The Future of Homeless Services: An Introduction

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Abstract: Current knowledge about the services and supports needed to help individuals and families exit homelessness and maintain housing is incomplete. To date, there is limited research documenting which services are most effective, the best models of delivery, and recommended intensity and duration. The special issue of the *Open Health Services and Policy Journal* on *The Future of Homeless Services* seeks to advance the knowledge base underpinning the effective delivery of services and supports to help people exit homelessness. This article provides an overview of the eight articles that comprise the special issue. The special issue reviews the literature on homeless services in key areas as a step toward establishing the evidence base for best practices, outlining service strategies, and offering recommendations for future research.

INTRODUCTION

Homelessness in the United States is a devastating social problem. During times of economic recession, more people become homeless, making the problem increasingly visible and problematic. Several systemic factors cause homelessness in the U.S., including the unequal distribution of income and the lack of affordable housing. The United States has one of the largest income gaps between rich and poor in the world: the wealthiest 10% of Americans have an average annual income of $93,000, while the poorest 10% live on an average of $5,800 per year. More than 17% of Americans live in poverty, well above the average of 11% in other industrialized nations [1].

These economic inequalities are coupled with a crisis in affordable housing. One recent study documented a national shortage of 2.8 million affordable housing units. The same report found that among extremely low-income renters, 70% spend more than half their income on housing [2]. Given such high poverty rates, the income gap between rich and poor, and the lack of decent affordable housing, many Americans end up living in shelters, in their vehicles, or on the streets.

Homelessness affects men, women, families, children, youth, and veterans. While structural factors like the unequal distribution of income and lack of affordable housing, cause homelessness, certain vulnerabilities may determine who is at higher risk for homelessness. These include addictions, mental illness, domestic violence, medical conditions, and lack of education or job skills [3]. Others may be pushed into shelters or onto the streets by the loss of a job or a housing foreclosure.

In July 2009, the U.S. Department of Housing and Urban Development (HUD) released its fourth Annual Homeless Assessment Report (AHAR) to Congress, estimating that 664,414 people were homeless on a given night in January 2008, and 1.6 million people used the shelter system during the course of the year [4]. Based on HUD's literal definition of homelessness, these figures may underestimate the problem. They also may not fully reflect the impact of the economic recession, collapse of the housing market, and rising unemployment rates. According to the AHAR report, the number of people who are homeless decreased by 1% between 2007 and 2008, with a significant decrease among individuals experiencing chronic homelessness [5]. More alarming, the number of homeless families increased by 9% [4]. This increase is corroborated by a recent report documenting that 1 in 50 children experience homelessness in the U.S. each year [6].

Today more than ever we need effective, enduring solutions to homelessness. While there is no question that permanent affordable housing is necessary to end homelessness, for many, housing alone may not be enough [7-10]. Recently, HUD Secretary Shaun Donovan [11] underscored the importance of both housing and services to help people exit homelessness: "while every individual or family needs affordable housing, for some, we know it's not enough. In addition to help paying the rent, many people need education and job training, child care and child welfare services, treatment for substance abuse, mental illness, or HIV/AIDS or any other assistance in a broad range of supports that ought to be provided by a good and decent society."

Unfortunately, current knowledge about the services and supports needed to help individuals and families exit homelessness and maintain housing is incomplete. To date, there is limited research documenting which services are

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most effective, the best models of delivery, and recommended intensity and duration. In 2008, the Homelessness Resource Center[1] convened an expert panel on evidenced-based practices in homeless services. The panel identified a significant gap between research and practice, noting especially that there is limited outcome-based research[2] examining best practices for homeless services, despite decades of service provision [12]. It is clear that people who are homeless need housing, but what else do they need? Who needs what? What should these services look like? How are they best delivered?

The aim of this special issue of the *Open Health Services and Policy Journal* on *The Future of Homeless Services* is to begin to provide answers to these crucial questions.

Guest edited by the Homelessness Resource Center, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the articles and editorials in this issue seek to advance the knowledge base underpinning the effective delivery of services and supports to help people exit homelessness. The articles in this special issue review the literature on homeless services in key areas as a step toward establishing the evidence base for best practices, outlining service strategies, and offering recommendations for future research.

SERVICES AND SUPPORTS FOR FAMILIES EXPERIENCING HOMELESSNESS

The research literature investigating the impact of services on homeless families is sparse and in some instances contradictory [7]. In *"A Framework for Developing Supports and Services for Families Experiencing Homelessness,"* authors Ellen Bassuk, Katherine Volk, and Jeffrey Olivet examine the literature on services and supports for families that are homeless. While some studies have examined the impact of case management and mental health services, the recommended nature, intensity, and duration of these services for different subgroups of families has not been adequately researched. The authors propose a conceptual framework to determine what services are required to help various subgroups of families move on from homelessness and stabilize their lives.

THE ROLE OF OUTREACH & ENGAGEMENT

Homeless service providers view outreach and engagement as essential practices for reaching people who are marginalized by homelessness, often with co-occurring mental health and substance use problems. Outreach workers literally "meet people where they are"—geographically and

emotionally—and build relationships to engage people and support them to exit homelessness and stabilize in the community. Outreach and engagement are widely practiced and understood to be effective by practitioners, yet there is a need for further outcome-based research to inform these practices.

In *"Outreach and Engagement in Homeless Services,"* authors Jeffrey Olivet, Ellen Bassuk, Emily Elstad, Rachael Kenney, and Lauren Jassil synthesize what is currently known about outreach and engagement by reviewing quantitative and qualitative research and colloquial literature. Based on this review, the authors propose working definitions of best practices for outreach and engagement, describe the process of effective outreach and engagement, and document the skills and capabilities needed to perform this work.

TRAUMA-INFORMED CARE

Traumatic stress and homelessness are intricately linked: people experiencing homelessness often have histories of trauma, especially veterans and women. Homelessness itself can be experienced as a traumatic event, especially for children. Traditionally, homeless service settings have provided care without directly acknowledging or addressing the impact of trauma. Trauma-informed care is an emerging practice in homeless services. With proper training, trauma-informed care allows homeless service providers to understand and respond appropriately to clients' trauma-related behaviors.

In their contribution to the special issue, *"Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings,"* authors Elizabeth Hopper, Ellen Bassuk, and Jeffrey Olivet review the quantitative, qualitative, and colloquial literature to examine the evidence base for trauma-informed care. The authors propose a consensus-based definition of trauma-informed care, assess trauma-informed program models serving different sub-populations, and recommend strategies to help homeless service programs become more trauma-informed.

RECOVERY-ORIENTED SERVICES

The belief that recovery is possible for all people is currently reshaping mental health, substance abuse, and trauma services. The notion of recovery asserts that people can exercise self-determination and lead satisfying, meaningful lives even within the limitations of mental illness and other issues [13]. In *"Recovery and Homeless Services: New Directions for the Field,"* Laura Gillis, Gloria Dickerson, and Justine Hanson argue for extending recovery-oriented approaches to homeless services. The authors review the emergence of the concept of recovery and recovery-oriented care across the areas of mental health, addictions, and traumatic stress and propose ways for homeless service programs to further integrate recovery principles.

HOMELESSNESS PREVENTION

Homelessness prevention has come to the forefront of the national agenda with the Homelessness Prevention and Rapid Re-Housing Program (HPRP) created by the American Recovery and Reinvestment Act of 2009 (the

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[1] The Homelessness Resource Center was created by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services to respond to the needs of people who are homeless and have been impacted by trauma, substance abuse, and mental health issues.

[2] One reason for the lack of outcome-based, quantitative research is due to the challenges of conducting randomized controlled trials (RCTs) for behavioral and community based interventions. This is well documented [15, 16]. There are significant ethical concerns around withholding treatment for a comparison group when conducting research with a vulnerable population, such as people who are homeless. Furthermore, randomization and following a group not receiving treatment is problematic for various reasons.

Federal Stimulus). Administered by HUD, the HPRP provides $1.5 billion to prevent homelessness and minimize the length of time that people are homeless through rapid re-housing. Communities are charged with identifying people at risk of homelessness and supporting them with rent subsidies, assistance with utility bills, case management, and referrals to other supports. HPRP aims to quickly move people out of shelters and into housing.

In *"A Paradigm Shift in Housing and Homeless Services: Applying the Population and High-Risk Framework to Preventing Homelessness"* Jocelyn Apicello reviews promising homelessness prevention strategies, and argues for the implementation and evaluation of both population and high-risk prevention approaches. Apicello argues that the population/high risk framework is the most comprehensive and sustainable because it focuses on identifying and eliminating the causes of homelessness in a society as a whole *and* for the most vulnerable subpopulations. Apicello's contribution to this special issue proposes a strategic framework for approaching homelessness prevention and maximizing resources targeted to these activities.

WORKFORCE DEVELOPMENT

Little is known about the workers who provide homeless services. The last comprehensive survey of service providers was conducted over a decade ago, in 1996 as part of the National Survey of Homeless Assistance Providers and Clients [14]. In *"Building the Capacity of the Homeless Service Workforce,"* authors Joan Mullen and Walter Leginski examine the characteristics and needs of the homeless services workforce. Mullen and Leginski estimate the size of the homeless services workforce to be between 200,000 to 327,000 workers. Some are employed in dedicated homeless service agencies such as shelters, soup kitchens, multi-service centers, or homeless health care projects, while others are in mainstream organizations that also serve people who are homeless, such as behavioral health agencies, community health centers, or state social service offices.

The needs of the homeless population are complex and multi-faceted. To adequately address them requires highly skilled and well-trained service providers, yet workers often have varying levels of knowledge and skills. Mullen and Leginksi note that service providers in the homelessness field need to navigate multiple fragmented systems, provide services in non-traditional settings (e.g., on the streets, in soup kitchens), and survive on low wages. Furthermore, Mullen and Leginski point to evidence that the homeless service workforce is undertrained, underpaid, and overworked. High rates of burnout and turnover create challenges for quality and continuity of care. The authors argue that efforts to end homelessness must take into account the professional development of the workers charged with implementing homeless service programs, and recommend strategies for supporting the workforce's capacity.

EDITORIAL PERSPECTIVES

Two editorials accompany this special issue. In the first, *"The Struggle To End Homelessness In Canada: How We Created The Crisis, And How We Can End It,"* Steven

Gaetz, director of the Canadian Homelessness Research Network and the Homeless Hub, offers a review of the current Canadian approach to homelessness. He proposes strategies for developing a more comprehensive approach to ending homelessness in Canada.

The second editorial, *"Homeless Services in the U.S.: Looking Back, Looking Forward - An Open Letter to Policymakers, Advocates, and Providers,"* is contributed by Martha Fleetwood, founder and executive director of HomeBase/the Center for Common Concern in San Francisco, California. Fleetwood contributes her perspective on the U.S. response to homelessness over the past thirty years. As this response moves toward expanding permanent supportive housing programs, Fleetwood calls for improved financing mechanisms and better integration with mainstream services.

This special issue on *The Future of Homeless Services* expands the knowledge base on homeless services by offering insights into best practices, the challenges of meeting needs, and future directions for research and practice. The following articles describe emerging best practices, strategies for homelessness prevention, and workforce development in the homelessness field. With a combination of decent affordable housing, effective trauma-informed and recovery-oriented services, and a workforce with the knowledge and skills to implement these services, we can work together to end homelessness.

ACKNOWLEDGEMENTS

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