



The Homelessness Prevention and Re-housing Outcomes

Molly Brown*, Lauren Klebek, Gia Chodzen, Samantha Scartozzi, Camilla Cummings, Alejandro Raskind

DePaul University, Department of Psychology, United States

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ABSTRACT

The Homelessness Prevention and Rapid Re-housing Program (HPRP) was a federally-funded program in the United States that provided short-term financial and support services to individuals and families who were at-risk or currently experiencing homelessness. There is limited research on factors that predict placement in permanent housing following prevention and rapid rehousing interventions, particularly for single adult populations. The present study examined demographic and program-related predictors of permanent housing upon program exit among two groups of adults enrolled in HPRP in Indianapolis, IN: Homelessness Prevention (HP) recipients ($n = 219$) and Rapid Re-housing (RRH) recipients ($n = 296$). Results revealed that 76.3% of HP and 68.8% of RRH recipients were living in permanent housing when they exited HPRP. For HP recipients, completion of HPRP and outreach and engagement services were significant predictors of remaining in permanent housing. For RRH recipients, individuals who were African American, did not have a disabling condition, completed HPRP, received a greater amount of financial assistance, and received case management services had significantly greater odds of permanent housing. Findings have implications for informing short-term housing support programs for precariously housed or homeless single adults and highlight the need for future research on prevention and rehousing interventions.

1. Introduction

It has long been asserted that ending homelessness in the community requires diverse resources to help individuals attain permanent housing, as well as an emphasis on prevention of homelessness among those who are precariously housed (Culhane & Metraux, 2008; Culhane, Metraux, & Byrne, 2011). In 2017, it was estimated that nearly 370,000 single adults experienced homelessness on a given night in the United States (U.S. Department of Housing and Urban Development, 2017), highlighting the critical need for examination of an array of strategies to address homelessness for this population. For single adults experiencing homelessness, research and practice have emphasized permanent supportive housing (PSH) and Housing First interventions—broadly, permanent housing and support services provided without preconditions for treatment compliance or sobriety—targeted towards those with complex service needs related to extensive homelessness histories, mental illness, and substance use disorders (Benston, 2015; Rog et al., 2014; Tsemberis, 2010). Yet, most individuals experiencing homelessness are homeless for briefer periods of time and have fewer barriers to housing than those who typically qualify for PSH (Kuhn & Culhane, 1998; U.S. Department of Housing and Urban Development, 2014). In turn, homeless service programs are

increasingly focusing on homelessness prevention and interventions providing immediate housing assistance for people who become homeless. However, there is a paucity of literature on these less intensive forms of intervention for single adults that may facilitate housing attainment.

Homelessness prevention and immediate housing interventions, referred to as rapid rehousing, generally involve the provision of temporary financial assistance to aid recipients in overcoming financial barriers to stable housing, as well as temporary support services to foster self-sufficiency (Burt, Pearson, & Montgomery, 2007; Culhane et al., 2011). Although prevention and rehousing interventions are frequently included in community-wide efforts to end homelessness among both single adults and families with children in need of services, implementation, research, and evaluation have predominantly centered on homeless or precariously housed families (Byrne, Treglia, Culhane, Kuhn, & Kane, 2016; Rodriguez & Eidelman, 2017; U.S. Department of Housing and Urban Development, 2016). Therefore, research is needed to identify subpopulations of single adults who may benefit from short-term assistance programs to inform policy and practice.

Studies of prevention and rapid rehousing programs for single adults have utilized administrative data to examine risk of return to homeless services following termination of assistance (Brown, Vaclavik,

* Corresponding author at: Department of Psychology, DePaul University, 2219 N. Kenmore Ave., Chicago, IL 60614, United States.
E-mail address: molly.brown@depaul.edu (M. Brown).

Watson, & Wilka, 2017; Byrne et al., 2016). Among veterans receiving prevention and rehousing assistance through the Supportive Services for Veteran Families program, rates of re-entry to homeless services were directionally higher for single adult veterans than for veterans in families, with the highest rate of return occurring among single adults who received rapid rehousing assistance (Byrne et al., 2016). Further, in a sample of single adults participating in the Homelessness Prevention and Rapid Re-housing Program (HPRP), individuals who received rapid rehousing assistance were over two times as likely to re-enter homeless services compared to individuals receiving homelessness prevention assistance (Brown et al., 2017). Of note, neither study included a comparison group, and therefore, conclusions regarding the effectiveness of the interventions could not be drawn. Nevertheless, the findings suggest that single adults, and particularly those who have already experienced homelessness, likely have unique risk factors that reduce their ability to achieve housing stability with time-limited support.

In addition to the limited research on the effectiveness of prevention and rehousing for single adults, research to-date has not explored maintenance, or uptake, of permanent housing among precariously housed or homeless single adults during program participation. Previous literature has depicted programs which take a community-based, systems-level approach in preventing participants from becoming homeless; as well as programs targeting individuals based on their characteristics to provide more tailored services (Burt et al., 2007; Crane, Warnes, & Fu, 2006). However, it remains unclear to what extent individual characteristics and program elements influence whether an individual will become permanently housed with the services provided. Identifying predictors of permanent housing placement is necessary to fully understand the impact of prevention and rehousing programs for single adults and to inform procedures to target individuals most likely to benefit from temporary assistance programs.

1.1. The Homelessness Prevention and Rapid Re-housing Program

In line with the emphasis on reducing the impact of prolonged homelessness, the U.S. Department of Housing and Urban Development (2009a) allocated \$1.5 billion in funding for HPRP, which was implemented from 2009 to 2012. The program provided short-term (up to 3 months) financial assistance, and up to 18-months of support services to individuals and families with the aim of helping them secure and maintain housing over time (U.S. Department of Housing and Urban Development, 2009a, 2016). HPRP offered two types of assistance: (a) homelessness prevention (HP) services for individuals and families who were housed but at risk of losing their housing, and (b) rapid re-housing (RRH) services for those who were currently experiencing homelessness. Participants receiving HP and RRH were offered an array of financial assistance and stabilization services based on their need (U.S. Department of Housing and Urban Development, 2016). Forms of financial assistance included: rent and utility payments and arrears, security deposits, moving costs, and motel vouchers. Support services included: case management, outreach and engagement, housing search and placement, credit repair, and legal services.

HPRP served more than 500,000 individuals and families nationwide. Approximately one-quarter of HPRP recipients were single adults, and a larger proportion of resources were utilized for HP than RRH assistance (U.S. Department of Housing and Urban Development, 2016). With regard to immediate housing outcomes, nearly 90% of those who received HPRP assistance were living in permanent housing when they exited the program (U.S. Department of Housing and Urban Development, 2016). However, it is unclear whether there were differential rates of housing placement among single adults versus families participating in the program.

As risk factors for homelessness have been found to vary by population (i.e., single adults vs. families experiencing homelessness) and by community-level factors (Fargo, Munley, Byrne, Montgomery, &

Culhane, 2013), implications for prevention and rehousing services likely vary across populations and should be examined in local context. Thus, the current study seeks to address limitations in the literature on homelessness prevention and rapid rehousing interventions among a sample of single adults who participated in HPRP in Indianapolis, Indiana, a midsized U.S. city. With the emphasis on PSH interventions for single adult populations in research and practice, further research on HP and RRH interventions for this subpopulation is particularly merited. This investigation reports on the extent to which single adults participating in HPRP were residing in permanent housing when they exited the program, and the predictors associated with permanent housing placement. Upon initiation of HPRP in 2009, the city of Indianapolis had an estimated 1454 people experiencing homelessness on a given night (U.S. Department of Housing and Urban Development, 2010). In 2010, the housing vacancy rate in Indianapolis was estimated at 12.5% (Goodman, 2013), suggesting housing availability should have been adequate for HPRP participants in this area compared to other cities implementing the program with lower housing stock.

Utilizing data elements derived from Indianapolis' Homeless Management Information System (HMIS), sociodemographic characteristics of program participants and receipt of specific forms of program assistance were explored as predictors of a positive housing outcome (i.e., permanent housing placement) upon exit from the program. Permanent housing included residence in a private market or subsidized house or apartment and paying rent or mortgage, or residence in PSH. Due to the potential for individuals who are not yet homeless to present with unique characteristics and program needs compared to those who have become homeless, HP and RRH recipients were examined separately.

2. Method

2.1. Sample

This study was conducted as part of a larger study of longitudinal HPRP outcomes in Indianapolis (Brown et al., 2017). The sample was obtained from the HMIS utilized in Indianapolis. HMIS is a centralized administrative database utilized to track homeless service utilization among individuals and families in a specified geographic area. The Indianapolis area served 2477 adults and children through the HPRP program. Inclusion criteria for this sample consisted of single adult households who took part in HPRP in Indianapolis between program initiation in 2009 through its termination in 2012. Of these service recipients, only single unaccompanied adults were retained for this sample ($N = 515$). Of the 515 single adults, 219 received HP assistance and 296 received RRH services.

The sample included all participants enrolled in HPRP, regardless of whether they "completed" the program. Participants' reason for leaving the program, including program completion, was a required HMIS data element tracked by service providers upon participants' discharge from HPRP (U.S. Department of Housing and Urban Development, 2009b). While program completion was not well-operationalized in the written data standards (U.S. Department of Housing and Urban Development, 2009b), an evaluation of Indianapolis' HPRP implementation suggests that participants "completed" the program once their goals were successfully attained (Officer & Sauer, 2011). Program completion may also be defined as the absence of the other options provided in HMIS under reasons for leaving: left for a housing opportunity before completing the program, non-payment of rent/occupancy charge, non-compliance with the program, criminal activity/destruction of property/violence, reached maximum time allowed by the program, needs could not be met by the program, disagreement with rules/persons, death, or unknown/disappeared. Among participants in this sample who left without completing the program, the most frequent reasons for leaving were participant non-compliance with the program (29.7%) and participant needs could not be met by the program (20.5%). Every

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