

Should Rapid Re-Housing Efforts in the U.S. Continue to Increase?

Ross A Boylan

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In many communities around the United States, homelessness is a pervasive issue. On a single night in 2017, 553,742 people were counted as homeless in the United States, the first increase in 7 years (U.S. Department of Housing and Urban Development [HUD], 2017). The United States has been striving for decades to end¹ homelessness, both for the health of individuals and the communities they live in. However, the question remains: What is the best method for doing so? In the last decade or so, a fresh approach has come to the fore: rapid re-housing (RRH). RRH efforts were nationally funded for the first time in 2009 as part of the reauthorization of the McKinney-Vento Act (The Pew Charitable Trusts, 2015), the primary source of federal funding for homelessness assistance. That year, Congress also appropriated \$1.5 billion for the Homelessness Prevention and Rapid Rehousing program (HPRP) which included RRH assistance (National Alliance to End Homelessness [NAEH], 2014). As of 2017, 10.4 percent of beds provided for homeless people were provided through a RRH approach (HUD, 2017). That number is up from 5 percent in 2013 (Urban Institute, 2015). Funding trends in the McKinney-Vento Act show funding for transitional housing decreasing a fifth from 2012-2015, while funding for RRH efforts doubled in the same span of time (Urban Institute, 2015). Early studies show that RRH could have a lot of potential, but should we be increasing funding for a new approach that we have relatively little data on? Even though we're still assessing its effectiveness, rapid rehousing should continue to be increasingly implemented because it is the most compassionate approach.

The U.S. Department of Housing and Urban Development (HUD) defines rapid re-housing as “an intervention, informed by a Housing First approach... that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services” (HUD, 2014, pg. 1).

¹ “An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience” (United States Interagency Council on Homelessness, 2017, par. 3).

A housing first approach suggests that the number one priority in combating homelessness should be getting people into housing. This means that conditions such as employment status, addiction, income, or criminal background – while not unimportant – should not be a precondition for being put in housing. Housing first asserts that any problems that exist can and should be addressed after the person or family has been found a place to live (NAEH, 2014). RRH is a specific type of housing first approach which puts emphasis on placement speed and renting on the private market. RRH rental assistance is also, generally, short term, typically providing assistance for less than 6 months (NAEH, 2014). In some cases, families only need as little as a security deposit, but programs can allow for assistance up to 24 months (NAEH, 2014). Every RRH program is made up of 3 core components: Housing identification, rent and move-in assistance, and case management (HUD, 2014). Every person passing through the program will not necessarily utilize all three components, but every RRH program has them available.

Traditional approaches to combating homelessness have included shelters, transitional housing and permanent supportive housing. These methods provide a spectrum of different tactics and resources, all presenting their own unique challenges. Shelter beds are critical for emergencies, but space is limited, they are not healthy for “family stability and child well-being,” and there is usually a limit on how long people can stay (Urban Institute, 2015). Transitional housing provides rent assistance for up to 24 months, along with supportive services (HUD, 2017). The Urban Institute (2015) reports that, “Transitional housing has high barriers to entry: many programs screen for motivation, conduct drug tests, and require demonstrated willingness to work with the program through engagement in services... Usually, failure to graduate occurs because families do not follow program requirements” (pg. 5-6). A housing first approach removes these program requirement barriers and focuses on providing homeless people places to live before offering social services. Permanent supportive housing (PSH) provides people with long-term rent assistance and accompanying social services. Giving people a place to live, long-term, is obviously more expensive than programs designed to transition people back to a self-sufficient life.

PSH is also not available to everyone, since McKinney-Vento funds for PSH require that the client have a disability to be eligible (HUD, 2017).

RRH doesn't necessarily aim to completely replace these traditional approaches, but one might question whether funding should be increased for this relatively new tactic. Significant short-term successes have informed the recent expansion of RRH efforts. As of 2015, the number of homeless families in Mercer County, New Jersey dropped 75% in eight years after they implemented a RRH strategy (The Pew Charitable Trusts, 2015). The Pew Charitable Trusts (2015) reports that, "Only about 6 percent of Mercer County families helped by the program have returned to homelessness, compared to 21 percent under the old program" (par. 10). Memphis-Shelby County, Tennessee decreased overall homelessness by 21 percent through a housing first approach. A key part of these efforts involved replacing transitional housing with RRH (NAEH, 2014). In 2009, HUD funded the Rapid Re-housing for Homeless Families Demonstration, which provided rapid re-housing support to 490 families. Of 200 families that were given the follow up survey, only 10% had returned to homelessness in the 12 months following the program (HUD, 2014). From 2013-2014, 75% of veterans who received RRH assistance through the Supportive Services for Veteran Families (SSVF) program (part of a national effort to end veteran homelessness) exited to permanent housing after 102 days on average (U.S. Department of Veterans Affairs, 2014). These short-term successes – and many others like them (NAEH, 2014) – have informed the national government's funding priorities for addressing homelessness.

As of 2018, however, both anecdotal and qualitative evidence have surfaced that raise questions about the efficacy of RRH. One would think that the HPRP, which ran from 2009-2012 would have produced some useful data on the effectiveness of rapid rehousing but, according to HUD, "HUD does not have reliable data for outcome-based measurements of the HPRP" (HUD, 2012, par. 2). However, in 2016, HUD completed a three-year study, named the "Family Options Study," comparing the

effectiveness of transitional housing, long-term subsidized housing, RRH, and “usual care”² in 12 major urban centers³ around the country. The study found that:

“Almost no evidence exists that assignment to the [RRH] intervention affected outcomes differentially compared with usual care at either followup point, across the domains of housing stability, family preservation, and adult and child well-being. Most strikingly no evidence suggests that assignment to the [RRH] intervention, relative to usual care, reduced stays in shelter or places not meant for human habitation at either followup point.” (pg. 6)

The Family Options Study found that rapid rehousing, of the four approaches studied, did carry the lowest average monthly cost per family⁴. The study also found, however, that permanent subsidized housing was a more effective long-term solution (HUD, 2016).

Anecdotally, the biggest criticism of rapid rehousing is that, in some urban areas, rents and occupancy are both too high for the program to be effective. “High cost and low vacancy rates are... making it harder and harder for people to find housing as they strive to exit homelessness,” said Matthew Doherty, executive director of the U.S. Interagency Council on Homelessness (Boone, 2017). Cities with high cost of living around the country are seeing difficulties effectively implementing rapid rehousing. Sharon Lee, director of the Low Income Housing institute, says that RRH advocates in Seattle are ignoring failures due to rapidly rising rents (Jaywork, 2017). Ryan Loofbourrow, executive director of Sacramento Steps Forward, also cites lack of affordable housing as one of the main barriers to re-housing people in

² “In which families have access to usual care homeless and housing assistance but do not have priority access to any particular program” (HUD, 2016).

³ Alameda County, CA; Salt Lake City, UT; Phoenix, AZ; Honolulu, HI; Denver, CO; Kansas City, MO; Minneapolis, MN; Boston, MA; Bridgeport and New Haven, CT; Baltimore, MD; Louisville, KY; Atlanta, GA (HUD, 2016).

⁴ Average monthly cost per month, per family, was \$880 for RRH, \$1,172 for long-term subsidized housing, \$2,706 for transitional housing, and \$4,819 for emergency shelter services (HUD, 2016).

Sacramento, California (Hubert, 2018). According to the National Low Income Housing Coalition (2017) report, "The Gap," there is a shortage of homes available to extremely low income households in every major metropolitan area in the United States. Housing markets like this pose a challenge to the implementation and long-term success of RRH.

Despite the early difficulties in rapid re-housing implementation, funding for these programs should continue to increase. Some communities and programs have found RRH to be very effective and we should continue to fund these successful initiatives. While it is true that national data shows the same long-term success rate overall as shelter care and transitional housing it also shows that the cost of RRH is much lower. Additionally, the data from the Family Options Study was all collected in major cities, where the cost of living is generally higher. We need more quantitative data on the effectiveness of this fairly new approach from a variety of programs and areas. In the meantime, the low cost of rapid re-housing gives us the ability to house more families, faster, which is the most compassionate approach. Nan Roman, president of the National Alliance to End Homelessness, summed it up well: "A better solution would be to have more longer-term rental subsidies," says Roman. "But we don't have them. So rapid rehousing is better than leaving people in shelter" (McEvers, 2015). She also pointed out that more affordable places to live is, ultimately, what we really need (McEvers, 2015). As we wait for the low-cost housing market to catch up, let's plan to get more families off the streets as quickly as possible through a rapid re-housing approach.

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