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## SNAPS In Focus: The Family Options Study

As we continue our work on ending family homelessness in 2020, one of the goals of [Opening Doors: Federal Strategic Plan to End Homelessness](#), we are constantly looking for the most effective interventions that communities can implement and build upon. We have [published](#) several messages highlighting the importance of ending family homelessness and providing information to communities on how they can develop approaches that help families to move quickly into housing and prevent returns to homelessness. Today, I want to share with you the key findings of the 18-month outcomes from the [Family Options Study](#) and how these findings can be used to inform local and national policy decisions to end homelessness amongst families by 2020.

As a little bit of background, the [Family Options Study](#) was conducted from 2010 to 2012, and it compares three different interventions—Subsidy (SUB), Project-Based Transitional Housing (PBTH), and Community Based Rapid-Rehousing (CBRR)—to Usual Care (UC). The study considers the impact that each intervention had on housing stability, lengths of stays in emergency shelter and transitional housing, and other measures of family well-being (including family preservation, adult well-being, child well-being, and self-sufficiency). In addition to this message, we have published the [Family Options Study Brief](#) that describes the methodology and findings.

The key findings from the 18-month outcomes are:

- Housing vouchers significantly reduced the length of time families experienced homelessness. Families offered vouchers experienced homelessness in shelter and transitional housing for an average of 3.1 months compared to 5.2 months for those who were assigned to usual care.
- Housing vouchers had a large positive impact on the well-being of the adults and children in those families.
- Housing vouchers are cost effective. The total cost of serving a family over 18 months was only \$500 higher for families who received a voucher than for those receiving usual care. In other words, the cost of the voucher was almost entirely offset by the reductions in cost of other services such as emergency shelter.
- In this study, vouchers were provided almost immediately to families experiencing homelessness, without those families having to wait for months or years until their name came up on the waiting list. We believe that this is an important reason that the vouchers were so successful.
- Rapid re-housing also reduced homelessness. Families offered rapid re-housing experienced homelessness in shelter and transitional housing for an average of 4.6 months compared to 5.5 months for those who were assigned to usual care.
- People offered rapid re-housing had the lowest cost over 18 months of any of the interventions. On average, families offered rapid re-housing used \$3,000 less in assistance over the 18 month period than those in usual care and generally had similar or better outcomes.
- Although there were some positive impacts of rapid re-housing, the results were not as positive as other studies and data sources have indicated. We are going to be looking much more closely at all the information we have on rapid re-housing to better understand its impact and to identify ways to improve its effectiveness. One of the factors we will be considering is the variation in how communities were implementing their rapid re-housing programs.



- The study showed that many of the families who were offered rapid re-housing did not take it. Those who did take it were housed more quickly than those who didn't (although this was not part of the random assignment, so we have to view this result cautiously). We would like to better understand why families did not take rapid re-housing when it was offered, and if the ones who did not take it would have benefited as much as the ones who did.
- Transitional housing was the most costly intervention. Families offered transitional housing used \$2,500 more in assistance than those who were assigned to usual care. Unfortunately, the higher cost did not appear to result in additional benefits for the families, as their well-being was similar to those who received usual care.

Based on these findings, there are several policies we are pursuing:

- **Fund more permanent housing vouchers.** The President's 2016 budget requests an additional \$100 million in permanent housing subsidies for homeless families. However, [\*communities can make better use of their existing permanent housing vouchers\*](#) by setting preferences for homeless individuals and families and decreasing wait-list times to the extent possible.
- **Remove unnecessary barriers to housing.** We have been encouraging our permanent supportive housing providers to adopt a [\*Housing First Approach\*](#) for the past two competitions. However, all providers should be removing any unnecessary barriers to entering their housing. This includes practices that screen out families based on a history of domestic violence, active substance use, lack of income, or lack of employment. As the study demonstrated, there are very few barriers to accessing permanent housing subsidies, and it should not be more difficult for a family experiencing homelessness to access housing than it is for people experiencing homelessness with a permanent housing voucher.
- **Invest in rapid re-housing and continue to study its outcomes.** [\*Rapid re-housing\*](#) had the lowest cost of all the interventions studied, meaning it can serve more families, and in an environment where vouchers are not easy to obtain, rapid re-housing reduces overall episodes of homelessness. However, we will be studying more about how rapid re-housing can be administered to achieve better housing stability outcomes and we encourage you locally to do the same.

This current report of the study discusses the outcomes 18 months after the study began. There will also be a report discussing the results 36 months after the study was started. We will know more about the interventions and their impacts on families when the results from the 36-month follow-up are available and we will share these results with you. In the meantime, we will continue to examine and publish information on how communities can use this information to better combat family homelessness.

Lastly, I want to thank all of our partners for your tireless devotion to ending homelessness. We are constantly striving to improve our programs and policies with an eye toward ending family homelessness by 2020, and much of what we are learning is a result of the innovation and inspiration that you provide.

Best Wishes,

Norm Suchar  
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