

## Housing First and Rapid Re-Housing Research and Community Examples

The below resources provide a mix of academic and practitioner research and findings on the effectiveness of Housing First and Rapid Re-Housing approaches to addressing homelessness.

### Homeless Recurrence in Georgia: Descriptive Statistics, Risk Factors, and Contextualized Outcome Measurement

(2013) State Housing Trust Fund for the Homeless, Georgia Department of Community Affairs; Jason Rodriguez

**Description:** This study examines risk factors of recurrence using HMIS data of 9,013 individuals who transitioned out of homelessness in a one year period from 2009-2010 in the state of Georgia. Predictive models of recurrence were also developed through this study and could be helpful to evaluate program outcomes in a way that takes into account the presence of risk factors among those the program is serving. This context driven approach can help decision-makers understand program performance and can help eliminate the disincentive for programs to serve persons with higher risks found in more simplistic performance measurement.

**Key Findings:**

- The study identified 21 variables that had an indicative relationship against the likelihood of returning to homelessness.
- Top risk factors for returning to homelessness included an absence of rapid re-housing enrollment and having a history of homelessness in HMIS.
- Persons with an on-going housing subsidy were not less likely to return to homelessness

**Resource Link:** <http://www.dca.state.ga.us/housing/specialneeds/programs/downloads/HomelessnessRecurrenceInGeorgia.pdf>

### Are Housing First Programs Effective? A Research Note (2013) Journal of Sociology & Social Welfare; Danielle Groton

**Description:** Reviewing recent housing first studies, this paper provides an overview of the results of seven notable studies into the effectiveness of housing first programs. Overall, all studies showed positive outcomes for housing first approaches than traditional housing ready approaches. The studies included and results are summarized below:

Reference	Results
<i>Project-based Housing First for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-year alcohol trajectories.</i> Published in the American Journal of Public Health, Collins et al. (2012)	Alcohol use among a sample of chronically homeless individuals decreased at a faster rate for those participants in a Housing First program.
<i>A multisite comparison of supported housing for chronically homeless adults: "Housing First" versus "residential treatment first."</i> Published in Psychological Services, Tsai Mares, and Rosenheck (2010)	Participants in a Housing First intervention stayed in permanent housing for statistically significant more days than participants in a traditional, "housing ready" intervention. No statistically significant differences in substance use or mental health for either group.
<i>Housing stability among homeless individuals with</i>	84% of participants were still housed in their

Reference	Results
<p><i>serious mental illness participating in Housing First programs.</i> Published in the Journal of Community Psychology, Pearson, Montgomery, and Locke (2009)</p>	<p>respective programs at 12 months. No significant decrease in either psychiatric symptoms or substance use.</p>
<p><i>Housing first for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention.</i> Published in the Journal of Primary Prevention, Stefanic and Tsembaris (2007)</p>	<p>The housing first programs were more successful at both placing individuals into permanent housing and retaining them in the program than the treatment as usual group.</p>
<p>The below studies are all based on the <i>New York Housing Study</i> (Greenwood et al. (2005))</p> <p><i>Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness.</i> Published in the American Journal of Community Psychology, Greenwood et al (2005)</p> <p><i>Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse.</i> Published in Research on Social Work Practice, Pagdett, et al. (2006).</p> <p><i>Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis.</i> Published in the American Journal of Public Health, Tsemberis, et al (2004).</p>	<p>At 24 months, the Pathways group was consistently significantly more housed than the control group, no differences in substance use; however the control group utilized treatment more. At 36 months, psychiatric symptoms decreased in both groups, but there were no significant between-groups differences. Drug use remained constant in both groups through the 48 months.</p>

**Resource link:**

[http://www.wmich.edu/hhs/newsletters\\_journals/jssw\\_institutional/institutional\\_subscribers/40.1.Groton.pdf](http://www.wmich.edu/hhs/newsletters_journals/jssw_institutional/institutional_subscribers/40.1.Groton.pdf)

**Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems (2009) Journal of the American Medical Association, Larimer et al.**

**Description:** This study looks at a housing first program in Seattle—known as 1811 Eastlake—which targets homeless adults with severe alcohol problems who use local crisis services at the highest levels. The project has been controversial because residents are allowed to drink in their rooms. The study evaluated outcomes of the project on public use and costs for housed participants compared with wait-list controls and secondarily evaluated changes in reported alcohol use for housed participants and the effects of housing duration on service use.

**Key Findings:**

In the year prior to moving into 1811 Eastlake, tenants averaged \$4,066 per month in costs to those public services examined, including corrections, shelter, substance abuse treatment, and health care. After moving into 1811 Eastlake, the study found that the average cost offset per person per month (after accounting for housing program costs) was \$2,449.

**Resource Link:** <http://jama.jamanetwork.com/article.aspx?articleid=183666>

## Community Spotlight: Rapid Re-Housing Rapid Exit Program in Hennepin County, Minnesota. (2009) Hennepin County Housing and Homeless Initiatives; Marge Wherley & Tim Hastings

**Description:** Providing a case study overview of Hennepin County’s initiative, this research summary details the challenges, solutions, implementation, and results of Hennepin’s homeless services programs. **Key**

**Findings:**

- 42% decline in shelter admissions
- 47% decline in average length of shelter stay
- 70% reduction in the number of purchased bed nights
- 8,000 families (with more than 20,000 children) receiving rapid re-housing since 1995
- Insights and lessons learned throughout the process are also included in the summary.

**Resource Link:** <https://www.onecpd.info/resources/documents/HennepinCounty.pdf>

## National Alliance to End Homelessness Local Progress and Community Snapshots

**Description:** The National Alliance to End Homelessness (NAEH) has compiled articles and research on communities that stand out for their implementation of housing first approaches throughout their homelessness response systems.

**Key Findings by Community:**

- **Chicago, IL** Homelessness in Chicago decreased 12 percent from 6,715 in 2005 to 5,922 in 2007.
- **Columbus, OH** Through a focus on targeted prevention, regular performance measurement, and rapid-rehousing, family homelessness in Columbus, OH decreased by 46 percent between 1997 and 2004
- **Denver, CO** Homelessness in Denver decreased 13 percent from 4,444 in 2005 to 3,954 in 2007. Chronic homelessness decreased 36 percent from 942 in 2005 to 602 in 2007.
- **Hennepin County, MN** From 2000 to 2004 family homelessness in Hennepin County, MN declined by 43 percent.
- **New York, NY** In 2002, the city placed 22 percent of families who entered shelter in permanent housing; in 2003, 28 percent were placed; and in 2004, 33 percent were placed.
- **Portland, OR** Overall, homelessness in Portland has decreased by 13 percent from 5,103 in 2005 to 4,456 in 2007.
- **Quincy, MA** Between 2005 and 2008, chronic homelessness in Quincy, MA decreased by 50 percent.
- **San Francisco Bay Area, CA** Family homelessness declined by 37 percent in Alameda County, CA between 2003 and 2009.
- **West Chester County, NY** Family homelessness decreased 57 percent—from 690 families in 2002 to 297 families in 2006 in Westchester County.
- **Wichita, KS** Between 2005 and 2008, chronic homelessness in Wichita/Sedgwick County decreased by 61 percent.
- **Fairfax/Falls Church, VA** After implementing housing first focused 10 year plan, reductions in homelessness were achieved within the first year. After overall homelessness increased by 26 percent between 2005 and 2008, the population decreased by 11 percent between 2009 and 2010 to 1,544 people. Family homelessness decreased at an even sharper rate. After the families population increased by 17 percent from 933 to 1,091 people between 2005 and 2008, the population decreased by 16 percent between 2009 and 2010 to 892 people—the lowest level ever documented in the community.

**Resource Link:** From the link provided below, click on each community to find a “Community Snapshot” and other information on the practices these communities employ to achieve reductions in homelessness [http://www.endhomelessness.org/pages/local\\_progress](http://www.endhomelessness.org/pages/local_progress)