



Outcomes in Single-Site and Scattered-Site Permanent Supportive Housing

Background

Permanent supportive housing (PSH) is a comprehensive housing and supportive services program that has been shown to effectively house individuals experiencing chronic homelessness who have physical or mental health issues (Culhane et al., 2002). PSH operates using two different models: single-site and scattered-site. Single-site PSH is typically located in an apartment-style building housing individuals experiencing homelessness with support services on site. Scattered-site PSH allows individuals to lease private market housing units using rental subsidies with support services delivered to the individual units or offered at an offsite location (Harris et al, 2018).

In 2016, the City of Los Angeles developed a comprehensive strategy for homelessness with the goal of developing 10,000 PSH units over the next ten years (1,000 per year) using Proposition HHH funding. If met, the goal would create a significant increase in the PSH supply, as the City built just 2,398 PSH units in the eight years prior to 2016. Given the context of this planned increase in the creation of PSH units, this memo examines the effectiveness of scattered-site and single-site PSH for various populations experiencing homelessness.

Key Takeaways:

- Both single-site and scattered-site PSH prevent a return to homelessness and increase overall quality of life for program participants.
- Single-site PSH has a specific target audience and specialized programs, while scattered-site is implemented within affordable housing developments with dispersed programs, resulting in numerous exogenous factors affecting outcomes for program participants.
- Research suggests single-site PSH is beneficial for homeless individuals with substance abuse challenges as well as those with HIV/AIDS.
- Scattered-site PSH has been shown to more positively serve families experiencing homelessness.



Literature Review

Permanent Supportive Housing (PSH) is an intervention that provides affordable housing with voluntary supportive services to meet the needs of those experiencing chronic homelessness. PSH employs a “housing first” model, which provides housing to individuals experiencing homelessness without preconditions such as sobriety or participation in treatment services (NAS, 2018). Residents in PSH pay no more than 30 percent of their incomes towards rent with leases that do not limit length of stay. Support services offered through PSH can include health services, substance treatment, HIV/AIDS treatment and prevention, food access, and others.

Literature demonstrates PSH reduces the rate of individuals returning to homelessness (Bertoni, 2017). Studies from across the nation have found a retention rate of between 74% and 94% for PSH participants (see Appendix A). When surveying residents of housing first programs, one qualitative analysis of homelessness and mental illness found improved quality of life for housing first participants as it removed the “survival mode” mentality for those living on the streets (NAS, 2018). Additionally, experts have concluded that PSH improves the well-being of individuals through quality of life measures such as housing satisfaction, personal safety, and leisure activities (NAS, 2018). Also, an evaluation of client outcomes from a San Francisco PSH program found that between the one-to-twelve-month period before moving into supportive housing and the one-to-twelve-month period after move-in, participants showed a 56% decrease in total number of emergency department visits (Martinez, Martha, & Burt, 2006).

Outcomes of Scattered-Site vs. Single-Site PSH

Substance Abuse & Mental Illness

Studies suggest there may be particular advantages to single-site PSH for people with a history of substance abuse. A survey of a single-site program for individuals previously experiencing an alcohol disorder cited just 23% of participants returning to homelessness during the two-year study (Collins et al., 2013). Analysis of a Seattle based PSH program serving chronically homeless individuals with severe alcohol disorders determined participants were able to achieve improved health outcomes such as reduced emergency room visits (Larimer et al., 2009). Single-site housing offers individuals experiencing similar issues a community of support and understanding (Dickson-Gomez et al., 2017). One study found that individuals in single-site housing supported one another by sharing resources to ward off life-threatening alcohol withdrawal symptoms (Stahl et al., 2016). Conversely, individuals struggling with substance abuse in scattered-site housing reported feelings of isolation (Parsell et al., 2015).

Studies also suggest that both single-site and scattered site PSH can improve housing stability for people with mental illness, but that single-site programs may enjoy a comparative advantage in secondary outcomes. An experiment that randomly assigned people with mental illness to single-site and scattered site PSH programs found that both



similarly improved housing stability in comparison to usual care, but only single-site PSH improved outcomes with respect to disability severity, community integration, and recovery (Somers et al., 2017). This comports with previous findings that suggest residents with shared experiences in single-site PSH foster a sense of community that positively influences outcomes (Collins et al., 2012; Newman, 2001). However, a 2015 qualitative study provides evidence that single-site residents dislike the rules and limited privacy of single-site programs as well as the substance use or inappropriate behavior of others in the building (Parsell et al., 2015). As such, further research should bridge the divide between empirical support for single-site PSH for people with mental health issues and resident concerns.

HIV/AIDS

In addition to being effective for individuals with a substance use disorder, single-site PSH can be beneficial for those with a specific health issue such as people living with HIV/AIDS (PLWHA). A comprehensive evaluation of PSH health outcomes by the National Academy of Sciences, Engineering, and Medicine found some benefits for PLWHA experiencing homelessness but could not make any other pointed conclusions for specific health issues due to limited data availability (NAS, 2018).

Housing interventions for PLWHA experiencing homelessness are impactful because they provide the necessary resources to administer anti-retroviral drugs (ARVs) as some require refrigeration and administration with food in timed daily doses (NAS, 2018). In Los Angeles, just 57% of PLWHA experiencing homelessness were found to have 100% ARV adherence prior to entering PSH, mainly due to forgetting to take medication (Wenzel et al., 2017). Single-site PSH could prove especially beneficial to increase ARV adherence as it streamlines focused services for homeless PLWHA, develops an understanding community, and positively impacts public health issues related to homelessness.

Families

To develop effective PSH programs, it is important to be aware of the differing needs of families experiencing homelessness from individuals, including greater monetary support for food, household supplies, diapers, etc. for all family members (Collins et al., 2016). Literature credits scattered-site PSH as uniquely addressing the needs of families. An Ohio study found scattered-site PSH as beneficial for families because it allowed them to choose a location to live based on school districts (Collins et al., 2016). Children experiencing high mobility miss school and/or educational content as they move, and sustained housing prevents gaps in education (Hong & Piescher, 2012).

There is an increased element of choice with scattered-site, as participants locate their own housing, reporting a greater sense of autonomy (NAS, 2018). Unlike single-site PSH which provides a more confined, designated living area, scattered-site PSH promotes greater integration into the surrounding community for homeless families, allowing additional positive transition into life with sustained housing (Parsell et al., 2015).



Women

The national Family Options Study surveyed families generally comprised of a mother (median age 29) considered the head of the house (91% of survey reporters were women) with one or two children, providing helpful conclusions into effective housing for women with children (Gubits, 2018). Long-term PSH, manifested as both single and scattered-site, had an overall positive effect for Family Options Study participants.

One significant benefit offered by single-site PSH for women is a supportive community of empathetic individuals who have experience with the unique struggles that women experiencing homelessness face. A study of Los Angeles housing models cited greater rates of emotionally supportive networks for those in single-site residences as opposed to scattered-site (Harris et al., 2018). Women experiencing homelessness and entering PSH in Los Angeles were more likely to have conflict in their relationships than men, further emphasizing the need for healthy supportive networks (Winetrobe et al., 2017). The Downtown Women’s Center (DWC) in Los Angeles is a single-site PSH program on Skid Row housing 210 single, unaccompanied women (DWC, 2017). Supporting the finding that PSH prevents homelessness, DWC sites a 94% retention rate (DWC, 2017).

Further research on specific outcomes of single vs. scattered-site PSH for women is needed. The Los Angeles Homeless Services Authority (LAHSA)’s Ad Hoc Committee on Women Experiencing Homelessness suggested further research into how single and scattered-site PSH support women who have experienced intimate partner violence and sex trafficking.

Policy Considerations

Future policy should cultivate landlord participation in creating access to housing for people experiencing homelessness. Literature describes scattered-site PSH landlords as having the ability to support the well-being of program participants (MacLeod et al., 2017) or as barriers to scattered-site PSH if they are unwilling to rent to PSH participants (Dickson-Gomez et al., 2017). Positive cooperation between landlords and service providers could lead to better outcomes for those living in scattered-site PSH.

Literature demonstrates that individuals experiencing homelessness with substance use issues and/or HIV/AIDS as well as women experiencing homelessness may benefit from the sense of community and support cultivated by single-site PSH while families with children are a better fit for scattered-site PSH. Research on the effectiveness of single-site vs. scattered-site PSH for other subpopulations is limited. Further data collection and research would prove helpful for the program design of both types of PSH to continue to improve this effective intervention for people experiencing chronic homelessness.

For questions about the Homelessness Policy Research Institute, please contact Elly Schoen at ebschoen@price.usc.edu.



Appendix A
Results of Studies of Permanent Supportive Housing (PSH)

Organization or Study	Location	Type of Program	Results	Notable Features
<i>Downtown Women's Center</i> ¹	Los Angeles, CA	Two, single-site PSH buildings housing 210 women	94% of participants remain housed	PSH on Skid Row for <u>single, unaccompanied women</u>
<i>Family Options Study</i> ²	Nationwide, United States	Both single and scattered-site PSH for families (defined as long-term housing)	83% of participants remained housed after three years	Evaluating PSH <u>interventions</u> for homeless families compared to normal accessibility
<i>FUSE (Frequent User Systems Engagement) NYC</i> ³	New York City, NY	Target program services to be implemented alongside both single and scattered-site PSH	86% of participants remained in permanent housing after 2 years	Housing and services for those frequently <u>cycling through jails and homeless shelters</u>
<i>HUD-VASH study</i> ⁴	Houston, TX; Los Angeles, CA; Palo Alto, CA; Philadelphia, PA	Scattered-site PSH with case management	91% of participants did not return to homelessness after the program	HUD-VASH targets <u>chronically homeless veterans</u> often with severe mental/physical health problems and/or substance use disorders
<i>Vancouver At Home study</i> ⁵	Vancouver, BC, Canada	Scattered and single (referred to as congregated) site PSH	74% of participants were stably housed after two years (avg.)	Found PSH generally achieved housing stability for <u>chronically homeless with mental and substance abuse issues</u>

If the goal of housing efforts is to keep chronically homeless individuals in permanent housing, the above organizations and studies average approximately 86% of those in a PSH program maintaining housing.

¹ DWC, 2017
² Gubits et al., 2015
³ Aidala et al., 2003
⁴ Cusack et al., 2016
⁵ Somers et al., 2016



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