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The Efficacy of a Rapid Rehousing Program Serving Adults Experiencing Homelessness in West Central Texas

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ABSTRACT

This thesis discusses the dynamics of homelessness and examines one agency (Abilene Hope Haven) that aims to help homeless individuals receive permanent housing. This study explores the characteristics that influence the likelihood of placement in permanent housing within 12 months at Abilene Hope Haven. The different types of supportive housing programs and their roles in helping homeless individuals will be discussed. Secondary data gathered from the Homeless Management Information System were entered into the Statistical Package for Social Sciences, and then a logistical regression analysis was created to explain the relationships between the different characteristics and permanency placement. A key finding in this research was that having some form of income played a role in exiting the program to some form of permanent housing. If this study were to be conducted again, it would be beneficial to consider an increase in sample size.

The Efficacy of a Rapid Rehousing Program Serving Adults

Experiencing Homelessness in West Central Texas

A Thesis

Presented to

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By

Unique Jackson

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This thesis, directed and approved by the committee for the thesis candidate Unique Jackson, has been accepted by the Office of Graduate Programs of Abilene Christian University in partial fulfillment of the requirements for the degree

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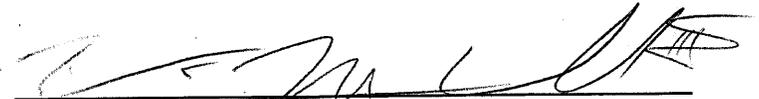
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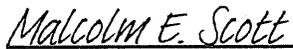
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CHAPTER I

INTRODUCTION

Homelessness in the United States continues to be among the most challenging social problems that plague the country. According to the U.S. Department of Housing and Urban Development (2013), more than 1.49 million people will experience homelessness for at least one night. Major metropolitan cities and small rural towns are both confronted with the social and economic implications of homelessness. In January of 2018 more than 550,000 people were experiencing homelessness in the United States. Homelessness is a cause for concern because it has profound and far-reaching impacts on the social and economic conditions of individuals and communities. This study focuses on Abilene, Texas, a small urban city in West Texas. According to media source *Abilene Reporter News* (2018), there were an estimated 329 homeless people in Abilene, Texas, in 2018, and 217 of them were school-aged children. While these numbers may be small when compared to larger metropolitan cities, they are concerning for this small urban community of approximately 118,000 people and will require significant resources to remedy.

One local community agency is championing efforts to reduce, if not eradicate, homelessness in Abilene, Texas. With a host of programs and services, Abilene Hope Haven continues to coordinate local resources, advocate for affordable and low-income housing, and provide case management and referral services to community members experiencing homelessness. According to the Department of Housing and Urban

Development (HUD), communities should strive to make homelessness "rare, brief, and non-recurring" (HUD Exchange, 2016). HUD has determined that focusing on housing first is the most effective way to achieve permanency for the individuals and families who are homeless and to accomplish the goals of making homelessness rare, brief, and non-recurring. HUD has determined that agencies doing the work to reduce and end homelessness must have certain practices in place, must elevate the centrality of putting families first, and must promote a culture of awareness and sensitivity. In addition, agencies must believe that all people experiencing homelessness are housing ready and provide them with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers (HUD Exchange, 2016). Because of the success of the Housing First initiative, HUD has also implemented Rapid Rehousing programs with the goal of providing people with permanent housing in a timely manner. It is less clear, however, which characteristics that, when combined with supportive housing programs, increase the likelihood of permanent housing placement.

The current fight against homelessness that includes supportive housing programs such as Rapid Rehousing and Permanent Supportive Housing appear to be based on and inspired by Maslow's Hierarchy of Needs. Maslow's Hierarchy of Needs consists of five categories: self-actualization, esteem, love and belonging, safety needs, and physiological needs. According to Maslow's Hierarchy of Needs, lower needs such as physiological and safety needs must be met before any of the other needs (McLeod, 2018). The current supportive housing programs in Abilene are grounded in and guided by Maslow's theoretical framework. Supportive housing services within this local community are informed by this theory and as such, housing is a priority. Therefore, Housing First places

the importance of housing over other potential and real barriers, such as sobriety, criminal history, rental history, etc. Housing first fits in the "physiological needs" category because if a basic need such as shelter is not satisfied, then other needs will not be met.

The purpose of this study is to explore the characteristics that influence the likelihood of placement in permanent housing within 12 months at Abilene Hope Haven (AHH). AHH is a local non-profit in Abilene, Texas, whose mission is to "inspire hope" to their neighbors. AHH recently shifted from transitional housing to the housing-first model in 2016 with a goal to house people experiencing homelessness more quickly and efficiently. This study will allow the agency to evaluate whether the implementation of Housing First and Rapid Rehousing has led to faster placement in permanent housing for homeless individuals. The study will also allow the agency to determine what other factors have an impact on placement in permanent housing.

CHAPTER II

REVIEW OF THE LITERATURE

Homelessness as a contemporary social problem is difficult to underestimate. While the number of homeless people in the United States is elusive and difficult to count, the reality that there is a homelessness problem in America is unquestioned. The purposes of this literature review are three-fold. First, defining homelessness is an important initial step in understanding this issue and centering that understanding in the current literature. Second, this review will examine several causes of homelessness, such as individual characteristics and structural factors. Lastly, this review will also include an overview of evidence-based practices and programs such as the Housing First invention and the supportive housing programs such as Rapid Rehousing, and Permanent Supportive Housing.

Definition of Homelessness

The definition of *homelessness* varies; the McKinney-Vento Act defines homeless children and youths as individuals who lack a fixed, regular, and adequate nighttime residence. This definition includes children who are couch surfing, living in motels, hotels, children living in cars, public places, etc. (California Department of Education, 2021). In Europe, *homelessness* is defined as situations of living in temporary, insecure or poor-quality housing (European Commission, 2021).

For the purposes of this study, the focus will be on HUD's criteria definition of homelessness. According to HUD (2012) in order for a person to be considered homeless

they must meet one of the following criteria: (1) literally homeless, (2) at imminent risk for homelessness, (3) homeless under federal statutes, and/or (4) fleeing domestic violence. By this definition, in order to be considered "literally homeless," one must be living in a place not meant for human habitation, which includes emergency shelters, parks, cars, etc. To be considered at imminent risk for homelessness, one must be at risk of losing their primary nighttime residence. The definition for *homeless under federal statutes* includes unaccompanied youth (under the age of 25) or families with children/youth who do not otherwise qualify as homeless but have not had a housing agreement in permanent housing during the 60 days prior to their application for assistance, have experienced persistent instability, and can be expected to continue in that state (HUD, 2012). The HUD definition is the most appropriate for this study because most housing programs in the United States are HUD-funded programs. These programs include transitional housing, Housing First, and Rapid Rehousing.

Causes of Homelessness

Like the many definitions of homelessness, causes of homelessness are equally complex and varied. According to the National Coalition for the Homeless (2016), several factors that contribute to homelessness include but are not limited to: poverty, lack of affordable housing, job loss, lack of health care, mental illness, substance abuse, and domestic violence. This section of the literature review examines select causes of homelessness, which include structural factors such as poverty, and lack of affordable housing, and personal circumstances such as traumatic events, domestic violence, and mental health.

Structural Factors

Structural factors that cause homelessness are due to economic and societal issues that affect opportunities to access affordable housing. These factors could include low income, lack of access to affordable housing, and experiences of discrimination (Gaetz et al., 2013).

Poverty

Poverty and homelessness are connected because when people are living in poverty, they tend to lack the appropriate funds to be able to afford basic needs such as housing, food, childcare, health care, and education (Gaetz et al., 2013). According to the United States Census Bureau (2016), the national poverty rate in 2016 was 12.7%, which means 40.6 million people were in poverty at this time. It also should be noted that while working, it is still hard to escape poverty due to low minimum wages and high cost of living. When people are living in poverty, they tend to need more public assistance, but there is a declining value of available public assistance in America. This leads to many families having to struggle to get medical care, food, and housing as a result of loss of benefits, low wages, and unstable employment (National Coalition for the Homelessness 2016).

Shortage of Affordable Housing

The shortage of affordable housing units is also linked to the rise of homelessness in America. With the cost of living on the rise, it is becoming very difficult for people to continue to pay for safe and appropriate housing. Today, 7.8 million extremely low-income households pay at least half of their income toward housing, putting them at risk of housing instability and homelessness (National Alliance to End Homelessness, 2019a).

According to Thompson (2011), increasing the housing units that are available for low or minimal cost would be helpful in getting those at most risk of homelessness to be housed. Without more affordable housing units, low-income families will not be able to sustain housing.

Individual Characteristics

Individual characteristics are also linked to homelessness. Individual factors that lead to homelessness may include traumatic events, domestic violence, mental health, and substance abuse, as discussed in detail below.

Traumatic Events

Trauma is related to homelessness because being homeless is a traumatic event itself. The sudden loss of housing and having to adjust to outside living conditions or shelters is traumatic. Also, because people who are homeless are highly vulnerable to victimization and violence, they can easily be re-traumatized (Substance Abuse and Mental Health Services Administration, 2019). Further, "research shows that 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children" (FEANTSA Position, 2017, p. 2). After interviewing 25 men who had experienced long-term homelessness, researchers concluded that the men shared similar experiences of complex psychological trauma in early life. These experiences were multifaceted and included caregiver substance abuse as well as physical, sexual, spiritual, and emotional abuse, neglect, and material deprivation (Woodhall-Melnik et al., 2018). This study helps illuminate that trauma is an important factor to include when studying the causes of homelessness. Trauma not only has short-term outcomes but also long-term effects.

Domestic Violence

Fleeing domestic violence plays a large role in why many people become homeless. People that experience domestic violence are often left with the choice of choosing an abusive relationship or homelessness. It was found that 50% of the cities surveyed by the U.S. Conference of Mayors (2005) identified domestic violence as a primary cause of homelessness. This information is useful when examining the severity of domestic violence, and the rates that show it is leading people to homelessness. Housing instability is four times more likely for women who have experienced domestic violence compared with women who have not been victimized (Pavao et al., 2007).

Mental Health and Substance Abuse

Mental health issues also have a role in individuals being able to sustain housing. Persons with severe mental illness represented about 26% of all sheltered homeless persons (U.S. Department of Housing and Urban Development, 2009). Mental illness can make it difficult for an individual to earn a stable income and can also affect daily activities that promote stable housing. With the lack of affordable housing, it is also more difficult for people with mental health concerns to find appropriate housing. The Brain & Behavior Research Foundation (2018) found that the combination of mental illness and homelessness can lead to other factors such as increased levels of alcohol and drug abuse and violent victimization that reinforce the connection between health and homelessness.

Supportive Housing Programs

Addressing homelessness is an important and necessary action toward reducing the number of individuals and families experiencing homelessness. Several programs and practices seek to address and reduce homelessness. This section focuses on the Housing

First intervention and its role in supportive housing programs that have been implemented to address the current problem of homelessness.

Supportive housing programs are designed to provide supportive services to assist homeless persons in transitioning from homelessness (HUD, n.d.). Two widely known supportive housing programs that derived from the Housing First intervention include Permanent Supportive Housing (PSH) and Rapid Rehousing.

Housing First

Housing first is an evidence-based approach defined as a way to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements (HUD Exchange, 2014a). It was originally created in the 1990s to assist people with mental health illness who were experiencing homelessness (European Hub, 2006). Since its founding, it has proven to be one of the most effective ways of getting people off of the streets and into safe and appropriate housing. In order for agencies to provide Housing First they must practice being low-barrier. According to HUD, PSH admissions policies are designed to "screen-in" rather than "screen-out" applicants (HUD Exchange, 2014a), meaning that barriers such as drug abuse, mental illnesses, criminal records, etc., should not stand in the way of someone receiving assistance in regard to housing. It should also be known that while these programs do not allow certain barriers to hinder people's access to permanent housing, services for these barriers are still provided by the agency at the request of the individual. This is known as "housing first, not housing only" (National Alliance to End Homelessness, 2019b).

According to Canham, Wister, and O'Dea (2019), after assessing the strengths and weaknesses of Housing First at a local nonprofit in Vancouver, it was found that having an address and a location where clients can stabilize allows them to begin working towards additional goals. Allowing their clients to get to a place where they can find balance and stability provides a better opportunity to address other important goals. The researchers also highlighted the importance of the clients being able to be connected to other resources of their choosing and not of the agency's demands.

After assessing the efficacy of the Housing First approach in HUD-VASH, Montgomery, Hill, Kane, and Culhane (2013) discovered that when using Housing First, veterans who were experiencing homelessness were placed in approximately one month compared to the traditional approach of them being placed in about six months. The research also showed that, when using the Housing First model, veterans were eight times more likely to remain stably housed for 12 months. In this study, participants were split between two groups: Housing First or the Treatment as Usual (TAU) group. Veterans who were in the Housing First group were able to receive a case-management model that prioritized immediate assistance with permanent housing. The participants in the TAU received the standard form of VA case management, which either placed veterans in shelters, residential programs, or transitional housing programs. The Housing First approach has also shown great success outside of Veterans Affairs. Utah implemented the model in 2005 and has since seen a 72% decrease in homelessness (Carrier, 2015).

Rapid Rehousing

Rapid Rehousing is a housing program derived from the Housing First approach. *Rapid Rehousing* is defined by HUD as a program that rapidly connects families and

individuals experiencing homelessness to permanent housing through a tailored package of assistance (HUD Exchange, 2014b). This assistance may include the use of time-limited financial assistance and targeted supportive services (counseling, substance abuse treatment, etc.). The goal of this program is to provide people experiencing homelessness with permanent housing, which may include temporary financial support and other supportive services. The HUD Exchange (2014b) found that people that utilize Rapid Rehousing services have a greater chance at permanent housing placement and a lower chance at returning to homelessness. Research also shows that Rapid Rehousing is more cost effective than transitional housing. It should be noted that Rapid Rehousing serves to solve the immediate crisis of homelessness.

Hignite and Haff (2017) evaluated the effectiveness of Rapid Rehousing of formerly incarcerated inmates, and they found that over six months, there was a success with participants who went through the programs, rather than participants who did not. Participants in this study were selected based on eligibility. After selection, the participants were able to receive Rapid Rehousing, social support services, and individualized service plans that included problem-solving counseling, and periodic home assessments. The evaluation in this study indicated statistically significant reductions in client risk of harming themselves or others, significant increases in clients securing necessary support services, significant reduction in employment problems, significant decreases in substance use, and a significant reduction in homelessness. In a summary report from Homeless Prevention and Rapid Rehousing it was found that 82% of households exited Rapid Rehousing programs into permanent housing. There was also a similar finding for veterans participating in Supportive Services for Veteran Families

programs; 84% of households receiving Rapid Rehousing or prevention services had permanent housing upon program exit (HUD, 2013).

Permanent Supportive Housing

Permanent Supportive Housing is another housing program that is based on the Housing First intervention. Permanent Supportive Housing is aimed at people who are chronically homeless (National Alliance to End Homelessness, 2020). In order to be considered "chronically homeless," a person would have to have experienced homelessness for at least one year and have some form of a disabling condition, such as a mental illness, physical disability or chronic health conditions (National Alliance to End Homelessness, 2020). There are three key components of Permanent Supportive Housing, including supportive services that are tailored to the needs of the individual, leases with no limits, and the collaboration of service providers, tenants, and landlords to preserve tenancy (Technical Assistance Collaborative). The distinguishing factor between Permanent Supportive Housing and Rapid Rehousing is that there is no time limit for the individual to remain in the program because these individuals are the most vulnerable individuals, and otherwise would not be able to survive without this program.

Permanent Supportive Housing was designed to increase the livelihoods of individuals who are chronically homeless. Schick et al. (2019) conducted a study that examined the change in individuals' Health Related Quality of Life (HRQOL) who were previously chronically homeless and now are currently in a PSH program. The study compared self-reports of individuals' HRQOL who were enrolled in one of two PSH collaborative care models in Houston, Texas (Schick et al., 2019). The distinction between the two groups was that individuals in the intervention group were navigated to

federally qualified health centers (FQHC), so they would receive a coordinated plan of care; however, individuals in the comparison would be in a similar care model, but they would not receive FQHC or a coordinated care plan (Schick et al., 2019). The authors reported, "Overall, participants reported an increase in HRQOL and a decrease in depressive symptoms" (Schick et al., 2019, p. 317). The authors also found that participants had the most significant report of change in their HRQOL at enrollment when they were settling into their new houses and adapting to their new lifestyles (Schick et al., 2019). These reports are significant because they show the impact that PSH has on these individuals' mental well-being. Not only did the intervention group have a positive impact on individuals' mental well-being, but Schick et al. (2019) also found that the amount of emergency department visits decreased by more that 70% after two years of participating in the program. This means that the individuals' physical well-being was also positively impacted by participation in the program. In conclusion, the investments in the integrated care model would likely continue to have a beneficial impact on individuals who were previously experiencing chronic homelessness.

CHAPTER III

METHODOLOGY

This chapter provides the research methodology that was used to examine the

factors and characteristics that influence the placement in permanent housing at Abilene

Hope Haven (AHH). When neighbors arrive at AHH to complete an assessment, they are

asked for written consent to allow the caseworker to input their information into the

Homeless Management Information System (HMIS). This study examined how the

independent variables such as demographics, enrollment services received, income at

entry and exit, and exit destinations influence the dependent variable which is permanent

housing placement. Data were collected from participants in the AHH Rapid Rehousing

program from January 1, 2019, to December 31, 2019. This was an exploratory study that

was approved by the Institutional Review Board as exempt (see Appendix).

Sample Population

The sample population of this study ($N = 51$) were participants in the Rapid

Rehousing Program at Abilene Hope Haven between January 1, 2019, to December 31,

2019. Data were collected only on the head of the household. These individuals ranged in

age from 18 to 63. This study was conducted utilizing secondary data for Rapid

Rehousing participant information from HMIS. Program participants sign a general

release of information form at the point of entry into the program.

Data Analysis Process/Procedures

Only the head of household information was needed for this study. Since no identifying information was collected, there was no need for an informed consent to be distributed. This study looked at the different characteristics of participants who have exited the Rapid Rehousing program and those still currently enrolled. The target population for this study included program participants in the RRH program from January 1, 2019, to December 31, 2019. The data were entered into the Statistical Package for Social Sciences. Clients' files were assigned numbers to conceal their identities for the purposes of data checking in case any errors occur during the data entry process. Upon completion of the data review, all assigned numbers and client data will be stored away in a locked file cabinet or on a password-protected server for three years and then will be deleted or destroyed.

Demographics

The following demographic information was collected from the HMIS: race/ethnicity, age, gender/sex, disabling condition, income, and household size. Additional HMIS data included type of enrollment services received, income at entry and exit, total days enrolled in Rapid Rehousing, and destination at Rapid Rehousing program exit.

CHAPTER IV

RESULTS

This chapter presents data collection procedures used in this study as well as results from the secondary data analysis and descriptive statistics are presented. These data provide a quantitative analysis and assessment of select factors and characteristics that were considered when determining placement in permanent housing at Abilene Hope Haven. The data were retrieved from the Homeless Management Information System.

Data Collection Procedure

At the point of entry into the program, information was entered into the Homeless Management Information System for the primary contact for the client agency interface. Since there was no identifying information collected, there was no need for an informed consent to be distributed. This study looked at the different characteristics of participants who have exited the Rapid Rehousing program as well as those still currently enrolled. The target population for this study included program participants in the RRH program from January 1, 2019, to December 31, 2019. The data were entered into the Statistical Package for Social Sciences, and the researcher explored the relationships between the different characteristics and permanency placement. Clients' files were assigned numbers to conceal their identity for the purposes of data checking in case any errors occur during the data entry process. All assigned numbers and client data was stored away in a locked file cabinet or on a password-protected server for three years, and then the data was destroyed.

<h1 style="text-align:center">Descriptive Statistics</h1>

This section will cover the demographics of the participants who were enrolled in the Rapid Rehousing program between January 1, 2019, and December 31, 2019 ($N =$ 51). The reports were gathered from only primary sources of contact during this time period.

Demographics

The data in Table 1 below describe participants' demographic characteristics. Data on study participants shows that about half (51%) of the participants identified as female, while the remaining 48% were male. It was shown that of the 51 participants, 94% identified as white. It should be noted that while 48 of 51 of the participants identified as white, 12 of those participants were of Hispanic descent. It is shown that nearly 57% of the participants in the Rapid Rehousing program were between the ages of 18 and 45. It was also found that almost half of the participants 47% ($n = 24$) identified as having a disabling condition, leaving more than 52.9% ($n = 27$) identifying as not having a disabling condition. Of the 51 participants, 62.7% ($n = 32$) were able to exit the program within the time frame of one year, leaving 37.3% ($n = 19$) still enrolled at the end of the year.

Table 1

*Participant Demographics of Sample (*N = 51)

Variable	Category	*n*	%
Age	18-45	29	59.9
	46-62	19	37.3
	63+	3	5.9
Gender	Male	25	49
	Female	26	51
Race	American Indian	1	2
	Black or African American	1	2
	White	48	94
	Multi-Racial	1	2
Ethnicity	Hispanic	12	23.5
	Non Hispanic/Latino	39	76.5
Disabling Condition	Yes	24	47.1
	No	27	52.9

Household Size

The participants' household size was also collected for this study. More than half of the sample population (62.7%, *n* = 32) of the participants had a household size of only 1 to 2 people, 23.5% (*n* = 14) had a household size of 3 to 4 people, and only 9.8% (*n* = 5) had a household size consisting of 5 or more people.

Enrollment Services

Hope Haven offers a number of support resources and services to clients enrolled in its programs. Clients have autonomy to opt in or out of these services at any point during their enrollment in the program. Data are presented in this section to describe client involvement in key program resources and services. Among the variety of services clients could opt into, nine services emerged as particularly favorable. These enrollment services included: case management, daily living services, rental assistance, utility

deposit assistance, utility bill assistance, housing counseling, grocery shopping, security deposit, and transportation.

Of the 51 participants enrolled in the program, 92% ($n = 47$) elected to receive case management services. Case management services include working with a case manager to create treatment plans and identify other needed services. Only 2% ($n = 1$) of the clients chose to utilize daily living services offered through Hope Haven. Daily living services include staff members assisting clients in obtaining hygiene products, such as soap, hair care products, feminine hygiene, baby supplies, etc. Eighty percent ($n = 41$) of the participants chose to receive rental assistance while in the program. Only 9.8% ($n = 5$) of the participants chose to receive housing counseling services, which is having their case manager help them adjust to housing after being homeless for a period of time. Similarly, only 7.8% ($n = 4$) of the participants chose to receive utility deposit assistance, and 35.3% ($n = 18$) of the participants chose to receive transportation assistance.

Number of Services Received

The clients enrolled in the program had the opportunity to utilize numerous services. Only 4% ($n = 2$) of the clients opt out of using any services at all. The data collected showed that 41% ($n = 21$) of the program participants utilized one or two of the enrollment services offered. The data showed that nearly half (47%, $n = 24$) of the program participants utilized three or four of the services offered. Surprisingly, of the 51 participants enrolled in the program, only about 8% ($n = 4$) of the participants took advantage of five or more of the services that were offered.

Income and Non-Cash Benefits at Entry

At the point of entry into the program, information was collected concerning each participant's income and non-cash benefits. Verifiable income could include earned income, Supplemental Security Income (SSI), Social Security Disability, Temporary Assistance for Needy Families (TANF), child support, or no income at all. The non-cash benefits the participants could have received include food stamps, Medicaid, Medicare, Supplemental Nutrition Assistance Program (SNAP), or none at all.

Income at Entry

Clients entering the Rapid Rehousing program are assessed for income during the intake process. Table 2 below characterizes clients' income at the point of program entry. Of the 51 participants in this study, only 9.8% ($n = 5$) had earned income at the time of enrollment, which was the same number of participants who were receiving SSI. Only about 8% ($n = 4$) of the participants received Social Security Disability benefits, 4% ($n = 2$) received TANF, and 2% ($n = 1$) received child support. Of the enrollees, nearly 67% ($n = 34$) did not have any form of income.

Table 2

Types of Participant Income at Entry

Variable	n	%
Earned Income	5	9.8
SSI	5	9.8
Social Security Disability	4	7.8
TANF	2	3.9
Child Support	1	2.0
No Income	34	66.7

Non-Cash Benefits and Entry

Of the 51 participants, more than half 52.9% (*n* = 27) were receiving food stamps.

Only 2% (*n* = 1) of the participants were receiving Medicaid, which was also the same

for the participants receiving Medicare and SNAP benefits. Lastly, nearly 40% (*n* = 20)

were not receiving any benefits at the point of entry.

Income and Non-Cash Benefits at Exit

Like at the point of entry, data regarding income and non-cash benefits are

collected at the point of exit. This section will cover the data collected regarding the

income and non-cash benefits about the 32 participants who have exited the program.

Income at Exit

Whether clients have income or not at the time of departure from the program was

included in the data collected from the agency database. Table 3 below describes the

types of client income at the point of exit from the program. Of the 51 participants who

were enrolled in the program between January 2019 and December 2019, 37.3% (*n* = 19)

were still enrolled at the end of the year. At the point of exit, 21.6% (*n* = 11) of all

enrollees had earned income, 7.8% (*n* = 4) had SSI, 2% (*n* = 1) had Social Security

Disability, and 31.4% (*n* = 16) had no income.

Table 3

Types of Participant Income at Exit

Variable	*n*	%
Currently Enrolled	19	37.3
Earned Income	11	21.6
SSI	4	7.8
Social Security Disability	1	2.0
No Income	16	31.4

Non-Cash Benefits at Exit

At the point of exit, 11.8% (*n* = 6) of the participants who exited the program received food stamps, 2% (*n* = 1) received Medicare, and almost half (49%, *n* = 25) did not receive any non-cash benefits.

Exit Destinations

When clients exit the program, data are collected on where they will be going. The clients could move on to permanent or temporary housing, or they could return to homelessness. A client was considered "permanently housed" when they had an exit plan to live with a friend or family member permanently, they exited to a rental property with a housing choice voucher or equivalent subsidy or no subsidy, or they exited to a permanent housing program for the formerly homeless. A client was considered "temporarily housed" when they had a plan to exit to temporarily live with a friend or family member. Lastly, clients return to homelessness when they are living in a place not meant for habitation. Table 4 below describes clients' exit destinations at time of departure from the Rapid Rehousing program.

Table 4

Exit Destinations

Variable	*n*	%
Currently Enrolled	19	37.3
Homeless/Place not meant for Habitation	3	5.9
Temporary Housed- With a Friend	2	3.9
Temporary Housed- With Family	1	2.0
Permanently Housed- With a Friend	2	3.9
Permanently Housed- With Family	1	2.0
Rental- Housing Choice Voucher	3	5.9
Rental- No Subsidy	4	7.8
Permanent Housed for the Formerly Homeless	3	5.9
Rental with RHH or Equivalent Subsidy	10	19.6
Deceased	3	5.9

CHAPTER V

DISCUSSION

In this chapter, the implications of the research findings are discussed. This chapter also includes a section on the implications for social work practice at the micro, mezzo, and macro levels as well as limitations and barriers that occurred while conducting this research. The chapter concludes with several suggestions for future research.

Based on the findings of this research, the low number of people who returned to homelessness in this study was consistent with HUD's goal of Rapid Rehousing, which is to provide people experiencing homelessness with permanent housing. Out of the participants who exited Abilene Hope Haven's Rapid Rehousing program, only three of those participants returned to homelessness. This finding shows that the tailored package of assistance that is provided through the Rapid Rehousing program positively impacts the outcome of the program's participants.

Implications of Findings

There are several implications of this research study that inform agency policy and practice, social work practice, and general theory related to the population of homeless persons being served by Abilene Hope Haven in relation to the study's findings. After exploring the different client characteristics while enrolled in a Rapid Rehousing program at Abilene Hope Haven, the research found a positive relationship between having earned income and exiting to housing permanency. For example, in

January of 2019 only 9.8% ($n = 5$) of enrollees had any form of earned income, but by the end of the year, 21.6% ($n = 11$) of the clients had earned income and had exited to housing permanency. It is therefore reasonable to believe that having some form of earned income (e.g., SSI, child support payments, employment income, etc.) positively impacts progress toward housing permanency. However, what is less clear in the data is the amounts of earned income for individual clients, whether the income is single source or multi-source, and which specific enrollment services directly impacted clients' transition from homelessness to housing permanency upon exiting the Rapid Rehousing program. More research is needed to determine the nature of the relationship between housing program services and specific client permanency outcomes at the time of exit from the program.

Implications for Policy

A key factor in the Rapid Rehousing program is that it is time-limited. This study may shed light on the fact that the participants in the program may need assistance for a longer period than is being provided. Since it was found that having income plays an important role in receiving permanent housing, if the participants were allowed more time in the program then they may be able to make arrangements to get resources such as TANF, SSI, child support, etc. They may even have more time to find employment.

While conducting this research it was found that nearly half of the participants in the study had some sort of disabling condition, but there were no enrollment services directed towards people with disabilities. The participants living with disabilities may have benefited more from services tailored to them if they had been offered.

<center>**Implications for Social Work Practice**</center>

Social workers practice at three levels: micro practice, mezzo practice, and macro practice. These next few sections will discuss the implications this study had on these levels of practice.

Micro Practice Implications

At the micro level of social work practice, practitioners consider direct services to clients. These services have traditionally included the client's biological, psychological, social, and spiritual characteristics. Based on the results of this study, AHH's work with homeless individuals should critically examine program characteristics that serve as barriers and supports that assist clients in gaining housing permanency quicker. The limited findings in this study suggest that AHH may benefit from a deeper assessment of the characteristics of individuals who have exited AHH to permanent housing separately from individuals who remain enrolled in the program. The ability to disaggregate the data in specific ways and along certain individualized characteristics will allow comparisons not possible in this study. For example, are clients with certain bio-psycho-social-spiritual characteristics easily placed in permanent housing situations? Social work practitioners should consider the implications of the individual's mental capacity, active substance use disorder, depression, employability, and social support network during the assessment process.

The results from this research study clearly indicate that certain programs appear at first glance to be more desirable than others for program participants. Therefore, this research study further suggests that AHH should focus attention on aspects of the Rapid Rehousing programs to determine which services should be strengthened and those that

<center>25</center>

may need to be discontinued based on client usage patterns. For example, additional resources may be required in the areas of case management services and transportation, while rent assistance, housing counseling services, and utility assistance may be less attractive to this population of homeless persons. Of the many services offered in the program the nine enrollment services that clients utilized the most included case management, daily living services, rental assistance, utility deposit assistance, utility bill assistance, housing counseling, grocery shopping, security deposit, and transportation. With this knowledge, programs could decide whether the implementation and specific combination of these services will help their clients transition into permanent housing more quickly.

Mezzo Practice Implications

Social workers focusing on mezzo-level social work practice are interested in social services at the local and community level. These service providers will work with community agencies such as schools, community agencies, hospitals, etc. (Ashford et al., 2018).

Since many homeless shelters across the country are now implementing Rapid Rehousing Programs, exploring the impact that different characteristics have on clients' permanency placement should be included in the program's evaluation. Based on this study's findings, social work practitioners should critically assess family characteristics when making referrals to needed community resources, planning, and selecting interventions to use with the family, and determining with the family the best order of priorities that will increase permanency for the family.

Macro Practice Implications

Implications for macro-level social work practice tend to focus on larger systemic policy considerations such as social injustice on a larger community, state, national, and international level. Research in this study showed that there is a need for an increase in the low-income housing inventory. While conducting this research, studies showed that there is a shortage of affordable housing, which ultimately is leading to an increase in homelessness across America. This finding could help community or state workers find ways to advocate for more affordable housing. This could take place by fighting for more funding for The Department of Housing and Urban Development and advocating for local rent control, which would limit the amount of rent a landlord could charge.

With an increase in affordable housing, there would need to be an increase in housing vouchers for homeless persons without income. This would mean that community, state, and federal workers would then need to advocate for an increase in funding to the housing authority.

Limitations

Several limitations were present in this study, the first of which is the use of secondary data. If the research would have included data collected at the time the study was being conducted from the participants in the program, the research found could have been more specific to the research question.

The second limitation is that the study was limited by the low number of participants in the sample. As a result of the few participants, more complex statistical analyses were considered inappropriate and inadvisable. The time frame in which the data were collected also played a role in the number of participants in the study. An

increase in the number of years used for the study could have increased the number of participants. Another limitation of the study could be that there were no actual interviews with the participants. If there had been interviews conducted with participants who achieved permanent housing, then the research could reflect their opinions on what helped them land permanent housing.

It should be noted that since this study was limited to participants at one Rapid Rehousing program in West Texas. A more robust study that included multiple programs and agencies may yield generalizable outcomes.

Future Research

If this study were to be conducted again, the future researcher should think about only collecting information on the participants who have exited the program, and not from the participants who are still enrolled. This would allow the findings to be clearer when looking at characteristics such as enrollment services received, giving the researcher more relevant information to the contributing factors of permanency placement.

Future researchers conducting this study should also try to increase the sample size of their study, which will allow them to have more data and more information to gather from the results. With an increased sample size, the researcher will also most likely get more accurate results for their study.

Conclusion

The aim of this study was to explore the characteristics that influence the likelihood of placement in permanent housing within 12 months for clients seeking services at Abilene Hope Haven. The study's aims were to determine whether the

implementation of Housing First and Rapid Rehousing has led to faster placement in permanent housing for homeless individuals, and to determine what other factors have an impact on placement in permanent housing. The study included 51 individuals between the ages of 18 and 63 who were participating in the Rapid Rehousing program at Abilene Hope Haven between January 1, 2019, and December 31, 2019. The data were analyzed using the Statistical Package for Social Sciences.

The researcher created a logistical regression analysis to explain the relationships between the different characteristics and permanency placement. The following demographic information was collected from the HMIS: race/ethnicity; age, gender/sex; disabling condition; income; and household size. Additional HMIS data included: type of enrollment services received, income at entry and exit, total days enrolled in RRH, and destination at RRH program exit. This information was used to determine what factors helped influence permanency placement after exiting the program. After conducting the research, it was found that there was a positive relationship between having earned income and exiting to housing.

Based on the literature review it was confirmed that living in poverty was a large factor in people becoming homeless. More than half of the individuals in the study did not have any income at the point of entry at Abilene Hope Haven, which made it impossible for them to meet basic needs such as food, water, and shelter. It was also found that nearly half of the individuals in the study had a disabling condition. This information could be related to the literature reviews indicating that mental health plays a factor in people becoming homeless, however there would have to be a deeper exploration in the specific disabling conditions the participants had to confirm that.

This study also shed light on the fact that having some source of income played an important role in receiving some sort of permanent housing. Based on this research it was found that half of the participants who exited the program to permanent housing had some form of income.

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APPENDIX

Institutional Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

March 4, 2020

Unique Jackson
Department of Social Work
ACU Box 27866
Abilene Christian University

Dear Unique,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "The efficacy of a rapid re-housing program serving adults experiencing homeless in West Central Texas",

(IRB# 20-026   )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs