



HOMELESS SERVICE OUTCOMES AND REASONS FOR RE-ENTRY

Background

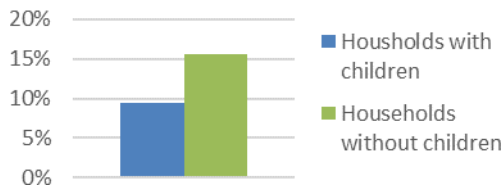
In addressing the issue of homelessness, much attention is given to the rate at which individuals are placed into housing. Less consideration has been given to tracking the long-term outcomes of those who exit homelessness and the rates of re-entry into the homeless system. According to the Los Angeles Homeless Services Authority, 16,519 people were placed into housing in 2017. However, there is a shortage of research that examines the outcomes of individuals as they engage with the different homeless interventions and the ability of these interventions to help individuals avoid returning to homelessness.

Homeless Intervention Outcomes

A majority of homeless service programs fall within three main intervention categories: rapid re-housing (RRH), transitional housing (TH), and permanent supportive housing (PSH).

Rapid Re-Housing

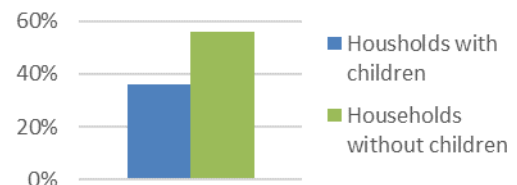
Percent of RRH households returning to emergency shelter within 2 years



Source: Byrne et al., 2015

Transitional Housing

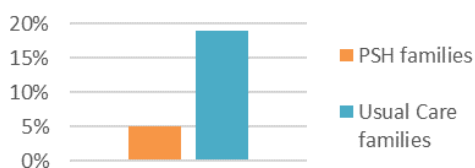
Percent of TH households re-entering homelessness after exiting services



Source: Wilder Research Foundation, 2015

Permanent Supportive Housing

Percent of PSH and Usual Care families returning to homelessness within 2 years



Source: Family Options Study, 2015

Research shows that those who experienced new episodes of homelessness after exiting PSH spent an average of 7.6 fewer months in the PSH program than those who remained stably housed after exit.

Key Takeaways:

- Research suggests rapid re-housing and permanent supportive housing are more likely than other interventions to reduce the rate at which individuals return to homelessness after previously exiting.
- Existing data shows that Black homeless individuals are at higher risk of returning to homelessness than most other racial/ethnic groups.
- Reasons for returns to homelessness can include:
 - a lack of social support to navigate the process of receiving services,
 - exiting homelessness into tenuous circumstances rather than stable housing, and
 - age of the head of household, which research shows can determine the ability of securing housing options other than emergency shelter.



Literature Review

Background and Research Motivation

Research has signaled that homelessness is dynamic in nature and that most homeless people have experienced multiple episodes of homelessness (Anucha, 2005). This trend of homeless recurrence indicates that the issue for many homeless individuals extends beyond simply being placed into housing and exiting homelessness. Housing placement rates are frequently looked to as an indicator of performance for combating homelessness. However, little is understood about the long-term outcomes of homeless service programs aimed at helping people achieve housing stability (Brown et al., 2017). As efforts to address homelessness continue to gain momentum across the country, it is important to investigate what strategies are working, to what degree, and for whom. This memo reviews existing literature that explores the outcomes of individuals receiving services through the homeless system and provides context as to why people may re-enter the system.

Homeless Services Outcomes

Understanding the outcomes of individuals who receive services through the homeless system can lend insight to why people may return to homelessness after previously exiting into housing. A majority of homeless service programs fall within three main intervention categories: rapid re-housing, transitional housing, and permanent supportive housing. When evaluating homeless intervention programs such as these, most researchers prioritize outcomes related to housing stability. In studying these outcomes, the focus tends to center on returns to homelessness – which is often quantified by returns to emergency shelters (Rodriguez and Eidelman, 2017).

Rapid Re-Housing

According to the US Interagency Council on Homelessness, rapid re-housing (RRH) is an intervention designed to help individuals and families that do not need intensive and ongoing supports in order to quickly exit homelessness and return to permanent housing. Services provided through RRH programs are uniquely tailored to the needs of the household and typically last an average of 6 months or less. Following the Housing First Model, RRH assistance is not contingent on preconditions such as employment, sobriety, or absence of criminal record.

The Family Options Study was designed to give a measure of the relative impacts of various housing and services interventions for families. Researchers recruited families from emergency shelters in 12 participating study sites and randomly assigned them to one of four intervention types: housing subsidies (typically a housing voucher), usual care (UC), community-based rapid re-housing, or project-based transitional housing (Gubits et al., 2015). By creating an experimental design and sampling families from 12 sites across the United States, the Family Options Study is considered the most rigorous evaluation of homeless interventions to date. The study found that among who were assigned to RRH services, 19.9% returned to an emergency shelter 7 to 18 months after enrolling in services. Findings from this study regarding RRH outcomes show less significant variations in returns to homelessness than do most other local and national evaluations of RRH programs.



During the first year of RRH implementation in the state of Georgia, researchers found that 7.2% of RRH clients who transitioned out of homelessness returned to emergency shelter within two years (Rodriguez, 2013). In addition to studying RRH outcomes for veteran families, Byrne et al. (2015) conducted separate analyses for veteran households with children and those without children – the only RRH analysis to do so. The results showed that among veteran families, 9.4% of households with children and 15.5% of households without children who exited RRH returned to emergency shelter within two years.

Local and national evaluations of the federal Homelessness Prevention and Rapid Re-Housing Program (HPRP) have also examined long-term outcomes for those receiving homeless services. As part of the HPRP demonstration study, HUD awards funds to 23 urban communities for the purpose of implementing and evaluating RRH programs. Evaluations of these HPRP programs showed that 6% of families who exited RRH returned to either emergency shelter or transitional housing within a year (Spellman et al., 2014).

Transitional Housing

HUD defines transitional housing (TH) as providing temporary housing (capped at 24 months) paired with generalized supportive services, and requiring lease agreements to be in place during the stay. In evaluating TH services, the Family Options Study determined that 18.5% of TH families returned to emergency shelter 7 to 18 months after enrolling in receiving services. The study goes further by comparing both TH and RRH families with UC families who are defined as accessing services in the absence of referral to other interventions. These comparisons found that TH families had consistently better outcomes than the UC group, and RRH families did not (Gubits et al., 2015). However, as Rodriguez and Eidelman (2017) point out, these outcomes were recorded less than two years after enrollment in services. So it is possible that many TH families had not yet exited their programs – potentially producing conservative estimates of family homelessness at the time of follow-up.

Quantitative evaluations of TH outcomes are scarce and are often specific to households with children (Rodriguez and Eidelman, 2017). Burt (2010) analyzed 36 TH programs across the United States and found that between 2.1% and 10.3% of families returned to homelessness within 12 months of exiting the program. An evaluation of a family TH program in Atlanta, Georgia found that 43% of former residents had their own unsubsidized apartment, and another 36% of former residents possessed a housing voucher at the time of follow up (Fischer, 2000). One of the few studies examining TH outcomes for both individual and family participants, conducted by the Wilder Research Foundation (2015), found that 45% of those who exited TH had experienced homelessness at least once since exiting. Additionally, the study found that substantially more individuals (56%) than family participants (36%) experienced a return to homelessness. For those in transitional housing, long-term analysis indicates that exiting to subsidized housing predicted greater housing stability outcomes (Wilder Research, 2015).

Permanent Supportive Housing

Permanent supportive housing (PSH), unlike most other interventions, is a non-time-limited model that combines housing, health care, and supportive services (Wilder Research, 2015). The existing range of studies demonstrate that the permanent supportive housing (PSH) model has been successful in reducing homelessness, increasing housing tenure, and decreasing emergency room visits and hospitalization (Rog, 2014). Those who experience new episodes of homelessness after exiting PSH have been shown to spend on average 7.6 fewer months in the program as compared with those who remained stably housed after exit (Wilder Research, 2015).



Analysis of the PSH model have shown that it is an effective intervention in helping families avoid returns to homelessness. The nationwide Family Options Study found that only 5% of families who received permanent housing reported a return to emergency shelter 21 to 32 months after receiving services – this compared with 19% of usual care families who returned to emergency shelter over the same period. Additionally, the study’s 20-month impact analysis determined that PSH had beneficial impacts that extended beyond housing stability to other domains such as family preservation, adult well-being, child well-being, and self-sufficiency (Gubits et al., 2015). Lenz-Rashid (2017) tracked outcomes for at-risk youth who lived with their parents in a Sacramento PSH program and found that only 10% of youth re-entered the foster care system after exiting PSH services. For those who did re-enter the foster care system after engaging with the PSH program, the study showed their stays were much shorter than youth who re-entered without previously receiving PSH.

Literature suggests that PSH is also an effective intervention among adult homeless individuals. An analysis of both permanently housed and non-permanently housed HPRP participants in Indianapolis, Indiana found that 9.5% of those permanently housed returned to services 4.5 year after exiting, as compared with 16.9% of non-permanently housed individuals re-entering homelessness (Brown et al., 2017). Pearson and Montgomery (2009) analyzed the outcomes of single, homeless adults with serious mental illness and substance-related disorders who resided in PSH. Data from the 12-month follow-up point showed that 84% of participants remained housed through the PSH program or some other form of housing. Research examining the efficacy of PSH and its ability to support aging in place shows substantial declines in days spent homeless and an increase in days lived independently among participants. However, engagement with the homeless system declined less for older adults (aged 50+) than younger adults (aged 35-49) (Henwood, Katz, & Gilmer, 2014).

Reasons for Returns to Homelessness

Research suggests that while there is an absence of theoretical models that explain returns to homelessness, theoretical frameworks that explore initial vulnerability to homelessness can offer useful perspective because factors associated with the first episode of homelessness might also be associated with subsequent instances of homelessness. Discussions regarding such theoretical explanations fall into two large groups – those who explain homelessness based on individual vs. structural deficits and those that explain homelessness based on problematic relational issues, such as disaffiliation or social exclusion (Anucha, 2005).

Similarly, relationships have been shown to have a significant impact on exits from and returns to homelessness. Strong social capital has been found to be key in facilitating successful exits from homelessness and maintaining stability. Evidence suggests that the more social support individuals receive from family, friends, or romantic partners, the fewer episodes of homelessness they experience. Additionally, those who have access to financial and emotional support are more likely to successfully navigate the transition from homelessness to a permanent housing situation (Duchesne and Rothwell, 2016). Without the proper social support systems to help coordinate a successful exit from homelessness, it can be difficult to maintain stability.



Researchers have also used age as a predictor for returns to homelessness. Younger heads of households are more likely to double up with family or friends when facing the prospect of homelessness. However, as heads of households get older, access to practical doubling-up options decline and the likelihood of entering emergency shelter increases (Glendening and Shinn, 2017). Studies also show that individuals who experience an imposed departure from services have some of the highest rates of returns to shelter among all departure types. Imposed departures take place when the participant is asked to leave the intervention program. This type of departure may be the result of any number of factors, including refusal to pay rent, behavioral issues, and absence, among others. This correlation implies that imposed departures are associated with characteristics that result in poor outcomes, or that shelter policies that lead to imposed departures have some unintended consequences on residents (Duchesne and Rothwell, 2016).

One of the most impactful variables on returns to homelessness is the type of housing situations individuals exit to once leaving the system. Exiting to precarious or unstable situations markedly increases the likelihood of re-entering services. Additionally, history of prior homelessness can impact whether individuals return to services. People are less likely to return to homelessness if they had never been homeless before (Dworsky and Piliavin, 2000).

Literature suggests that Black homeless individuals trend toward a significantly greater risk of service re-entry than most other racial/ethnic groups (Brown et al., 2017). However, there is a paucity of data that explores the long-term outcomes of homeless individuals and families by race specifically. Qualitative studies on the experiences of Black and White homeless youth illustrate differences in how homelessness is viewed. Black homeless youth are less likely than White youth to perceive themselves as “homeless” and are thus less likely to utilize or access relevant services (Hickler and Auerswald, 2009).

Policy Considerations

An analysis of the interim housing system revealed that housing placement and outcome information upon exit from interim housing services is not available in over 76% of stays from January 2010 to April 2017 (California Policy Lab, 2018). This underscores the dearth of data on the outcomes of individuals who cycle through the homeless system and highlights the need for more comprehensive research on this topic. Though there are a shortage of studies that explore the long-term outcomes of homeless interventions, existing research suggests that RRH and PSH produce positive outcomes on a more consistent basis than other services. However, the fact that each individual intervention may service a different segment of the homeless population should be taken into consideration when evaluating outcomes and crafting future intervention programs. Further research is needed on the variation of outcomes between racial groups to help further understand how best to assist historically underserved groups, specifically in the homeless population. Understanding these outcomes is key to utilizing homeless prevention funds in an effective and equitable manner.

*For questions about the Homelessness Policy Research Institute,
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