

# **A Research Agenda for Ending Homelessness**

**April 2020**



National Alliance to End Homelessness

## ***Introduction***

As a new decade begins, reducing and ending homelessness remain the primary mission of the Alliance. Research that uncovers existing challenges and evaluates the effectiveness of programs and services is critical to achieving this aim. For instance, it helps guide service providers towards best practices and informs policy and funding decisions.

In recognizing the importance of research to our organizational mission and the larger field of homeless services, the Alliance spent several months in 2019 convening its Research Council (a group of academics and think tank professionals from across the country). The Alliance tasked them with developing a collection of research questions that could help hit the refresh button on work aimed at reducing and ending homelessness. During the process, the Research Council met with (and sought input from) service providers and other experts. The result is this 2020 vision for homelessness research.

Ultimately, the Alliance decided to organize the effort around highly relevant subpopulations. Older adult homelessness numbers are projected to skyrocket in the coming decade. While progress has occurred in critical areas, recent year growths in people experiencing unsheltered homelessness have been troubling. Individuals who *are not* chronically homeless make up the majority of the homeless population. And families, who are raising vulnerable children and youth, are always a societal priority.

## ***Older Adults***

Homeless assistance systems have been serving an increasing number of older adults. Over the last five years, the 62+ population in shelters has grown by 52 percent. The group is also inhabiting an increasing share of permanent supportive housing (PSH) beds, currently the most common form of homeless assistance.

Researchers project continued and significant growth in older adult homelessness over the next decade (Culhane, et al, 2019). Focusing on major cities, they estimate that numbers will more than double. Some communities are facing even greater challenges. For instance, in Boston, the older adult homeless population will triple from 570 people in 2017 to roughly 1,560 by 2030.

In recent years, medical researchers in Boston and Oakland have focused on this growing subgroup. Study participants in their 50s were found to experience geriatric conditions (e.g., memory loss, falls, functional impairments) at rates similar to members of the general population in their 70s (Brown, et al, *Geriatric Conditions*, 2016). Forty-four percent first experienced homelessness late in life (Brown, et al, *Pathways*, 2016; Kushel, 2019). Various vulnerabilities were reported, including mental and physical health challenges, substance abuse disorders, food insecurity, childhood adversities, racial discrimination, limited education, underemployment, and histories of incarceration.

Research Questions	Research Design Elements	Policy/Practice Impact
<b>1) How can the housing of older adults be stabilized? Which housing solutions should be elevated as best practices for preventing and ending their homelessness?</b>		
<p><i>Evaluate the impact of various housing solutions paired with Aging in Place (AIP)* services.</i></p> <p>Compare the health and housing outcomes of the following treatment groups:</p> <ul style="list-style-type: none"> <li>• No intervention</li> <li>• RRH subsidies of varying dollar amounts and offered for varying lengths of time (plus AIP)</li> <li>• PSH (plus AIP)</li> </ul>	<p>Experimental or Quasi-Experimental study.</p>	<p>Informs resource allocation decisions.</p>
<p><i>How do older adults respond to various living situations? What impact do the below have on housing stability and health?</i></p> <ul style="list-style-type: none"> <li>○ <i>Scattered-Site housing (leasing in the private market)</i></li> <li>○ <i>Single-Site housing (apartment-style building whose residents are all formerly homeless seniors)</i></li> <li>○ <i>Communal housing (housing with shared living spaces)</i></li> <li>○ <i>Placement with family</i></li> </ul> <p>Compare those who first became homeless late in life to those who have experienced housing challenges throughout their lives.</p>	<p>Experimental design, longitudinal tracking survey, and cost analysis.</p>	<p>Informs administrative resource allocation decisions. Relevant to appropriations policy.</p>
<p><i>Evaluate a comprehensive family connection model that aims to stabilize the housing of older adults.</i></p> <p>Identify or create an older adult-oriented family connection model that offers some combination of subsidies (aimed at reducing family economic stress), family mediation, aging in place services, and other relevant options.</p>	<p>Experimental or Quasi-Experimental study.</p>	<p>Informs efforts to develop family support services that can prevent and end homelessness.</p>

<p>Compare the housing and health outcomes of this treatment group to two others—1) older adults placed in PSH and 2) older adults receiving no intervention.</p>		
<p><b>2) How can housing solutions for older adults account for the changing needs of individuals as they continue to age?</b></p>		
<p><i>Evaluate a progressive service model that follows formerly homeless older adults through the various stages of aging.</i></p> <p>Identify or create a program that assigns a caseworker to follow older adults (those in PSH and other permanent housing solutions) through the end of life. Caseworkers should continuously assist with health screenings, housing placements, guardianship, and other issues.</p> <p>The housing, health, and well-being outcomes of program participants should be compared to a control group (not enrolled in a progressive service model).</p>	<p>Experimental design, longitudinal tracking survey, and cost analysis.</p>	<p>Informs administrative resource allocation decisions. Relevant to appropriations and policies/programs designed to end homelessness.</p>
<p><b>3) Do the health conditions and service needs of older adults in rural, suburban and smaller urban communities throughout the country differ from those in large coastal cities?</b></p>		
<p><i>Building upon the research in Boston and Oakland, what are the health conditions and service needs of older adults (50+) in other types of communities?</i></p> <p>Identify a sample of older adults in 3 to 5 locations that are not major cities (including rural, suburban, and small urban communities from diverse regions of the country).</p> <p>Evaluate health, including the prevalence of geriatric conditions. To what extent are their health conditions going unaddressed? How do the answers to these questions vary by ethnicity, race/ethnicity, gender, and age at first homeless experience?</p>	<p>Epidemiological study. Qualitative survey. Cross-sectional or longitudinal.</p>	<p>Informs healthcare (including Medicaid and Medicare) and SSI/Disability policy. Reduces stress on homeless systems, allowing them to focus on housing.</p>

\* “Aging in place” is a term used to describe a person living in their home, for as long as they are able, while they age. Services that aid in that goal vary by person and can include case management, delivery of prepared meals, housekeeping, assistance with bathing and dressing, reminders to take medication, companionship, or handyman services aimed at making physical accommodations to a home.

## Unsheltered Homelessness

Unsheltered homelessness has been steadily rising since 2014, the year in which the size of the entire homeless population reached a historic low (NAEH, 2019). The increases are driven by individuals. Between 2014 and 2019, the size of this unsheltered subpopulation grew from a total of 151,041 individuals to 196,514. Over this same period, unsheltered family homelessness continued to decline.

Most unsheltered people are white (57 percent) and/or male (71 percent). Many live on the West Coast (40 percent). According to recent research, half of all unsheltered adults are trimorbid, meaning they have co-occurring physical health, mental health, and substance use challenges. (Rountree, Hess, & Lyke, 2019). Women score higher on vulnerability assessments than their male peers—80 percent report trauma as the reason for their homelessness and, on average, they report longer experiences with housing instability (Rountree, Hess, & Lyke, 2019).

Encampments have been the subject of several recent studies. People cite various reasons for staying in an encampment rather than a shelter. One of them is shelter bed shortages. Several other reasons are rooted in shelter rules/policies such as an inability to bring pets, possessions, and significant others with them; mandatory participation in services; and curfews that interfere with employment (Herring & Lutz, 2015). Encampment residents are reported by outreach workers to have less severe mental health challenges but higher rates of substance abuse than people staying in more isolated locations.

Responses to homeless encampments include: 1) forcibly clearing camps (also known as sweeps) while providing no social supports; 2) forcibly clearing camps as outreach workers help connect people to social supports; 3) not clearing camps but offering social supports and 4) “sanctioning” encampments as forms of temporary shelter (Cohen, Yetvin, & Khadduri, 2019). The same city often uses more than one approach, establishing priorities based on the size of the encampment and the extent of community opposition or environmental hazards.

Research Questions	Research Design Elements	Policy/Practice Impact
<p><b>1) We must learn more about the experiences and needs of people experiencing unsheltered homelessness. What are the similarities and differences among demographic groups? What barriers are preventing individuals from accessing shelter and permanent housing?</b></p>		
<p><i>Examine subgroup experiences of unsheltered homelessness. Within multiple regions, explore individuals’ housing trajectories; reasons for not accessing shelter; personal strategies for exiting</i></p>	<p>Longitudinal Qualitative Surveys and Interviews.</p>	<p>Informs efforts to address disparities in homeless services and can</p>

<p><i>homelessness; physical and behavioral health challenges; employment and income; family/community connections; victimization; and other factors helping or hurting efforts to exit homelessness.</i></p> <p><i>Potential groups to focus on:</i></p> <ul style="list-style-type: none"> <li>• <i>Women</i></li> <li>• <i>White Men</i></li> <li>• <i>Latinxs</i></li> <li>• <i>African Americans</i></li> <li>• <i>American Indians</i></li> <li>• <i>Encampment Residents</i></li> <li>• <i>Unaccompanied Youth</i></li> <li>• <i>Families with Children</i></li> </ul>		<p>inform the development of prevention options.</p>
<p><i>Compared to previous research, delve deeper into the reasons people are not accessing shelter and the shelter systems in their communities. Focus both on regions with underutilized capacity and those that commonly have bed shortages.</i></p> <p>Survey households experiencing unsheltered homelessness. When was the last time individuals slept in a shelter? How often do they sleep in a shelter? If they avoid shelter, why?</p> <p>Research shelter characteristics within communities. What are the shelter rules, policies, and locations? Do these characteristics match the impressions of individuals experiencing homelessness?</p>	<p>Qualitative Research. Administrative Record Review.</p>	<p>Informs service delivery.</p>
<p><i>Develop a typography of people living in currently or recently working vehicles (cars, trucks, and campers).</i></p> <p>Why did they become homeless? What are their housing histories? If they are avoiding shelter, why? What are their employment histories? What are their sources of income? What are their health challenges? What are their family/community connections? What other factors help or hurt their efforts to exit homelessness?</p>	<p>Qualitative Survey.</p>	<p>Informs service delivery.</p>
<p><b>2) What forms of street outreach provide the most value to people experiencing unsheltered homelessness? Which models should be promoted and replicated?</b></p>		

<p><i>Evaluate and compare prominent outreach models:</i></p> <ul style="list-style-type: none"> <li>• Multidisciplinary Outreach Teams.</li> <li>• Police-involved Outreach.</li> <li>• Day/Drop-In Centers.</li> <li>• Peer Outreach.</li> </ul> <p>How do consumers view these different approaches? Are the programs developing a rapport with consumers? Are the approaches successfully linking individuals to services? Are they associated with positive outcomes related to housing, health, employment and/or well-being? In which ways?</p>	<p>Experimental or quasi-experimental design.</p>	<p>Informs service delivery and resource allocation.</p>
<p><b>3) Which combinations of housing assistance and services are most useful in ensuring the future housing stability of people experiencing unsheltered homelessness? Which models are the most cost-effective for systems working with limited resources?</b></p>		
<p><i>Evaluate housing options for the non-chronic unsheltered individuals:</i></p> <ul style="list-style-type: none"> <li>• <i>Deep Permanent Subsidy</i></li> <li>• <i>Shallow Permanent Subsidy</i></li> <li>• <i>Deep Temporary Subsidy (RRH)</i></li> <li>• <i>Shallow Temporary Subsidy (RRH)</i></li> </ul> <p>How does each model impact housing stability? Which models are the most cost-effective? How does adding CTI** to each treatment group impact housing stability and cost-effectiveness outcomes?</p>	<p>Experimental or quasi-experimental design, including a cost study.</p>	<p>Informs service delivery and resource allocation.</p>

*\*\* Critical Time Intervention (CTI) is time-limited evidence-based practice that supports vulnerable people during periods of transition. CTI should be tailored to the meet individual needs and strengths. It can encompass a broad range of needs including those related to physical health, mental health, employment, and income.*

## **Families**

Certain subpopulations have realized noticeable reductions in homelessness. One of them is people in families, who experienced a 23 percent decrease in homelessness since 2007 (NAEH, 2019).

Relatively new strategies such as diversion and Rapid Re-Housing (RRH) have prevented or shortened stays in shelter. However, there is still a need to know more about how they can and do work for families. Various Continuums of Care (CoCs) have tracked positive and immediate outcomes of diversion. At least one has examined long-term outcomes, finding only 17 percent of families returning to homelessness within the subsequent year (Building Changes, 2018).

Meanwhile, RRH has been the subject of greater research. A HUD demonstration project (including 23 CoCs) found that families exiting RRH experience high rates of housing mobility—but only 10 percent return to emergency shelter or transitional housing within a year (Finkel, et. al., *Rapid Re-Housing*, 2016). *Family Options*, a complementary experimentally designed study, suggested RRH doesn't work for everyone (HUD, *Family Options*, 2016). However, it remains unclear which characteristics are shared by families who get the most out of RRH.

For some families involved in (or in contact with) homeless services systems, diversion, RRH, and self-resolution can lead to doubling-up. School systems identify additional doubled-up families that have never been literally homeless. It's unclear if and how these families differ according to their pathways into these living situations. For instance, are experiences of literal homelessness associated with greater housing instability and/or other negative outcomes?

Further, few researchers have generally examined doubled-up housing arrangements, including their impact on the well-being of children, mothers, and host families (See Bush and Shinn, 2017; Vacha and Marin, 1993). However, they have found some evidence of unhealthy (or otherwise problematic) living situations.

Research Questions	Research Design Elements	Policy/Practice Impact
<b>1) Is diversion an effective practice for families? Do those who avoid shelter realize housing stability? To what degree do they suffer any harm?</b>		
<p><i>How does diversion impact family and child well-being?</i></p> <p>Among those eligible for diversion, study two treatment groups—1) families that participate in diversion and 2) families that enter shelter.</p> <p>Chart housing trajectories. How often do they move? How long does it take for them to find permanent housing? How healthy are their living situations in terms of overcrowding, abuse or violence, or other concerns? How do these trajectories vary by race/ethnicity?</p>	<p>Experimental or quasi-experimental design.</p>	<p>Informs service delivery. Helps in identifying best practices.</p>
<b>2) Which practices are best able to help families realize housing stability? For the most vulnerable families, which housing situations and level of services commonly produce the best results? For the least vulnerable families, which levels of assistance best help families while allowing for the most efficient use of limited resources?</b>		

<p><i>What combination of housing and services works best for the most vulnerable families***, comparing:</i></p> <ul style="list-style-type: none"> <li>• Housing First, single-site location with long-term case management</li> <li>• Housing First, scattered site location with long-term case management</li> <li>• Housing First, scattered site location with CTI</li> <li>• Housing First, scattered site location with just childcare and no other services</li> </ul>	<p>Experimental design with cost-effectiveness analysis.</p>	<p>Informs service delivery. Helps to shape homelessness legislative and administrative policy. Informs funding decisions.</p>
<p><i>How does the length and depth of a temporary (Prevention, Rapid Re-Housing, or Other) subsidy impact housing stability, comparing:</i></p> <ul style="list-style-type: none"> <li>• Identifying a host home (no subsidy)</li> <li>• Short-term shallow subsidy</li> <li>• Short-term deep subsidy</li> <li>• Medium-term shallow subsidy</li> <li>• Medium-term deep subsidy</li> <li>• Long-term shallow subsidy</li> <li>• Long-term deep subsidy</li> <li>• Deep subsidy until youngest child is in kindergarten</li> <li>• Permanent subsidy</li> </ul> <p>What characteristics are shared by families able to realize housing stability in each treatment group?</p>	<p>Experimental design with cost-effectiveness analysis.</p>	<p>Informs service delivery, prevention, and RRH efforts. Informs legislative/administrative policy and funding decisions.</p>
<p><b>3) More must be learned about doubled-up families. How stable and healthy are their living situations? How different are the experiences of the various subpopulations (e.g., families who have experienced literal homelessness versus those who have not, racial/ethnic groupings)? What are the service needs of these families?</b></p>		
<p><i>Assess the housing stability and desirability (e.g., degree of overcrowding, physical and mental health, safety) of doubled-up living situations.</i></p> <p>Focus on specific subgroups. Possibilities include:</p>	<p>Qualitative longitudinal survey.</p>	<p>Helps to shape legislative/administrative homelessness policy.</p>

<ul style="list-style-type: none"> <li>• Families who <i>have</i> experienced literal homelessness and who are doubling up following self-resolve, diversion, or other resolution.</li> <li>• Families who <i>have not</i> experienced literal homelessness, possibly being identified by school systems.</li> <li>• Racial/Ethnic groupings highly likely to double-up (American Indian, Latinx)</li> </ul>		
<b>4) How does homelessness impact families? To what extent does permanent housing promote the social goal of supporting healthy and cohesive families?</b>		
<p><i>What impact do short-term and permanent housing have on family connections?</i></p> <p>How many families were separated due to homelessness (for reasons other than child welfare system involvement)? How does realizing housing stability impact reunification?</p>	<p>Qualitative study.</p>	<p>Informs the shaping of legislative/administrative policies.</p>

\*\*\* *“Vulnerable families” are those that face multiple and/or serious barriers that interfere with their ability to obtain and maintain housing stability. Individual researchers could focus on families with young children, multiple children, serious mental illness, child welfare involvement, and/or substance abuse disorders.*

## ***Individuals***

Most people experiencing homelessness (70 percent) are individuals (Henry, et. al., 2019). Those who are chronically homeless and veterans have been the targets of population-specific research, advocacy, and resource allocations. However, most individual adults do not fall into either of these subcategories. It is important for researchers and other stakeholders to devote more attention to non-chronic, non-veteran adults living on their own.

Homeless service providers have more than doubled their number of permanent beds over the last ten years (HUD, AHAR, 2019). *Housing First* has become the leading approach for housing people. Various versions have been validated in a string of research studies (See HPRI, 2019; Padgett, 2015). The approach has demonstrably met the needs of those with minor to complex challenges.

However, resource limitations and other factors have prevented everyone in need from accessing permanent housing right away. Low-cost permanent housing solutions are needed to maximize the reach of systems with limited resources. Further, a sizeable temporary shelter system remains along with research questions related to how they do (and should) work.

Youth are a special category of individuals experiencing homelessness. They include opportunity youth\*\*, individuals working at low-wage jobs, and college students. Recently, the group has been the subject of extensive research highlighting their challenges and needs (See HHS, 2016; Chapin Hall, 2018; and Broton and Goldrick-Rab, 2017). There is room to build upon these efforts. More must be learned about the: 1) developmental appropriateness and successes of youth service models; 2) long-term trajectories of youth through housing situations and life; and 3) low-cost solutions that allow providers to serve as many youth as possible with limited resources.

Adult-Oriented Research Questions	Research Design Elements	Policy/Practice Impact
<p><b>1) Most homeless adults are not chronically homeless. Historically, they have not been the subject of special attention within policy and practice. What can be learned by focusing on this group? What are their unique strengths, barriers, and service needs?</b></p>		
<p><i>Study non-chronic individuals experiencing homelessness (sheltered and unsheltered).</i></p> <p>What are their housing and work histories?            What events triggered their homelessness?            What are their sources of income (if any)?            What is the status of their physical and mental health? What are their connections to family and community? What connections do they have to other systems (e.g., child welfare, criminal justice, employment)? How do their circumstances vary according to race/ethnicity and gender?</p>	<p>Analysis of available data.            Qualitative survey.</p>	<p>Informs service delivery, policy development, and resource allocation.</p>
<p><b>2) What are the best approaches to serving individuals? Which temporary housing models realize the best results? Which permanent housing solutions are best practices?</b></p>		
<p><i>Evaluate temporary shelter models, comparing some combination of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Navigation Centers</i></li> <li>• <i>Housing-Focused Models (other than Navigation Centers)</i></li> <li>• <i>Transitional Housing</i></li> <li>• <i>Offering a bed only</i></li> <li>• <i>Offering a location to park or pitch a tent only</i></li> <li>• <i>Usual care of unsheltered individuals</i></li> </ul>	<p>Longitudinal            Experimental or Quasi-experimental design.</p>	<p>Informs service delivery.</p>

<p>How many consumers secure permanent housing within a set period of time? How long are they able to maintain those housing placements? What outcomes were realized through other offered services (e.g., employment, physical and behavioral health)? How do the outcomes of chronic and non-chronic individuals differ? How do outcomes differ by race/ethnicity, gender, disability status, and criminal justice history?</p>		
<p><i>How does the length and depth of a temporary subsidy impact housing stability, comparing:</i></p> <ul style="list-style-type: none"> <li>• Identifying a host home (no subsidy)</li> <li>• Short-term shallow subsidy</li> <li>• Short-term deep subsidy</li> <li>• Medium-term shallow subsidy</li> <li>• Medium-term deep subsidy</li> <li>• Long-term shallow subsidy</li> <li>• Long-term deep subsidy</li> <li>• Permanent subsidy</li> </ul> <p>What characteristics are shared by individuals able to realize housing stability in each treatment group?</p>	<p>Experimental design with cost-effectiveness analysis.</p>	<p>Informs prevention and RRH efforts. Informs legislative/administrative policy and funding decisions.</p>
<p><i>Evaluate low-cost permanent housing solutions, comparing some combination of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>SROs/Co-living sites</i></li> <li>• <i>Tiny homes, trailer homes</i></li> <li>• <i>Roommate matches</i></li> <li>• <i>Facilitating family connections</i></li> </ul> <p>Which models do consumers and communities prefer? How is each model associated with outcomes related to housing stability, social support networks, physical and mental health, and education and employment? Do preferences and impacts differ according to race/ethnicity and gender?</p>	<p>Qualitative survey. Experimental or quasi-experimental design.</p>	<p>Informs service delivery and resource allocation.</p>
<p><b>3) Do right-to-shelter policies produce positive results? Should more jurisdictions adopt them?</b></p>		

<p><i>Analyze and evaluate right-to-shelter jurisdictions (New York City, District of Columbia, and Massachusetts).</i></p> <p><b>1) Examine potential impacts on individuals.</b> To what extent are jurisdictions providing shelter to everyone in need? Why are some potential consumers still not accessing shelter? What re-housing and other services (e.g., health and employment services) are provided in shelters? On average, how long does it take for consumers to secure permanent housing? Is shelter associated with any employment/income outcomes?</p> <p><b>2) Examine systems logistics and the big picture.</b> How do systems determine how many beds will be needed? What resources do they use to provide those beds? What do stakeholders (policy makers, service providers, and advocates) view as the pros and cons of these approaches.</p>	<p>Analysis of available data. Qualitative interviews with stakeholders.</p>	<p>Informs best practices and state/local policies.</p>
---	--	---

<b><i>Youth-Oriented Research Questions</i></b>	<b>Research Design Elements</b>	<b>Policy/Practice Impact</b>
<p><b>1) The best models for serving unaccompanied youth should be identified and replicated. Which housing situations are ideal? Do subsidies produce better outcomes than transitional housing? Are youth-oriented services more appropriate than adult ones?</b></p>		
<p><i>Evaluate low-cost permanent housing solutions for unaccompanied youth, comparing some combination of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>SROs/Co-living Situations</i></li> <li>• <i>Tiny homes, trailer homes</i></li> <li>• <i>Host families</i></li> <li>• <i>Roommate Matches</i></li> <li>• <i>Facilitating family connections</i></li> </ul>	<p>Qualitative survey. Experimental or quasi-experimental design.</p>	<p>Informs service delivery and resource allocation.</p>

<p>Which models do consumers and communities prefer? How does each model impact housing stability, social support networks, physical and mental health, and education and employment? Do preferences and impacts differ according to race/ethnicity, gender, and age?</p>		
<p><i>Evaluate and compare the impacts of the following interventions for unaccompanied youth:</i></p> <ul style="list-style-type: none"> <li>• <i>Housing subsidies (Rapid Re-Housing, Family Unification Program/Foster Youth to Independence programs)</i></li> <li>• <i>Transitional Housing</i></li> <li>• <i>No Intervention</i></li> </ul> <p>How do each of the treatment groups compare in terms of housing stability, social support networks, physical and mental health, and education and employment? What can be learned by filtering outcomes according to race/ethnicity, gender, and age?</p>	<p>Quasi-experimental design.</p>	<p>Informs resource allocation.</p>
<p><i>How does the length and depth of a temporary subsidy impact the housing stability of unaccompanied youth, comparing:</i></p> <ul style="list-style-type: none"> <li>• Identifying a host home (no subsidy)</li> <li>• Short-term shallow subsidy</li> <li>• Short-term deep subsidy</li> <li>• Medium-term shallow subsidy</li> <li>• Medium-term deep subsidy</li> <li>• Long-term shallow subsidy</li> <li>• Long-term deep subsidy</li> <li>• Permanent subsidy</li> </ul> <p>What characteristics are shared by youth able to realize housing stability in each treatment group?</p>	<p>Experimental design with cost-effectiveness analysis.</p>	<p>Informs prevention and RRH efforts. Informs legislative/administrative policy and funding decisions.</p>
<p><i>Examine unaccompanied youth participation in adult homeless services.</i></p> <p>What percentage of unaccompanied youth (under 18 and 18-24) stay in adult shelters? Do they realize better outcomes (related to housing stability, health, social networks,</p>	<p>Analysis of available data. Quasi-experimental design.</p>	<p>Informs legislative and administrative policy. Informs resource allocation.</p>

education/employment) in youth-oriented shelters? Do outcomes vary according to age, race/ethnicity, and/or gender?		
<p><b>2) More must be learned about the long-term outcomes of unaccompanied youth. For those who have experienced homelessness, to what extent do they experience housing and economic security? Which challenges should be addressed to prevent them from becoming chronically homeless adults?</b></p>		
<p><i>What are the long-term trajectories of homeless unaccompanied youth?</i></p> <p>Follow unaccompanied youth (up to age 24) experiencing homelessness.</p> <p>What are their housing, family/social, employment, and economic outcomes later in life? Are there common characteristics shared by those achieving housing and economic stability? How many become chronically homeless adults?</p>	Qualitative longitudinal study.	Informs advocacy efforts, legislative and administrative policy, and service delivery
<p><b>3) On the road to positive employment outcomes, do homeless opportunity youth**** require greater and/or different supports than other opportunity youth? Do employment policies and practices need to be adjusted to meet their needs?</b></p>		
<p><i>How do homeless opportunity youth differ from other opportunity youth in terms of employment barriers and needs?</i></p>	Qualitative survey.	Informs administrative policy, resource allocation, and service delivery.

\*\*\*\* "Opportunity Youth" are people age 16-24 who are neither working or in school.

## General Issues

There are certain research questions that are applicable to everyone experiencing homelessness.

Research Questions	Research Design Elements	Policy/Practice Impact
<p><b>1) How can systems best prioritize individuals for services and make the most effective use of their limited resources?</b></p>		

<p><i>Evaluate tools for assessing vulnerability and prioritizing individuals for services aimed at preventing and ending homelessness.</i></p> <p>The VI-SPDAT, other surveys, and emerging administrative record approaches should continue to be evaluated. Such efforts should include racial/ethnic impact analyses.</p>	<p>Multi-Method Research Design.</p>	<p>Informs service delivery and resource allocation.</p>
<p><b>2) How much would it cost to end homelessness? What level of investment is required of policymakers?</b></p>		
<p><i>Using knowledge of best practices, develop a model for estimating of the cost of ending homelessness nationally or in a selection of major cities that significantly contribute to homelessness.</i></p>	<p>Multi-Method Research Design.</p>	<p>Informs legislative policy. Provides guidance on the best uses of resources.</p>

**References**

Abt, “Summary of Diversion Practices Examined in Other Communities,” 2015.

Broton, K. and Goldrick-Rab, S., “Going Without: An Exploration of Food and Housing Insecurity Among Undergraduates,” *Educational Researcher*, (47)(2), 121-133, 2017.

Brown, R., Hemati, K., Riley, E., Lee, C., Ponath, C., Tieu, L., Guzman, D., and Kushel, M., “Geriatric Conditions in a Population-Based Sample of Older Homeless Adults,” *The Gerontologist*, 57(4), 757-766, 2016.

Brown, R., Goodman, L., Guzman, D., Tieu, L., Ponath, C., and Kushel, M., “Pathways to Homelessness among Older Homeless Adults: Results for the HOPE HOME Study,” *PLoS ONE*, 11(5): e0155065, 2016.

Building Changes, “Homeless to Housed in a Hurry: Extending the Use of Diversion to Help Families Exit Homelessness,” 2018.

Bush, H. and Shinn, M., “Families’ Experiences of Doubling Up After Homelessness,” *Cityscape*, 19(3): 331-356, 2017.

Chapin Hall, *Toward a System Response to Ending Youth Homelessness*, 2018.

Cohen, R., Yetvin, W., and Khadduri, J., “Understanding Encampments of People Experiencing Homelessness and Community Responses,” Abt, 2019.

Culhane, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., and Schretzman, M., “The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Beds?” 2019.

- Finkel, M., Henry, M., Matthews, N., Spellman, B., and Culhane, D., "Rapid Re-Housing for Families Demonstration Programs Evaluation Report Part II: Demonstration Findings—Outcomes Evaluation," U.S. Department of Housing and Urban Development, 2016.
- Gubits, D., et. al., "Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families," U.S. Department of Housing and Urban Development, 2016.
- Henry, M., Watt, R., Mahathey, A., Ouellette, J., and Sitler, A., "Annual Homeless Assessment Report," U.S. Department of Housing and Urban Development, 2019.
- Herring, C. and Lutz, M., "The Roots and Implications of the USA's Homeless Tent Cities," *City*, 19:5, 689-701, 2015.
- Kushel, M., *Aging Among Homeless Populations: Causes, Consequences, Solutions (Presentation)*, 2019.
- National Alliance to End Homelessness, *The State of Homelessness*, 2019.
- Padgett, D., Henwood, B., and Tsemberis, S., "Housing First: Ending Homelessness, Transforming Systems, and Changing Lives," Oxford University Press, 2016.
- Rountree, J., Hess, N., and Lyke, A., "Health Conditions Among Unsheltered Adults in the U.S.," California Policy Lab, 2019.
- U.S. Department of Health and Human Services, *Data Collection Study Final Report, Administration on Children, Youth, and Families*, 2016.
- Vacha, E. and Marin, M., "Doubling Up: Low Income Households Sheltering the Hidden Homeless," *The Journal of Sociology & Social Welfare*, (20)(3), 1993.

## **National Alliance to End Homelessness Research Council Members**

The Alliance's Research Council includes the leading academics and researchers in the fields of homelessness and housing. The purpose of the council is to cultivate a stronger connection between policy and research, to explore new areas of research and to identify gaps in knowledge.

### **Chairs**

Dennis Culhane, Ph.D.  
University of Pennsylvania

Joy Moses, J.D.  
National Alliance to End Homelessness  
Homelessness Research Institute

### **Members**

Samantha Batko  
Urban Institute

Rebecca Brown, M.D., M.P.H.  
University of Pennsylvania

Mary K. Cunningham, M.P.P.  
Urban Institute

Sara Goldrick-Rab, Ph.D.  
Temple University

Jill Khadduri, Ph.D.  
Abt Associates

Margot Kushel, M.D.  
University of California, San Francisco

Barrett Lee, Ph.D.  
Pennsylvania State University

Norweeta Milburn, Ph.D.  
University of California – Los Angeles

Deborah Padgett, Ph.D.  
New York University

Harmony Rhoades, Ph.D.

University of Southern California

James Riccio, Ph.D.  
MDRC

Eric Rice, Ph.D.  
University of Southern California

Debra Rog, Ph.D.  
Westat

Janey Rountree, J.D., LL.M.  
California Policy Lab

Marybeth Shinn, Ph.D.  
Vanderbilt University