The Evidence Behind Approaches that Drive an End to Homelessness

We know that the only true end to homelessness is a safe and stable place to call home, and that together we are making progress by using best practices and building coordinated responses to end homelessness across America. Our understanding of the solutions that work is informed by evidence from research, improved capacity for data collection and interpretation, and the perspectives and voices of people who have experienced homelessness.

Evidence from all of these sources guides the strategies in *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness*.[1] Further, USICH has explored research and data regarding the characteristics and risks for homelessness among different population groups in our *Homelessness in America* series.[2]

The purpose of this brief is to share highlights of the evidence that informs the key strategies for preventing and ending homelessness and guides investments in cost-effective solutions. This brief builds on a 2017 fact sheet, *The Evidence Behind Approaches that Drive an End to Homelessness*.[3]

This brief summarizes the importance of housing stability and the evidence base for approaches such as prioritizing people for new and existing housing that is affordable, providing rapid re-housing to families and individuals, and providing supportive housing opportunities to people with the most intense needs.

This brief also provides citations to additional resources that provide more comprehensive reviews of published research, and in-depth studies that provide more information about promising programs and the people they serve.

The Importance of Housing Stability

Housing stability is essential to strong and healthy communities and for people to address their challenges and pursue their goals. Substantial evidence indicates that when people experience homelessness or other forms of housing instability, their prospects for future educational attainment, employment growth, health stability, and family preservation are significantly reduced.[4]

For many people in our country, the lack of a safe and stable home also results in increased use of crisis services, such as shelter, emergency departments, jails, prisons, detox programs, and psychiatric institutions, as well as

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[1] U.S. Interagency Council on Homelessness (2018). Home, Together: The Federal Strategic Plan to Prevent and End Homelessness. Available at https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf.

[2] U.S. Interagency Council on Homelessness (2018). Homelessness in America. Available at https://www.usich.gov/tools-for-action/homelessness-in-america.

[3] U.S. Interagency Council on Homelessness (2017). The Evidence Behind Approaches that Drive an End to Homelessness Fact Sheet. Available at https://www.usich.gov/tools-for-action/the-evidence-behind-approaches-that-drive-an-end-to-homelessness.

[4] U.S. Interagency Council on Homelessness (2019). The Importance of Housing Affordability and Stability for Preventing and Ending Homelessness. Available at https://www.usich.gov/tools-for-action/the-importance-of-housing-affordability-and-stability-for-preventing-and-ending-homelessness.

greater engagement with other costly systems like child welfare and criminal/juvenile justice.[5] For families with children and youth experiencing homelessness and housing instability, the result is often poor performance in school and reduced likelihood of educational and employment success.[6]

Informed by this understanding of the profound impact of housing instability on both the lives of individuals and families and on local and state budgets, communities have increasingly focused on creating strong permanent housing outcomes, ending people's experience of homelessness as quickly and efficiently as possible, and providing them with the appropriate level of tailored services to support their long-term stability in housing. This shift in focus has helped drive implementation of Housing First approaches across the country, removing as many barriers, obstacles, and unnecessary requirements as possible for accessing a range of permanent housing options.

There are multiple strategies and models for fostering housing stability, and interventions should be tailored to the needs and strengths of people who experience homelessness. Many communities are striving to drive progress by prioritizing people experiencing homelessness for existing and new affordable housing opportunities and by expanding the availability of shorter-term interventions, such as rapid re-housing, that connect families and individuals to private market housing they can afford with short-term financial assistance and services to ensure their stability.

For many people who experience homelessness, mainstream systems play critical roles in facilitating connections to jobs, work supports, educational opportunities, physical health care, behavioral health services, and other services that can support continued stability.

Communities are also improving targeting and increasingly dedicating more expensive and intensive models, like **supportive housing with longer-term, more-intensive services for people with the most significant needs**, such as people with disabilities exiting or at risk of chronic homelessness.

In their efforts to better tailor and target housing and services interventions, to use available resources as efficiently as possible, and to ensure that those with the greatest needs are prioritized for the most intensive assistance, communities are **developing coordinated systems with multiple points of access and standardized approaches to assessment** that streamline connections to resources and programs.

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[5] National Academies of Sciences, Engineering, and Medicine (2018). Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. Washington, DC: The National Academies Press.
[6] MacArthur Foundation (2017). Housing: Why Educators, Health Professionals and Those Focused on Economic Mobility Should Care About It – Lessons Learned from the MacArthur Foundation's Investment in Housing Research.

The Evidence Base for These Approaches

There is a significant body of research and evidence that documents the positive impacts of housing stability—and the negative impacts of housing instability—on families and individuals. Accordingly, effective responses to homelessness focus on helping people get and keep housing, and to use housing as a foundation for accessing services, supports, and opportunities in their communities.

Housing First approaches help ensure that people experiencing homelessness are connected to permanent housing swiftly with as few obstacles as possible. This approach requires eliminating or reducing the use of treatment preconditions, behavioral contingencies, and other barriers or requirements prior to housing or as a condition for continued tenancy in housing.

Housing First is not housing only. Rather, these approaches are based on a substantial and growing body of evidence that people experiencing homelessness can achieve stability in permanent housing when they are provided the appropriate level of tailored services and supports. These approaches are both cost effective and create stronger outcomes.[7]

Studies of programs using Housing First approaches for people experiencing homelessness have included a variety of program configurations serving people with serious mental illness, people with severe alcohol use disorders and other substance use disorders, Veterans, and people experiencing chronic homelessness, as well as programs that specifically target the highest cost users of public services.

As summarized in a recent review of the research literature, costs for emergency shelter, and visits to hospital emergency rooms, are significantly lower for people who receive an intervention offered using Housing First approaches.[8] The effects of Housing First approaches on hospitalizations, for both medical and psychiatric care, are more ambiguous, with most studies showing decreases in utilization and costs for inpatient care. In some studies, including those that include a comparison group and programs that serve persons with more moderate needs, inpatient costs increased for persons served by Housing First approaches. This may be because the Housing First approaches offered support that led people to receive needed care for health conditions that had been neglected when they were experiencing homelessness. Most studies documented decreased criminal justice system costs, associated with fewer arrests and days of incarceration.[9]

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[7] Culhane, D. and Byrne, T. (2010) Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration. *University of Pennsylvania ScholarlyCommons*.

[8] Ly, A. and Latimer, E. (2015). Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature. *The Canadian Journal of Psychiatry* 60(11) 475-487.

[9] Ibid.

While most of the evidence for the impact of Housing First comes from evaluations of programs that offer permanent supportive housing to persons with behavioral health disorders who experience chronic homelessness, there is growing recognition of the value of Housing First approaches and practices as the basis for a community- or systems-level framework to ending homelessness. A systems-level approach organizes diverse stakeholders across multiple systems to use principles of Housing First to work together toward the shared goal of reducing and preventing homelessness. The approach focuses on first moving people from homelessness into housing as quickly as possible, and then providing the supports they need to maintain stability.[10]

This framework recognizes that housing provides a secure platform that supports recovery from trauma and homelessness. When communities offer a range of housing options that have varying levels of tolerance for substance use, this provides a safer environment for people experiencing homelessness who are often marginalized, stigmatized, and vulnerable because of poverty and behavioral health disorders.[11]

In addition to offering permanent housing using Housing First program models, a systems-level Housing First approach offers safe, flexible, interim housing options for vulnerable people who need a place to stay because of delays in finding permanent housing, or during gaps in housing when they relocate from one place to another for reasons that might include problems with landlords or roommates.[12]

Prioritizing People Experiencing Homelessness for New and Existing Housing That Is Affordable

With support of federal and national partners, many communities are focusing greater attention on targeting and prioritizing people experiencing homelessness for existing and new affordable housing opportunities. In addition to addressing a need for housing for those exiting homelessness, access to housing that is affordable across all levels of the economic spectrum is also critical for preventing homelessness from occurring in the first place. Many communities are implementing multiple strategies to better align affordable housing efforts with work to end homelessness.[13]

These efforts are informed by evidence that safe and affordable housing provides a **wide range of positive impacts for adults and children.**

- HUD's large-scale Family Options Study demonstrated that access to permanent housing subsidy leads to substantial benefits in reducing food insecurity and school mobility and improving adult and child well-being and long-term housing stability.[14]

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[10] Turner, A. (2014). Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness. University of Calgary, The School of Public Policy.

[11] Pauly, B., Reist, D., Belle-Isle, L. and Schactman, C. (2013). Housing and Harm Reduction: What is the Role of Harm Reduction in Addressing Homelessness? *International Journal of Drug Policy* 24 284-290.

[12] Zerger, S., et al. (2014). The Role and Meaning of Interim Housing in Housing First Programs for People Experiencing Homelessness and Mental Illness. *American Journal of Orthopsychiatry* 84(4) 431-437.

[13] U.S. Interagency Council on Homelessness (2019). Aligning Affordable Housing Efforts with Actions to End Homelessness. Available at https://www.usich.gov/resources/uploads/asset_library/Aligning-Affordable-Housing-Efforts-with-Actions-to-End-Homelessness.pdf

[14] Gubits, D, et al. (2016). Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families. Available at https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf.

- In another study, children living in subsidized housing were more likely to be food secure, less likely to be seriously underweight, and more likely to be classified as "well" on a composite indicator of child health, compared to their peers whose families were on the wait list for subsidized housing.[15]

- Research also demonstrates that housing strengthens family well-being and reduces violence and insecurity. Providing families experiencing homelessness with access to a permanent subsidy leads to significant spillover effects, including dramatic reductions in child separations, domestic violence, and psychological distress – all of which have powerful impacts on child well-being.[16]

Providing Rapid Re-housing to Families and Individuals

Rapid re-housing is designed to help individuals and families experiencing homelessness return to permanent housing as quickly as possible, through three primary components: housing identification, rent and move-in assistance, and case management and services to support housing stability. Implementation of rapid re-housing interventions emphasizes shortening the length of time that people experience homelessness, minimizing the negative impacts of homelessness that intensify over time, and preventing future returns to homelessness.

The research and emerging evidence on rapid re-housing thus far suggests cost-effectiveness and outcome improvements, as summarized below.

- **Low costs compared to other housing interventions.** In the Family Options Study, rapid re-housing had the lowest per family monthly cost of any intervention studied, as well as the lowest cost for an average stay. The cost for an average stay for a family in each type of program was $6,578 for rapid re-housing, compared with $16,829 for emergency shelter, $18,821 for a permanent subsidy, and $32,557 for transitional housing.[17]

- **High rates of placement into permanent housing.** Eighty percent (80%) of households receiving rapid re-housing services through the VA's Supportive Services for Veteran Families (SSVF) program had permanent housing upon program exit. Veterans with no income and those with less than $500 in monthly income at program entry still achieved a high rate of success in getting and keeping permanent

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[15] Children's HealthWatch Medical-Legal Partnership (2009) "Rx for Hunger: Affordable Housing." Available at https://childrenshealthwatch.org/wp-content/uploads/rxforhunger_report_dec09-1.pdf.
[16] Gubits, D., et al. (2016). Family Options Study: 3-Year Impacts.
[17] Gubits, D., et al. (2016). Family Options Study: 3-Year Impacts.

housing at program exit.[18] An even higher proportion (90%) of families in the Rapid Re-housing for Homeless Families Demonstration evaluation exited the program with a housing placement.[19]

- **Modest increases in measures of family self-sufficiency.** For households participating in the SSVF program, the median monthly income increased from $251 at program entry to $450 at exit.[20]

The rapid re-housing program model was initially designed for families with children, and it has frequently been implemented to assist households with moderate barriers to housing stability.[21] Today, however, it is increasingly being used to serve individuals and persons with greater barriers to housing stability.

In FY 2017, 60,567 Veterans participated in rapid re-housing services funded through the VA's SSVF program. As noted above, this program is evidenced to have high rates of placement into permanent housing.

- More than two-thirds (69%) of persons served were Veterans in households without children.

- Nearly half (49%) of the literally homeless Veterans who received rapid re-housing services were living in unsheltered situations, including vehicles or other outdoor locations, prior to program entry.

- More than three in five (62%) of the Veteran participants in the SSVF program had a disabling condition.

- Nearly half (47%) of Veterans who successfully exited from SSVF rapid re-housing programs to permanent housing were in unsubsidized rental housing, while a little less than half (44%) were using a long-term rental subsidy (most frequently HUD-VASH).[22]

The strategic expansion of rapid re-housing opportunities also recognizes that some models of time-limited assistance or bridge housing can also facilitate connections to permanent housing effectively and efficiently, especially for some subpopulations.

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[18] U.S. Department of Veterans Affairs (2018). Supportive Services for Veteran Families (SSVF): FY 2017 Annual Report. Available at https://www.va.gov/homeless/ssvf/docs/SSVF_FY2017_AnnualReport_508.pdf.
[19] U.S. Department of Housing and Urban Development (2016). Rapid Re-housing for Homeless Families Demonstration Report Part II: Demonstration Findings – Outcomes Evaluation. U.S. Department of Housing and Urban Development: Washington, D.C.
[20] Ibid.
[21] Cunningham, M., Gillespie, S., and Anderson, J. (2015). Rapid Re-housing: What the Research Says. Urban Institute: Washington D.C. Available at
https://www.urban.org/sites/default/files/publication/54201/2000265-Rapid-Re-housing-What-the-Research-Says.pdf.
[22] U.S. Department of Veterans Affairs (2017). Supportive Services for Veteran Families (SSVF): FY 2016 Annual Report. Available at www.va.gov/HOMELESS/ssvf/docs/SSVF_FY2016_Annual_Report_508c.pdf.

Providing Supportive Housing Opportunities to People with Most Intense Needs

Supportive housing is a proven, cost-saving intervention that combines non-time-limited housing assistance with wrap-around supportive services for individuals and families with the longest histories of homelessness and most complex care needs. The supportive housing model incorporates a range of approaches that are tailored to the household's unique preferences and needs. Supportive housing is designed to offer housing support with no time limitation or preconditions, such as sobriety, absence of criminal record, medication adherence, or participation in services. While participation in services is encouraged, often as part of a comprehensive client-centered case management model, it is not a condition of living in the housing.

A very substantial body of research and evidence has consistently demonstrated both the cost savings created through supportive housing and its effectiveness in ending homelessness for those with the most complex needs and most significant challenges, as summarized below.
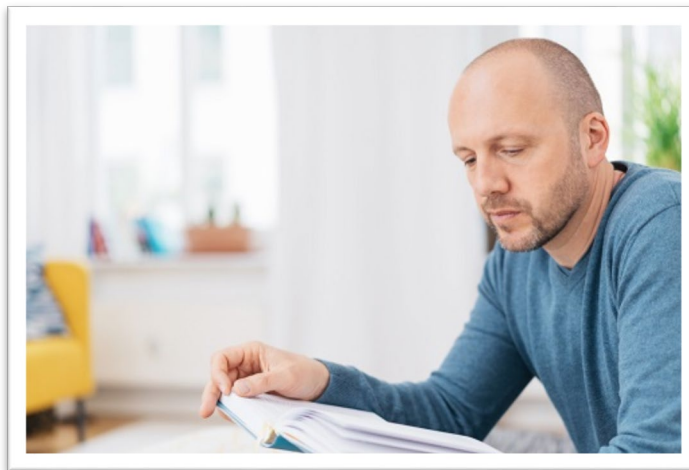
- **Cost offsets and savings.** Over more than a decade, dozens of studies conducted across the country demonstrate that the costs of delivering supportive housing are offset in large part by reductions in the use of crisis services, including shelters, jails, ambulances, and hospitals. Cost offsets are generally higher for higher-need tenants who have higher rates of utilization of these crisis services.[23] Key studies include:

  - In the Chicago Housing and Health Partnership, individuals experiencing homelessness who were receiving inpatient hospital care for chronic medical conditions were randomly assigned to receive usual care or access to recuperative care (respite) and supportive housing. The intervention group had 29% fewer hospitalizations, 24% fewer emergency room visits, and 24% fewer days in nursing homes. Compared to usual care, annual cost savings for the intervention group averaged $6,307 per person.[24]

  - Cost savings have also been demonstrated in New York City, where Medicaid costs decreased by about one-third for individuals who participated in a supportive housing program for adults with active substance use disorders, compared to similar people experiencing homelessness who did not receive supportive housing.[25]

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[23] National Academies of Sciences, Engineering, and Medicine (2018) and National Alliance to End Homelessness (2015). Permanent Supportive Housing Cost Study Map. Available at http://www.endhomelessness.org/library/entry/permanent-supportive-housing-cost-study-map.

[24] Sadowski, L., et al. (2009). "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Homeless Adults." Journal of the American Medical Association 301 (17), 1771-1778; Basu A., et al. (2012). "Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care." Journal of Health Services Research. DOI: 10.1111/j.1475-6773.2011.01350.x.

[25] Hall, G., et al. (2014). Public Service Use and Costs Associated with NY/NY III's Supportive Housing for Active Substance Users. Columbia University, The National Center on Addiction and Substance Abuse.

- o New York City's FUSE II Initiative provided supportive housing to individuals who had been frequent users of jail and shelter services. After one year, over 91% of participants were housed in permanent housing. Relative to a comparison group, FUSE II participants' use of emergency shelters was reduced by 70%, and they had 40% fewer days incarcerated. Participants were also much less likely to use other crisis services, including ambulance rides and psychiatric hospitalizations.[26]

- o The evaluation of the Los Angeles Housing for Health Program found that costs for public services consumed in the year after participants moved into supportive housing declined by nearly 60%, from an average of $38,146 in the year prior to housing, to $15,358 in the year after housing. These cost reductions reflected fewer emergency room visits and arrests, and shorter inpatient hospital stays.[27]

- **Participants were much less likely to return to homelessness.** Even tenants with the longest histories of homelessness and most complex needs remain stably housed once connected with supportive housing.[28] Evaluations of supportive housing programs using a Housing First approach generally show housing retention rates between 75-85% for single adults and between 80-90% for families.[29]

  - o An evaluation of the Los Angeles Housing for Health program, which provided supportive housing for people with complex health needs and frequent users of hospital care who were experiencing homelessness, found that more than 96% of those who entered housing remained stably housed for at least one year. Nearly all (83%) of the people served in this housing program were experiencing chronic homelessness.[30]

  - o People move out of supportive housing for a variety of reasons; some may leave because they have achieved stability and no longer need assistance, while others may leave because of eviction. An analysis of data from the HUD-VA Supportive Housing (HUD-VASH) program found that only one in ten Veterans who left HUD-VASH housing exited due to eviction. Veterans who left because of eviction were more likely to be male and significantly more likely to have a serious mental illness or substance use disorder, as compared to Veterans who exited because they had accomplished their goals.[31]

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[26] Aidala, A., McAllister, W., Yomogida, M. and Shubert, V. (2013). Frequent Users Service Enhancement "FUSE" Initiative: New York City FUSE II Evaluation Report. Columbia University Mailman School of Public Health.

[27] Hunter, S., Harvey, M., Briscombe, B. and Celafu, M. (2017). Evaluation of Housing for Health Permanent Supportive Housing Program. RAND Corporation: Santa Monica, CA.

[28] National Academies of Sciences, Engineering, and Medicine (2018). Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. The National Academies Press: Washington, D.C.

[29] Corporation for Supportive Housing (2006). "Supportive Housing Research FAQs: Are Housing First Models Effective?" Available at http://www.csh.org/wp-content/uploads/2011/11/HousingFirstFAQFINAL.pdf; and "Supportive Housing Research FAQs: How Long Do People Stay in Supportive Housing and What Happens When They Leave?" Available at https://www.csh.org/wp-content/uploads/2011/11/HousingRetentionFAQFINAL.pdf.

Pearson, C., Locke, G., Montgomery, A. and Buron, L. (2007). The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness: Final Report. U.S. Department of Housing and Urban Development Office of Policy Development and Research.

[30] Hunter, S., et al. (2017). Evaluation of Housing for Health Permanent Supportive Housing Program. RAND Corporation: Santa Monica, CA.

[31] U.S. Department of Housing and Urban Development Office of Policy Development and Research (2017). HUD-VASH Exit Study Final Report. Available at https://www.huduser.gov/portal/sites/default/files/pdf/HUD-VASH-Exit-Study.pdf.

Conclusion

As detailed in this summary, evidence from extant research underpins the strategies in *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness,* and has expanded our understanding of the solutions for ending homelessness. However, as we strive to expand and strengthen our knowledge base, there are still many areas where research is needed to inform the policy-making process as well as to better understand best practices in the field.

Specifically, more research is needed to help answer the following questions:

- What are the key determinants of returns to homelessness following housing through rapid re-housing and/or permanent supportive housing? What are best practices for reducing such returns to homelessness?

- What are best practices for targeting homelessness prevention to households at the highest risk of experiencing homelessness? What works best to prevent future housing crises for this population?

- What are best practices for diverting households from homelessness? For those diverted, what are the determinants of returns to the crisis response system, and what are best practices for reducing such returns?

- What are the primary determinants of housing stability following move-on from supportive housing into housing with less intense services? What are best practices for assessing whether households will remain stably housed following move-on?

- What are the key determinants of success in preserving and increasing the supply of housing that is affordable and accessible for households exiting or at highest risk of homelessness?

- In rapid re-housing, what does the evidence tell us about the most effective and efficient level and duration of financial and services assistance for households with varying levels of needs to support housing stability in different economic environments?

- What types of housing assistance and program models (e.g., time-limited rental assistance, host homes, shared housing, transitional housing, non-time-limited supportive housing, etc.) have the greatest impact on youth-level outcomes associated with stable housing, permanent connections, education, employment, and well-being, and community-level outcomes, including reducing the number of youth experiencing homelessness?

- What are the patterns of housing instability and homelessness among families with children, including characteristics and patterns of service utilization and outcomes, that inform interventions to identify and more effectively serve those at greatest risk for homelessness and housing instability?

- What are the costs associated with episodes of sheltered or unsheltered homelessness for people who do not have chronic patterns of homelessness, as well as the costs and effectiveness of time-limited interventions, such as rapid re-housing, treatment, and/or employment supports for individuals who experience homelessness?