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

Julia London, BS^{1,2}, Arundati Nagendra, PhD^{1,2,3}, Peter Ducharme, LICSW⁴, Kim T. Mueser, PhD^{3,5}, David Beckmann, MD^{1,2}, Cori Cather, PhD^{1,2,3}

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 Center of Excellence Waters, Boston, MA; 5. Center for Psychiatric Rehabilitation, Boston University, Boston, MA for Psychosocial and Systemic Research



INTRODUCTION

One out of every thirteen youth between the ages of 18-24 years old in the United States experiences homelessness¹

- > Conventional housing programs provide limited psychosocial supports (e.g., mental health, education)² and waitlists for housing average 2.25 years³
- 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 2014-2019⁴, little is known about outcomes for specific subpopulations within RRH5
- ➤ Identifying as LGBTQIA+, having a history in foster care, and high depressive symptoms have been identified as negative predictors of RRH outcomes⁶

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

Sample Characteristics at RRH

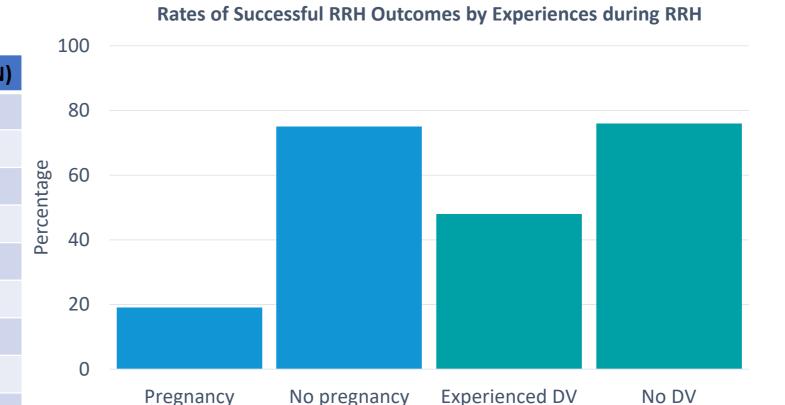
Program Entry			
	Variable	Mean (SD) or % (N)	
	Demographics		
	Age (years)	21.2 (2.0)	راه
	Male (%)*	49.5% (49)	ntage
	Female (%)*	50.5% (50)	Percentage
	Race		Pe
	Black	84.9% (84)	
	White	13.1% (13)	
	Other	2.0% (2)	
	Hispanic/Latinx	33.3% (33)	
	LGBTQIA+	15.2% (15)	
	Substance Use Severity		
	Possible cannabis use disorder**	14.1% (14)	>
	Possible alcohol use disorder**	6% (6)	
	Mental Health		
	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 **Possible CUD/AUD diagnoses based on CUDIT/AUDIT

Experiences during RRH

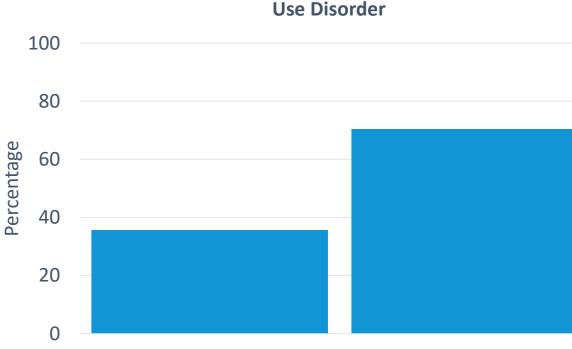
Experiences daring min			
Variable	% (N)		
Domestic violence	37.4% (37)		
Became pregnant	16.2% (16)		
Hospitalization	20.2% (20)		

RESULTS





- Experiencing DV during RRH and the presence of a probable CUD predicted unsuccessful RRH outcomes
- \triangleright DV: OR = 0.18, 95% CI: 0.07 0.51, p = 0.001
- ightharpoonup CUD: OR = 0.16, 95% CI: 0.04 0.59, p = 0.006
- ➤ Women who became pregnant had poor RRH outcomes
 - \triangleright Pregnancy: OR= 0.02, 95% CI: 0.00 0.14, p = < 0.000



Rates of Successful RRH Outcomes by Possible Cannabis

Possible CUD No CUD

→ Gender moderated these effects

- ➤ Women were <u>almost twice as likely</u> to experience DV than men (48% vs. 26%), and unsuccessful RRH outcomes were more frequent among women who experienced DV (54.2%) than men (46.2%)
 - \triangleright 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)
 - \triangleright Fisher's test: p = 0.033

Graphs of gendermoderated findings, including rates of successful RRH outcomes for DV and possible CUD

CONCLUSIONS

- unable to include gender diverse individuals in the analyses 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 were associated with worse/unsuccessful RRH outcome 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

1811