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## **Shifts in Practice Based on Rapid Re-Housing for Rural Homelessness: An Exploratory Study of Micropolitan Homeless Service Provision**

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**Abstract.** Based on interviews with rural homeless service providers, the authors examine in this practice note how policy has created shifts in practice for organizations serving homeless populations. Homeless individuals find a decreasing opportunity for assistance while awaiting Rapid Re-Housing. Some organizations, dependent on Rapid Re-Housing monies, are facing a lack of funding to pay for general homeless care provision. Organizations are creating care networks to address requirements of the new policy in addition to pooling resources in underserved areas.

**Keywords:** micropolitan, rural, homelessness

Although between 2009 and 2011 homelessness decreased nationwide (NAEH, 2010, 2012), policy levers that helped accomplish the decrease, including the Homelessness Prevention and Rapid Re-Housing Program funding, are often not available to rural emergency shelters which lack critical infrastructures and networks to obtain funding. The policy creates an environment where rural homeless service providers can neither fully support the persistent needs for temporary housing due to reduced emergency housing funding, nor fully rehouse individuals and families due to insufficient rural housing stock and wrap-around services.

The purpose of this paper is to better understand the context and effectiveness of homeless policy impacting rural interventions through interviews with rural and micropolitan homeless service providers. We first briefly place the study in a policy context and then provide observations from practice resulting from the federal policy shift.

### **Policy Background and Literature**

Since the 1980s, rural communities have documented growing homeless populations (Housing Assistance Council, 2012; Segal, 1989; Wilkerson, 1989;). According to the NAEH (2010), 9% of the nation's homeless population was rural in 2007. The increased demand for skilled labor, lack of educational resources, systemic poverty, and decrease in the labor market in rural areas, coupled with recent reductions in housing availability, have moved the once urban problem of homelessness into smaller communities across the country. Rural homelessness, like many other social concerns in rural areas, lacks infrastructure to meet the need (Allard, 2009); there are fewer shelters and services available to homeless persons in rural areas. People experiencing homelessness in rural areas are more likely to live in their cars or stay with friends and family (Trella & Hilton, 2014) than seek out shelter assistance (NAEH, 2010, 2012).

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Homeless individuals generally rely on others or ask for assistance from family only in extreme circumstances (Trella & Hilton, 2014). This means that the problem is often hidden from public view and consciousness, out of sight is truly often out of mind. Confounding these facts, the most recent national data on rural homelessness was gathered in 2010 by the NAEH. Few scholarly articles have addressed the issue in recent years.

Scholarship has focused primarily on homelessness in urban areas with some exceptions, and the majority of these exceptions are dated (Burt, 1992; Cloke, Milbourne, & Widdowfield, 2002; First, Rife, & Toomey, 1994; Fitchen, 1991; Fitchen, 1992; Frank & Streeter, 1987; Milbourne, 2006; Redburn & Buss, 1986; Trella & Hilton, 2014; Vissing, 1996). The Rural Poverty Research Center (Fisher, 2007), the U.S. Department of Agriculture, Rural Economic and Community Development (1996), the National Council of State Housing Agencies (2009), and others provide much needed assessment of the problem, but our research demonstrates that currently, such information does not necessarily translate into rural-friendly policy with Rapid Re-Housing application requirements favoring urban-based solutions.

Policy development follows issue awareness. While homelessness has existed in the United States since the country's inception, it did not become a prominent national issue with policy implications until the 1970's and 1980's when the demographics and visibility began to shift from single men living primarily out of the public's view towards a more diverse population, including women and children, living on the streets. The 1983 Emergency Food and Shelter Program (P.L. 98-9) and the 1986 Emergency Shelter Grants Program (P.L. 99-591) represent initial attempts by policy makers to deal with the homeless problem, but they were limited in scope and reach. In 1987, Congress enacted the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77), later renamed the McKinney-Vento Homeless Assistance Act (P.L. 106-400), which created a number of new programs to comprehensively address the needs of homeless people (Perl et al., 2012). The McKinney-Vento Act originally consisted of fifteen programs; however, these primarily targeted the urban homeless. Since the Stewart B. McKinney Homeless Assistance Act, few federal programs and funding streams have been established to combat rural homelessness, and only the U.S. Department of Agriculture Rural Development Section 515 Program and the Rural Housing Stability Program (RHSP) appear to deal directly with the problem. Under the Section 515 program, direct loans are made to for-profit developers, nonprofit corporations, and governmental agencies to purchase, construct, or rehabilitate rental housing in rural areas for low- and moderate-income families, elderly persons, and persons with disabilities. Unfortunately, funding for this program has been drastically reduced making it even more difficult to address the disparity between rural and urban homeless (Robertson, Harris, Noftsinger, & Fischer, 2007).

Most rural homeless were not considered so by the federal government until the enactment of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 which was part of the Helping Families Save Their Homes Act (P.L. 111-22). The HEARTH Act, which also amended and re-authorized the McKinney-Vento Homeless Assistance Act, set forward criteria that better suited and described the rural homeless population. Along with altering the definition of chronic homelessness to include families with children, the HEARTH Act also modified the definition of homeless persons as those:

. . . in danger of losing their home within 14 days, instead of . . . seven, and families or unaccompanied youth living unstably. Families or unaccompanied youth fall under the definition of living unstably if they: are defined as homeless under other federal programs; have experienced a long period without living independently in permanent housing; have moved frequently; and will continue to experience instability due to disability, domestic violence or abuse, or barriers to employment. (National Council of State Housing Agencies, 2009)

The RHSP, administered by the U.S. Department of Housing and Urban Development (HUD), focusses specifically on rural areas and provides grants to assist rural communities and their homeless with

- emergency housing (short-term, non-sustainable housing such as seasonal homeless shelters);
- permanent housing (long-term, sustainable housing such as apartments or rental homes);
- re-housing (transitioning families from emergency to permanent housing including a variety of wrap around support services);
- data collection; and
- a range of supportive services.

A rural community in this case is defined to include (1) a county where no part is contained within a metropolitan statistical area, (2) a county located within a metropolitan statistical area, but where at least 75% of the county population is in nonurban Census blocks, or (3) a county located in a state where the population density is less than 30 people per square mile, and at least 1.25% of the acreage in the state is under federal jurisdiction. In 2009, the RHSP was revised to include Rapid Re-Housing activities; and, according to our interviews, funding available for emergency shelters decreased precipitously at that time with the larger portion of funds supporting re-housing efforts.

Policy assistance for rural homelessness is constrained by the ability of governmental and non-governmental organizations (NGO's) to determine how many people in the U.S. meet homeless criteria. Point-in-time counts, which count the number of homeless people during a specific point (usually a day), and period prevalence counts, which estimate the number of homeless over a given period (usually a year), have advantages and disadvantages (NAEH, 2012). A majority of the localities within the study's sample area did not track point-in-time counts, exacerbating the lack of data for these areas. Both methods tend to underestimate the true number of homeless as currently implemented, particularly in rural areas, because of the inability to count certain homeless people such as those in hidden and potentially dangerous places, and those who are in doubled-up situations when a person is staying temporarily with family or friends.

## **Methodology**

This research studied organizational responses to policy interventions regarding rural homelessness; therefore, the research team conducted semi-structured interviews with sixteen nonprofit leaders of rural homeless support organizations and domestic violence shelters between October 2012 and August 2013. Using a snowball sampling technique, the study began with a single county in Virginia and grew to include three rural regions in Virginia, West Virginia, and Kentucky. Interviews were transcribed and coded using NVivo10 for Windows.

## **Research Results**

Current services for rural homeless or temporarily homeless include family shelters such as the Salvation Army which restricts access to those with substance abuse issues, shelters of last resort that typically accept individuals regardless of addiction or alcohol consumption (individuals in these shelters are generally single), and domestic violence shelters which often provide temporary assistance to women and children who have had to flee their homes due to domestic violence. The communities we studied exhibited each of these types of services; however, funding for temporarily homeless service provision was considered a diminishing resource but an ongoing need by nonprofit leaders.

Organizations within the study shared several characteristics. Within the areas studied differential support exists for individuals and families. Of those shelters designed for individuals, drug and alcohol use can exclude some in need of shelter. Two emergency shelters were developed to accommodate individual drug and alcohol abusers as a result of stricter guidelines and regulations (e.g., breathalyzer tests) at other homeless service providers and in response to high profile media scrutiny resulting from lack of services for this population.

Another dominant characteristic of service provision in the study locations is the importance of the faith-based community. Faith-based partner organizations are critical components of the rural homeless service provision networks in these communities. Not only were churches key partners for the shelters by serving as temporary housing locations, all organizational funding was generated from churches or faith-based coalitions.

Additionally, the majority of the sixteen organizations interviewed had limited staff resources. Over 70% of the organizations had three or fewer full time staff members and these were the organizations that focused exclusively on homeless services. Volunteers were key players in service provision for all of the interviewed organizations. Two organizations were operated exclusively by volunteers and provided seasonal homeless services.

For organizations providing services to homeless and temporarily homeless individuals in the areas studied, Rapid Re-Housing policy provides a mixed bag of positive and negative possibilities. On the positive side, Rapid Re-Housing can create some synergies between organizations that previously did not work closely together. Because the application process encourages participation in the Coalition of Care or other network of providers, greater levels of cooperation even beyond the application process are being reached by some, thus achieving a legislative goal. In these cases, communities of service providers have come to work more closely in terms of providing references and bundling services for individuals.

One director of a battered women's shelter described how federal policy changes were driving collaborative practices that are indeed improving service for those in need of permanent housing solutions and creating conversations around this issue that were not taking place prior to the policy shift. However, in an adjacent community, the domestic violence shelter director lamented the fact that the new Rapid Re-Housing legislation hamstrings providers from serving those in emergency homeless situations by decreasing federal monies for emergency services in favor of monies for re-housing. One interviewee said, "Maybe some communities have more resources to get people into housing right away; it's not [this one]." Since it takes time to conduct assessments and process paperwork involved in getting someone into permanent housing, some shelters are struggling to provide both types of service.

Other interview themes include attitudes regarding the impact of Rapid Re-Housing on accessibility of funding, the importance of available housing stock and additional support services, and the classification of homeless individuals.

The first identified theme was accessing funding. Nonprofit leaders report that Rapid Re-Housing funds are difficult to access for rural service providers who lack needed infrastructure such as required amounts of housing stock in their communities. One respondent noted, "housing stock is certainly a problem – in a number of different ways. One is just the number of units that are available, the second is decent units, and third is cost of the unit." In terms of housing stock, the areas had little available housing suitable for Rapid Re-Housing placement. More problematically, housing for temporary emergency needs are being defunded in light of emphasis on funding Rapid Re-Housing. Those indirect service providers in micropolitan areas, urban areas with less than 50,000 and at least 10,000 people, who can access Rapid Re-Housing funds, are frustrated by a gap in service between those in need of immediate homeless services and those in need of Rapid Re-Housing services.

Support service infrastructure was the second theme identified. A high point in the study is the consistent report of strong support from law enforcement and social services as in helping give rural homeless service providers additional support and legitimacy, which is critical since these organizations lack financial and human resources. However, critical infrastructures missing for rural areas include adequate housing stock (e.g., "There is no such thing as low-income housing in [this] city") as well as needed wrap-around service such as health, employment, transportation, and substance abuse services (e.g., "50%-75% of our women come in with substance or alcohol abuse issues").

All direct service providers interviewed are part of their continuum of care coalition. These support systems generally do not come with funding attached. Emergent homeless service providers feel they lack capacity to access state and federal funds as well as time and capacity to identify private and foundation funding possibilities, while state and federal funders encourage coalition-building for greater fund access. Such constraints led one temporary shelter in the study to close after only two years of operation, with no other temporary shelter available for approximately thirty miles.

Finally, nonprofit professionals identified a recurring theme regarding the classification of homelessness. The policy shift can artificially impose a reclassification of individuals to make them fit the policy's guidelines. For example, one domestic violence shelter director noted,

we have a convergence, then, of people in the house that come with different issues in that the main [concern] is around safety. The homeless folks that come in – now of course we’re trying to make them domestic violence . . . ‘at some point in your life, wasn’t somebody mean to you’?

In another case, the interviewee described barriers to classifying those needing service as

. . . the type of people we would work with is going to be the main barrier. They say somebody who is local doesn’t [fit the definition for Rapid Re-Housing], so they can amend some of the things. So sometimes we’re a square peg trying to go into a round hole, which doesn’t fit the type of people we work with. We work with a higher barrier people (those who have high barriers to access housing), medium- to high- barrier. We’ve got very few low barrier (individuals who have low barriers to access housing). So until they come up with a solution to help those, we’re going to be on the outside looking in.

### **Practice Implications**

As a whole, homeless services are emergent providers with associated liabilities of smallness, newness, and resource dependence (since private contributors are crucial). The organizations that focused exclusively on provision of homeless services were the leanest in terms of staff and overall infrastructure. Noted earlier was the general paucity of staff. The domestic violence organizations were the exceptions each with over ten staff members. At least one staff member in each of the domestic violence organizations had grant writing responsibilities as part of their job description.

The problem of homelessness is increasing in rural and micropolitan areas. Interviews indicate that rural homeless often migrate into micropolitan areas for access to services, particularly in colder months, taxing the resources (human, fiscal and space) of the micropolitan entity. Smaller communities are seeking collaboration and consultation with others for ways to address this growing need.

Practitioners cite many challenges presented by the shift in Rapid Re-Housing policy. Small, community-based homeless service providers providing shelter alone are pressed even more so for financial support; yet, the need for some form of emergency shelter is not entirely eliminated by the new policy environment of Rapid Re-Housing since it often takes time (sometimes one to two weeks) to place individuals and families in permanent housing. The transition period between emergency shelter needs and transition to permanent or semi-permanent housing is a gap in service not currently addressed through legislation. Although states are still supporting emergency shelters in some cases, this support is dwindling and in danger of being phased out entirely.

Along with the gap in funding for emergency services, emergency shelters may be ill-equipped on their own to support increased levels of service mandated by Rapid Re-Housing. Emergency shelters can choose not to seek Rapid Re-Housing funding and therefore not provide those services; however, this source of funding is significant and often financially struggling organizations feel pressed to seek this option. Smaller organizations often may not have the time

or capacity to seek the funding which can require considerable time, effort, knowledge, and collaborative skills to obtain. If organizations do receive funding, the demands of the federal requirements can strain on other services, causing a shift in mission in some cases, or discontinuation of services once offered. In some cases, individuals with criminal charges cannot qualify for re-housing; and in some cases, these individuals, through little fault of their own (a spouse did not pay bills or damaged property, for example) are often stuck without housing assistance under the new provisions. In small communities, where housing stock is limited, individuals who may have gained a reputation for unruly or irresponsible behavior in the past may have difficulty finding landlords willing to work with them.

Yet, along with these challenges and difficulties lie opportunities for community organizations and funding agencies. Organizations obtaining Rapid Re-Housing monies report that once they understand the federal requirements and obtain funding, they are working more collaboratively with other community service providers. Such collaboration can reduce redundancy and overlap of services and create stronger networks of service professionals in micropolitan and rural areas. The opportunity for federal funders is to re-examine re-housing to close the gap between emergency and permanent housing and take the needs of rural emergency service providers into greater consideration.

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