

The Impact of Housing and Services Interventions on Homeless Families Study Overview

The Senate Report 109-109 for the FY 2006 Transportation, Treasury, the Judiciary, Housing and Urban Development and Related Agencies Appropriations Bill directed the U.S. Department of Housing and Urban Development (HUD) to “undertake research to ascertain the impact of various service and housing interventions in ending homelessness for families.” In response to this directive, HUD awarded an Indefinite Quantity Contract (IQC) to Abt Associates, Inc. in September 2008 to conduct a study entitled *The Impact of Housing and Services Interventions on Homeless Families* (the study is known in the field as the *Family Options Study*). The goal of the study is to learn more about the effects of housing and services interventions for homeless families. Previous research has described the characteristics and needs of homeless families and explored the effectiveness of different interventions, but none of the past work has explicitly compared the results of different interventions using a rigorous methodology. Thus, significant gaps remain in our understanding of the best strategies to address homelessness among families.

This study will compare several combinations of housing assistance and services in a multi-site experiment, to determine which interventions work best to promote housing stability, family preservation, child well-being, adult well-being, and self-sufficiency. To provide the strongest possible evidence of the effects of the housing and services interventions, the evaluation is using an experimental research design, with eligible families assigned at random to one of the designated housing and services interventions. Twelve communities are participating in the study¹. Enrollment into the study began in September 2010 and concluded on January 31, 2012, after enrolling a total of 2,307 families into the study. This study is the largest study of homelessness ever conducted utilizing an experimental design.

Research Questions

The study of *The Impact of Housing and Services Interventions on Homeless Families* has been designed to answer six primary research questions:

- 1) What is the relative effectiveness of homeless interventions in ensuring housing stability of homeless families?
- 2) Are the same interventions that are effective for short-term stability of homeless families effective for longer-term stability as well?
- 3) What is the relative effectiveness of homeless interventions in ensuring the well-being of homeless parents and self-sufficiency of homeless families?
- 4) Do some interventions promote family preservation and benefit children’s well-being, in particular, more than other interventions?

¹ Alameda County/Oakland, CA; Atlanta, GA; Baltimore, MD; Boston, MA; New Haven/Bridgeport, CT; Denver, CO; Honolulu, HI; Kansas City/Jackson City, KS; Louisville, KY; Minneapolis, MN; Phoenix/Maricopa County, AZ; Salt Lake City/County, UT.

- 5) Are various homeless interventions more effective for some categories of homeless families than for others?
- 6) What features of housing, services, and structure explain the effectiveness (or lack thereof) of various homelessness interventions?

Housing and Services Interventions being Tested

Families who agree to be part of the study will be randomly assigned to one of the four intervention groups:

- 1) **Subsidy only**, which is a permanent housing subsidy, typically in the form of a Housing Choice Voucher, without supportive services;
- 2) **Project-Based Transitional Housing**, featuring temporary housing assistance offered for up to 24 months (with average expected lengths of stay of 6 to 12 months) in transitional housing facilities combined with supportive services²;
- 3) **Community-Based Rapid Re-housing**, which is expected to provide temporary rental assistance for 2 to 6 months (potentially renewable for periods up to 18 months) in conventional, private-market housing, with limited, housing-focused services, and;
- 4) **Usual Care**, which represents the assistance that people would normally access on their own from shelter in the absence of these other interventions. Usual Care is likely to include continued support from emergency shelters and may include short-term shallow rental subsidies funded through the Homelessness Prevention and Rapid Re-housing Program (HPRP) with or without supportive services.

Methodology

Twelve communities have committed to participate in this study. Within each site, families³ who seek assistance from an emergency shelter and remain in the shelter for at least seven days will be invited to enroll in the study. Participation in the study is completely voluntary, and families who choose not to participate will not be denied assistance based on their decision. Families who agree to participate will provide written informed consent, complete a baseline survey, and will be assigned at random to one of the four housing and services interventions. Once assigned to an intervention, families will be tracked every three months to ensure that the study team is able to maintain an accurate accounting of the address and related contact information for the entire study population⁴.

² The supportive service package included in the PBTH intervention will include, at a minimum, assessment of family needs, case management, and provision of or referral for services to meet identified needs. Services will most likely include areas such as employment; child care; transportation; entitlements; medical; behavioral health; trauma; safety; emotional, cognitive, and developmental needs of children; child welfare and family preservation and reunification.

³ For this study, a family is defined as at least one adult and one child under the age of 15

⁴ The primary active tracking mechanisms will be quarterly tracking letters, as well as tracking interviews to be conducted every six months. Study families will also be tracked passively through semi-annual reviews of the

Families will complete a follow-up interview 18-months following random assignment. In addition to this primary data collection, at least two sources of administrative data will be reviewed for additional data, including Homeless Management Information Systems (HMIS) within each of the twelve Continuums of Care that are a part of the study to identify if any study families entered the homeless assistance system at any point during the follow-up period, and HUD PIH Information Center (PIC) data and Tenant Rental Assistance Certification System (TRACS), in order to determine if any study families were served through HUD-funded housing assistance.

Challenges

Since this study was launched in 2008, the research design has shifted and adapted to the reality of the environment in which the study is being undertaken. The challenges outlined below have been addressed and mitigated to the fullest extent possible by the research team throughout the course of the study thus far, however, the analysis plan will need to accommodate the resulting variations in enrollment across both interventions and communities.

Variation Across Interventions

The funding to support the study **did not** include funding to support the development or implementation of specific program models to be tested, therefore, the research team was required to develop definitions for each intervention to be studied, and then impose these definitions upon communities as they were being screened as potential sites. Given the lengthy criteria that a community needed to meet in order to be eligible to even be considered as a site for the study (e.g. size of the homeless family population and flow through the emergency shelter system, willingness to comply with random assignment procedures, availability of at least three of the four interventions, etc.), some flexibility in applying the desired intervention definitions was required.

To further complicate matters, homeless assistance systems and the programs that comprise these systems, all have naturally occurring variations based on a host of uncontrollable external factors, such as local need and priorities, availability of low-cost housing opportunities in a given community, and the discretion of individual programs to establish rules for eligibility (such as sobriety requirements, work requirements, or income thresholds). To the extent possible, programs that most closely matched the definitions of the interventions constructed by the research team were selected for participation, however, given the broad number of individual programs ultimately involved (over 45 project-based transitional housing programs, 22 rapid re-housing grantees, and 20 public housing agencies), variation across interventions is inevitable.

Variation Across Communities

The original study design envisioned an equal number of families in each site allocated proportionally across the four interventions. However, the availability of the interventions in

National Change of Address (NCOA) System of the U.S. Postal Service and the SSA Death Index, as well as quarterly reviews of publicly available phone number data.

each community was not proportional, nor was the flow of eligible families into the shelter system. Three of the participating sites will be serving as “three-arm” sites, meaning that in these sites, only three of the four interventions to be studied will be available to study participants⁵. In other sites, one or more interventions were not available for the full period of study enrollment. For example, the community-based rapid re-housing (CBRR) intervention was primarily supported by funding made available through the Homelessness Prevention and Rapid Re-housing Program (HPRP), which, as a program authorized under American Recovery and Reinvestment Act of 2009 (ARRA), had strict time limits on when money needed to be expended. As a result, several communities within the study had “spent down” their HPRP funds early in the grant period, and had limited funds available to support the CBRR intervention in the last months of study enrollment. Additionally, HUD was unable to compensate PHAs for the housing choice vouchers that are serving as the subsidy-only intervention arm, aside from a small incentive fee per voucher, therefore, the number of subsidy-only intervention slots available in each site was dependent upon the ability and willingness of the PHA to set aside vouchers from their current baseline.

Schedule

Study families will continue being tracked every three months following random assignment. The first cohort will be released for the 18-month follow-up survey in June 2012, and the final cohort will be released for follow-up in July 2013. An interim report, describing the communities, the programs, and the sample population will be available in early fall 2012, and preliminary analysis on the follow-up data will be available in early 2013, with longer-term results reported in later 2013 and 2014.

⁵ Boston, MA will not support a project-based transitional housing intervention; Louisville, KY will not support a community-based rapid re-housing intervention; and Baltimore, MD will not support a subsidy-only intervention.