Rapid Re-Housing to Reduce Homelessness in the United States

Researchers:

David Phillips

James Sullivan

Sector(s): Political Economy and Governance, Social Protection

J-PAL office: J-PAL North America

Location: Santa Clara County, California, United States of America

Sample: 720 people

Target group: Urban population

Intervention type: Housing and neighborhoods

AEA RCT registration number: AEARCTR-0002533

Partner organization(s): Santa Clara County Office of Supportive Housing, HomeFirst, Lab for Economic Opportunities (LEO) - University of Notre Dame

On any given night, over half a million people experience homelessness in America, many of them living in unsheltered locations. Rapid re-housing programs, which quickly provide short term rental assistance and services to unhoused individuals and families, represent an increasingly popular short-term housing intervention for people who are experiencing homelessness. Researchers are evaluating the impact of rapid re-housing on homelessness and health outcomes for single adult individuals.

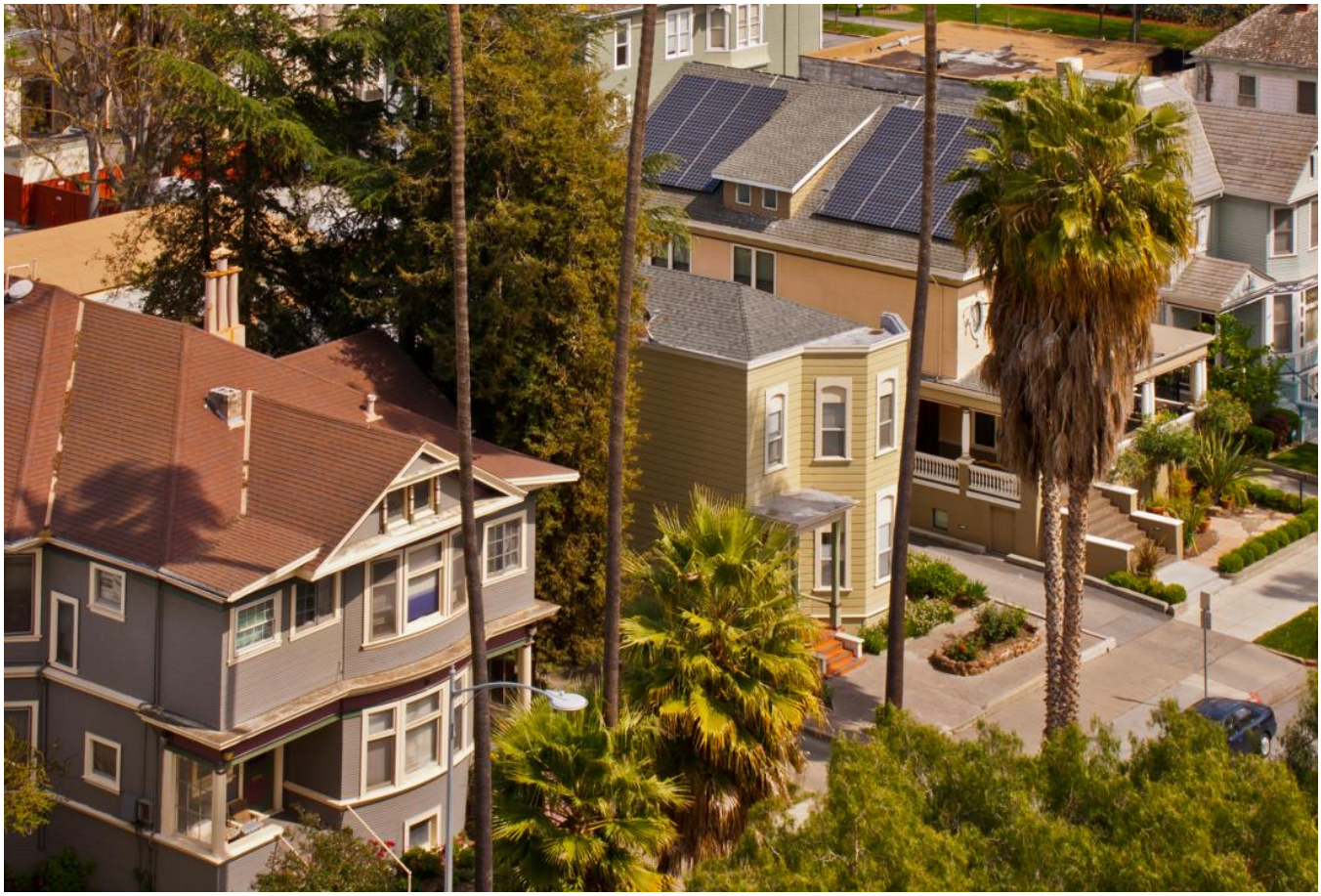
Policy issue

In 2018, the US Department of Housing and Urban Development's (HUD) Annual Homeless Assessment Report estimated that on any given night in January, there were over 500,000 people experiencing homelessness in the US.[1], Furthermore, 35 percent of this population is estimated to be living in unsheltered locations.[2], Rapid re-housing is an approach to providing shelter to individuals experiencing homelessness by quickly providing short-term rental assistance and services without preconditions. These resources and services are tailored to the needs of the individual or family but include identification of housing options, flexible rent and move-in assistance to offset the costs of getting into housing, and case management services that help to connect people with resources that will help them overcome barriers to maintaining housing. This may include child care, health care, education, or employment.[3], Despite limited evidence to date of its efficacy, the rapid re-housing approach to sheltering individuals experiencing homelessness has grown, particularly following the Homelessness Prevention and Rapid Re-housing Program that allocated $1.5 billion to rapid re-housing programs nationally in 2009.[4] Short-term subsidies of rapid re-housing have the potential to expand this intervention to a larger population than long-term subsidies of housing vouchers or permanent supportive housing, but rigorous evidence is needed to determine the outcomes of RRH.

Context of the evaluation

While Santa Clara County, California has one of the highest median incomes in the US, it also has the ninth largest homeless population in the country and the highest population of people experiencing homelessness not staying in a shelter.[5], [6], With

rental rates that have increased by more than 50 percent since 2011 and historically low vacancy rates, people experiencing homelessness in Santa Clara County face particularly difficult barriers in obtaining and maintaining stable housing.[7], [8], HomeFirst, a provider of housing services in Santa Clara County, will implement rapid re-housing in partnership with the County. To be eligible to participate in the rapid re-housing program, individuals must be a single adult experiencing homelessness and score in the middle range from a vulnerability assessment.[9], [10]



Row of houses in San Jose, California.

Photo credit: Shutterstock.com

Details of the intervention

Upon confirmation of eligibility, HomeFirst will randomly assign 720 clients to an offer of rapid re-housing or to the comparison group. Clients in the treatment group will be offered a progressive rental assistance subsidy in order to ease each person's transition back into housing. Rapid re-housing participants will typically be housed within 60 days, and that assistance may last up to two years. The program costs around $15,000 per client per year, including both supportive services and rental assistance.

The comparison group will receive usual care, consisting of emergency shelters, bus passes, medical mobile units, and referrals to community-based organizations that provide employment, education, and wellness programs.

Researchers will examine County data for the impact of RRH on four types of outcomes: housing stability, health, crime, and public benefits. Indicators used to measure housing stability will include the rate of homelessness service use, shelter entry and length of stay, existence and persistence of a formal address, and excess housing moves. Indicators for health will include any emergency department or hospital admissions as well as outpatient and psychiatric visits. Indicators for crime outcomes will

include number and type of arrests and number of days spent in jail. Lastly, indicators for use of public benefits will include the receipt of any public assistance and type and the total dollars of public assistance.

Results and policy lessons

Project ongoing; results forthcoming.

---

1. https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf
2. Ibid.
3. https://endhomelessness.org/rapid-re-housing-works/
4. https://www.hudexchange.info/programs/hprp/
5. https://www.census.gov/quickfacts/geo/chart/US/INC110217
6. https://www.hudexchange.info/resource/4832/2015-ahar-part-1-pit-estimates-of-homelessness/
7. http://www.zillow.com/research/data/#rental-data
8. http://www.census.gov/housing/hvs/data/rates.html
9. The criterion of being “homeless” is satisfied if the client meets either the HUD category 1 or 4 definition of being homeless: a. HUD category 1 homelessness includes: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. b. HUD category 4 homelessness includes: Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing
10. The study will use HUD’s Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), a common standardized assessment tool, which assigns a score based on the individual’s likelihood to die prematurely on the streets. VI-SPDAT accounts for factors including length of time homeless, risk of continued homelessness, mental health and/or substance use disorders, medical conditions, age, use of crisis or emergency services, and vulnerability to victimization. Participants must be within the rapid re-housing range (between 4 and 7, inclusive) in order to be eligible. High scores (8 and above) mean an individual will be assessed for permanent supportive housing.