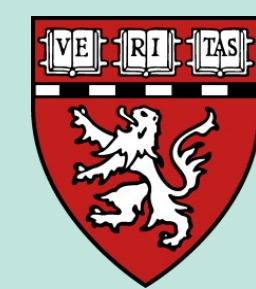




# Prediction of One-Year Housing Outcomes Among Youth Experiencing Homelessness in a Rapid Rehousing Program

Julia London, BS<sup>1,2</sup>, Arundati Nagendra, PhD<sup>1,2,3</sup>, Peter Ducharme, LICSW<sup>4</sup>, Kim T. Mueser, PhD<sup>3,5</sup>, David Beckmann, MD<sup>1,2</sup>, Cori Cather, PhD<sup>1,2,3</sup>

1. Department of Psychiatry, Massachusetts General Hospital, Boston, MA; 2. Center of Excellence for Psychosocial and Systemic Research, Boston, MA; 3. Harvard Medical School, Boston, MA; 4. Bridge Over Troubled Waters, Boston, MA; 5. Center for Psychiatric Rehabilitation, Boston University, Boston, MA



## INTRODUCTION

**One out of every thirteen youth between the ages of 18-24 years old in the United States experiences homelessness<sup>1</sup>**

- Conventional housing programs provide limited psychosocial supports (e.g., mental health, education)<sup>2</sup> and waitlists for housing average 2.25 years<sup>3</sup>
- **Rapid Rehousing programs (RRH)** provide one-year leases and psychosocial supports, which allow unhoused individuals to rapidly attain permanent housing
- Despite funding for youth-based RRH increasing 2,000% from 2014-2019<sup>4</sup>, little is known about outcomes for specific subpopulations within RRH<sup>5</sup>
- Identifying as LGBTQIA+, having a history in foster care, and high depressive symptoms have been identified as negative predictors of RRH outcomes<sup>6</sup>

**The goal of this study was to examine predictors of RRH outcomes at one year in homeless youth.**

## METHODS

- **Setting:** Bridge Over Troubled Waters, a youth homeless support program
- **Sample:** 99 individuals between 18-24 years old in the Greater Boston area who had been homeless for > 30 cumulative days in the past 3 years
- **Data collection occurred between April 2021 to March 2022, upon entry into RRH program (baseline), and 3-, 6-, 9-, and 12-month follow-ups, and included these measures:**
  - **Demographics (baseline only)**
  - **Psychosocial functioning:** Pregnancy, domestic violence (DV), hospitalization
  - **Substance Use Severity:** Drug Use Questionnaire, Cannabis Use Disorder (CUD) Test, Alcohol Use Disorder (AUD) Test
  - **Mental health:** Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7)
- Successful RRH outcome was defined as acquiring independent housing or renewing lease at one year and unsuccessful outcomes were defined as voluntarily or forcibly terminating the RRH lease

## REFERENCES

1. Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chavez, R. & Farrell, A. F. (2018a). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescence*, 62(1), 14-21; 2. Aronson, M., Bradley, J., Colegrove, A., Leonardis, L., & Livny, A. (2019). *Rising to the challenge: A plan to prevent and end youth & young adult homelessness in Boston*, Boston Youth Action Board, City of Boston; 3. US Department of Housing and Urban Development (2021). *A picture of subsidized households*. Office of Policy Development and Research; 4. National Alliance to End Homelessness (2019). *Funding for youth rapid rehousing has grown 20x since 2014*. US Department of Housing and Urban Development; 5. Morton, M., Kugley, S., Epstein, R. & Farrell, A. (2020). Interventions for youth homelessness: A systematic review of effectiveness studies. *Children and Youth Services Review*, 116, 105096; 6. Youngbloom, A., Farnish, K. & Schoenfeld, E. (2022). Characteristics associated with housing loss among youth in a rapid rehousing program. *Child and Adolescent Social Work Journal*. 39(4), 471-483.

## RESULTS

### Sample Characteristics at RRH Program Entry

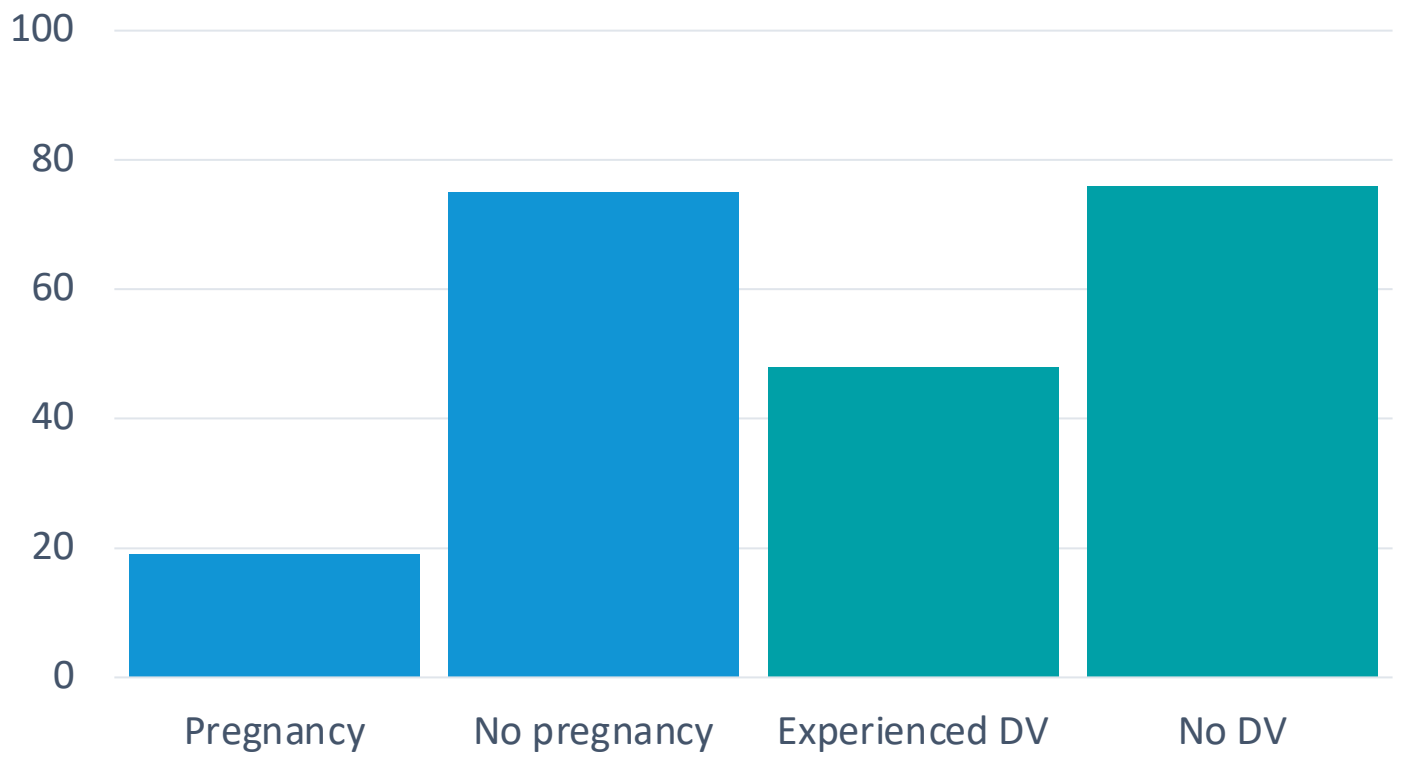
Variable	Mean (SD) or % (N)
<b>Demographics</b>	
Age (years)	21.2 (2.0)
Male (%)*	49.5% (49)
Female (%)*	50.5% (50)
<b>Race</b>	
Black	84.9% (84)
White	13.1% (13)
Other	2.0% (2)
Hispanic/Latinx	33.3% (33)
LGBTQIA+	15.2% (15)
<b>Substance Use Severity</b>	
Possible cannabis use disorder**	14.1% (14)
Possible alcohol use disorder**	6% (6)
<b>Mental Health</b>	
PHQ-9	8.3 (15.3) Range: 0-24
GAD-7	4.1 (4.6) Range: 0-17

\*Due to unreliable collection of gender identity, we were unable to include gender diverse individuals in the analyses  
 \*\*Possible CUD/AUD diagnoses based on CUDIT/AUDIT scores

### Experiences during RRH

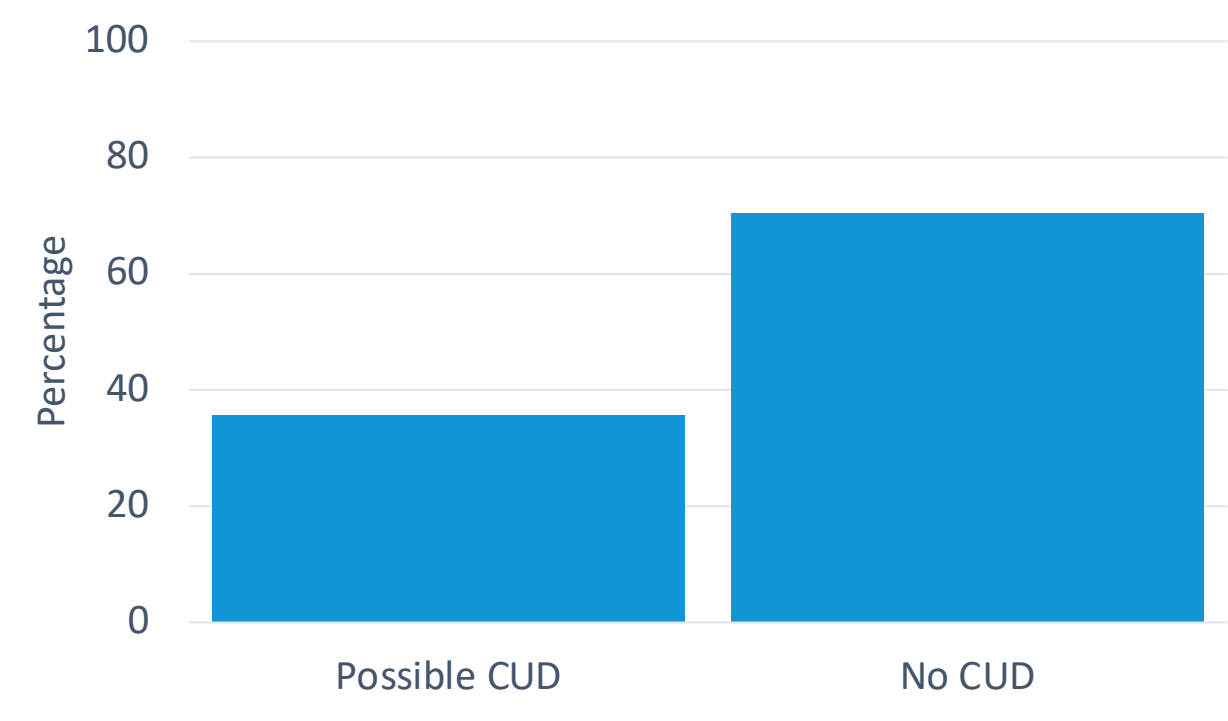
Variable	% (N)
Domestic violence	37.4% (37)
Became pregnant	16.2% (16)
Hospitalization	20.2% (20)

### Rates of Successful RRH Outcomes by Experiences during RRH

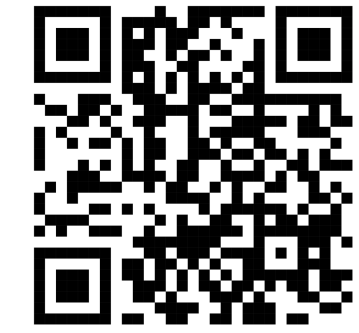


- **2/3 (65.6%) of participants had successful RRH outcomes**
- **Experiencing DV during RRH and the presence of a probable CUD predicted unsuccessful RRH outcomes**
  - DV: OR = 0.18, 95% CI: 0.07 – 0.51,  $p = 0.001$
  - CUD: OR = 0.16, 95% CI: 0.04 – 0.59,  $p = 0.006$
- **Women who became pregnant had poor RRH outcomes**
  - Pregnancy: OR= 0.02, 95% CI: 0.00 – 0.14,  $p = < 0.000$

### Rates of Successful RRH Outcomes by Possible Cannabis Use Disorder



- **Gender moderated these effects**
  - Women were almost twice as likely to experience DV during RRH than men (48% vs. 26%), and unsuccessful RRH outcomes were more frequent among women who experienced DV (54.2%) than men (46.2%)
    - Chi-squared:  $X^2 (1, N = 24) = 10.7, p = 0.001$
  - CUD was a more frequent predictor of unsuccessful RRH outcome among men (70% with CUD had unsuccessful RRH outcomes) than women (50% had unsuccessful RRH outcome)
    - Fisher's exact test:  $p = 0.033$



Graphs of gender-moderated findings, including rates of successful RRH outcomes for DV and possible CUD

## CONCLUSIONS

- RRH is a promising intervention that may be strengthened by exploring interventions related to cannabis use, contraception, and healthy relationships upon entry and while youth are receiving RRH services
- Previous findings that identifying as LGBTQIA+, having a history in foster care, and high depressive symptoms<sup>6</sup> weren't replicated in this study
- **Limitations** for this study include:
  - Findings require replication in a larger sample due to small number of participants in certain subgroups
  - Lack of precision in how gender was collected limited our ability to examine outcomes for LGBTQIA+ individuals
  - No data was collected on the experience of male participants whose partner may have become pregnant during RRH