



## Impact of Housing Assistance on Short-Term Homelessness

### Among TANF, Disability Lifeline, and Basic Food recipients with recently recorded spells of homelessness

Melissa Ford Shah, MPP • Sharon Estee, PhD • David Mancuso, PhD • Sawir Yakup  
 Callie Black, MPH • Barbara Felver, MPA, MES

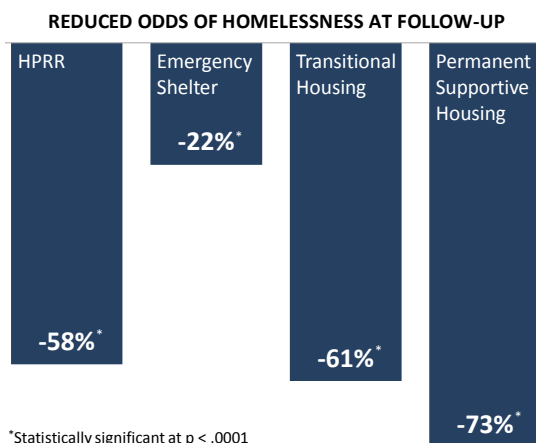
Report prepared for the Washington State Department of Commerce, Community Services and Housing Division, Annie Conant, Tedd Kelleher, and Mary Schwartz

**A**S PART of an ongoing collaboration between the Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA) and the Department of Commerce (Commerce), we examined whether receiving housing assistance from local housing providers reduced the subsequent likelihood of self-reported homelessness. The study population in this report includes individuals who were enrolled in the DSHS-administered Temporary Assistance for Needy Families, Disability Lifeline, and Basic Food programs in SFY 2010 and had reported a recent spell of homelessness to their Economic Services caseworker. Two groups of homeless DSHS clients were used in this analysis:

- (1) Clients who received assistance in one of four housing programs recorded in Commerce’s Homeless Management Information System (HMIS) in State Fiscal Year (SFY) 2010,<sup>1</sup> and
- (2) Statistically matched comparison groups of clients who did not receive any housing assistance recorded in HMIS.

The number of homeless cash and food assistance clients who received housing assistance and were included in these analyses varied by housing assistance program type. There were 1,695 persons who received Homelessness Prevention and Rapid Re-housing (HPRR), 5,496 who received Emergency Shelter, 2,226 who received Transitional Housing, and 630 who received Permanent Supportive Housing.

### HOUSING ASSISTANCE WORKS | Reduced Likelihood of Homelessness at Follow-up



We compared the odds of experiencing self-reported homelessness—recorded by DSHS caseworkers in the Automated Client Eligibility System (ACES)—at 7 to 9 months follow-up for individuals in the study population who received housing assistance compared to statistically matched comparison groups of similar individuals who did not receive services recorded in HMIS in SFY 2010. Results show that housing assistance recipients in all four housing programs were significantly less likely than their matched peers to experience homelessness at follow-up.

<sup>1</sup> Some clients began receiving housing assistance services prior to SFY 2010. For example, 26 percent of Transitional Housing and 32 percent of Permanent Supportive Housing recipients began receiving these services prior to SFY 2010 but were recorded in the DSHS Automated Client Eligibility System (ACES) as being homeless in their first month of housing assistance receipt in SFY 2010 or one of the three months prior to it.



## **FINDINGS** | Receipt of Housing Assistance Reduces Odds of Additional Homelessness

This report examines the impact of housing assistance on homelessness—as recorded in the Automated Client Eligibility System (ACES) by DSHS caseworkers<sup>2</sup>—among DSHS cash and food assistance clients. This measure from ACES may under-represent the true extent of homelessness because it is not used to determine eligibility for services, relies on client self-report, and may not capture homeless spells that occur between visits with caseworkers. For this reason, and to ensure the comparison groups were as similar as possible to the intervention groups, analyses include only individuals who had homelessness recorded in ACES at baseline (the “index month”). Logistic regression analyses were estimated to predict the odds of experiencing homelessness at 7 to 9 months follow-up. *Please see the Methods section on page 3 for details on the study design.*

### **Homelessness Prevention and Rapid Re-housing (HPRR)**

HPRR services include financial assistance, such as security deposits, short-term rental assistance, utility payments, and moving cost assistance. HPRR also includes other services, such as mediation, credit counseling, and case management. The program aims to prevent homelessness and to quickly re-house and stabilize those who are experiencing homelessness.<sup>3</sup> Individuals who received HPRR services in SFY 2010 were 58 percent less likely to have a spell of homelessness recorded in ACES in the 7 to 9 months following the index month compared to their peers in the comparison group (statistically significant at  $p < .0001$ ).

### **Emergency Shelter**

Individuals who received emergency shelter—available for up to 180 days to individuals experiencing homelessness—were 22 percent less likely to have a spell of homelessness recorded in ACES in the 7 to 9 months following the index month compared to their peers in a matched comparison group (statistically significant at  $p < .0001$ ).

### **Transitional Housing**

Transitional housing is available to recipients for up to two years, and recipients are typically considered to be homeless while they are in transitional housing. However, recipients or their DSHS caseworkers may consider this living arrangement to be stable such that these individuals are not always recorded as homeless in ACES. Indeed, this would explain why recipients of transitional housing are already 61 percent less likely to experience a recorded spell of homelessness in ACES at 7 to 9 months follow-up relative to a statistically matched comparison group (statistically significant at  $p < .0001$ ).

### **Permanent Supportive Housing**

Permanent supportive housing is available to individuals with histories of homelessness who need supportive services in order to successfully maintain housing. Individuals who received permanent supportive housing were 73 percent less likely than their matched peers to have a recorded spell of homelessness in ACES at 7 to 9 months following the index month (statistically significant at  $p < .0001$ ).

## **DISCUSSION** | Findings are Promising

The findings presented in this report are promising. They show that, for DSHS cash and food assistance clients with recent spells of homelessness, housing assistance reduces the odds of experiencing additional homelessness. It is possible the true impact of housing assistance is even stronger than what this data can show, because the comparison groups used in this study may include some individuals who actually received housing assistance from local providers but did not consent to share that information with DSHS for research purposes.

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<sup>2</sup> The majority of homeless cases identified were “homeless without housing” (for example, living on the street) or “homeless with housing” (for example, living temporarily with friends or “couch surfing”). In addition, we identified individuals as homeless if they were recorded in ACES as staying in a battered spouse shelter or emergency housing shelter, had an inappropriate living situation without housing, or paid “nominal rent.”

<sup>3</sup> In SFY 2010, HPRR services included those provided through the Homelessness Prevention and Rapid Re-Housing Program (HPRP), funded under the American Recovery and Reinvestment Act (ARRA) of 2009, see <http://portal.hud.gov/hudportal/HUD?src=/recovery/programs/homelessness>.

**STEP 1. Identify initial study populations.**

A total of 35,908 unique individuals made up the client population from which the intervention groups were drawn. This population included individuals who 1) received housing assistance recorded in HMIS in SFY 2010, 2) provided consent and sufficient identifying information to be linked to DSHS administrative data, and 3) received at least one DSHS service after July 1, 1998.<sup>4</sup> In order to assess the impact of housing assistance, a comparison group was drawn from a sampling frame of 1,254,088 individuals who were enrolled in the Temporary Assistance for Needy Families (TANF), Disability Lifeline (DL), or Basic Food (BF) Program for at least one month in SFY 2010.

**STEP 2. Refine selection criteria for study populations.**

By design, housing assistance programs provide services to individuals who are homeless or at risk of becoming homeless. As a result, it was necessary to compare the two populations on their experience with homelessness, independent of their receipt of housing assistance. Not surprisingly, individuals who received housing assistance were found to have higher rates of homelessness recorded in ACES compared to the general population of TANF, DL, and Basic Food clients that made up the comparison group sampling frame. We therefore refined the selection criteria so that individuals in both the intervention and comparison groups had to have a recent spell of homelessness recorded in ACES in the three months leading up to and including the “index month” (defined in step 3 below). In addition, individuals in the intervention groups had to have spent at least one month enrolled in TANF, DL, or the BF program in SFY 2010. Finally, individuals in the comparison group could not have received any housing assistance services recorded in HMIS in SFY 2010.

**STEP 3. Assign index months.**

Each client was assigned an index month in SFY 2010 for the purposes of constructing pre- and post-period measures. For individuals in the intervention groups, we defined the index month as the first month in which an individual received a service in a given housing assistance program. Individuals who received services in different programs were assigned an index month for each program. Clients who received services in more than one of these four programs in SFY 2010 appear in more than one group.<sup>5</sup> For comparison group members, we randomly assigned index months during the matching process (step 4) in a way that ensured the distribution of index months for each comparison group mirrored the distribution of index months for the housing program to which it was being compared.

**STEP 4. Construct statistically matched comparison groups.**

We used a statistical method called propensity score matching to select comparison groups that were as similar as possible to the intervention groups to whom they were being compared. The table on the next page demonstrates that the intervention groups were well-matched with their comparison group counterparts on key baseline measures. Each of the measures in the table was included in the propensity score model. In addition, the matching algorithm also included the following measures: a 10-year arrest trajectory; detoxification history (SFY 2004-09); employment and average earnings (index quarter and SFY 2004-09); involvement with Children’s Administration (SFY 2004-08); and three separate indicators of homelessness in ACES in the 1, 2, 3, and 12 months prior to the index month.

**STEP 5. Compare outcomes between intervention and comparison groups.**

The final step was to estimate the risk of homelessness for the four intervention groups compared to their matched comparison group counterparts. To do this, we estimated logistic regression models to measure the impact of housing assistance on homelessness recorded in ACES in the 7 to 9-month period following the index month. This allowed us to statistically test whether individuals who received housing assistance were less likely than their peers to have a spell of homelessness identified by a DSHS caseworker in the months that followed. To ensure that the observed effects were not simply due to regional differences, the regression analyses controlled for county of residence.

<sup>4</sup> For more information on this “HMIS-DSHS” client population, see Shah, M.F., et al. (2010). “A Profile of Housing Assistance Recipients in Washington State: History of Arrests, Employment, and Social and Health Service Use,” Olympia, WA: DSHS Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1438/>.

<sup>5</sup> The most common combinations were: 1) emergency shelter and transitional housing (n=604) and 2) emergency shelter and HPRR (n=360). Only 1 percent of individuals in the study population received services in three or more housing programs (including “non-housing” services) in SFY 2010.

## BASELINE CHARACTERISTICS | Propensity Score Matched Samples

Housing Assistance Recipients Compared to Matched Peers								
	HPRR <i>n</i> = 1,695	Comparison <i>n</i> = 1,695	Emergency Shelter <i>n</i> = 5,496	Comparison <i>n</i> = 5,496	Transitional Housing <i>n</i> = 2,226	Comparison <i>n</i> = 2,226	Permanent Supportive Housing <i>n</i> = 630	Comparison <i>n</i> = 630
<b>BASELINE DEMOGRAPHICS</b>								
<i>Index month</i>								
<b>Gender</b>								
Male	<b>50.7%</b>	50.7%	<b>64.3%</b>	64.3%	<b>47.4%</b>	47.4%	<b>63.0%</b>	63.0%
Female	<b>49.3%</b>	49.3%	<b>35.7%</b>	35.7%	<b>52.6%</b>	52.6%	<b>37.0%</b>	37.0%
<b>Age (in index month)</b>								
0-5	<b>14.6%</b>	14.6%	<b>8.3%</b>	8.3%	<b>17.9%</b>	17.9%	<b>2.1%</b>	2.1%
6-11	<b>10.1%</b>	10.1%	<b>5.1%</b>	5.1%	<b>9.5%</b>	9.5%	<b>2.4%</b>	2.4%
12-17	<b>6.3%</b>	6.3%	<b>3.9%</b>	3.9%	<b>6.6%</b>	6.6%	<b>2.2%</b>	2.2%
18-24	<b>15.0%</b>	15.0%	<b>11.1%</b>	11.1%	<b>17.4%</b>	17.4%	<b>8.4%</b>	8.4%
25-34	<b>18.9%</b>	18.9%	<b>16.8%</b>	16.8%	<b>15.6%</b>	15.6%	<b>13.0%</b>	13.0%
35-44	<b>15.5%</b>	15.5%	<b>19.9%</b>	19.9%	<b>13.4%</b>	13.4%	<b>24.4%</b>	24.4%
45-54	<b>14.9%</b>	14.9%	<b>25.3%</b>	25.3%	<b>13.4%</b>	13.4%	<b>32.5%</b>	32.5%
55-64	<b>4.1%</b>	4.1%	<b>8.7%</b>	8.7%	<b>5.9%</b>	5.9%	<b>13.7%</b>	13.7%
65+	<b>0.5%</b>	0.5%	<b>0.9%</b>	0.9%	<b>0.3%</b>	0.3%	<b>1.3%</b>	1.3%
<b>Race   Ethnicity</b>								
Asian   Pacific Islander	<b>2.6%</b>	2.2%	<b>2.4%</b>	2.4%	<b>2.9%</b>	2.5%	<b>2.2%</b>	2.1%
African American	<b>15.0%</b>	17.5%	<b>27.9%</b>	28.1%	<b>26.1%</b>	26.3%	<b>19.0%</b>	18.9%
Hispanic	<b>12.5%</b>	12.9%	<b>9.6%</b>	9.4%	<b>11.3%</b>	12.3%	<b>10.3%</b>	11.0%
American Indian	<b>5.6%</b>	4.4%	<b>4.3%</b>	4.1%	<b>4.5%</b>	4.1%	<b>7.0%</b>	5.4%
White, <i>non-Hispanic</i>	<b>3.1%</b>	3.2%	<b>4.0%</b>	4.1%	<b>3.9%</b>	4.3%	<b>1.7%</b>	2.7%
Other	<b>58.7%</b>	56.7%	<b>49.3%</b>	49.4%	<b>49.5%</b>	48.5%	<b>58.9%</b>	59.8%
<b>BASELINE MEDICAL AND BEHAVIORAL HEALTH RISK FACTORS<sup>6</sup></b>								
<i>Prior 12 months</i>								
Prospective chronic disease risk score	<b>0.43</b>	0.42	<b>0.57</b>	0.56	<b>0.47</b>	0.44	<b>0.86</b>	0.82
Need for alcohol/drug treatment (%)	<b>14.5%</b>	15.0%	<b>22.5%</b>	22.8%	<b>17.1%</b>	17.6%	<b>45.7%</b>	48.1%
Received alcohol/drug treatment (%)	<b>6.3%</b>	6.7%	<b>11.6%</b>	12.0%	<b>10.9%</b>	11.1%	<b>28.7%</b>	30.2%
Psychotic/mania/bipolar diagnosis (%)	<b>6.4%</b>	6.9%	<b>13.5%</b>	14.8%	<b>7.5%</b>	8.2%	<b>28.7%</b>	30.0%
Depression or anxiety disorder diagnosis (%)	<b>14.8%</b>	16.7%	<b>23.4%</b>	24.3%	<b>19.6%</b>	21.7%	<b>37.3%</b>	36.7%
<b>BASELINE MEDICAL COVERAGE</b>								
<i>Average months in prior 12 months</i>								
Disability-related medical coverage	<b>1.14</b>	1.13	<b>1.59</b>	1.54	<b>1.11</b>	1.04	<b>4.28</b>	4.24
GA-U medical coverage	<b>0.51</b>	0.46	<b>0.83</b>	0.81	<b>0.60</b>	0.59	<b>1.23</b>	1.14
ADATSA medical coverage	<b>0.18</b>	0.17	<b>0.20</b>	0.19	<b>0.17</b>	0.15	<b>0.58</b>	0.57
Family medical coverage	<b>3.56</b>	3.50	<b>1.97</b>	1.83	<b>4.43</b>	4.45	<b>1.43</b>	1.65
Child medical coverage	<b>0.74</b>	0.74	<b>0.39</b>	0.37	<b>0.91</b>	0.89	<b>0.12</b>	0.11

### CONTACTS

**Department of Commerce**  
Mary Schwartz • 360.725.2982  
**Department of Social and Health Services**  
Sharon Estee, PhD • 360.902.7655

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<sup>6</sup> Measures of medical and mental health risk factors shown in this table are restricted to individuals who had DSHS medical coverage for at least one month in the 12 months prior to the index month such that these measures were observable in the data. This restriction was made for the following measures: prospective chronic disease risk score, psychotic/mania/bipolar diagnosis (%), and depression or anxiety disorder diagnosis (%).