



Final Transcript

HUD – US DEPT OF HOUSING & URBAN DEVELOPMENT: HUD’s Family Options Study

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SPEAKERS

Virginia Holman
Anne Fletcher

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by. Welcome to HUD’s Family Options Study call. At this time, all participants are in a listen-only mode. Later, we will conduct a question-and-answer session. Instructions will be given at that time. (Operator instructions.)

I’d like to turn the call over to our host, Miss Virginia Holman. Please go ahead.

V. Holman Thank you very much. And welcome, everybody, to today’s webinar on the Family Options Study. It has been a goal of ours to provide you with updated information on studies that are going on relative to housing, counseling or at least those studies that would impact your clients.

Before we start, I’d like to go over a few logistic slides. The audio is being recorded, and in a few days we will be posting the playback number along with a PowerPoint and a transcript of today’s webinar on our archives page at the HUD Exchange.

We will be sending out a ListServ message when those archives have been posted. As the operator said, all your lines are muted during this presentation. I sent out some handouts this morning of a copy of the PowerPoint but they're also available for download on your panel on the right-hand side of your screen so you can just click on that and download them to your computer so you'll have them.

There will be a question-and-answer period at the end of the session. At this point, we're going to be opening all the lines at one point, but the operator will give you more details on how to ask your questions, and we do ask that your [audio disruption] in the question-and-answer period.

There's some other ways that you can ask questions during the webinar. On the panel on your right-hand side of your screen, there is a box that says questions and it says enter a question so just type your question there and the staff will be looking and monitoring those questions and get them to our speaker. You can also send an email to housing.counseling@HUD.gov and put today's topic, Family Options Study, in the subject line, and we will get back to you with an answer to that.

Since we will be opening all of the lines up for the Q&A period, please make sure that you mute your phone during the discussions. Most of our phones now have a mute function so please use it. Also star 6 will mute and unmute your phones.

After the webinar is over, there will be a brief survey for you to take, and please take it. We really look at your responses and use them to improve our webinars. You will be receiving an email within 24 to 48 hours thanking you for attending. It will be coming from GoToWebinar. It may also have my name, Virginia Holman, on it. But the email is going to say this is your certificate of training.

The email is in fact your certificate. There is no other attachment, so you need to print it out and save that email for your records. And afterwards, if you go to HUD Exchange/Program/Housing Counseling and hopefully you're used to using that where all our information is because you'll get training information and events, resources and you can sign up for our ListServ.

And as I mentioned, [audio disruption].

And now I'd like to turn it over to [audio disruption]. Anne?

A. Fletcher

Hi, everyone. This is Anne Fletcher in the Office of Policy, Development and Research. I'm hoping that you're able to see the slides without this little window. There we go. Okay. Sorry, I'm not very technologically savvy, but hopefully we have the slides up here on everybody's screen.

I'm going to be doing an overview today of the Family Options Study, specifically the short-term impacts of this research that we released last summer.

So just as a quick overview for the presentation, I know that some of you may be familiar with research related to homelessness. You may work with homeless households in your community or you may be familiar with your local continuum of care or some of the providers, but just in case I'm going to start off with a quick overview of what we know about family homelessness, and then I'll move into a discussion of the Family Options Study itself in terms of what it is and why we're doing it and what we hope to learn.

I'll provide then an overview of the short-term outcomes for families that we released last summer, talk a little bit about the cost data that we collected related to some of those programs and then just a concluding few points on next steps for the study.

So first question that we need to start off with is an understanding of how many homeless families there are, and HUD counts people who are homeless in two primary ways. The first is by an annual point in time count which provides an estimate of the total number of households that are homeless on a given night. These take place typically towards the end of January each year. They happen in every community across the country, and they give, essentially, a snapshot picture of how many homeless households, whether they be individuals or families that are in a community on a given night.

However, most households will experience homelessness for a short-term basis, meaning that households are sort of moving in and moving out of the homelessness system on a regular basis. So the second way by which HUD counts homelessness is through an annual analysis of homeless management information system data which creates a de-duplicated number of persons who experience homelessness over the course of the year.

So the number that you see here on these slides relate to those one-year estimates so this is the total number of families that experienced homelessness that you can see here from 2007 to 2014. And the number at the top, the 517,000 number, relates to the number of homeless persons and families, so that's the adults and the children in those families.

The bottom number, the 160,000 number, is the number of family households that experienced homelessness over the course of the year in 2014. So these numbers represent the number of sheltered families with children, so these are the number of families that were either living in emergency shelter or in transitional housing over the course of the year.

You'll find that a very small percentage of families are identified in unsheltered locations. At the last point in time count in January of 2015 showed that about 10% of the total unsheltered population was families, so these numbers essentially capture the large majority of families that are either in emergency shelter or using transitional housing over the course of the year.

So in terms of what we know about homeless families in general, the majority of sheltered adults in families are women, so these would be moms with kids, just about 80% of them. And of all the sheltered homeless children in families, just over half are under the age of six.

Approximately 75% of the sheltered family population identify as members of a minority group, and the most common household size among sheltered families is three people. Now, the reason why I include this bullet here is because there are a large number of two-person families which is one parent and one child in shelter as well. In fact, there are almost six times as many families of this size in shelter as you find among all US families. There is additional information about this in the report that isn't included in the slide here, but this bullet just demonstrates that it's not that homeless families necessarily are smaller, it's more the fact that families often become separated right before going into shelter, and so oftentimes some children, particularly older children, may be sent to stay with relatives or friends or extended family members so that they don't have to enter shelter with the family.

And then the final point I'll mention is that disability rates among sheltered adults in families with children are at about 20% which is two and a half times higher than that of the US adult and family with children

population, but it's much lower than those disability rates that you find in the adult sheltered population. So for a long time there were theories that the reason why families were in shelter was because they had very high rates of disabilities. That does seem to be the case for individuals in shelter but not so much for families with children who arrive in a shelter.

So just to sort of set the stage for what currently exists in communities to address homelessness, a significant amount of the funding that communities have to address homelessness comes from HUD and is awarded to communities through an annual competition. And the HUD homeless assistance grants are awarded to entities called continuums of care which are essentially a set of geographies that work together to submit a single application to HUD to apply for funding to support a range of programs to address homelessness.

The continuums of care, or COCs as they're known, are required to work across all providers operating in a jurisdiction to submit a single application to HUD seeking funding for all programs within their catchment area. So this year as of 2015, there are 405 continuums of care across the country and each continuum of care represents a unique and contiguous geographic area.

COCs can range in size. They can include a single city, so for example Washington D.C., where I live, is a single continuum of care and that means that all of the homeless assistance providers in the District of Columbia that wish to receive funding from HUD to provide homeless assistance programs in the district, they work together to create one, consolidated application to HUD each year. Some COCs are really big, so for example, the state of Wyoming is actually one continuum of care.

So on this slide is a list of the most common set of homeless assistance programs that you might find in a community, and you're likely familiar with some if not all of them. All of the homeless assistance programs pretty much vary along three primary domains. First is the assumed length of stay or duration of assistance. Is it thought to be temporary or permanent?

The second is whether or not the program includes the provision of supportive services. Some programs are very service heavy, some do not have any services at all, and then finally there's the housing arrangements and the financing of that housing.

So there are different theories on the causes of family homelessness that have led to the rise of these different types of interventions over the past couple of decades. And one theory holds that homelessness is purely an economic problem which can be addressed by providing a family with a housing subsidy alone, but another theory poses that while having assistance is indeed crucial, family homelessness is the result of other challenges faced by families, such as child welfare engagement, mental health or substance abuse challenges, and unemployment which must be addressed in order to end the family's homelessness.

And so in addition to these two broad camps, theories vary on the length of time for which assistance must be provided to a family in order to end their homelessness. So some argue that the need for assistance is permanent, and others argue that the need for assistance is only temporary, so, for example, an infusion of emergency resources to get the family over the hump of some particular crisis that's led to their homelessness.

So the debate on the appropriateness of the various housing and services interventions designed to help the homeless families is overlaid by scarcity, just meaning that we don't have enough of anything to really go around, as well as the range of costs associated with the different interventions. And so all of this confusion and these varying theories about what is causing family homelessness and what is required to end family homelessness is what led to the Family Options Study, and so that's what we'll talk about for the rest of this presentation.

The Family Options Study is the congressionally mandated study that actually started ten years ago in 2006. It is designed to generate evidence about what types of housing and service interventions work best for families experiencing homelessness. We're looking at three specific types of interventions which is sort of a subset of that longer list I had on the previous slide, and these are the interventions that we're really honing in on with this project.

The first is a permanent housing subsidy which we call 'sub.' In most communities this was made available to families as a housing choice voucher, though we did have two communities that provided public housing units and/or project based housing units.

The second intervention that we're looking at is community-based rapid rehousing, and the third is project-based transitional housing. I'll talk a

little bit more specifically about each of these interventions in a few minutes so you have a better sense of what they actually are.

And so what are we hoping to learn with this project? We're hoping to learn about the impact of these different programs. How do they help the families that they're designed to serve both in the short-term? So one and a half years after families receive these interventions, and we're going to talk about those findings today.

And then in the longer-term, so we actually are following these families for a full three years, and we're interested in a broad set of outcomes from these families, including how the programs impact families' housing, stability and homelessness, family preservation, adult well-being, child well-being and self-sufficiency.

But we also want to understand the financial cost of providing these interventions. What is the actual cost of housing a family in emergency shelter for a month versus providing them with a voucher? And how do these costs shift, or do they, when we consider the fact that emergency shelter is temporary assistance and a housing choice voucher is permanent assistance? So what are the costs associated with achieving the outcomes induced by the different interventions that we're studying?

Between 2008 and 2010, we recruited 12 communities to be part of this study, and you can see that they are sort of—so these are not randomly selected communities. These are communities that had to fit a certain profile. To be considered to participate in this study, communities needed to have a couple different things. They needed to have the interventions operating so if there was a community that didn't have any transitional housing, had no vouchers and had no rapid rehousing, obviously we couldn't implement the study there. So you had to have at least some of the interventions operating in the community to be eligible.

The second thing you needed to have was a large supply of homeless families coming in and going out of the emergency shelter. In order to make the study impactful, we needed to have a large volume of families that we would be able to enroll in the study so we needed to ensure—you'll see that most of the communities here are urban areas because they tend to be the communities in which there is a large volume of homeless families that enter and exit the shelter system.

The third thing we needed was a willingness for the programs in these communities to set aside program slots for study families. So, for example, for the subsidy intervention, we needed to find a community that had PHAs that would be willing to set aside vouchers through a limited preference mechanism for our study families.

And then finally we needed to find communities where the shelter staff would be willing to abide by a random assignment procedure, and what that basically means is that all emergency shelter staff are clearly very committed to what they do, that's why they work in that field, and they have processes and procedures by which they provide families with assistance to exit shelter. And what we were asking them to do through participating in this study is essentially set those aside, throw them out the window and cast—basically roll the dice to determine where families would be assigned in terms of their intervention.

This was a tall order, and we were really happy to be able to find these 12 communities to participate in this study and very grateful for all of the programs that participated.

So just a little about the intake and the random assignment procedure to bring families into the study. To be eligible for this study, families had to have been in emergency shelter for at least seven days with at least one child age 15 or younger. And the reason why this requirement is here is because a large chunk of families actually exit emergency shelter with no assistance, on their own they leave within the first week of arriving, and we wanted to make sure that we were enrolling in this study families that had some types of needs that would need some sort of intervention to address, so that's why we have the seven-plus days' requirement.

And then because we were planning on following families for a full three years, we wanted to make sure that the children wouldn't completely age into adulthood over the course of time for this study. So all families meeting this criteria were invited to be part of this study and then administered informed consent. And that's simply a process by which the family gets a detailed overview of what it means to be part of the study to ensure they understand what they're committing to and ensuring that they're making that commitment voluntarily.

After completing informed consent, families did participate in an initial screening for the available intervention slots, and we took this step just because some of the interventions have requirements. For example, a

PHA might not accept a household that owes arrearages to the PHA, and some transitional housing programs will screen residents for drug or alcohol use. We needed to make sure the families would be eligible for at least one intervention to participate in the study, and we also didn't want to assign a family to an intervention to which they would be rejected at the front door.

Following the eligibility screening, we did a baseline survey for all families collecting a significant amount of information about the families' housing and homelessness history, the family composition, income and employment history and the health and well-being of both family head and the children. And as a last step, families were randomly assigned to one of the four arms of the study.

During the entire enrollment phase which took about 18 months, we enrolled a total of 2,282 families with over 5,000 children. So just a quick look, again, at these interventions in the study so that we're all clear on what exactly they were and what's different about them.

So in the top right hand corner we have sub. This is our permanent housing subsidy, typically the housing choice voucher. There are no supportive services attached, and all that means is that the housing choice voucher was a plain vanilla housing choice voucher that any other household would get from the PHA. There were no services packaged up with them.

This does not mean that a family couldn't access services. Certainly, they could access any needed services from any community-based providers, but they weren't provided to them directly through the voucher. Moving over to the right, community-based rapid rehousing. This is short-term rental assistance with limited housing focused services.

Some of you may be familiar with HPRP, which is the Homelessness Prevention and Rapid Rehousing Program that was funded under the Recovery Act. This was a huge infusion of funding to communities to provide either homelessness prevention or rapid rehousing. This rapid rehousing intervention was actually funded through these dollars, and so the short-term rental assistance was time-limited, meaning that families could not access more than 18 months of rental assistance.

And the case management services were very housing-focused, so focused on getting families finding an acceptable unit, moving those families into

the unit and enabling them to access whatever services they might need to ensure that they were stable in that housing.

The third intervention is project-based transitional housing. This is single-site temporary housing with an enriched multi-dimensional package of supportive services, so project-based transitional housing tends to be I guess what we call the older school model of transitional housing. It might be a building which is entirely dedicated to providing transitional housing to formerly homeless families with a broad array of services offered onsite to all households.

And then finally, usual care, this is services and housing that a family would access on their own in the absence of a direct referral to another intervention. So families that were assigned to usual care remained in emergency shelter. They did not receive a direct referral to either transitional housing, rapid rehousing or the subsidy program, but they were free to access whatever was available to them in the community.

So just to say a few things at this point about some of the complexities and the challenges to this study, it's important to understand that HUD did not provide any money to the communities to establish these programs, so we're really studying these programs as they exist in the wild, so to speak. The rapid rehousing programs, the transitional housing programs, they had to meet the criteria to qualify but they would have a range of different practices based on how they normally were implemented in the community.

Second, this is a multi-arm experiment, so basically what that means is typically in a random assignment experiment you'll give one group a treatment and one group not a treatment and then you'll compare how those groups differ. And here, we have not a treatment group being usual care, but then we have three different treatment groups that families might be assigned to, so that makes the analysis a little bit more complicated.

Finally, the random assignment process that we used only provided families with a referral to one of these interventions. We have no ability to require families to do anything. In the homeless assistance system, that is exactly what a household would get, they would get a referral to an intervention and then it's the family's choice as to whether or not they follow through with that referral and actually enroll with the program.

So while this could be seen as a study weakness from a methodological perspective because we could not require that everyone take up their assigned intervention, this really reflects how the world works, and there are some really valuable lessons that we got in understanding whether or not families actually wanted the programs that they were offered.

So this slide gives you a sense of our enrollment by intervention and site, and so of course the goal here would have been to have all the bars exactly even so that we had the exact same number of families enrolled in each site and evenly distributed across the various interventions. Quite obviously that is not what we see here on this slide. And so the reason why you don't see that on this slide is because of two major constraints. One is availability and one is eligibility.

Availability relates to the opportunity for families to be assigned to a given intervention and a given site at any given point in time, so consider things like a hard unit intervention. So transitional housing might be—the transitional housing in a particular site might have been a 20-unit building and if there are households in filling up all 20 units, there are no transitional housing units available for random assignment. For the voucher, a PHA created a set-aside for a specific set number of vouchers, and once those vouchers were allocated, there were no further vouchers.

So there were constraints in terms of the actual availability of the different interventions in communities, and some you'll see didn't have any at all. In Baltimore, we were not successful, for example, in getting the housing authority to provide us vouchers, and then in, let's see, I think, Boston, they don't actually have any project-based transitional housing, so there we had a site that was operating with three interventions as opposed to four.

And if you're interested in learning more about that, we actually published an interim report in 2013 that talks in great depth about this. So we talked a little bit on the previous slide about the complicated way in which this particular study design is comparing the different interventions against usual care but also against each other. This picture here shows you the six pair-wise comparisons that we're really looking at in this experiment. You can almost think of this study as resulting in six mini-experiments.

One of the really special things about this study is the extensive amount of data being collected, both for the head of household as well as for the children. So we have a really large sample of homeless families enrolled

in this study that had a very large group of children amongst them, and we've collected a lot of information from these households over an extended period of time. We have extensive data that we collected from the families prior to random assignment through the baseline survey, and then we have interim contacts that we attempted every six months throughout the period of the 36 months of study, and then we have extensive data that was collected 18 months after random assignment.

The study team also got a separate grant from the National Institute of Child Health and Human Development which is part of the National Institutes of Health to collect extensive data from the kids 18 months after random assignment as well. And in addition to all that primary data, we're tracking families through HUD's administrative data systems as well as collecting data from homeless management information system data from all city communities. If you're not familiar with the homeless management information systems, that is a management information system that's used by the continuum of care to basically track the households coming in and using the homeless assistance system that enables HUD and the federal government to have a national picture each year of the homeless population.

So we're getting to the good part here, which is what did we actually learn? But before we get there and jump into the findings, I did just want to pause for a moment and just remind us of what the policy question is that we're testing here, which is whether priority access to a particular intervention yields differences in outcomes for homeless families over the short-term or the long-term.

So when a family enters shelter, there's two basic approaches the shelter could take. One path would be to refer the family to some kind of homeless assistance or housing program to help them exit emergency shelter. And the second would be to not refer the family to any specific program and instead allow the family to make their way out of shelter based on what they choose to access in the community themselves, so basically direct referral to a program or no direct referral to a program.

It's important to keep in mind the point I mentioned earlier; that assistance to be offered via a referral is just that, it's an offer of assistance, and families are never mandated to accept the referral. So families essentially vote with their feet even with a referral by taking out referrals to programs they want and disregarding referrals to programs that they do not feel are a good fit for their family and their family's needs.

So the impact estimates that we're going to talk about today and that are documented in the 18-month report represent the average impact of offering a family priority access to a specific intervention. The short-term impacts compare the effect of being assigned to one of the active interventions as compared to usual care and then to one another. Because we're collecting such a huge amount of data both on the adults and the children, we actually have impact estimated on 73 different outcomes, but don't worry, I'm not going to go into all 73 today.

We're just going to touch on the 18 outcomes of primary interest. That's what we're going to talk about today, and these 18 outcomes of primary interest are spread across 5 different domains—housing stability, family preservation, adult well-being, child well-being, and self-sufficiency. And see if these are the areas where we expect that we would see some evidence of an impact from these different interventions on the families and the children in those families.

So just to talk a little bit more about what those actually are because those are some pretty big buckets in terms of outcomes, for the housing stability, here are the four outcomes that we're looking at specifically under housing stability. And again, these are the primary outcomes, so if you were to read the 400-page report, you'd see we actually document outcomes across, I think it's about 20 different housing stability outcomes, but these primary outcomes are the four that we think are most important.

So we're looking at the percentage of households that had at least one night homeless or doubled up in the past six months or shelter use in the past twelve months, the number of families that had at least one night homeless or doubled up in the past six months, the number of places a family has lived in the past six months, and any stay in emergency shelter in months seven through eighteen after random assignment.

For family preservation, we're looking at outcomes related to whether or not a family has had a child separated in the past six months, and this could include an official separation so, for example, an engagement with the child welfare system, a child going into foster care, or unofficial separation, so maybe a child going to live with an extended family member. The second is a spouse or partner separated in the past six months, and then the third is for those families that had a child already away from the household in shelter whether or not those families were reunified with the family or not.

For the outcomes that we're most interested in for adult well-being, we're looking at whether or not the adults or the head of household, typically mom, responding to the survey report that their health in the past 30 days was poor or fair, existence of psychological distress, alcohol dependence or drug abuse, and whether or not there had been any experience of intimate partner violence in the past 6 months.

For child well-being, we're looking at the number of schools attended since random assignment, the number of absences from child care or school in the last month, poor or fair health or behavior problems. And for self-sufficiency, we're looking at whether or not there's been any work for pay in the week before survey, total family income and whether or not the household is food secure.

So for all of these outcomes, what we're going to be reporting on are the results of households 18 months after being randomly assigned to 1 of the 4 interventions, and we're comparing the outcomes of households that were assigned to those different groups to see, essentially, who is doing better.

If you could sum up on one slide the summary of the impact results, here's what it looks like. In this schematic here, the plus sign in the box designates a favorable effect. So we can see that priority access to the permanent subsidy, usually the housing choice voucher, caused striking improvements in average housing stability when compared to usual care as shown in the full report and then when compared to priority access, to CBRR, or project-based transitional housing.

So we see that there are overwhelmingly positive benefits in the housing stability domain for families who are assigned to receive a subsidy. The one adverse effect of subsidy is that it reduced employment of family heads. This is a fairly consistent finding from other studies as well, but even with this reduction in employment, subsidy improved food security.

Priority access for families' community-based rapid rehousing, those families look essentially equal to the families assigned to usual care in most domains, but they did have slightly increased self-sufficiency outcomes, so increases in income and in food security.

Priority access to project-based transitional housing which was the service intensive approach does not appear to affect psychosocial or self-

sufficiency outcomes as it is intended to affect. It did reduce stays in emergency shelter and time on the street when compared to usual care, but that could be because, as we discussed earlier in the presentation, households assigned to transitional housing actually had about 24 months of housing assistance available for them, and about 22% of the families were still in transitional housing at followup.

So the next four slides we'll walkthrough how the families were faring approximately 20 months after random assignment, and we'll look specifically at each group one at a time. So just looking at those families assigned to usual care, when we look at that group of families, we can see what happens to families who are in shelter for at least seven days with their children who do not receive any special offers of assistance. Essentially what we see is they're really not doing very well about 18 months after steady enrollment.

Usual care families, on average, spent five months in emergency shelter over the follow-up period, at least half had been homeless or doubled up in the six months prior to the 18-month survey or in shelter in the past year, and in the six months prior to the survey, 15% of families had been separated from a child that had been with them in shelter, one-third of the adults described their health as poor or fair, 15% reported alcohol dependence or substance abuse, and 12% had experienced intimate partner violence in the past six months.

The subsidy families, we see that when subsidy is available to families in shelter, they take it out to high rates and continue to use it for a sustained period of time. So one hypothesis when we started this study was that we wanted to test was the extent to which homeless households could make use of vouchers. There had been some theories that homeless families would have difficulty using vouchers, either being eligible for vouchers or if found eligible, actually leasing up, so finding an acceptable unit, getting through the housing quality inspection process and leasing up.

What we found is that 84% of those families were indeed able to lease up, and at the 18-month followup, 75% were still using the voucher compared to the families assigned to rapid rehousing, transitional housing and usual care, sub families experienced striking improvements in housing stability. And those benefits extended beyond housing stability, especially when compared to the families assigned to usual care. So families who were assigned to sub experienced increased family preservation, decreased adult

psychological distress, decreased intimate partner violence, and reduced school mobility for kids.

The one negative that we saw associated with families assigned to subsidy is that they did have reduced labor market engagement, meaning that they were working slightly less, but they still had improved food security and reduced economic stress when compared to the other groups.

For the rapid rehousing families, we saw the take-up of rapid rehousing was relatively low; about 60% of the families assigned to rapid rehousing actually took up the intervention. While these families did have a slightly quicker exit from emergency shelter than the usual care families, they didn't exit any faster than those families who were assigned to subsidy or transitional housing.

Families that were assigned to rapid rehousing had equivalent outcomes to the families who were assigned to usual care, and it was less effective than other active interventions in preventing subsequent homelessness and in improving other aspects of housing stability. Rapid rehousing families demonstrated slightly increased family income when compared to sub families and modestly improved food security when compared to usual care families.

One thing that I will say that is not on the slides but it is referenced in the final report is when you see these increases in family income or decreases in family income, it's important to know that the overall average family household income at 18 months was around \$11,000 a year for these families so you don't really have to go up or down too much to have a significant impact and all of these families were still living in extreme poverty even 18 months after all of the different interventions.

For the families assigned to project-based transitional housing, we saw that the take-up was the lowest of all the interventions and while transitional housing reduced homelessness as compared to usual care, it did not lead to any other effects. Rapid rehousing produced more favorable effects in all measures of adult well-being when compared to transitional housing, and this we found to be surprising given the amount of services offered in transitional housing programs.

And now I'll talk a little bit about cost, and I see we're rolling towards 15 minutes left. I'll go through these quickly and they're a little complicated

so you can definitely ask questions at the conclusion or we can follow up after the webinar to talk about these a little bit.

But the costs are really important because we need to understand what is the investment required to get the impacts that we're seeking to find? And so for the purposes of this study, we actually calculated cost in a bunch of different ways and three ways that we'll talk about here. The first is just the average monthly cost per family of providing any of these interventions. So looking at the families who use these interventions, how much does it cost to give a formerly homeless family one month of a voucher, one month of rapid rehousing, one month of transitional housing and one month of emergency shelter?

These costs are actually created by combining two costs. One is the actual housing or shelter cost, and the second is the supportive services costs that are part of the whole package, so you can see in emergency shelter there's a whole lot of supportive services, there's a whole lot of supportive services' in transitional housing, there's just a little bit in rapid rehousing and there's none in subsidy. And so you can see the orientation of costs here; emergency shelter is extraordinarily expensive.

The second way we looked at costs was to calculate the average—to incorporate the average length of stay for families who are randomly assigned to and then enrolled in these interventions. So it's one thing to know how much does it cost per month, but we also know that families use shelter for a lot less time than they use a voucher.

So we have to factor the length of stay for these interventions into the cost as well to get closer to that apples-to-apples comparison. So what you're looking at here on this slide is for the four different interventions that we were looking at—subsidy, rapid rehousing, transitional housing and emergency shelter, in parens under the name and the intervention is the average length of time that households use the intervention and then the total cost of that length of stay.

So for subsidy, obviously, we see the longest here—16 months, so families got the voucher, leased up and stayed, and we see the total cost of that being about \$18,800. Rapid rehousing is, by far, the cheapest intervention, average length of stay of seven months, about \$6,500 per household. Now, when we factor in length of stay, we see that project-based transitional housing is twice as expensive as emergency shelter,

primarily because the families are staying so much longer in transitional housing than they are in emergency shelter.

So now we get to the really complicated slide but which is one of my favorites, which is the cost of all the program use since random assignment. So just looking at this particular set of charts, here we're using the monthly cost per intervention which was the first chart we looked at with the program use information, so we're actually looking here at the full set of programs that a household used over the entire period of time.

So let's just look at the first two bars on the right, the sub versus UC. So we've got 530 families who used the subsidy and 415 families that were assigned to usual care in that group. And over the total length of time, from the time of random assignment to the time that we administered that follow-up survey, which was roughly 20 months after random assignment, the families assigned to sub used \$30,832 of homeless assistance and housing and service assistance.

The usual care family used almost the same amount, and so the colors inside those bars there show you the distribution of those costs. So you see, the usual care families used a lot more emergency shelter, they used a lot more transitional housing, and they used a lot less subsidy. So the cost of the total program used for subsidy families was clearly less than for those assigned to transitional housing and nearly equivalent to those families assigned to usual care.

This next set of comparisons looks at the total cost accrued in the three pair-wise comparisons that don't include usual care. So we see here again that the total cost of families assigned to rapid rehousing, again, rapid rehousing is the lowest cost intervention, slightly lower than sub, and it's substantially lower than project-based transitional housing.

Overall, when you average out all the costs, all households used roughly \$30,000 worth of assistance over that 20-month period of time almost regardless of what they were referred to. So you can think of that \$30,000 price tag associated with the outcomes that each of those households received.

So what now? What we just talked about were the short-term outcomes which you can see is sort of halfway across—well, maybe three quarters of the way across this arrow here. These outcomes were released by HUD

last summer, end of July of 2015. We just received the long-term outcomes data from the research team this month, or last month, which documents how the families were faring three years after random assignment and we're hoping to release those findings in November of 2017.

And so if you're interested in reading the full report, as I mentioned, it is almost 400 pages jam packed with charts and numbers, so if you're into that kind of thing, it is a very interesting study. You can go to the website here which will take you right to the website for the study, and you can find all kinds of things to read there.

You can find the interim report which talks about who the families are and the interventions that were part of the study. You can find the research design if you're really into the nerdy details behind the project and you can find the report—the 18-month outcomes report which are the findings that I talked about on today's presentation.

There are also a series of academic journal articles and publications, some PowerPoint presentations, some short summaries, all kinds of material related to the study. If you have any questions, my email address is here. Please feel free to email me and reach out with anything.

And then, if you want to know more about homeless assistance in your community if you don't already have this information, if you go to this web address on HUD Exchange, this will take you to the map of the US where you're able to identify your state, your local continuum of care, some of the providers that are HUD funded providers in the community and be able to learn a little bit more about what the continuum of care is doing in your community to address family homelessness.

So I'm happy to take any questions that folks have now or you can certainly email them to me at some later time.

Moderator

Ladies and gentlemen, we will now begin the question-and-answer session. All lines are now fully interactive. To ensure best audio quality, please keep all background noise to a minimum and please use your mute button if available. Please go ahead.

B. Benner

Hi, Anne. This is Brianna Benner. I have a question. I'm sorry if you covered this in the beginning, but how did the families get the voucher? I know they were referred to the housing trans voucher program, but were

the participating agencies placing them at the top of the wait list and assuring that they would get a voucher? How did that work?

A. Fletcher

Hi, Brianna. It's so nice to hear from you. Brianna used to work at HUD, and so I know her very well. That's a great question. So for the PHA portion, for the subsidies that they made available, the PHA did have to amend our administrative plans to set a preference for families enrolled in the study who were randomly assigned to the sub interventions.

So very, very specific limited preference that they had to get put into their administrative plan. It was a quite a bit of administrative work for them to do that, and we were very appreciative that we were able to find 18 PHAs that were good enough to do that for us.

V. Holman

We've got written questions. It says, "How is the study projected to change the types of programs HUD will be looking to fund in the future?"

A. Fletcher

That's a good question too. Well, I mean really what we've done here is we're trying to garner the best evidence possible to understand what interventions really work for families and families of different types. And so the information that we have here is giving us a sense of interventions are most effective in achieving the kinds of outcomes that we're seeking to achieve, so obviously we're looking to address homelessness, we're looking to achieve housing stability for these households, but we're also looking to see whether or not any of the interventions yield additional benefits such as family preservation or improved health or other behavioral outcomes for children or for mom.

So the idea here is that we're generating evidence that we can use to ensure that we're allocating our resources in the way that is most effective at addressing homelessness for families. So I don't know how many of you like to read federal budgets, but in the [audio disruption] budget request from HUD, [audio disruption] related to family homelessness that was directly related to information that we got from this study.

V. Holman

Just a reminder to everyone to mute your phones. We do have some background noise. And I have another written question. "Can you quantify that [audio disruption]?" Operator, are you able to mute that line?

Moderator

Yes. I've just got it located. Sorry about that.

V. Holman Thank you. Okay. Back to the written question. It says, “Can you quantify the reduced labor market engagement under subsidy intervention?”

A. Fletcher Can I quantify it? Well, there’s lots of numbers in the tables in the report. One of the things that we’re relying on in the [audio disruption] so there were questions on the survey that were asked at the 18-month followup related to the extent to which the household had engaged in any sort of paid work in the past week, in the past month, in the past year or since random assignment.

So all of the data that we have about labor force participation at 18 months is self-report from the head of household. The same goes with income, and both of those measures are very challenging for self-report. For example, if someone asks any of you what—well, maybe for income you might—if you’re working full-time, but if you have a more intermittent work history or if you’ve changed jobs, sometimes it’s difficult to remember specifically what you were doing the past 18 months. For the 36 months, we’re actually going to need administrative data to be much more precise and have much better [audio disruption] of labor force work effort as well as earned income from work.

So the information that we have at 18 months is based on self-report, but there was a significantly lower amount of work reported by those families assigned to subsidies as well as a lower amount of earned income reported by those families assigned to subsidy when compared to families assigned to usual care or rapid rehousing.

V. Holman Okay. And we have another. It says, “Do you feel the short-term results of the study would translate to rural areas?”

A. Fletcher That is a complicated question. Clearly, we do not have any rural areas in our study. The study exclusively took place in urban areas, again primarily because of the criteria to be a study site that we talked about very early in the presentation and most particularly because of the flow of households, that we needed this large volume of homeless households.

I don’t know whether or not, and I don’t know that we could say from the study whether or not these findings would translate perfectly in a rural area. Oftentimes homelessness in rural communities looks different than it does in urban communities, and so I couldn’t say for sure that these would be 100% translatable in a rural community.

- V. Holman Here's somebody that didn't see Texas listed as one of the sites. "Does that mean that there aren't any or few homeless programs in Texas?"
- A. Fletcher No. There's tons of homeless programs in Texas. It's a big state. It's got a big challenge with homelessness. It also has quite a few very exemplary continuums of care as well as PHAs, so I'm thinking particularly of Houston. I would definitely invite you to go to the last link on the last slide about finding homeless assistance in your community and clicking on the state of Texas. You'll see that there is an awful lot going on in that state. It just doesn't happen to be one of our slides.
- V. Holman Okay. That, at this point, is all the written questions we have. Is there anybody else that would like to ask Anne a question? Okay. Anne has given you her email address, and as I said, the full PowerPoint as well as the transcript will be posted on the Office of Housing and Counseling HUD Exchange page, but you can also send your questions to housing.counseling@HUD.gov. We appreciate you participating in this webinar, and we appreciate all the work that you do on the homeless front.
- Anne, do you have any other comments?
- A. Fletcher No. That's it. Just thanks for inviting me to be here and thanks to all of you for listening and feel free to follow up with me if you have any questions.
- V. Holman Okay. Well, thank you very much, everyone.
- Moderator Ladies and gentlemen, that does conclude your conference for today. Thank you for your participation and for using AT&T Executive TeleConference Service. You may now disconnect.