Characteristics of Transitional Housing for Homeless Families

Final Report

By

Martha R. Burt

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Urban Institute
2100 M Street, N.W.
Washington, DC 20037
www.urban.org

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CHAPTER 1: INTRODUCTION AND METHODS

INTRODUCTION

The concept of transitional housing has a long history in the fields of mental health and corrections, predating its application to the homeless arena by decades. State and local public mental health and corrections departments developed these residential programs to ease the transition back into regular housing for people leaving mental hospitals or prisons. Stevens (2005) describes the history of halfway houses for people leaving correctional settings, and their transition quite recently into community residential centers. To use one state as an example, in 1974 Ohio had 22 certified halfway houses for people leaving prison (Ohio Adult Parole Authority 2005). Policy makers in the mental health arena were also focusing on community-based residential and nonresidential services during the 1970s and early 1980s (Biegel and Naparstek 1982). In 1982 an American Psychiatric Association task force published its report, *A Typology of Community Residential Services* (APA 1984), which sought to establish a common nomenclature for residential programs serving people with serious mental illness located throughout the country. The task force had spent four years identifying, cataloging, and attempting to classify the many such programs in existence at that time.

These community-based transitional programs were developed for many reasons, including a desire to avoid the high cost of institutional versus community-based care and a desire or legal obligation to maintain some intermediate level of supervision over people being released from institutions. One of the historical motivations for developing transitional community residential settings comes closest to the one driving the growth of transitional housing programs for homeless people. Officials running state agencies and institutions saw people fail in the community and return to institutions when they did not have the skills, connections, or supports that would help them establish themselves independently. Transitional programs were developed to increase the likelihood that those released from institutions would, once reinforced by the learning and development acquired during a period in a transitional program, be able to sustain independent living in the community.

TRANSITIONAL HOUSING FOR HOMELESS HOUSEHOLDS

When homelessness first impressed itself on the national consciousness in the early 1980s, there was no such thing as transitional housing for homeless people. Even emergency shelters were few and far between, being run mostly by missions in run-down areas of big cities and accommodating mostly single men. The first expansion of homeless assistance took the form of more emergency shelter capacity. Only after several years of experience with people using emergency shelters did it become obvious that for some people emergency shelter would not be enough to help them leave homelessness for good. This recognition led to application of transitional and permanent supportive housing concepts to the field of homelessness.

Most transitional housing programs for homeless people that exist today specialize in serving households with serious enough barriers to getting or keeping housing that a period of stabilization, learning, and planning appear needed if they are ultimately to leave homelessness and stay housed. These households may already have some history of leaving homelessness for housing but not being able to maintain the housing, or they may have characteristics that are known to lower the probability of being able to maintain housing without supports.

Federal legislation to support the development of transitional housing programs for homeless people was first introduced in 1986, and ultimately incorporated into the first Stewart B. McKinney Homeless Assistance Act in 1987 as part of the Supportive Housing Program (SHP). After a couple of years during which different SHP components authorized by the legislation were administered in different HUD offices, HUD created the Office of Special Needs Assistance Programs (SNAPS) in the division of Community Planning and Development to consolidate the pieces and manage and direct an integrated program.

EVOLUTION OF TRANSITIONAL HOUSING WITHIN THE SHP

When the SHP was first conceived and enacted, both transitional housing (TH) and permanent supportive housing (PSH) were established as *demonstration* programs with a focus on serving people with chronic disabilities. Among other target populations, the first transitional housing programs served people with serious mental illness or possibly long-standing substance abuse. The original name of the permanent housing component of the SHP reflects this intent—"permanent housing for the handicapped homeless."

Annual competitions for SHP funds were nationwide, with each provider agency applying for and receiving grants based on its own ability to write applications and justify local need for the projects it wanted to develop. Some sophisticated providers did very well in these competitions. These tended to work in central cities, and their requests tended to be for programs to serve single homeless adults with disabilities, according to the original SHP concept. The process was not one that assured most communities of receiving funds for SHP projects, or even that funded projects were the highest priority use of additional resources for the communities that did receive grants.

The expectation underlying the SHP's demonstration nature was that HUD would fund projects that would demonstrate their value to local communities, which would then assume responsibility for ongoing funding. As the years went on, it became clear that local funding was not going to replace federal funding. In 1992, Congress transformed the program from a demonstration to a permanent discretionary grants program and the SHP gradually took on the burden of renewal funding.

The statute governing the SHP in this form provides great flexibility as to how communities can conceptualize and implement transitional housing. One of the few statutory limitations placed on TH is that it cannot provide housing for more than 24 months. Another requirement is that TH programs offer supportive services designed to help clients make the transition to regular housing, including the option that supportive services continue for up to six months after official program exit.

HUD has allowed the form of housing offered by TH programs, the populations served, and the structure and array of supportive services to vary widely. The housing can be project-based (in a single building or complex of buildings) or tenant-based (scattered-site), and since shortly after the program was enacted HUD has allowed "transition in place" formats that let clients stay in their program units and eventually take over the lease, with supportive services being gradually withdrawn. TH projects can serve a variety of homeless populations, including single adults with a variety of disabilities, families, domestic violence victims, and women seeking to regain custody of their children. TH projects may provide a wide array of services, depending on the needs of the population being served. Service configurations are flexible, including on-site by program staff, on-site by partner agencies, off-site at other agencies, off-site at client homes, multi-agency teams, and other approaches. Program administration ranges from simple to extremely complex. Some agencies manage all aspects of their TH programs, from capital development (if relevant) to building maintenance and operations, to services and supports. At the other extreme, some TH projects involve multiple organizations—for instance, a community development corporation could have renovated the building, a for-profit management company could do the maintenance and operations, the agency that "officially" runs the TH could do the case management, and one or more other agencies could have partnering agreements to provide on-site services such as health care, child care, or after-school activities.

With the shift to a discretionary grants program, SNAPS staff began to think about how they could promote a more balanced distribution of funds to communities that the national form of competition had left unfunded. On an experimental basis beginning in 1994, HUD developed the concept of a Continuum of Care (CoC), under which SHP applications would come from whole communities and be prioritized through community-wide assessment and planning processes that considered overall community needs. In 1996 HUD began *requiring* this CoC form of SHP application, coupling the requirement with an incentive—the *pro rata share* of SHP funds that would go to each community in the United States if it wrote a qualifying application. HUD published the pro rata shares in the *Federal Register,* allowing each community to see how much it *could* get if it submitted a qualifying application, and how much would go to some other community if it did not apply. Gradually most communities in the country formed CoCs or joined existing ones. In 2005, HUD received applications from 475 CoCs. The number of CoCs applying in 2006 was 454, reflecting some degree of consolidation of smaller CoCs into larger ones.

A deliberate consequence of the CoC approach has been that smaller cities, suburban counties, and rural communities are as likely as central cities to apply for SHP funds, and to receive them if their application scores in the competitive range. Since a core principle of the CoC approach is that communities set their own priorities about how to use SHP resources, HUD began to see more applications for transitional housing for families and for domestic violence victims, who characterized suburban and rural homelessness much more than the single adult long-term homeless populations for which central cities are known. As of 2005, about half of all transitional housing beds are designated to serve single adults and half are designated to serve families, including families fleeing domestic violence and families homeless for other reasons.

GROWTH OF TRANSITIONAL HOUSING

It took several years for communities to obtain funding for transitional housing programs and then to develop and open them for business. By 1996, about eight years after the Supportive Housing Program first became law, transitional housing programs were a fact of life in many U.S. communities. The National Survey of Homeless Assistance Providers and Clients estimated that 4,400 transitional housing programs were open and operating in February 1996, offering about 160,000 beds. About one-third of these programs served families exclusively, while another one-third served families among other types of clients (Burt et al. 1999, chapter 15).

The number of transitional housing programs has continued to expand. Over 7,000 transitional housing programs existed in 2004, according to the 495 CoCs that applied for HUD funding in that year. This number represents an increase of about 60 percent since 1996. These programs were reported to offer 220,000 beds, an expansion of about 38 percent in capacity. The expansion in programs being so much greater than the expansion in capacity suggests that many of the newer programs are relatively small. About 53 percent of the beds reported in 2004 are designated for families, creating a capacity to serve about 40,000 three-person families at a time in transitional housing units.

NEED FOR RESEARCH

In the early years of the SHP, HUD commissioned some basic research to describe the programs being created with SHP funding. Results indicated that in 1992 TH programs were serving over 10,000 households a year, of whom almost half were families with children. Programs also seemed to be having some impact—families who completed their TH program were twice as likely to move to stable housing as families who left TH early (Matulef et al., 1995). Further, the proportion employed had doubled by the time of program exit, and receipt of most types of public assistance had declined somewhat.

Since that early research, HUD has used information from Annual Progress Reports (APRs) to gain more understanding of the clients served by SHP programs and the outcomes they achieve. Given the great flexibility and growth in the transitional housing component of the SHP, HUD decided to conduct additional research to more carefully assess TH dynamics and performance. A more formal assessment was needed to capture the culture and context of transitional housing projects for families. This research was also needed to assess the value of transitional housing as a housing model. Given limited resources to provide housing for homeless persons, it is important to determine the efficacy of transitional housing as a housing model. If it were determined that permanent supportive housing (PSH) were a more effective housing approach, communities might choose to convert some HUD-funded TH units to PSH.[1]

[1] Current statutory requirements clearly limit such a conversion strategy at present, however, since people do not have to be disabled to participate in transitional housing, but having a disability is a requirement to access PSH. Transitional housing allows a family to be housed and receive needed services until permanent housing units become available; once the family moves on, the transitional unit is freed up to house and support another family.

Finally, there is a practical reason to explore the universe of transitional housing programs. The assumption underlying the development of TH is that some homeless people need more assistance than is available through emergency shelters before they will be able to sustain housing on their own. From this assumption follows the expectation that the households receiving TH should have significantly more barriers to getting and keeping housing than the average household coming through emergency shelters. "Just" being homeless should not be a sufficient criterion for TH eligibility. The household should also have issues for which it needs the intensive supports offered by TH programs. These issues might include, alone or in combination, recovery from addictions, reunification with children and assumption of appropriate parental roles, or stabilization of mental illness. The assumption behind TH programs is that if households get help with these issues before entering permanent housing, they might be expected to have better long-term housing outcomes. We need to know how many TH programs resemble this concept of TH, and how many differ from it and in what ways.

THIS STUDY AND THIS REPORT

This report was written in preparation for a larger study sponsored by HUD's Office of Policy Development and Research, to examine the effects of transitional housing on homeless families. The larger study involves following a sample of homeless families for one year after they leave transitional housing, to understand what happens to them and the ways in which TH program participation may have helped them retain housing. Preparation for this work included surveys of transitional housing programs in five communities, to gather the information that would let us describe TH program elements. Characterizations of TH programs will be used as part of the ultimate analyses of this project—to determine their effects on family outcomes.

Among the other uses of this program information, paramount is gaining a basic understanding of TH programs, residents, and outcomes as seen from the perspective of program directors.[2] This report provides the relevant information. It answers the first research questions of this project:

1. How can the universe of TH programs be categorized, or at least understood, in relation to a program's willingness to address families with different types and levels of housing barriers? What proportion of programs takes only the most housing-ready families, and what proportion work with families with many barriers?

2. How can TH programs be categorized in relation to their service offerings? What is the expected length of time needed to "complete" the program? What is the range of maximum lengths of stay? What services are available? What must families do to stay in the program?

[2] The final report will address the same issues based on interview responses from former TH program clients.

METHODS

To select transitional housing programs to interview and ultimately from which to select families to follow, we used a three-stage sampling design. In Stage 1, we selected CoCs. During Stage 2, we screened and then selected TH programs within CoCs. In Stage 3, we recruited clients from the selected TH programs. This report presents what we learned as a result of the first two stages.

STAGE 1 SAMPLING DESIGN: SELECTING COMMUNITIES (COCS)

We began at the CoC level for the practical reason that doing so grouped the programs and the families to be interviewed within a few limited geographical areas, making it possible to establish interviewing capabilities without prohibitive expense. We could thus recruit five or six TH programs per community and have five local liaisons responsible for interviewing, rather than spreading the same 25 or 30 programs and resources around 25 or 30 communities. We also wanted to begin at the CoC level so we could pick communities that together represented geographical diversity, a range of cultural and ethnic groups, economic expansion or contraction, and some variation in the housing markets.

We looked for CoCs that met three criteria:

- Enough TH capacity to allow us to reach our family recruitment goal for each CoC of 60 families leaving TH within our recruitment period.

- With high coverage for their family emergency shelters in their homeless management information system (HMIS). We wanted CoCs with a functioning HMIS for two purposes—to be able to check for return to homelessness once families leave TH, and to locate families for interviewing who have returned to the homeless assistance system when we cannot find them at their last residence. Also, if HMIS coverage of TH programs is high enough, we will be able to compare our sample to the universe of family TH users. Doing so will either increase our confidence that we had a representative sample of TH program families or let us know what biases exist in our sample.

- Variation in housing and employment markets—especially seeking housing markets that have some affordable housing available, or that make housing affordable through housing subsidies.

By making a series of assumptions about average lengths of stay, proportion of families that leave TH programs "successfully," and the number of beds in the average TH family unit, we determined how many family TH beds a CoC would need to have for us to make our recruitment goals. That total was between 400 and 700 beds, depending on a number of other assumptions.

Next we needed a source of information about communities and the number of their family TH beds, coupled with information about their HMIS. We turned to the database being maintained by the staff of Abt Associates working on the Annual Homeless Assistance Report (AHAR) project. For the AHAR, Abt staff had selected a random sample of 80 cities and counties representative of the whole country, and were in the process of assisting them with their HMIS

and getting an accurate picture of their homeless assistance providers and beds. In fall and winter 2004, Abt staff had just updated their database on emergency, transitional, and permanent supportive housing beds, for singles and families, in these 80 communities, and obtained an estimate of HMIS coverage.

Abt staff have generously shared the resulting spreadsheet, giving us the first two pieces of information we needed about each county— (1) the number of emergency, TH, and PSH beds in the county (or possibly in the whole CoC), separately for individuals and families; and (2) how many of the beds in each category are currently covered by the HMIS. Thirteen counties had no providers at all; our attention focused on the remaining 67 counties, plus several communities with high HMIS coverage recommended to us by Abt staff.

We identified 15 or 16 communities with potentially enough family TH and reasonably high HMIS coverage, and interviewed representatives to determine how feasible it would be to conduct family recruitment from their TH programs. If the initial discussions with CoC conveners or other knowledgeable people elicited enthusiasm, we scheduled in person or conference call meetings to explore further. Attending these meetings were CoC conveners or other contact people in the community, plus as many directors of TH programs as we could get to participate. We used these meetings and calls to describe the project, assess provider enthusiasm to cooperate, get a better handle on client flow and turnover, try to understand the concept of "graduation" or "successful exit" as it applied locally, and answer any questions that providers or other CoC representatives might have.

The result of these efforts was selection of five CoCs to participate in the study that as a group met our criteria for geographical, racial/ethnic, and economic diversity, and gave us the opportunity to include suburban as well as central city programs. All five CoCs also appeared to have an adequate number of family TH programs and projected client flow to meet the project's family recruitment goals. The five CoCs are:

- Cleveland and Cuyahoga County, Ohio;
- Detroit and parts of Wayne County, Michigan;
- Houston and Harris County, Texas;
- San Diego City and County, California;
- Seattle and King County, Washington.

STAGE 2: SAMPLING DESIGN FOR SELECTING TH PROGRAMS FROM WHICH TO RECRUIT EXITING FAMILIES

Our goal was to select five to seven family TH programs from each of the 5 CoCs in this study (25 to 35 TH programs total). To arrive at that number, we conducted screening interviews with up to 15 family TH programs per CoC. We had the further criterion of program size—we did not screen or select programs with 10 or fewer beds (i.e., one to three families in residence at a time), because they would not have produced enough opportunity for recruitment to make inclusion worthwhile. For the four CoCs that had 15 or fewer family TH programs with at least 11 beds, we screened all of them for potential inclusion in the study. In the fifth CoC we stratified the

programs by size and location (city vs. county) and randomly selected programs from each stratum for screening interviews.

The Meaning of "A Program" in This Sample

Because "program" means different things in different contexts, it is important for the reader to know what "a program" means for this project's sample. The Housing Activity Charts we used as the first pass at our sampling frame most often list programs in relation to funding. As these charts are done for HUD, the relevant funding issue is the type of funding received (e.g., Supportive Housing Program, Housing Opportunities for People with AIDS, Shelter +Care), and the first year of the grant. Thus, an agency may have received two or more HUD grants, in different years, to do essentially the same thing with the same staff, but for more people. Thus the agency adds either facility-based or scattered-site units with the second grant, but still uses the same staff to assess eligibility, against the same eligibility criteria, and simply houses a family in the first available opening.

For purposes of *this* study, we treated these two "programs" as one program, because for family recruitment purposes we needed to go to the same people to find out what was happening with the families. Thus, the 53 program interviews we completed cover more than 53 "programs" in the Housing Activity Chart sense, including:

- 8 in Cleveland covering 8 Housing Activity Chart programs
- 7 in Detroit covering 9 Housing Activity Chart programs
- 12 in Houston covering 12 Housing Activity Chart programs
- 13 in San Diego covering 15 Housing Activity Chart programs, and
- 13 in Seattle covering 16 Housing Activity Chart programs.

Other discrepancies that exist between our interview sample and the programs listed under transitional housing in the Housing Activity Charts stem from misclassifications in the Housing Activity Charts. In four of our five CoCs, we pre-screened every program with 11 or more beds listed as family transitional housing on the Housing Activity Charts; in the fifth site we checked all listed programs of 11+ beds with the CoC convener, and then conducted pre-screening calls with more than 20 programs. We also cross-checked our results with the CoC convener for the community and sometimes other knowledgeable people. After double- and triple-checking the nature of each program, we dropped the following types of programs from our list as not complying with the meaning of family transitional housing in HUD's sense: 90-day substance abuse treatment programs, programs listed as "family" that turned out to be just for single women, programs that were essentially emergency shelters (less than three months expected length of stay with most people leaving sooner, little or no screening for families with intensive service needs, and relatively little by way of intensive services or supports), programs whose typical leaver went on to another TH program, programs strictly for refugees and asylum seekers, and, for obvious practical reasons, programs that had closed and programs that were not yet open.

Collecting Data Describing Programs

To gather the information we needed to describe family TH programs, we conducted screening interviews by telephone with the directors of all the programs in our sample. The program interview covered the following topics (Appendix A provides the full Screener):

- The housing configuration (single site, clustered scattered, completely scattered),
- Whether families need to move (transition in place vs. needing to move to another place),
- Intake/screening criteria for families (do eligibility criteria include: sobriety or active substance abuse, serious mental illness or not, co-occurring disorders or not, HIV/AIDS, work history, housing history, housing barriers such as criminal record or multiple evictions, number/ages/gender of children, or domestic violence),
- The proportion of families with successful exits,
- The meaning of successful exit,
- Who leaves without graduating, and why,
- Length of stay information (the maximum allowed, the average for successful leavers, the average for others),
- Supportive services while in TH,
- Follow-up services information (official duration, average actual duration, attrition, what is offered), and
- Housing and other outcomes known to the program.

The remainder of this report presents our findings with respect to these topics.

CHAPTER 2: PROGRAM CHARACTERISTICS

This chapter presents survey results for program characteristics. We first review basic characteristics such as program size, configuration (single facility, scattered site, mixed model, other), the need for a family to move once it has completed TH program offerings, how long the program has been open, staffing levels and patterns, and maximum and average lengths of stay. We then turn to the program entry process, including referral sources, entry requirements, and the likelihood that an applicant family will be accepted into the program.

BASIC PROGRAM CHARACTERISTICS

YEAR PROGRAM OPENED

The family transitional housing programs in our sample are mostly experienced programs with five or more years of experience serving families. One-fourth opened in 1990 or earlier, another one-fourth opened between 1991 and 1995, about one-third opened between 1996 and 1999, and one in five opened in 2000 or later. The largest programs—those with 40 or more units, appear to be either quite new (38 percent opened in 2000 or later), or quite old (50 percent were open by 1990). Opening dates for programs of other sizes are more evenly distributed over the time frame we examined, without any particular relationship between program size and opening year.

PROGRAM SIZE

The most basic program characteristic is size—how many families the program is able to serve at one time. This is also the only program characteristic for which we can compare our sample to national data, using information from the 2004 CoC application Housing Activity Charts. We can therefore assess how representative our sample of family TH programs is of all family TH programs in the United States. Table 2.1 shows the relevant data, comparing the national distribution of family TH programs by size, as reported on Housing Activity charts, and the distribution of the 53 programs with screening interviews.

Nationally, more than half of family TH programs are very small, containing three to nine units (table 2.1, first column). Assuming three beds per unit, on average, these programs can serve between 9 to 27 people at a time. Only 5 percent of family TH programs across the nation have 40 or more units. Among programs screened to be included in this research, however, 15 percent have 40 or more units and only 17 percent are very small.

Table 2.1: Family TH Program Size National Statistics Compared to Research Sample of TH Programs		
Program size, in number of family units	National distribution of TH programs reported to HUD in 2004 (n ~ 7,000)	Programs with screening interviews for this research (n = 53)
3–9 units	57%	17%
10–19 units	26%	38%
20–29 units	9%	23%
30–39 units	3%	7%
40+ units	5%	15%
	100%	100%

As a practical matter this project needed bigger projects to be able to meet our family recruitment goals, so we did not screen very small projects—those with 10 or fewer beds (three or fewer units). Given that for four of our CoCs we screened and then included every family TH program with 11 or more beds that was willing to talk with us (and only one or two were not), we did not have much choice about matching our sample to the national distribution for larger programs. As can be seen in the second column of table 2.1, the distribution of screened programs has, by design, far fewer very small programs and significantly more programs with 10 or more units than is true nationally. We will therefore be particularly sensitive to the association of program size with any other results, showing significant associations when they occur.

PROGRAM CONFIGURATION AND NEED TO MOVE

Transitional housing programs for families can assume a variety of housing configurations. They can be "single-site," with one program facility dedicated to transitional housing and containing all the units that families in the program occupy. They can be "scattered-site," with families living in apartments in whatever area or neighborhood they can find a place to stay, and with supportive services being offered either at a central program location, at their own home, or both. Some programs are "clustered-scattered," with the program controlling a number of multi-unit buildings, usually of two to six units, on different blocks or in different neighborhoods, in which it houses families. A fourth type may be described as "mixed use," in which the program has access to a specific number of units (and not always the same ones) within a larger apartment complex, where other units are occupied by either subsidized or market rate tenants. New program families will move into the first available unit that meets a family's needs, up to the program's quota of units. Among the programs screened for this project, almost three in five (58 percent) are single site, about one in four (26 percent) are scattered site, and 15 percent operate in the clustered-scattered configuration. None described themselves as mixed use.

Scattered-site programs have a further differentiation, into those that allow a family to retain the apartments they occupied during their time in the program—always assuming that the family can afford to do so. This type of arrangement is known as "transition in place," and is designed to eliminate yet another residential move for families that may already have moved frequently. Among programs screened for this project, 23 percent offer the option of transitioning in place.

Program size is not systematically associated with either program configuration or the need to move at the end of program participation.

STAFFING LEVELS AND PATTERNS

Staffing levels and patterns are essential characteristics of any program. In TH, staff are often what makes "the difference" for a family in sustaining a commitment to do what it takes to leave homelessness. Focus groups with homeless people in TH as well as other programs often include discussions of "having staff we can talk with," "having someone around I can trust when I need to," and the ease of chatting with the person on the overnight desk. The TH program survey asked about staffing in two ways—the number of staff overall, and the number of staff available at different times of the day or week. On average, the TH programs in our sample have 6.9 full-time staff, 2.4 part-time staff, and 7.6 full-time equivalents. They have 5.2 staff on duty during regular weekday hours, 1.8 staff on duty on weekday evenings, and 1.4 staff on duty on weekends.

Table 2.2 shows the detail on the proportion of family TH programs with certain staffing levels. One can read down a column in table 2.2 to see what proportion of programs have a particular staffing level or a particular type of staff. For instance, to see how the proportion of programs that have no staff of a particular type, read down the first column; you will learn that 9 percent of TH programs have no full-time staff, 19 percent have no part-time staff. Further, 4 percent do not have enough staff to comprise even one full-time equivalent (FTE),[3] essentially saying that their program does not have staffing equal to 35 staff hours a week available for their families in TH. At the other extreme, the last column of table 2.2 shows that 6 percent of TH programs have 21 or more full-time staff, 2 percent have 21 or more part-time staff, and that 6 percent have 21 or more FTEs.

Table 2.2: Family TH Program Staffing Patterns
(n = 53; rows sum to 100 percent)

	Percent of programs with the following number of staff members:				
Type of Staff:	**None**	**1–5**	**6–15**	**11–20**	**21 or more**
Full-time staff	9%	45%	28%	11%	6%
Part-time staff	19	74	4	2	2
Staff full-time equivalents	4	47	26	17	6
Staff on duty during normal working hours	0	71	16	12	2
Staff on duty after work on weekdays	18	76	2	4	0
Staff on duty on weekends	27	67	4	0	2

One can also read table 2.2 across a row to see the proportion of TH programs that have different staffing levels for a specific type of staff. Looking at the first row in the table, one sees that 9 percent of programs have no full-time staff, 45 percent of programs have 1 to 5 full-time staff, 28 percent have 6 to 10 full-time staff, 11 percent have 11 to 20 full-time staff, and 6 percent have 21 or more full-time staff.

[3] A FTE is calculated by adding up all the staff hours available during a week and dividing by 35, the number of hours per week considered to be full time. This is a program had 2 people who worked 35 hours a week and 4 people who worked 18 hours a week, it would have 4.06 FTEs.

The second panel of table 2.2 shows staffing patterns by the time of day or day of the week. Many programs have staff around during weekdays—all the TH programs in our sample have at least some staff on duty during normal working hours. However, 18 percent have no staff available after working hours on weekdays, and this increases to 27 percent that have no staff available on weekends. Another aspect of staff availability is whether they are awake when they are there. This is not (usually) an issue on weekdays, but is an issue after hours on weekdays and on weekends. Forty-two percent of programs reported having staff awake and available 24 hours a day, 7 days a week. Thirty-six percent of programs have staff awake and available seven days a week at least from 9 am to 5 pm, but not round the clock for the entire week. Slightly more than half of family TH programs (53 percent) have building security 24/7; the rest do not.

Of course, all other things equal, programs with more units will have more staff. On average, programs had 7 full-time and 2 part-time staff, and 7.6 FTEs. Staffing ratios for all programs combined were about two FTE per five family units. On average, during weekdays one staff person was on duty for every three units in the program. That proportion went down to 1 staff person for every 10 units for weekdays after hours, and 1 staff person for every 12 units on weekends.

Even though bigger programs have more staff, they do not necessarily have more staff per family. There is, in fact, a strong systematic *negative* relationship between program size and staffing ratio for every staffing measure—FTEs, day, evening, and weekend coverage. The *smaller* the program, the *higher* the staff-to-family ratio. Using weekend staffing ratios as an example, the average for all programs is 1 staff to 12 units. The ratio for the smallest programs, with 3 to 9 units, is 1 staff to 7 units; for programs with 10 to 19 units, 20 to 39 units, and 40 or more units, the ratios are 1:12, 1:14, and 1:20, respectively.

One might suspect that program configuration might account for these differences, at least in part—whether the program uses a single site or one of the scattered site models. For instance, the scattered site programs, especially, might be expected to have fewer staff available after hours and on weekends. The survey responses indicate that indeed, single-site programs have the highest staffing ratios regardless of which measure one uses, clustered-scattered configurations have the next-highest ratios in most categories, and completely scattered-site programs have the lowest ratios of all. The only exception is that daytime coverage for the two scattered-site models is about the same.

MAXIMUM AND AVERAGE LENGTH OF STAY

HUD rules allow TH programs to offer stays of up to 24 months. We asked program representatives how long their program allowed clients to stay—that is, their maximum length of stay. Table 2.3 shows their answers. The average maximum length of stay is 21 months (bottom row). Two-thirds of family TH programs allow the HUD maximum of 24 months, 11 percent allow

Table 2.3: Maximum Length of Stay that Family TH Programs Allow (n = 53)

Maximum length of stay, in months	**Percent of family TH programs allowing:**
12 or fewer months	21%
13–18 months	0%
19–23 months	11%
24 months	68%
Mean number of months	21

between 19 and 23 months, and 21 percent have maximums of 12 or fewer months. No program has an official maximum between 13 and 18 months.

We also asked programs how long their families actually stay. Relatively few families take advantage of TH programs' potential lengths of stay, as table 2.4 shows. The mean length of stay across programs is 12 months (bottom row of table 2.4). On average across programs, 15 percent of families leave within 1 to 3 months, 17 percent leave within 4 to 6 months, 11 percent leave within 7 to 9 months, and 19 percent leave within 10 to 12 months, totaling 62 percent of all families who leave TH programs within one year. Twenty-three percent leave after 13 to 18 months, 14 percent stay 19 to 23 months, and, on average across the TH programs in our sample, only 2 percent stay the full 24 months that HUD allows.

Table 2.4: Length of Stay in Family TH Programs (n = 53)

Leaving within…	**Proportion of families**
1–3 months	15%
4–6 months	17%
7–9 months	11%
10–12 months	19%
13–18 months	23%
19–23 months	14%
24 months	2%
Mean number of months	12

Some families accepted into TH programs never settle in and leave quickly. Some programs have quite a lot of these families—in one program out of six, more than 25 percent of families leave within one to three months of program entry (not shown in table). One thing we hope to learn from the family interviews being done for this study is whether these short stays satisfy the families' needs and leave them able to find and keep housing, or whether some important needs go unmet when stays are this short. Most programs retain most of their families beyond this point, with 42 percent of programs having fewer than 5 percent of their families leave that quickly (not shown). Program size is definitely related to average length of stay. In the smaller programs—those with 19 or fewer units—more than half the families leave in less than 12 months, while in the larger programs the modal length of stay is in the 13 to 18 month range.

Later in this report, when we examine program exits and what programs mean by a "successful" exit, we will come back to the issue of lengths of stay. We will explore the questions of how long programs expect their families to take to finish the program successfully, and the average length of stay of successful exits.

PROGRAM ENTRY PROCEDURES AND REQUIREMENTS

We asked program representatives about how people get to their programs, what proportion they accept, and what specific family characteristics their program either required, would accept, or would reject.

MOST COMMON REFERRAL SOURCES

To get an idea of how TH families get to their programs, we asked providers to name the three most common sources of referral. At 89 and 79 percent respectively, shelters and community

service providers are by far the most common sources that refer families to the TH programs in our sample. Only two other sources were named by at least one in four programs—outreach workers (25 percent) and family or friends (28 percent). The survey specifically inquired about seven other potential referral sources—drop-in centers, soup kitchens/meal programs, police, clergy, criminal justice system sources, health care sources, and mental health care sources. No program said that soup kitchens were one of their top three referral sources. Between 2 and 9 percent of programs named one of the remaining potential sources as one of their most common links to potential new clients. Program size did not make a difference for referral sources.

PROPORTION OF APPLICANTS ACCEPTED

We asked programs to tell us what proportion they accept of the families who approach or are referred to their program to see if they are eligible. One in four programs (25 percent) accept all or almost all referrals. This may be somewhat of an exaggeration, because some programs only consider families who have been prescreened by emergency shelters, so they are only approached by families they are likely to accept. At the other extreme, about twice as many programs (47 percent) accept only one-third or fewer of potential applicants. In between, 16 percent of programs accept about three in every four referrals, and 12 percent of programs accept about half of the families who seek to participate.

CHARACTERISTICS PROGRAMS REQUIRE, WILL ACCEPT, OR WILL REJECT

One of the biggest decisions that any program serving homeless people must make is which people they will accept and which people they will refuse to serve. Some programs specialize, and will recruit and train staff with specific skills to be able to serve clients with specific characteristics. This is not to say that programs will reject families with the "harder" characteristics—in fact, some programs specialize in helping people with co-occurring mental illness and substance abuse disorders, or who have histories of being either victims or perpetrators of violence. As it is important to learn which family characteristics are acceptable to programs and which are highly likely to result in a rejected application, we asked program respondents to tell us which of a long list of characteristics are required by their program, acceptable but not required, or not acceptable (would result in rejection if known at entry). Table 2.5 presents the results.

As is obvious from the results reported in table 2.5, some criteria are close to universal. Every program requires that families have a poor rental history and multiple evictions. An inability to sustain housing should be, after all, the basic bottom line that qualifies a family to receive the investment of transitional housing. It seems that the programs in our sample agree, looking for such a history among applicants to their program above all other criteria.

Ninety-one percent of family TH programs require that families be literally homeless, and also that they be able to participate in developing and carrying out a treatment plan. Eighty-seven percent require that the parent be 18 or older, and 85 percent require that they be clean and sober at admission (but see below for how this translates into practice). The other dramatic findings

relate to who will be rejected. Eighty-nine percent will reject active substance abusers. Seventy-two percent will reject people with a sexual offender criminal record. They do not treat other

Table 2.5: Criteria for Selecting Program Clients
(n = 53; percent of programs; rows add to 100%)

Criterion:	**Required**	**Acceptable**	**Not acceptable**
18 or older	87	11	2
Reside in city/county where program located	23	77	0
Homeless (Living in a shelter or in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station)	91	9	0
Diagnosis of severe and persistent mental illness (SPMI)	0	72	28
SPMI plus a co-occurring diagnosis (substance abuse or major medical)	0	68	32
Active substance abuser	0	11	89
Clean and sober at program entry	85	15	0
Has HIV/AIDS	2	96	2
Has felony criminal record	0	89	11
Has sexual offender criminal record	0	28	72
Has history that includes own violence against or abuse of children or adults	2	47	51
Able to participate in developing and carrying out an appropriate treatment plan	91	9	0
Has poor rental history, multiple evictions	100	0	0
Physical disabilities requiring accommodation (e.g., wheelchairs, ramps, sign language interpretation)	0	89	13
Some history of working for pay	2	98	0
No history of working for pay	0	96	4
Restrictions based on number/ages/gender of children	62	38	0
History of victimization by domestic or sexual violence	21	79	0

felonies in the same way, however, as only 11 percent will reject a family on the basis of a felony record "in general." Half (51 percent) will reject a family in which the parent has a history of *perpetrating* violence against other adults or children. And 34 percent will reject someone with severe and persistent mental illness, either alone or as a co-occurring disorder with substance abuse. Most other characteristics fall into the "acceptable" category.

Some program specialization is also evident in table 2.5. The largest specialization is domestic violence, with 21 percent of programs requiring a history of such victimization as an entry criterion. And one program each (2 percent of sampled programs) specializes in serving pregnant and parenting teens (and therefore reject parents who are 18 or older), people with HIV/AIDS, and people with some work history.

Restrictions Related to Children's Number, Ages, and Gender

About three programs in five have restrictions related to the number, ages, and gender of children. Such restrictions vary greatly. Some have to do with the sheer size of the available housing units and the number of bedrooms each contains—examples include "no more than six children," "no more than two children of each sex," "two or three children," and even " one child." Other restrictions have to do with children's ages. Some of these specify necessary ages, such as "one must be an infant" or "at least one under 14," while others specify the ages they exclude, such as "none over age seven" or "no adult children—i.e., no child 18 or older."

Of the 36 programs describing restrictions related to children's characteristics, none described a strict criterion such as "only female children." But eight programs (15 percent of all programs in the survey) mentioned restrictions for male children of certain ages. No programs mentioned similar restrictions based on an age-gender combination for female children. The most inclusive of the programs with restrictions on male children took these youth up to the age of 17; the most restrictive would not take boys over age 10.

Sobriety Requirements

Eighty-five percent of family TH programs require parents to be clean and sober at entry, and 89 percent will reject active substance abusers. However, all programs expected to be dealing with substance abuse and addiction as a major challenge for their families. Their entry requirements pertain to the parent's immediate circumstances, not to their history. Program representatives who indicated requirements related to sobriety were asked to describe their program's policy on the length of sobriety required for acceptance. As treatment programs tend to operate in month-long increments, the answers were mostly phrased in terms of "30 days," 90 days," and so on. Equal proportions of programs—22 percent in each case—require at least 30 days, at least 90 days, and at least 180 days of sobriety. Nine percent require a year or more. At the other extreme, 7 percent require fewer than 30 days, including 4 percent with no requirements. An additional 11 percent do not state their requirements in terms of days sober. Rather, they require either that the person have successfully completed a drug treatment program or that she pass a drug test.

The Most Common Reasons for Rejection

After going through the list of possible criteria shown in table 2.5 for accepting or rejecting clients, the survey asked respondents an open-ended question—to name the three top reasons for rejecting families applying to their program. Most responses fell into seven major categories:

1. Availability—the program had no units available at the time, or no units that would have fit the family applying.

2. Unwillingness to commit to the participation requirements—families wanted the housing, but not the expectations for setting and working toward goals.

3. Incomplete applications—families do not complete the application process, do not bring in the necessary papers, do not show up for appointments.

4. Not fitting the type of program—not being homeless, for any of the programs, and not meeting specific criteria of specialized programs –not having children, not being a DV victim or still being involved with the abuser, not being a teenager, not being pregnant, having too many children or the wrong age children, and so on.

5. Not fitting employment/self-sufficiency criteria—not working or being ready to work, not having an income or an expectation of one.

6. Drug-related—failed drug tests, recent use, not completing drug treatment programs.

7. If mentally ill, not stabilized on medications.

CHAPTER 3: CHARACTERISTICS OF TENANT FAMILIES

This chapter describes the families in TH programs as seen by program representatives.[4] It covers characteristics related to homelessness, income and benefits, and barriers to housing stability such as mental illness, substance abuse, or physical health problems.

FAMILY HOMELESSNESS

As we saw in chapter 2, the vast majority of families being served in TH programs were homeless at program entry. Now we look at how long these programs' current families were homeless, and where they had been before they entered the TH program.

LENGTH OF HOMELESSNESS

Programs were asked about how long their families had been homeless, for the spell of homelessness they were in when they came to the TH program and in terms of their lifetime, if the program knew. One program reported that it had no information on homeless histories for any of its families; the other programs did have this information for all or most of their families, especially for the spell that led the family to the program.

Table 3.1 displays the results, first for current spells and then for all homeless spells taken together, including the current spell. Current spells of homelessness for most TH program families tend to be short. On average, programs report that 81 percent of their families had been homeless for less than a year when they came to the TH program. Another 11 percent had been homeless between 13 and 24 months. Conversely, only 2 percent of families were in spells that had already lasted more than 60 months (five years)—a very long time for parent and children to be homeless. Programs did not know the pre-program length of the current homeless spell for 4

Table 3.1: Length of Current and Lifetime Homelessness of Families in TH Programs
(n = 52)

Spell length	Average for all TH program families
Current spell, up to enrollment in TH program	
0–12 months	81%
13–24 months	11%
25–60 months	2%
More than 60 months	2%
Don't know	4%
Lifetime, all spells including current spell	
0–12 months	45%
13–24 months	16%
25–60 months	6%
More than 60 months	4%
Don't know	30%

[4] Later project reports will describe tenant families based on their own responses to interviews.

percent of the families they were serving.

Lifetime homelessness was not known for many more families (30 percent). For the remaining families, programs reported more families with somewhat longer overall homelessness, as would happen if their current tenants had experienced more than one homeless episode in their lifetime. Only 45 percent of tenants are known to have lifetime homelessness lasting 12 or fewer months, while programs are only sure of lifetime homelessness longer than 60 months for 10 percent of families.

A definite relationship exists between program size and client families' length of homelessness. The smaller programs tend not to have any families whose homelessness at program entry has extended more than 24 months, and the norm is for spells of 12 months or less. The larger programs accommodate families who have been homeless longer, although even for them, families with spell lengths greater than 24 months are a relatively small proportion of the population they serve. There is no consistent variation in lengths of stay by program configuration; scattered-site and single-site programs are about as likely to accept clients with very short homeless spells or homeless spells that have lasted a year or more.

WHERE FAMILIES WERE BEFORE TH

In chapter 2 we learned about the most common sources of referral to the TH programs in our sample. Emergency shelters were high on the list, along with community service agencies. Conversely, programs said that very few families came to them directly from the streets. A bit later in the interview, program representatives were asked how many of their current families had been staying in various locations just before entering their program. Locations asked about included "the streets," which included nonshelter referral sources such as drop-in, day, resource, or warming centers for homeless people; emergency shelters, safe havens (a phrase that has various meanings in different communities, often not corresponding to HUD's Safe Haven programs), other TH programs, and "somewhere else." Table 3.2 displays their answers.

Table 3.2: Where Families Were Staying Just Before Entering TH
(n = 53, percentage of programs; columns sum to ~100 percent)

Proportion of program families entering from:	Streets, including drop-in and day centers	Emergency shelters	Safe havens	Other TH programs	Somewhere else*
None	58	8	70	60	34
1–25%	38	23	21	28	36
26–50%	2	13	6	9	13
51–75%	2	17	4	0	11
76–99%	0	23	0	0	6
100%	0	17	0	2	0
Average proportion from each source	6	57	7	8	22

* E.g., institutions, conventional dwellings

Looking first at the average proportion that entered TH programs from each source (bottom row of table 3.2), we can see that 57 percent of TH families, on average, came from emergency shelters. However, that leaves almost half of all families that come from other places, of which the most common after shelters is institutions, substance abuse or mental health treatment

programs, and even regular housing. We won't know until we are able to analyze interviews with program clients whether this group of people had also stayed in emergency shelters or received assistance from day shelters and access centers. But at this point, based on information supplied by providers, we can say that a significant proportion of families entering TH are not coming in a lock-step pattern directly from emergency shelters.

Table 3.2 also shows the breakdown of where families were staying just before entering TH. Looking first at the proportion of families in TH who came from the streets, it is obvious that most programs (58 percent) do not have any current families who came to them directly from street homelessness. However, the remaining programs do have a few such families, and a couple of programs (4 percent of the sample) reported that one-fourth or more of their current families came from the streets, day shelters, access centers, and the like. The rare family may approach a TH program directly, but it is more likely that these are referrals. In one of our five study communities such a resource center may refer people directly to TH or even PSH if an assessment suggests that the person or family is likely to need that type of assistance.

Emergency shelters are clearly the major source of families entering TH, with 17 percent of programs saying that all their families come from this source and only 8 percent saying that none of their families were in emergency shelter before coming to their program. Twenty-three percent of TH programs get about one-fourth of their families from emergency shelters, and an equal proportion get three-quarters or more of their families from shelters. Relatively few TH programs receive many families from either safe havens or other TH programs. In the case of safe havens this is probably because few communities have such programs, and even fewer have them for families. "Somewhere else" is a surprisingly common sending source for TH families. Probably the most common such senders are substance abuse treatment programs, as quite a number of TH programs indicated that completing such programs was a prerequisite to entering their program. Also, for the approximately 9 percent of families that were not literally homeless just before entering TH, some may have come from conventional dwellings (i.e., from family or friends), or from institutions such as jails or hospitals.

INCOME AND BENEFITS

Program representatives were first asked what proportion of their current families has no cash income from any source. In 47 percent of the TH programs in this sample, all families have at least some cash income. The largest programs—those with 40 or more family units—were least likely to be in this group. However, among the 53 percent of programs in which some families had no income, the proportion of families with no income was not related to program size. Some small programs had significant proportions with no income, and so did some larger programs. Likewise, some large and some small programs had fewer than 5 percent with no income.

INCOME FROM WORKING

One of the primary goals of transitional housing programs is to help families move toward self-sufficiency through employment. Although we did not include it as a specific eligibility criterion

in our survey, many programs mentioned work-readiness as one of the things they look for in prospective families. One of the major reasons that programs give for rejecting an application is that a family does not meet the program's work-ready standards, including at a minimum an

interest in and willingness to seek work. We asked program representatives what proportion of their current families are actually employed. As can be seen in table 3.3, some considerable proportion of parents in TH families are working—34 percent full time and 21 percent part time, on average. Forty percent of programs have one-quarter to one-half of their families in full-time employment and another 21 percent of programs have half or more of their families employed full time. Part-time employment is also common, and may be used as an entrée into the job market when a parent's other responsibilities or lack of work experience make it impossible for her to handle full-time work. Very few family TH programs have any parents involved in other types of work for pay, such as day labor.

Table 3.3: Involvement of TH Program Families in Work
(n = 53, percentage of programs; within panels, columns sum to ~100 percent)

Proportion of program families working for pay	Full-time employment	Part-time employment	Other work for pay
None	13	23	87
1–25%	26	43	13
26–50%	40	21	0
51% or more	21	11	0
Mean proportion	34	21	1

INCOME OR CASH EQUIVALENTS FROM PUBLIC PROGRAMS

When families have no income from working, programs usually try to help them qualify for public benefits. Many families will arrive at TH programs already enrolled in public programs, as this is one of the tasks usually associated with emergency shelters. We asked whether families in TH programs received a variety of cash and noncash public benefits. Since these are families, the most likely such benefits would be "welfare," in the form of either Temporary Assistance to Needy Families (TANF) or state or local general assistance (GA), food stamps, and Medicaid. Other possible sources of cash assistance are three programs that support people with disabilities—Supplemental Security Income (SSI) for people who are poor and disabled, Disability Insurance (DI) for people who are disabled but have significant work history, and veterans benefits for people with service-related disabilities. People who receive DI are also eligible for Medicare. Table 3.4 shows the proportion of TH program families that receive each of these benefits.

Table 3.4: Public Income and Benefits Sources of Families in TH Programs
(n = 53, percentage of programs; within panels, columns sum to ~100 percent)

Proportion of program families with income from:	Cash income sources				Noncash benefits		
	TANF or GA	SSI	DI	Veterans Benefits	Food Stamps	Medicaid	Medicare
None	23	38	75	89	8	23	87
1–10%	8	38	21	8	0	2	6
11–25%	11	21	4	4	4	6	4
26–50%	24	4	0	0	19	9	0
51–75%	15	0	0	0	17	17	0
76–99%	8	0	0	0	32	15	2
100%	11	0	0	0	21	25	2
Mean proportion	40	7	1	1	68	56	4

* E.g., institutions, conventional dwellings

It is clear from the data in table 3.4 that TH families rely mostly on TANF (or GA, but mostly TANF), food stamps, and Medicaid. On average across programs, 68 percent of families get food stamps, 56 percent are Medicaid beneficiaries, and 40 percent are enrolled in TANF. The relatively lower proportion of programs with all their families on TANF compared to those on food stamps and Medicaid (roughly half) probably reflects the work effort of many TH families combined with their ability to retain Medicaid benefits even after leaving TANF, and to access food stamps whether or not they are TANF beneficiaries. Only a handful of programs have less than 25 percent of their families on food stamps, and 70 percent have half or more of their families on these important benefits.

Much lower participation rates in veterans benefits reflect the low probability that TH parents have military experience. Low rates of DI participation reflect the relatively poor work histories of TH families, and low Medicare participation rates have more to do with benefit program eligibility rules than with TH program success in helping families to qualify. Further, the significant level of disability within these families is reflected in the 7 percent of households that already have SSI. SSI is very difficult to qualify for, and one must prove an inability to work at any job due to a disability. It is possible that some of the SSI coming into these families is for the children, but we did not ask about who in the families receives SSI, so we cannot address this issue. We *did* ask about the proportion of families who have applied for SSI and are waiting to learn about acceptance, which turns out to be 5 percent, on average. Fifty-five percent of programs have no such families, but in 40 percent of programs between 1 and 25 percent of families are in this application stage for SSI, and 5 percent of programs have between one-fourth and one-half of their families waiting for an SSI decision.

HEALTH ISSUES OF PARENTS IN TH FAMILIES

Health issues can be major barriers on the road to stable housing and self-sufficiency for homeless families. We will know more about families' health issues and disability levels once we have data from interviews directly with families. Currently we are able to report information from TH program representatives pertinent to the major illness-related subpopulation categories that HUD routinely asks about in its Continuum of Care applications. We look first at physical

disabilities and HIV/AIDS, then at mental illnesses and emotional problems, and finally at alcohol and drug abuse issues.

Families in the TH programs in our sample are relatively unlikely to have physical disabilities—4 percent, on average. Forty-five percent of programs reported that none of their current families had physical disabilities. Another 42 percent of programs reported that 1 to 10 percent of their families had physical disabilities, and 13 percent said that between 11 and 25 percent had physical disabilities. No further information is available as to the nature of these disabilities; further, we assume the reports pertain to the parent and not the children. In the personal interviews with former program participants we will be able to differentiate physical disabilities that could interfere with work or school for both parent(s) and children.

HIV/AIDS is even less common among TH families than physical disabilities. Excluding one program entirely for families with a member with HIV/AIDS, about 1 percent, on average, of TH program families were known to have HIV/AIDS. This rate is more than three times the rate for the overall U.S. population, and more families may have HIV/AIDS than have disclosed it to their TH program. Seventy-five percent of programs said that none of their current residents had HIV/AIDS. With the exception of the one program that was entirely for people with HIV/AIDS and another in which 25 percent of families were affected, the remaining 21 percent of TH programs reported HIV/AIDS among only 1 to 10 percent of their families.

MENTAL HEALTH ISSUES

TH program respondents were asked several questions pertaining to potential mental health problems among their current TH families. We inquired as to the percentage of current families affected by mental illness and by mental illness accompanied by substance abuse, the proportion currently taking medications for mental or emotional problems, and the proportion ever hospitalized for mental or emotional problems. Table 3.5 reports the results.

On average, programs report that 16 percent of their families are currently affected by mental illness. Thirty-eight percent of family TH programs said that none of their current families had active mental health problems. The remaining programs split into thirds, with about one-third saying that 10 percent or fewer families had mental health problems, another third saying the proportion was between 11 and 25 percent, and the final third reporting higher proportions, ranging from 26 to 99 percent with most at or below 75 percent. This distribution suggests that some programs may specialize in assisting parents with mental and emotional problems, while other programs are less able to accommodate families with these issues. Even fewer programs reported any families with co-occurring mental illness and substance abuse problems, but a few said that substantial proportions of their families did have these problems. On average, 13 percent of families in TH programs have co-occurring mental health and substance abuse problems.

Table 3.5: Mental Health Issues of Families in TH Programs
(n = 53, percentage of programs)

Proportion of program families:	Proportion:			
	Currently affected by mental illness	Currently affected by co-occurring mental illness and substance abuse	Currently taking medications for mental or emotional problems	Ever hospitalized for mental illness
None	38	49	13	38
1–10%	19	9	15	30
11–25%	23	23	30	11
26–50%	9	13	25	6
51–75%	9	4	9	2
76–99%	2	0	0	2
100%	0	0	0	0
Don't know	0	2	8	11
Mean proportion	16	13	24	9

Note: Columns sum to ~100 percent, but responses to second column (co-occurring) include people reported in first column (mental illness).

Another hint of mental health issues among current TH families comes from the proportion currently taking psychotropic medications—about one in four, or 24 percent on average. On this issue, all but 13 percent of programs had at least one family taking these prescription medications, and in one-fourth of the programs between 26 and 50 percent of families took these medications. It is quite likely that more families use psychotropic medications for situational depression and other conditions than have diagnoses of major mental illness, which would account for these someone disparate reports. The fact that on average, only about half as many families have been hospitalized for mental illness as are "currently affected by mental illness" lends some credence to this interpretation.

SUBSTANCE ABUSE ISSUES

Abuse of alcohol, drugs, or both is a common antecedent of homelessness for single adults and families alike, as is continued use while homeless. The pervasiveness of substance abuse issues can be seen in the responses of TH program respondents when asked what proportion of their current families have substance abuse histories even if they are no longer active users. As the first column of table 3.6 shows, 39 percent of TH program families, on average, have a history of substance abuse, and every program has some of these families. Proportions are spread across the entire spectrum from 10 percent or fewer up to 100 percent. While 30 percent of programs have 10 percent or fewer parents with substance abuse histories, the same proportion say that at least 50 percent of their families have substance abuse histories.

Table 3.6: Substance Abuse Issues of Families in TH Programs
(n = 53, percentage of programs)

Proportion of program families:	Proportion: Have history, but not now active	Currently affected by: Alcohol Abuse	Drug Abuse	Co-occurring substance abuse and mental illness	Ever in residential treatment for substance abuse: Never	Once	2–3 times	4+ times
None	0	36	32	49	19	30	30	47
1–10%	30	15	15	9	2	11	8	6
11–25%	17	19	17	23	0	13	15	2
26–50%	19	21	17	13	8	4	2	2
51–75%	11	2	9	4	6	0	6	2
76–99%	13	2	6	0	11	0	0	2
100%	6	0	4	0	15	2	0	0
Don't know	4	2	0	2	40	40	40	40
Mean proportion	39	16	25	13	--	--	--	--

Note: Columns sum to ~100 percent (excluding means), but responses to third column (co-occurring) include people reported in first and second columns (alcohol abuse, drug abuse).

Both alcohol and other drug abuse are fairly common among TH families, and many have probably abused both types of substances. On average, 16 percent of families have current alcohol abuse issues and 25 percent have current drug abuse issues. So despite the screening criteria that programs use, and that we observed in chapter 2, at least one-fourth and possibly as many as two in five TH families are still struggling with recovery from substance abuse. Substance abuse issues appear from these data to be more prevalent among TH families than mental illness (the "co-occurring" column is in both tables uses the same data). Programs appear to have a good deal less knowledge about their families' history of treatment for substance abuse than they do about current or past problems, as indicated by the 40 percent of programs that felt they did not know enough to provide information on residential treatment episodes (we therefore did not calculate means for these data).

CHAPTER 4: PROGRAM SERVICES AND POLICIES

This chapter describes the services offered by family TH programs, and certain policies that affect the daily lives of participants. These include expectations for how tenants will spend their money, program rules about allowable and restricted behaviors, and criteria for dismissal.

SERVICES OFFERED BY FAMILY TH PROGRAMS

Supportive services are what make the difference between a transitional housing program and simple affordable housing. We asked program representatives about a broad range of supportive services that family TH programs might offer. We were particularly interested in how these services were organized and the implications of that organization for ease of access to the services and to staff who could assist with the more intensive services. We asked about three types of organization: 1) services offered at the program site, whether by program staff or staff of other organizations or agencies that come to the site to work with families; 2) services provided or available off-site, for which the off-site agency has a clear commitment to work with families from the program and has developed a smooth and speedy way to assure that families get what they need; and 3) services available only by referral, where there is no prior agreement of the receiving agency to work with the TH program's clients and no special route for those clients to take as they navigate the referral agency's procedures. It is our belief that only the first two ways to organize service delivery comprise a "program" that includes the organized services. Any service just available by referral cannot be considered a part of the "TH program."

Table 4.1 shows the proportion of TH programs that offer the various services on our list, and how they organize these services. Services shaded in gray are ones that at least 75 percent of the TH programs in our sample offer on site—services that should probably be considered the programs' "core" service component. The two services offered nearly universally on site are case management and budgeting/money management. Other services that at least 75 percent of programs offer on site include tenant stabilization, building support systems, help to access housing and entitlements, and daily living and conflict resolution skills.

Services shaded in dark gray with white lettering are ones that at least 50 percent of TH programs offer only by referral. These include several health care services, veterans services, and representative payee services. We conclude that TH programs consider these services peripheral to the needs of their clients, or at least to the vast majority of their clients.

Services with no shading are in between. Sometimes the pattern favors a combination of off-site but committed providers and referral only sources, as can be seen for several of the substance abuse services. Sometimes the pattern is a combination of on site and off site with commitment, as tends to be the case for children's services and services related to family violence. Occasionally service access is pretty evenly spread over all three arrangements, as we see for legal services or preventing substance abuse relapses.

Table 4.1: Services Available At or Through Family TH Programs
(n = 53 programs; rows sum to ~ 100 percent)

Service Type	At program site	Off site, but clear commitment	By referral ONLY
Case management- -including referrals, assistance obtaining benefits, "whatever it takes"	96	4	0
Tenant Stabilization- helps tenants learn to live in housing, do ADLs, get along with fellow tenants and the landlord, etc.	87	4	9
Build Support Systems- help tenants create and participate in community within project, find supports externally	89	9	2
Basic Needs- food, clothing	75	17	8
Mental Health- outpatient counseling, therapy, medications and meds management	34	49	17
Medications- monitoring and dispensing	21	19	60
General Health Care- for acute & chronic physical health conditions	15	32	53
HIV/AIDS- specialized health care	10	30	60
Substance Abuse- self-help options, harm reduction services	28	42	30
Substance Abuse- 12-step oriented treatment services	17	47	36
Relapse prevention and crisis intervention—substance abuse	28	42	30
Relapse prevention and crisis intervention—mental illness and emotional problems	30	49	21
Employment related- assistance in job placement	60	28	11
Employment related- vocational training	19	51	30
Legal Services- related to civil (rent arrears, family law, uncollected benefits) or criminal (warrants, minor infractions, etc.) matters	25	43	32
Assistance in accessing housing (the actual housing unit)	79	9	11
Assistance in accessing entitlements (including housing subsidies)	75	15	9
Veterans Services	4	25	72
Assistance in reuniting with family	60	15	25
Daily living skills training	89	9	2
Conflict resolution training	75	17	8
Budgeting and money management training	96	4	0
Representative payee services	4	23	74
Children related- Tutoring, after-school, school-support	55	30	15
Children related- Child care	47	32	21
Family related- DV, PTSD, Trauma-related	55	34	11

SERVICE DENSITY

We asked TH program representatives about the 26 services shown in table 4.1, and also offered an "other" category. Two in five programs specified an "other" service, including transportation, parenting classes, a variety of support groups, and dental care. To assess what proportion of the listed services programs are likely to offer, we use the number 27 as the basis for calculations.

On-Site Services

Looking first at on-site services, 17 percent of programs offer 9 or fewer services on site, 21 percent offer between 10 and 13 services, 28 percent offer 14 to 17 services, and 15 percent of programs offer more than 17 services on site. None of the largest programs, those with 40 or

more units, offer as few as 9 services on site, while at least some programs in every other size category offer this few on-site services. Except for programs with 10 to 19 units, the modal program offers between 10 and 13 on-site services regardless of program size. The largest programs and those with 10 to 19 units are most likely to offer 14 or more services on site.

Combining Services Offered On Site and Off Site With Commitment

If we repeat the analysis of program offerings and include a combination of on-site and off-site-with-commitment services, the picture changes quite a bit. Of the 53 family TH programs in our sample, 21 percent offer 16 or fewer services, 26 percent offer between 17 and 20 services, and 53 percent offer 21 or more services.

THREE TOP AGENCIES

Obviously, with off-site services contributing so much to family TH program offerings, it is important to know which other agencies these programs work with most. Respondents gave us agency names, but also described the types of agencies so we could integrate the results across sites and also know what services were being accessed from multi-service agencies. The most commonly identified partner agencies are those that offer:

- Public benefits programs (welfare, food stamps, Medicaid, SSI);
- Counseling and assistance with mental health and substance abuse problems, including medications;
- Assistance with legal problems; and
- Case management.

Services mentioned somewhat less often, but still frequently, included connections to housing; employment itself and employment-related services such as training, adult basic education, English as a Second Language, and General Equivalency Diploma; health care; child care; and child welfare services.

We also asked about proportion of all services received by program families provided by the combination of one's own agency and the three partner agencies with which the program works the most. Thirty-eight percent of TH programs said that they, together with their three top agency partners, supplied 25 percent or less of all services their families received. Obviously these agencies operate a lot through referrals rather than partnerships. Another 44 percent of agencies said they and their three top partners supplied between 26 and 50 percent of the services used by their families. The remaining 18 percent of TH programs, working with their three top partners, supply between 51 and 100 percent of family services.

SERVICES THAT FAMILIES USE MOST

We asked family TH providers to name the services they thought families used most, both while in the program and during the follow-up period after they leave the program. Case management

is the hands-down winner for services while in the program. Case management may mean many things in many different programs, from a simple meeting at program entry to intensive and regular contact and working on client issues. In these family TH programs, case management usually involves the case manager and parent sitting down to develop a program plan with two or more goals to be achieved and steps needed to achieve them, followed by regular meetings to assess progress, modify plans as needed, and develop strategies for barriers and bottlenecks. Meeting frequency tends to be most frequent during the first month or two that a family is in the program, and tapers off somewhat as time goes on, but probably averages at least once every two weeks.

Other high-demand services include counseling of many types; employment-related services; and life skills training including budgeting and money management, crisis management, scheduling, and daily living skills. The services used most frequently changed a little during the follow-up period. Case management and counseling still topped the list, but continued support from public benefits became more important. The last category was "referrals as needed," which covered many different family needs and could be considered a part of case management. Unfortunately we cannot tell from the present data whether these families would have done just as well if they had received housing subsidies without the service assistance available in TH. But the continued need and desire for support through case management in the follow-up period suggests that perhaps the service component of TH serves a necessary function. We hope to be able to say more about this issue once we have information from interviews with the families themselves.

IMPORTANT ASPECTS OF PROGRAM PHILOSOPHY

We asked program representatives what they thought were the most important things about their program that contributed to their ability to help families leave homelessness for good. This was an open-ended question and responses were highly variable. Some focused on very pragmatic things and others described things that related more to attitude and atmosphere. Among the pragmatic things that program representatives think are most useful are their training with respect to life skills, budgeting, money management, and planning.

Linking parents to employment opportunities and supports is also high on the list, as are helping parents resolve legal issues and getting them on the rolls of relevant public benefits programs. Given the many challenges that TH families face if they are to achieve self-sufficiency, these links and supports are very important. Even if services are present in most communities, it is difficult for families to thread their way through all the steps needed to access them. TH case managers have this as one of their most important functions.

With respect to the less concrete aspects of their programs, quite a number of respondents cited "empowerment" in a number of ways. Some just said "empowerment," while others elaborated by describing their approach to helping parents take responsibility for themselves, stand up for themselves, identify problems and take control of solving them, and tailoring case plans to fit the individual family. Practice mechanisms that would promote empowerment included good and trusting relationships between staff and parents, high staff-to-family ratio so people could get to know one another well and appreciate individual differences, and wrap-around case management.

PROGRAM RULES AND POLICIES

We were interested in learning something about what life is like for a family in a TH program, so we asked several questions about what the housing is like, program rules, how families handle their money and expectations for them to contribute, and what would lead the program to dismiss a family. Two-thirds of family TH programs (68 percent) have common space where family members can hang out, have meetings, and talk casually with each other or staff. These spaces include living rooms, TV rooms, and sometimes on-site cafes.

In 47 percent of family TH programs, families have a key to their own room. In 94 percent of programs, families and programs work out a written agreement stating their right to stay for a specified period and their obligations related to that stay (e.g., paying the rent, participating in a service plan). These documents could be a signed service plan, a lease, or some other form of agreement.

Programs also have policies related to money. It is not uncommon for programs to charge families something for their residency. For instance, 47 percent of programs charge tenants 30 percent of their income as rent; the smallest programs are more likely to do this than programs of any other size. Another 13 percent of programs charge tenants 30 percent of their income as a service fee. In 6 percent of programs, tenants are expected to pay back rent once their benefits begin or they get a job. Finally, 32 percent of programs encourage tenants to save at least 30 percent of their monthly income against future needs. Regardless of these provisions, however, all tenants manage their own money in 83 percent of programs, and only 8 percent of programs ask some tenants to have a representative payee. No program makes all tenants have a representative payee. Money management, especially paying rent and other required fees, is important to family TH programs; 67 percent will dismiss a family for persistent nonpayment.

POLICIES ABOUT ALCOHOL, DRUGS, AND CRIMINAL ACTIVITIES

Virtually all programs have rules banning the use of alcohol and drugs on their premises, and most also do not want their tenants doing these things when away from the program. In many but not all instances, violating these rules is grounds for dismissal from the program. Table 4.2 shows these patterns. Of eight rule types pertaining to substance use and crime, 62 percent of programs had rules prohibiting all eight; no program had fewer than five such prohibitions.

Table 4.2: Family TH Program Rules Related to Alcohol, Drugs, and Crime

	On program premises		Off program premises	
Activity	**% with rule against**	**% dismissing if rule violated**	**% with rule against**	**% dismissing if rule violated**
Use alcohol	81	75	63	60
Use illegal substances	100	92	98	81
Illegal/criminal activity	100	94	96	73

Many programs give people multiple chances to break rules as long as they return and appear to be sincere in continuing to work on their case plan. But multiple violations and obvious indifference to participating in program activities and working toward plan goals will ultimately

get families dismissed. Ninety-six percent of programs say they dismiss families for repeated noncompliance with service requirements and showing no interest in program participation.

Programs also have rules to control verbal and physical abuse and disruptive or aggressive behavior. Every family TH program in our sample has rules against verbal abuse, physical abuse, and violence against staff or other tenants. Ninety-six percent of family TH programs will dismiss a family for disruptive or aggressive behavior toward staff, 92 percent will dismiss for the same behavior toward other tenants, and 65 percent will dismiss for the same behavior toward oneself. In addition, 87 percent of programs will dismiss a family for destroying property in the program building or in the family's own unit, whether part of a program facility or a scattered-site apartment.

We asked about 13 behaviors that might get a family evicted from a TH program. No program reported a policy of acting on all 13, but 37 percent say they would act on 10 or more such behaviors, and another 38 percent say they would act on 8 or 9 such behaviors. Expulsion appears to be most likely when tenant families break prohibitions against violence and criminal behavior.

CHAPTER 5: PROGRAM OUTCOMES AND INDICATORS OF SUCCESS

Most programs responding to our survey receive funding through HUD's Supportive Housing Program, and thus are subject to the goals it sets and the outcomes and indicators it requires them to track. These include obtaining and retaining permanent housing; acquiring adequate income through employment, benefits, or both; increased self-determination; and achieving the maximum self-sufficiency possible. Programs also set their own goals and develop variations on HUD goals. This chapter examines what outcomes programs want for their families—what they consider to be success. Not surprisingly these outcomes track HUD specifications quite closely, but programs also add their own. HUD also specifies how it wants the programs it funds to measure and track outcomes related to the goals it sets. We report what programs say they do to comply, and how they do it. We also report the level of success they achieve with respect to housing outcomes.

"SUCCESSFUL" PROGRAM EXITS

When asked what they consider to be a successful outcome for their families, TH providers usually give minor variations on "stable housing and a stable income source, preferably from employment." However, since achieving this multifaceted outcome eludes a great many families who use TH programs, it is often difficult for the programs to separate their "successes" from their "failures." The program survey gave us the opportunity to learn in more detail about TH program criteria for success.

- Virtually all programs identify "have permanent housing" or "move into permanent housing" as either their entire definition of success or the most important element.

- The two elements most commonly mentioned along with permanent housing are having a stable income and completing the family's program plan.

    - Income was usually specified as income from employment, but the occasional program also mentioned income from appropriate public benefit programs.

    - Most programs that referred to the family's plan specified that it be completed, but several programs specified "complete at least 80 percent of the plan," while one program specified completion of 2 out of 3 plan goals, and another specified 50 percent completion.

- Additional elements mentioned by some programs as part of their definition of success include staying clean and sober, addressing their mental illness, improved parenting (children better behaved), establishing credit and having savings, and making better decisions. Domestic violence programs identified staying away from the abuser or living violence-free as success.

- About 10 percent of programs define success as only knowable *after* the family has left the program, requiring housing and other types of stability for six months or one year before considering the family a program success.

These responses make it clear that family TH programs state goals that line up very well with HUD expectations, but it is also clear that many adopt as their own goals that go beyond the ones specified by HUD. Some of these additional goals can be seen as intermediate outcomes. Staying clean and sober or dealing with one's mental illness are necessary precursors to being able to sustain permanent housing or a job, and are also important for being able to maintain that housing or employment once acquired.

TIME TO EXIT

We saw in chapter 2 (table 2.4) that 15 percent of TH program families leave within the first three months, 17 percent leave in 4 to 6 months, 11 percent leave in 7 to 9 months, and 19 percent leave in 10 to 12 months. The proportion leaving within the first year is thus 62 percent. At the higher end of the spectrum of lengths of stay, 23 percent of families stay 13 to 18 months, and 16 percent stay between 19 and 24 months. The mean number of months in the program is 12.

These figures include all families the program serves—those who leave before the program thinks they are ready and who would not be considered successes as well as those who "graduate." We also wanted to know how much program exposure it takes to help families be a success. Therefore we asked programs what the shortest time to successful exit has been, and on average, for the families that programs consider to have exited successfully, how much time they had spent in the program by the time they left. With respect to the shortest possible times to success, about half the programs said that families had left their program successfully in less than six months, but that this was not the norm. The remainder all said the shortest time to success in their program was between 7 and 12 months, with most naming 12 months as the shortest length of time needed.

Table 5.1: Average Time to a Successful Exit in Family TH Programs
(n = 51, percentage of programs)

Length of time:	Proportion of programs reporting various average times to exit, for families leaving successfully
1–3 months	4%
4–6 months	16%
7–9 months	6%
10–12 months	27%
13–18 months	31%
More than 18 months	16%
Average number of months to successful exit	13

Table 5.1 shows what programs report as the average time in the program for the families that exited successfully. On average this time is 13 months, slightly higher than the overall average time for all families ever enrolled. In 4 percent of programs, the average time to successful exit is three months or less; for 16 percent of programs it is 4 to 6 months, for six percent of programs it is 7 to 9 months, and for 27 percent of programs it is 10 to 12 months. Thirty-one percent of programs say the average length of time in the program for families leaving successfully is between 13 and 18

months. Only 16 percent of programs report an average length of stay longer than 18 months for successful exits. We also asked program representatives how long they *expected* it to take for a family in their program to do what it takes to exit successfully. Responses for each program were so close to that program's actual average length of stay that we do not report the expectations separately. It appears that experience has shaped program expectations so that expectations now correspond to what actually happens.

When asked what proportion of their families succeed, the average is 77 percent—very close to the 70 percent figure reported by TH programs in 1992 (Matulef 1995). Two out of three programs say that more than 70 percent succeed. Nine percent of programs report that 90 percent of their families exit successfully; 36 percent have between 81 and 90 percent successful exits, and 23 percent have 71 to 80 percent of families exit successfully. The remaining 32 percent of programs report success rates between 50 and 70 percent, with three-quarters of those being between 60 and 69 percent. There is a definite relationship between program size, with the smaller programs being more likely to say that 90 percent or more of their families succeed and the larger programs reporting success rates more in the 80-89 percent range. No larger programs reported 90+ percent success rates. However, there was some indication during program interviews that smaller programs, knowing their families more intimately, are counting as successes people who have made some progress against great odds, even if they have not reached the important goals of stable housing and adequate income. Thus "success" may not mean the same thing in programs of different sizes.

MEASURING PROGRAM EFFECTIVENESS

HUD has been pushing more and more for the programs it funds to document their ability to produce the outcomes they are designed to produce. In the case of transitional housing programs for families, HUD is in substantial agreement with program goals—the outcomes of greatest interest are whether families move to permanent housing, whether they are able to stay in that housing, and whether they have income from employment. We asked programs what indicators of effectiveness their program tracks, how they track, and over what period of time they track. We also asked about the outcomes themselves and, for families unable to move to permanent housing, the major reasons why not.

INDICATORS OF EFFECTIVENESS

If they have HUD funding, family TH programs have some responsibility to offer follow-up services to families once they leave the program; with or without the stimulus of funding requirements, most programs would do some follow-up on their own. Forty-three percent of the family TH programs in our survey follow families for 6 to 12 months after exit, both to offer supportive services as needed and to track outcomes. Another 36 percent track families for 4 to 6 months after program exit, and 9 percent track for only 1 to 3 months. The remaining 11 percent track for 18 or 24 months, or tracking time depends on the family and its needs. Thus 54 percent of programs have the ability to document the extent of housing *stability* for at least six months following program exit—a more rigorous criterion of success than housing status at exit.

We asked TH program representatives what types of outcomes they track, listing 10 outcomes and offering opportunities for programs to name additional ones. The four most commonly tracked indictors of program effectiveness, all requested by HUD, are:

- 98%—Where families go when they leave your program;
- 89%—Whether families obtained a stable income source, if they did not have it at entry;
- 85%—Whether families are still stable in housing a significant length of time after leaving the program;
- 83%—Resources used by families to access permanent housing.

About one-third to about three-quarters of family TH programs track other outcomes, depending on the goal:

- 72%—Engagement with the program, such as tracking progress on case plans, involvement with case management, or other ways the program defines engagement;
- 64%—Reasons why families are unable to access permanent housing;
- 47%—Reduced or ended substance abuse;
- 47%—Supportive reconnections with family or friends;
- 36%—Stabilized on psychotropic medications for mental or emotional problems;
- 32%—Keeping the types of people who usually drop out within the first month engaged enough to stay in the program for at least six months.

Although the survey did not ask explicitly about them, a few programs also named some other things they track, including the services the families use, referral sources, health records for mother and children, children's school progress and other aspects of children's progress, success at vocational or educational programs, debt reduction and savings, program rule violations, community involvement, and, for one program, an exit survey that asks parents what they feel they got out of the program.

Programs use several tracking methods—often, "whatever it takes." They specified the three most common methods they use, which include:

- 89%—Phone or personal contact at regular intervals;
- 53%—Maintaining contact with the family's current case managers, therapists, their PSH program if the family went to permanent supportive housing, or other community services they use;
- 34%—Information from former residents who return for services or visits;
- 34%—Other approaches, including mail; alumni events and other occasions on which the family comes back to the program, sometimes for other services; landlords; tenant surveys; and running into former tenants in the community;
- 6%—Do not track families after they leave the program.

HOUSING OUTCOMES

The topic of greatest interest for family TH programs is—"Does homelessness end?" Of course the first step is for the family to move into permanent housing, but the ultimate outcome would be for the family to achieve stable housing and self-sufficiency through work. We asked family TH program representatives about the destinations of their families after they leave the program, using the categories specified in HUD's Annual Performance Reports (APRs). Unfortunately we did not ask about longer-term stability, although as we have just seen, most programs in our sample measure outcomes at some period after program exit.

Table 5.2 shows the destinations of families at program exit according to TH program records. The final row of the table gives the mean proportion of TH families with each of the housing outcomes we measured. On average, 70 percent of families went to permanent housing, with or without subsidies and supports (first three rows of table 5.2). The largest proportion of these (36 percent on average) went to conventional dwellings for which they did not have a rent subsidy and that were not permanent supportive housing (PSH—a program that offers both subsidy and supports). Twenty-two percent were lucky enough to receive a rent subsidy and to find regular housing in the community. A smaller proportion (13 percent) went to PSH.

Table 5.2: Destinations of Families in TH Programs at Program Exit
(n = 52)

Proportion of program families exiting to:	Affordable permanent housing:			Reunite with family	Health institution (hospital, MH facility)	Criminal justice institution	Back to homelessness
	Without subsidy or supports	With subsidy, without supports	With subsidy *and* supports*				
None	17	27	51	24	88	78	50
1–10%	10	24	20	33	10	22	42
11–25%	17	18	12	43	0	0	6
26–50%	31	20	8	0	2	0	2
51–75%	12	10	10	0	0	0	0
76–100%	13	2	0	0	0	0	0
Mean:	35	22	13	13	1	1	4

* This category may include permanent supportive housing in the HUD sense, but it mostly refers to people who leave TH programs with a rent subsidy *and* continue to receive support from the program.

Destinations other than permanent housing on one's own include going back to one's family (13 percent) or to some institutional setting (1 to a health care facility and 1 to jail or prison). Finally, 4 percent, on average, return to homelessness when they leave TH, and post-TH destinations are unknown for about 10 percent of families exiting TH programs. The remaining rows of table 5.2 show the proportion of programs whose families experience different types of housing outcomes. Finally, the largest programs are more likely than smaller programs to have a few families who go back to homelessness (not shown).

We just saw that, on average, 35 percent of the families leaving PSH are assisted to do so by receiving a rent subsidy, which makes their housing affordable. The availability of rent subsidies in a local community is the major factor that is likely to affect this proportion—a factor that is known to vary widely among communities. Obtaining variability on housing affordability was

one of the primary reasons why this study sought very distinctive communities from which to draw its family TH programs. One way to influence housing affordability is to make rent subsidies available to needy households from public sources.

In table 5.3 we show the average proportion of families leaving TH who go to various destinations, for all sites combined and for each community separately. Although on average 35 percent of families leave for unsubsidized permanent housing, this proportion varies from a low of 21 percent in Cleveland/Cuyahoga County to a high of 54 percent in Houston/Harris County. Those who get a subsidy to help them afford housing but who do not receive supportive services after leaving their TH program range from 12 percent in Houston/Harris County and 14 percent in Cleveland/Cuyahoga County to 28 percent in San Diego and 32 percent in Seattle/King County. Houston/Harris County families are the least likely to receive supportive services along with rental assistance once they leave TH, while families in Cleveland/Cuyahoga County and Seattle/King County are the most likely to get both (subsidy and supports). Families leaving TH in Detroit are the most likely to reunite with family, while those in Seattle/King County are the least likely to do so. The remaining three destinations, health or criminal justice institution (for the parent) or back to homelessness, are quite uncommon in all communities in this study.

Table 5.3: Destinations of Families in TH Programs at Program Exit, by Community
(mean proportion of families)

	Mean Proportion of Program Families Exiting to:						
	Affordable permanent housing:			**Reunite with family**	**Health institution (hospital, MH facility)**	**Criminal justice institution**	**Back to homelessness**
Study community	**Without subsidy or supports**	**With subsidy, without supports**	**With subsidy *and* supports***				
All sites combined	35	22	13	13	1	1	4
Cleveland/Cuyahoga County	21	14	19	16	1	2	7
Detroit	39	21	5	22	4	<1	6
Houston/Harris County	54	12	4	14	<1	2	4
San Diego City and County	35	28	14	10	<1	0	2
Seattle/King County	27	32	19	6	<1	<1	4

* This category may include permanent supportive housing in the HUD sense, but it mostly refers to people who leave TH programs with a rent subsidy *and* continue to receive support from the program.

EXITS TO SOMEWHERE OTHER THAN PERMANENT HOUSING

Program respondents were asked to identify the main reasons that their families are unable to move into permanent housing. We asked specifically about five different possible reasons, and programs also offered other reasons. The following bullets show the proportion of programs that identified each reason as relevant to their families:

- 74%—Lack of subsidies to make housing affordable (i.e., housing units are available, if the family could afford them);

- 58%—Lack of housing that would be affordable, even if subsidies were available;
- 40%—Tenants' condition remains too unstable;
- 32%—Lack of housing with the appropriate supports; and
- 25%—Tenants' continued substance abuse.

Among the reasons mentioned by programs spontaneously, lack of income is the most common. Respondents either said simply "lack of income," or explained that a parent did not have the education or training to get a job paying enough to afford housing, or simply that the parent could not earn enough to pay for housing. Sometimes the response included the idea that had the parent stayed with the program longer she would not have faced such an extreme situation. Other reasons included people going back to their batterer, having *really* bad credit or criminal record so no landlord would accept them, and having too big a family for available units.

TYPE OF HOUSING SUBSIDY

The proportion of families leaving TH programs with a housing subsidy varies by a factor of three across the five communities in this study, from a low of 16 percent in Houston/Harris County to a high of 51 percent in Seattle/King County. On average across all communities, 14 percent of families leave with a regular Section 8 voucher,[5] 4 percent leave with a Section 8 set-aside voucher, 4 percent leave with a S+C voucher, and 4 percent leave with a housing subsidy from state or local sources. An additional 7 percent leave with "other" subsidies, which include moving into housing created to be affordable to very low income households, and may also include some types of temporary assistance from TH programs.

For housing subsidies, the community where a TH program is located makes a big difference, as the likelihood of getting a housing subsidy depends heavily on the policies and practices of local housing authorities. Proportions of families receiving Section 8 vouchers (either regular or special) or public housing units ranges from 6 to 7 percent in Houston/Harris County to 26 percent in Seattle/King County, with the remaining three communities all reporting 18 percent of families who leave with one variety or another of federally-supported subsidy. Shelter + Care plays its biggest role in Cleveland/Cuyahoga County, and housing subsidies from state and local resources account for another small proportion of families leaving TH programs. But even in Seattle/King County, the community most likely to make housing subsidies available to families leaving TH, one-fourth of families still leave TH with only their own resources to help them find and keep housing. In Houston/Harris County, the community with the fewest subsidy resources, more than half of families leaving TH find themselves in the same situation.

[5] This category includes project-based and tenant-based vouchers, and may also include some public housing units

Table 5.4: Types of Subsidies Obtained by Families Leaving TH Programs, by Community
(mean proportion of families. N = 49-51, depending on column)

Study community	Mean Proportion of Program Families Exiting to:				
	Regular Section 8*	**Section 8—special homeless set-aside**	**Shelter Plus Care**	**State/local housing subsidy**	**Other****
All sites combined	14	4	4	4	7
Cleveland/Cuyahoga County	13	5	16	2	2
Detroit	8	10	7	7	7
Houston/Harris County	6	<1	1	1	9
San Diego City and County	12	7	0	3	11
Seattle/King County	26	1	<1	5	3

*Includes tenant-based and project-based assistance, and an occasional unit in public housing.
** Includes moves to housing created to be affordable to very low income renters, and some subsidies available through TH programs.

UNSUCCESSFUL EXITS

In the TH programs in our sample, on average 23 percent of families do not have successful exits. About half of these families leave on their own, and the other half are asked to leave. The average length of stay of these 23 percent of families is about 6 months.

We asked program representatives about the most common reasons that families leave on their own accord, and the most common reasons that the program asks them to leave. Only one reason overlaps the two groups—not wanting to comply with program requirements, or repeated failure to comply and general disinterest in the program. Some respondents said that families will leave "voluntarily" when it becomes clear that they are about to be asked to leave.

Other reasons for voluntary departure are that the family got a job with sufficient income to afford housing, got a rent subsidy that meant they could afford housing, or reunited with family. The first two of these reasons for early departure seem like the same events that characterize successful exits and are desirable program outcomes. If these programs consider families leaving under these circumstances to be "failures," they must have expectations for what families need to accomplish that go beyond these two basics. "Reuniting with family" sometimes means moving in with a mother or sister, but also means going back to a batterer—clearly not a good outcome.

There are relatively few reasons that family TH programs ask families to leave, but these few are widespread. The most commonly mentioned reasons are repeated noncompliance with program requirements, relapse into active substance abuse, and violence or threats of violence toward other tenants or staff. Often all of these will pertain at once to the family asked to leave.

CHAPTER 6: SUMMARY AND CONCLUSIONS

From their start in the late 1980s through the federal stimulus of HUD's Supportive Housing Program under the Stewart B. McKinney (later McKinney-Vento) Homeless Assistance Act, transitional housing programs for homeless people have grown until there are probably at least one or two in most communities in the country. 2004 Continuum of Care applications to HUD listed over 7,000 transitional housing programs with capacity to serve about 220,000 people. About half of these programs serve homeless families. This report is the first in a decade to examine TH programs, and the only one to take TH programs for families as its focus. It is a step in developing knowledge about the scope, residents, array of services, and outcomes for transitional housing programs serving families.

SUMMARY

Interviews with program directors of 53 transitional housing programs in the five study communities have been used to answer the first research questions of this project:

3. How can the universe of TH programs be categorized, or at least understood, in relation to a program's willingness to address families with different types and levels of housing barriers? What proportion of programs takes only the most housing-ready families, and what proportion work with families with many barriers?

4. How can TH programs be categorized in relation to their service offerings? What is the expected length of time needed to "complete" the program? What is the range of maximum lengths of stay? What services are available? What must families do to stay in the program?

Chapter 2 addressed the characteristics of TH programs, chapter 3 focused on the characteristics of the families using TH, chapter 4 looked at program services, and chapter 5 examined the meaning of "success" in TH programs, the types of outcomes measured, and the methods used to track outcomes.[6]

In chapter 2, we saw that the opening years for the TH programs in our sample are pretty evenly spread over the past two decades. Their size is deliberately skewed toward larger programs, as we did not interview any of the many programs that exist around the country with three or fewer family units.

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[6] In summarizing the findings of this analysis, it must be remembered that the TH programs surveyed for this study all had at least four units. The sampled programs are thus larger, on average, than would be the case if we had a true random sample of family TH programs in the United States. Twelve programs (30 percent) in the sample are located in suburban areas. About one-fifth of the programs have a domestic violence focus. These proportions are not too different from national statistics. But we are lacking any programs from rural areas, as well as the very small programs (those with 3 or fewer units and 10 or fewer beds) wherever they are located.

About three in every five TH programs in our sample operate from a single facility, with the rest using a scattered site model; about one in four offers the option of transitioning in place. Staffing levels average about five staff on duty on weekdays, with fewer for evenings and weekends. The average maximum length of stay is 21 months, and the average actual length of stay is 12 months. Emergency shelters and community service organizations are the overwhelmingly largest sources of referral for family TH programs. Very few of the TH programs in our sample will reject a family because of serious problems the family has, but the large majority require some clean and sober time for those who have substance abuse issues, and most run "clean and sober" programs. These programs *do* require that families want to work on their issues with the program—i.e., they are not just offering housing. The most commonly mentioned reason for rejecting families is whether the program has a unit available—in other words, nothing to do with the family itself. Several other reasons pertain to the family's motivation to change.

Chapter 3 focused on the characteristics of families in TH programs. We saw that most had been homeless for a year or less when they entered TH, and that most came to their TH program from an emergency shelter. About half of TH families are working either full or part time; 40 percent receive public cash assistance from TANF, and a few get disability benefits. Food stamps and Medicaid are the public programs used most by TH families. Physical disabilities and HIV/AIDS are quite uncommon in family TH programs, but mental health and substance abuse issues are present for many families. About one-fourth of parents take psychotropic medications for mental or emotional problems. About two in five parents have substance abuse histories, and at least another one-fourth are currently affected by drug abuse. Repeated relapse into addiction is a primary reason for families being asked to leave TH programs.

Chapter 4 described core services of family TH programs—those offered on site by 75 percent or more of programs. Core services include case management, tenant stabilization, building support systems, assisting with food and clothing, help securing housing and public benefits, and training in daily living skills, conflict resolution, budgeting, and money management. TH programs are most likely to have active partnerships with public benefits programs, mental health and substance abuse agencies, legal aid, and case management agencies. Employment-related services, help finding housing, health care agencies, and childcare agencies are other frequent partners. Families are most likely to use case management services, counseling, employment-related services, and life skills training. Most programs have rules against use of alcohol or illegal substances, or illegal activity at the program site, while slightly fewer have rules against the same things off site. Repeated violation of these rules usually triggers actions related to dismissal from the program, unless the parent exhibits credible intentions to comply. Verbal and physical abuse are also covered by rules, and are even more likely to be grounds for dismissal than violation of drinking or drugging rules.

Chapter 5 reviewed findings related to program effectiveness and successful exits. Program criteria for successful exits centered around families having a stable place to live and the income to keep paying for it. On average programs say that about three in four families exit successfully. Program representatives think families need about 14 months to reach these goals, and the average length of stay for families exiting successfully is 13 months. Programs are most likely to track where families go when they leave TH, whether they obtain a stable income source, whether they are in stable housing, and the resources they use to access permanent housing. Programs mostly use phone or personal contact to follow former participants, and several other

techniques are also common. Only a handful of programs do not track families after they leave TH.

About 70 percent of families go to permanent housing, of which half go without any type of subsidy, one-fifth go with a housing subsidy only, and the remainder leave with both a housing subsidy and ongoing supports. Thirteen percent reunite with family, which may be a positive or negative outcome depending on whether "family" is a batterer. Communities vary greatly in the proportion of families who leave with a subsidy, from 16 percent in Houston/Harris County to 51 percent in Seattle/King County. On average, 18 percent of families leaving TH successfully receive a Section 8 voucher and another 4 percent receive a state or locally funded housing subsidy. Four percent leave for housing supported by a Shelter + Care voucher, meaning that they are moving to permanent *supportive* housing, presumably because their level of disability has proven serious enough to prevent a move to unsupported independent living in the community.

Unsuccessful exits occur when families leave before the program feels they are ready, or when they are asked to leave. The former situation usually involves either families who do not want to comply with program rules, or families who get a job or a housing subsidy fairly quickly and leave before the program thinks they are stable enough to sustain tenure in the community. The latter situation usually arises from repeated failure to comply with program rules or expectations, including relapses into addictions, violence or threats of violence, and refusal to work on case plans.

NEXT STEPS

This is the first report to come out of this project. It has helped us learn more about the nature of TH programs serving homeless families, and to gain a beginning foothold on some of the issues that arise with respect to transitional housing. These challenges include:

1. "Creaming," or taking families whose problems are not very complex or severe;

2. Being structured so families must move when they leave the program, causing some disruption; and

3. Spending resources on supportive services when all most families need to achieve stable housing is a housing subsidy.

CREAMING

Based on the evidence provided by the 53 family TH programs we interviewed for this project, in five diverse communities, we can say pretty clearly that these programs are not doing much "creaming," if by creaming one means taking families with few or no problems. We have been able to determine that most families in these TH programs have significantly more barriers to getting and keeping housing than the average household coming through emergency shelters. The one universal criterion for program eligibility is multiple instances of eviction or housing

loss, bespeaking the challenge that TH programs face in helping their client families to reach the primary program goal of stable housing in the community. The households being served by these programs also have issues surrounding recovery from addictions, reunification with children and assumption of appropriate parental roles, stabilization of mental illness, and acquiring the capacity to hold an adequately paying job, alone or in combination.

All TH programs in our sample *do* screen for people who appear likely to be able to get and keep housing of their own at some point after receiving program services. This screening criterion is basic to the programs' purpose, which is to help people make the transition to supporting themselves in stable housing. The core or essence of transitional housing is the expectation that clients will work with the program to set goals and work with case managers and service personnel to achieve those goals. Primary goals in HUD-funded TH are achieving and maintaining permanent housing and increasing income, which makes it possible to keep housing.

THE NEED TO MOVE

About one in four TH programs in this sample offer their tenants the option, once they leave the program, of staying in the unit they have occupied while in the program. That is, they offer a strategy of transitioning in place, having services gradually withdrawn as a family stabilizes in a housing unit it has occupied since joining the program. This strategy removes any problem that TH participation will end with a disruptive move. However, the reality of these transition-in-place programs, according to many program representatives we interviewed, is that most families end up moving anyway, because they do not have enough income to take over paying the rent once they are no longer subsidized by the TH program. So the program's formal structure is not a good indicator of a family's experience with respect to making multiple moves.

Some other things to consider as factors balancing out the need to move are the quality of TH housing and the ability of facility-based TH programs to create a sense of community and mutual help among families in residence. It is a common observation that transitional housing programs often offer families better housing with more stability than they have previously been able to access on their own, or than they are likely to be able to access once they leave the program. This quality of TH programs may, in and of itself, give families the base from which they are able to take the steps they need to take to stabilize their lives. Further, facility-based TH programs give families the chance to develop supportive relationships with staff, and for families with longer tenure to mentor more recently arriving families. These relationships may be a key factor in keeping families in TH programs long enough for the program to make a difference. These relationships are less likely to develop in scattered-site models, which all transition-in-place models must be.

THE NEED FOR TRANSITIONAL HOUSING AT ALL

One challenge to the TH concept holds that most homeless families do not need the services TH programs offer, but need only a housing subsidy (Shinn et al. 1998). This view must be approached with caution, since the research supporting it was done on families entering emergency shelter for the first time. It may be true that many of them need nothing more than a

housing subsidy. But the families entering the TH programs in this sample had multiple episodes of eviction, housing loss, and homelessness, so evidence from first-time homeless families does not negate the possibility that some families need more, and these are the families that transitional housing programs are supposed to serve. Some research, on families receiving permanent supportive housing, shows that services have some effect on tenant stability, but matter less than the security in housing provided by a rent subsidy (Rog et al. 1995; Shinn et al. 1998). Other research, however (Helvie and Alexy 1992; Weitzman and Berry 1994) reports the ability of services to help families stabilize in housing after leaving emergency shelter. Weitzman and Berry (1994) make the critical comparison of public housing plus services to public housing without services for high risk families—the type that transitional housing programs should be serving. Their results show that services contribute to greater housing stability—85 percent of those who received housing plus services were still in their original unit at one-year follow-up, compared to 69 percent of families who just received housing.

THE NEXT REPORT

We will only really be able to address some questions about transitional housing when we have data from the families themselves about their outcomes up to a year after leaving TH—the next step for this research project. However, at this point we know that providers report that the vast majority of families in their TH programs are leaving well before reaching the 24-month deadline set by HUD, and 70 percent are reported as moving to permanent housing. Further, most do so without a housing subsidy. While there is much still to find out about the effects of TH on homeless families, these findings suggest that TH programs have a genuine role to play for a certain subset of homeless families.

We want to be able to characterize the family TH programs in our sample through creating 5 to 10 variables to be used in regression analyses once we have data from families to analyze. We want to know what characteristics of TH programs make a difference for family outcomes; we are now in a position to create relevant variables. In the next few months we will begin to have follow-up data coming in from families, which we can use to begin the process of understanding the associations among program characteristics and family outcomes. We will also be able to use differences in types of support that families receive after TH to address the third issue for transitional housing—whether a housing voucher, by itself, is either necessary or sufficient to keep a family stably in housing.

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APPENDIX A

TH PROGRAM SURVEY

TH Program Survey

STATEMENT OF CONFIDENTIALITY

Before beginning the interview, I would like to thank you for agreeing to participate in this study. I realize that you are busy and will try to be as brief as possible. At this point, I also want to assure you that the information that you provide during this interview will not be connected to you or your agency. Do you have any questions before we start?

PROGRAM PROFILE

1. Program Name _____

2. Program Contact Information
   a. Director: _____
   b. Street Address _____
   c. City, State, Zip _____
   d. Phone _____
   e. Fax _____
   f. Program Director's email: _____

3. Agency Name (if different from Program Name) _____

4. Agency Contact Information (if different from above)
   a. Director: _____
   b. Street Address _____
   c. City, State, Zip _____
   d. Phone _____
   e. Fax _____
   f. Agency Director's email: _____

OVERALL PROGRAM DESCRIPTION

5. What month and year did your TH program open? Mo _____ Year _____

6. Total family units _____ and total beds _____in your TH

7. Program Type (check the one type that best describes this project, even if the description is not perfect):

   1☐ Scattered site (no more than one or at most a few project units in a building; includes one-unit buildings)

   2☐ Clustered-scattered (project operates two or more small buildings of no more than 6 or 8 units, all units occupied by project participants, with project buildings usually on different blocks)

   3☐ Single site, dedicated building (project operates in only one building, usually of many more than 8 units; all units occupied by project participants)

      3a☐ Each family gets its own unit or apartment

      3b☐ Two families share a unit or apartment

      3c☐ More than two families occupy each living space

   4☐ Single site, mixed use (project operates in only one building, usually large, in which project participants occupy only a minority of units; can be accomplished through set-asides, master leasing, or other arrangements)

8. Do families need to move to another residence once they finish your program, or can they take over the lease for the unit they lived in while in your program?

   1☐Need to move

   2☐Transition in place, no need to move

PROGRAM ENTRY

9. What criteria do you look for when deciding whether to accept a family into your TH program? For each criterion listed below, please indicate whether it is:
   Required—a person must meet this criterion to be accepted
   Acceptable—it is okay if a person is or has this, but it is not required
   Not acceptable—a person with this characteristic will be rejected by your program

Criterion:	**Required**	**Acceptable**	**Not acceptable**
18 or older	2☐	1☐	0☐
Reside in city/county where program located	2☐	1☐	0☐
Homeless (Living in a shelter or in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station)	2☐	1☐	0☐
Diagnosis of severe and persistent mental illness (SPMI)	1☐	2☐	3☐
SPMI plus a co-occurring diagnosis (substance abuse or major medical)	2☐	1☐	0☐
Active substance abuser	1☐	2☐	3☐
Clean and sober (if a requirement, for how many days? _____)	2☐	1☐	0☐
Has HIV/AIDS	1☐	2☐	3☐
Has felony criminal record	2☐	1☐	0☐
Has sexual offender criminal record	1☐	2☐	3☐
Has history that includes own violence against or abuse of children or adults	2☐	1☐	0☐
Able to participate in developing and carrying out an appropriate treatment plan	1☐	2☐	3☐
Has poor rental history, multiple evictions	2☐	1☐	0☐
Physical disabilities requiring accommodation (e.g., wheelchairs, ramps, sign language interpretation)	2☐	1☐	0☐
Some history of working for pay	2☐	1☐	0☐
No history of working for pay	2☐	1☐	0☐
Restrictions based on number, ages, or gender of children (What?_____)	2☐	1☐	0☐
History of victimization by domestic or sexual violence	2☐	1☐	0☐
Other (What?_____)	2☐	1☐	0☐

10. What are the 3 most common sources that refer or bring people to your program? **(check only 3**):

1☐ Outreach workers

2☐ Drop-in center(s) or day programs

3☐ Shelters

4☐ Soup kitchens/meal programs

5☐ Police

6☐ Clergy

7☐ Jail, prison, or court personnel

8☐ Family or friends

9☐ Community service providers

10☐ Health care for the homeless or other health providers, including hospitals

11☐ Mental health providers, including psychiatric hospitals

12☐ Other (What?_____)

11. Of the people who approach or are referred to your program to see if they are eligible or would like to live there, about how many do you actually accept?

1☐ We accept most or all

2☐ We accept about 3 out of 4

3☐ We accept about half (1 out of 2)

4☐ We accept only about 1 out of 3 or fewer

0☐ Don't know

12. What are the three most common reasons why you don't accept people into your program?

1. _____
2. _____
3. _____

PROGRAM EXIT

13. What is your program's **maximum** length of stay days_____ or months _____

14. Actual lengths of stay
    a. **Average** length of stay days_____ or months _____
    b. What proportion leave within
        i) 1-3 months of moving in _____%
        ii) 4-6 months of moving in _____%
        iii) 7-9 months of moving in _____%
        iv) 10-12 months of moving in _____%
        v) 13-18 months of moving in _____%
        vi) 19-24 months of moving in _____%

15. What is the meaning of " successful exit" in your program? What do families have to do for you to consider that they have left successfully?

    a. About how long do you expect it to take for families to finish the program successfully?

       Days _____ or months _____

    b. What is the shortest time that a family has been in your program and you still consider that the family left successfully?

       Days _____ or months _____

    c. What is the average time to exit, for those who achieve a successful exit?

       Days _____ or months _____

16. What proportion of your families leave the program "successfully" according to your definition of a successful exit? _____%

17. Of the _____ % of families who do not exit the program successfully:

    a. What is their average length of stay Days _____ or months _____

    b. What proportion leaves of their own accord? _____%

        i) What are the most common reasons why families leave of their own accord?

    c. What proportion do you ask to leave? _____%

        i) What are the most common reasons why you ask families to leave?

    d. What are the biggest differences between the families that leave successfully and those that leave for other reasons?

18. Please indicate your staffing levels:

    a. _____Number of full-time staff
    b. _____Number of part-time staff
    c. _____Number of Full-Time-Equivalents (FTEs, taking all staff hours together)

    d. _____Number of staff on duty during normal work hours
    e. _____Number of staff on duty after work hours on weekdays
    f. _____Number of staff on duty on weekends

CHARACTERISTICS OF CURRENT TENANTS (SNAPSHOT, AT TIME OF SURVEY)

19. Thinking of the episode of homelessness your current tenants were in just before they entered your program, approximately what proportion had been homeless:

    a. 0-12 months _____%
    b. 13-24 months _____%
    c. 25-60 months _____%
    d. More than 60 months (five years+) _____%
    e. Don't know _____%

    100%

20. Now thinking about the total length of time your current tenants have spent homeless, approximately what proportion had been homeless over their lifetimes for:

a. 0-12 months	_____%
b. 13-24 months	_____%
c. 25-60 months	_____%
d. More than 60 months (five years+)	_____%
e. Don't know	_____%
	100%

21. For the families now living in your TH units, what proportion came directly from the following locations/program types (these categories ARE mutually exclusive; they should not add up to more than 100%):

    a. ____% "on the streets" (i.e., they were not habitual shelter users, although they may have used shelters occasionally)

    b. ____% from emergency shelters (although they may have spent some time on the streets)

    c. ____% from safe havens (could have spent time also in emergency shelters or on the streets)

    d. ____% from other transitional housing programs

    e. ____% from somewhere else (e.g., institutions, conventional dwellings)

22. If you reported that some of your TH units are currently occupied by people who were never homeless, please describe the types of people who occupy these units. Check all that apply.

1☐ Low income, from the community (never homeless)

2☐ Disabled, released from psychiatric institutions directly to PSH (either never homeless or at least not homeless immediately before institutionalization)

3☐ Ex-offenders (never homeless)

4☐ Transition-age youth (perhaps coming out of foster care) (never homeless)

5☐ Disabled, HIV/AIDS (never homeless)

6☐ At imminent risk of homelessness (please describe)

7☐ Other (please describe)

TENANTS' RIGHTS, PROGRAM POLICIES, TERMINATION POLICIES

23. Please describe your expectations for tenants with regard to money. Check all that are true for your program.

1☐ Tenants are charged 30% of their income as rent

2☐ Tenants are charged 30% of their income as a service fee

3☐ Tenants are expected to pay back rent when benefits begin

4☐ Tenants are encouraged to save at least 30% of their monthly income

5☐ All tenants are required to have a representative payee to manage their money

6☐ Some tenants are required to have a representative payee to manage their money

7☐ Tenants manage their own money

8☐ Other (What?_____)

24. Do tenants (check all that are true in your program):

1☐ Have a key to their own room

2☐ Have a written agreement stating their right to stay for a specified period, and their obligations related to that stay (e.g., paying the rent) (could be a lease, or other document)

3☐ Have common space (living room, TV room, café, etc.) where they can hang out, have meetings, talk casually with each other or staff

4☐ Have staff people awake and available 24/7

5☐ Have staff people awake and available at least 9 to 5, 7 days a week, but not 24/7

6☐ Have building security 24/7

25. Please describe the rules and expectations related to use of alcohol, use of illegal substances, violence, and criminal activity that you have for tenants in your Transitional Housing Program. (READ AND CHECK ALL THAT ARE TRUE FOR THIS PROGRAM.)

1☐ No use of alcohol on the premises

2☐ No use of alcohol off the premises

3☐ No use of illegal substances on the premises

4☐ No use of illegal substances off the premises

5☐ No verbal abuse of other tenants or staff

6☐ No physical abuse/violence against other tenants or staff

7☐ Must not engage in illegal/criminal activity on the premises

8☐ Must not engage in illegal/criminal activity off the premises

9☐ Other (What?_____)

26. What would lead you to ask a family to leave this TH project before they had successfully completed the program? (READ AND CHECK ALL THAT APPLY)

1☐ Disruptive/aggressive/violent behavior toward self

2☐ Disruptive/aggressive/violent behavior other tenants

3☐ Disruptive/aggressive/violent behavior staff

4☐ Use of alcohol on-site

5☐ Use of alcohol off-site

6☐ Use of drugs on-site

7☐ Use of drugs off-site

8☐ Engaging in criminal behavior (not alcohol/drug related) on-site

9☐ Engaging in criminal behavior (not alcohol/drug related) off-site

10☐ Non-payment of required fees

11☐ Unauthorized absences from the program

12☐ Destroying property in own unit or building

13☐ Noncompliance with service requirements; no interest in participating in program

27. Please add any qualifications of these policies that you feel would help us understand your policies better.

CURRENT TENANTS' INCOME AND BENEFITS SOURCES

28. Approximately what proportion of your current tenants has no income sources of any kind?

    a. Proportion with no income at all _____%

29. Approximately what proportion of your current tenants receives the following public benefits? :

    a. SSI _____%
    b. DI _____%
    c. General Assistance _____% (or Public Assistance, Home Relief, etc.)
    d. Veterans disability _____%
    e. Medicaid _____% (or state/local public health insurance)
    f. Medicare _____%
    g. Food stamps _____%

30. Approximately what proportion of your current tenants earns money from employment of the following types?

    a. Full-time employment _____%
    b. Part-time employment _____%
    c. Panhandling, day labor, recycling, etc. _____%

31. Approximately what proportion of your current tenants have applied for SSI and are waiting to learn if they have been approved?

    a. Proportion waiting for SSI approval _____%

Appendix A

MENTAL ILLNESS, SUBSTANCE ABUSE, MEDICAL PROBLEMS

32. Before entering your program, approximately what proportion of your current tenants had been hospitalized for a mental illness, or mental or emotional problems: _____%

33. What proportion are currently taking medications for mental illness, such as medications for depression, bipolar disorder, anxiety disorder, schizophrenia, or other mental illness. _____%

34. Before entering your program, approximately what proportion of your current tenants had been hospitalized for drug or alcohol abuse?
    a. 4 or more times _____%
    b. 2-3 times _____%
    c. Once _____%
    d. Never _____%
    e. Don't know _____%
    100%

35. Approximately what proportion of your current tenants has a history of substance abuse, but are not now active substance abusers?
    a. _____%

36. For the formerly homeless TH tenants now living in your units, what proportion are currently affected by the following disabilities (these categories ARE NOT mutually exclusive; your percentages may add up to more than 100%):
    a. ____% Serious mental illness
    b. ____% Alcohol abuse
    c. ____% Drug abuse
    d. ____% HIV/AIDS
    e. ____% Physical disabilities
    f. ____% Dual diagnosis--serious mental illness plus alcohol and/or drug abuse (includes those you said have SMI, alcohol abuse, or drug abuse)

PROGRAM SERVICES

37. What services do your tenants have access to? For each type of service listed below, please indicate by checking ONLY ONE box per service what services are available to your TH tenants through direct provision by TH staff or by formal and/or regular, reliable, deliberate linkages with other agencies. These may be provided on-site to supportive housing tenants and/or provided off-site. In either case, there must be an ongoing connection to the housing project, which may be through established referral mechanisms or be service programs that are designed or adapted to meet the needs of TH tenants.

Service Type	At Program Site	Off-site, but clear commitment	By referral ONLY
Case management- -including referrals, assistance obtaining benefits, "whatever it takes"	2☐	1☐	0☐
Tenant Stabilization- helps tenants learn to live in housing, do ADLs, get along with fellow tenants and the landlord, etc.	2☐	1☐	0☐
Build Support Systems- help tenants create and participate in community within project, find supports externally	2☐	1☐	0☐
Basic Needs- food, clothing	2☐	1☐	0☐
Mental Health- outpatient counseling, therapy, medications and meds management	2☐	1☐	0☐
Medications- monitoring and dispensing	2☐	1☐	0☐
General Health Care- including for chronic physical health conditions	2☐	1☐	0☐
HIV/AIDS- specialized health care	2☐	1☐	0☐
Substance Abuse- self-help options, harm reduction services	2☐	1☐	0☐
Substance Abuse- 12-step oriented treatment services	2☐	1☐	0☐
Relapse prevention and crisis intervention—substance abuse	2☐	1☐	0☐
Relapse prevention and crisis intervention—mental illness and emotional problems	2☐	1☐	0☐
Employment related- assistance in job placement	2☐	1☐	0☐
Employment related- vocational training	2☐	1☐	0☐

Legal Services- related to civil (rent arrears, family law, uncollected benefits) or criminal (warrants, minor infractions, etc.) matters	2☐	1☐	0☐
Assistance in accessing housing (the actual housing unit)	2☐	1☐	0☐
Assistance in accessing entitlements (including housing subsidies)	2☐	1☐	0☐
Veterans Services	2☐	1☐	0☐
Assistance in reuniting with family	2☐	1☐	0☐
Daily living skills training	2☐	1☐	0☐
Conflict resolution training	2☐	1☐	0☐
Budgeting and money management training	2☐	1☐	0☐
Representative payee services	2☐	1☐	0☐
Children related- School related	2☐	1☐	0☐
Children related- Child care	2☐	1☐	0☐
Family related- DV, PTSD, Trauma-related	2☐	1☐	0☐
Other (What?_____)	2☐	1☐	0☐

38. What are three most important agencies with which your program partners to assure that your families receive the services they need? What services do they provide? Be sure to note not just the program name but also the type of agency it is (e.g., mental health center, hospital, social services agency, public benefits agency, etc.)

    a. _____

    b. _____

    c. _____

39. Taking the services that your families get from these three partner agencies all together, approximately what proportion of **all services** used by your families (adults and children) (**including** those supplied by your own program staff) do these three partner agencies provide?

    _____%

40. What aspects of your approach or philosophy, do you think are the most important things contributing to your success in helping families leave homelessness for good.

    a. _____

    b. _____

    c. _____

41. What three services, or types of services, are used most by families and their children ***while they are in your program***?

    a. _____

    b. _____

    c. _____

42. What three services, or types of services, are used most by families and their children ***during the follow-up period after they leave your program***?

    a. _____

    b. _____

    c. _____

INDICATORS OF EFFECTIVENESS YOUR PROGRAM TRACKS

43. Which indicators of effectiveness does your program currently track—meaning you keep records of these outcomes? (READ AND CHECK ALL THAT THE PROGRAM RECORDS)

1☐ Where families go when they leave your program

2☐ Whether families are still stable in housing a significant length of time after leaving your program

3☐ Resources used by families to access permanent housing

4☐ Reasons why families are unable to access permanent housing

5☐ Stabilized on psychotropic medications (you record both the earlier, unstable condition and the changed condition)

6☐ Reduced or ended substance abuse (you record both the entry condition and the improved condition)

7☐ Supportive reconnections with family or friends (you record both the entry condition and the improved condition)

8☐ Obtained stable income source, if didn't have it before

9☐ Engagement with program (you record the various phases from entry to full engagement, however you define it)

10☐ Keeping the types of people who usually drop out within the first month engaged enough to stay in the program for at least 6 months

11☐ Other (What? _____)

12☐ Other (What?_____)

OUTCOMES AT EXIT

44. For what period of time do you try to track families after they leave your program? (Check only one)

1☐ 1 to 3 months

2☐ 4 to 6 months

3☐6 to 12 months

4☐ Other (What? _____)

45. How do you track families after they leave? Check the three most common ways? (Check only three)

1☐ Follow up by phone or personal contact at regular intervals

2☐ By maintaining contact with their current case managers, therapists, their PSH program, or other community services they use

3☐ Through street outreach workers

4☐ Through former residents who return for services or visits

5☐ Other (What? _____)

0☐ We don't attempt to track them

46. Approximately what proportion of families leaving your program during any 12-month period exit to the following places?

a.	_____%	Affordable permanent housing, without subsidy or supports
b.	_____%	Affordable permanent housing, with subsidy but without supports
c.	_____%	Affordable permanent housing with subsidy and supports (i.e., a permanent supportive housing program)
d.	_____%	Reunite with family
e.	_____%	Health institution (hospital, mental health facility, not permanent)
f.	_____%	Criminal justice institution (jail, prison)
g.	_____%	Back to homelessness (shelter, streets, etc.)
h.	_____%	Don't know
i.	100%	

47. Approximately what proportion of your tenants receives the following types of subsidies that enable them to leave for housing?

a.	_____%	Shelter Plus Care voucher
b.	_____%	Section 8—special set-aside for homeless people
c.	_____%	Section 8—regular
d.	_____%	State or local tenant assistance voucher
e.	_____%	Other (What? _____)

48. For your tenants who are not able to move into permanent housing, what are the three most common reasons? (check only three)

1☐ Lack of housing that would be affordable even with subsidies (available units too expensive even if our tenants could get subsidy)

2☐ Lack of subsidies to make housing affordable (units exist in the community that would be affordable, but not enough subsidies)

3☐ Lack of housing with the appropriate supports

4☐ Tenants' continued substance abuse

5☐ Tenants' condition remains too unstable

6☐ Other (What? _____)