International Journal of Business, Human and Social Sciences
ISSN: 2517-9411
Vol:15, No:4, 2021

Exploring Causes of Homelessness and Shelter Entry: A Case Study Analysis of Shelter Data in New York

Lindsay Fink, Sarha Smith-Moyo, Leanne W. Charlesworth

Abstract**—**In recent years, the number of individuals experiencing homelessness has increased in the United States. This paper analyzes 2019 data from 16 different emergency shelters in Monroe County, located in Upstate New York. The data were collected through the County's Homeless Management Information System (HMIS), and individuals were de-identified and de-duplicated for analysis. The purpose of this study is to explore the basic characteristics of the homeless population in Monroe County, and the dynamics of shelter use. The results of this study showed gender as a significant factor when analyzing the relationship between demographic variables and recorded reasons for shelter entry. Results also indicated that age and ethnicity did not significantly influence odds of re-entering a shelter, but did significantly influence reasons for shelter entry. Overall, the most common recorded cause of shelter entry in 2019 in the examined county was eviction by primary tenant. Recommendations to better address recurrent shelter entry and potential chronic homelessness include more consideration for the diversity existing within the homeless population, and the dynamics leading to shelter stays, including enhanced funding and training for shelter staff, as well as expanded access to permanent supportive housing programs.

Keywords**—**Chronic homelessness, homeless shelter stays, permanent supportive housing, shelter population dynamics.

I. Homeless Shelter Use

HOMELESSNESS is a major social problem. According to the 2019 Annual Homeless Assessment Report released by the United States Department of Housing and Urban Development (HUD), 567,715 people experienced homelessness across the United States on a single night in 2019, which is an increase of 14,885 people since 2018 [1]. Although the percentage of people experiencing homelessness on a single night increased from the previous year, the overall number had previously been trending downward [1]. These trends suggest that efforts to reduce homelessness have been met with some success, but the recent increase in numbers is cause for concern [2]. There is a need to re-assess available data and to consider the implementation of new strategies.

Long-term or chronic homelessness increased 8.5% between 2018 and 2019, but compared to 2007 decreased by approximately 20% [1]. The decrease in chronic homelessness over time is attributed mainly to an increase in permanent supportive housing (PSH) nationwide [1]. Turning to the chronically homeless in 2019, two-thirds were not staying in shelters, putting them at high risk for injury, illness, and death [1]. Those who fall into the recurrent and chronic homeless population are particularly vulnerable and often need a complex array of services and supports. This can be seen in local data from a county located in Upstate New York. The Monroe County Department of Human Services 2018 annual homeless report indicates that many individuals need multiple temporary housing assistance placements in one year [3]. Individuals are often unable to obtain the stabilization support they need during their initial spell of homelessness, and as a result return to shelters multiple times, putting them on the road to housing instability and chronic homelessness. This paper explores the population accessing homeless shelters in this Upstate New York county during the course of one year, examining the basic characteristics of the population and the dynamics of shelter use.

L. Fink, BSW Candidate is with the Social Work Department, Nazareth College, Rochester, NY 14618 USA (e-mail: lfink1@mail.naz.edu).

S. Smith-Moyo, BSW Candidate is with the Social Work Department, Nazareth College, Rochester, NY 14618 USA (e-mail: ssmithm7@mail.naz.edu)

L. W. Charlesworth, LMSW, PhD is with the Social Work Department, Nazareth College, Rochester, NY 14618 USA (e-mail: lcharle8@naz.edu).

II. Background

A. Factors Contributing to Homelessness

There is a great deal of existing research exploring homelessness and its causes. For example, a study looking at causes of homelessness in selected urban areas of the United States, England, and Australia concluded that financial factors are the leading cause of homelessness in all three regions, with mental health challenges identified as the second most common cause [4]. The study also found that 21% of participants believed alcohol use contributed to their homelessness and that the alcohol use or abuse was at least in part a result of either marital breakdown or eviction for not paying rent [4]. The path of stress from a failing relationship to substance use demonstrates the multifactorial nature of homelessness; there is often not a single, isolated cause of homelessness. Different factors overlap and synergistically contribute to a pathway toward homelessness.

A 2017 study asked individuals to share their perspectives on what they believe are the causes of their homelessness [5]. The researchers found a majority reported addiction and lack of income as the leading causes, with males identifying incarceration as a significant contributing factor [5]. This finding validates conclusions from a national survey of adults in state and federal prisons indicating the rate of prior homelessness among inmates was four to six times higher than the general population [6].

Taken together, the research exploring reasons for homelessness points to unexpected loss of income and eviction, substance use, mental health challenges, and

incarceration as some of the leading risk factors. However, a less examined topic is why people remain homeless. The term chronically homeless refers to those who experience homelessness for at least a year, or have experienced multiple periods of homelessness, along with having some disabling condition [7]. Many facing homelessness, including the chronically homeless, seek out homeless shelters for assistance. A phenomenon in need of further exploration is recurrent shelter stays or in other words, the fact that many who use and then exit a homeless shelter subsequently return.

B. The Role of Evictions

Eviction has logically been established as a cause of homelessness, but research aims to examine the significance of its role. As noted, [4] explored homelessness in the United States, England, and Australia and found over a quarter of all participants (27%) reported difficulty paying rent as one of the leading causes of their homelessness. Difficulty in paying rent often leads to eviction. Reference [4] also found many in their study, particularly in the United States, gave up their tenancy before being evicted. Regardless of whether or not the participants received formal eviction notices, [4] concluded that a major cause of homelessness globally is difficulty paying rent which ultimately leads to official or unofficial eviction and subsequent homelessness.

Eviction is a complex phenomenon among those experiencing housing instability. A longitudinal study following 634 shelter users over one year found that 37.7% of all participants returned to a shelter within a year of departure, and that those leaving due to an imposed shelter departure were up to five times more likely than others to return [8]. An imposed departure is defined in the study as being asked to leave a program due to behavioral issues, absences, and similar factors [8]. In other words, participants who experienced an imposed departure from a shelter were more likely to return to homelessness. Similarly, another study focusing on veterans found that those who exited a supportive housing program due to eviction were approximately four times more likely to return to homelessness compared to other exiters who remained in the program [9].

One longitudinal study examined outcomes of re-housing older people in either shared houses, independent housing, or residential care homes after two years [10]. Over half (59%) of respondents were still housed after two years [10]. All those who were evicted or had abandoned their homes (31%) had been placed in either shared houses or residential care homes as opposed to independent homes [10]. Reasons for eviction and abandonment included conflicts with other tenants, mental health challenges, and alcohol use which appeared to lead to aggressive behavior [10]. Conflicts were more likely to occur among those who were younger [10]. The study revealed the importance of different types of housing programs and behavioral intervention, and suggested independent housing may be more effective in helping people settle into and maintain housing. Overall, these studies suggest that eviction plays a significant role in understanding how to most effectively create and sustain stable housing.

C. Age

Age is a relevant variable to consider when examining factors contributing to homelessness. Research indicates that nearly half of those labeled “chronically homeless adults” are aged 50 years or older [11]. Despite accounting for such a large portion of chronic cases, older adults are often neglected in homeless research. Many studies overlook the impact age has on the experience of homelessness. Those belonging to older generations are more vulnerable to the physical health risks of being homeless. In a 12-month prospective study of 250 older adults experiencing homelessness in Massachusetts, researchers found that 32% of participants reported impairment in one or more activities of daily living (ADL) such as transferring, dressing, and bathing [12]. Of those who reported impairment at baseline, 49% said that their difficulties persisted or worsened at the follow-up, illustrating how the functional impairment of older adults often has long term consequences that impact one’s experience of attempting to transition out of homelessness. The vulnerability of older individuals experiencing homelessness is also illustrated in a three-year prospective cohort study of 350 homeless adults aged 50 and older, where 62.3% of participants reported one or more falls in at least one study visit, 10.1% experienced physical assault, and 81.7% had spent a night unsheltered [13]. Those who fell were significantly more likely to have difficulty with ADL’s, moderate-to-high risk of opioid and marijuana use, fewer social confidants, to have spent at least one night unsheltered, or to experience physical assault [13]. For many reasons, it is more dangerous for an elderly individual than someone who is younger to be unsheltered (e.g., sleeping ‘on the street’); for example, it is much more likely small triggers like rain, debris, or uneven surfaces will precipitate falls among the older population [13].

Older adults experiencing homelessness have also been shown to avoid seeking treatment or help as often as younger people. For example, in a study focusing on the impact of domestic violence across age cohorts, 41% of women 45 years and older were currently experiencing domestic violence, compared to only 26% of those aged 18 to 29 years old [14]. Furthermore, women aged 45 years or older endured intimate partner abuse more than five times the average duration of such violence in the youngest group [14]. Although Wilke and Vinton’s study suggests that older women are more likely to be long-term victims of domestic violence, none of the women in the oldest group indicated they had reported, sought assistance, or talked to someone at a shelter, crisis center or victim advocacy agency [14]. This finding suggests older victims of domestic violence are most likely underrepresented among service recipients, and are not receiving the services they need to escape their abusive situations and heal. It is also possible these victims are leaving and going to a shelter, then returning to the abuser and continuing the cycle.

When examining those who return to homelessness, it is important to recognize the difference between recurrent homelessness and chronic homelessness. Recurrent homelessness is defined as one or more new episodes of homelessness occurring at any time after obtaining housing,

for any length of time, subsequent to a first-time homeless episode [15]. On the other hand, chronic homelessness references long term or frequent episodes of homelessness, in addition to the individual struggling with a disabling condition [7]. Chronic homelessness is a more formal term used to track trends and identify eligibility for services and should be distinguished from terms such as episodic and recurrent homelessness. One study examining risk factors associated with recurrent homelessness found that although 71.2% of recurrently homeless participants were under forty-five years of age, within the entire sample, those under thirty were significantly more likely to become stably housed [15]. Other research suggests recurrent homelessness, individuals moving in and out of homelessness, is more common among younger generations such as millennials, whereas chronic homelessness is more common among older generations that are more at risk for suffering from chronic diseases.

D.Gender

Gender plays a significant role in the homeless experience. A common theme in the research is that males make up the majority of the homeless population [16]. One study conducted with vulnerably housed adults in three major Canadian cities found that males were 1.6 times more likely than females to experience homelessness after living in stable housing during the three year follow up [17]. Although men comprise a majority of the homeless population, research suggests women have traditionally been more likely than men to seek refuge in shelters. In the study examining what resources homeless individuals deemed necessary to leave their current shelter and live more independently, [5] found that males were more likely to report the need to live with a friend in order to leave a shelter. In other words, males appear to rely more on friends and family for housing and support, rather than formal resources, compared to women. A possible explanation for why women are more likely to seek out shelters and other more formal services, whereas men are more likely to seek out family or friends, is responsibility for children. Research finds that women report higher rates of children in their care, and thus it may be more practical to seek refuge in a family shelter as opposed to asking a friend to house an entire family [16].

Not only do males and females differ in their rate of homelessness, but they also differ in what causes their homelessness. For example, women are more likely than men to enter homelessness to escape domestic violence and men are more likely than women to enter homelessness after incarceration. Reference [5] found that 31% of males reported re-entry following incarceration as a cause for homelessness compared to only 15% of females. Mental health challenges, however, are an area of nuanced differences. Although the prevalence of mental health disorders for both men and women experiencing homelessness can be up to 60%, multiple studies have indicated that females are more likely to suffer from chronic mental illness [5]. For instance, when looking at gender differences among chronically homeless individuals entering PSH, 79.5% of women reported having comorbid physical and mental health disorder diagnoses as compared with only 59.8% of men [16].

One area where gender differences are not as clear is substance use. Reference [5] found that more females reported addiction as the main cause of their homelessness than males, and were more likely to report drug addiction counseling to be important in order for them to leave emergency housing. However, other research indicates that higher rates of reported addiction among homeless men than among homeless women [16]. These findings of gender differences could be due to multiple factors such as the sample size and gender ratio of each study. Overall, substance use seems to be a common experience among both men and women experiencing homelessness and suggests the need for more access to addiction counseling.

The present study examined 2019 homelessness data in one county in Upstate New York. As a case study of a local population using homeless shelters, demographics were examined. In addition, primary reason for shelter entry was explored, including relationships between demographic variables and primary reasons for shelter entry. The study was approved by the Nazareth College Human Subjects Review Committee, and was exempt from full review due to the nature of the study being secondary analysis of anonymous data.

III. Results

This examination of administrative data focuses upon the 3,137 individuals recorded as visiting 16 different emergency shelters in one Upstate New York county in 2019. The data were collected through the County's HMIS and individuals were de-identified and de-duplicated for analysis purposes.

Among the 3,137 individuals, 53.8% (n = 1,689) were recorded as male, 45.4% (n = 1,424) as female and 0.8% (n = 24) as transgender. The majority (n = 2,535, 80.8%) were recorded as Non-Hispanic/Non-Latino. Over half (n = 1,899, 60.5%) were recorded as Black or African American, with 37.8% (n = 1,187) recorded as white and under 2% recorded as Native Hawaiian or Pacific Islander (n = 19), Asian (n = 10), or American Indian or Alaskan Native (n = 22). Age ranged from 12 to 82 with an average age of 36; 4.6% (n = 145) fell between 12 and 17 years of age.

The primary recorded reason for shelter entry is summarized in Table I.

Gender emerged as significant in an analysis of the relationship between demographic variables and recorded reasons for shelter entry. In particular, men were significantly more likely to enter shelters due to recent release from jail or prison (86.7%, n = 294 compared to women at 12.7%, n = 43) and criminal activity (84.1%, n = 95 compared to women at 15.9%, n = 18). Women were more likely to enter due to domestic violence victim status (86.1%, n = 236 compared to men at 12.8%, n = 35).

Age did not significantly influence odds of re-entering a shelter during the study year but did significantly influence reasons for shelter entry. In particular, younger individuals stood out as unique in their reasons for shelter entry, when compared to older individuals. Categorizing the sample

members into Generation Z (born between 1997 and 2019, n = 539), Millennials (born between 1981-1996, n = 1356), Generation X (1965-1980, n = 859), Baby Boomers (1946-1964, n = 374) and the Silent Generation (1925-1945, n = 9) revealed that only Generation Z differed significantly from the others [18]. The top three reasons for shelter entry among Generation Z members were eviction by primary tenant (34.7%, n = 187), family dysfunction (18.9%, n = 102) and domestic violence (10.6%, n = 57). Members of the other generations shared their top three reasons for shelter entry, in the same order: eviction by primary tenant, eviction by landlord or court, and recent release from jail or prison. Another notable age-related finding is that as age increased, medical, mental health, and substance abuse challenges grew more common as the reported primary reason for shelter entry. Similarly, race or ethnicity did not appear to influence odds of re-entering a shelter during the study year but did significantly influence primary reason for shelter entry. Significant differences appeared in the following areas: substance abuse, natural disaster and mortgage foreclosure were more common primary reason for entry among whites compared to other racial groups; more common primary reason for entry among those identifying as Black or African American were family dysfunction, recent release from jail or prison, criminal activity, domestic violence victimization, eviction by primary tenant and eviction by landlord or court, fire, health/safety code violations, and loss of income.

TABLE I
PRIMARY RECORDED REASON FOR SHELTER ENTRY (ALL VISITING SHELTERS IN 2019)

Primary Reason	Number	Percentage
Eviction by primary tenant ("put out" by family/friend)	688	21.9
Eviction by landlord/court	417	13.3
Recent release from jail/prison	339	10.8
Family dysfunction/conflict (not domestic violence)	335	10.7
Loss of income	288	9.2
Domestic violence victim	274	8.7
Substance abuse	195	6.2
Relocation from outside County	154	4.9
Criminal activity	113	3.6
Health/safety issues (code violations)	66	2.1
Mental health	57	1.9
Medical condition	56	1.8
Co-occurring disorder	51	1.6
Unknown	40	1.3
Fire	22	0.7
Loss of transportation	12	0.4
Utility shut-off	12	0.4
Natural disaster	10	0.3
Mortgage foreclosure	8	0.3

Among the total 3,137 individuals visiting area shelters in 2019, the majority (70.2%, n = 2,202) visited a shelter once and had no second recorded visit to any shelter in Monroe County again during 2019. The demographics and recorded reasons for shelter entry in this group of 2,202 individuals who visited a shelter only once are very similar to the combined, larger population of shelter users. Separating out those how visited a shelter only once, the primary recorded reason for the shelter entry was eviction by primary tenant; family dysfunction gained slightly more importance as a leading cause of shelter entry, shifting from fifth to fourth place (see Table II).

TABLE II
PRIMARY RECORDED REASON FOR HOMELESSNESS (NO-RETURN TO SHELTER IN 2019)

Primary Reason	Number	Percentage
Eviction by primary tenant ("put out" by family/friend)	488	22.2
Eviction by landlord/court	280	12.7
Recent release from jail/prison	256	11.6
Family dysfunction (not domestic violence)	218	9.9
Domestic violence victim	195	8.9

Turning to those individuals (29.8% n = 935) who were officially recorded as returning to either the same shelter or different shelters in Monroe County in 2019, most (68.2%, n = 638) had two recorded shelter entries in 2019; 17.7% (n = 165) had three entries; 7.7% (n = 72) had four; approximately 6% had five or more recorded shelter entries. In total, these 935 individuals accounted for 1,160 of the total 4,619 (25%) shelter entrances in the county in 2019.

An analysis of significant differences between those who were recorded as entering only one shelter and those who entered any shelter more than once in 2019 revealed no significant differences on basic demographics. However, significant differences between these two groups were readily apparent in terms of primary reasons for shelter entry. These differences were most significant in the areas included in Table III. Individuals entering a shelter due to natural disaster, mortgage foreclosure, criminal activity, loss of transportation, relocation to the county and release from jail or prison were much more likely to return to a shelter more than once during the year; differences were less significant for entry reasons such as substance use, mental health, or co-occurring disorders. Individuals entering for these reasons were equally likely to enter only one or multiple times during the year.

TABLE III
CAUSE OF SHELTER ENTRY AND LIKELIHOOD OF RETURN

Recorded Cause of Shelter Entry	One Shelter Entry n (%)	Return Shelter Entries n (%)	Total N
Natural Disaster	0 (0)	10 (100)	10
Mortgage Foreclosure	1 (12.5)	7 (87.5)	8
Criminal Activity	16 (14.2)	97 (85.8)	113
Loss of Transportation	2 (16.7)	10 (83.3)	12
Relocation to County	30 (19.5)	124 (80.5)	154
Release from Jail/Prison	83 (24.5)	256 (75.5)	339

IV. DISCUSSION

The most common recorded cause of shelter entry in 2019 in the examined county was eviction; eviction by "primary tenant," typically a family member or friend, is most prevalent followed by eviction by a landlord or court. This finding, long-standing in this county and perhaps countering prevailing

perceptions of homelessness, underscores the importance of eviction prevention efforts. However, although substance abuse and mental health disorders are not the primary recorded reasons for shelter entry in this sample, they may be underlying challenges interfering with the ability to find and maintain stable housing. Local experts suggest that over half of shelter residents struggle with substance abuse, and evictions by a primary tenant are likely related to intertwined relationship issues, along with potential substance use and mental health [19]. The complex interrelationships among risk factors must be integrated into prevention and intervention strategies.

Deeper analysis of return shelter entries suggests that close attention should be paid to individuals presenting with particular needs and entry reasons. Specifically, homelessness caused by natural disaster, mortgage foreclosure, criminal activity, loss of transportation, relocation to the county and release from jail or prison is likely to be associated with recurrent shelter use. Attention to these risk factors is needed in future research.

Our data indicate that causes of homelessness vary by gender. For instance, women are more likely to enter shelters as a result of domestic violence and men as a result of incarceration or criminal activity. When it comes to eviction, women are more likely to be evicted by a landlord or court whereas men are more likely to be evicted by a primary tenant. Local experts again shed light on these findings; they suggest that women are more readily provided support in the form of formal arrangements, especially if they have children in their care, whereas men are frequently pushed into unstable, informal arrangements [20]. This may play a role in placing men at greater risk of recurrent shelter use and chronic homelessness.

Finally, age and racial dynamics are relevant to understanding factors shaping housing instability as well. Family challenges are causal factors relevant to understanding homelessness in general, but these data suggest that dysfunctional family and relationship dynamics are especially critical risk factors among youth and young adults. Analysis of race indicates risk factors impacting Black or African American individuals at a higher rate than members of other racial and ethnic groups are those linked to the court (criminal justice and eviction) systems.

V. Implications and Recommendations

In recent years, there has been a shift from using a transitional housing approach to a “Housing First” model. The Housing First model was developed by Dr. Sam Tsemberis in 1992 after he founded “Pathways to Housing” in New York [21]. Placing individuals utilizing the housing first method in PSH remains controversial although there is research evidence supporting its effectiveness. PSH is defined broadly as subsidized housing matched with ongoing supportive services [22]. Housing First is a PSH program that has gained much popularity. The program provides housing for vulnerable individuals who are currently homeless without barriers such as maintaining sobriety.

According to HUD, between 2007 and 2013 the number of PSH units grew from 189,000 to 284,000 and the number of persons experiencing chronic homelessness on a given night nationwide decreased from 124,000 to about 93,000 [22]. Additionally, a study including 372 communities nationwide showed the mean number of PSH beds per 10,000 adults increasing by 57% and the mean total rate of chronic homelessness decreasing by 35% between 2007-2012 [22]. These trends demonstrate the impact PSH programs have on those suffering from chronic homelessness.

Not only is PSH addressing the needs of the chronically homeless, but also that of the community in which they live. The cost of providing PSH to the chronically homeless can be partially or completely offset by decreased utilization of public health services, such as frequent emergency room visits and shelter stays [22]. A study evaluating the effectiveness of HF with Intensive Case Management (ICM) among ethnically diverse adults experiencing homelessness and diagnosed with mental illnesses in Toronto, Canada found that the probability for hospitalization was 10.7% lower for those in the HF group compared to those who were treated as usual (TAU) [23]. In addition, a systematic review of four different studies looking at the effects of HF on health and wellbeing indicated participants receiving HF are two and a half times more likely to be stably housed after 18–24 months [24]. More individuals maintaining stable housing results in fewer people returning to shelters or using emergency rooms as shelter. Overall, PSH provides the chronically homeless with the services they need to live independently and ultimately saves time, money, and resources for states and localities.

Additional research suggests that outreach services and supportive housing settings are more likely to help people maintain housing long term [25]. A study conducted in Indiana included 51 male and 52 female participants experiencing homelessness and concluded that a wide variety of resources were needed to reduce their reliance on and return to the shelter environment. When the individuals were asked what would be required for them to leave shelters and live on their own, a majority reported needing a housing subsidy and stable job [5]. The needs reported by those experiencing homelessness first hand support the Housing First model in that before one can address underlying issues such as substance use, mental health, and physical health needs, they first must have their basic needs met which includes being housed in a stable and sufficient manner.

According to the United States Census Bureau, someone who is suffering from housing deprivation has at least two of the following conditions: lacks a complete kitchen, lacks complete plumbing, is living in an overcrowded housing unit, and/or has a high cost burden [26]. People suffering from literal homelessness as well as housing deprivation have inadequate living situations that pose major health and safety risks. One cohort study found recurrent periods of housing deprivation in the first 33 years of life were associated with disability and critical health challenges [27]. In addition to a wealth of research demonstrating the link between homelessness, poor health, and premature, this line of housing

deprivation research illustrates the importance of adequate housing [28].

Older populations make up most of the chronically homeless population [13]. Thus, to address chronic homelessness, one needs to recognize risks associated with aging and services appropriate for older people facing homelessness. More than half of homeless adults are 50 years or older and have a high prevalence of geriatric conditions (e.g., falls, urinary incontinence, and functional, sensory, and cognitive impairments) [13]. The prevalence and severity of these conditions are heightened for those living on the street, as they are also being exposed to environmental hazards and potential violence [13]. Due to the risks posed by the unsheltered environment, Housing First (HF) is essential to addressing the needs of the aging chronically homeless and to the prevention of premature mortality.

An observational study examining mortality among formerly homeless adults in an HF program found that among those in the (now housed) HF group, 72% died from natural causes, compared to 49% from the homeless group [11]. The study provides evidence that providing housing reduces exposure to risks that are often responsible for preventable deaths. Along with HF, services such as employment training are critical to prevent eviction and eviction prevention should be a primary focus throughout any transitional process.

Eviction is also relevant in the shelter context; recurrent shelter use may be linked to shelter stays expiring before individuals are ready to leave, forcing them to find somewhere else to stay. One recommendation is the investment of funding and resources to enable residents to stay in shelters until they are stable enough to be on their own. This would decrease the likelihood of people returning to homelessness and cycling in and out of the shelters, and could ultimately save money because resources are not being used repeatedly on the same people.

One challenge mentioned in the literature regarding eviction and the role of shelter policies is that program counselors apply shelter rules inconsistently [8]. For instance, one counselor might be more lenient when it comes to behavioral issues or rent, whereas others might have a no-tolerance stance. Thus, it is important to note the negative impact shelter policies and their inconsistent application can have on individuals. Although shelters should not excuse disruptive behavior or lack of commitment to agreed upon policies or goals, it is possible that expanded advocacy efforts are needed for services such as ongoing counseling, financial assistance, and employment referral and training in shelter environments.

When working with particularly vulnerable populations like those transitioning from jail or prison, veterans and domestic violence victims, it is also important to recognize how a client's past might affect their transition into housing. Effective re-entry support is critical to prevent recidivism and recurrent shelter entries among the recently incarcerated. In the study of veterans, those who exited due to eviction had significantly higher rates of both outpatient and inpatient care related to mental health and substance use disorder (SUD), illustrating how they may have called for a higher level of care than the program offered [9]. It is common for veterans to present SUD and/or mental health challenges. Someone struggling with SUD and mental health challenges would be likely to have difficulty maintaining independent housing, especially if they have no other social support services. This is why sustained and quality relationships between service providers and clients are essential. Often, underlying challenges including trauma need to be addressed and managed in order to prevent eviction and recurrent homelessness. As [29] points out, trauma increases risk of mental health and SUDs, which elevate risk of homelessness and, compounding the trauma for many, experiencing homelessness itself often is traumatizing. Reference [2] identifies trauma-informed care as a key homelessness reduction strategy.

VI. Limitations

This study was limited to HMIS data in one county, and only includes individuals formally accounted for in shelter information management systems. Those who are homeless but living in an unsheltered environment were not included. In addition, due to COVID-19, it was not possible to do research in the field. This study relied solely on existing, secondary data. Therefore, these data do not reflect first person accounts, which should be an important part of future research in this area.

VII. Conclusion

Despite the limitations, it is evident that recurrent shelter entry is a prevalent issue in the U.S. Although eviction emerges as a major cause of homelessness in this region, other relevant factors include but are not limited to release from incarceration and domestic violence, and gender, race and age shape the likelihood of experiencing each gateway into homelessness. Recommendations include more intensive consideration of diversity within the homeless population and the dynamics leading to shelter stays, including the potential need for enhanced funding and training for shelter staff, as well as expanded access to PSH programs.

Acknowledgment

The authors would like to thank various members of the Rochester Homeless Services Network for providing access to HMIS data and participating in interviews to share their insights about shelter use.

References

[1] U.S. Department of Housing and Urban Development (2020). The 2019 Annual Homelessness Assessment Report to Congress. Washington, DC: Author. https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf

[2] U.S. Interagency Council on Homelessness (2020). Expanding the Toolbox: The Whole of Government Response to Homelessness. Washington, DC: Author. https://www.usich.gov/resources/uploads/asset_library/USICH-Expanding-the-Toolbox.pdf

[3] Monroe County Department of Human Services (2018). *Housing/Homeless Services Annual Report.* Rochester, NY: Author.
[4] Crane, M., et al. (2005). The Causes of Homelessness in Later Life: Findings From a 3-Nation Study. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 60(3), S152–S159. https://doi.org/10.1093/geronb/60.3.s152
[5] Hardin, J., & Wille, D. E. (2017). The homeless individual's viewpoint: causes of homelessness and resources needed to leave the sheltered environment. *Social Work and Social Sciences Review, 19*(2), 33-45.
[6] Nooe, R., & Patterson, D. (2010). The Ecology of Homelessness. *Journal of Human Behavior in the Social Environment*, *20*(2), 105–152. https://doi.org/10.1080/10911350903269757
[7] National Alliance to End Homelessness. (2020, January 27). *Chronically Homeless*. https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/
[8] Duchesne, A. T., & Rothwell, D. W. (2016). What leads to homeless shelter re-entry? An exploration of the psychosocial, health, contextual and demographic factors. *Canadian Journal of Public Health*, 107(1), e94–e99. https://doi.org/10.17269/cjph.107.5271
[9] Cusack, M., & Montgomery, A. (2017). The role of eviction in veterans' homelessness recidivism. *Journal of Social Distress and the Homeless*, 26(1), 58–64. https://doi.org/10.1080/10530789.2017.1314093
[10] Crane, M., & Warnes, A. (2007). The outcomes of rehousing older homeless people: a longitudinal study. *Ageing and Society*, 27(6), 891–918. https://doi.org/10.1017/S0144686X07006319
[11] Henwood, B., Byrne, T., & Scriber, B. (2015). Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. *BMC Public Health*, 15(1), 1209–. https://doi.org/10.1186/s12889-015-2552-1
[12] Brown, M., et al. (2015). Health Outcomes of Obtaining Housing Among Older Homeless Adults. American Journal of Public Health (1971), 105(7), 1482–1488. https://doi.org/10.2105/AJPH.2014.302539S.
[13] Abbs, E., Brown, R., Guzman, D., Kaplan, L., & Kushel, M. (2020). Risk Factors for Falls in Older Adults Experiencing Homelessness: Results from the HOPE HOME Cohort Study. Journal of General Internal Medicine: JGIM, 35(6), 1813–1820. https://doi.org/10.1007/s11606-020-05637-0
[14] Wilke, D., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia*, 20(3), 316–328. https://doi.org/10.1177/0886109905277751
[15] McQuistion, H., Gorroochurn, P., Hsu, E., & Caton, C. (2014). Risk Factors Associated with Recurrent Homelessness After a First Homeless Episode. *Community Mental Health Journal*, 50(5), 505–513. https://doi.org/10.1007/s10597-013-9608-4
[16] Bird, M., Rhoades, H., Lahey, J., Cederbaum, J., & Wenzel, S. (2017). Life goals and gender differences among chronically homeless individuals entering permanent supportive housing. *Journal of Social Distress and the Homeless*, 26(1), 9–15. https://doi.org/10.1080/10530789.2016.1274570
[17] To, M., et al. (2016). Predictors of homelessness among vulnerably housed adults in 3 Canadian cities: a prospective cohort study. *BMC Public Health*, 16(1), 1041–12. https://doi.org/10.1186/s12889-016-3711-8
[18] CNN Editorial Research (2020, September 1). American Generations: Fast Facts. https://www.cnn.com/2013/11/06/us/baby-boomer-generation-fast-facts/index.html
[19] M. Rood, former Salvation Army Shelter Director, Rochester, NY, private communication, May 28, 2020.
[20] A. Turner, Program Director of Community Resource Services at Catholic Family Center and Eviction Task Force Director, Rochester, NY, private communication, June 12, 2020)
[21] Padgett, D., Henwood, B., & Tsemberis, S. (2016). *Housing First: Ending homelessness, transforming systems and changing lives.* New York: Oxford University Press.
[22] Byrne, T., Fargo, J., Montgomery, A., Munley, E., & Culhane, D. (2014). The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness. The Social Service Review (Chicago), 88(2), 234–263. https://doi.org/10.1086/676142
[23] Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S., O'Campo, P., & McKenzie, K. (2015). Effectiveness of Housing First with Intensive Case Management in an Ethnically Diverse Sample of Homeless Adults with Mental Illness: A Randomized Controlled Trial. PloS One, 10(7), e0130281–. https://doi.org/10.1371/journal.pone.0130281
[24] Baxter, A., Tweed, E., Katikireddi, S., & Thomson, H. (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. Journal of Epidemiology and Community Health, 73(5), 379–387. https://doi.org/10.1136/jech-2018-210981
[25] Schütz, C. (2016). Homelessness and Addiction: Causes, Consequences and Interventions. *Current Treatment Options in Psychiatry*, *3*(3), 306–313. https://doi.org/10.1007/s40501-016-0090-9
[26] U.S. Census Bureau (2019). *Multidimensional Deprivation in the United States: 2017*. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2019/demo/acs-40.pdf
[27] Krieger, J., & Higgins, D. (2002). Housing and Health: Time Again for Public Health Action. *American Journal of Public Health,* 92(5), 758–768. https://doi.org/10.2105/ajph.92.5.758
[28] Stafford, A & Wood, L (2017). Tackling Health Disparities for People Who Are Homeless: Start with Social Determinants. *International Journal of Environmental Research and Public Health, 14*(12), p. 1535–doi:10.3390/ijerph14121535.
[29] Bransford C., Cole M. (2019) Trauma-Informed Care in Homelessness Service Settings: Challenges and Opportunities. In: Larkin H., Aykanian A., Streeter C. (eds) Homelessness Prevention and Intervention in Social Work. Springer, Cham. https://doi.org/10.1007/978-3-030-03727-7_13