



# USC Homelessness Policy Research Institute

## Breaking Cycles of Homelessness: Achieving Stability

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The cycle of homelessness is a nesting crisis not only in Los Angeles but across the state and country. Even when those who are unhoused get connected to housing or supportive services, some will experience homelessness again. In California, of 75,000 individuals placed into Permanent Supportive Housing (PSH), 8% wound up back on the streets within 6 months. For Californians placed into temporary subsidized housing, the recidivism rate was 23% at 6 months (Christopher, 2023). National research on returning to homelessness shows rates at about 20% for both individuals and families who were in some form of temporary housing (“National Summary of Homeless System Performance,” 2023). Of California’s total unhoused population, 36% are experiencing chronic homelessness (different from returns to homelessness, as those chronically unhoused have a long-standing disability impeding their independent living and have been unhoused more than a year/or on at least four occasions within a 3-year period) (Davalos & Sara, 2023). For Black people experiencing homelessness, the data indicates return rates higher than white and Latinx populations. Black single adults returned to homelessness at 14.2% within a year after exiting PSH, nearly double that of white individuals at 7.3% and Latinx single adults at 8%. For Black families experiencing homelessness, the rates more than triple that of white and Latinx families after exiting PSH at 13.5% in contrast to 4.2% of white families and 3.7% of Latinx families (LAHSA, 2018). Children of families that experience homelessness are vulnerable to later experiences of homelessness. Research indicates that in Los Angeles 20% of unsheltered single adults reported first experiencing homelessness under the age of 18 (Duffield, 2020). The rates of cycling into homelessness vary depending on a multitude of factors such as housing type provided, supportive services offered, and population served. Regardless, with such substantial rates, policy interventions must adapt current approaches to connect people to housing and services that help them achieve overall stability (housing, financial, employment, healthcare, etc.) to truly end the cycles of housing instability and homelessness.

## Current System Challenges

Currently, local, state, and federal policy addressing the homelessness crisis promotes Housing First, which provides low-barrier permanent housing to people experiencing homelessness without conditions such as sobriety or mental health treatment requirements, and offers voluntary supportive services to participants (HUD, n.d.). A core component among Housing First models is a Harm Reduction approach in which service providers recognize alcohol or substance use may be present in tenants' lives and engage them in non-judgmental communication regarding use, while offering education for safer practices and lowering risky behavior (The Corporation for Supportive Housing, n.d.). The Housing First model has been proven to decrease the number of people experiencing homelessness, increase housing stability, and improve health outcomes (National Alliance to End Homelessness, 2023). In theory, Housing First honors client choice in housing options, offers a breadth of supportive services to those interested, and properly equips/trains staff to assist clients. Real world application of Housing First, however, is not always executed with high fidelity and may contribute to a subset of people cycling back into homelessness, particularly people of color. In a report on Black people experiencing homelessness in LA, clients found staff to be indifferent to their needs, with supportive programs at shortfall of their commitments, and many had no choice in the housing selection process (LAHSA, 2018).

*"It's not about money. It's about someone who cares, who you can be vulnerable with. What [a provider says] is critical. Really listening is important. Is there time for providers to really connect with people? I didn't want to be a case number, we don't want that. That's why we don't want to be served because we'll just be a number." - Black Woman with lived experience at San Pedro listening session (LAHSA, 2018).*

*"I don't want to move here. I don't want to live in the ghetto. I see drugs. I see gangbangers, I see prostitutes, I see pimpin going on, women taking wash-ups in the library bathroom. You know what I'm saying? This is not where I want to be...I look at it [Permanent Supportive Housing] more as a stepping stone and not permanent. This is not where I'm going to land. So, I was looking forward to that two-year mark. I looked at it like, just settle down here for two years and then bounce" - Black Woman and former PSH resident (Milburn et al., 2021)*

It is apparent that the homelessness response system in Los Angeles is currently unable to fully implement Housing First as intended and may offer mainly either services or housing provision alone. This is not entirely surprising, as Los Angeles' homeless services workforce has long struggled with high rates of staff turnover and vacancies, leaving the remaining workers with exceptionally high caseloads (KPMG, 2022). These workers, due to high demand on their time and tight organizational budgets, are less likely to receive ongoing and necessary training to ensure they practice important techniques like Trauma Informed Care. Additionally, while progress has been made in constructing more housing, Los Angeles is still in the midst of a massive housing shortage – falling 270,000 units short of needed affordable housing stock (Angeleno Project and California Housing Partnership, 2023). Lacking a variety of potential housing placements hinders the ability to provide an array of housing options that enables client choice and decreases likelihood of finding a good housing fit. For those participants who are able to access housing, it does not guarantee housing retention or housing security, particularly if the participant does not feel the placement meets their needs. HPRI found that wellbeing and housing quality may matter more than housing alone and can have a bigger impact on breaking the cycle of homelessness (Aubry et al., 2016).

## Wellbeing and Housing Quality

“What constitutes a home is a multifaceted subjective experience of the emotional, psychological, and social... definitions of homelessness have therefore acknowledged that not having somewhere to engage in social relations constitutes inadequate housing” (Johnstone et al., 2015). Research indicates a performance gap in housing programs that leaves some residents socially isolated or prematurely disengaged, which highlights the importance of social support (Gabrielian et al., 2018). Positive social support from family, friends, case managers, etc., can be a large contributing factor to a person’s wellbeing, and is particularly salient for people with a severe mental illness or a substance use disorder (Johnstone et al., 2015; Gabrielian et al., 2018).

Wellbeing is also highly influenced by types of community integration. Community integration encompasses physical integration (stores, libraries, transportation, and other public goods present near a housing placement), social integration (knowing and interacting with others in the community), and psychological integration (having a sense of belonging within the community). Each of these forms of community integration affect housing stability (Marshall et al., 2022). To boost engagement among residents, Property Management and Occupational Therapists can be instrumental. When Property Managers are highly interactive, responsive, trauma informed, and continually seeking feedback from residents, tenants perceive better housing quality and PSH programs see higher rates of housing retention (Vukovic et al., 2021). Occupational Therapists can help cultivate community and help engage in daily activities, which impact both wellbeing and housing quality. These various facets to wellbeing can improve mental health, physical health, and lower victimization (La Motte-Kerr et al., 2020; Hwang et al., 2009). Much of wellbeing is dependent upon interacting in one’s environment. When the housing environment is unsafe, poorly maintained, overcrowded, etc., the stress of living among these conditions outweighs the benefits of housing itself and may explain the reason some people leave programs (Dunn, 2002; Palta, 2018). Thus, housing quality significantly influences a person’s housing stability and retention.

HPRI found that within housing programs, perceived housing quality is mostly contingent on safety/security and housing type provided. Feeling safe and secure within the unit, property, and neighborhood determine perceived housing quality and influence if someone will simply stay within their unit, building, or venture into the neighborhood (Hsu et al., 2016). According to various studies, these external factors can impact a person’s recovery process, trigger victimization/retraumatization, and risk tenancy loss (Milburn et al, 2021; Gurdak et al., 2020). For survivors of Intimate Partner Violence or Domestic Violence in particular, safety is paramount and calls for PSH programs utilizing onsite security, Trauma Informed Design, and privacy protocols (Vukovic et al., 2021).

Housing quality is also affected by housing type and property type, such as project and scattered based sites. For example, project-based PSH can potentially be of higher quality than scattered site PSH, when tenants are among people with shared experiences or identities such as people in recovery or Veterans (Homelessness Policy Research institute, 2019; Chinchilla et al., 2019). These single-site properties can foster a sense of community, enhance sense of safety, and support the recovery process (Homelessness Policy Research institute, 2019). Some individuals, however, may find these sites triggering to their recovery process or dislike property rules, limited privacy, inappropriate behavior and substance use of other residents (Parsell et al., 2015). Housing quality of scattered site properties can be observed through offering residents more autonomy, independence, privacy, and more “normalized” living (National

Academies of Sciences, Engineering, and Medicine et al., 2018; The Corporation for Supportive Housing, 2015). Yet, some individuals in scattered sites have reported feelings of isolation and discrimination (Dickson-Gomez et al., 2017). Unit type also impacts perceived housing quality. Small units and single room occupancy can be predictors of poor housing quality, especially when having to share amenities like a kitchen and bathroom (Easton et al., 2023). In one study with Black people within Permanent Supportive Housing, residents avoided amenities as they were unsafe and harmful to their mental health. Residents would seek amenity use outside of their building; and one even described the inability to cook a meal for her family and friends as causing “wear and tear on [her] mental health.” (Milburn et al, 2021.) It is evident that wellbeing and housing quality can be key elements for intervention strategies in keeping people housed, as it sets a secure foundation to gain/regain ontological security for people to move forward with their lives (Marshall et al., 2022)

### **Supportive Services**

For people vulnerable to returning to homelessness or chronic homelessness, data indicates that supportive services can be critical in establishing success in housing programs. Homelessness is inherently traumatic, and those experiencing homelessness show high rates of trauma (Hopper et al., 2010). Thus, avoiding retraumatization through adequately trained trauma-informed staff is fundamental in the provision of supportive services, as trauma-informed care can positively impact a client’s experience and assist providers in meeting their needs. In practice, supportive services delivered by trauma-informed care staff are non-judgmental, empathetic, flexible and can establish safety/trust, build relationships/connectedness, and facilitate service connections (Barry et al., 2023). Supportive services that also utilize a single coordinated care plan and team have been shown to significantly impact success rates in housing.

A fully integrated coordinated plan employs an interdisciplinary approach such as a case manager, community health worker, and medical professional collaboratively working towards a single coordinated goal and plan of care, which is created in partnership with clients themselves. In a study of people experiencing chronic homelessness, those who were offered a single integrated care plan saw reduced societal costs (emergency department use, police response, etc.) improved health related quality of life, and even assisted in people positively moving on from PSH, compared to those with standard coordinated care (Schick et al., 2019). In conjunction with a single coordinated care plan, full wraparound services to meet the unique needs of each individual has been shown to be key in housing stability (Dennison, 2012). In practice, this can look like assistance with scheduling appointments, applying for benefits, grocery preparation/cooking, medication adherence support, and transportation. In one PSH pilot program that provided individualized, robust support for those chronically unhoused, 86% stayed housed within a year with staff attributing stability success to its wraparound services (Cunningham et al., 2018). With the framework of trauma informed care, a single coordinated team/plan, and a tailored/holistic supportive services plan, the data shows overall wellbeing increase and housing stability for people vulnerable to cycling back into homelessness.

## Financial Stability

Financial stability enables housing stability and is a central concern among people with lived experience of homelessness (Pickens et al., 2024). Increasing one's financial wellbeing reduces the chances of future homelessness (Elbogen et al., 2021). Because in high housing cost markets it is essential to maintain financial stability, Housing Choice Vouchers (commonly known as Section 8) and other rent subsidies are critical in ending homelessness (Wong & Piliavin, 2001)

Employment income is a standard path to financial stability, but individuals without housing face multiple barriers to employment, from the structural to the individual, impacting their ability to exit homelessness (Poremski et al., 2014). At an individual and community level, employment programs, specifically with life/interpersonal skill development and paid training show best outcomes in securing and retaining employment. Interpersonal and life-skill vocational programs offering participants development in money management, goal setting, emotional regulation, self-esteem/motivation, and self-advocacy, which can be essential, as success in an employee role can hinge upon a person's ability to manage their daily life in a way that enables them to fulfill all of their work responsibilities (Muñoz et al., 2005). Vocational programs with paid training or with monetary incentives increase engagement in programs and workplace attendance, notably helpful for those who may be chronically unemployed or unemployed and facing a substance use disorder (Koffarnus et al., 2011; Koffarnus et al., 2013). Job programs that lead to employment not only tie into housing stability but can ultimately bring many a sense of self-fulfillment, positive identity, and overall wellbeing, which can also reinforce housing stability (Cook & Willetts, 2019; Lemos & Bacon, 2006).

Direct cash assistance, or guaranteed income, are methods also proven effective in helping individuals to exit homelessness. In a randomized control study on unsheltered people in Los Angeles, 30% of those who received \$750 a month exited homelessness after 6 months. Though the study is ongoing, it is double the rate of those who did not receive the basic income (and may increase over time) (Blasi et al., 2024). This is reflective of people surveyed in a large study of unhoused Californians, where 70% believed that a subsidy of \$300-\$500 per month would have prevented their homelessness (Kushel et al., 2023). Direct financial aid is less expensive than the complex and timely homelessness response system; gives people immediate means to access informal and formal housing; covers those who may be ineligible for other public assistance, unemployed, or are in a destitute situation (Blasi et al., 2024); and impacts individual and community wellbeing (Ghuman, 2022). In considering financial stability, many unhoused individuals receive some sort of public benefit such as General Relief, Social Security Income, or Medi-Cal, which can be critical in helping people afford to meet their basic needs (Burt et al., 2010). Increases in income, however, may force people off the benefits cliff, decreasing or eliminating their benefit support altogether (National Conference of State Legislatures, 2023). Due to these strict and potentially harmful income requirements, service providers/policymakers must consider and inform participants of these financial consequences as individuals may need to be fully self-sufficient to break homelessness, need continuous support after leaving housing programs, or be prepared to live in perpetual state of poverty to qualify for benefits, which risks future homelessness (National Alliance to End Homelessness, 2023b).

*“Those are some of the things we go through, we have fear of, do I work? Can I go to school? How am I going to make it? How am I going to eat? And there is no really preparing you for that. There's nobody to keep you on how to do that.” - Cynthia, former PSH resident, speaking on resident's fears of seeking opportunities that may affect benefits. (Milburn et al., 2021)*

## **Conclusion**

This analysis highlights a prevalent theme grounded in data: wellbeing is a determinant of lasting housing security. Social support, community integration, and a sense of belonging are important contributing factors to a person's wellbeing. Much of this is dependent on housing quality which can often be subjective, but at baseline is safe and conducive to their individual idea of wellbeing. Supportive services that are trauma informed (including methods like single coordinated care plans or teams) and offer holistic services can be essential in helping people find stability in their housing. Additionally, financial stability sets the foundation for long-term housing retention, using proven methods like housing subsidies, job training/placement programs, and direct cash assistance. These interventions, used in coordination, may break the cycle of homelessness and prevent intergenerational homelessness through fostering wellbeing within individuals, families, and communities.

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