

Joint Transitional Housing–Rapid Rehousing Programs in the United States

Key Findings from a National Survey

Lynden Bond, Katie Elder, and Anna Doñate

The US Department of Housing and Urban Development (HUD) has identified that [Joint Transitional Housing–Rapid Rehousing](#) programs are best suited to serve

- unsheltered individuals,
- survivors of domestic violence, and
- youth and young adults.

HUD has identified that [Joint Transitional Housing–Rapid Rehousing](#) programs should

- utilize a Housing First approach to services,
- have low barriers to entry, and
- connect participants to services that meet their needs and improve their well-being.

For more information about this study, see Lynden Bond, Katie Elder, and Anna Doñate, [Addressing Unsheltered Homelessness through the Joint Transitional Housing–Rapid Rehousing Program](#) (Washington, DC: Urban Institute, 2025).

[Joint Transitional Housing–Rapid Rehousing \(TH/RRH\)](#) programs are a growing strategy to address homelessness in the United States. These programs combine transitional housing and rapid rehousing into a single program, allowing participants to use one or both components. Key takeaways for communities include:

- [Joint TH/RRH](#) programs should be considered as a strategy to reduce unsheltered homelessness, and
- [Joint TH/RRH](#) programs can play a number of roles as part of a larger community homelessness response system, including as pathways to permanent housing.

In [summer 2024](#), we conducted an online survey to gather information about the key characteristics of [Joint TH/RRH](#) programs, including primary populations served, services provided, and program challenges and strengths. We received [100 responses](#) from program staff, the majority of whom were in executive leadership (n = 34) or were program directors (n = 27). Additionally, more than half (65 percent) of respondents had been working in the field of homeless services for five years or longer.

COMMUNITY AND PROGRAM CHARACTERISTICS

The programs we surveyed spanned geographic regions, including the South (33 percent), Midwest (28 percent), West (24 percent), and Northeast (15 percent). They were divided among major cities/urban communities (36 percent), largely suburban communities (31 percent), and largely rural communities (33 percent).

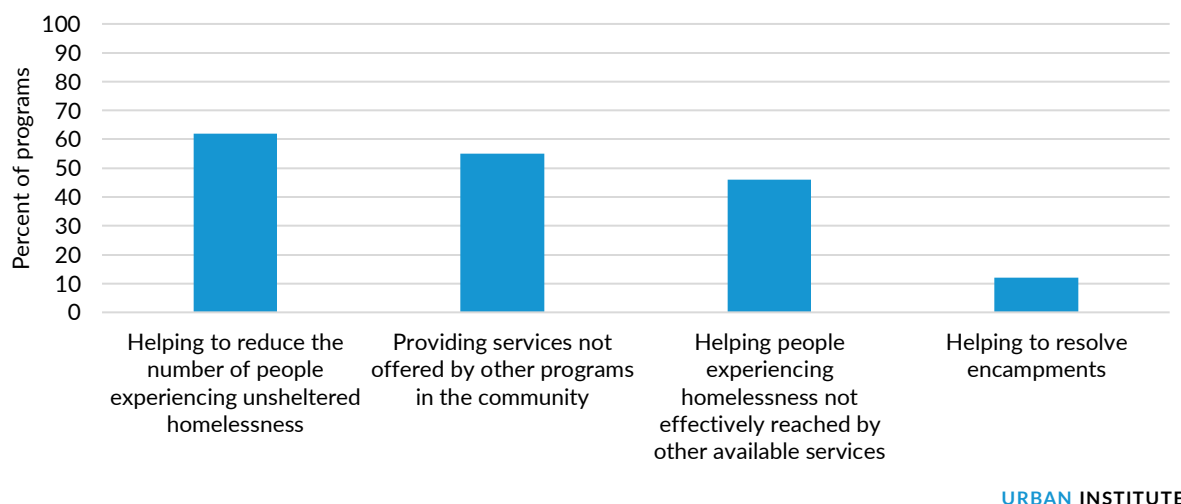
Respondents represented programs that primarily served unsheltered adults (29 percent), survivors of domestic violence (33 percent), and youth and young adults (38 percent). However, [Joint TH/RRH](#) programs serve a wide range of subpopulations within them, including unsheltered individuals (55 percent), medically vulnerable individuals (33 percent), couples (24 percent), survivors of domestic violence (71 percent), households at risk of homelessness (26 percent), youth and young adults (56 percent), and veterans (31 percent).

JOINT TH/RRH PROGRAMS HELP ADDRESS UNSHELTERED HOMELESSNESS

Respondents from all program types (e.g., programs primarily serving unsheltered adults, survivors of domestic violence, and youth and young adults) reported that they felt their program helped to reduce the number of people experiencing unsheltered homelessness (figure 1).

FIGURE 1

Ways Joint Transitional Housing–Rapid Rehousing Programs Address Homelessness



Source: Survey conducted by authors.

JOINT TH/RRH PROGRAMS STRIVE TO MEET THE NEEDS OF PROGRAM USERS

Across program components, housing assistance and income and benefits assistance were perceived as most important for program users. The majority (70.6 percent) of respondents thought their program could meet most needs of their program users, and a fraction (9.4 percent) thought their program could meet all needs.

Respondents indicated that their programs trained staff in a range of evidence-based practices, including trauma-informed care (91 percent), Housing First (89 percent), motivational interviewing (74 percent), and harm reduction (71 percent). They highlighted that their programs enacted these best practices using low-barrier policies, Housing First practices, and harm-reduction practices.

Nearly all survey respondents (97.8 percent) stated that decisions on which services to use are made entirely by clients or by clients in collaboration with service providers. Similarly, most (76.7 percent) program providers stated that their programs do not require people with mental health conditions to take medication or participate in formal treatment activities. Almost half (47.8 percent) of providers said that their programs do not require abstinence or sobriety from drugs or alcohol, but that staff work with program users to reduce the negative consequences of use.

Aligned with the low-barrier design, these programs strive to accommodate partners, pets, and possessions. Over half (51.7 percent) of surveyed program providers said that their programs do not have limits on the number and types of possessions users could bring; nearly a quarter (23.6 percent) said that they could always accommodate pets; and over half (52.8 percent) said that they are always or sometimes able to accommodate partners. We note that, given the target population, most programs for survivors of domestic violence do not allow partners.

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