive specialized assessments at the county jail.
Specialty Criminal Courts	A therapeutic justice model that created courts that specialize in particular cases to support people. These include: Treatment Recovery Accountability Court (Adult Drug Court and DWI Court), Mental Health Court, Veterans Treatment Court, Reflejo Court (Domestic Violence), Esperanza Court (Prostitution Prevention), Felony Drug Court, Felony Veterans Treatment Court, Family Drug Court, Early Childhood Court, Felony Mental Health Pretrial Diversion, Juvenile Pre-Adjudication Drug Court, and Juvenile Post-Adjudication Drug Court.
Jail Outreach Program at Haven for Hope	A dedicated team of people with shared lived experience on the Haven for Hope campus, in partnership with the county's pre-trial department and the jail, identify people that could be released on a PR bond if they had an address. The team works with the judge to authorize the Haven for Hope campus to be the address of record.
Mental Health Probate Court	A dedicated court for civil mental health commitments.

Health Care Response (Emergency Care and Behavioral Health)

Traditional Response Options

1. Emergency room
 - Stabilize & release
2. Emergency detention (w/ police officer or mental health professional)
 - 72 hour hold-max
3. Psychiatric floor in the hospital
 - Short-term stay
4. Transfer to psychiatric specialty hospital
 - Short-term/mid-term stay
5. State psychiatric hospital
 - Primarily forensic cases, depending on bed capacity

Non-Traditional Response Options

1. Urgent care on community campus
 - Partnership w/ EMS
2. Partner w/ FQHC on community campus
3. Create hospital-based insurance coverage
 - Carelink
4. Mental health urgent care
5. Community campus
 - Clinical team
 - Living room model to mitigate mental health crisis (non-emergency)
 - Long-term stay capacity
 - Dental & vision providers
 - Access to medication
 - Partner with mental health provider: PATH, ACT/FACT, intensive out-patient program, crisis; detox, residential recovery programs
 - Sober living residential program

San Antonio's Health Care Community System Interventions

Health Care	
Mobile Integrated Health Unit	A dedicated team within the Fire Department that responds to mental health crisis calls and people with high acuity needs to reduce need for ER transport.
Acute Care Services	A rotation of Fire Department EMS personnel on the Haven for Hope campus to address medical needs in the evening hours.
Primary Care Clinic	The healthcare provider with the Federally Qualified Health Center (FQHC) designation operates a clinic at Haven for Hope for people living on the campus and people in the surrounding neighborhood.
Dental Clinic	A dental provider operates a clinic at Haven for Hope to ensure access to dental cleanings, extraction, and implants based on the patient needs.
Vision Clinic	A vision provider operates a clinic at Haven for Hope to ensure access to eye screenings, eyewear, and referrals for specialty care, as needed.

Mental Health and Substance Use Interventions	
Restoration Center: Crisis and Detox	A facility operated by the Local Mental Health Authority (LMHA) on the Haven for Hope campus to provide crisis and detox services for people. Provides an alternative to hospitals and the county jail for law enforcement at point of engagement.
Program for Intensive Care Coordination (PICC)	The PICC teams include SAPD, SAFD, and the LMHA to reduce emergency detentions (ED) for people with high acuity needs and exceed the threshold for ED's.
Projects for Assistance in Transition from Homelessness (PATH) Team	A federally funded team operating through the LMHA to support people experiencing homelessness and severe mental illness. The PATH team operates on the Haven for Hope campus.
Integrated Care Clinic	A mental health clinic on the Haven for Hope Courtyard to support people with mental health needs.
Paul Elizondo Adult Behavioral Health Clinic	A stand-alone clinic 0.7 miles from the Haven for Hope campus operated by the LMHA to provide continuity of mental health services to people in the community.
UT Health San Antonio's Behavioral Health NOW Clinic	A mental health urgent care clinic operated by UT Health's Behavioral Health department to support people in a mental health crisis.

Homeless Response System

Traditional Response Options

- 1. Seasonal Shelter Only
 - Based on local weather pattern
- 2. Evening stay only
 - Open for dinner
 - Closed during daytime
 - Other eligibility requirements that limit access
 - Sobriety requirements

Non-Traditional Response Options

- 1. Community Campus
 - Access to a place in the daytime hours
 - Social services from an array of providers
 - Medical care
 - Residential capacity for longer-term stay
 - Creates access point to redesign sector options
 - Law enforcement
 - Courts
 - Jail
 - Hospitals
 - Mental health/ substance use
- 2. Daytime only centers
 - Closed at night
 - Provide access point to shelters and/or community campus

San Antonio's Community System Interventions

Homeless Response System Interventions	
Haven for Hope Transformational Campus	A community campus with co-located services from 60+ partners to serve people experiencing homelessness.
Recovery-Oriented Systems of Care	A framework for designing service delivery to provide person-centered, strengths-based support for people to engage in recovery practices.
Trauma-Informed Care	A system of engagement within organizations and integrated in service delivery practices to acknowledge the impact of trauma in clients, staff, and leadership. This approach seeks to support people navigate the long-term consequences of traumatic experiences and chart a path forward.
Clinical Services	The integration of professional staff with clinical certifications, including counseling and social work clinical practitioners, to support people navigate their recovery path and person-centered plan.
Certified Peer Support Specialist Service Delivery	The integration of people with shared lived experience with homelessness, substance use disorders, and/or mental illness into the workforce across the service delivery systems, management, and executive leadership. This ensures that the perspectives of people with lived experience are included in policies and procedures, organizational culture, and supporting clients through their recovery journey.
Dedicated Vouchers with the Housing Authority	An established partnership with the local Housing Authority to designate vouchers to support people transitioning from homelessness to stable housing in the community.
Non-Congregate Shelter Design	Integrating elements of Trauma-Informed Design (TID) to the built environment to limit re-traumatization of people seeking access to services.
Homeless Hotline	Access to a community network of service providers to support people at eminent risk of homelessness, support prevention efforts, and help people navigate local services.
Homeless Prevention	Dedicated funding operated through various local programs to support people with short-term rental and utility assistance.

Elements of San Antonio’s Community System Model

There are 5 layers that sustain the complex services and relationships across San Antonio’s Community System model. Each one is a critical component that is needed to shift the response from individual interventions to community-wide interventions to better serve people and improve the system response.

Layer 1: Community Campus

The Haven for Hope community campus provides the location for this work to come together and intersect.

Layer 2: People Services

This is a constellation of services for people to access on the campus through a Recovery-Oriented System of Care (Layer 1).

Layer 3 Partners (On-Campus and Referral)

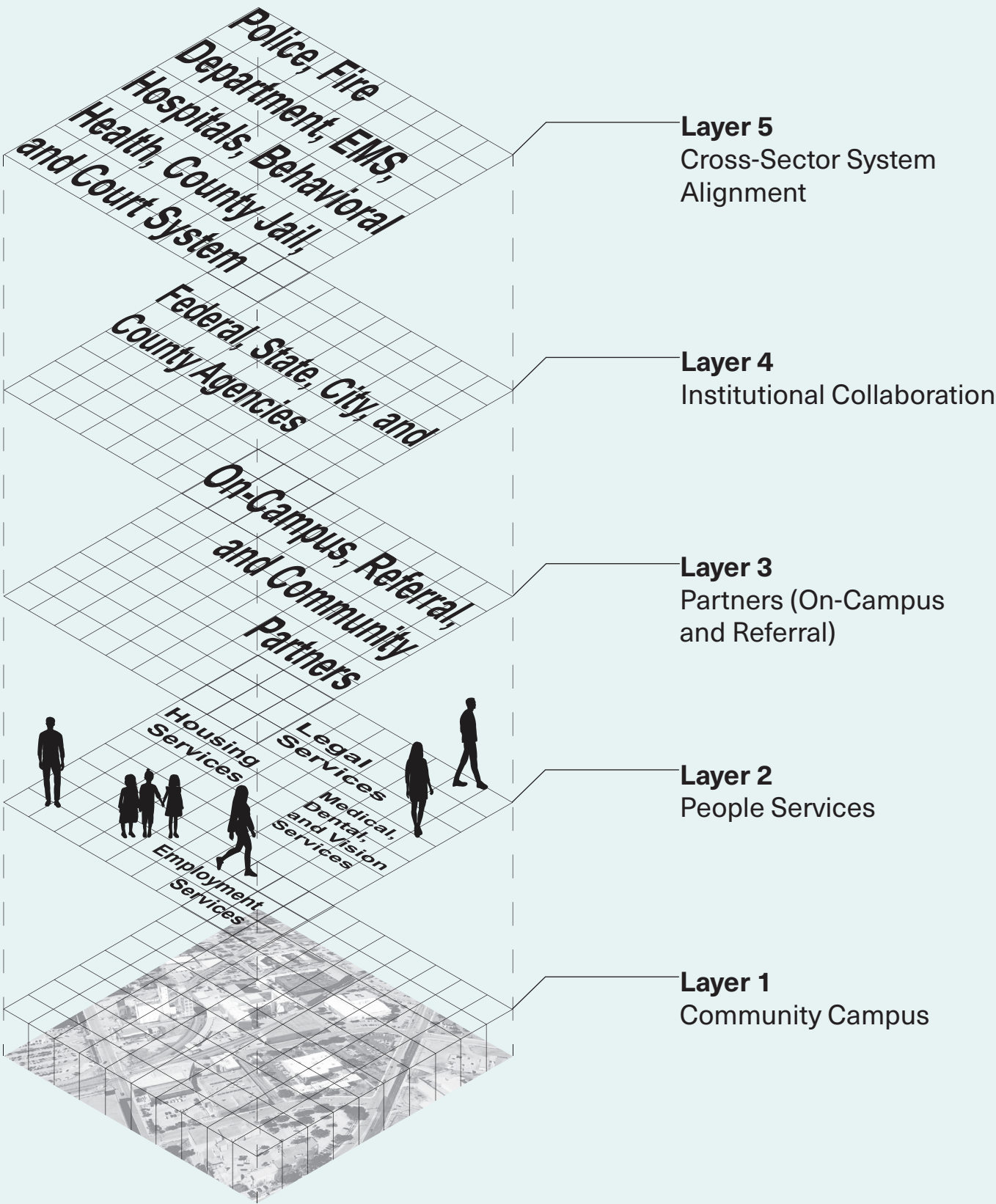
This represents the community service providers that collaborate with Haven for Hope staff to deliver People Services (Layer 2).

Layer 4: Institutional Collaboration

These are the federal, state, city and county agencies that intersect with homelessness to develop and redesign existing policies and practices to more efficiently serve people.

Layer 5: Cross-Sector Systems Alignment

This layer incorporates the multi-level planning needed at the local level with the police department, fire department, hospitals, behavioral health, county jail, and court systems to change how a community responds to homelessness.



Layer 1: Community Campus



The most visible part of San Antonio’s community system is the Haven for Hope Campus, which is identified as Layer 1: Community Campus. While San Antonio’s work began in 2000, the creation of the campus in 2010 accelerated local innovation, co-location of social services, and institutional collaboration that led to cross-sector system alignment. This was possible because there was a single location, available at scale for a design capacity of 1,450 people, that provided alternatives for a variety of local systems.

While the physical manifestation of the system is the Haven for Hope Campus, it only represents the first layer of how the system operates. This aerial map of Haven for Hope provides an overview of the campus along with a selection of partner agencies that deliver services on-site. It also identifies several community landmarks in the area.








A. Campus	B. Community Areas	D. Residential
A1 Campus Dining	B1 Butterfly Garden	D1 Adult Residential
A2 Campus Store	B2 Central Square	D2 Multi-Family Housing
A3 Courtyard	B3 Chapel	D3 Women's & Family Residential
A4 Courtyard Dining	B4 Gathering Spaces	
A5 Courtyard Resource Center	B5 Haven's Main Street	E. Social Services
A6 Donation Center	B6 1 Haven for Hope Way	E1 Childcare Center
A7 Intake		E2 Family Activity Center
A8 Mail Room	C. Healthcare	E3 Gym
A9 Parking	C1 Behavioral Health Clinic	E4 Hair Care Center
A10 Security	C2 Medical Clinic	E5 Kennel
A11 Visitor Center	C3 The Restoration Center (Crisis/Detox)	E6 Social Services Building
A12 Warehouse	C4 Vision & Dental Clinic	E7 Veteran Services

This view of the Haven Campus details the elements in San Antonio’s model for delivering co-located community services.

Layer 2: People Services²⁹

Once the Community Campus (Layer 1) opened in 2010, the initial efforts focused on the development of People Services (Layer 2) and the integration of Partners (On-Campus and Referral) (Layer 3). This work engaged dozens of organizations and hundreds of staff to ensure people seeking a place to stay had a place that was equipped to meet their needs. It required coordinating the external community systems listed below.

<div><div>Social Services</div><div></div><div><ul style="list-style-type: none">• Start the process to recover identification documents and access public benefits• Develop a person-centered plan to meet client goals• Access counseling, education, job opportunities, and housing options at the client’s pace• Transportation support• Street outreach and engagement for unsheltered</div></div>	<div><div>Public Safety</div><div></div><div><ul style="list-style-type: none">• Location to access detox and sobering facilities• Crisis Intervention Training (CIT) for all law enforcement officers• Dedicated Mental Health Unit• All officers are trained to conduct mental health screenings (4 questions)• Location to provide urgent care medical services• Coordination with EMS</div></div>
<div><div>Shelter</div><div></div><div><ul style="list-style-type: none">• Location to have a temporary address, a place to go and belong• Access to a place to reside, eat (3x/day), shower, laundry services, store belongings, keep pet(s), see familiar faces, experience consistency in daily rhythms• Protection from the outdoor elements</div></div>	<div><div>Education</div><div></div><div><ul style="list-style-type: none">• Coordination with childcare providers for ages 0-4 and after school programs• Coordination with school districts for bus pick up and drop off• Children’s enrichment programs• Access to job training and continuing education for adults• Partnership with universities for student practicums and internships on-site</div></div>

<div><div>Criminal Justice</div><div></div><div><ul style="list-style-type: none">• On-site access to mental health & substance use treatment (Co-Occurring or Substance Use Disorder only)• On-site access to 12-month sober living program• Access to programming for those in jail without an address to be released on a Personal Recognizance (PR) bond and receive services• Programming with specialty courts</div></div>	<div><div>Housing</div><div></div><div><ul style="list-style-type: none">• Coordination with housing providers to align client goals with community options• Landlord engagement to create housing opportunities for clients• Support client transition into housing with community-based case management and move-out supplies</div></div>
<div><div>Health Care</div><div></div><div><ul style="list-style-type: none">• Access to clinic services for primary care, behavioral health, dental, and vision treatment• Access to behavioral health, urgent care services• Coordination for specialty health care providers• Access to facility for hospital discharge for those without an address</div></div>	<div><div>Spirituality</div><div></div><div><ul style="list-style-type: none">• Diverse faith-based services that are person-centered• Provide volunteer-based relationships through Soul Friends• Drive clients to church services• Connection with people as they transition from shelter to community• Create opportunities for faith communities to support people through recovery</div></div>

29 Tsai, J., Dillard Gonzalez, K., Orsinger, R., and Jefferies, K. “Haven for Hope: A Transformational Campus Model to Address Homelessness.” Community Mental Health Journal. October 2024. <https://doi.org/10.1007/s10597-024-01419-8>

Layer 3: Partners (On-Campus and Referral)³⁰

In order for this system to work across organizations operating on the campus, the following processes were implemented to streamline the operations and create consistency.

<div><div>Partners</div><div></div><div><ul style="list-style-type: none">Partners retain 501(c)3, independent board, mission, vision, values and strategic plans, events, etc.Multi-level partner coordinationCEO partner meetingPartner management and staff meetingsOn-site co-location to support cross-agency and cross level communicationJoint access to trainingLow cost access to office space for small, single-service non-profits</div></div>	<div><div>Training</div><div></div><div><ul style="list-style-type: none">Implement, coordinate, and train staff (Agency and Partners)Person-centered planningTrauma-informed careRecovery oriented systems of careMotivational interviewingHiring leadership and staff with shared lived experienceReflective Supervision</div></div>	<div><div>Community</div><div></div><div><ul style="list-style-type: none">Celebrate client achievements togetherEngage in cultural and seasonal activitiesHonor clients and staff that have passed through memorial servicesPartner events & fundraisersSelf-care activities for staffAccess to on-campus gymArts & culture activities on campusVolunteer projects with local business volunteers</div></div>
<div><div>Safety</div><div></div><div><ul style="list-style-type: none">Staff-based security team trained in trauma-informed care and crisis de-escalationSecure perimeter to ensure clients are physically safePerson-level access control through individual badges to manage and secure different sections of the campus</div></div>	<div><div>Data Management</div><div></div><div><ul style="list-style-type: none">Common client tracking toolsSingle assessment to access servicesPicture and badge printing to access campusScanning documents for safe storageSingle client management systemTrack services in similar processesActively record case notes, client progress, and referralsBadge scanning for on-site services</div></div>	<div><div>Administration</div><div></div><div><ul style="list-style-type: none">Seamless access to services for clients to transition across partner services from entry to exitSupport fundraising efforts through joint applications, referrals for specialty funding opportunitiesFiscal support for clients to access transportation, housing, move-out kits, clinical servicesAccess to private, unrestricted funding to support program delivery and operational costSite maintenance and management of facilities</div></div>

30 Tsai, J., Dillard Gonzalez, K., Orsinger, R., and Jefferies, K. "Haven for Hope: A Transformational Campus Model to Address Homelessness." Community Mental Health Journal. October 2024. <https://doi.org/10.1007/s10597-024-01419-8>

Layer 4: Institutional Collaboration

This layer consists of engaging the federal, state, city and county agencies that intersect with homelessness to develop and redesign existing policies and practices to more efficiently serve people.

Haven for Hope engages with institutions in a variety of ways, either directly or indirectly through partners:

- Contracts for service delivery and program implementation
- Memorandums of Understanding to engage in formal collaboration
- Provide space on the campus for agency representatives to deliver services directly
- Create pilot programs to test innovative approaches
- Monitor policy priorities and determine shifts in the local response system

The chart provides a list of entities that represent the diversity of institutions that are needed to holistically address homelessness in communities. It is an example of the layers in the external system in San Antonio, Texas.



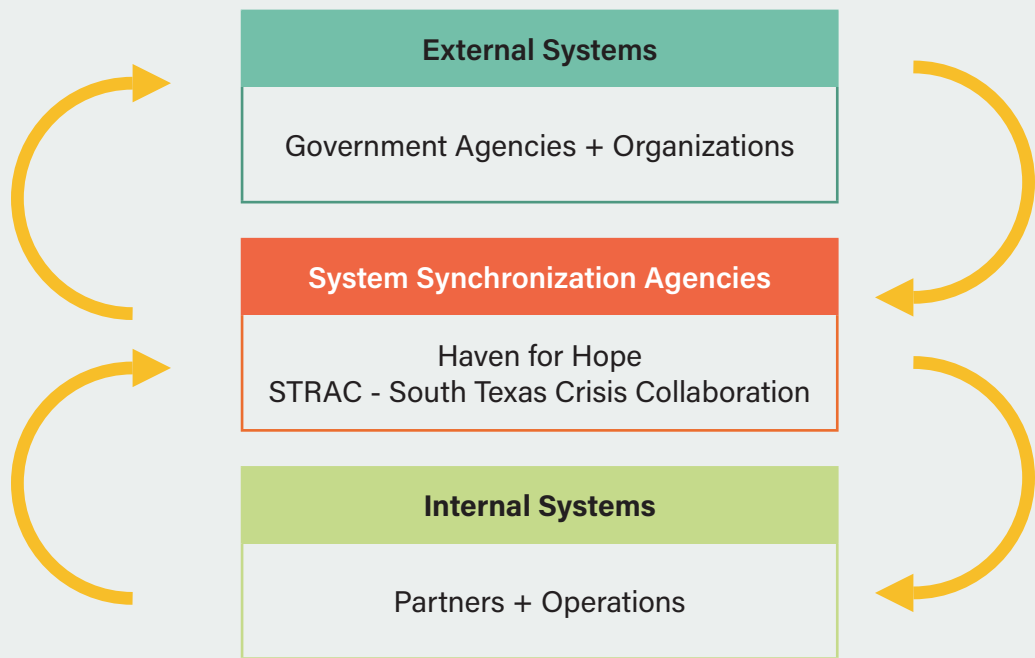
External Systems	
Federal Systems	<ul style="list-style-type: none">• Department of Housing and Urban Development• Department of Veterans Affairs• Department of Health and Human Services• Substance Abuse and Mental Health Services• Department of Labor• Department of Justice• United States Interagency Council on Homelessness
State Systems	<ul style="list-style-type: none">• Texas Department of Housing and Community Affairs• Texas Health and Human Services Commission• Texas Workforce Commission• Texas Education Agency• Texas Department of Criminal Justice• Texas Veterans Commission• Texas Department of Family and Protective Services
Local Crisis Response Systems	<ul style="list-style-type: none">• Law Enforcement• Emergency Medical Services• Hospital Emergency Department• County Jail
Local Quasi Government Agencies	<ul style="list-style-type: none">• Close to Home (Continuum of Care)• Southwest Texas Regional Advisory Council (Regional Advisory Council)• The Center for Health Care Services (Local Mental Health Authority)• CentroMed (Federally Qualified Health Center)• Opportunity Home (Public Housing Authority)
Social Service Systems	<ul style="list-style-type: none">• Health Care• Behavioral Health• Child Welfare• Housing• Homeless Response System• Workforce Development
Homeless Response System	<ul style="list-style-type: none">• Close to Home (Continuum of Care)• Alliance to House Everyone (CoC Member Agencies)• Haven for Hope (System Synchronization)• City of San Antonio• Bexar County• 47 other agencies in system

Layer 5: Cross-Sector System Alignment

While Layer 4 focuses on individual relationships with institutions, Layer 5 happens when multiple institutions and sectors engage to develop alternative solutions to address the intersection of homelessness, mental illness, and substance use disorders. This layer incorporates the multi-level planning needed at the local level with the police department, fire department, hospitals, behavioral health, county jail, and court systems to change how a community responds to homelessness.

System Synchronization occurs when an organization takes on the role to leverage solutions at scale. They engage the external and internal system entities to identify opportunities to co-locate and aggregate the impact of their collective efforts. This can shift the scale of the solutions to improve system-level outcomes and the living conditions for the members of the community that remain unhoused.

Haven for Hope serves this role on the campus through the partners and relationships across the community. STRAC, through the South Texas Crisis Collaborative, facilitates the alignment of health care and emergency management systems on the Haven campus and in the community. Some of these programs are delivered on the Haven for Hope Campus.



Haven for Hope serves three roles in the community to support the on-going work for the 5 layers of activities described in this section.

- 1. **Operational Role:** Provides the operational support for the day-to-day management of a 22-acre campus that serves a design capacity of 1,450 people.
- 2. **Service Provision Role:** Delivers client services on the campus directly through their organizational staff and engages partners providing client services (on campus and in the community).
- 3. **System Synchronization Role:** Engages in system-level coordination of entities across the community to serve people experiencing homelessness.

The image below illustrates the portion of those roles that are visible as well as the level of engagement requirement to maintain these complex partnerships.



Connecting the Housing System

Another critical component of an Integrated Community System is to connect the housing system. The goal for these systems is to ensure that people experiencing homelessness, mental illness, and substance use in public spaces have access to temporary shelter and recovery services to help them find a place to call home. Communities need to have access to a range of housing options that support people across their lifespan.

Living and Dying in Public Spaces

Persons Experiencing Homelessness, Mental Health Conditions, and / or Substance Use Disorders

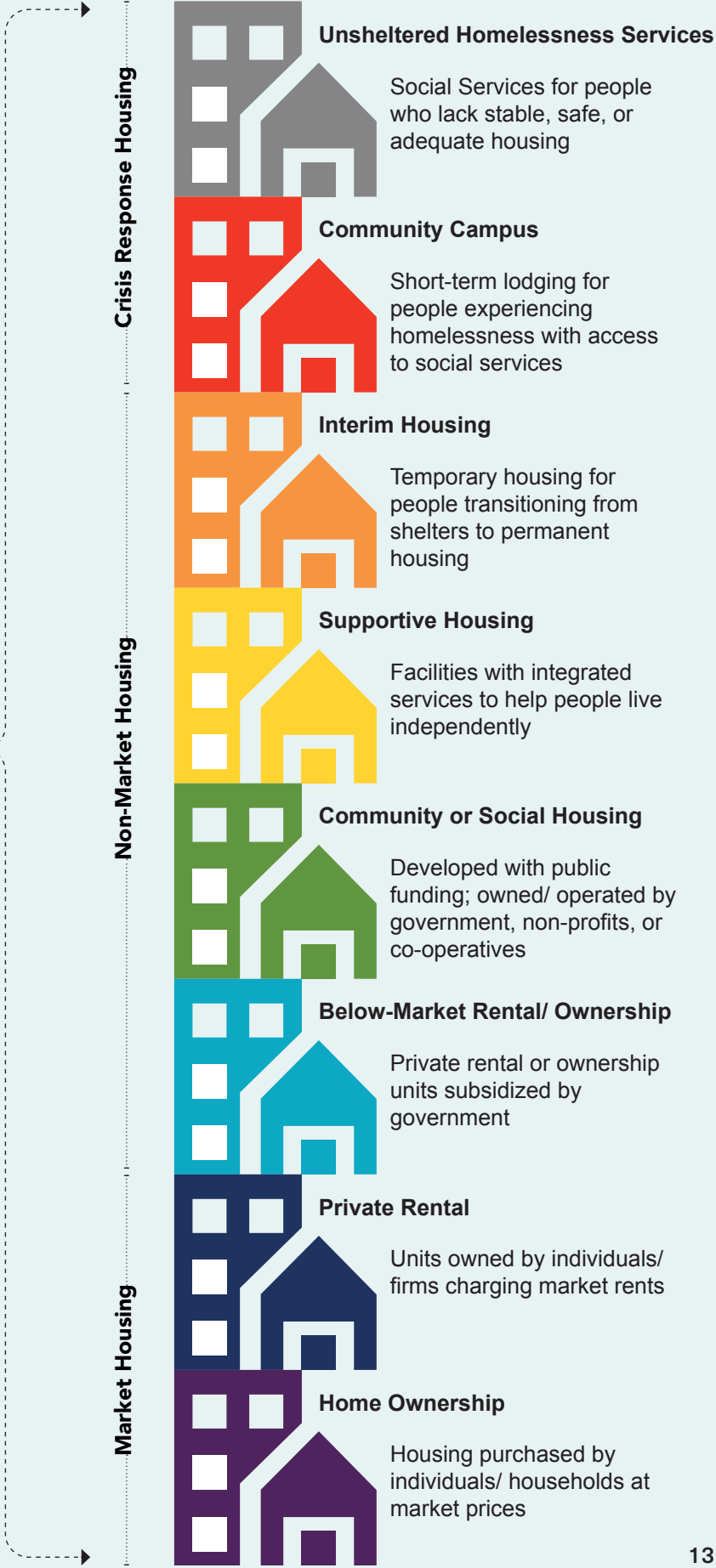
Community System Interventions



A Place to Call Home

Everyone is integrated to life in community

Housing Continuum³¹



System Design Summary

The San Antonio Community System Model was built over two decades with dozens of organizations and leaders that ventured to find a different way to meet the needs of people living and dying in public spaces. It started slowly through a pilot program for diversion for people in the jail with mental illness. Over time and often with more creativity than funding, people kept coming to the table.

This commitment to collaboration led to the development of the Haven for Hope campus. “Haven for Hope was designed as a small town to improve individual and community outcomes through a systems approach, creating the platform for an innovative policy design to address homelessness...the place served as a site that fostered collaboration, connection, and healing for the larger community in San Antonio, Texas.”³²

There are four design elements that provided the platform for Haven to become the place where the community systems described throughout this section intersected on the campus.

- 1. System Design:** The co-location of services at a single location provided the physical space for people to live temporarily as they transitioned to their next step. Integrating the number of partners on the campus simplified access for people and the service providers to resolve barriers through streamlined processes. This structure coupled with the volume of people created the opportunity to solve challenges at a larger scale that had system-wide impacts. Over time, this led to redesigning social systems to support people in non-traditional settings.
- 2. Program Design:** Sections 2 and 3 described the many pathways clients accessed while on the campus: 585 for single-stay clients and 1,205 for multiple-stay clients. This finding confirms the importance of having a multitude of services available at a single location, without limits on how long they can stay and how many times they can access help. Rather than prescribing specific paths with restrictions and limitations, working with people to develop a person-centered plan with trauma-informed care services that support recovery and help people transition to their next step in the community.

3. Funding Design: Prior to the establishment of the Healthy Community Collaborative (HCC) program in 2014, Haven had minimal resources to support people transitioning to housing in the community. Through the implementation of HCC and Haven’s history of public/private partnerships for fiscal sustainability outside of federal funding guidelines, they were able to build flexibility to the operational model that resulted in the outcomes described in the previous sections. This created an expanded opportunity to support clients through the most appropriate interventions for their situation. It led to specialized programming for client sub-populations to ensure they could access community programs available through the Continuum of Care and other federally funded programs. It also allowed Haven to allocate resources for those clients that were not eligible for support through these programs to receive services and transition to housing, as appropriate.

4. Data and Research Design: Appendix A provides the description of the dataset that was compiled for this report. It is the result of the commitment to collaboration and partnership with Close to Home, San Antonio’s Continuum of Care, as well as the 47 agencies and over 800 users that enter data into the system. This collaboration began in 2011 and has evolved over the last 14 years. The system data represents 99% of the available shelter beds in the community and therefore provides a comprehensive view of the homeless response system’s capacity.

While systems change can be a tedious undertaking filled with institutional obstacles at every turn, San Antonio’s community system demonstrates that it can happen. It will take time. It will require commitment and continuous engagement from leaders at every level across many organizations. The impact that results from this work, however, helps people transition to life in the community in a way that meets their needs. It is a reminder that recovery is possible.

32 Ramirez, J.S., Dillard Gonzalez, K., Hudson, T., Blanco, W. (2024). Root Shock’s Missing Appendix: Using Situation Analysis for Critical Policy Studies and Beyond. Built Environment, 50(2). 304-315.

Section **five**

Haven System
Fiscal Impact

Photo Courtesy of Marie Langmore

Haven System Fiscal Impact

The fiscal and economic impacts of homelessness cut across nearly every sector and aspect of modern society. As a result, no single entity owns the entire issue of homelessness on their own. As explained by Tsai et al. (2024), “One of the reasons why homelessness remains policy resistant is because communities are already spending their budgets on various initiatives that end up siloed or conflicting” and siloed approaches face system friction when attempting to produce durable, transformative results.³³ Solutions that produce results that are more than the sum of the parts involve systems thinking, as outlined in Section Four: Redesigning Community Social Systems.

Wallace and Wallace (2013) identified that “effective intervention against disorders of the human cognomen is predicated on creation of a broad, multilevel, ecological control program- in effect, a large, multiscale, multilevel, policy-driven ‘magic strategy’ that transcends magic bullet thinking.”³⁴ Over the last 15 years, multiscale, multi-level policy strategy implemented through system-level thinking was involved in developing and delivering the Haven system. In addition to the person-level outcomes, as explored in Sections 2 and 3, this system has produced measurable fiscal impacts, returns on investment, benefits to the entire community and across multiple sectors.

While replicating the Haven integrated campus system may present challenges, the commitment to cross-sector integration, alignment, and innovative allocation of resources is possible in any community. Redesigning community social systems is not only possible but can produce better outcomes for people while producing fiscal and economic impacts that make the endeavor worth the effort.

As the fiscal and economic impacts of this model are explored, it is important to highlight the human cost and person-level impact of homelessness. Simply, housing stability, including temporary housing and shelter, is a key determinant of health and wellbeing.

People experiencing unsheltered homelessness have nearly ten times the all-cause mortality rate of the housed population and sheltered homelessness is 2.7 times the all-cause mortality rate of the housed population.³⁵

The accelerated aging effects of homelessness, especially unsheltered homelessness, exacerbated by exposure and ongoing trauma, are also well studied.^{36,37} By providing emergency shelter, temporary housing, and wrap-around services to help people resolve their experience of homelessness, the Haven for Hope system contributes to lasting and durable effects, both on the people level and on the systems level for the entire community.

This section explains the fiscal and economic impacts of the Haven system by:

- Outlining the economies of scale and economies of scope
- Sharing Haven's cost per day and cost per stay for clients over time
- Comparing costs per day of alternatives to Haven
- Documenting cost avoidance reports
- Summarizing a recent economic study on the cost-benefit analysis of Haven for Hope

33 Tsai, J., Dillard Gonzalez, K., Orsinger, R., & Jefferies, K. (2025). Haven for Hope: A Transformational Campus Model to Address Homelessness. *Community Mental Health Journal*, 61(5), 827-833. <https://doi.org/10.1007/s10597-024-01419-8>

34 Wallace, R., & Wallace, D. (2013). Mathematical approach to multi-level, multiscale health interventions, a: pharmaceutical industry decline and policy response. World Scientific Publishing

35 Roncarati JS, Baggett TP, O’Connell JJ, Hwang SW, Cook EF, Krieger N, Sorensen G. Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009. *JAMA Intern Med*. 2018 Sep 1;178(9):1242-1248. doi: 10.1001/jamainternmed.2018.2924. PMID: 30073282; PMCID: PMC6142967.

36 Mantell R, Hwang YIJ, Radford K, Perkovic S, Cullen P, Withall A. Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Front Public Health*. 2023 Mar 16;11:1086215. doi: 10.3389/fpubh.2023.1086215. PMID: 37006541; PMCID: PMC10061143. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10061143/>

37 Richards J, Kuhn R. Unsheltered Homelessness and Health: A Literature Review. *AJPM Focus*. 2022 Oct 29;2(1):100043. doi: 10.1016/j.focus.2022.100043. PMID: 37789936; PMCID: PMC10546518. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10546518/>

Economies of Scale and Scope

Haven for Hope campus features a scale closer to a small town rather than traditional homeless interventions. The Haven for Hope campus includes:

- A design capacity to sleep 1,450 people with additional room for overflow
- Administrative space and common areas for 300 Haven employees
- Office space for 50 partner agencies with approximately 100 partner employees
- Two cafeterias
- Healthcare buildings
- A mail room
- Multiple service buildings
- Warehouse and donation station
- Playgrounds and recreational space

This integrated model spreads fixed costs (facilities, security, dining, IT infrastructure, utilities, and more) across a large client base, reducing the per-person cost of shelter and care. Haven's centralization yields efficiencies which would be more costly if dispersed across many smaller programs and locations. The scale enables bulk purchasing and shared services (food, laundry, maintenance), driving down unit costs.

In addition to scale, Haven for Hope's one-stop campus consolidates related services in one place, creating efficiencies of scope for both service providers and clients alike. On campus, clients can access a wide variety of services all tailored to help them address the causes of their homelessness.

From workforce readiness and job training to counseling, legal aid, and primary medical care, the entire campus is designed to address people's fundamental and urgent needs in one place.

By being able to access comprehensive, wraparound care in one place, clients are more likely to engage in services, rather than needing to travel across town to visit different providers. For example, instead of a shelter being one bus ride away from medical appointments and workforce development being on the other side of downtown, Haven centralizes services deliberately. This ensures dollars in various budgets (from Haven's to partner agency budgets) go further and people get the care they need in a coordinated and easy to access way.



Haven Costs Per Client Stay

Over time, Haven’s average budget per year (broken out by each phase of Haven’s development) increased as the Courtyard and Dormitory (now South Campus and North Campus) operations moved from partner budgets and onto Haven’s budget, new grant opportunities became available, and overall costs increased due to inflation. Between 2010 and 2024, there was also overall inflation in the United States of approximately 42%.³⁸ The table here shares the average operational budget (not adjusted for inflation) per year broken out by phase of Haven’s operational and service history.

Phase and Fiscal Years	Average Budget per year	Service Options and Operational Details
Phase 1 (2010 – 2014)	\$12,168,678	<ul style="list-style-type: none">Low-barrier Courtyard operated and funded by CHCS with only basic services for CourtyardSAMMinistries initially operated and funded dormitories. This transitioned to Haven near the end of this periodLimited funding for housing
Phase 2 (2015 – 2019)	\$18,908,081	<ul style="list-style-type: none">Low-barrier South Campus moved to Haven operations, sleeping moved indoorsCreation of specialty programming for target populationsExpanded funding for housing, subsidies, and workforce development including housing opportunities for South Campus Move to trauma-informed care across the agency
Phase 3 (2020 – 2024)	\$28,852,431	<ul style="list-style-type: none">Low-barrier programming designated as Emergency Shelter by HUDReplicated all North Campus housing, case management, workforce development, and partner services available to low-barrier South Campus clientsExpanded specialty programming and developed new specialty programsHigher levels of housing subsidiesMoving more people through the Haven system faster and more efficiently due to shorter stay lengths

The level of service and programming available for clients grew across each phase of Haven’s history, and the number of clients served also increased. Beginning in approximately 2016, Haven began to operate beyond original design capacity to meet the growing needs of the community.”

- Phase 1 - 5,455 average clients per year
- Phase 2 - 7,740 average clients per year
- Phase 3 - 7,452 average clients per year

The table below calculates the average cost per night, based on the design capacity of 1,450. The average cost per stay is calculated by multiplying the average cost per night times the average length of stay for clients across each phase of Haven’s history. This cost-per-stay figure paints a more accurate picture than per-year costs, since average lengths of stay are less than a year, and a single bed will turnover throughout the year, serving multiple clients.

Phase of Haven History	Average cost per diem (not adjusted for inflation)	Average Client Stay Length	Average Cost per Client Stay
Phase 1 (2010 – 2014)	\$23.00	175 days	\$4,025
Phase 2 (2015 – 2019)	\$35.73	148 days	\$5,288
Phase 3 (2020 – 2024)	\$54.17	75 days	\$4,063
15 Years (2010 – 2024)	\$37.70	108 days	\$4,072

38 Bureau of Labor Statistics. “Historical Consumer Price Index for All Urban Consumers (CPI-U): U.S. city average, all items, by month (1982-84 = 100) — December 2024 (PDF).” December 2024. Available at: <https://www.bls.gov/cpi/tables/supplemental-files/historical-cpi-u-202412.pdf>

Cost Comparisons

This table compares the costs associated with several local alternatives. Certainly, Haven for Hope is not a hospital, correctional facility, or appropriate setting for someone who needs an Emergency Detention (ED) because they are a danger to themselves or others. However, if someone can stay at Haven and receive safe shelter and wrap-around services (including medical, behavioral health, and more) rather than have their physical and behavioral health deteriorate and decompensate on the street, it is not only a cost savings to the community including public safety and hospital systems, but a saving in human dignity for the person.

Haven cost per diem in Fiscal Year 2024 (Includes all Haven expenses including operational expenses, case management, housing assistance, utilities, insurance, admin, and all costs except those provided by partners)	\$58.64 per diem
Average motel per night (3pm – 11am)	\$60 per night
Permanent Supportive Housing Operations, maintenance, and supportive services costs in Austin ³⁹ (Does not include capital and construction costs of units)	\$79 per diem
Bexar County Jail, general population ⁴⁰	\$80 - \$100
Hotel-based low-barrier non-congregate emergency shelter (\$15.9 million for two years, operating 185 beds) ^{41,42}	\$117.73 per diem (\$15.9 million divided by 2 years, divided by 365 days, divided by 185 beds to calculate the per-diem bed cost)
Bexar County Jail Mental Health Unit ⁴³	\$416 per diem
Medicare reimbursement rate for Inpatient Psychiatric care	\$529 per diem

39 Capital A Housing. (2021, November 5). RHDA Funding Application Packet: Supportive Housing – IC (pp. 1–163). City of Austin. <https://www.austintexas.gov/sites/default/files/files/RHDA%20Menchaca%20Supportive%20Housing%20Website%20upload.pdf>

40 Medel, Diego. “‘Bexar Gives Back’ keeps low-level offenders out of jail, saves taxpayers \$2.2 M.” San Antonio Report, 13 Sept. 2025, sanantonioreport.org/bexar-gives-back-keeps-low-level-offenders-out-of-jail-saves-taxpayers-2-2m/.

41 Dimmick, Iris. “City Approves 200-Bed, Low-Barrier Homeless Shelter in Downtown San Antonio Holiday Inn.” San Antonio Report, October 19, 2023. <https://sanantonioreport.org/city-approves-200-bed-low-barrier-homeless-shelter-in-downtown-san-antonio-holiday-inn/>.

42 City of San Antonio Department of Human Services. (2025). “Homeless Dashboards.” <https://www.sa.gov/Directory/Departments/DHS/Homeless-Services/Dashboards>

43 Drusch, A. (2023, February 23). To address mental health crisis in jails, Bexar County chooses not to sue state, for now. San Antonio Report. Retrieved from <https://sanantonioreport.org/bexar-county-dallas-county-jail-mental-health-beds/>

Cost Avoidance

In this section, we outline and explain three cross-sector interventions that produce measurable cost avoidance for the community.

- 1. Jail Outreach program for pre-trial jail diversion into Haven
- 2. Restoration Center for crisis, sobering, and detox, located next to Haven
- 3. Acute Care Station for an overnight medic on the Haven campus

Jail Outreach

The Jail Outreach program is a prime example of system design in action. Leon Evans with the Center for Health Care Services (CHCS), the local mental health authority, worked with Bexar County Courts to redefine what happens after people with a mental illness are arrested. This programming focused on identifying alternative options in less restrictive environments to more appropriately treat people with a mental illness. In setting this precedent, Bexar County proceeded to work with Haven for Hope to create the Jail Outreach program in 2015. Instead of sitting in jail, people arrested for low-level and homelessness related crimes are diverted. Haven’s Jail Outreach staff meet potential clients and coordinate a pre-trial jail release to Haven. Jail Outreach converts detention into stabilization, a bridge that routes people into treatment and recovery instead of back into the cycle of booking and release. It reduces the time spent in jail and provides judges with an alternative for people that do not have an address and are denied a personal recognizance (PR) bond.

Restoration Center

Across the street from Haven’s Intake office, the Restoration Center, operated by CHCS, offers 24-hour psychiatric, detox, and sobering services. This creates an alternate option for officers to drop someone off and return to patrol in 15 minutes instead of waiting half a day in an ER. For many, the path is direct: from the street or the back of a patrol car into the Restoration Center for stabilization, then across the street to Haven for shelter, wrap-around services, and continued options for recovery. The proximity was deliberate to eliminate the gap between emergency response, stabilization, and higher levels of care.

By design, Jail Outreach, the Restoration Center, and Haven work together as a connected system: three parts of the same machine that converts crisis into recovery. Every diversion that costs approximately \$350 replaces a \$2,295 jail booking, saving Bexar County more than \$10 million each year in avoided jail and ER costs for an estimated benefit of more than \$150m since 2010.⁴⁴ But the real story isn't just the math, it's the design. The county stopped treating homelessness, behavioral health, and public safety as separate problems and built a single system where they work in concert.

Acute Care Station

The next innovation came through the partnerships between Haven for Hope, STRAC, and the San Antonio Fire Department (SAFD) Mobile Integrated Health Unit (MIH) to create the Acute Care Station (ACS). The Return on Investment Analysis: Acute Care Station at Haven for Hope (Capital Healthcare Planning, 2021) shows how the on-site medical triage model at Haven dramatically reduced costly EMS and emergency room use.⁴⁵ Before the implementation of ACS, nearly every 911 from Haven call triggered an ambulance dispatch and a high volume of emergency transports. This was a costly way for emergency services to address this community challenge. The South Texas Regional Advisory Council (STRAC), San Antonio Fire Department (SAFD), and Haven worked together to design a system solution to address this challenge.

After implementation, Haven's ACS staff and the overnight (7pm – 7am) medic provided by the SAFD MIH Unit began screening clients on-site, treating low-acuity issues directly or arranging emergency transport when necessary. In cases where next-day follow-up is needed with CentroMed (the Federally Qualified Health Center on campus), Haven ACS staff work with the client to connect them to the clinic, and identify if the client is qualified for benefits.

The report concludes that ACS delivers a clear return on investment and public cost avoidance, delaying future EMS expansion and improving care efficiency across San Antonio's emergency and healthcare systems (Capital Healthcare Planning, 2021).

44 Evans, L. (2015). Mental health and criminal justice: Case study - Bexar County, Texas. National Association of Counties. <https://www.naco.org/sites/default/files/documents/Bexar%20County%20-%20Mental%20Health%20and%20Jails%20Case%20Study.pdf>

45 Capital Healthcare Planning. (2021, June). Return on investment analysis: Acute Care Station at Haven for Hope.

Summary of Cost Benefit Study

In 2021, Steve Nivin, Ph.D. conducted an independent Cost-Benefit Analysis of Haven for Hope. This initial study covered 2007 (with Haven's initial investments and formation) through 2019. Dr. Nivin's work was the first comprehensive cost-benefit analysis about Haven for Hope. There have been significant program updates, operational shifts, and funding changes at Haven for Hope across this third phase of Haven's history from 2020 – 2024. In 2025, shortly before the publication of this report, Haven engaged with Dr. Nivin to update the analysis with the following data:

- 5 additional years of data (2020 – 2024) including costs, new grants, staffing updates, effects of COVID, number of volunteer hours, and more fiscal data
- Haven also provided Dr. Nivin with the full analysis of 15-years of client outcomes, including the measures of community retention and returns to homelessness (which was not available for Dr. Nivin's original analysis)

Using SAFD data, the study found average costs of \$1,638 per EMS transport and \$1,467 per emergency room (ER) visit, compared with \$78–\$81 for a clinic appointment. Between 2018 and 2020, ACS reduced ambulance transports from 576 to 104 per year, a reduction of 82%, and generated \$1.8 million in annual cost avoidance in 2020.

This allowed Dr. Nivin to produce an updated Cost-Benefit Analysis of Haven for Hope with the following takeaways:

Net Benefits of Haven for Hope: 2007-2024 ⁴⁶	
Economic Impacts of Haven for Hope Operations	\$648,800,789
Economic Impacts of Volunteers	\$6,043,578
Benefits from Reduced Crime	\$164,975,535
Benefits from School Stability	\$583,201,982
Benefits of Medical Care, Housing, & Other Care Services	\$11,603,159,211
Total Benefits	\$13,006,181,095
Total Expenses (including capital)	\$313,360,290
Net Benefits	\$12,692,820,805
Benefit-Cost Ratio (Benefits per dollar of expenses)	\$42

The bottom-line of this analysis is that for every \$1 investment into Haven for Hope, there is a \$42 benefit to the community in cost-avoidance, economic contributions, and lifetime earnings from clients securing employment and exiting homelessness.

- Here is a brief explanation of Dr. Nivin’s methodology:
- Using an IMPLAN model for the San Antonio area, Dr. Nivin calculated how Haven’s spending supports jobs, wages, and tax revenues, counting direct, indirect, and induced tax effects.
 - Accounting for the economic impact of volunteer hours adding to the economic impact
 - Measured crime reduction in the immediate area surrounding Haven’s campus
 - By serving and stabilizing 6,000+ children in their original schools, Dr. Nivin calculated that there would be \$307 million in lifetime earnings and \$276 million in economic ripple effects from reducing child homelessness of clients and from long-term stability
 - To calculate the benefits of medical care, housing, and other care services, Dr. Nivin used Quality-Adjusted Life Years (QALYs) and the Value of a Statistical Life (VSL) to put a dollar value on how Haven for Hope improves both the length and quality of life for people it serves. These are standard tools used in health economics and public policy to measure the social value of medical or human service programs.
- Here is how this was calculated:
- Used QALY to estimate the treatment effect of Haven on life expectancy and health stabilization. This measures improved quality of life and expectancy
 - The Value of Statistical Life (VSL) is not the worth of a person’s life, but society’s willingness to pay to reduce the risk of death, for each person. By converting the VSL into an annual life-year value (instead of a lifetime) and multiplying by the Quality Adjusted Life Year gained (the treatment effect of longer and higher quality life after Haven), the result is calculated. Together, these are used to calculate the dollar impact of Haven, as a life improving and life expanding intervention

In short: Dr. Nivin used the same rigorous, federally recognized valuation method used in public health, transportation, and environmental policy to calculate Haven for Hope’s system yields measurable, life-extending benefits, on par with major medical interventions.

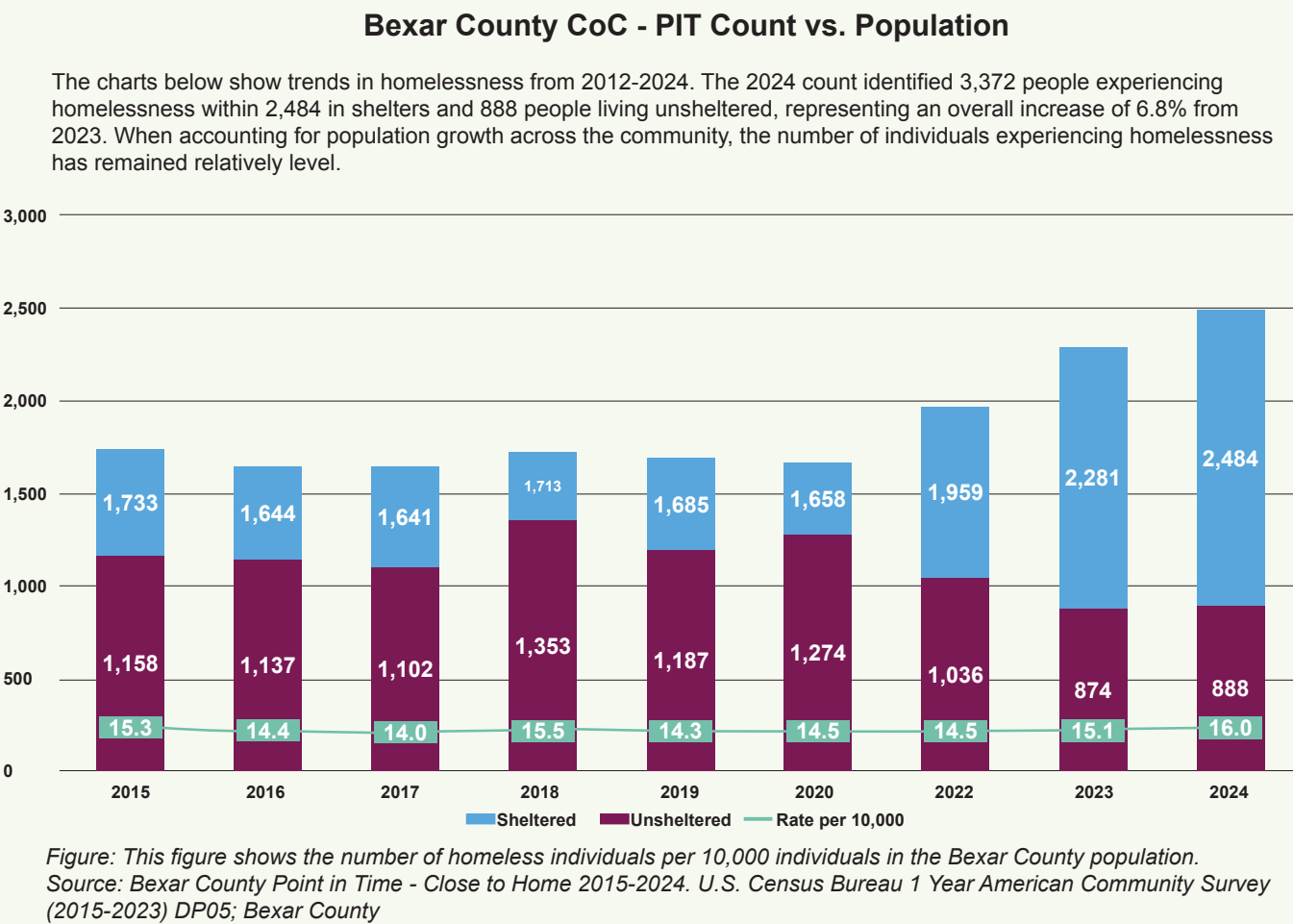
46 Nivin, S. R. (2025). Cost-Benefit Analysis of Haven for Hope [Report]. Steven R. Nivin, Ph.D., LLC. <https://stevenivin.com/wp-content/uploads/2025/12/cost-benefit-analysis-of-haven-for-hope-update-final.pdf>

Haven's Community Impact

There are several key impacts that Haven has had on the community.

1. Haven for Hope's construction created a dramatic increase in bed capacity for people experiencing homelessness. In addition to engagement with wrap-around services, the number and proportion of unsheltered people in the community decreased dramatically, even while San Antonio went through a long period of growth
2. Haven for Hope has provided a physical address for 52,108 who did not have one at the time
3. The Haven for Hope campus gave the policy issue of homelessness a single address. While homelessness exists in the margins, it crosses nearly every sector, including the justice system, health care, public safety, housing, and public health. Since homelessness lacks an address in most communities, it means that finding areas of consolidation and cross-sector cost savings can be challenging, especially since budgets are already planned and operating in silos
4. A system-level response to homelessness is required to address such a traditionally policy-resistant social challenge. Single-issue responses are insufficient for a systemic problem that crosses nearly every sector and area of human experience. For example:
 - Soup kitchens don't solve affordable housing
 - Affordable housing does not provide primary medical care
 - Doctors cannot prescribe a studio apartment
 - Apartments do not provide substance use disorder and recovery services
 - Substance use and recovery doesn't help with zoning issues
 - Zoning changes do not create behavioral health supports
 - Behavioral health services do not create housing vouchers
 - Housing vouchers don't add emergency shelter bed capacity for tonight

Consider the following chart showing the number and proportion of people experiencing sheltered and unsheltered homelessness in Bexar County. The sharp increase in shelter beds in 2022 and 2023 came from Haven for Hope working to transition the low-barrier Courtyard program on the South Campus into HUD recognized Emergency Shelter. From 2015 to 2024, the number of homeless individuals per 10,000 individuals in the Bexar County population remained low.⁴⁷



⁴⁷ City of San Antonio Department of Human Services. (2024). FY 2024 Homeless Response Annual Report. City of San Antonio. Retrieved from <https://www.sa.gov/files/assets/main/v/1/dhs/documents/fy24-homeless-response-annual-report.pdf>

A critical reader may still wonder - if the Haven for Hope system has been so effective, why does homelessness persist in San Antonio? There are multiple reasons. One is that homelessness is a dispossession and trauma. While Haven for Hope exists to respond to homelessness, it does stop trauma, loss, or dispossession. Additionally, the San Antonio that Haven for Hope was designed for no longer exists.

- **The population of Bexar County has grown 24% from 2010 through 2024⁴⁸**
- **Median home prices have more than doubled from 2010 through 2024⁴⁹**
- **While the median income has grown 38%, it has not kept up with housing costs, across the same period⁵⁰**

Over the last 15 years, the Haven system has:

- Improved its efficiency through reducing lengths of stays
- Enhanced its effectiveness with higher rates of housing exits and reducing rates of return to homelessness
- Engaged with cross-sector cost-saving interventions

There remain additional areas for development and opportunities for improvement, moving forward.

Building for the Future

1. There is clear need to continue innovation and integrate homeless services with the larger housing continuum
2. Opportunities exist for deeper integration, collaboration, development, and research with cross-sector partners to produce new interventions and cost reduction strategies
3. While San Antonio and Bexar County need additional capacity and funding for more shelter beds, there is a clear need for Haven for Hope to engage in additional research on how to shorten client lengths of stay to help people end their experience of homelessness and return to community more rapidly. Overall, this will mean Haven can continue to serve the growing demand in San Antonio
4. There are opportunities to develop additional partnerships and evaluation around key services such as workforce development and case management
5. Haven for Hope operations can benefit from additional operations research and technical transformation to optimize and streamline service delivery

The next phase in Haven for Hope’s development will continue to focus on innovation at the nexus of a systems-design approach to addressing homelessness in San Antonio and Bexar County.

Consider the outcomes on the Haven for Hope campus. What would have happened to the 52,108 people experiencing homelessness if they did not have access to this system of care?

48 Federal Reserve Bank of St. Louis. Resident Population in Bexar County, TX [TXBEXA9POP]. FRED. Retrieved from <https://fred.stlouisfed.org/series/TXBEXA9POP>

49 Texas Real Estate Research Center. (n.d.). San Antonio–New Braunfels housing activity data. Texas A&M University. Retrieved from <https://trerc.tamu.edu/housing-activity-data/msa/san-antonio-new-braunfels/>

50 Federal Reserve Bank of St. Louis. (n.d.). MHITX48029A052NCEN: Median Sales Price of Houses Sold for Bexar County, TX [Data set]. FRED. <https://fred.stlouisfed.org/series/MHITX48029A052NCEN>

Appendix a

Data and Methods

Data and Methods

Dataset Summary

The data for this analysis was collected from the San Antonio and Bexar County Homeless Management Information System (HMIS) from April of 2010 through September 30, 2024. The dataset contains clients who stayed on the Haven for Hope campus, including on-campus residential partners at any point in this period. People in the San Antonio and Bexar County homeless response system who did not enroll with Haven at any point in this period are outside the scope of this analysis.

Haven for Hope has operated as the HMIS Lead Agency for San Antonio since 2011. While the HMIS configuration is designed to meet HUD data standards, it also provides custom data fields and service level information that is not required in federal reporting. Additionally, Haven, as the HMIS Lead Agency, offers HMIS accounts to 47 other agencies with nearly 900 users in the community at no cost.

Many of the other homeless services agencies are not federally funded, meaning they do not have a requirement to use HMIS. They opt-in to use San Antonio’s HMIS because it offers a robust case management platform and features client-level data sharing and mature governance, through collaboration with Close to Home, the San Antonio CoC Lead Agency. This governance and data sharing leads to two main benefits:

1. Agencies can coordinate more effectively around delivering needed services to clients, streamlining housing efforts.
2. With so many participating agencies, there is 99% bed coverage in the system, meaning that measuring returns to homelessness in San Antonio has higher accuracy than in other communities with lower bed coverage.

The analysis for this whitepaper was only possible because the HMIS data in San Antonio has the following unique characteristics:

Data Collection and Governance

- Data collection beyond HUD minimum standards including service engagement numbers
- Longitudinal data collection, beyond HUD default time windows (2-year maximum)
- Established data sharing and governance through a collaboration with Close to Home and participating agencies

Agency Engagement

- 47 agencies enter data into HMIS, including partners providing services on Haven's campus
- The high adoption rate of HMIS usage by homeless services agencies
- The nearly complete bed coverage, with 99% of shelter and transitional housing beds in HMIS, meaning returns to homelessness could be accurately counted

This longitudinal dataset is enrollment-level, meaning each row in the data represents:

- | | |
|---|--|
| • A client’s program enrollment start date | • Services only |
| • End date | • Other housing intervention |
| • Program name (which specifies the project type such as street outreach) | • Demographic information |
| • Emergency shelter | • Other client self-reported information such as information about income and benefits |
| • Transitional housing | • Clinical characteristics, barriers, and outcomes |

Service delivery information is also contained in this dataset. For each stay at Haven, the data contains service counts for each service category. The full categorized list of services is available at the end of this section.

The full dataset was assembled from two data exports from HMIS:

- **Data Export 1:** The first data export is enrollment-level data for Haven for Hope clients across this time-period, including on-campus partners, and includes service delivery information from Haven and on-campus partner agencies.
- **Data export 2:** The second data export was acquired through the data request process with Close to Home, the San Antonio CoC Lead Agency. This second export contains enrollment level information for Haven for Hope clients who enrolled with other shelters, transitional housing, housing programs, or who have been engaged in various street outreach programs across San Antonio. The information from this second dataset is used only to determine if Haven for Hope clients have returned to homelessness, either sheltered or unsheltered.

After merging these two exports, the dataset provides the information necessary to produce findings about client trajectories, interventions, service delivery, and outcomes, including whether Haven clients returned to homelessness in the San Antonio and Bexar County homeless response system. Enrollments that overlap with identical start/end dates were collapsed and deduplicated.

Data Processing Steps

After combining the two data exports, the first data processing step in assembling the longitudinal dataset is to ensure that all overlapping or duplicated enrollments with the same ClientID and identical enrollment start and enrollment end dates are deduplicated and filtered out. This ensures that on-campus partner enrollments are not unintentionally double counted and any other data quality issues from duplicate enrollments are removed from the analysis.

Next, the data for Haven campus enrollments are isolated and processed so that continuous stays are connected into a single stay. Clients who have adjacent stays at Haven with less than a 7-day gap are combined as a single stay. While a survey of research literature found that authors (Koegel & Burnam, 1994; Culhane & Kuhn, 1998; Metraux, 1999) counted multiple stays with less than 30-day gaps as a single stay, this paper uses 7 days as the threshold, to align with the Federal Register’s Final Rule definition of chronic homelessness.⁵¹

After this, the dataset is then re-split into two datasets:

The first set of data is the Haven campus dataset, representing all the client stays on the Haven campus from 2010 through September 30, 2024. Duplicate enrollments are removed, continuous and adjacent (with less than 7-day gap) stays are connected into continuous stays (with service counts added and length of stay recalculated based on the full stay). Rows for client enrollments into Haven’s housing programs where people have transitioned into housing and return to the community are removed, so we only focus on their experience and service delivery on campus.

Clients who have engaged in Haven’s street outreach programs but not transitioned to the Haven campus are removed, since this paper focuses on evaluating client outcomes based on their stays on the Haven campus. For reference, the Haven for Hope street outreach team reached 4,104 people across 15 years and 2,836 (69%) of them ultimately transitioned to Haven’s campus. This Haven campus dataset is the primary dataset for evaluating client stays, trajectories, service engagement, and outcomes for this paper.

The second set of data is the community dataset, containing all street outreach, emergency shelter, safe haven, and transitional housing enrollments in the entire community from other service providers and also Haven and on-campus partner agencies. This second dataset is used to calculate returns to sheltered or unsheltered homelessness, as calculated as a re-enrollment street outreach, emergency shelter, safe haven, and transitional housing enrollments after exiting from Haven for Hope’s campus. By using all Haven enrollments and community enrollments (non-Haven), we are able to identify the rate at which people return to homelessness after their stay on the Haven campus and measure if they returned to Haven or other providers in the community.

There are details about collecting and reporting client exit destinations that help inform this analysis of returns to homelessness. Recall that San Antonio’s HMIS has 99% bed coverage for shelter and transitional housing beds, as well as data sharing among 47 agencies, including street outreach workers engaging with unsheltered people in the community. This allows for a high resolution of measuring returns to homelessness.

Measuring Housing and Exit Destination

Housing stability and remaining out of the homeless response system can appear in a variety of different ways for people. One reason why this 15 year longitudinal analysis focuses on returns to homelessness as a measure of performance, rather than only housing exits, is because only counting housing exits does not tell the complete story. While many funders and providers focus solely on counting housing exits, as defined by HUD, there are several challenges with this approach:

- Many clients leave Haven’s campus and do not return, meaning that their enrollment is closed without recording an exit destination
- Clients often resolve their homelessness and do not always connect with their case manager to provide an update
- Housing exits in homeless services typically capture housing voucher and subsidy delivery rather than actual housing stability achieved when clients resolve their experience of homelessness

51 Federal Register. (2015). “Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless” <https://www.federalregister.gov/documents/2015/12/04/2015-30473/homeless-emergency-assistance-and-rapid-transition-to-housing-defining-chronically-homeless>

Other potential outcomes

We acknowledge that there are other circumstances, beyond obtaining housing stability, that would lead to a former client remaining out of the homeless response system in Bexar County. While measuring these outcomes is part of future research, it is beyond the scope of this current report. The possible outcomes include but are not limited to the following:

- Substance use recovery programs
- Hospitalization or transition to a skilled nursing facility
- Incarceration
- Moving to another community
- Hospice care
- Death

Method for Measuring Returns to Homelessness and Exit Retention

For this analysis, a return to homelessness is defined as a subsequent enrollment in any street outreach, emergency shelter, safe haven, or transitional housing after leaving Haven for Hope. All enrollment data in the community are considered, including data from other community homeless services providers as well as Haven and on-campus partner stays. This analysis calculates exit retention as the percentage of clients who exit and do not return to homelessness in a given time interval. Mathematically, exit retention is calculated as one minus the rate of returns to homelessness in a time interval. For example, if 5% of clients who exit Haven return to homelessness within a year or less, then the 12-month exit retention for that year will be 95%.

The intervals used in this analysis to calculate retention are 12-month, 24-month, 36-month, 60-month, and 120-month intervals. For each interval, the retention calculations are right-censored, meaning that the full duration of time must pass before including those clients in the calculation. For example, it is possible to calculate the 12-month, 24-month, and 36-month exit retention for a client who left Haven 48 months ago, but the 60-month retention cannot be calculated for this client, since not enough time has passed since their exit. If a client has remained out of homelessness in the community for 120 months, they will have also remained out for all shorter time intervals, definitionally.

Since it is challenging to measure if a person remains in a specific housing situation (due to data collection and staffing limitations), we can measure if individual clients return to street outreach, shelter, or transitional housing with any homeless services provider in the community, including Haven for Hope.

Key Points about the Dataset, Data Collection, and Processing

There are several characteristics about the data collection, including ongoing processes for data quality, data cleanup, and data verification that are helpful to articulate.

1. Client-level data sharing between San Antonio/Bexar County homeless response agencies enables a more complete picture of each client’s journey
2. Service delivery information such as case management appointments, workforce development and employment services, housing liaison services, and other direct service delivery information is captured in HMIS by the service provider. Service providers could be Haven for Hope staff or partner agency staff, or volunteers who have an active license and security and compliance training in HMIS
3. Through this period, client records have been deduplicated through ongoing quality assurance efforts consisting of manual clean-up at intake, a practice of regular updates from case managers, and an automated merging of client records, when name, SSN, and DOB match
4. Data about program enrollments such as project name, start and end dates, exit destination information, and any movements between programs is collected and verified by program staff including but not limited to case managers and intake specialists
5. Because information about client health indicators and benefits is self-reported at intake and clarified with subsequent case management appointments, multiple variables that record client mental health, disability status, physical disability, number of disabling conditions, substance use disorder, developmental disabilities, and information about benefits such as social security income (SSI), social security disability income (SSDI), private health insurance, Medicaid, and Medicare are condensed into a single consolidated variable for each measurement

Single Stay - All Exits

Phase 1 2010 - 2014	1 Year Retention	3 Year Retention	5 Year Retention	10 Year Retention
	2010: 94%	2010: 92%	2010: 90%	2010: 88%
	2011: 95%	2011: 91%	2011: 90%	2011: 89%
	2012: 95%	2012: 92%	2012: 91%	2012: 89%
	2013: 96%	2013: 95%	2013: 93%	2013: 92%
	2014: 95%	2014: 93%	2014: 92%	2014: 90%

Phase 2 2015 - 2019	1 Year Retention	3 Year Retention	5 Year Retention
	2015: 96%	2015: 94%	2015: 94%
	2016: 96%	2016: 93%	2016: 92%
	2017: 95%	2017: 92%	2017: 91%
	2018: 95%	2018: 93%	2018: 91%
	2019: 94%	2019: 91%	2019: 90%

Phase 3 2020 - 2024	1 Year Retention	3 Year Retention
	2020: 94%	2020: 91%
	2021: 89%	2021: 87%
	2022: 91%	2022: —
	2023: 92%	2023: —
	2024: —	2024: —

Single Stay - Housing Exits

Phase 1 2010 - 2014	1 Year Retention		3 Year Retention		5 Year Retention		10 Year Retention	
	2010:	85%	2010:	85%	2010:	85%	2010:	85%
	2011:	91%	2011:	89%	2011:	89%	2011:	84%
	2012:	98%	2012:	96%	2012:	96%	2012:	93%
	2013:	99%	2013:	96%	2013:	96%	2013:	92%
	2014:	98%	2014:	96%	2014:	96%	2014:	93%

Phase 2 2015 - 2019	1 Year Retention		3 Year Retention		5 Year Retention	
	2015:	99%	2015:	98%	2015:	97%
	2016:	99%	2016:	95%	2016:	94%
	2017:	96%	2017:	95%	2017:	94%
	2018:	97%	2018:	94%	2018:	93%
	2019:	97%	2019:	93%	2019:	91%

Phase 3 2020 - 2024	1 Year Retention		3 Year Retention	
	2020:	96%	2020:	94%
	2021:	95%	2021:	92%
	2022:	96%	2022:	—
	2023:	99%	2023:	—
	2024:	—	2024:	—

Multiple Stay - All Exits

Phase 1 2010 - 2014	1 Year Retention	3 Year Retention	5 Year Retention	10 Year Retention
	2010: 69%	2010: 43%	2010: 23%	2010: 6%
	2011: 75%	2011: 39%	2011: 22%	2011: 8%
	2012: 73%	2012: 37%	2012: 24%	2012: 12%
	2013: 59%	2013: 30%	2013: 20%	2013: 11%
	2014: 58%	2014: 35%	2014: 26%	2014: 19%

Phase 2 2015 - 2019	1 Year Retention	3 Year Retention	5 Year Retention
	2015: 60%	2015: 35%	2015: 28%
	2016: 61%	2016: 35%	2016: 29%
	2017: 57%	2017: 36%	2017: 30%
	2018: 58%	2018: 41%	2018: 34%
	2019: 63%	2019: 47%	2019: 39%

Phase 3 2020 - 2024	1 Year Retention	3 Year Retention
	2020: 73%	2020: 50%
	2021: 60%	2021: 37%
	2022: 60%	2022: —
	2023: 63%	2023: —
	2024: —	2024: —

Multiple Stay - Housing Exits

Phase 1 2010 - 2014	1 Year Retention	3 Year Retention	5 Year Retention	10 Year Retention
	2010: 66%	2010: 50%	2010: 16%	2010: 0%
	2011: 73%	2011: 43%	2011: 32%	2011: 7%
	2012: 80%	2012: 44%	2012: 28%	2012: 15%
	2013: 74%	2013: 45%	2013: 32%	2013: 16%
	2014: 78%	2014: 50%	2014: 34%	2014: 17%

Phase 2 2015 - 2019	1 Year Retention	3 Year Retention	5 Year Retention
	2015: 79%	2015: 51%	2015: 40%
	2016: 77%	2016: 45%	2016: 32%
	2017: 70%	2017: 45%	2017: 37%
	2018: 73%	2018: 54%	2018: 44%
	2019: 75%	2019: 57%	2019: 47%

Phase 3 2020 - 2024	1 Year Retention	3 Year Retention
	2020: 83%	2020: 55%
	2021: 84%	2021: 47%
	2022: 83%	2022: —
	2023: 85%	2023: —
	2024: —	2024: —

Data Dictionary of Variables

Variable Name	Description
ClientID	Unique identifier for people
FamilyID	Unique identifier for family units
RelationToHoH	Relationship to Head of Household
Family Size	Number of people in the family unit
Family Type	Text explanation of family composition
Birthdate	Client reported date of birth
AgeatLastEntry	Client computed age at time of entry
Race	Client self-reported race/ethnicity
Gender	Client gender information
ProgramName	Name of program or sequence of continuous program names, separated by commas. ProgramName contains Program Type as part of the name, such as ES for Emergency Shelter, TH for Transitional Housing, SH for Safe Haven, RRH for Rapid-Rehousing, PSH for Permanent Supportive Housing projects, etc...
EnrollmentBegin	Date of stay start
EnrollmentEnd	Date of stay end
ExitDestination	HUD defined exit destination.
VeteranStatus	Self-reported Veteran status. Clients are connected with Veterans team for navigation and assistance with Veterans Administration (VA).
PriorResidence	Reported residence or place of habitation
EntryTotalIncome	Reported income at program entry (all sources)
LatestTotalIncome	Latest reported income (all sources)
SSI	Client reports Social Security Income at entry or during their stay at Haven.
SSDI	Client reports Social Security Disability Income at entry or during their stay at Haven.

Variable Name	Description
Has_Medicaid	Client reports Medicaid coverage at entry or during their stay at Haven.
Has_Medicare	Client reports Medicare coverage at entry or during their stay at Haven.
Has_HealthInsurance	Client reports Health Insurance coverage (of any kind) at entry or during their stay at Haven.
DisablingCondition	Client reports any disabling condition (physical disability, mental health, developmental/cognitive disability, or substance use)
LeaverStayer	Stayer means the client was still present at Haven on 10/1/2024. Leaver indicates an exit before 10/1/2024.
StayLength	Number of days of client's stay. If ProgramName contains multiple programs, the days are the sum of days of each program added together.
ChronicallyHomeless	Calculates if client is chronically homeless, as per HUD, at time of assessment.
Number_of_Conditions	Count of reported conditions (mental health, substance use, chronic illness, mental health, developmental disability)
PhysicalDisability	Client reports physical disability at entry or during their stay at Haven.
DevelopmentalDisability	Client reports developmental disability at entry or during their stay at Haven.
MentalIllness	Client reports mental illness at entry or during their stay at Haven.
SubstanceUse	Client reports substance use disorder at entry or during their stay at Haven.
_MedicalDentalVisionServices	Partner and Haven navigated services supporting client medical wellbeing, for this stay
_BehavioralHealthServices	Mental health services including bridge psychiatric care, counseling, crisis intervention, for this stay

Variable Name	Description
_SubstanceUseDisorderServices	Services delivered by Haven or Partners helping clients with substance use disorders
_CaseManagementServices	Case management services, person-centered planning meetings, and follow-up interviews
_EmploymentServices	Workforce development and employment services
_BenefitsServices	Services associated with helping qualified clients obtain benefits
_EnrichmentServices	Personal enrichment services for clients
_FamilyServices	Family services including childcare/enrichment/diapers/etc..
_TransportationServices	Bus passes, taxi vouchers, and rides to appointments
_ID_RecoveryServices	Partner services associated with ID recovery
_LegalAssistanceServices	Partner services associated with legal aid and assistance
_JailOutreachServices	Pre-trial jail diversion services and case management
_FundamentalServices	Hygiene, showers, mobile-phone charging, clothing, etc...
_MealServices	Meals, snacks, sandwiches, etc..
_BedNightsServices	Counting of bed nights
_HousingServices	Help with housing applications, navigating vouchers, etc..
_HousingPaymentsAndDeposits	Direct assistance payments to help clients become housed and stay housed (shallow subsidy for first months rent, deposits, fees, utilities, etc...)
_VeteranServices	Services targeted for Veterans provided by the Veterans team. Includes navigating VA benefits and help securing documentation
_SpiritualServices	Faith based services provided by Haven or Partners

Complete List of Services and Service Category

Service Name	Service Category
Calls to EMS	Medical, Dental, or Vision
CentroMed Visit	Medical, Dental, or Vision
COVID-19 Bed Night	Medical, Dental, or Vision
COVID-19 Clinic Follow Up Appointment	Medical, Dental, or Vision
COVID-19 Clinic Referral	Medical, Dental, or Vision
COVID-19 EMS Transport	Medical, Dental, or Vision
COVID-19 Release from Isolation	Medical, Dental, or Vision
COVID-19 Temperature Over 100.4	Medical, Dental, or Vision
COVID-19 Tested for COVID	Medical, Dental, or Vision
COVID-19 Vaccine Dose 1	Medical, Dental, or Vision
COVID-19 Vaccine Dose 2	Medical, Dental, or Vision
Dental Exam (Non-SACDC)	Medical, Dental, or Vision
Dental Services	Medical, Dental, or Vision
EMS Transport	Medical, Dental, or Vision
First Aid Calls - Campus	Medical, Dental, or Vision
First Aid Calls	Medical, Dental, or Vision
Follow-up Post Hospitalization	Medical, Dental, or Vision
Follow-up Post Treat & Release	Medical, Dental, or Vision
HIV/AIDS-related services-HMIS	Medical, Dental, or Vision
I Care - Vision Center Visit	Medical, Dental, or Vision
Illness Management and Recovery	Medical, Dental, or Vision
Medical Documentation 1	Medical, Dental, or Vision
Medical Documentation 2	Medical, Dental, or Vision
Medical Fees	Medical, Dental, or Vision
Medical Services	Medical, Dental, or Vision
Navigated to Care CentroMed	Medical, Dental, or Vision
Navigated to Care CHCS	Medical, Dental, or Vision
Navigated to Care Other	Medical, Dental, or Vision
Navigated to Care UHS	Medical, Dental, or Vision
Primary Medical Care- Campus	Medical, Dental, or Vision
Referred to Care	Medical, Dental, or Vision
Rehabilitative Services	Medical, Dental, or Vision
Vaccinations	Medical, Dental, or Vision

Service Name	Service Category
Vision Center Visit	Medical, Dental, or Vision
30 day Follow-Up - Mental Health	Behavioral Health
90 day Follow-Up - Mental Health	Behavioral Health
Behavioral Health Services	Behavioral Health
Clinical Outreach Engagement	Behavioral Health
Clinical Services	Behavioral Health
Clinical Services Outreach Attempt	Behavioral Health
Community Mental Health	Behavioral Health
Counseling	Behavioral Health
Crisis	Behavioral Health
Group Counseling Session	Behavioral Health
Living Room	Behavioral Health
Mental Health Diversion	Behavioral Health
Mental Health Services (H4H Campus Only)	Behavioral Health
Mental Health Services	Behavioral Health
Mental Health Services-HMIS	Behavioral Health
Other PATH funded service	Behavioral Health
Psychiatric Services	Behavioral Health
Sigma Evaluation	Behavioral Health
Sigma Follow-up	Behavioral Health
Sigma Medication	Behavioral Health
SMI Financial Assistance	Behavioral Health
TARGET Therapy	Behavioral Health
Therapy Referral	Behavioral Health
Trauma Recovery/Empowerment Group	Behavioral Health
30 day Follow-Up - Substance Use & Mental Health	Substance Use Disorder Services
90 day Follow-Up - Substance Use & Mental Health	Substance Use Disorder Services
CHCS- Ambulatory Detox	Substance Use Disorder Services
CHCS- Sobering Admissions	Substance Use Disorder Services
Peer Support - Contact	Substance Use Disorder Services
Peer Support - Home Visit	Substance Use Disorder Services

Service Name	Service Category
Recovery Team Meeting	Substance Use Disorder Services
Substance Use and Mental Illness Group	Substance Use Disorder Services
Substance Use Assessment	Substance Use Disorder Services
Substance Use Diversion	Substance Use Disorder Services
Substance Use Services	Substance Use Disorder Services
Substance Use Srvcs-HMIS	Substance Use Disorder Services
Substance Use Support Group	Substance Use Disorder Services
Twelve Step Classes	Substance Use Disorder Services
30 Day Follow-Up	Case Management
90 Day Follow-Up	Case Management
Action Plan	Case Management
Assessments	Case Management
Case Management - HPRP	Case Management
Case Management Session	Case Management
Case Manager Liaison	Case Management
Case/Care Mgmt-HMIS	Case Management
CM - Home Visit	Case Management
Consultation	Case Management
Direct Referral Program Referral	Case Management
Home Visit	Case Management
PCP (person-centered-plan)	Case Management
PCP Renewal	Case Management
PSH Eligibility and Screening	Case Management
Submit Documentation	Case Management
Supportive Services	Case Management
30 Day Retention Bonus	Employment Services
60 Day Retention Bonus	Employment Services
90 Day Retention Bonus	Employment Services
Academic Development- Academic Tutoring	Employment Services
Academic Development- Adult Literacy	Employment Services

Service Name	Service Category
Acquire GED	Employment Services
Career Interest and Strengths Assessment Completed	Employment Services
Career Readiness and Financial Literacy	Employment Services
Classroom Training	Employment Services
Computer Job Search	Employment Services
Create/ update resume- Campus	Employment Services
Educ-GED/Bi-lingual-HMIS	Employment Services
Education Assessment	Employment Services
Education Services	Employment Services
Employment Services - Campus	Employment Services
Employer Engagement	Employment Services
Employment Assistance	Employment Services
Employment Orientation	Employment Services
Employment Readiness Outreach/ Recruitment	Employment Services
Employment Resources	Employment Services
Employment Services	Employment Services
Employment/Income Planning	Employment Services
Employment/Job Develop/Find- HMIS	Employment Services
Financial Assistance	Employment Services
Financial Counseling	Employment Services
Financial Literacy	Employment Services
GED Attendance	Employment Services
Group Financial Literacy	Employment Services
Haven for Hope - Job Training	Employment Services
Increased Employment	Employment Services
Job Fair	Employment Services
Job Retention Support	Employment Services
Job Search - Morning Attendance	Employment Services
On-the-Job Training	Employment Services
Staff Assisted - Job Search	Employment Services
Staff Assisted Job Development	Employment Services
Tuition	Employment Services
Uniforms	Employment Services
Work Clothes	Employment Services
Work Clothes	Employment Services

Service Name	Service Category
Assist Obtaining Other Public Benefits	Benefits Services
Benefit Bank Service	Benefits Services
Benefits Appeal	Benefits Services
Benefits Application	Benefits Services
Benefits/ Entitlements Assistance	Benefits Services
SSDI Awarded	Benefits Services
SSI Awarded	Benefits Services
Activities- Educational	Enrichment Services
Activities- Enrichment	Enrichment Services
Activities- Recreational	Enrichment Services
Activities- Special Events	Enrichment Services
Anger Management Class	Enrichment Services
Communication 101	Enrichment Services
Frost Card	Enrichment Services
Gas Card	Enrichment Services
Gift Cards	Enrichment Services
Goal Setting	Enrichment Services
Hair Cut	Enrichment Services
Health Class	Enrichment Services
Health Education	Enrichment Services
Healthy Living	Enrichment Services
Grocery Store Gift Card	Enrichment Services
Life Skills - Daily Living	Enrichment Services
Life Skills - Handbook Orientation	Enrichment Services
Life Skills - Time Management	Enrichment Services
Life Skills Training	Enrichment Services
Life Skills-Group	Enrichment Services
Life Skills-Individual	Enrichment Services
Member Orientation	Enrichment Services
Navigation Center	Enrichment Services
Personal Enrichment/Life Skill-HMIS	Enrichment Services
Volunteer	Enrichment Services
Welcome Kit	Enrichment Services
Yoga	Enrichment Services
Baby Food/Formula	Family Services
Baby Wipes	Family Services
Car Seat	Family Services

Service Name	Service Category
Childcare	Family Services
Day Care-HMIS	Family Services
Diapers	Family Services
Family Shelter Service Referral	Family Services
Family Support (One on One)	Family Services
Family Support Assessment	Family Services
Family Support Communication	Family Services
Family Support Group	Family Services
Family Support Material Goods	Family Services
Family Support Misc	Family Services
Family Support Workshops	Family Services
Parenting Classes	Family Services
Positive Parenting	Family Services
School Supplies	Family Services
Stroller	Family Services
Bus Passes	Transportation
Bus Ticket	Transportation
Bus Ticket - StMU	Transportation
Taxi H4H Voucher	Transportation
Taxi MIH Voucher	Transportation
Taxi Voucher	Transportation
Transport Assist - Bus	Transportation
Transportation	Transportation
Transportation- Activities	Transportation
Transportation- Directly	Transportation
Transportation- Medical	Transportation
Transportation- Move-Out	Transportation
Transportation- Purchases	Transportation
Transportation- School	Transportation
Transportation/Bus Pass-HMIS	Transportation
Vehicle Assistance	Transportation
Vehicle Maintenance	Transportation
Birth Certificate Recovery	ID Recovery Services
ID Recovery	ID Recovery Services
ID/Birth Cert Recovery	ID Recovery Services
Obtain Soc Sec card	ID Recovery Services
Civil/Legal Services	Legal Assistance

Service Name	Service Category
Criminal Justice/legal-HMIS	Legal Assistance
Immigration/Legal Service	Legal Assistance
Legal Aid	Legal Assistance
Legal Fees	Legal Assistance
Notary Services	Legal Assistance
Jail Outreach	Jail Outreach
Backpack	Fundamental Services
Bag In	Fundamental Services
Bag Out	Fundamental Services
Bed Linens/Towels - HMIS	Fundamental Services
Blankets	Fundamental Services
Campus Orientation	Fundamental Services
Cell Phone	Fundamental Services
Centralized Shelter Referral	Fundamental Services
Clothes	Fundamental Services
Clothing Financial Assistance	Fundamental Services
Clothing Provided	Fundamental Services
Clothing Voucher	Fundamental Services
Evening Medication - CY	Fundamental Services
Evening Medication - IHWP	Fundamental Services
Hygiene Items Financial Assistance	Fundamental Services
Hygiene Kit	Fundamental Services
Hygiene Kit - Personal Care	Fundamental Services
Hygiene- Body Care	Fundamental Services
Hygiene- Hair Care	Fundamental Services
Laundry Service	Fundamental Services
Linens	Fundamental Services
Medication Assistance	Fundamental Services
Medication Disposed	Fundamental Services
Medication Drop Off CY	Fundamental Services
Medication Education	Fundamental Services
Medication Logged in	Fundamental Services
Medication Logged out	Fundamental Services
Medication Pick Up CY	Fundamental Services
Midday Medication - CY	Fundamental Services
Midday Medication - IHWP	Fundamental Services
Morning Medication - CY	Fundamental Services

Service Name	Service Category
Morning Medication - IHWP	Fundamental Services
Outreach and Engagement	Fundamental Services
Outreach Street	Fundamental Services
Outreach/Street Outreach-HMIS	Fundamental Services
PCY Storage	Fundamental Services
Pillow Case	Fundamental Services
Reading Glasses	Fundamental Services
Shoes	Fundamental Services
Shower Provided	Fundamental Services
Socks	Fundamental Services
Thrift Store Voucher	Fundamental Services
Towels	Fundamental Services
Undergarment Clothing	Fundamental Services
Water - Given	Fundamental Services
Breakfast at CY	Meals
Dinner at CY	Meals
Food	Meals
Food-HMIS	Meals
Lunch at CY	Meals
Meal	Meals
Meal Seconds Breakfast	Meals
Meal Seconds Dinner	Meals
Meal Seconds Lunch	Meals
Meals	Meals
Sack Lunch	Meals
SAFB Breakfast- Campus	Meals
SAFB Dinner - Campus	Meals
SAFB Lunch- Campus	Meals
SAFB Sack Meal - CHCS COSA ITP M	Meals
SAFB Sack Meal - Detox - Breakfast	Meals
SAFB Sack Meal - Detox - Dinner	Meals
SAFB Sack Meal - Detox - Lunch	Meals
SAFB Sack Meal - Haven for Hope Dorms	Meals
SAFB Sack Meal - IHRP	Meals
SAFB Sack Meal - Intake	Meals
SAFB Sack Meal - Lunch	Meals
SAFB Sack Meal - Next Right Step	Meals

Service Name	Service Category
SAFB Sack Meal YMCA - Breakfast	Meals
SAFB Sack Meal YMCA - Lunch	Meals
SAFB Snack - Detox	Meals
SAFB Snack - Haven for Hope Dorms	Meals
SAFB Snack - IHRP	Meals
SAFB Snack - IHWP	Meals
SAFB Snack - Next Right Step	Meals
SAFB Snack - YMCA	Meals
Shelter Meals	Meals
Snacks	Meals
Snacks at CY	Meals
Verified Worker Sack Lunch	Meals
Housing Advocacy or Mediation	Housing Services
Housing Application Assistance	Housing Services
Housing Assessment	Housing Services
Housing Assistance	Housing Services
Housing Education	Housing Services
Housing Inspections	Housing Services
Housing moving assistance	Housing Services
Housing Orientation	Housing Services
Housing Placement	Housing Services
Housing Referral	Housing Services
Housing Relocation and Stabilization	Housing Services
Housing Retention - Not Housed	Housing Services
Housing Retention - Still Housed	Housing Services
Housing Search and Placement	Housing Services
Housing Stability Case Management	Housing Services
Housing Stability Plan and Budget	Housing Services
Housing/Shelter-HMIS	Housing Services
HSV Application Assistance	Housing Services
HSV Interview	Housing Services
Lease Agreement	Housing Services
Permanent Housing Services	Housing Services
Residential Contact	Housing Services
Residential supportive services	Housing Services
SAHA-HSV	Housing Services

Service Name	Service Category
Application Fee Assistance	Housing Payments and Deposits
Application Fee Assistance - Funding Specific	Housing Payments and Deposits
Arrears -Rental	Housing Payments and Deposits
CEAP (Bexar County)	Housing Payments and Deposits
Cleaning Supplies	Housing Payments and Deposits
Food Pantry	Housing Payments and Deposits
Food Pantry Items	Housing Payments and Deposits
Full Mattress with Frame	Housing Payments and Deposits
Full size Mattress w/frame	Housing Payments and Deposits
Furniture	Housing Payments and Deposits
Furniture - Donated	Housing Payments and Deposits
Furniture - Purchased	Housing Payments and Deposits
General Housing Stability Assistance	Housing Payments and Deposits
Groceries Financial Assistance	Housing Payments and Deposits
Haven Ambassador	Housing Payments and Deposits
Home Repair Assistance	Housing Payments and Deposits
Homeless Prevention	Housing Payments and Deposits
Homelink Diversion CE Referral	Housing Payments and Deposits
Homelink Prevention Enrollment	Housing Payments and Deposits

Service Name	Service Category
Household Good Financial Assistance	Housing Payments and Deposits
Household Goods	Housing Payments and Deposits
Kitchen Items	Housing Payments and Deposits
Landlord Incentive/Risk Fee Assistance	Housing Payments and Deposits
Landlord Incentives - Funding Specific	Housing Payments and Deposits
Material Goods	Housing Payments and Deposits
Material Goods/Cleaning Supplies	Housing Payments and Deposits
Material Goods/Clothes-HMIS	Housing Payments and Deposits
Mortgage Payment Assistance	Housing Payments and Deposits
Move Out Assistance	Housing Payments and Deposits
Move Out Kit	Housing Payments and Deposits
Mover Cost Assistance	Housing Payments and Deposits
Moving Van Rental/Movers Assistance	Housing Payments and Deposits
Moving Van Rental/Movers Assistance - Funding Specific	Housing Payments and Deposits
Non-SMI Financial Assistance	Housing Payments and Deposits
One-time rent for eviction prevention	Housing Payments and Deposits
Other Financial Assistance	Housing Payments and Deposits
Pet Deposit Fee Assistance	Housing Payments and Deposits
Pet Deposit Fee Assistance - Funding Specific	Housing Payments and Deposits

Service Name	Service Category
Property Tax Assistance	Housing Payments and Deposits
Rental Assistance (Short Term)	Housing Payments and Deposits
Rental Deposit Assistance	Housing Payments and Deposits
Rental Payment Assistance	Housing Payments and Deposits
Rental Payment Assistance - Funding Specific	Housing Payments and Deposits
Risk Fee Assistance - Funding Specific	Housing Payments and Deposits
Safety Net Electric Assistance	Housing Payments and Deposits
Security Deposit Assistance	Housing Payments and Deposits
Security Deposit Assistance - Funding Specific	Housing Payments and Deposits
Shallow Subsidy	Housing Payments and Deposits
Shallow Subsidy - Financial Assistance	Housing Payments and Deposits
Tenant Based Rental Assistance	Housing Payments and Deposits
Tenant Incentive	Housing Payments and Deposits
Twin Mattress with Frame	Housing Payments and Deposits
Twin size mattress w/frame	Housing Payments and Deposits
Utilities Deposit Assistance	Housing Payments and Deposits
Utilities Deposit Assistance - Funding Specific	Housing Payments and Deposits
Utilities Payment Assistance	Housing Payments and Deposits
Utilities/Electricity Assistance	Housing Payments and Deposits
Assist Obtaining VA Benefits	Veteran Services

Service Name	Service Category
Veteran Services	Veteran Services
Veterans Benefit Counseling	Veteran Services
Attend Bible Study	Spiritual Services
Connected to Congregation	Spiritual Services
Connected to Soul Friend	Spiritual Services
Faith and Works	Spiritual Services
One-on-one Spiritual Care	Spiritual Services
Spiritual Care on Site	Spiritual Services
Spiritual Connect Off Site	Spiritual Services
Spiritual Crisis Care	Spiritual Services
Spiritual Education	Spiritual Services
Spiritual Services Aftercare	Spiritual Services
Spiritual Services Special Events	Spiritual Services

Appendix **b**

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Executive Summary

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