



EVIDENCE REVIEW

REDUCING AND PREVENTING HOMELESSNESS: LESSONS FROM RANDOMIZED EVALUATIONS

This publication summarizes a forthcoming academic review paper on homelessness, “Reducing and Preventing Homelessness: A Review of the Evidence and Charting a Research Agenda,” by William Evans (University of Notre Dame), David Phillips (University of Notre Dame), and Krista Ruffini (University of California at Berkeley).

OVERVIEW AND POLICY ISSUES

For millions of people in the United States, the struggle for stable housing both shapes and is shaped by numerous factors, such as employment opportunities and wages, housing market dynamics, access to health care, financial stability, and involvement with the criminal justice system. In the United States, more than 500,000 people experience homelessness on a given night and 1.4 million people pass through emergency shelters in a given year.¹ Many more individuals experience housing instability in other, often uncounted forms, whether living doubled up with friends or family, living in temporary accommodations such as motels, or living under threat of eviction.

The scope and complexity of housing instability and homelessness highlight the need for rigorous evidence on the effectiveness of strategies to prevent and reduce homelessness. Each year, substantial financial resources are devoted to combatting homelessness, with direct US federal expenditures totaling around \$6.1 billion annually and local jurisdictions spending additional billions.² It is critical that these resources fund policies and programs that will efficiently help to end homelessness.

The types of services offered to individuals and families experiencing housing instability have dramatically changed in the past few decades. Many organizations have shifted towards a model of assistance that prioritizes immediate housing, referred to as a Housing First approach, and away from the traditional model of requiring preconditions such as sobriety and employment before obtaining permanent housing. Evidence played a fundamental role in building support for this new model from the beginning, with several randomized evaluations demonstrating that a Housing First approach could more effectively house people experiencing chronic homelessness than shelter-based approaches.

How can rigorous evaluation continue to drive improvements to policies and services aimed at helping people access and maintain stable, affordable housing?

¹ Solari, Claudia D., Azim Shivji, Tanya de Sousa, Rian Watt, and Mark Silverbush. 2016. *The 2016 Annual Homeless Assessment Report (AHAR) to Congress Part 2: Estimates of Homelessness in the United States*. U.S. Department of Housing and Urban Development Office of Community Planning and Development.

² United States Interagency Council on Homelessness. 2018. “U.S. Targeted Homelessness Assistance: Discretionary Budget Authority in Millions of Dollars.” https://www.usich.gov/resources/uploads/asset_library/fy2018-budget-enacted-final.pdf.

KEY LESSONS

Emergency financial assistance and more comprehensive interventions that provide a range of financial assistance, counseling, and legal supports can prevent homelessness among families at risk of losing their homes, but more research is necessary on how best to deliver prevention programs and target those most in need.

Legal representation for tenants facing eviction holds promise for improving court-related outcomes for tenants and reducing evictions, although more research is needed on which types of legal tactics and programs are effective.

Permanent supportive housing increases housing stability for individuals with severe mental illness and for veterans experiencing homelessness. There is limited rigorous evidence on the impact of permanent supportive housing for other groups of people.

Although rapid re-housing is a potentially cost-effective solution to provide immediate access to housing, **there is limited rigorous evidence on the impacts of rapid re-housing on long-term housing stability.**

Subsidized long-term housing assistance in the form of Housing Choice Vouchers **helps low-income families avoid homelessness and stay stably housed.**

Additional research on the effectiveness of other strategies to reduce homelessness is needed.

This review identifies gaps in the literature and poses several new questions to be considered when conducting evaluations of homelessness prevention or assistance programs.



METHODOLOGY

This publication reviews the existing literature on the impact of programs and policies in North America that aim to reduce and prevent homelessness and outlines a research agenda for additional evaluation based on existing gaps in the literature. The review focuses mainly on questions that can be answered through rigorous impact evaluation methods and draws primarily from randomized evaluations and quasi-experimental studies. The review summarizes forty studies evaluating eighteen distinct programs related to homelessness prevention and reduction.

WHY FOCUS ON RANDOMIZED EVALUATIONS?

Randomized evaluations—when properly implemented—are generally considered the strongest research design for quantitatively estimating the average effect of a program or policy. Randomly sorting a population into two groups—one that receives the program and one that does not—ensures that at the beginning of the study the groups will be the same on average, and therefore any difference in outcomes at the end of the study between the two groups can be attributed to the program in question.

Living unsheltered is an extreme and rare occurrence, and many people cycle through homelessness on a transitory basis. Evidence from several randomized evaluations of homelessness programs suggests that rates of homelessness often decrease even in the absence of any intervention, simply because many bouts of homelessness are the result of temporary shocks that are resolved over time through other means.³ Randomized evaluations allow researchers to determine whether any differences in housing outcomes are due to receiving a program by accounting for what would have happened in the absence of the program.

Because housing is fundamental to people's quality of life, it would be unethical to deprive people who are unsheltered of available resources simply for the sake of a study. In cases in which there are not sufficient resources to provide a program to everyone who needs it, however, it may be fairest to assign the limited number of program spots by lottery. Those assigned to the control group would still have access to standard care. As such, randomized evaluations of homelessness programs measure the impact of new or supplemental programs relative to usual care, which often still involves access to shelters, case management, and connections with other public assistance programs that would typically be available to people experiencing homelessness.

For more information about randomized evaluations, see J-PAL's guide on [Common Questions and Concerns about Randomized Evaluations](#).

³ Goering et al. 2014; Gulcur et al. 2003; Rosenheck et al. 2003.

MEASURING HOMELESSNESS

Over half a million people experience homelessness in the United States on a given night.

The primary data on the prevalence of homelessness come from the point in time (PIT) count, an annual, nationwide count of people experiencing homelessness conducted on a single night in January. The PIT count includes people experiencing sheltered homelessness on an annual basis, and includes people experiencing unsheltered homelessness at least once every two years. Those living in doubled-up arrangements are not included (See Box 2: Defining Homelessness). In 2018, the PIT counted 552,830 people experiencing homelessness. This number represents a 15 percent decline in the number of people experiencing homelessness since 2007, during which the PIT counted 647,258 people experiencing homelessness, as depicted in the figure on page 4.

Trends in homelessness vary significantly by locality.

The national trends in homelessness rates obscure large differences across US cities. In Los Angeles and New York City, for example, homelessness rates have increased by 57 and 31 percent, respectively, since 2012. These two cities alone account for a quarter of all people experiencing homelessness nationwide, despite these cities representing less than 6 percent of the US population. In other cities, however, homelessness has decreased since 2012, including in Atlanta (40 percent decrease), Dallas-Fort Worth (46 percent decrease), Houston (54 percent decrease), Phoenix (20 percent decrease), and San Diego (14 percent decrease).

Particular groups experience homelessness at disproportionately higher rates.

As demonstrated in the figure on page 5, there are significant racial and ethnic disparities in who experiences homelessness. Other groups that are more likely to experience homelessness include veterans, people with severe mental illness, people with chronic substance use disorders, people who are HIV positive, and survivors of domestic violence, as demonstrated in the figure on page 6.

While the PIT counts do not include a breakdown by sexual orientation, several organizations have measured disparities in homelessness rates among youth who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ); One report from Chapin Hall at the University of Chicago reported that LGBTQ youth were 120 percent more likely to report experiencing homelessness compared to youth who identify as heterosexual and cisgender.⁴

⁴ Morton, M.H., A. Dworsky, and G.M. Samuels. 2017. "Missed Opportunities: Youth Homelessness in America. National Estimates." Chapin Hall at the University of Chicago. http://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHall_VoYC_NationalReport_Final.pdf

FIGURE 1. HOMELESS POINT IN TIME ESTIMATES

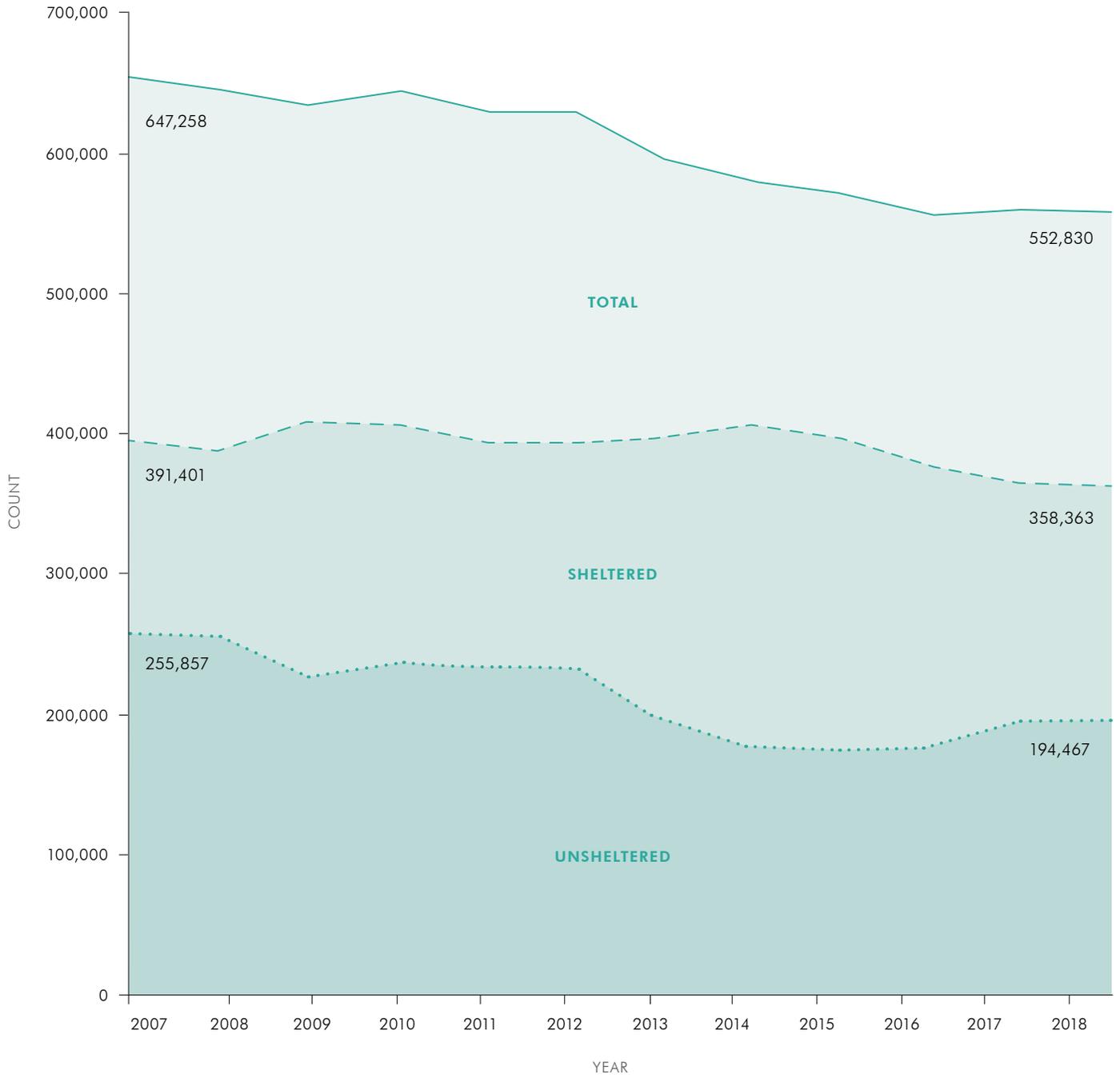
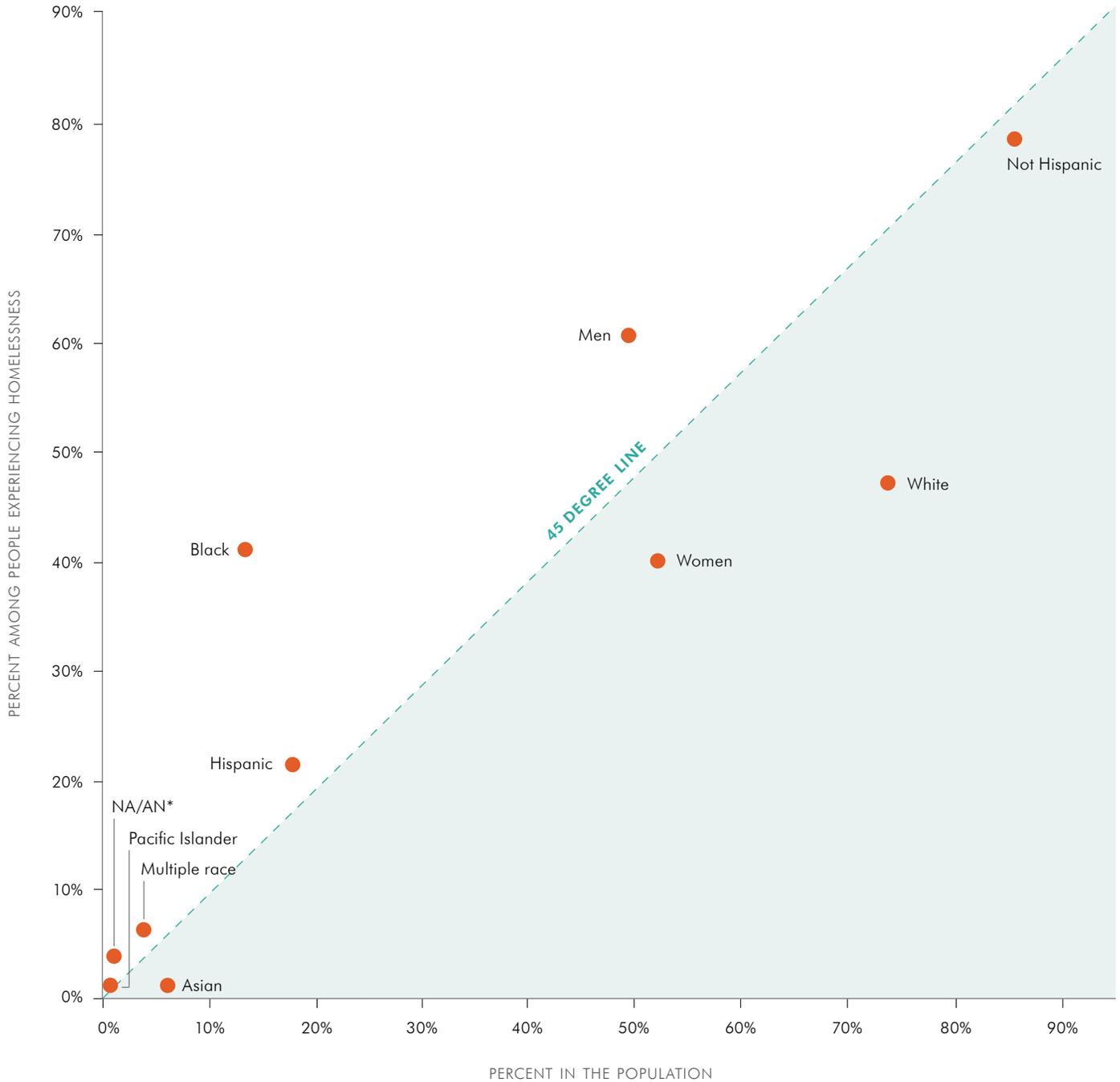


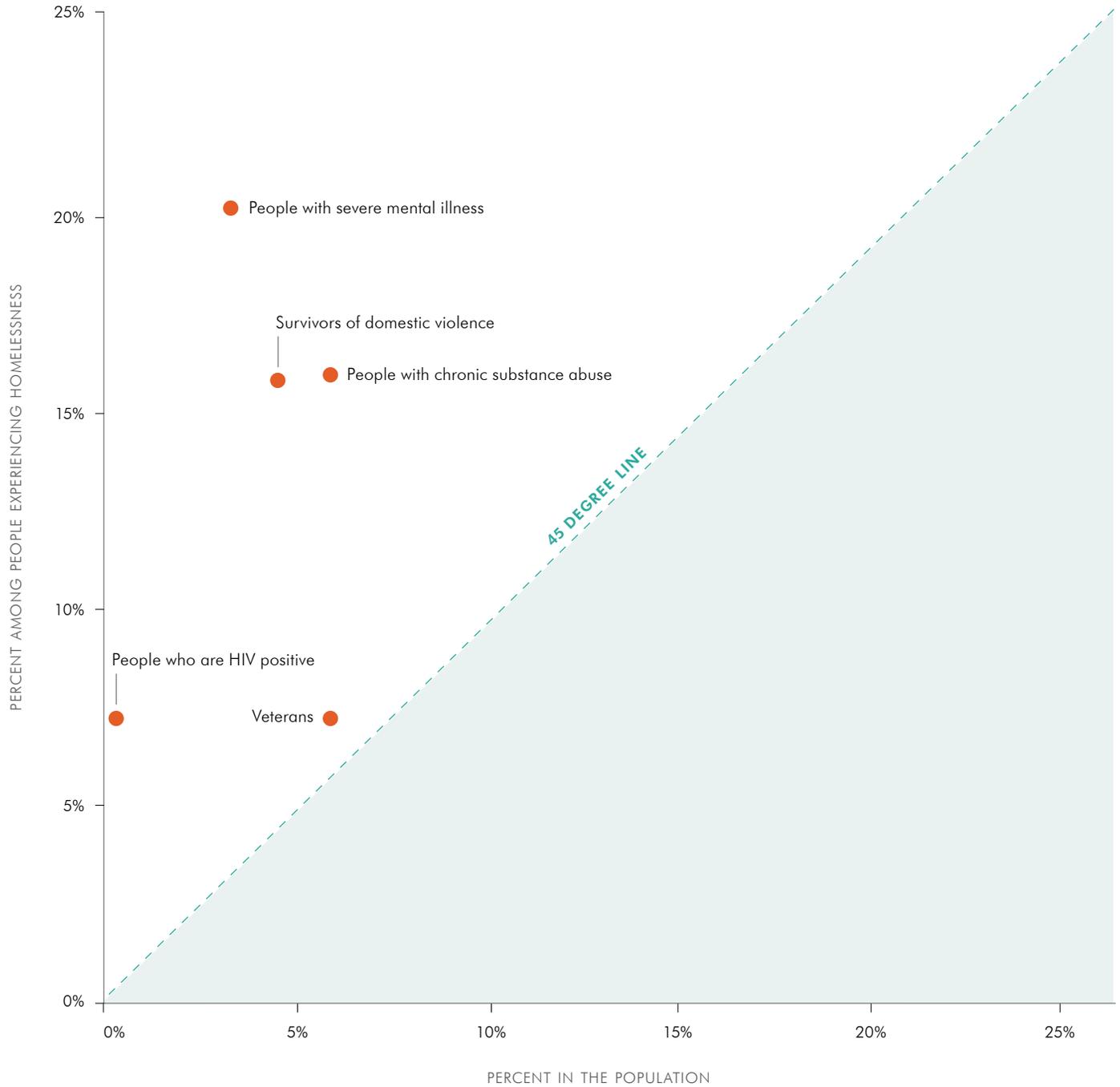
FIGURE 2. RATES OF HOMELESSNESS BY DEMOGRAPHIC CHARACTERISTIC



*Native American/Alaska Native

Note: This figure depicts the share of people experiencing homelessness who identify with particular groups relative to the representation of those groups in the general US population. All groups that fall above the 45 degree line are disproportionately represented among people experiencing homelessness. The demographic breakdowns among people experiencing homelessness come from the 2017 Point-in-Time Count. The demographic breakdowns among the general US population come from the 2013-2017 American Community Survey.

FIGURE 3. RATES OF HOMELESSNESS BY DEMOGRAPHIC CHARACTERISTIC



Note: This figure depicts the share of people experiencing homelessness who identify with particular groups relative to the representation of those groups in the general US population. All groups that fall above the 45 degree line are disproportionately represented among people experiencing homelessness. The demographic breakdowns among people experiencing homelessness come from the 2017 Point-in-Time Count. The demographic breakdowns among the general US population come from the 2013-2017 American Community Survey. The breakdowns of people with severe mental illness, people with chronic substance abuse, people who are HIV positive, and survivors of domestic violence come from the National Institute of Mental Health, the 2017 National Survey on Drug Use and Health, the 2017 HIV Surveillance Report, and the National Intimate Partner and Sexual Violence Survey, respectively.

Measurement limitations.

The point in time count underestimates the true number of people experiencing homelessness in several ways. First, the number of people who actually experience homelessness at some point over the course of a year is likely much larger, due to the transitory nature of most instances of homelessness. For instance, 1.4 million people entered the shelter system over the course of 2016, but the comparable estimate of people in shelter from the PIT estimate was only 373,571.⁵ Second, the PIT count also underestimates people who are unsheltered due to the difficulty associated with finding and identifying people experiencing unsheltered homelessness, especially on one of the coldest nights of the year. Some studies have found that PIT counts in New York City underestimate the rate of unsheltered homelessness by as much as 40 to 50 percent.⁶ Lastly, PIT counts do not include those who are doubled up; this substantially changes the number of people who are considered homeless (See Box 2: Defining Homelessness).

Costs of homelessness.

One study linking use of public services among people experiencing homelessness in Santa Clara, California found that the average public cost per unhoused person was \$83,000 per year; a large percentage of those expenses were related to health care and involvement in the criminal justice system.⁷ These findings align with cost breakdowns from other contexts. In contrast, providing housing to unhoused families and individuals is much more cost-effective. The average cost of providing housing to a recently unhoused family for their entire episode of homelessness is about \$2,000.⁸ The many human costs of being unhoused—the social stigma and isolation of being forced to inhabit public spaces, the lack of individual autonomy and expression associated with not having a private space, the sometimes extreme material discomfort and pain of being exposed to the elements when unsheltered, the risk of physical and psychological harm—are beyond precise measurement in economic terms.

DEFINING HOMELESSNESS

Measuring the scope of homelessness first requires defining the term “homelessness.” In the United States, programs and agencies define homelessness differently. Individuals must meet one of four definitions of homelessness to qualify for assistance through the US Department of Housing and Urban Development (HUD):

1. Living in a place not meant for habitation, including shelters and transitional housing;
2. people expected to lose their residence within 14 days;
3. families with children that are unstably housed; and
4. people fleeing domestic violence.⁹

The US Department of Education uses a more expansive definition, which includes school-aged children who are “doubled up” or sharing the housing of others, as well as those living in “motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations.”¹⁰ The inclusion of children who are doubled up or living in transitional arrangements such as motels is critically important, as the number of school-aged children who would qualify as homeless under this definition is nearly six times larger; data from the National Center for Education Statistics indicate that in the 2014/2015 school year, over one million children were doubled up or in transitional arrangements, in addition to the roughly 200,000 children who were experiencing either sheltered or unsheltered homelessness.¹¹

⁵ Solari et al., *2016 Annual Homeless Assessment Report*.

⁶ Laska, Eugene M., and Morris Meisner. 1993. “A Plant-Capture Method for Estimating the Size of a Population from a Single Sample.” *Biometrics* 49 (1): 209–220. <http://dx.doi.org/10.2307/2532614>; Hopper, Kim, Marybeth Shinn, Eugene Laska, Morris Meisner, and Joseph Wanderling. 2008. “Estimating Numbers of Unsheltered Homeless People Through Plant-Capture and Postcount Survey Methods.” *American Journal of Public Health* 98 (8): 1438–1442. <https://doi.org/10.2105/AJPH.2005.083600>.

⁷ Flaming, Daniel, Halil Toros, and Patrick Burns. 2015. “The Cost of Homelessness in Silicon Valley.” *Economic Roundtable*, May 26, 2015.

⁸ Spellman, Brooke, Jill Khadduri, Brian Sokol, and Josh Leopold. 2010. *Costs Associated with First-Time Homelessness for Families and Individuals*. U.S. Department of Housing and Urban Development Office of Policy Development and Research.

⁹ Homeless Emergency Assistance and Rapid Transition to Housing Act. 2009. <https://www.congress.gov/bill/111th-congress/house-bill/1877>

¹⁰ National Center for Homeless Education. n.d. “The McKinney-Vento Definition of Homeless.” Accessed July 23, 2019. <https://nche.ed.gov/mckinney-vento-definition/>.

¹¹ National Center for Education Statistics. “Table 204.75d. Number and percentage of homeless students enrolled in public elementary and secondary schools, by primary nighttime residence, selected student characteristics, and state or jurisdiction: 2014–15.” Accessed July 23, 2019. https://nces.ed.gov/programs/digest/d16/tables/dt16_204.75d.asp

EVIDENCE ON STRATEGIES FOR REDUCING HOMELESSNESS

This section synthesizes findings from forty randomized evaluations and quasi-experimental studies of programs related to homelessness prevention and reduction. Additional information about the underlying studies referenced in this section can be found in the Appendix.

I. Prevention.

Evidence suggests that many homelessness prevention programs are effective in helping individuals and families at risk of losing their homes remain stably housed. Such programs attempt to mitigate factors that may lead to homelessness, such as unexpected financial distress, release from inpatient settings, or evictions.

Emergency financial assistance. Many jurisdictions operate a hotline that residents can call for one-time financial assistance if they are at risk of eviction or having their utilities disconnected. Such programs may reduce homelessness by helping families pay for housing costs through periods of financial hardship, especially if they are under threat of eviction.

Two quasi-experimental studies suggest that financial assistance decreases homelessness and reduces violent crime. Researchers used quasi-random funding availability at the Homelessness Prevention Call Center in Chicago to compare outcomes between people who called when funding was available and people who called when funding was not available. The study found that access to limited financial assistance, usually no greater than \$1,000 per household, reduced shelter entry rates within three months by 1.4 percentage points, from an initial rate of 1.6 percent (an 88 percent decrease).¹² Using a similar method, a second study found that financial assistance reduced arrest rates for violent crime over three years by 0.86 percentage points relative to a control group rate of 3.7 percent (a 23 percent decrease).¹³ The study also found that among single individuals, financial assistance reduced the chance of being arrested for crimes related to homelessness, such as trespassing and panhandling.

Critical Time Intervention. Critical Time Intervention (CTI) provides case management and transitional services for individuals with severe mental illness leaving hospitals, shelters, and prisons. Case management is often focused on strengthening ties to services, families, and friends and providing support during transition periods. Given the high rates of homelessness among people with severe mental illness, CTI may reduce future spells of homelessness.

Evidence suggests that CTI improves housing stability and may improve other non-housing outcomes as well. One randomized evaluation in New York City found that individuals with severe mental illness with access to CTI were five times less likely to experience homelessness eighteen months after discharge compared to those in the usual care group.¹⁴ Another randomized evaluation in Chicago found that providing case management during and after hospital discharge to individuals experiencing chronic medical illness increased housing stability; the intervention decreased days spent experiencing homelessness from 184 days in the usual care group to 121 days in the treatment group (a 34 percent decrease).¹⁵ The intervention also decreased hospitalizations, emergency room visits, and days spent in a nursing home.¹⁶ Lastly, two randomized evaluations in Westchester County, New York found that providing CTI to families improved measures of mental health, depressive symptoms, and behavior in school for children, but had no significant effect on the mental health of mothers.¹⁷

Legal assistance in eviction court. Providing full legal assistance to tenants facing eviction proceedings can improve court-related outcomes for tenants and reduce evictions. Evictions involve the forced displacement of people from their homes, and as such play a large role in increasing rates of homelessness. Eviction rates vary widely by locality, but in cities with high rates of eviction such as Richmond, Virginia and North Charleston, South Carolina, as many as one in three renters face eviction filings and one in nine face eviction judgments in a given year.¹⁸ Landlords traditionally have a significant advantage in housing court: in eviction court proceedings, landlords are legally represented in 90 percent of cases while tenants are represented in less than 10 percent of cases.¹⁹ Cities are increasingly considering policies to expand legal representation for tenants facing eviction to mitigate this disadvantage.

¹² Evans et al. 2016.

¹³ Palmer et al. 2019.

¹⁴ Herman et al. 2011.

¹⁵ Basu et al. 2012.

¹⁶ Ibid.

¹⁷ Samuels et al. 2015; Shinn et al. 2015.

¹⁸ Badger, Emily, and Quoc Trung Bui, "In 83 Million Eviction Records, a Sweeping and Intimate New Look at Housing in America," *The New York Times*, April 7, 2018.

¹⁹ Desmond, Matthew. 2016. *Evicted: Poverty and Profit in the American City*. New York: Crown Publishers.

In many jurisdictions, the status quo for tenants seeking legal assistance is providing “unbundled” assistance, in which a licensed attorney offers a reduced set of legal services, usually during a critical time in the case—such as during pretrial sessions—and the clients represent themselves during all other stages of the case. In contrast, full legal services provide more intensive, customized support throughout the duration of the case.

One randomized evaluation in New York City from 1993 to 1994 found that providing full legal services to tenants facing eviction for non-payment of rent had the following impacts:

- Increased court appearances by 22.5 percentage points relative to a control group rate of 71.2 percent (a 32 percent increase),
- decreased decisions unfavorable to the tenant by 29.1 percentage points relative to a control group rate of 50.6 percent (a 58 percent reduction), and
- reduced eviction warrants by 34.1 percentage points relative to a control group rate of 44.1 percent (a 77 percent reduction).²⁰
- The legal assistance also improved the judgments that tenants received. Those provided with full legal services were also more likely to obtain repairs or rent abatement.

Even when tenants are provided with full legal services, the tactics that attorneys use matter. A more recent randomized evaluation in Boston in 2010 found that compared to less intensive, “unbundled” legal assistance, providing full legal services increased the likelihood that tenants remained in their units by 28 percentage points relative to an initial rate of 38 percent (a 74 percent increase). Full legal services also increased the payments directed to tenants from 1.9 months’ worth of rent per case in the unbundled services group to 9.4 months of rent per case in the full legal services group.²¹ However, a similar randomized evaluation by the same research team on the North Shore of Massachusetts showed conflicting results, finding that full legal services were no more effective at improving housing outcomes compared to unbundled legal services.²² The authors suggest that the difference in findings may be due to the more assertive legal tactics used by attorneys in the Boston study compared to those in the North Shore study. Additional research on the impact of specific legal tactics on housing outcomes is needed.

²⁰ Seron et al. 2001.

²¹ Greiner et al. 2013.

²² Greiner et al. 2012.



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Comprehensive prevention programs. Some homelessness prevention programs offer a variety of services, including services previously mentioned, like emergency financial assistance and full legal assistance, as well as additional services such as case management, trainings, or treatment programs. Homebase, for example, is a New York City prevention program that connects families with legal assistance, short-term financial assistance, public benefits, family and landlord mediation, and mental health and substance abuse treatment, depending on each family’s unique needs.

There is strong evidence that comprehensive prevention programs can be effective in preventing homelessness among families at risk of losing their housing. One quasi-experimental study and one randomized evaluation of Homebase found that the comprehensive prevention services reduced number of days spent in shelters, although they did not find a significant effect on receipt of public benefits such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and child care.²³

²³ Rolston et al. 2013; Goodman et al. 2016.



PHOTO: SHUTTERSTOCK.COM

II. Provision of housing.

For all the complexity behind the drivers of homelessness, one direct solution to reducing housing instability is to provide housing to individuals experiencing homelessness. A growing body of research examines the effectiveness of different housing provision strategies.

Transitional housing. Transitional housing is time-limited, often project-based, housing that is provided for several weeks to up to two years. Transitional housing can be a step between emergency shelters and permanent housing on the private rental market. The traditional model for providing housing to people experiencing homelessness involves a progression of steps along a continuum towards permanent housing. People experiencing homelessness would typically have to meet tests of “housing readiness” such as employment or sobriety tests before progressing from shelter to transitional housing to permanent housing. Support services, intended to address issues that led to housing instability in the first place, may also be provided as part of transitional housing.

Housing First and permanent supportive housing. In contrast to the traditional model of homelessness assistance programs, the Housing First model prioritizes the provision of permanent housing alongside community-based support services with no preconditions for obtaining housing. Pathways to Housing (Pathways) in New York City developed one of the earliest Housing First programs in the United States. The Pathways program provided permanent supportive housing in individual, scattered-site units to people with a mental illness experiencing homelessness. Participation in psychiatric treatment was not a precondition for receiving housing services, although community-based support services were offered to those who chose to participate.

In the early 2000s, Pathways conducted a randomized evaluation of their model, comparing individuals who had been randomly assigned to the Pathways Housing First model to control group individuals who received usual care in shelters and transitional housing. The study found that relative to those in the control group, individuals in the Housing First treatment spent about half as much time unhoused or in the hospital and—importantly—did not have any differences in outcomes related to substance use or psychiatric symptoms.²⁸

²⁸ Gulcur et al. 2003; Greenwood et al. 2005; Tsemberis et al. 2004; Padgett et al. 2006.

Providing housing to people experiencing homelessness can take many different forms. Below are some of the key components that differentiate among various housing interventions:



Length of assistance. Rental assistance provided through transitional housing and rapid re-housing is typically limited to no more than six months, although the length of assistance varies by program and can be provided for up to two years.²⁴ In contrast, permanent supportive housing and long-term housing vouchers provide longer-term housing assistance, typically provided in the form of vouchers that give tenants the choice to renew after their current lease expires.



Support services. The types of services offered to participants vary widely across and within housing programs. Generally, services are designed to be personalized and client-driven, with each individual receiving services that best help them overcome barriers to stable housing, as well as goals in areas such as mental health, substance use, and financial stability.

Rapid re-housing services often include housing search assistance, support preparing to be a tenant on the private rental market, and connections to other resources and benefits as needed. The intent of these services is to create a customized housing plan that helps an individual or family overcome the barriers to housing that are most specific to them.²⁵

Permanent supportive housing services are typically more intensive and focus on helping individuals with challenges that may impact long-term housing stability. The Pathways Housing First model, for example, employs Assertive Community Treatment (ACT), which draws upon an interdisciplinary team of professionals to provide constant, person-centered care for individuals with severe mental illness.²⁶ Participation in ACT is voluntary in the Pathways model.



Preconditions. A key component of transitional housing—in contrast to supportive housing, rapid re-housing, and permanent vouchers—is that individuals must meet certain requirements in order to receive housing assistance. These conditions vary by program but may include sobriety and employment tests, participation in mental health or substance use treatment, or participation in job training or parenting classes.



Unit density. The organization of housing units provided to people experiencing homelessness has important implications for delivery of support services, community building, and individual privacy.

Transitional housing is typically provided in *congregate housing*, in which multiple subsidized units are based in the same building or complex. Participants live in close proximity to other participants, and service providers are also usually located within the same building.

Other housing programs may provide *scattered-site housing*, in which each participant occupies their own unit in an area independent of other participants. Often this takes the form of tenant-based housing vouchers, in which participants receive a subsidy to rent a unit on the private market.

While scattered-site housing is a key component of the Pathways Housing First model, other jurisdictions have experimented with Housing First models that provide congregate housing. At the Vancouver site of the At Home/Chez Soi study (see page 12), researchers found that participants randomly assigned to either scattered-site or congregate housing were both more likely to be stably housed after two years than participants in the treatment as usual group.²⁷ However, participants in the congregate housing group experienced improvements in select mental health outcomes, while those in the scattered-site housing group did not.

²⁴ U.S. Department of Housing and Urban Development. July 2014. “Rapid Re-Housing Brief.” Accessed July 23, 2019. <https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>.

²⁵ Ibid.

²⁶ Tsemberis et al. 2004.

²⁷ Somers et al. 2017.



PHOTO: SHUTTERSTOCK.COM

Subsequent randomized evaluations of Housing First strategies have found similar results in different settings and for slightly different populations. A randomized evaluation across five Canadian cities—the At Home/Chez Soi demonstration project—measured the impact of providing permanent, subsidized, community-based, independent housing to individuals experiencing homelessness with severe mental illness. In addition to providing housing with no preconditions, the program offered mental health and support services. After two years, those assigned to Housing First spent twice as much time stably housed as individuals assigned to usual care.²⁹ The At Home/Chez Soi demonstration project also found that supportive housing improved non-housing outcomes, including reductions in emergency department use at the Vancouver site and in substance use at the Toronto site.³⁰

Another randomized evaluation of the US HUD-VASH program, which provides permanent housing vouchers and case management to veterans with substance use disorder or psychiatric disorders experiencing homelessness, found that the combination of support services and permanent housing vouchers reduced the average number of days spent homeless, but that case management alone had no effect on housing outcomes.³¹ Specifically, after three-years in the program, individuals with access to the combined treatment of housing vouchers and case management had spent 7.4 fewer days homeless in the previous ninety days compared to individuals receiving usual care (a 36 percent reduction).

Rapid re-housing. Rapid re-housing provides individuals and families experiencing homelessness with short-term rental assistance and services with no preconditions. The aim of rapid re-housing is to house individuals as quickly as possible while also helping overcome barriers to long-term housing stability. Although rapid re-housing is sometimes considered a Housing First approach, it is distinct from the Pathways Housing First model because it provides time-limited housing and services. Compared to permanent supportive housing, rapid re-housing is typically targeted towards households with more moderate barriers to housing stability.

There is limited rigorous evidence on the impact of rapid re-housing on reducing homelessness and improving other outcomes such as health and education outcomes. The Family Options Study randomly assigned more than 2,200 US families experiencing homelessness priority to receive either a permanent housing subsidy with no support services, a temporary rapid re-housing voucher renewable up to 18 months, transitional housing for up to 24 months with intensive support services, or usual care. The study was not able to detect any differences in housing outcomes between the usual care group and the rapid re-housing group.³² However, due to a limited number of study participants who actually received rapid-rehousing and a large variation in housing outcomes among the study population, it is difficult to draw definitive conclusions on the impact of rapid re-housing based solely on this study.

²⁹ Goering et al. 2013; Goering et al. 2014; Aubry et al. 2015; Stergiopoulos et al. 2015.

³⁰ Currie et al. 2014; Kirst et al. 2015; Stergiopoulos et al. 2015.

³¹ Rosenheck et al. 2003.

³² Gubits et al. 2016.

III. Low-income housing subsidies.

A number of federal programs provide housing subsidies to low-income households and effectively reduce housing instability and homelessness.

Housing choice vouchers. Housing vouchers help low-income families at risk of homelessness stay stably housed. The federally subsidized housing program with the most rigorous evidence to date is the Housing Choice Voucher program (also known as Section 8). The program provides eligible low-income households with rental assistance to pay for private-market housing in units that they select. To qualify, households must make no more than 50 percent of the area median income (AMI), with most vouchers going to those below 30 percent AMI.³³ The Housing Choice Voucher program is not an entitlement, so not all eligible households are able to receive housing assistance. Vouchers are typically assigned by lottery or by waitlist.

Several randomized evaluations found that vouchers reduce homelessness and improve housing outcomes among low-income households at risk of homelessness. For example, the San Diego McKinney Homeless Research Demonstration Project found that access to a Housing Choice Voucher increased the likelihood of living in stable housing by 29 percentage points from an initial rate of 31 percent (a 93 percent increase) over a two-year period.³⁴ Similarly, several randomized evaluations have demonstrated that Welfare to Work vouchers (housing choice vouchers intended to help families receiving public assistance connect with employment opportunities) reduced homelessness and reduced rates of overcrowding, defined as living with less than one 30 room per person in the household.³⁵

Housing vouchers are also effective in housing those currently experiencing homelessness. Evidence suggests that for unhoused families, access to long-term housing vouchers is particularly effective in promoting housing stability and in improving secondary outcomes related to family well-being and education. The Family Options Study found that access to the long-term voucher reduced the likelihood of being homeless or doubled up with family or friends in the past 6 months by 18 percentage points relative to an initial rate of 34 percent (a 53 percent decrease) and reduced the likelihood of having stayed in an emergency shelter during the past year by 14 percentage points from an initial rate of 19 percent (a 78 percent decrease).³⁶

Access to vouchers also improved non-housing outcomes, including lower rates of family separation, lower levels of psychological distress, increased child attendance at school, and increased measures of food security.³⁷

Public housing. There is limited rigorous evidence on the effectiveness of public housing on reducing homelessness. Public housing provides government-owned housing to low-income families, and is one of the oldest forms of housing assistance in the United States. Today public housing residents must meet income eligibility criteria similar to that of the Housing Choice Voucher program. The number of public housing units in the United States has fallen in the past several decades, as policymakers have shifted their focus to subsidizing private-market housing. Still, more than two million people lived in public housing units in the United States in 2017.³⁸

The Moving to Opportunity Demonstration Program (MTO) randomly assigned families living in congregate public housing units in Baltimore, Boston, Chicago, Los Angeles, and New York to either continue receiving public housing support, receive a standard Housing Choice Voucher, or receive an experimental Housing Choice Voucher that was limited only to neighborhoods with low poverty rates. The study found that compared to households in the public housing group, households in both Housing Choice Voucher groups had slightly improved housing quality on average and were less likely to report difficulty in paying rent.³⁹ However, households in the Housing Choice Voucher groups were no less likely to be literally homeless, suggesting that public housing may be no less effective in reducing homelessness than vouchers for private-market housing.

³³ U.S. Department of Housing and Urban Development. 2018. "Housing Choice Vouchers Fact Sheet." Accessed July 23, 2019. https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet.

³⁴ Hurlburt et al. 1996.

³⁵ Wood et al. 2008; Mills et al. 2006.

³⁶ Gubits et al. 2015; Gubits et al. 2016; Gubits et al. 2018.

³⁷ Ibid.

³⁸ U.S. Department of Housing and Urban Development. 2018. "HUD 2018 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report." Accessed July 23, 2019. https://files.hudexchange.info/reports/published/CoC_HIC_NatlTerrDC_2018.pdf.

³⁹ Katz et al. 2011.

IV. Market-level interventions.

Many policies aimed at promoting affordable housing have targeted the housing market, rather than individual households, including tax credits for affordable development, zoning reforms, and regulations controlling the rent landlords may collect from tenants. These policies may impact homelessness by affecting the price of housing. There is very limited rigorous evidence on the impact of market-level policies. By definition market-level policies affect all properties within a given area, making it difficult to identify a valid comparison group, which is required for randomized or quasi-experimental evaluations.

Tax credits. There are no high quality experimental or quasi-experimental studies that measure the effectiveness of tax credits in changing housing prices and reducing homelessness. Affordable housing tax credits aim to incentivize the private development of affordable units by lowering the cost of developing affordable housing. The largest affordable housing tax credit is the federal Low-Income Housing Tax Credit (LIHTC). The LIHTC subsidizes the supply of affordable housing by incentivizing private developers to build rent-restricted housing units that are rented to households with incomes at or under 80 percent AMI.⁴⁰ The LIHTC has financed approximately 2.3 million projects from 1995 to 2015.⁴¹

Zoning ordinances. There are no high quality experimental or quasi-experimental studies that measure the effectiveness of zoning policies in reducing or contributing to homelessness. Zoning policies are set at the local level and place restrictions on the types of developments that can be built in a given area. Several types of zoning reforms have been proposed to reduce the cost of housing. For instance, inclusionary zoning policies aim to increase the supply of affordable housing by incentivizing private developers to include affordable units in new developments.

Rent control. There is limited rigorous evidence on how rent control impacts homelessness. Rent control limits the maximum rent landlords are permitted to charge tenants. Over the past century, rent control has taken several different forms. While rent control may increase housing affordability for current tenants, some opponents caution that it may inadvertently affect housing supply by dampening incentives for landlords to invest in or develop new units.

MEASURING HOUSING OUTCOMES

It can be difficult to collect data on indicators of homelessness. While some studies, such as the Family Options Study, primarily relied on participant surveys to collect outcomes, such data collection efforts can be prohibitively expensive. Additionally, many people experiencing homelessness are highly transient, and it can be particularly difficult to follow up with study participants by survey. This may lead to unrepresentative samples that bias study results.

Administrative data, or data that are already collected through the regular course of business, are a less costly and more reliable source of data. Administrative data on homelessness are usually tracked in a centralized Homelessness Management Information System (HMIS), and often include any entry into a homelessness-related program or service. Entry into emergency shelter is often used as a proxy for measuring homelessness, although this indicator is also limited. Sheltered homelessness accounts for just a fraction of the total unhoused population. People experiencing homelessness may also be unsheltered, temporarily doubled up with friends or family, or staying in temporary lodging such as motels.

One potential solution is to use consumer reference data, which collects address histories from more widely available sources. Further innovations and improvements in measuring housing outcomes could lower the costs and increase the quality of evaluations of programs aimed at preventing or reducing homelessness.

The centralization of homelessness program delivery information within communities may also enable more accurate measurement of housing outcomes. Recently, communities have developed Coordinated Entry Systems (CES) to manage program delivery across a variety of local organizations and agencies. By entering clients and outcomes into the centralized HMIS, it will be easier to collect data across a diffuse set of agencies. The CES could also enable better targeting of services towards groups with different needs, as outlined in the Research Agenda section.

⁴⁰ Urban Institute and Brookings Institution Tax Policy Center. n.d. "What is the Low-Income Housing Tax Credit and how does it work?" Accessed July 23, 2019. <https://www.taxpolicycenter.org/briefing-book/what-low-income-housing-tax-credit-and-how-does-it-work>.

⁴¹ U.S. Department of Housing and Urban Development. 2017. "Table 3: Characteristics of LIHTC Projects, 1995-2015." Accessed January 17, 2019. <https://www.huduser.gov/portal/Datasets/lihtc/tables9515.pdf>.



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RESEARCH AGENDA

How can future research contribute to what we already know on how to reduce and prevent homelessness? This section identifies gaps in the literature and poses several new questions to be considered when conducting evaluations of homelessness prevention or assistance programs.

What more can we learn about existing programs with a limited evidence base?

A growing body of rigorous evaluations demonstrates that some homelessness assistance programs are effective in promoting housing stability. However, many gaps in the evidence remain. For instance, rigorous evidence on the impact of rapid re-housing to date is inconclusive. In 2008, HUD launched the Rapid Re-Housing Demonstration Project, which provided \$25 million to communities to pilot rapid re-housing programs.⁴² In 2009, the US Congress approved an additional \$1.5 billion for homelessness prevention and rapid re-housing.⁴³ Given this increased push for rapid re-housing at the federal level, it is critical for additional research to determine how rapid re-housing impacts housing outcomes.

More research is also needed on programs and policies intended to reduce evictions by changing the dynamics within housing courts. Conflicting evidence on the impact of providing full legal services to tenants facing eviction suggests that additional research is needed to determine which types of legal tactics are most effective in producing favorable housing court outcomes for tenants.

How do existing programs impact outcomes beyond housing stability?

Lack of housing can have devastating consequences on individuals' mental and physical health, financial health, employment and educational outcomes, and involvement with the criminal justice system, among other factors. It is important for additional research to measure the impact of programs addressing homelessness on non-housing outcomes.

Most studies presented in this publication report housing outcomes such as shelter entry rates, days spent unhoused, and housing quality. One challenge in measuring non-housing outcomes is that many potential downstream impacts are several steps removed from the initial intervention. In many cases, this means a much larger sample size is needed for researchers to detect any effects on non-housing outcomes. Additionally, the costs of evaluation increase significantly if measuring outcomes through in-person surveys. Conversely, when using administrative data to measure non-housing outcomes, researchers are limited to measuring outcomes that are reliably collected in administrative records, such as arrests, hospital admissions, and reported earnings (See also Box 4: Measuring Housing Outcomes).

The long-term outcomes of children experiencing homelessness is a particularly under-researched area. Childhood is a formative period for cognitive, social, and physical development, but being unhoused can greatly disrupt the necessary conditions for healthy growth. To date, no rigorous evaluations have measured the impact of providing housing on the long-term life outcomes of children who had experienced homelessness. Even evidence on short-term outcomes for children, such as school attendance and graduation rates, is limited.

⁴² National Alliance to End Homelessness. April 22, 2014. "Rapid Re-Housing: A History and Core Components." Accessed July 24, 2019. <https://endhomelessness.org/resource/rapid-re-housing-a-history-and-core-components/>.

⁴³ Ibid.

What bundle of services is most effective and for whom?

Many homelessness programs involve multiple components, such as providing both rental assistance and support services. Additional research could break apart such programs into specific components and measure the effectiveness of each component in isolation versus when bundled. To measure cost-effectiveness, it is important to know which combination of components is most effective in housing people and preventing further housing instability. For example, rapid re-housing programs typically offer some limited support services in addition to short-term housing, but the type of support services offered through rapid re-housing programs vary dramatically. A tenant's success in maintaining housing after housing subsidies end may depend on the type of support they receive during the housing search and whether they are able to find and maintain employment.

A related open question is how best to target services and programs to people with different needs. Particular groups, including veterans, individuals with substance use disorder, individuals with severe mental illness, and low-income families with children, experience homelessness at disproportionate rates and may benefit from different services respectively. For example, a family with children experiencing homelessness and facing only temporary shocks may need only limited rapid re-housing and short-term case management, while individuals who have been previously incarcerated may require more support to address additional barriers to employment and maintaining housing. In particular, improved screening for prevention programs is an area with large potential for more research.

What can we learn about the supply of housing in promoting housing stability?

The supply of housing may be an important determinant of homelessness, as restricted housing supply could drive up rent levels across metropolitan areas, therefore decreasing the affordability of housing and driving low-income households into homelessness. However, there is no rigorous evidence on how much homelessness can be attributed to rent levels and housing supply.

Additional research is needed on how landlord behavior impacts homelessness. As many federally subsidized housing programs targeted towards low-income families rely on private rental units, landlord participation plays a significant role in the supply of affordable units available to unhoused families. Rapid re-housing programs in the HUD Rapid Re-Housing Demonstration, for example, conduct landlord outreach and education and help match clients with interested landlords. Other programs provide incentives to landlords such as damage mitigation insurance or offering expedited approval for leasing qualifying tenants. To date, no rigorous evidence exists on whether these types of interventions are effective in encouraging landlords to participate in affordable housing programs.

What is the impact of homelessness assistance programs at the community level?

In addition to impacting individual outcomes, housing programs may affect the overall housing market, leading to changes in housing prices, migration patterns of people experiencing homelessness, and overall available units. There is very limited evidence on the impact of homelessness assistance programs at the community level. By design, randomized evaluations can only compare housing outcomes for a treatment group relative to a control group. It is difficult to determine the impact of homelessness assistance programs on overall housing market conditions.

Several studies have used non-experimental methods to estimate the impact of additional resources for homelessness assistance programs at the community level, but have found conflicting results.⁴⁴ A separate set of non-experimental studies have estimated how new housing vouchers within a city affect rent levels at the city level, again finding conflicting results.⁴⁵ The evidence suggests that housing vouchers may sometimes increase housing prices, depending on the tightness of the local housing market.⁴⁶

⁴⁴ Corinth, Kevin. 2017. "The Impact of Permanent Supportive Housing on Homeless Populations." *Journal of Housing Economics* 35 (2017): 69–84. <https://doi.org/10.1016/j.jhe.2017.01.006>; Evans, William N., Sarah Kroeger, Caroline Palmer, and Emily Pohl. "The Impact of HUD-VASH Vouchers on Veterans' Homelessness." Working Paper, 2019; Lucas, David S. 2017. "The Impact of Federal Homelessness Funding on Homelessness." *Southern Economic Journal* 84 (2): 548–576. <https://doi.org/10.1002/soej.12231>; Popov, Igor. "Homeless Programs and Social Insurance." Working Paper, November 2017.

⁴⁵ Lowry, Ira S. 1982. *Experimenting with Housing Allowances: Executive Summary [of] the Final Comprehensive Report of the Housing Assistance Supply Experiment, Sponsored by the Office of Policy Development and Research, U.S. Department of Housing and Urban Development*. Rand Corporation; Susin, Scott. 2002. "Rent Vouchers and the Price of Low-Income Housing." *Journal of Public Economics* 83 (1): 109–152. [https://doi.org/10.1016/S0047-2727\(01\)00081-0](https://doi.org/10.1016/S0047-2727(01)00081-0).

⁴⁶ Eriksen, Michael D., and Amanda Ross. 2015. "Housing Vouchers and the Price of Rental Housing." *American Economic Journal: Economic Policy* 7 (3):154–76. <https://doi.org/10.1257/pol.20130064>.



APPENDIX: EVALUATIONS INCLUDED IN THIS REVIEW⁴⁷

PROGRAM NAME	INTERVENTION	STUDY OR STUDIES	STUDY POPULATION	LOCATION
Chicago Homelessness Prevention Call Center (HPCC)	Emergency financial assistance	Evans et al. (2016), Palmer et al. (2019)	Households at risk of losing their housing due to a housing crisis	Chicago, IL
Housing and Case Management Program	Critical Time Intervention	Basu et al. (2012)	Individuals with a chronic medical illness experiencing homelessness after hospital discharge	Chicago, IL
Critical Time Intervention	Critical Time Intervention	Herman et al. (2011)	Individuals with severe mental illness and histories of homelessness who were discharged from psychiatric hospitals	New York, NY
Family Critical Time Intervention (FCTI)	Critical Time Intervention	Samuels et al. (2015), Shinn et al. (2015)	Mothers with children experiencing mental health problems and homelessness	Westchester County, NY
Housing Court Study	Full legal services in eviction court	Greiner et al. (2012)	Tenants at risk of eviction for non-payment of rent	North Shore, MA
District Court Study	Full legal services in eviction court	Greiner et al. (2013)	Tenants at risk of eviction for non-payment of rent	Boston, MA
Housing Court Litigation Project	Full legal services in eviction court	Seron et al. (2001)	Tenants at risk of eviction for non-payment of rent	New York, NY
Homebase	Comprehensive prevention program	Goodman et al. (2016), Rolston et al. (2013)	Households at risk of losing their housing due to a housing crisis	New York, NY
At Home/Chez Soi	Supportive housing	Aubry et al. (2015), Chung et al. (2017), Currie et al. (2014), Goering et al. (2011, 2012, 2014), Kirst et al. (2015), Somers et al. (2017), Stergiopoulos et al. (2015)	Individuals with severe mental illness experiencing homelessness	Moncton, NB; Montreal, QC; Toronto, ON; Vancouver, BC; Winnipeg, MB
Housing Placement and Subsequent Days Homeless	Supportive housing	Goldfinger et al. (1999)	Individuals with mental illness experiencing homelessness	Boston, MA

⁴⁷ All studies featured in this review utilize a randomized evaluation methodology, with the exception of the following studies: Evans et al. (2016), Goodman et al. (2016), Palmer et al. (2019). These three studies utilize quasi-experimental methodologies, and are included in the review because they either complement the findings from randomized evaluations or produce a rigorous, convincing estimate of the impact of a program by leveraging natural instances of variation.

PROGRAM NAME	INTERVENTION	STUDY OR STUDIES	STUDY POPULATION	LOCATION
Pathways to Housing	Supportive housing	Greenwood et al. (2005), Gulcur et al. (2003), Padgett et al. (2006), Tsemberis et al. (2004)	Individuals with a mental health disorder who were experiencing homelessness	New York, NY
Abstinence-Contingent Housing compared to Non-Abstinence-Contingent Housing	Supportive housing	Milby et al. (2005), Kertesz et al. (2007)	Unstably housed individuals with cocaine dependency	Birmingham, AL
Veterans Affairs Supportive Housing (HUD-VASH)	Supportive housing	O'Connell et al. (2012), Rosenheck et al. (2003), Montgomery et al. (2013)	Veterans with substance use disorder or psychiatric disorders experiencing homelessness	Cleveland, OH; New Orleans, LA; San Diego, CA; San Francisco, CA
Housing Opportunities for People with AIDS (HOPWA)	Supportive housing	Wolitski et al. (2010)	Unstably housed individuals living with HIV/AIDS	Baltimore, MD; Chicago, IL; Los Angeles, CA
Family Options Study	Housing vouchers, rapid re-housing, and transitional housing	Gubits et al. (2013, 2015, 2016, 2018)	Families experiencing homelessness	12 communities across the United States
Moving to Opportunity for Fair Housing Demonstration Program (MTO)	Housing vouchers	Chetty et al. (2016), Sanbonmatsu et al. (2011)	Families living in public housing	Baltimore, MD; Boston, MA; Chicago, IL; New York, NY; Los Angeles, CA
San Diego McKinney Homeless Research Demonstration	Housing vouchers	Hurlburt et al. (1996)	Individuals with severe mental illness experiencing homelessness	San Diego, CA
Welfare to Work Voucher Program	Housing vouchers	Mills et al. (2006), Wood et al. (2008)	Low-income families receiving or eligible to receive public benefits	Atlanta, GA; Augusta, GA; Fresno, CA; Houston, TX; Los Angeles, CA; Spokane, WA



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CONCLUSIONS

Homelessness represents one of the most extreme manifestations of poverty and inequality. Nearly one and a half million people enter emergency shelter in the United States in a given year, with many more experiencing housing instability in other forms. Research will play a valuable role in helping to understand the nature of the problem and in identifying effective programs and policies to help people acquire and keep stable housing.

Many housing programs are effective in reducing homelessness. Emergency financial assistance helps prevent shelter entry, legal assistance in housing court can decrease evictions, permanent supportive housing can improve housing outcomes for people with mental illness and for veterans, and housing vouchers can both stabilize housing for low-income tenants at risk of homelessness and effectively house unhoused families and individuals.

However, there is still much to be learned about strategies to reduce and prevent homelessness. For existing programs with a limited evidence base, such as rapid re-housing, it is important to rigorously test their impacts on housing outcomes. Far more research is needed to understand how homelessness programs and services impact non-housing related outcomes. Additional questions remain on how best to design and target services to maximize potential impact, how policies targeting the supply of housing impact homelessness, and how additional resources affect homelessness rates at the community level.

ABOUT J-PAL NORTH AMERICA

J-PAL North America is a regional office of the Abdul Latif Jameel Poverty Action Lab (J-PAL), a global network of researchers who use randomized evaluations to answer critical policy questions in the fight against poverty. Our mission is to reduce poverty by ensuring that policy is informed by scientific evidence.

FOR FURTHER READING

This evidence review is an executive summary of a forthcoming academic review paper on homelessness, “Reducing and Preventing Homelessness: A Review of the Evidence and Charting a Research Agenda,” by William Evans (University of Notre Dame), David Phillips (University of Notre Dame), and Krista Ruffini (University of California at Berkeley).

Evidence Review Author: Jacob Binder
Editors: Rohit Naimpally and Vincent Quan

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