

An In-depth Look at the Impact of Rapid Re-Housing for Young Adults Previously Experiencing Homelessness

PREPARED BY

Dr. Robin Petering, Lens Co

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Executive Summary

Point Source Youth sought to understand the experiences of formerly homeless or unstably housed young persons throughout their time in a Rapid Re-Housing program. *An In-depth Look at the Impact of Rapid Re-Housing for Young Adults Previously Experiencing Homelessness* paints a picture of young people in Baltimore, Atlanta, Detroit, and New York. Point Source Youth facilitated a longitudinal evaluation that explored what might be the immediate impact of a rapid re-housing program, which provides a combination of rental support and services with a goal of providing youth with effective permanent housing to exit homelessness and remain stably housed. After one year of the evaluation several key takeaways were observed.



Increased Employment and Income Access:

There was a drastic increase in employment from 56% to 85% and much of this increase was related to increases in full-time employment and working multiple part-time jobs.



Reduced Engagement in High Risk Subsistence Strategies:

Survival sex dropped 50% from 8% to 4% at the end of the year. Decreases were also seen in binge drinking and marijuana use.



A Stable Home:

85% of participants felt safe where they slept at night after one year in RRH, an increase from 65%. Stress related to finding a place to sleep dropped almost entirely (from 40% to 2%), as well as finding a place to shower and wash clothes.



Positive Trends in Mental Health, Well-being, and Social Connections:

Identifying unmet mental health needs dropped slightly over time throughout the program. There were also notable decreases in experiences of discrimination overall. Discrimination based on education dropped from 23% to 7%. However, discrimination based on race remained consistent 24% to 22%. Stress related to social and personal development decreased over time as well.



Stable Housing as Violence Prevention:

There were decreases in intimate partner violence experiences both as a victim or perpetrator. Victimization of interpersonal physical assault went from 32% to 15%. This coincided with a drop in perpetration 17% to 4%. Witnessing community violence was the most common and most consistent violent experience across time points, although minor decreases were observed. Interactions with law enforcement decreased from baseline (28%) to 12 months (11%).



Service Independent:

Use of drop-in services dropped with 7% reporting daily use at baseline to none reporting that at 12 months. Over three-quarters of all participants stated that they were connected to a supportive staff member throughout the year.



Increased Awareness of PrEP:

PrEP awareness doubled from 49% to 78%.



Food Insecurity Decreased Throughout the Year:

Stress related to finding enough food to eat decreased over time.



No Longer Identifying as Homeless:

Homeless identity decreased across time points, with 82% identifying as “homeless or unstably housed” at baseline and 15% at 12 months.

Introduction

One in ten young persons experience homelessness in the United States each year (Morton et al., 2018). Homelessness experienced by young people is typically defined as unaccompanied individuals 12 years or older (up to age 17, 21, or 25) who live in shelters, on the street, or in other unstable living conditions without family support (Perlman, Willard, Herbers, Cutuli, & Eyrich Garg, 2014; Rice, Winetrobe, & Rhoades, 2013). Young people experiencing homelessness are at **high risk for adversities** including chronic health conditions or problems such as HIV, substance misuse, interpersonal violence, and mental health issues compared to non-homeless young persons (Heerde, Hemphill, & Scholes-Balog, 2014; Perlman et al., 2014; Petering, Rice, & Rhoades, 2016; Terry, Bedi, & Patel, 2010; Whitbeck, 2009). These risks are often a consequence of street-entrenched life, limited access to care or preventative practices, poverty, discrimination, as well as early childhood experiences including traumas and family breakdowns (Fest, 2013; Milburn et al., 2009; Whitbeck, Hoyt, & Yoder, 1999; Whitbeck & Hoyt, 1999). In addition, historically marginalized groups are **disproportionately represented** in young populations experiencing homelessness. Homeless young persons are three times more likely to be pregnant, to have impregnated someone, or to already be a parent (Terry et al., 2010). Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youths represent between 30% and 45% of the overall young homeless population, as compared with an estimated 5% to 10% of the overall young population. Further, black and Hispanic young persons are more likely to experience homelessness compared to other racial and ethnic groups (Morton et al., 2018).

The United Nations declared housing to be a fundamental human right in 1991 (Thiele, 2002), yet despite the adoption of multi-faceted interventions, the scope of homelessness continues to be a persistent health and human right problem in the United States. It's been stated that interventions in housing, health, and income stabilization should be holistically integrated, allowing individuals experiencing homelessness to find their unique path to recovery (Elder, King, & Petering, 2017). Communities are using several evidence-based

interventions to address homelessness which aims to increase access to housing options and supportive services for housing stability. Some include housing subsidies for extremely low-income families, permanent supportive housing services for those with complex health needs, and programs that support a pathway to financial stability through access to disability income and employment support. However, evidence of a long term, comprehensive solution for ending homelessness experienced by young persons is an immense challenge.

Eliminating youth homelessness through housing supports remains a persistent challenge for several reasons. Supportive services for young persons experiencing homelessness are often caught between a **variety of systems** including the adult homelessness system, the child welfare system, juvenile justice system, public education system, amongst others. Further, young persons have a variety of unique needs and their homelessness can often be **"hidden"** (Morton et al., 2018; Rice, Winetrobe, & Rhoades, 2013), leaving many disconnected from formal or informal support systems. Additionally, in many communities, the number of young persons experiencing homelessness **exceeds the housing resources** that are available for them (Morton et al., 2018). Young people often exist at the intersection of multiple marginalized identities, and targeted interventions for one of those identities falls short of addressing their complex and varied circumstances, which contribute to their housing instability (Torro et al., 2011). Given the complexities and scope of homelessness experienced by young Americans, one thing that has been universally agreed upon in the discussion of solutions is that there is not a one-size-fits-all strategy that should be adopted but rather a **palette of strategies** that meet the diversity of needs of young persons as well as integrate and collaborate with other strategic systems (Cohen, McSwiggen, Cali, & Montelongo, 2017). One of the strategies being adopted nationally is rapid re-housing.

Rapid Re-Housing (RRH) is often referred to as independent scattered-site housing (Gaetz, Scott, & Gulliver, 2013) **where the participant receives a lease in their own name.** In RRH, an individual or family receives short-to medium-term rental assistance

in conjunction with a range of support services, between 3 and 24 months. Rapid Re-Housing services are deemed to be less intensive, compared to permanent supportive housing (PSH), which is non-time-limited housing with on-site clinical support services and frequently the referral for individuals that are perceived to be the highest risk in terms of vulnerability. It is often associated with decreased cost as compared to other housing interventions (Gubits et al., 2015). The stated goals of a Rapid Re-Housing program are to assist a person in **obtaining housing quickly**, increase **self-sufficiency** and then **remain stably housed** after the conclusion of the rental assistance (National Alliance to End Homelessness, n.d.). Rapid Re-Housing support services are intended to meet individual needs, which can include connections to clinical resources, housing navigation, and case management support. Rapid Re-Housing utilizes a **housing first** approach in that it is offered without preconditions, is voluntary and user-driven and has been shown that returns to

homelessness after intervention are as low or lower than transitional housing (Rodriguez, Eidelman, 2017).

There is a continued need to understand what personal impact of RRH has on young people in the United States. This is the first report from an exploratory evaluation funded by Point Source Youth. **The purpose of this report is to explore the initial impact of entering a Rapid Re-Housing program in a pilot cohort of young people experiencing homelessness** in Baltimore, MD, Atlanta, GA, Detroit, MI and New York, NY using data from a self-administered survey that explored key domains including: income and employment; health, mental health and access to care; sex and drug risk; stress experiences; violence and discrimination experiences; service use and service efficacy; social connections; neighborhood and housing environment; and short term goals. Ultimately this evaluation attempts to bring light to the question of how Rapid Re-Housing improves the lives of young people experiencing homelessness.

Methods



SAMPLING, PARTICIPANT RECRUITMENT & ENROLLMENT

Young people enrolled in Rapid Re-housing programs that were in partnership with Point Source Youth and local service providers between November 2017 to December 2019 were recruited to participate in this study. To be eligible a young person had to be between the ages of 18 - 24 and enrolled in one of the Point Source Youth partner site RRH programs. Program partners included Jericho Project and Sheltering Arms in New York City, NY, Youth Empowerment Society (YES) in Baltimore, MD, Alternatives for Girls in Detroit, MI, and Project Community Connections, Inc. (PCCI) in Atlanta, GA. 110 unique young adults were enrolled in the evaluation. Sample retention at follow up assessments were 72% at 3 months, 80% at six months, and 41% at 12 months. Varied retention is comparable to other longitudinal intervention studies done with similar populations (Bender et al., 2015; Rice et al., 2018). Comparison of baseline demographic characteristics of participants that remained in the study versus those that dropped out revealed no significant differences.

All procedures were approved by the University of Southern California Institutional Review Board. Program

partners served as the referral points for the Point Source Youth Pilot evaluation. As young persons enrolled in the RRH, they were briefly informed by program partner staff of the evaluation procedures and compensation. All partner program staff completed a comprehensive human subjects training. If the young person was interested in learning more about the pilot, they consented to release their contact information to a research associate. Housing program participation was not dependent on participation in the evaluation. After releasing contact information, a research associate reached out to the potential participant via phone or email to discuss enrollment and procedures of the pilot study. Informed consent and contact information was gathered electronically. Each participant had a unique participant identification (PID) code assigned to them as contact information and survey data were not connected. A codebook with contact information and PID codes was maintained by the principal investigator (PI) and key research staff. Research staff notified a participant via text, email or online messaging when they were eligible to complete a follow-up survey online.



ASSESSMENT & ANALYSIS

All baseline surveys were done within a two-week window of housing program move-in date, before or after. Additionally, follow up surveys were completed in a similar window three months after move-in date. Most follow-up surveys were done by participants independently on their own devices and on their own time. However, some participants were able to schedule with partner agencies to complete follow-up surveys on agency devices and/or with a research associate. Compensation for survey completion was \$25 cash. Follow up compensation was distributed based on participant preference. Options included \$25 electronic gift certificates (amazon or target), electronic cash transfer (venmo, paypal or cashapp) or a participant could coordinate with a research associate or agency staff to pick up cash. The comprehensive survey assessment included validated measures as well as

measures adapted to be culturally competent for young persons. The survey instrument was piloted by multiple young persons with lived experience of homelessness and feedback was incorporated before the instrument was finalized. Domains that were explored included demographic characteristics, homelessness and housing experiences, income and employment, health care and health care access, mental health experiences, income and employment, substance use, stress and discrimination experiences, violence, service use and efficacy, social connections and personal goals. At the follow-up assessment specific questions were asked related to the participants housing situation and neighborhood environment. All analyses were conducted in SAS version 9.4. Descriptive statistics for each assessment is presented in these tables.

RESULTS



WHO WAS IN THIS STUDY?

Over half of the sample represented participants in New York (60%) and the remaining were enrolled in the programs in Baltimore (18%), Atlanta (14%), and Detroit (8%). The sample was predominantly cisgender female (60%) and 12% identified as transgender or gender non-conforming (TGNC). The average age of the sample was 21.6 years. Exactly half of the sample identified as LGBQ+ (i.e. gay or lesbian, bisexual, asexual, or another sexual orientation). The sample is predominately African American (75%) followed by mixed or multiracial (11%), and Latinx (12%). Less than 3% of participants identified as White. Three-quarters of the sample had completed high school or high school equivalent (75%). Thirty-one percent of participants had ever been in foster care and twenty-one percent had ever been involved in the juvenile justice system. Thirty-nine percent of all participants have ever been pregnant or gotten someone pregnant and the majority of those pregnancies were unplanned. However, only one-fifth of participants identified being a parent, half of which have children living with them.

One-quarter of participants identified experiencing long-term homelessness, meaning they have

experienced homelessness over the course of two years or more. The average age of first homelessness was slightly over 18 years old, ranging from 13 to 23. Prior to moving into RRH, most young people identified staying temporarily at the home of a friend, partner or stranger (i.e. couch surfing). The remaining identified staying in a shelter (short and long term), sleeping somewhere indoors not meant for human habitation, or sleeping outdoors. When asked to identify the primary reason for their first experience of homelessness 58% of all participants reported being asked to leave from their family home and 16% reported choosing to leave a family home. The remaining reasons included leaving because of violence in the home (12%), aging out of the foster care or juvenile justice system (4%), not being able to pay rent or being evicted (5%), and family experiencing homelessness (4%). Fifteen participants reported that they were staying in their own apartment at baseline. However, it is possible that participants who took the survey after moving into RRH may have answered reflecting on their current housing situation despite the question specifying to recall their housing situation before moving into RRH.

TABLE 1: SAMPLE DEMOGRAPHICS

	n	%
Total	110	100%
<i>City currently in</i>		
Baltimore	20	18.2%
New York	66	60.0%
Detroit	9	8.2%
Atlanta	15	13.6%
Age	21.59	1.67
Cisfemale	66	60.0%
Cismale	31	28.2%
Gender minority	13	11.8%
LGBQ+	55	50.0%
<i>Race</i>		
Black/African American	82	74.5%
Mixed race	12	10.9%
Latinx	13	11.8%
White	3	2.7%
In school	22	20.0%
HS education	84	76.4%
Military veteran	1	0.9%
Foster care involvement	34	30.9%
Juvenile justice involvement	24	21.8%
Arrested as an adult	41	37.3%
Jail as an adult	26	23.6%
Pregnant ever	43	39.1%
Pregnancy unplanned	33	30.0%
Children	29	26.4%
Children live	24	21.8%

TABLE 2: HOMELESSNESS EXPERIENCES

	n	%
Total	110	100%
Age first homeless (mean + std. dev)	18.88	2.91
Experienced chronic homelessness (2+ yrs.)	28	25.5%
<i>Living situation prior to RRH</i>		
My Own Apartment Residence	15	13.6%
Home of friend, family, partner or stranger	35	31.8%
Short term shelter	12	10.9%
Longer term shelter (30+ days)	16	14.5%
Indoor place not meant for human habitation	9	8.2%
Unsheltered outside	3	2.7%
Transitional Living Program	8	7.3%
Hotel	6	5.5%
<i>Reason for homelessness</i>		
I was kicked out/asked to leave my family/ caretaker's home	64	58.2%
I left from my family/caretaker's home	17	15.5%
I left because my family/caretaker's were violent	13	11.8%
I aged out of the foster care / juvenile justice system	4	3.6%
I couldn't pay rent or was evicted for other reasons	5	4.5%
I had no place to go when I got out of jail/prison	0	0.0%
Death of a caretaker	2	1.8%
My family/Caretaker did not have a stable place to stay	4	3.6%
I had no place to stay when I moved to the area	1	0.9%
Other	2	1.8%

INCREASED EMPLOYMENT & INCOME ACCESS

After 12 months in a Rapid Re-Housing program, it was observed that one area with improvement was in relation to employment and income access. As participants entered their program 56% were employed. Although this rate was higher than other samples of primarily unhoused or street-based youth, this rate continued to increase and stabilize as youth remained in the program. Throughout the time in rapid rehousing, two-thirds of participants identified as being employed. It is important to note that the increases appeared to be

driven by **increases in full-time employment**. At the beginning of the program 30% of youth identified as having full-time employment, however, at the conclusion of the program 50% of youth identified having full-time employment. Part-time employment rates appeared to decrease, from 26% to 22%.

Notable trends were observed in other types of income access as well. Receiving money from friends or family **decreased gradually** over time. Half of participants

received money from friends or family at the start of the program, however, less than 35% identified receiving money from the source at 12 months. Benefits access increased slightly as well. A small group of participants identified receiving income from potentially illegal sources including selling drugs and profit from stolen goods. Small group of participants also participated in and sex work. These rates were generally very low to begin with and remained low.

Money management and budgeting was a primary theme in qualitative interviews. Rapid Re-Housing programs provided formal money management support. One participant described the way the RRH agency provided that help:

“They help me manage my money. [Agency], their biggest thing is money management. They set me up with savings plans.

Occasionally I follow them, occasionally I don’t. But for the most part they’re like big moms that kind of help you out, that’s what I call them. They’ve really helped me grow, ‘cause now I know...I can say I’ve had my own place.”

Saving money supported people in feeling more prepared for independent housing:

“I feel like I am ready [to move on], and I can say I am more so ready thanks to my case manager. By her always pushing me and always making sure I do have savings, even if it’s \$50 out of my paycheck she makes sure that I will input something up, she will make sure that I have enough metro cards to make sure that I am okay. She will give me the resources that I need if I am not okay.”

TABLE 3: EMPLOYMENT AND INCOME ACCESS

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Currently employed	61	55.5%	49	61.3%	64	72.7%	39	84.8%
<i>Income source (last 3 months)</i>								
Friends + family	54	49.1%	34	42.5%	37	42.0%	16	34.8%
Temporary work	30	27.3%	20	25.0%	26	29.5%	8	17.4%
Other income	0	0.0%	7	8.8%	10	11.4%	8	17.4%
Benefits	30	27.3%	15	18.8%	17	19.3%	9	19.6%
Fulltime employment	33	30.0%	24	30.0%	40	45.5%	18	39.1%
Part time (< 35 hours)	29	26.4%	22	27.5%	21	23.9%	7	15.2%
Under table work	23	20.9%	15	18.8%	14	15.9%	6	13.0%
Multiple part time (> 35 hours)	19	17.3%	11	13.8%	13	14.8%	10	21.7%
Dealing drugs	4	3.6%	1	1.3%	2	2.3%	2	4.3%
Stealing / Income from stolen goods	16	14.5%	7	8.8%	2	2.3%	3	6.5%
Sex work	8	7.3%	5	6.3%	6	6.8%	0	0.0%
Selling self made items, cans, or plasma	10	9.1%	17	21.3%	21	23.9%	3	6.5%
Gambling	2	1.8%	1	1.3%	2	2.3%	0	0.0%



REDUCED ENGAGEMENT IN HIGH RISK SUBSISTENCE STRATEGIES

Over time we observed **reduced engagement** in high-risk subsistence strategies. Specifically, the area to note were changes in engagement of high risk subsistence strategies. One-quarter of young people in the study identified as ever engaging in survival sex in their lifetime. Survival sex was defined as trading sexual favors or content for something that you need such as shelter, food, or other non-monetary resources. Prior to moving into Rapid Re-Housing 8% had identified as engaging in survival sex recently. After twelve months, survival sex

was reported by two participants. Illicit substance use was relatively low throughout the course of the evaluation. Only one to two participants in the study reported recently using illicit substances including ecstasy, hallucinogens, methamphetamine or prescription drugs. Alcohol, tobacco, and marijuana were the most used substances. At baseline binge drinking, i.e. having at least four drinks in a short period of time, was relatively high at 42%. This decreased over time. At 12 months, 28% of young people reported binge drinking at least one time in the past month.

TABLE 4: SURVIVAL SEX, ALCOHOL, AND DRUG USE

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Past 3 months survival sex	9	8.2%	6	7.5%	9	10.2%	2	4.3%
Binge drinking (1 or more day in past month)	46	41.8%	29	36.3%	49	55.7%	13	28.3%
Marijuana	64	58.2%	41	51.3%	54	61.4%	22	47.8%
Tobacco	39	35.5%	25	31.3%	29	33.0%	7	15.2%



A STABLE HOME

An important finding is how participants' experience in the program over time appears to be connected to an **increased sense of safety and stability at home**. Almost 85% of participants felt safer where they slept at night after one year, increasing from 65%. Experiences of stresses related to housing also **decreased** over time. At the start of the evaluation, the dominant cause of stress was finding a place to sleep, as reported by

forty percent of the participants. Almost immediately, this dropped to essentially one person reporting feeling stressed about finding a place to sleep. Other dominant causes of stress were finding a place to wash clothes and finding a place to take a bath or shower. Stress involving accessing a place to shower immediately dropped to only one person reporting this. Finding a place to wash clothes decreased to 2.2% at 12 months.

TABLE 5: HOUSING STABILITY

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Feels safe where they sleep	72	65.5%	66	82.5%	71	80.7%	39	84.8%
<i>Stress related to</i>								
Finding a place to sleep	42	38.2%	6	6.8%	6	6.8%	1	2.2%
Finding a place to take a bath or shower	20	18.2%	3	3.4%	3	3.4%	0	0.0%
Finding a place to wash my clothes	27	24.5%	11	12.5%	11	12.5%	1	2.2%



TRENDS IN MENTAL HEALTH, WELL-BEING, AND SOCIAL CONNECTIONS

Rapid Re-Housing appeared to have a positive impact on mental health and well-being for participants over time. Identifying unmet health needs dropped slightly over time throughout the program. Overall, there were notable **decreases in experiences of discrimination**. Discrimination based education dropped from 23% to 7%. However, discrimination based on race remained

consistent 24% to 22%. Stress related to social and personal development changed over time as well. Stress related to personal connections decreased, as stress related to finding other people to hang out with went from 28% to 9% at twelve months. However, having a purpose in life and getting more education steadily remained consistent from enrollment to one year in the program.

TABLE 6: MENTAL HEALTH, EXPERIENCES OF DISCRIMINATION, AND STRESS

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Currently identify unmet MH needs	21	19.1%	20	25.9%	16	18.2%	6	13.0%
<i>Reason for discrimination</i>								
Ancestry or national origin	11	10.0%	2	2.5%	8	9.1%	4	8.7%
Gender	18	16.4%	17	21.3%	9	10.2%	9	19.6%
Gender Expression	11	10.0%	6	7.5%	8	9.1%	4	8.7%
Race	26	23.6%	17	21.3%	16	18.2%	10	21.7%
Age	25	22.7%	16	20.0%	15	17.0%	10	21.7%
Religion	6	5.5%	1	1.3%	2	2.3%	0	0.0%
Height	13	11.8%	7	8.8%	5	5.7%	3	6.5%
Weight	14	12.7%	3	3.8%	7	8.0%	2	4.3%
Sexual orientation	10	9.1%	6	7.5%	9	10.2%	5	10.9%
Housing status	26	23.6%	7	8.8%	9	10.2%	4	8.7%
Education	25	22.7%	10	12.5%	11	12.5%	3	6.5%
Physical appearance	25	22.7%	13	16.3%	7	8.0%	8	17.4%
<i>Stress related to</i>								
Getting professional help for a health problem	14	12.7%	6	7.5%	10	11.4%	8	17.4%
Getting along with friends	26	23.6%	16	20.0%	22	25.0%	7	15.2%
Getting more education	31	28.2%	32	40.0%	26	29.5%	12	26.1%
Having a purpose for my life	39	35.5%	24	30.0%	33	37.5%	13	28.3%
Finding other people to hang out with	31	28.2%	10	12.5%	16	18.2%	4	8.7%



INCREASED AWARENESS OF PREP

PrEP awareness doubled from 49% to 78%. At baseline, 23% of those that were aware of PrEP had ever been prescribed PrEP. Young people reported gaining their awareness regarding PrEP from a variety of sources,

including a doctor, advertisement, friends and family, sexual/romantic partner, the internet, service provider, research study or intervention, or from knowing a friend taking PrEP. The trends in the sources varied over time.

TABLE 7: PREP AWARENESS OVER TIME

This item was only asked during the first phase of the evaluation (n=37).

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Is aware of PrEP	18	48.65%	11	40.74%	21	75%	14	77.78%
<i>PrEP awareness where</i>								
Doctor	7	36.84%	5	45.45%	8	38.10%	5	35.71%
Advertisement	8	42.11%	6	54.55%	8	38.10%	4	28.57%
Friends or family	4	21.05%	6	54.55%	9	42.86%	3	21.43%
Service provider	4	21.05%	4	36.36%	3	14.29%	4	28.57%
Research study or intervention	2	10.53%	2	18.18%	5	23.81%	2	14.29%
Knows a friend taking PrEP	4	21.05%	7	43.75%	4	19.05%	2	14.29%



STABLE HOUSING AS VIOLENCE PREVENTION

There were significant **decreases in intimate partner violence** experiences both as a victim or perpetrator. Approximately one-fifth of participants identified as being a survivor or victim of partner violence at baseline. These rates dropped slightly at each time point. However, it did appear that decreases in perpetration had a more significant reduction. Victims of

interpersonal physical assault (not a stranger) went from 32% to 15%. This coincided with a drop in perpetration 52% to 35%. Witnessing community violence being highest and most consistent across time points, although minor decreases were observed. Interactions with law enforcement decreased from baseline (28%) to 12 months (11%).

TABLE 8: EXPERIENCES OF VIOLENCE

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Survivor of Intimate Partner Violence (IPV)	21	19.1%	13	16.3%	15	17.0%	6	13.0%
<i>Perpetrator of IPV</i>								
Victim of physical assault (non stranger)	35	31.8%	21	26.3%	15	17.0%	7	15.2%
Perpetrator of physical assault	19	17.3%	8	10.0%	8	9.1%	2	4.3%
Victim of physical attack by stranger	22	20.0%	18	22.5%	11	12.5%	5	10.9%
Perpetrator of physical attack by stranger	15	13.6%	7	8.8%	5	5.7%	2	4.3%
Witness community violence	57	51.8%	37	46.3%	37	42.0%	16	34.8%
Threatened by gang	23	20.9%	14	17.5%	12	13.6%	6	13.0%
Lifetime gang membership	13	11.8%	-	-	-	-	-	-
Current gang member	6	5.5%	2	2.5%	5	5.7%	0	0.0%
Interaction with law enforcement past 3 months	31	28.2%	11	13.8%	18	20.5%	5	10.9%



SERVICE INDEPENDENT

As young people progressed in the Rapid Re-Housing program, their use of services changed over time. Use of access center services daily dropped with 22% reporting daily use at baseline to 6% reporting that at 12 months. Over three-quarters of all participants stated that they were connected to a supportive staff member throughout the year.

Participants reported high service efficacy, with knowing who to talk to get support, knowing what housing options are available, feeling that drop-in services are easily accessible, accessing shelters, and knowing how to connect to medical, mental health, and/or drug support being consistently high across time points. One observation that did occur is that over time participants' clarity on available housing options decreased. At baseline self-report understanding of possible housing options were very high above 82%. This is most likely because at that time they were moving into a stable and somewhat long-term housing program.

Independence was a major theme that emerged in qualitative interviews. This was in conjunction with

the maturing or growing up, that hinge on support from staff case managers and others and their close social network. Many saw this as preparation for living independently. One participant stated:

“It was a huge change from being dependent to being independent. It was like, you basically stepping into a whole other world, and it’s like oh dang. Do I even wanna adult anymore? Can I just go back? They was like, no, you didn’t wanna go back, because you had a taste of your own freedom and it’s just like, wow. This is a great taste.”

The theme was enunciated by the observation that homeless identity drastically changed across time points. When young people began the program and Rapid Re-Housing, 73% identified as “homeless or unstably housed.” **At the conclusion of the program only one person identified as homeless.**

TABLE 9: SERVICE USE AND EFFICACY

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Identify as homeless	91	82.7%	22	27.5%	24	27.3%	7	15.2%
Uses access center services daily	24	21.8%	5	6.3%	9	10.2%	3	6.5%
Connect with a supportive staff member since utilizing youth services	90	81.8%	58	72.5%	64	72.7%	32	69.6%
Connect with supportive adult since utilizing youth services	60	54.5%	44	55.0%	57	64.8%	22	47.8%
I know who to talk to get support	85	77.3%	56	70.0%	64	72.7%	32	69.6%
I know what housing options are available to me	90	81.8%	51	63.8%	54	61.4%	34	73.9%
I feel that drop-in services are easily accessible.	84	76.4%	59	73.8%	62	70.5%	33	71.7%
I know how to access shelters.	89	80.9%	55	68.8%	65	73.9%	36	78.3%
I feel that I know how to connect to medical, mental health, and/or alcohol and drug support, if needed.	80	72.7%	62	77.5%	62	70.5%	38	82.6%



FOOD INSECURITY DECREASED

One observation is that food insecurity was a high need at baseline. At enrollment, 57% percent reported food insecurity. The experience remained relatively consistent throughout participants' time in the program, until program exit. At 12 months there was noted **decrease** as 37% percent reported food insecurity.

TABLE 10: FOOD INSECURITY

	Baseline		3 Months		6 Months		12 Months	
	n	%	n	%	n	%	n	%
Finding enough food to eat	63	57.3%	42	52.5%	51	58.0%	17	37.0%

Conclusion

The purpose of this evaluation was to provide a better understanding of the experiences of young people as they move throughout a Rapid Re-Housing program. Rapid Re-Housing is a temporary rental assistance with youth determined services. In partnership with Rapid Re-Housing service providers, a research team was able to engage with young participants in Rapid Re-Housing to better understand their experiences throughout the course of the year. This evaluation utilized mixed methods, combining primarily quantitative surveys augmented with in-depth qualitative interviews. This approach provided several meaningful insights. Although there are relevant limitations to the statistical power of this analysis, due to low sample size and sample attrition, findings provide a general insight into themes that should be explored more thoroughly in the future.

Rapid Re-Housing appears to **provide stability** for young people that is developmentally appropriate and supportive towards goals of independent housing. Importantly, 85% of participants felt safe where they slept at night after one year in RRH, an increase from 65%. This was observed in changes over time in access to employment income and other financial skills sets. After 12 months, a majority of participants identified as being employed. This is highlighted by the indications that this employment may be driven by increases in full-time employment.

One of the greatest challenges noted for transitioning into independent housing is the fact that young people must be prepared to be responsible for the full rent and other expenses at the end of the program. This can be a

cause of stress for many, particularly noting the context of the job market and the economy in cities often varies and can be hard to access particularly for young persons of color, who are primarily reflected in the sample. Homelessness housing models, particularly rooted in the housing first theory, emphasize that stable housing is critical in order to access meaningful employment (Gilmer et al., 2014).

Qualitatively many young people identified this transition to stability as the process of “growing up”. Youth housing models must be particularly reflective of the young adult developmental period. Although many identified positively with the process in which they were going through, this is not void of stress related to this process. Stress related to finding employment and earning more money were the most dominant stressors for young people in RRH. It is possible that young persons in RRH have less barriers to finding employment, yet the employment that is obtained is unstable (e.g. temporary work) and generates minimal income. This likely reflects the structural barriers that exist broadly for low-income young adults, regardless of housing status. Additionally, as a result of moving into RRH, there are likely additional costs at the young person’s responsibility such as food, phone and internet bills, utilities, cleaning supplies, and furnishings amongst others. There was an observed increase in stress related to obtaining an education, which may be further evidence that after moving into RRH there is an increased urge or motivation to find long-term, stable, well-paying employment. Although monthly rent, security deposit, move-in costs are subsidized, part of the RRH program model is for young

persons to gradually pay a portion of their rent as they remain in the program. The knowledge of this impending responsibility could cause stress for individuals even as they have only been enrolled in the program for a short time. It is likely that RRH provides the stability for young persons to consider what's next in terms of entering a new developmental life stage of adulthood, which can be stressful by itself. Young persons reported stress from getting along with friends and having a purpose in life. It has been suggested that for a young person to successfully exit homelessness, spatial separation of housing from both youth homelessness services and from those spaces that street peers occupy are important (Karabanow & Naylor, 2013). The current data supports that these things were likely happening. Who young people were connected to changed, as well as the types of support they received from those people, and in many cases indicating social isolation rather than expansion. These changes can be accompanied by feelings of loss, guilt, loneliness and isolation (Karabanow & Naylor, 2013). Formerly homeless individuals can often engage in social withdrawal after moving into independent housing (Henwood et al., 2015) as a perceived protection of their housing attainment, isolating them from friends or family that jeopardize their tenancy.

Experiences of interpersonal violence dramatically changed after moving into RRH. **Physical violence victimization and perpetration dropped after moving into housing.** Street homelessness and living in shelter can increase the risk of victimization. Independent and stable housing likely decreases the risk of experiencing violence by allowing individuals to spend more time in a place that is safe and away from potential perpetrators or threats (Petering et al., under review). Particularly of note are the decreases in relationship violence and decreases in reporting having conflict with their close network ties. Engagement in interpersonal violence is often associated with impulsivity and difficulties in regulating emotions (Petering, Barr, & Rice, 2018), which are directly impacted by stress (Martin & Dahlen, 2005; Sibinga et al., 2011). It is possible that reducing dominant stressors could reduce engagement in violence. Additionally, it is possible that for individuals in an interpersonal violent relationship or connected to friends, family or acquaintances that are often violent,

the ability to access independent housing helped in reducing this experience.

Despite the reduction in interpersonal violence experiences, exposure to community violence **remained high** and even increased after moving into RRH. However, this exposure reduced after living in RRH for six months. This could be the result of the neighborhood context of Rapid Re-Housing. Exposure to community violence can be related to PTSD, in which many participants reported symptoms at enrollment and three months, then reduced at six months. Additionally, RRH does not appear to have an impact on societal structural experiences of violence including discrimination based on race, gender, sexual orientation or physical appearance, which were high at all time points.

There are several limitations to this study that should be noted. Predominantly, the sample size is relatively **small** which limits the ability to use many analytical approaches including predictive regression analyses. Additionally, due to small cell sizes, there may be changes occurring in behaviors or experiences that were less frequent, yet difficult to detect. Although, attrition of sample was comparable to other intervention studies with this type of population, the majority of follow up was done remotely. It is unclear if having staff physically present in each study site city would reduce the attrition rates. Secondly, due to the real-world conditions of the program enrollment, study enrollment and follow up surveys spanned a year. It is possible that there could be changes in programming as well as changes in environmental, societal contexts over this period of time that could impact a young person's experience in the RRH program. Finally, these findings are unique to five programs and four cities, which in many ways were similar but of course have differences as well. Further inquiry will explore the differences in how these programs are implemented. The sample size remains too small to compare differences over time between cities and it is unclear if similar changes would be observed in other programs across the nation. However, evaluation results indicate **early evidence of positive change related to moving into a Rapid Re-Housing program.**

REFERENCES

- Bender, K., Begun, S., DePrince, A., Haffejee, B., Brown, S., Hathaway, J., & Schau, N. (2015). Mindfulness intervention with homeless youth. *Journal of the Society for Social Work and Research*, 6(4), 491-513.
- Cohen, L., McSwiggen, C., Cali, K., & Montelongo, M. (2017). *The Youth Homelessness Crisis and a Path to End it: Interventions to Better Serve LGBTQ2S Youth Experiencing Homelessness*. In A. Abramovich & J. Shelton (Eds.), *Where Am I Going to Go? Intersectional Approaches to Ending LGBTQ2S Youth Homelessness in Canada & the U.S.* Toronto: Canadian Observatory on Homelessness Press.
- Elder, J., King, B., & Petering, R. *Housing and Homelessness as a Public Health Issue* (2017). Washington, DC: American Public Health Association. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue>
- Fest, J. T. (Jerry). (2013). *Street culture 2.0 : an epistemology of street-dependent youth*. [Createspace].
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press.
- Gilmer, T. P., Stefancic, A., Katz, M. L., Sklar, M., Tsemberis, S., & Palinkas, L. A. (2014). Fidelity to the housing first model and effectiveness of permanent supported housing programs in California. *Psychiatric Services*, 65(11), 1311-1317.
- Gubits, D., Shinn, M., & Bell, S. et al. (2015) *Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families*. U.S. Department of Housing and Urban Development, Office of Policy Development and Research. <http://dx.doi.org/10.2139/ssrn.3055272>
- Heerde, J. A., Hemphill, S. A., & Scholes-Balog, K. E. (2014). 'Fighting' for survival: A systematic review of physically violent behavior perpetrated and experienced by homeless young people. *Aggression and Violent Behavior*, 19(1), 50–66. <https://doi.org/10.1016/j.avb.2013.12.002>
- Henwood, B. F., Redline, B., Semborski, S., Rhoades, H., Rice, E., & Wenzel, S. L. (2018). *What's Next? A Theory on Identity Preservation for Young Adults in Supportive Housing*. Cityscape. US Department of Housing and Urban Development. <https://doi.org/10.2307/26524873>
- Karabanow, J., & Naylor, T. (2013). *Pathways Towards Stability: Young people's transitions off of the streets*. In *Youth homelessness in Canada: Implications for policy and practice* (pp. 53–74). Toronto: Canadian Observatory on Homelessness Press.
- Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and Individual Differences*, 39(7), 1249–1260. <https://doi.org/10.1016/J.PAID.2005.06.004>
- Milburn, N. G., Rice, E., Rotheram-Borus, M. J., Mallett, S., Rosenthal, D., Batterham, P., ... Duan, N. (2009). Adolescents Exiting Homelessness Over Two Years: The Risk Amplification and Abatement Model. *Journal of Research on Adolescence : The Official Journal of the Society for Research on Adolescence*, 19(4), 762–785. <https://doi.org/10.1111/j.1532-7795.2009.00610.x>
- Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and Correlates of Youth Homelessness in the United States. *Journal of Adolescent Health*, 62(1), 14–21. <https://doi.org/10.1016/j.jadohealth.2017.10.006>

- National Alliance to End Homelessness. (n.d.). Rapid Re-Housing - National Alliance to End Homelessness. Retrieved January 3, 2019, from <https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>
- Perlman, S., Willard, J., Herbers, J. E., Cutuli, J. J., & Eyrich Garg, K. M. (2014). Youth Homelessness: Prevalence and Mental Health Correlates. *Journal of the Society for Social Work and Research*, 5(3), 361–377. <https://doi.org/10.1086/677757>
- Petering, R., Barr, N., & Rice, E. (2018). Can Better Emotion Regulation Protect Against Interpersonal Violence in Homeless Youth Social Networks? *Journal of Interpersonal Violence*, 088626051880418. <https://doi.org/10.1177/0886260518804183>
- Petering, R., Rice, E., & Rhoades, H. (2016). Violence in the Social Networks of Homeless Youths: Implications for Network-Based Prevention Programming. *Journal of Adolescent Research*, 31(5), 582–605. <https://doi.org/10.1177/0743558415600073>
- Rice, E., Holguin, M., Hsu, H.-T., Morton, M., Vayanos, P., Tambe, M., & Chan, H. (2018). Linking Homelessness Vulnerability Assessments to Housing Placements and Outcomes for Youth. *Cityscape*. US Department of Housing and Urban Development. <https://doi.org/10.2307/26524872>
- Rice, E., Winetrobe, H., & Rhoades, H. (2013). Hollywood Homeless Youth Point-in-Time Estimate Project: An Innovative Method for Enumerating Unaccompanied Homeless Youth. Retrieved from the Hollywood Homeless Youth Partnership. Retrieved from http://hhyp.org/wp-content/uploads/2013/02/HHYP_Point-in-Time_Brief_5.pdf
- Rodriguez, J., Eidelman, T. (2017) Homelessness Interventions in Georgia: Rapid Re-Housing, Transitional Housing, and the Likelihood of Returning to Shelter, *Housing Policy Debate*, 27:6, 825-842, DOI: 10.1080/10511482.2017.1313292
- SAS Institute Inc. (2014). Base SAS® 9.4 procedures guide: Statistical procedures.
- Sibinga, E. M. S., Kerrigan, D., Stewart, M., Johnson, K., Magyari, T., & Ellen, J. M. (2011). Mindfulness-Based Stress Reduction for Urban Youth. *The Journal of Alternative and Complementary Medicine*, 17(3), 213–218. <https://doi.org/10.1089/acm.2009.0605>
- Terry, M. J., Bedi, G., & Patel, N. (2010). Healthcare Needs of Homeless Youth in the United States. *Journal of Pediatric Sciences*, 2(1). <https://doi.org/10.17334/JPS.28639>
- Thiele, B. (2002). The human right to adequate housing: a tool for promoting and protecting individual and community health. *American Journal of Public Health*, 92(5), 712–715. <https://doi.org/10.2105/AJPH.92.5.712>
- Toro, Paul & M. Lesperance, Tegan & Braciszewski, Jordan. (2011). The heterogeneity of homeless youth in America: Examining typologies. *Homelessness Research Matters*.
- Whitbeck, L. B., & Hoyt, D. R. (1999). *Nowhere to Grow: Homeless and Runaway Adolescents and Their Families*. Transaction Publishers. Retrieved from <https://books.google.com/books?hl=en&lr=&id=O6dHlzKQT3YC&pgis=1>
- Whitbeck, L. B., Hoyt, D. R., & Yoder, K. a. (1999). A risk-amplification model of victimization and depressive symptoms among runaway and homeless adolescents. *American Journal of Community Psychology*, 27(2), 273–296. <https://doi.org/http://dx.doi.org/10.1023/A:1022891802943>