U.S. Department of Housing and Urban Development
Office of Policy Development and Research

PD&R

National Evaluation of the Supportive Housing Demonstration Program

Final Report

National Evaluation of the Supportive Housing Demonstration Program

Final Report

Prepared for:
Office of Policy Development and Research
U.S. Department of Housing and Urban Development

Prepared by:
Mark L. Matulef
Scott B. Crosse
Stephen K. Dietz
with
Gregg Van Ryzin
Michelle L. Kiser
Lisa M. Puhl
Robert C. Ficke

Westat, Inc.

Contract: HC–5836

January 1995

The contents of this report are the views of the contractor and do not necessarily reflect the views or policies of the Department of Housing and Urban Development or the U.S. Government.

FOREWORD

This evaluation of the Supportive Housing Demonstration Program (SHDP) provides strong support for the creation of a flexible block grant to aid the homeless. Perhaps the best designed of the many HUD-administered McKinney homeless assistance programs, SHDP consisted of two distinct initiatives: the Transitional Housing Program for homeless individuals and families and the Permanent Housing Program for homeless persons with disabilities. *National Evaluation of the Supportive Housing Demonstration Program: Final Report* provides a comprehensive summary of the many achievements of the program, which was succeeded by the Supportive Housing Program in 1992.

SHDP was created by Congress in 1987 to determine whether flexible funding would enable homeless service providers to establish innovative and effective transitional and permanent housing projects. The demonstration was a clear success. Nearly 85 percent of SHDP projects were operated by nonprofit agencies--some through governmental entities, which were uniquely able to combine needed services from both government and nonprofit sources. Projects typically offered a comprehensive array of support services, many of which were provided onsite. This evaluation confirms the critical importance of intensive case management for transitional households; life skills counseling and housing location assistance were also widely needed and provided.

The study found that SHDP provided cost-effective assistance to help families and individuals escape from homelessness. Seventy percent of households completing a transitional housing program entered permanent housing—half of them did so without housing subsidies. Eighty-five percent of disabled homeless persons remained in permanent housing a year after entry. The average daily cost of shelter and services for residents of transitional housing was $30 during an average 9-month stay. The daily cost of permanent housing and services for disabled persons averaged $45. On average, each SHDP dollar leveraged three dollars from other sources.

Transitional and permanent housing programs tailored to the unique needs of local homeless populations are an integral part of Secretary Henry G. Cisneros' continuum of care approach to ending homelessness. This study conclusively demonstrates that such programs work, particularly to the extent that the Federal assistance provides the flexibility that local agencies need to design and implement responsive programs. This principle of local flexibility is at the heart of the Administration's proposal to consolidate the categorical Supportive Housing Program and HUD's other assistance programs into a single, flexible block grant. This approach would restructure HUD's homeless assistance policy into a coordinated strategy that moves beyond symbols and symptoms to finally confront the complex web of forces that lies at the root of homelessness in America.

Michael A. Stegman
Assistant Secretary for
Policy Development and Research

TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

TABLE OF CONTENTS (continued)

List of Appendices

List of Tables

TABLE OF CONTENTS (continued)

List of Tables (continued)

TABLE OF CONTENTS (continued)

List of Tables (continued)

List of Exhibits

List of Exhibits (continued)

EXECUTIVE SUMMARY

A. PURPOSE

The Supportive Housing Demonstration Program (SHDP) was created to support innovative approaches to combining housing and supportive services for homeless persons -- in particular, families with children and individuals with severe mental illness or other disabilities. This program, which was authorized by the *Stewart B. McKinney Homeless Assistance Act of 1987* (P.L. 100-7) and administered by the U.S. Department of Housing and Urban Development (HUD), sought to encourage innovation by allowing the non-profit and government sponsors participating in the program to develop approaches tailored to the unique needs of their local homeless populations.

SHDP actually consisted of two separate programs, the Transitional Housing Program (TH) and Permanent Housing for the Handicapped Homeless (Permanent Housing Program or PH), which were designed to serve largely distinct homeless populations and to achieve very different objectives. TH aimed to assist homeless individuals and families to make the transition from homelessness to more independent living. Under this program, residents were limited to a maximum stay of 24 months. In contrast, PH sought to provide long-term stable housing and supportive services to homeless individuals with disabilities or homeless families that included an adult member with a disability. PH imposed no time limit on residency and sought to help residents to live as independently as possible.

B. BACKGROUND

Since 1987, HUD has provided SHDP funding for TH projects to eligible nonprofit organizations and local governments through competitive grants. Since 1988, HUD has provided SHDP funding for PH projects to State governments, mostly on behalf of nonprofit organizations. Grant applicants could request funding for one or more of three types of activities: (a) acquisition of land and facilities, (b) rehabilitation and expansion of facilities, and (c) supportive services and operating costs. From 1987 through 1992, HUD made 1,127 SHDP grant awards totaling $670 million for new projects and for the expansion of existing projects. The 748 Transitional Housing grants accounted for nearly $546 million of the total, while the 379 Permanent Housing grants

accounted for just over $124 million. TH grants for supportive services and operations were for five years, plus grantees could request renewal funding. PH grants for supportive services and operations were originally for two years, plus renewals. Starting in 1990, new PH grants were for five years, plus renewals. Grant recipients undertaking acquisition or rehabilitation were required to match SHDP funds with resources from non-Federal sources. Grantees were also required to share operating and supportive services costs by using resources from non-Federal sources.

In response to a Congressional mandate, HUD competitively selected Westat, Inc., to evaluate SHDP. The evaluation had the following objectives for both the TH and PH components of SHDP:

- To evaluate how well the program was implemented;
- To describe the costs of the program;
- To assess whether or not the program served the populations or groups intended by the Congress;
- To measure program impacts on residents; and
- To identify factors that contributed to or impeded positive program impacts on residents.

In order to examine projects that had sufficient time to become operational, the evaluation focused on SHDP projects funded from 1987 through 1990. The primary source of information for the evaluation was a mail survey, conducted in the fall of 1992, of the 732 active projects funded during this time period. Results from the survey were supplemented with information from case studies of 45 SHDP projects, which were based on visits to 20 SHDP projects and telephone interviews with project directors of an additional 25 projects. Two focus groups involving a total of 10 project directors were conducted also.

C. SUMMARY OF MAJOR FINDINGS

The following summarizes the major evaluation findings.

- SHDP projects were successfully implemented, on the whole. The vast majority of projects were operational at the time of the evaluation and achieved implementation milestones in a timely manner. SHDP projects provided a

broad array of supportive services to tens of thousands of residents in diverse types of housing.

- The costs of SHDP housing and supportive services were reasonable. Most of the SHDP funds were used for supportive services and operating expenses. SHDP projects successfully leveraged local resources.

- SHDP projects served the populations of homeless individuals and families intended by Congress. A large proportion of the residents served by these projects were either families with children or individuals with severe mental illness or other disabilities. A little less than half of the residents entered SHDP projects directly from the streets or emergency shelters. A large number of the remaining residents may have been at imminent risk of homelessness.

- SHDP appeared to have had positive impacts on many residents. The majority of TH residents entered stable housing upon leaving the program and twice as many residents were employed at program completion than at program entry. PH successfully retained over two-thirds of residents in stable housing for at least one year and provided supportive services to these residents.

- For TH, the general factors that contributed most to positive program impacts were ensuring that residents received the supportive services that could meet their needs and providing housing and other conditions that allowed residents to benefit from the services and thereby progress towards independent living. For PH, the most important factors were supportive services that fostered personal stability and housing and other conditions that accommodated resident disabilities. Among specific services, case management reportedly contributed to positive impacts for TH and PH residents.

In the remainder of this Executive Summary, findings from the national evaluation are presented separately for the Transitional Housing Program and Permanent Housing Program.

D. TRANSITIONAL HOUSING PROGRAM: MAJOR FINDINGS

The Transitional Housing Program (TH) was intended to serve as a stepping stone from homelessness to more independent living for homeless individuals and families. From 1987 to 1990, the period covered by the evaluation, HUD awarded 535 TH grants totaling $340 million, making the average five year grant approximately $636,000. At the time of the survey (fall 1992), 94 percent of the projects supported by these grants were operational. The TH projects supported over 8,600 housing units. This section summarizes the evaluation findings on the TH projects, focusing on program implementation, populations served, costs, and impacts.

Implementation of the TH Program

The TH program was implemented in a timely manner, though many projects encountered obstacles to implementation. Fully 84 percent of TH projects had private nonprofit sponsors, with the remainder of projects mostly having local government, State agency, or public housing authority sponsors. These sponsors, three-quarters of which had two or more years of experience serving homeless persons, proved to be remarkably effective at carrying out their proposed activities.

Fully 94 percent of the TH projects that received SHDP funding between 1987 and 1990 were operational (providing housing and supportive services to homeless persons) at the time of the evaluation. The remaining 6 percent of TH projects were still working to become operational. From the signing of their grant agreement with HUD, sponsors took an average of: (a) five months to complete the purchase of a property or to lease a property, (b) eight months to achieve initial occupancy, and (c) 11 months to achieve full occupancy. These results demonstrate that TH sponsors, community-based nonprofit organizations for the most part, were capable of quickly implementing the housing component of their SHDP projects. However, some projects did encounter implementation problems. Significant start-up delays were experienced by a few sponsors, particularly as a result of problems related to securing site control and obtaining matching contributions. Some projects ran into particularly stiff neighborhood opposition as well as zoning and historic preservation conflicts. Also, TH sponsors cited HUD delays in signing grant agreements and insufficient technical guidance as obstacles to more rapid implementation.

TH project sponsors provided flexible and tailored packages of services to meet the special needs of various homeless populations, satisfying a key objective of the SHDP. Sponsors of nearly all TH projects reported that case management was a basic element in the service packages. The supportive services offered were multifaceted, with over 30 services provided directly by TH sponsors or through referrals. Money management and housing location services were nearly universal in TH projects, while other services were tailored to groups with particular service needs. For example, battered women in TH projects frequently received legal assistance, substance abusers received alcohol and drug counseling, and young mothers participated in parenting classes. Despite satisfying these varied service needs, a substantial number of sponsors reported difficulty providing residents with much-needed employment experiences, largely because of the difficulty of

identifying such opportunities in the community. This shortcoming is significant, since for many SHDP residents employment opportunities constitute a critical path out of homelessness.

At the time of the survey, TH projects were using 81 percent of their reported capacity to house residents. (Capacity was reported in terms of the number of households actually served in a project relative to the number of households that could be served -- rather than number of housing units.) High turnover in the generally small projects undoubtedly accounted for a portion of this under-utilization, since the average stay in TH projects was only nine months. With each turnover, a sponsor required time to refurbish the unit and select the next resident.

Homeless Populations Served by the TH Program

The TH program served a substantial number of homeless households and succeeded in focusing resources on families with children. At the time of the survey, the 1987 to 1990 TH projects were serving some 7,000 households composed of approximately 12,700 adults and children. While half of these households came directly from emergency shelters or the street, the remainder arrived from the homes of relatives, drug or psychiatric treatment facilities, hospitals, or even their own apartments or houses. Many TH sponsors accepted households immediately after an eviction, domestic disturbance, fire, or discharge from an institution, as the regulations allowed.

The TH program was successful also in focusing resources on families with children, especially when considered against the backdrop of the homeless population as a whole. While households in TH projects were composed mostly of single adults with no children (54 percent), single adults with children represented 37 percent of households in TH, and couples with children represented another six percent. In contrast, the homeless population nationwide is composed of approximately 88 percent single adult households without children, nine percent single adult households with children, and less than one percent couples with children (Martha R. Burt and Barbara S. Cohen, *America's Homeless: Numbers, Characteristics, and Programs that Serve Them*, 1989; hereafter, *Burt, 1989*). This comparison indicates that the TH program served proportionately more homeless families, even though single adult households remained the primary household type served by the program. Analysis of survey data on *persons* as opposed to *households* provides more compelling evidence. While the survey found that 41 percent of

residents in TH projects were children, children made up only an estimated 15 percent of the U.S. homeless population (*Burt, 1989*).

Costs of the TH Program

The TH program leveraged substantial local resources for the homeless and also provided housing and services at a reasonable cost. The $37 million in SHDP funds that TH sponsors used for facility acquisition or rehabilitation leveraged about $202 million in funds from other sources. For the most recent year for which TH sponsors could provide information on supportive services and operating costs (1991-1992 in most cases), the $35 million in SHDP funds that sponsors used for services and other operating costs leveraged about $89 million in funds from other sources. In other words, each SHDP dollar used by TH sponsors for acquisition and rehabilitation attracted an additional $5.50 from other sources. Each SHDP dollar used for services and operations attracted another $2.50. Hence, the program satisfied its objective of leveraging substantial local resources for housing and serving homeless individuals and families.

TH sponsors provided housing and services at a reasonable cost as well. Based on information reported by TH sponsors who completed the survey, the cost per *person* served under the TH program was estimated at $30 a day. The total cost per *household* served was estimated at $53 a day. (These estimates include the cost of SHDP plus matches for supportive services and operations, as well as the amortized cost of acquisition and rehabilitation.) These costs appear especially reasonable when compared to the high costs often associated with welfare hotels, hospitals, and other refuges homeless persons frequently seek in the absence of stable, affordable housing. Given that the average stay in TH projects was nine months, the average total cost for a resident served by the program was not large, about $8,000. The average total cost for a household served was about $15,000.

TH Program Impacts on Residents

The TH program achieved its goal of assisting residents to move towards independent living. This conclusion is supported by three separate indicators of resident progress towards independent living: (a) increased residential stability, (b) improved employment status, and (c) increased income. As this section explains, substantial percentages of TH residents entered stable

housing and gained employment, while a smaller percentage experienced meaningful increases in income.

The majority of residents who left the TH program (56 percent) entered stable housing. For residents who "graduated" from the program (by meeting their own or project objectives or reaching the limit on length of stay), the percentage entering stable housing was higher, about 70 percent. Unsubsidized housing without services was the most common type of housing that these graduates entered after leaving TH. This indicates that many residents entered housing that demanded substantial independent living skills. TH project directors stressed that improving resident budgeting and financial decision-making skills often helped residents to enter stable housing. Less than a third of the residents who did not complete the program (because they withdrew or were dismissed) entered stable housing from the TH program.

TH participation seems to have led to substantial gains in employment. By the time they completed the TH program, twice as many residents were working (18 percent at entry vs. 38 percent at completion). Another 14 percent of these graduates were participating in activities (job training, volunteer, or school activities) that could prepare them for employment. However, about half of the graduates (48 percent) remained otherwise unemployed or not in the labor force. Hence, unemployment problems were reduced, but serious levels of unemployment remained among residents completing the TH program. Some of the factors that TH project directors frequently mentioned as helping residents gain employment and independence include assistance with child care and transportation.

A small percentage of residents achieved meaningful increases in their monthly personal income and reduced their reliance on income maintenance programs. The percentage of graduates who earned over $900 per month (about the poverty level income for a family of four) increased slightly (6 percent at entry vs. 11 percent at completion). Hence, the vast majority of residents remained economically vulnerable to homelessness again, especially if they were without housing subsidies. By the time they completed the program, smaller percentages of residents received income from Aid to Families with Dependent Children (32 percent at entry vs. 27 percent at completion) and General Assistance (12 percent at entry vs. 6 percent at completion).

While these findings indicate that the TH program had noteworthy positive impacts on residents, the impacts were measured at the time that residents completed the program. The longer-term impacts of the TH program on residents remain largely unknown. Anecdotal evidence, suggests however, that gains in housing and employment were often preserved. For example, project directors in focus groups reported that most formerly homeless families were still in stable housing and employed one year after completing the TH program.

Factors Contributing to or Impeding TH Program Impacts on Residents

In general, the most important ingredients in successfully assisting residents to achieve independent living were ensuring that residents received the services that could meet their individual needs and providing the housing and other conditions that could allow residents to benefit from the services. Residents required housing that was safe, private, and secure to begin improving their situations. These conditions could free residents from many immediate concerns, allowing them to focus on longer-term objectives such as developing employment skills. For residents with young children, assistance with child care also proved critical to pursuing longer-term objectives. In group housing situations, an additional factor that contributed to positive impacts for residents was the ability of a project to foster a sense of community among residents in which residents could support and help one another.

As mentioned, TH projects typically made available a wide range of supportive services to residents. Project sponsors reported that case management (which generally entailed needs assessments, service plans, and coordination of various services for individual residents) helped to ensure that service packages were tailored to resident needs and to overcome potential barriers to residents actually receiving the services (e.g., lack of transportation) that they required to achieve independent living. Case managers also helped to create conditions that were conducive to residents achieving independence, for example, by providing the encouragement and emotional support that many homeless individuals and families often lacked. With an average size of 14 resident households, TH projects were small enough to offer the regular personal attention that individuals and families typically needed (and to provide these services at reasonable costs).

Many of the factors identified by project directors as impeding TH residents from experiencing positive impacts were pre-existing resident problems, especially problems that projects were ill-prepared to solve. Foremost among these problems were severe mental illness and substance abuse, which could sidetrack efforts to achieve independent living. Other frequently mentioned factors, such as the lack of affordable housing and employment opportunities, were community problems rather than resident problems. These community problems were often beyond the reach of the TH projects to remedy, though many projects attempted to develop community resources in partnership with employers and landlords.

E. PERMANENT HOUSING PROGRAM: MAJOR FINDINGS

Permanent Housing for the Handicapped Homeless (PH) was designed to serve homeless individuals with disabilities or homeless families that included an adult member with a disability, and to assist these persons to live as independently as possible. Unlike TH, PH imposed no time limit on residency and, in fact, encouraged innovative approaches to the provision of permanent housing and supportive services to meet the long-term needs of homeless persons with disabilities. From 1987 to 1990, HUD awarded 248 PH grants totaling $32 million, making the average grant about $129,000. At the time of the survey (fall 1992), 94 percent of the projects supported by these grants were operational. The PH projects supported over 1,600 housing units. This section discusses evaluation findings on the PH projects, focusing on program implementation, populations served, costs, and impacts.

Implementation of the PH Program

Like the TH program, the PH program was implemented successfully. PH projects primarily had nonprofit sponsors (84 percent); the remainder had government agency sponsors (primarily mental health services agencies or public housing agencies). These sponsors had managed to make fully 94 percent of their projects operational by the time of the survey. PH projects faced some of the same implementation problems encountered by TH projects, such as obstacles to site acquisition and difficulties securing matching funds. Capacity utilization for PH projects was estimated at 88 percent. (Capacity was reported in terms of the number of households actually served in a project relative to the number of households that could be served -- rather than number of housing units.) The extent to which this level of utilization indicates a well

run or poorly run program is difficult to evaluate, given that some conditions that could affect utilization (such as turnover among residents) are to be expected with this type of housing program.

The PH program, in addition to providing stable housing to residents, offered a wide range of services. Case management, money management training, and household management training were provided by nearly all PH sponsors. Medication monitoring was an important core service provided to residents with severe mental illness. Transportation services were frequently provided to residents with developmental disabilities. However, several PH sponsors reported an unmet need for vocational rehabilitation, transitional employment, basic literacy education, and GED preparation.

Populations Served by the PH Program

The PH program succeeded in primarily serving persons with disabilities, but most of the PH residents may not have been literally homeless when they entered the program. The 1,500 persons housed in PH projects at the time of the survey came predominantly from transitional housing projects (not necessarily those funded under SHDP), relatives' homes, psychiatric facilities, and emergency shelters. While a fair proportion of the persons entering PH were probably at risk of homelessness, these data suggest that the PH program may have served, to some extent at least, as an outlet for institutions and families unwilling or unable to continue providing care to persons with disabilities. Compared to the U.S. homeless population as a whole residents were about as likely to be in single adult households without children (83 percent compared to 88 percent nationally)(*Burt, 1989*). Residents of PH projects were much more likely to be white (73 percent compared to 46 percent nationally). Approximately 60 percent of PH residents experienced severe mental illness, while only about a third of the U.S. homeless population experienced this same problem (*Burt, 1989*).

Costs of the PH Program

The PH program leveraged substantial local resources and provided housing and supportive services at reasonable cost. Almost $18 million in SHDP funds were used for facility acquisition or rehabilitation. This was matched by about $39 million in additional funds, meaning

that each SHDP dollar leveraged $2.20. And $4 million in SHDP funds was used for services and other operating costs. This was matched by over $18 million in funds from other sources, indicating that each SHDP dollar leveraged $4.50. These figures suggest that the program met its objective of leveraging local resources for housing and serving homeless individuals and families. Per person, total PH housing and services costs (SHDP plus matches) were reasonable at $45 per day. These costs are economical compared to the high cost of care in alternatives such as psychiatric hospitals. (The estimated costs of PH include the cost of supportive services and operations as well as the amortized cost of acquisition and rehabilitation, regardless of funding source.)

PH Program Impacts on Residents

The Permanent Housing Program achieved its goals of providing stable housing and supportive services to residents. The majority of PH residents (69 percent) stayed in a PH project at least one year. These PH residents typically had access to a wide range of supportive services. Another 15 percent of PH residents moved to other stable housing, such as public housing. The length of time that these residents (residents who left their PH project) remained in their new housing, and the availability of supportive services to them there, is unknown. The remainder of PH residents who left their PH project over the course of a year (about 16 percent of all PH residents) entered housing with friends or family or entered non-housing situations, such as hospitals, emergency shelters, or the streets. The achievement of residential stability for so many PH residents is noteworthy, especially because many of these individuals entered the program with histories of residential instability.

PH participation also seems to have led to small gains in employment. Of the residents who had been in a PH project for at least one year, employment increased from about 24 percent at entry to about 29 percent at the time of the survey. Another 14 percent of the PH residents were participating in activities (job training, volunteering, or school activities) that could prepare them for employment. Furthermore, the percentage of PH residents unable to work decreased by about five percent (from 39 to 34 percent). These findings suggest that PH projects helped some residents to overcome work-related disabilities, for example, by linking the residents to vocational rehabilitation services.

Factors Contributing to or Impeding PH Program Impacts on Residents

The most important factors for helping PH residents to retain long-term stable housing were supportive services that fostered personal stability and housing and other conditions that accommodated resident disabilities. Project sponsors reported that case management often played an important role by linking residents to supportive services, monitoring their progress, and challenging residents to be as productive as their situations or disabilities allowed. Other important supportive services included those that helped to build independent living skills, for example, money management, household management, and transportation usage. Because many of the PH residents experienced severe mental illness, mental health-related services (e.g., medication monitoring and crisis intervention) were especially important for achieving personal stability. Project rules (e.g., maintaining common areas of the residence in good condition) also contributed to the structure that many residents needed, as did the opportunity for residents to work and engage in other productive activities.

1. INTRODUCTION

This *Final Report* summarizes the findings from the national evaluation of the Supportive Housing Demonstration Program (SHDP). The report provides separate assessments of the two SHDP programs: the Transitional Housing Program (TH) and the Permanent Housing for the Handicapped Homeless (PH). The report addresses how the programs affected the lives of formerly homeless persons and discusses areas in which HUD and individual project sponsors can improve the supportive housing programs. Chapters 2 and 3 of the report describe TH and PH projects, residents, costs, preliminary outcomes, technical assistance needs, and implementation. These chapters also explore possible reasons for resident success and barriers to success.

1.1 Overview of the Supportive Housing Demonstration Program (SHDP)

Supportive housing is the combination of stable housing and supportive services. It encompassed a wide range of residential settings and service models. Supportive housing provides as homelike an environment as possible, to help individuals or families become as socially and economically independent as possible, and provides an appropriate balance of supervision and independence for the residents. Supportive housing often included case management and a wide variety of other supportive services, such as vocational training and substance abuse recovery services.

SHDP was created to encourage innovation in providing residential and supportive services to homeless persons -- generally, families with children and persons with disabilities. It provided resources for States and local communities to expand their capacity to assist homeless persons. SHDP offered a flexible funding source to build the infrastructure of residential programs and service delivery networks for homeless people and to coordinate housing and services at the local level.

1.1.1 Legislative History and Program Objectives

In response to concerns about the large and increasing number of homeless persons in the United States, Congress enacted the *Stewart B. McKinney Homeless Assistance Act of 1987* (P.L.

100-7, approved July 22, 1987). The *McKinney Act* created 18 programs, many of which were intended to provide direct services and housing for homeless persons. In specifying so many different programs, Congress recognized that the homeless population was diverse and that multiple approaches were necessary to meet the needs of all homeless persons. The Supportive Housing Demonstration Program, which was administered by the Department of Housing and Urban Development (HUD), was one of the programs authorized by the *McKinney Act* (Section 421 *et seq.*). The *Housing and Community Development Act of 1992* reauthorized the TH and PH programs and merged them with the Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) program into the Supportive Housing Program.

According to the 1987 legislation, SHDP was intended "to develop innovative approaches for providing supportive housing, especially to deinstitutionalized homeless individuals, homeless families with children, homeless individuals with mental disabilities, and other handicapped homeless persons" *(McKinney Homeless Assistance Act*, Section 421(a)). In contrast to emergency shelters and welfare hotels, SHDP emphasized the provision of housing with comprehensive supportive services as a means to overcome or ameliorate the severe problems, such as substance abuse, domestic violence, poor job histories, and severe mental illness, that many homeless persons and families experience. Through a comprehensive and integrative approach, SHDP aimed to help homeless individuals and families make a successful transition to independent living and, in the case of persons with severe disabilities, to provide a stable, community-based housing alternative to institutionalization.

A notice of funding availability for SHDP defined homeless persons as individuals or families who lack the resources to obtain housing and:

- Had a primary nighttime residence that was a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Had a primary nighttime residence that was a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill, but excluding prisons and other detention facilities); or
- Were at imminent risk of homelessness because they faced immediate eviction and had been unable to identify a subsequent residence that would have resulted in emergency shelter placement.

1.1.2 Programs

Congress divided SHDP into two parts, the Transitional Housing Program (TH) and Permanent Housing for the Handicapped Homeless (PH). TH and PH operated as two separate grant programs that shared some similarities, but differed from each other in ways that corresponded to the distinct populations they were designed to serve. Chapters 2 and 3 of this report provide evaluation findings on the extent to which TH and PH project sponsors achieved their goals.

Transitional Housing Program

The TH program funded projects to assist homeless individuals and families to make the transition from homelessness to more independent living. TH projects could provide housing and supportive services to particular homeless families and individuals for up to 24 months. HUD restricted TH funds to new projects or the expansion of existing projects. Expansion could be physical expansion or expansion of an existing project's service program. Funds were unavailable for maintaining existing projects at the same service levels, except to support rehabilitation of existing facilities to meet local health and safety standards. Two types of assistance were available under TH: (1) advances for housing acquisition, rehabilitation and, in limited circumstances, new construction; and (2) five-year grant awards for program operation (including supportive services, administration, maintenance, security, utilities, furnishings, and relocation). Both types of assistance were subject to matching fund requirements, which changed slightly from program year to program year. (See Appendix E.)

In 1990, legislation changed funds awarded to *grants* for physical development activities from *advances*, which were required to be repaid if the project did not operate as a TH facility or serve low-income persons for a 20 year period of time. The maximum amount of acquisition or rehabilitation assistance from SHDP was limited to $200,000 per project or $400,000 in high-cost areas (24 CFR Part 840 and 841). Applicants could apply for either or both types of assistance. Even if an applicant did not request assistance for supportive services, HUD required applicants to provide supportive services that would meet the special needs of the population

served by the project. HUD did not require, however, any particular supportive service plan or approach.

Eligible applicants for TH project funding included private nonprofit organizations, State and local public agencies, Indian tribes, and public housing agencies. Most applicants were also project sponsors. *Project sponsors* were responsible for the day-to-day operations of the TH projects. Because of this, the term *project sponsor* is used throughout this report to refer to the organization that operated the project and provided information for the national evaluation SHDP.

Permanent Housing for the Handicapped Homeless

The PH program funded projects to provide long-term housing and supportive services to homeless individuals with disabilities or homeless families that included an adult member with a disability. Unlike TH, which assisted families and individuals to move to stable housing, the PH program provided persons with disabilities with permanent housing, often representing an alternative to institutionalization. After 1988, projects were eligible to receive PH funds for the same types of activities as TH applicants. HUD awarded two-year grants to PH sponsors in 1988 and 1989 and five-year grants in subsequent funding cycles.

Eligible applicants for PH projects were State agencies applying on behalf of a nonprofit organization or housing authority that was responsible for the day-to-day operations of a facility. PH projects were subject to the same matching requirements as TH projects.

1.1.3 SHDP Funding History

The total dollar value of the 1,127 grant awards made from 1987 to 1992 was $669.7 million. The 748 TH grants accounted for $545.5 million, and the 379 PH grants accounted for $124.2 million. These amounts exceed appropriations because they include the award of funds recaptured through project deobligations. Table 1-1 summarizes SHDP's funding and award history from 1987 through 1992.

Table 1-1 SHDP Award History

Year	Transitional Housing		Permanent Housing for the Handicapped Homeless	
	Grants	Dollar Amount (in millions)	Grants	Dollar Amount (in millions)
1987	11	4.9	0	0
1988	225	115.9	78	6.8
1989	156	100.0	66	9.9
1990	143	119.5	104	15.3
1991	110	107.1	80	48.6
1992	103	98.1	51	43.6
Total	748	545.5	379	124.2

1.2 SHDP National Evaluation

In the legislation establishing the SHDP, Congress asked HUD to evaluate the program. In response, HUD's Office of Policy Development and Research (PD&R) awarded a contract for the evaluation to a team led by Westat, Inc. (Rockville, MD), with subcontractors Aspen Systems, Inc. (Rockville, MD), and OKM Associates (Boston, MA). Work on the evaluation began in April 1991.

Prior to this time, the only other study of SHDP had been conducted by the U.S. General Accounting Office (GAO), which released the 1991 report entitled *Transitional Housing Shows Initial Success But Long-Term Effects Unknown*. This study focused on the extent to which: the TH program was helping homeless people move to independent living, the program was serving the types of residents that the Congress intended with a wide range of services, and HUD was adequately monitoring and assessing TH projects. The GAO study collected information by means of a telephone survey of all projects funded from 1987-1989 and site visits to a sample of projects (which entailed reviews of resident files and structured interviews with project directors). At the time of GAO's study, only 85 percent of the 1987-1989 Transitional Housing projects were operational.

1.2.1 Objectives of the Evaluation of the SHDP National Evaluation

Section 421(b) of the *Stewart B. McKinney Homeless Assistance Act* defined the purpose and general objectives of the evaluation. The demonstration program and, by extension, the evaluation were intended to determine the following:

- The lessons the provision of such housing might have for the design and implementation of housing programs that serve homeless individuals and families with special needs, particularly deinstitutionalized homeless individuals, homeless families with children, and homeless individuals with mental disabilities and other handicapped homeless persons;
- The cost of acquisition, rehabilitation, acquisition and rehabilitation, or leasing of existing structures for the provision of supportive housing;
- The cost of operating such housing and providing supportive services to the residents of such housing; and
- The social, financial, and other advantages of such housing as a means of assisting homeless individuals.

To meet these objectives, HUD's evaluation focused on the gathering of descriptive data and data on preliminary resident outcomes, and the development of guidance for future supportive housing projects. As a result, the study yielded both a formal evaluation and a technical assistance guidebook, *More Than Housing* (HUD, 1993), for homeless housing sponsors.

The evaluation sought to answer five policy questions:

- How well was the program implemented?
- Did the program serve the populations or groups intended by the Congress?
- What were the costs of the program?
- What were the program's impacts on residents?
- What factors contributed to or impeded positive program impacts on residents?

The evaluation sought also to document effective programs or practices that could serve as models for other current or potential supportive housing operators, and to assess the SHDP objectives, policies, and regulations to determine ways they might be improved.

In order to include only those projects that had sufficient time to begin implementing their programs, the evaluation focused on projects funded from 1987 through 1990. As of December 1992, there were 732 active 1987-1990 SHDP projects -- 496 TH and 236 PH projects. The number of awards exceeded the number of projects because multiple awards could be made to the same projects and existing grants could be reassigned to new grantees. Of the SHDP grants awarded funding between 1987 and 1991, 51 grants were entirely deobligated, most for failure to attain site control or to obtain sufficient local resources.

1.2.2 Methodology

To achieve the objectives of the SHDP national evaluation, the Westat evaluation team used a wide variety of research methods. Data collection efforts were focused on a nationwide mail census of 1987-1990 SHDP projects. To supplement the mail survey and to provide material for the technical assistance guidebook, case studies of 45 systematically selected SHDP projects were conducted. Finally, the evaluators conducted telephone interviews with sponsors of deobligated projects and focus groups with selected project sponsors.

The centerpiece of the study was a national mail census of SHDP projects. A mail-out/mail-back questionnaire that requested programmatic, financial, and preliminary resident impact data was sent to all 732 active projects approved in 1987-1990. Project sponsors completed and returned questionnaires for 85 percent of the 1987-1990 projects (623 out of 732 active projects) by the December 1992 deadline. Completion of the mail survey was mandatory. Table 1-2 shows the number of contacted and actual respondents by HUD administrative region. Data from the 623 questionnaires received before the deadline were reviewed, coded, and entered into a computer database. The database was subjected to substantial quality control. (See Appendix C for a more detailed description of the data collection and processing methodology.) After the deadline, another 59 completed questionnaires were received from active projects, bringing the total response rate to 93 percent, but these questionnaires arrived too late to be included in the analyses for this report.

Table 1-2 Regional Distribution of Completed Questionnaires: 1987 - 1990 Transitional and Permanent Housing Projects

HUD Region	Mailed	As of 12/18/92		As of 6/1/93	
		Received	Response Rate	Received	Response Rate
I (Boston)	92	82	89.1	86	93.5
II (New York)	76	54	71.1	70	92.1
III (Philadelphia)	127	118	92.9	124	97.6
IV (Atlanta)	73	63	86.3	67	91.8
V (Chicago)	120	99	82.5	109	90.8
VI (Fort Worth)	38	37	97.4	38	100.0
VII (Kansas City)	25	24	96.0	25	100.0
VIII (Denver)	31	23	74.2	29	93.5
IX (San Francisco)	100	76	76.0	83	83.0
X (Seattle)	58	51	87.9	54	93.1
Total mailed	740	627	84.7	685	92.6
Total mailed, less projects found to be inactive	732	623	85.1	682	93.2

The data from the mail survey were analyzed in several ways. Basic descriptive statistics were produced, including counts, means, cross-tabulations, and frequencies. Several results were projected to the 1987-1990 universe level, including results on total persons served, dwelling units, and costs. More sophisticated analytical variables were derived, such as measures of resident housing stability and per unit costs. Because the mail survey achieved such a high response rate (85 percent), non-response bias is not a major concern. Nevertheless, with such a high response rate, it can be demonstrated, using sensitivity analysis, that even substantial differences between the answers of respondents and non-respondents would make only a slight impact on universe estimates. For example, for the TH program, 56 percent of the program's

graduating residents found stable housing, as reported by respondents. If it turned out that the graduation rate among non-respondents was 40 percent, the universe's graduation rate would not be substantially different from the national estimate based on the respondents' answers. The universe rate would be 53.6 percent (.85(56) + .15(40) = 53.6) -- very close to the 56 percent estimate. However, the absence of reliable, independent data on the universe of eligible projects precluded confirmation of the assumption that differences that might exist between respondents and non-respondents. (See Appendix C, Section C.3.5.)

In terms of program outcomes, the evaluation focused on short-term resident success. *Success* in this evaluation was defined generally as a person's or family's ability to achieve housing stability (that is, being able to secure permanent housing) and to realize improvements in employment and income.

The second major component of the evaluation, case studies of 45 SHDP projects, was designed to complement the mail survey. The case study projects were selected to represent different types of projects (TH and PH, different intended populations, and potentially exemplary projects) and different geographic areas. The case studies were based on information collected either through two-day site visits (20 projects) or in-depth telephone interviews with project directors and service providers (25 projects). Documented in a series of unpublished reports delivered to HUD, the case study findings were used to amplify the mail survey findings presented in this report and to develop the technical assistance publication. For example, as a followup to the mail survey, participants were asked about the housing and employment stability of residents who left TH projects.

1.2.3 Strengths and Limitations of the Methodology

There are both strengths and limitations to the methodology used in this evaluation. An important strength was that the evaluation included multiple, complementary data sources that allowed for a more comprehensive picture of how the program operated. The mail survey gathered quantitative data on project sponsors, residents, services, physical facilities, finances, and technical assistance needs. The case studies permitted a qualitative follow-up to the mail survey on topics that included sponsor history, implementation problems, resource coordination, and staffing. The focus groups and telephone interviews with directors of deobligated projects

provided additional insights into factors associated with failure and success for both projects and residents.

Another strength was the representativeness of the survey data. Conducting a census of projects and achieving a high response rate permitted statistically valid generalizations about the 1987-1990 SHDP projects, overall and at the TH and PH levels. (See Appendix Section C.3.5 for more discussion on the representativeness of the survey response.) Also, several actions were taken to assure that data would be of high quality, useful, and interpretable. Common definitions, including a glossary of terms (see Section 1.3 and Appendix A), and standardized measures were used to obtain comparable responses to survey and interview questions. Survey respondents were provided with extensive instructions and assistance in answering questions. For example, Westat provided a toll-free telephone number, receiving over 400 calls for assistance in completing the mail survey. Critical survey items were identified and respondents were called back to clarify missing, illogical, or illegible responses to these items. Finally, the data sets were subjected to several rounds of review to ensure accuracy.

The evaluation methodology did have several limitations, however. First, the data were self-reported by project sponsors and service providers, and no secondary sources (for example, a review of resident service records) were consulted to corroborate responses. Second, some project sponsors consulted detailed records to provide responses, whereas others had to rely on memory, introducing a possible source of inconsistency and bias. Third, only project-level aggregate data on SHDP residents were collected, not person- or household-level data. As a result, the data did not permit a detailed analysis of individual or household characteristics, history, service programs, or outcomes (changes in income, employment, or residential stability). This limited the extent to which program impacts could be assessed.

Finally, the evaluation measured only the most immediate effects of the program -- for example, the destination of residents who left the project within the past 12 months. Within the one-year time frame of the data collection period, it was not possible to assess long-term resident outcomes (residential stability and personal independence). Only the focus groups addressed the issue of TH resident outcomes one year or more after residents completed their TH programs.

1.3 Key Terms and Definitions

The language of supportive housing and services is somewhat specialized and deserves some explanation. To begin with, a *grantee* is the entity that signs the SHDP grant agreement with HUD and is responsible for financial management and reporting. PH grantees had to be State government agencies, most of which applied for grant funds on behalf of a nonprofit organization (the sponsor). Each project had one or more *sponsors*. The term *sponsor* is used to identify the organization responsible for project operations. A sponsor may be a *grantee* or a grantee's designee.

In the SHDP evaluation, the term *project* refers to the totality of physical facilities, service program, and system of resident assessment and supervision provided by a given sponsor. Because some projects received more than one award from HUD to fund their activities, the number of projects was different from the number of SHDP *grants*.

Three other key terms used frequently throughout this report should be defined: *residents*, *households*, and *dwelling units*. *Residents* are the persons served by SHDP, including both adults and children. A *household* may be composed of one or more residents; a family with children is a household, as are two or more unrelated persons who functioned as a family before entering the program. A *dwelling unit* refers to a house, apartment, or single room occupancy (SRO) unit. SHDP sponsors (especially PH sponsors) could have used detached, single family homes or townhouses (single dwelling units) for group homes that housed two or more unrelated households (often single-person households). There is no exact correspondence between the numbers of residents, households, and dwelling units.

A glossary is included in Appendix A. This glossary accompanied the mail questionnaire sent to all 1987-1990 SHDP projects.

2. TRANSITIONAL HOUSING PROGRAM

The Transitional Housing (TH) Program funded projects to help homeless persons make the transition from supported living to more independent living. This chapter presents findings on the TH projects funded from 1987 through 1990. It begins with brief profiles of the project sponsors (Section 2.1), residents (Section 2.2), and physical facilities (Section 2.3). It continues with an analysis of supportive services (Section 2.4), project costs (Section 2.5), project outcomes (Section 2.6), reasons for these outcomes (Section 2.7), implementation (Section 2.8), and technical assistance needs (Section 2.9).

In general, the TH program proved to be successful. Most of the 1987-1990 projects were sponsored by non-profit organizations. The projects served an estimated 12,700 persons a year in over 8,600 housing units, providing a wide array of supportive services. Total investment in the projects (SHDP and other funds invested) included an estimated $72 million for land and building acquisition and $167 million for rehabilitation or expansion. The estimated annual cost of operating the TH projects and providing supportive services was $124 million (for the 1991-1992 operating year). The project sponsors leveraged non-Federal funds for physical development, services, and facility operations well in excess of SHDP contributions. The TH projects were successful in serving the homeless population groups intended by Congress -- families with children and persons with disabilities. Also, they were successful in helping their residents attain residential stability and independent living skills.

An example of a Transitional Housing project is provided in Exhibit 2-1. The example describes several aspects of one TH project -- its history, physical location, services, and general approach to helping residents become more self-sufficient. It illustrates only one of many approaches to assisting homeless persons.

Exhibit 2-1 Profile of a Transitional Housing Project

Trinity Housing, located in downtown Washington, DC, served up to 20 homeless families with children in a 20-unit rehabilitated apartment building. Many of the assisted families included children over the age of 12 years. The building contained 10 one-bedroom apartments, six two-bedroom apartments, four three-bedroom apartments, a laundry facility, and four rooms that served as offices and counseling rooms. A retail cafe was located in the basement of the building and provided food service for the surrounding office buildings while at the same time serving as an on-the-job training facility for homeless persons. The project's sponsor, Community Family Life Services (CFLS), is a nonprofit organization founded in 1969 to "facilitate personal growth and independence for families and individuals through extended developmental assistance and emergency services (jobs, health care, food)." Trinity Housing's 10-person staff performed most of the administrative, housing management, and service delivery tasks -- including transportation services, employment counseling, coordination of children's services, and case management. The project provided linkages between the residents and available community-based services, such as legal aid, child day care, and primary health care. If an adult resident had to leave the premises for placement in a detoxification center, the Trinity staff ensured that the resident's children had care. SHDP funds were awarded for operating and supportive service costs. The project provided training in family skills and fostered independence and self-reliance in its residents. Trinity Housing was able to help homeless families make the transition to permanent rental housing and homeownership. Trinity's approach was based on respect for residents; selection of residents who demonstrated an interest in their family's improvement; physical arrangements that offered security from the streets; frequent meetings between residents and case managers; and maintenance of the property in clean and good working order.

2.1 Sponsors

In 1992, 94 percent of the 1987-1990 TH projects were operational -- that is, providing housing and services to homeless persons. Community-based, non-profit organizations demonstrated that they could successfully design, secure funding for, and operate transitional housing for the homeless. As Table 2-1 shows, projects with nonprofit sponsors were six times more likely to operate SHDP projects with public agency sponsors (84 percent versus 14 percent). TH projects with public sector sponsors were more likely to be operated by local governments than by State governments (10 percent versus four percent). The term *project sponsor* is used to identify the organization responsible for project operations. A sponsor may be a grantee or a grantee's designee. The term *project* refers to the totality of physical facilities, service program, and system of resident assessment and supervision.

Table 2-1 Transitional Housing Sponsors: 1987-1990 Projects

Sponsor Organization Type	Percent
Nonprofit organizations	
Secular organizations	72%
Religious affiliated organizations	12%
Public agencies	
Local agencies	10%
State agencies	4%
Other entities	2%

Note: This table is based on responses from 431 Transitional Housing projects; see Appendix C for further explanation.

The majority (71 percent) of TH projects were sponsored by an organization whose primary mission involved the provision of housing for homeless people. (See Table 2-2. The total percent shown exceeds 100 because the projects could report up to three primary missions.) Other frequently reported sponsor missions included the provision of social services or service as advocates for homeless persons.

The majority of TH sponsors were well-experienced in serving homeless persons. Over half of the TH projects were sponsored by organizations with five or more years of experience serving the homeless, while another 19 percent had sponsors with two to five years of experience prior to SHDP. Only 18 percent of projects had sponsors with no previous experience serving homeless people.

Table 2-2 Primary Mission of Sponsor: 1987-1990 Transitional Housing Projects

Primary Mission	Percent of Projects
Housing provision (for homeless people)	71
Social services	38
Homeless services	35
Family services	27
Mental health care	17
Homeless advocacy	16
Women's services	16
Substance abuse services	16
Housing provision (for nonhomeless people)	16
Youth services	11
Community Action Program (CAP)	6
Religion	2
Veteran services	1
Other	16

Note: This table is based on responses from 433 Transitional Housing projects; see Appendix C for further explanation.

TH projects were located in all regions of the country. (Table 2-3 shows the geographic distribution of the 433 projects represented in the mail survey database.) The following three regions received the largest number of TH projects:

- Mid-Atlantic States (HUD Region III), including Philadelphia, Baltimore, and Washington, DC, had 12 percent of TH projects and 10 percent of the national population;
- The Midwest (HUD Region V), including Chicago and Detroit, had 16 percent of TH projects and 19 percent of the national population; and
- Pacific States (HUD Region IX), including Los Angeles and San Francisco, had 14 percent of TH projects and 14 percent of the national population.

Other relatively high concentrations of projects occurred in New England (HUD Region I), and New York State (HUD Region II). Relatively few projects were located in the Southeast (HUD Region IV), the Southwest (HUD Region VI), or Rocky Mountain States (HUD Region VIII). The distribution of projects roughly corresponded to regional urbanization and population size, and to common perceptions of the areas that have high concentrations of homeless persons.

Table 2-3 Geographical Distribution: 1987-1990 Transitional Housing Projects

HUD Region	Number	Percent
I (Boston)	52	12
II (New York)	46	11
III (Philadelphia)	54	12
IV (Atlanta)	44	10
V (Chicago)	70	16
VI (Fort Worth)	33	8
VII (Kansas City)	17	4
VIII (Denver)	17	4
IX (San Francisco)	62	14
X (Seattle)	38	9
Total Survey Response	**433**	**100**

2.2 Residents

In general, TH projects were successful in focusing resources on families with children and persons with disabilities. They appear to have been less successful in serving persons who came directly from the streets or emergency shelters. The projects served a diverse population of residents, in terms of age, gender, race/ethnicity, and household composition. This section describes the characteristics and background of TH project residents. Where appropriate, information is provided on TH projects overall and separately on those projects serving the following four primary intended populations: battered women, persons with a severe mental illness, substance abusers, and families with children. (The term *primary intended population* describes the most common type of resident that a project intended to serve.) Data are presented on these four groups because the number of respondents for each group is sufficient to provide reliable findings.

2.2.1 Demographics

By fall 1992, the 1987-1990 TH projects were serving an estimated 6,960 households with 12,672 persons -- approximately three to four percent of the nation's estimated weekly homeless population (*1990 Annual Report of the Interagency Council on the Homeless*, February 1991 [Burt, 1989]). The most frequent type of household served by projects was unaccompanied adults without children (54 percent of households). Women accounted for the majority (60 percent) of

the adults served by the program, and children (under 18 years) accounted for the largest single age group (41 percent). Blacks constituted the largest race/ethnicity group within TH (47 percent).

Household Configuration and Gender

Projects with a primary intended population of Families with Children and Battered Women tended to serve households consisting of an unaccompanied woman with children. TH projects with a primary population of persons with a severe mental illness (SMI) or substance abusers served predominantly unaccompanied adults without children. Most adults in projects serving Families with Children were women (83 percent). On the other hand, most adults in the SMI and Substance Abuse projects were men (59 percent and 68 percent, respectively).

Table 2-4 shows the distribution of persons, households, and household configurations by primary population of projects. The table indicates that Family projects did not serve families with children exclusively. A large proportion of TH projects served a mix of household types. Section 2.2.2 explains that the designation *primary population* does not imply that projects served homogeneous resident populations.

Further evidence of the TH projects' focus on families with children is provided by a comparison of resident characteristics to the homeless population as a whole. While households in TH projects were composed mostly of single adults with no children (54 percent), single adults with children represented fully 37 percent of households, and couples with children represented another six percent. In contrast, the best available data (*Burt, 1989*) suggest that the homeless population nationwide is composed of 71 percent single adult households without children, nine percent single adult households with children, and less than one percent couples with children. This comparison clearly indicates that the TH program did serve proportionately more homeless *families*, although, again, single adult households remained the primary type served by the program.

Analysis of survey data on *persons* as opposed to *households* provides more compelling evidence. In fact, the survey found that fully 41 percent of residents in TH projects were children. This figure contrasts markedly with estimates that children make up only 15 percent of the U.S. homeless population at any given time (*Burt, 1989*).

Table 2-4

Persons and Households in Residence, Fall 1992:
1987 - 1990 Transitional Housing Projects, by Primary Intended Population

Client/Household Groups	All Projects (Percent)	Battered Women (Percent)	Severely Mentally Ill (Percent)	Substance Abuse (Percent)	Families with Children (Percent)
Unaccompanied, 18 or over, without children					
Persons	30.1	6.8	99.2	80.9	3.2
Households	54.4	19.6	99.5	91.7	9.3
Unaccompanied, under 18, without children					
Persons	1.1	0.1	0	1.3	0.5
Households	2.1	0.3	0	1.4	1.5
Unaccompanied, with children					
Persons	57.1	92.5	0	17.7	76.4
Households	37.0	79.1	0	6.8	73.3
Two adults with children					
Persons	11.1	0	0	0	19.2
Households	5.6	0	0	0	14.1
Two adults without children					
Persons	0.5	0.5	0.8	0.2	0.6
Households	0.8	0.9	0.4	0.1	1.8
Total percent persons	100	100	100	100	100
Total percent households	100	100	100	100	100
Total persons (estimated)	12,672	871	1,126	1,455	7,067
Total households (estimated)	6,960	373	1,050	1,279	2,624

Note: This table is based on responses from 428 Transitional Housing projects; see Appendix C for further explanation.

Age

The plurality of TH residents were children (41 percent). Roughly equal percentages of TH residents fell into the 18 to 30 years group and the 31 to 50 years group (27 percent). Only five percent of persons served by the program were over 50 years. In Battered Women and Family projects, the largest single age group was children under 18 years (60 percent and 57 percent, respectively). The largest single age group was 31 to 50 years for SMI and Substance Abuse projects (57 percent and 48 percent, respectively). (See Table 2-5.)

Race/Ethnicity and Education

Blacks were the largest single race/ethnicity group served by TH, accounting for nearly half (47 percent) of all residents. (See Table 2-6.) White non-Hispanics and Hispanics accounted for 35 percent and 12 percent of residents, respectively. Other race/ethnicity groups (Native Americans, Alaskan Natives, Asians/Pacific Islanders, and others) accounted for a relatively small percentage of residents (less than seven percent altogether). The race/ethnicity characteristics of residents in Substance Abuse and Family projects followed the same pattern as the TH projects overall. That is, Blacks accounted for about half of the residents, and White non-Hispanics accounted for a somewhat smaller percentage of residents. However, for Battered Women and SMI projects, White non-Hispanics accounted for about half of the residents, while Blacks accounted for a somewhat smaller percentage of residents.

The majority of residents completed high school (44 percent) or received some education beyond high school (22 percent). Approximately one third did not complete high school (34 percent).

2.2.2 Primary Population Served by Projects

In terms of primary intended population, by far the largest group of TH projects served Families with Children (40 percent of projects). This reflects Congressional and HUD emphasis on serving families with children in the TH program. Projects with other primary populations included those intending to serve persons with severe mental illness (SMI) (16 percent), persons with alcohol or other drug problems (substance abuse) (12 percent), and Battered Women (10 percent). (See Table 2-7.)

Table 2-5
Age of Residents in 1992:
1987 - 1990 Transitional Housing Projects, by Primary Intended Population

		Projects Serving			
	All Transitional Housing Projects	Battered Women	Severely Mentally Ill	Substance Abusers	Families With Children
Age Category	Percent	Percent	Percent	Percent	Percent
Under 18 years	40.7	60.3	0.0	13.2	56.5
18 - 30	27.1	22.9	29.0	31.1	24.9
31 - 50	27.1	15.7	56.6	48.2	15.9
51 - 65	3.6	1.0	12.7	6.7	0.8
Over 65	1.5	0.1	1.6	0.8	1.9
Total percent	100	100	100	100	100

Note: This table is based on responses from 406 Transitional Housing Projects; see Appendix C for further explanation.

Table 2-6

Racial/Ethnic Background of Residents in 1992:
1987 - 1990 Transitional Housing Projects, by Primary Intended Population

		Projects Serving			
	All Transitional Housing Projects	Battered Women	Severely Mentally Ill	Substance Abusers	Families with Children
Category	Percent	Percent	Percent	Percent	Percent
Native American or Alaskan Native	2.0	4.1	2.2	1.2	1.4
Asian or Pacific Islander	2.9	1.7	8.1	0.4	2.9
Black, not of Hispanic origin	46.8	36.2	31.8	48.0	50.5
Hispanic	11.9	10.4	9.9	11.5	12.5
White, not of Hispanic origin	34.7	46.0	46.3	38.8	30.2
Other	1.7	1.6	1.6	0.2	2.4
Total percent	100	100	100	100	100

Note: This table is based on responses from 314 Transitional Housing Projects; see Appendix C for further explanation.

Table 2-7 Primary Population Served: 1987-1990 Transitional Housing Projects

Primary Intended Population	Number of Projects	Percent of Projects
Homeless families with children	174	40.2
Severely mentally ill (SMI)	68	15.7
Substance abuse	50	11.5
Battered women	44	10.2
Runaway or abandoned youth	12	2.8
Veterans	9	2.1
Pregnant women	8	1.8
Dually diagnosed (SMI & substance abuse)	7	1.6
Developmentally disabled	4	0.9
Physically disabled	2	0.5
Elderly	1	0.2
Ex-offenders	1	0.2
Other	52	12.0
No primary population identified	1	0.2
Total Survey Response	**433**	**100.0**

Note: This table is based on responses from 433 Transitional Housing projects; see Appendix C for further explanation.

Describing TH projects solely in terms of their primary intended population is somewhat misleading because many of these projects served multiple populations and homeless persons with multiple types of problems. A substantial proportion of projects served persons from a combination of homeless populations. Within any project, a variety of different household configurations, genders, and resident problems could be found. For example, although the plurality of TH projects intended to serve Families with Children as the primary population, many Family projects served other populations as a secondary consideration, such as Battered Women (79 percent of Family projects), Pregnant Women (75 percent), and Substance Abusers (55 percent). (See Table 2-8.)

Table 2-8 shows the distribution of *secondary populations* by primary population of projects. The total of the percentages for secondary populations exceeds 100 percent because projects often had multiple secondary eligible populations. Percentages in the table should be interpreted as the percentage of projects that intended to serve particular population groups in addition to the primary population. For example, the first percentage should be interpreted as follows: 52.9 percent of TH projects served Battered Women as a secondary intended population group, in addition to the 10.2 percent that served Battered Women as the primary intended population.

Table 2-8

Percentage of Projects by Primary and Secondary Populations:
1987 - 1990 Transitional Housing Projects

		Secondary Population Groups Served											
Primary Population Group	Number	Battered Women	Pregnant Women	Veterans	Severely Mentally Ill	Develop-mentally Disabled	Physically Disabled	Substance Abuse	Dual Diagnosis	HIV/AIDS	Elderly	Families w/Children	Ex-Offenders
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
All Projects	433	52.9	49.7	38.1	15.5	26.1	42.7	49.4	35.3	46.0	24.2	22.9	39.7
Battered women	44	...	63.6	15.9	9.1	20.5	40.9	52.3	9.1	34.1	27.3	75.0	22.7
Severely mentally ill (SMI)	68	26.5	13.2	44.1	...	22.1	39.7	35.3	76.5	39.7	27.9	2.9	30.9
Substance abuse	50	60.0	34.0	60.0	26.0	28.0	46.0	...	54.0	72.0	36.0	18.0	70.0
Families with children	174	79.3	74.7	36.2	13.8	29.3	43.7	55.2	24.1	43.1	20.1	...	36.2

Note: This table is based on responses from 433 Transitional Housing projects; see Appendix C for furtther explanation.

2.2.3 Prior Residence

Half of the TH households came directly from emergency shelters or the street. The rest arrived from the homes of relatives, drug or psychiatric treatment facilities, hospitals, or even their own apartment or home. To prevent the often destructive effects of life on the streets or in emergency shelters, many TH sponsors accepted households immediately after an eviction, incidence of domestic violence, fire, or release from an institution. As indicated in Chapter 1, the definition of homelessness encompasses persons who, in addition to lacking resources to obtain housing, were at imminent risk of homelessness.

The most common prior location of TH residents was an emergency shelter (43 percent of residents). (See Table 2-9.) Other prior residential situations included living with relatives (12 percent); rental housing (eight percent); the streets (seven percent); detoxification or substance abuse treatment facilities (seven percent); other transitional housing (four percent); psychiatric facilities (four percent); medical hospitals (one percent); jails or prisons (one percent); and owner-occupied housing (one percent). Another 11 percent came from other types of residential situations including group homes, halfway houses, and motels. These findings were generally consistent with GAO's finding that 57 percent of TH residents came from doubled-up situations, hospitals, and other possible nonhomeless situations (*GAO, 1991*).

Prior residence varied across projects serving different primary populations. Emergency shelter was the most common prior location for residents in projects intending to serve Battered Women, Substance Abusers, and Families with Children. The most common prior location for residents in SMI projects was a psychiatric facility. Not more than 10 percent of the residents in any of these four types of projects came directly from the streets.

Table 2-9

Prior Residence of Residents:
1987 - 1990 Transitional Housing Projects, by Primary Intended Population

		Projects Serving			
	All Transitional Housing Projects	Battered Women	Severely Mentally Ill	Substance Abusers	Families with Children
Prior Residence	Percent	Percent	Percent	Percent	Percent
Emergency shelter	43.0	45.5	29.5	34.9	49.6
Living with relatives	11.6	13.9	6.4	5.6	13.0
Other	11.4	4.5	3.4	9.3	14.7
Rental housing	8.3	25.1	7.6	2.0	8.9
Streets	7.3	2.2	8.1	9.9	5.6
Detoxificiation or substance abuse treatment facility	7.2	0.3	2.7	32.8	2.2
Psychiatric facility	4.2	0.0	30.7	2.0	0.4
Transitional housing	3.9	2.4	7.3	0.5	4.2
Jail or prison	1.1	0.2	2.5	2.7	0.1
Owner-occupied housing	1.0	5.8	0.2	0.0	1.1
Medical hospital	1.0	0.0	1.6	0.3	0.2
Total percent	100	100	100	100	100

Note: This table is based on responses from 404 Transitional Housing projects; see Appendix C for further explanation.

Participants in a focus group of five Family project sponsors reported using varied techniques to identify prospective residents. For example, the Theresa Living Center in Saint Paul, Minnesota, used the results of a regularly conducted survey of emergency shelters, transitional housing, battered women's shelters, and other short-term housing. Your Community Connection's project in Ogden, Utah, located 25 percent of its residents in its own emergency shelter for women. All five focus group participants reported using a screening process to identify eligible and motivated households. The project directors agreed that resident motivation was a critical ingredient in the move toward independent living. Screening for motivated residents may have contributed to the projects' overall success.

2.3 Physical Facilities and Capacity

The 1987-1990 TH projects used a wide variety of housing types. TH projects relied on both owned *and* rented property, single family *and* multifamily buildings, single *and* scattered site developments, as well as unconventional sites such as converted monasteries. What was consistent across projects was that nearly every TH project approved by HUD secured a site, made necessary repairs, and opened its doors to homeless families or individuals in a timely manner.

This section describes the physical housing stock used in the TH program. Topics covered include the different types of buildings used, different types of dwelling units, physical improvements, and capacity utilization.

A number of key terms are used throughout this section. *Dwelling unit* is a measure of housing quantity and refers to a house or apartment. Typically, a complete dwelling unit includes space for meal preparation, personal hygiene, living, and sleeping. Depending on the type of housing, one or more dwelling units could be contained within a given building or structure. A single family house is counted as one unit, as is a townhouse or apartment even if it has multiple bedrooms. A *single-room occupancy* unit is considered a dwelling unit also, although it may not have a full kitchen or bathroom *Dormitories* are dwellings with bedrooms that sleep three or more persons who are not considered part of the same household. Each bedroom is counted as a separate dormitory unit.

2.3.1 Housing

Under SHDP rules, Transitional Housing grantees could own or rent their residential facilities. The majority (65 percent) of project sites were owned by grantees or other sponsor organizations. About 31 percent of projects were under lease, and four percent were controlled under other arrangements (such as a combination of ownership and leasing).

Type of Building

Transitional Housing projects operated in a wide variety of physical settings. Most projects were set in conventional residences, indistinguishable from neighboring houses or apartment buildings. SHDP regulations did not specify the use of certain types of structures for TH projects. In terms of the physical property, the regulations required only the provision of suitable space for sleeping and storing personal possessions, that the property conform to applicable State and local codes, and that there be no unacceptable environmental impacts. The regulations permitted a mix of building types within the same project and the conversion of nonresidential buildings for residential use. Grantees could have operated projects with units distributed within a multiunit building, a multibuilding development, multiple properties, and even multiple neighborhoods.

Some grantees reported advantages of single-site projects, and others reported advantages of multisite projects. Advantages of single-site projects included the ability to cluster services and staffing, provide some services on the residential premises, and locate office and program space within the premises. Advantages of multisite projects included greater integration of residents and dwellings in the conventional housing stock, the ability to take advantage of any cyclical oversupply of apartment units (with lower rents or lower purchase prices), and the encouragement of residents to take advantage of community-based services and amenities. The decision to cluster or disperse TH dwelling units depended largely on the project sponsor's view of residents' needs (for example, for closer or looser supervision); the availability of decent, affordable housing stock; the availability of existing services in the community; and the sponsor's guiding principles (for example, to focus on building a close-knit, family-like setting or on encouraging residents to build community support networks on their own). Exhibit 2-2 provides an example of a multisite project.

Exhibit 2-2 Example of a Multisite Project

The McKinney I project in Montgomery County, Maryland, relied on apartment units leased in large, multifamily housing developments. The intended resident population was Families with Children. The project's sponsor, the Montgomery County Housing Opportunities Commission (HOC), maintained contacts with owners and managers of condominium and rental property to keep abreast of vacancies. Shortly after receiving notification of the SHDP award for McKinney I, HOC staff began to look for large developments with several vacancies. Multiple TH units in close proximity allowed HOC to concentrate staff and services within a manageable geographic area. Locating the units in large developments meant that TH households could feel more of a part a conventional housing situation and integrate better with the non-TH residents.

Most SHDP-assisted transitional housing projects used one or more types of conventional residential structures. Such building types included four- (or more) unit apartment buildings (38 percent), single-family houses (about 17 percent), two- and three-unit buildings (15 percent), and townhouses or rowhouses (seven percent). Another 24 percent of projects used single room occupancy (SRO) buildings. The use of SROs tended to be clustered in a few geographic regions, such as New England and the Pacific Coast states, as most of the nation's rooming house, lodging house, and residential hotel stock has given way to other forms of downtown property use. About 19 percent of TH projects used mobile homes, trailer homes, and other structures, such as motels and convents converted to housing. The total of percentages can exceed 100 because projects could use more than one type of building. For example, if a given project used both a single-family house and a townhouse, it would be counted once under each building type.

The choice of building type varied somewhat with the primary population group served in the project. Among projects serving substance abusers, SROs were the most prevalent. Among projects intending to serve Battered Women, SMI, and Families with Children, apartment buildings represented the most prevalent building type.

The use of apartments was especially prevalent among Family projects. Three-quarters of the Family projects used apartments. In general, apartments provided complete facilities, for living, sleeping, cooking, and sanitary uses, and represented a common form of housing for low-income households with children. A formerly homeless family could live in an apartment building among market-rate renters and receive TH and other supportive services. SHDP allowed a grantee to transfer project funds from one rental unit to another, allowing a family to stay in the originally assisted unit once it had its own income. The TH sponsor could transfer the subsidy to another unit elsewhere.

Dwelling Units

Table 2-10 shows that the Transitional Housing projects had an estimated 8,610 dwelling units in place by fall 1992. (*Dwelling unit* defines the physical space within a project, and does not translate into a number of persons or service slots. For example, a single-family home could serve multiple TH families but would be counted as one dwelling unit.) Another 800 units were planned for TH projects at this time, bringing the total projected number of units to 9,417. About 43 percent of these units had been in use for similar populations prior to the SHDP grant award, but about 48 percent were added to the supportive housing supply through SHDP-assisted projects. Such units were not necessarily added to the nation's housing supply. Most TH projects consisted of existing housing acquired for the TH program. Under SHDP, sponsors could add units through purchase, rehabilitation, expansion, and, in limited circumstances, new construction.

In the mail survey, project sponsors were asked to indicate the number of dwelling units among seven categories: SRO, efficiency, one-bedroom, two-bedroom, three-plus-bedroom, dormitory, and other types of units. Nearly 30 percent of TH dwelling units were SRO units, and six percent were efficiency apartments. Over 40 percent were one-, two-, or more than two-bedroom apartments. Over 20 percent were dormitory or other types of units, such as congregate residences.

Although they did not represent the majority of TH project housing types or units, SRO units did make up a substantial portion of units in projects that served single-person households. SROs were most prevalent among SMI projects (54 percent of units) and Substance Abuse projects (40 percent of units). Two-bedroom apartments were most prevalent among Family projects (21 percent of units). Taken together, however, efficiency and one-, two-, or more-bedroom apartment units made up a majority among two of the TH subpopulations: Battered Women projects (57 percent) and Family projects (61 percent). Apartments represented minority portions of units among SMI and Substance Abuse projects (28 and 21 percent).

Table 2-10

Type of Dwelling Units:
1987 - 1990 Transitional Housing Projects

Dwelling Unit Type	Before SHDP	Added To TH Housing Stock	Total in Place in Fall, 1992	Yet To Be Added	Total At Completion
	Percent	Percent	Percent	Percent	Percent
SRO units	30.3	28.8	29.5	27.8	29.3
Efficiencies	6.2	5.9	6.1	6.0	6.0
1-bedroom units	21.6	13.1	17.1	15.7	17.0
2-bedroom units	14.9	16.5	15.8	7.7	15.1
3 plus bedroom units	8.5	12.2	10.4	6.4	10.1
Dormitories	11.4	11.8	11.6	33.0	13.4
Other	7.1	11.8	9.6	3.4	9.1
Total percent	100	100	100	100	100
Total units (estimated)	4,068	4,542	8,610	807	9,417
Percent of total	43.2	48.2	91.4	8.6	100
Mean units per project (estimated)	8.2	9.2	17.4	1.7	19.0

Note: This table is based on responses from 428 Transitional Housing projects; see Appendix C for further explanation.

About 50 Transitional Housing projects used dormitory sleeping units. A project might use a single dormitory sleeping area or multiple dormitory units within the same building, such as a dormitory for women on one floor and a dormitory for men on another floor. About 80 percent of TH dormitory units were concentrated among Substance Abuse and Family projects.

Dormitories offered one kind of shared living. Shared living was also an aspect of group homes or apartment living with roommates. According to project sponsors who participated in case studies, shared living had advantages and disadvantages. The advantages included building mutually supportive relationships and interpersonal skills, and the disadvantages included limits on privacy and possible negative influences on other residents by persons who break house rules. Dormitories would seem to offer the least privacy among the different types of dwelling units, the least similarity with permanent housing options, and, perhaps, the most distractions.

2.3.2 Rehabilitation and Expansion

Transitional Housing sponsors selected housing of variable quality to develop their facilities. Fifty-five percent of projects reported that the housing at the start of their project was in good condition (i.e., few repairs needed) or fair condition (i.e., most systems usable); 23 percent reported that it was poor (i.e., a few usable systems), and 22 percent described it as in bad condition (i.e., only a shell).

Over 93 percent of 1987-1990 Transitional Housing projects reported expenditures for rehabilitation or physical expansion. TH project sponsors provided information on 11 types of physical improvements. (See Table 2-11.) Nine of the 11 activities were undertaken by a majority of TH projects. Only asbestos removal and lead-based paint removal were performed in less than half of the projects. Lead-based paint was removed in about 26 percent of all projects serving Families with Children as the primary population.

Table 2-11

Renovations Made to Projects:
1987 - 1990 Transitional Housing Projects, by Primary Intended Population

Primary Population Group	HVAC	Plumbing	Electrical	Structural	Roofing	Interior Remodeling
	Percent	Percent	Percent	Percent	Percent	Percent
All projects	74.4	76.2	75.1	53.9	62.7	79.3
Battered women	78.6	71.4	73.8	50.0	57.1	73.8
Severely mentally ill (SMI)	69.7	71.2	65.2	63.6	53.0	72.7
Substance abuse	79.2	89.6	89.6	58.3	60.4	89.6
Families with children	70.3	70.9	70.3	49.7	60.0	74.5

Primary Population Group	Painting	Handicapped Access	Fire Code	Asbestos Removal	Lead Paint Removal
	Percent	Percent	Percent	Percent	Percent
All projects	88.5	51.3	74.8	30.9	24.8
Battered women	92.9	38.1	77.5	31.0	26.2
Severely mentally ill (SMI)	87.9	53.0	73.8	18.2	9.1
Substance abuse	95.8	54.2	83.3	31.3	25.0
Families with children	83.0	43.6	71.9	24.2	26.1

Note: This table is based on responses from 418 Transitional Housing projects; see Appendix C for further explanation.

2.3.3 Utilization of Maximum Household Capacity

Capacity utilization was determined by using two statistics reported by TH project sponsors. The sponsors were asked to indicate the maximum number of households that could be served if the project were operating at full capacity, and the number of households currently in residence. At a single point in time, fall 1992, the overall utilization rate with respect to maximum (reported) household capacity was 81 percent for TH projects.

Although the mail survey did not ask for explanations, the evaluation team identified possible reasons for the unused capacity. One explanation concerns the flexibility of some TH properties. Some properties may be able to accommodate different size households. For example, a particular Family project sponsor may expect to house four families in a large single family home. Yet, if the average family size of households in the project ends up being larger than expected, only three families may fit in the space. The project would then be counted as using 75 percent of its maximum capacity. Because most TH projects were small -- 19 units, on average, with most at eight or fewer units -- one or two openings would result in a relatively low per-project utilization rate.

2.4 Services

TH project sponsors provided tailored packages of comprehensive, flexible services to meet the special needs of various homeless populations, satisfying a key objective of SHDP. The TH mail questionnaire asked if projects provided any of 36 separate services. Such services included case management, employment training and counseling, physical and mental health services, medication monitoring, family and children's services, transportation, alcohol or other drug abuse recovery services, and life skills training. *Life skills* included money management, household management and upkeep, shopping, and using public transportation. Most TH projects provided services in all categories.

A basic element in the service package of nearly all TH projects was case management, which took various forms in response to differing philosophies. A few other services were nearly universal in TH projects -- for example, money management and housing location services -- while other services were tailored to groups with special needs. Battered women in TH projects often received legal assistance, substance abusers received alcohol and drug counseling, and young mothers received parenting classes.

Despite satisfying these varied service needs, many sponsors reported difficulty providing residents with much-needed employment experiences, largely because of the difficulty of identifying such opportunities in the community. Although this shortcoming was reported by a minority of TH projects, it is still significant, since for many residents employment opportunities constitute a critical path leading from homelessness to a more stable and independent life.

2.4.1 Case Management

TH program rules neither required case management, nor specified how case management should be structured. Yet, case management was an integral part of nearly every SHDP-assisted project. Case management was defined generally as a system of helping residents develop independent living goals, monitoring progress, and ensuring that residents receive and participate in needed service programs. Case management was intended to help transitional housing residents become more independent by introducing residents to services and community institutions, by helping residents solve problems, and by providing good role models. In the TH program, project sponsors reported that case managers typically met regularly with residents, helped facilitate access to services in the community, and helped projects maintain resident records.

Virtually every TH project offered case management services (about 98 percent of 1987-1990 projects). This percentage was consistent among projects serving different primary populations, except for SMI projects. About 95 percent of SMI projects reported the provision of case management services. The common elements of nearly every TH case management system were needs assessment upon entry, periodic reassessment and progress monitoring, group meetings, and enrollment of residents in community-based service programs. Somewhat fewer projects reported that they monitored former residents' progress (77 percent).

Moreover, the style of case management could be very different from project to project. Case management could be based on providing advocacy, counseling, or simple but critical encouragement. Some case managers took a more active approach, for example providing social services directly (e.g., job counseling, psychological counseling, and life skills training) and taking residents to classes or appointments. Some case management systems were based on an *empowerment model*. In this model, case managers provided information to residents on available services or permanent housing resources. For example, perhaps they helped residents with applications for services and housing assistance, but it was up to the residents to make appointments and keep them. For example, St. Mary's Group Home in Maryland operated under the philosophy that its staff was responsible *to* the residents, not *for* the residents. The staff endeavored to help integrate residents into the community, not segregate them. The objective was to help residents develop their own support systems in the community. The project's sponsor relied heavily on and contracted with State agencies to provide supportive services.

Case management staffing entailed different models -- for example, the assignment of a consistent case manager to each individual or family, a team approach, or other model. One model reported by TH projects involved pairing a professional staff and volunteer. Another model involved using an in-house case manager for the residential program and an outside case manager for supportive services. The majority (55 percent) of TH projects assigned a single case manager to their residents and about 35 percent used a team approach. Ten percent used other approaches or a combination of approaches.

The intensity of projects' case management varied substantially -- for example, the frequency and length of meetings with residents, and the degree of direct service provision by case managers, such as counseling. Among all 1987-1990 TH projects, the average reported caseload was 11 residents per case manager. Average caseloads varied slightly among different types of TH projects. Caseloads varied from eight households for Battered Women projects to 10 for Family projects, 12 for Substance Abuse projects, and 14 for SMI projects.

2.4.2 Service Availability and Service Delivery

In addition to case management, project sponsors were asked in the survey about service delivery arrangements for 36 types of services that might be offered. (The evaluation did not assess the quality, intensity, duration, or effectiveness of services.) Also, project sponsors reported whether certain supportive services were needed by their residents and whether needed services were provided. Nearly every project surveyed for this evaluation reported providing a full range of *needed* supportive services. There was little variation among projects in terms of the service package offered.

Appendix B contains a series of tables on the availability of services for projects serving different primary populations. Also included are tables showing the lack of availability of needed services.

Services Provided

Most Transitional Housing projects provided a wide range of services for their residents, directly or through arrangements with outside organizations. In addition to case management, 29 services were provided by the majority of TH projects. (See Table 2-12.) The most commonly provided services were money management, housing location services, household management, prevocational training, and vocational counseling. These services were provided in over 90 percent of 1987-1990 TH projects. The seven services that were provided by less than half of the projects were prenatal care (48 percent); medication monitoring (48 percent); detoxification (34 percent); English as a Second Language (30 percent); physical therapy (28 percent); sheltered workshops (25 percent); and Parents Anonymous (22 percent). The need for these services varied by the projects' primary populations. (See Table 2-13.) For example, prenatal care was more needed among Family and Battered Women projects than among SMI or Substance Abuse projects, and the rate of prenatal care provision was correspondingly higher among Family projects (64 percent). An example of services offered in one TH project is provided in Exhibit 2-3.

Table 2-12

Supportive Services Reported as Needed and Available to Residents
All 1987 - 1990 Transitional Housing Projects

Services	Percent of Projects	Services	Percent of Projects
Life Skills		**Mental Health**	
Money management	96	Crisis intervention	79
Transporation usage	78	Medication monitoring	48
Household management	92	Psychosocial rehabilitation	56
Other life skills	89	Individual or group psychological counseling	84
		Psychiatric treatment	58
Education		Peer group/self help	84
General Equivalency Diploma	86		
English as a Second Language	30	**Physical Health**	
Early childhood education (Head Start)	57	Primary care	80
Basic literacy	60	Physical rehabilitative care/physical therapy	28
		Prenatal care	48
Employment Vocational		Medical screening	51
Pre-vocational training	91		
Transitional employment/paid internship	62	**Family and Children's Services**	
Training for specific jobs	76	Day/Evening care	55
Vocational rehabilitation	65	Immunization and screening	63
Vocational counseling	90	Parenting training	68
Job placement	76	Parents Anonymous	22
Sheltered workshop	25		
		Other Services	
Substance Abuse		Housing location assistance	92
Detoxification	34	Followup support after resident leaves project	85
Alcoholics or Narcotics Anonymous	78	Enrollment in entitlement program	74
Individual/group substance abuse counseling	76	Legal assistance	75

Note: This table is based on responses from 423 Transitional Housing Projects; see Appendix C for further explanation.

Table 2-13 Three Most Frequently Provided Supportive Services (in addition to case management)

Project Type	First	Second	Third
All TH projects	Money management	Housing location	Household management
Battered Women	Money management	Housing location	Legal assistance
SMI	Crisis intervention	Money management	Psychiatric services
Substance Abuse	Alcoholics Anonymous/ Narcotics Anonymous	Alcohol or drug abuse counseling	GED
Family	Money management	Housing location	Parenting training

Note: This table is based on responses from 423 Transitional Housing projects; see Appendix C for further explanation.

Exhibit 2-3 Continuity of Supportive Services

A project located in a mixed suburban-rural community provided an example of how a Transitional Housing sponsor could provide for continuity of housing and services. Heartly House, Inc., recruited most of its Third Step Program residents from its own emergency housing programs. Third Step provided transitional housing for adult female survivors of domestic violence and frequently their children in two rehabilitated row houses that had a total of five apartments. Residents in Third Step continued to receive services begun in Heartly House's Second Step program (which provided housing for up to 13 weeks), including case management, education, and job training. When Third Step residents graduated to permanent housing, they could continue to participate in education and training programs and, for several months, they could continue to receive counseling services.

The two most common services were the same across projects serving different primary populations: money management and permanent housing location. As expected, nearly every Substance Abuse project provided alcohol or other abuse recovery services, such as Alcoholics or Narcotics Anonymous, and individual or group alcohol or other drug abuse counseling. (See Exhibit 2-4 for an example of services offered by a Substance Abuse project.) Nearly every SMI project provided crisis intervention, psychiatric services, and medication monitoring. Most Family projects provided parenting training, immunization and screening, and child care.

Exhibit 2-4 Substance Abuse Treatment Services

Harbor House offered a wide variety of supportive services to help its residents overcome chronic substance abuse. In fall 1992, the Bronx, New York, project served adult men with a severe mental illness and substance abuse history. Its sponsor, Argus Community, Inc., provided in-house support, such as daily meetings with case managers, intensive therapy, medication monitoring, and prevention group work to combat the temptation to go back to alcohol or other drugs. The sponsor provided access to outside service programs, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and detoxification. Harbor House residents passed through a three-level program. First, residents undertook intensive therapy to help them adjust to the alcohol- and other drug-free environment. Second, residents were referred to AA or NA. Third, residents received vocational training and applied for permanent housing. Individual and group therapy continued through all three levels.

Service Delivery Arrangements

Service delivery arrangements varied among the TH projects. Many project sponsors provided a full range of supportive services themselves, on-site. Other sponsors contracted out for service delivery, made referrals, or maintained cooperative agreements with an outside service provider. Outside service providers delivered services on the TH project premises or at their own facilities. Exhibit 2-5 offers an example of a TH project's access to outside services.

Exhibit 2-5 Coordination with Outside Children's Services

The Transitional Living Center for Families (TLC) offered a comprehensive program of children's services. This Houston, Texas, project served Families with Children as its primary population. The project's sponsor, Homeless Intervention Services of Texas, Inc. (HIST), obtained subsidized day care from the Houston Child Care Council. HIST and the Houston Independent School District consulted on problem cases and jointly developed youth programs. The project assigned two full-time employees (a children's activity coordinator and daycare provider) to work with the 70 to 75 children and youth. Other staff and volunteers provided additional instruction and supervision. Formal training was provided in-house, such as computer training and tutoring in basic math and reading skills. Also, TLC offered recreational programs such as karate classes, dance classes, and overnight outings. HIST reported positive effects on children: educational achievement, increased socialization, and enhanced self-esteem.

Among SHDP-assisted projects, however, the location of services tended to vary, depending on the type of service. In general, life skills training tended to be conducted on-site by the project sponsor. For example, about 89 percent of money and household management instruction was done by sponsor staff and 93 percent was done on-site. (The difference in percentages indicates that some outside organizations provided such services at the TH site also.) Educational services, substance abuse recovery services, and physical health services tended to be provided by outside organizations, off-site. The experience with employment/vocational, mental health, and family and child services was mixed. For example, prevocational services were provided by the sponsor in 68 percent of projects offering such needed services, and such services were provided on-site in 72 percent of the projects. Conversely, 72 percent of training for specific jobs was provided by an outside organization, off-site. There were few differences in service delivery arrangements among projects serving different primary populations.

Services Needed But Not Provided

With few exceptions, TH projects provided most of the supportive services needed to meet residents' needs. As mentioned, the vast majority of TH projects reported providing 29 of the 36 identified services. There were cases of unmet service needs, however, reported by the TH projects. (See Table 2-14.)

Table 2-14 Three Most Frequently Reported Unmet Service Needs

Project Type	First	Second	Third
All TH projects	Transitional employment or paid internship	Job placement	Transportation usage
Battered Women	Transitional employment or paid internship	Parents Anonymous	Follow-up support
SMI	Transitional employment or paid internship	Job placement	Legal assistance
Substance Abuse	Transitional employment or paid internship	Job placement	Training for specific jobs
Family	Transitional employment or paid internship	Parents Anonymous	Training for specific jobs

Note: This table is based on responses from 426 Transitional Housing projects; see Appendix C for further explanation.

The most frequently reported unmet need was for employment-related services. Twenty-three percent of projects did not provide all needed transitional employment or paid internship opportunities. Transitional employment could mean a job of limited duration, perhaps involving closer supervision, job skill training, or job readiness training. About 11 percent of projects did not provide needed job placement, specific job training, or transportation usage services.

For the most part, projects serving different primary populations reported the same needed-but-not-provided services, most of which were employment-related -- especially transitional employment or paid internships. Battered Women and Family projects reported an unmet need for Parents Anonymous. SMI and Substance Abuse projects reported an unmet need for job placement services.

Follow-up services

Most TH projects reported providing some follow-up supportive services for residents who leave. Sponsors could use SHDP funds to pay for up to six months of follow-up services. During many of the site visits and telephone interviews conducted for the SHDP evaluation, project directors and service coordinators reported that former residents could continue in job training programs, educational programs, counseling, and therapy. Also, it was common for former residents to maintain contact with their case managers. Continuity of services and support was cited by several project directors as contributing to their residents' success in achieving independence and becoming integrated in the community. An example of follow-up services is provided in Exhibit 2-6.

Exhibit 2-6 Follow-up Services

An example of follow-up services is provided by Harbor House. The project for adult men with a severe mental illness and chronic substance abuse history was located in the Bronx, New York. Its sponsor, Argus Community, Inc., provided aftercare services for six months after residents left the residential program. All former residents were eligible to take part in weekly counseling sessions, including residents who did not successfully complete the Transitional Housing program. In the 12 months prior to fall 1992, most of the residents who did not complete the program had recurrences of emotional problems and were hospitalized. The Harbor House staff believed that follow-up counseling was essential for the residents to complete the transition to life in the mainstream.

The actual techniques for maintaining continuity of services varied substantially among projects. About half of all TH projects offered meetings between the former residents and their case managers, and 20 percent offered meetings with a new case manager. Projects serving different primary populations tended to use different approaches for maintaining contact with and monitoring the progress of former residents. For example, the majority of SMI projects offered meetings with the former residents' case managers. The majority of Substance Abuse and Family projects made follow-up telephone calls to former residents.

2.5 Costs

This section presents evaluation findings on TH program costs and describes how TH projects used funds for different program activities. The section also assesses the extent to which SHDP funding leveraged matching contributions from other sources and provided housing and services at a reasonable cost. As the results show, the TH program succeeded in leveraging local funds and providing economical housing and comprehensive services. The section begins with a discussion of acquisition and rehabilitation costs, then presents results on the costs of operations and social service provision.

2.5.1 Acquisition

More than 62 percent of the TH projects surveyed purchased land and buildings as part of their program, using more than $72 million in funding from a wide range of sources to do so. SHDP contributed $12 million of this amount (17 percent of the total). State and local funds accounted for 22 percent, followed by sponsor contributions, loans from private lenders, Community Development Block Grant and other Federal funds, and private sector donations. (See Table 2-15.) TH sponsors succeeded in leveraging about $5 in additional acquisition funds for every $1 in SHDP funding.

The average cost of acquisition per TH project was about $234,000, while the average per unit cost was $32,000. These cost figures appear reasonable, but it should be pointed out that they do not fully account for the full value of property or professional services donated to projects or provided at a discount. Acquisition costs varied, as would be expected, by dwelling unit type. An analysis of projects consisting only of single family homes showed that the average per unit acquisition cost was $84,000. For projects using only apartment units, the average acquisition cost was $25,000. For SRO-only projects, the average acquisition cost was $22,000 per unit.

Acquisition costs varied appreciably among projects serving different primary populations. Battered Women projects had the lowest acquisition cost at $21,000 per unit, while Substance Abuse projects had the highest at over $66,000 per unit. While the high cost of

Table 2-15

Cash Funds for Acquisition of Land and Buildings:
1987 - 1990 Transitional Housing Projects

Sources	Percent of Total
Sponsor organization	15.6
Bank loans	15.4
SHDP funds	16.5
Individual contributions	5.4
CDBG	8.0
SAFAH	0.3
Other Federal funds	2.6
State and local funds	22.3
Foundation contributions	4.5
Corporate contributions	0.9
Other	7.8
Total percent	100
Total cost (estimate)	$72,386,981
Mean cost per project	$234,148

Note: This table is based on responses from 270 Transitional Housing projects; see Appendix C for further explanation.

acquisition in Substance Abuse projects may have reflected the structures and cities in which these projects were located, it may result also from a need for secure buildings, space for in-house counseling and treatment, and sleeping quarters for resident staff.

2.5.2 Rehabilitation

Over 93 percent of the TH projects surveyed reported that they incurred some rehabilitation or physical expansion costs, which totaled $167 million for the 1987-1990 period. SHDP covered only 15 percent of this total cost ($25 million). In other words, each SHDP dollar used for rehabilitation leveraged nearly $6 in other funds. The largest source of these other funds was State and local government (46 percent of total rehabilitation funding), followed by private sector donations, sponsor contributions, and CDBG and other Federal resources. (See Table 2-16.) The table indicates that only eight percent of TH project rehabilitation funds came from CDBG. It is possible, however, that the 46 percent of funds coming from State and local services included some CDBG monies not reported as such by the TH project sponsors.

For those projects that undertook rehabilitation activities, the average rehabilitation cost per TH project was about $361,000, while the average per unit was $42,000. (Average acquisition and rehabilitation costs are non-additive because many projects engaged in only one of these activities.) Per unit rehabilitation costs varied by dwelling unit type: $63,000 for single family-only projects, $13,000 for apartment-only projects, and $22,000 for SRO-only projects. Furthermore, per-unit costs varied appreciably among projects serving different primary populations. The lowest per-unit cost was found in TH projects serving families ($21,000) and the highest in projects serving substance abusers ($47,000). The higher rehabilitation costs in substance abuse projects may be explained by the generally poor condition of the properties prior to rehabilitation (many of which were older SRO buildings) and the need for greater security (including surveillance systems, special security locks, and space for on-site security staff). Furthermore, Substance Abuse projects were more likely to undertake structural repairs than projects serving other primary populations.

Table 2-16

Cash Funds for Rehabilitation or Expansion of Buildings:
1987 - 1990 Transitional Housing Projects

Sources	Percent of Total
Sponsor organization	9.5
Bank loans	3.4
SHDP funds	14.7
Individual contributions	3.5
CDBG	4.4
SAFAH	0.2
Other Federal funds	3.8
State and local funds	46.0
Foundation contributions	5.8
Corporate contributions	3.6
Other	5.0
Total percent	100
Total cost (estimate)	$167,228,981
Mean cost per project	$360,621

Note: This table is based on responses from 405 Transitional Housing projects; see Appendix C for further explanation.

The statutory cap on SHDP expenditures for acquisition and rehabilitation may partially explain the high leverage ratio of SHDP to other resources. As described in Chapter 1, the maximum amount of acquisition or rehabilitation assistance from SHDP was limited, after the 1990 funding year, to $200,000 per project, or $400,000 in high-cost areas. The cap probably had the effect, in many cases, of requiring project sponsors to secure non-SHDP funds, including local funds.

2.5.3 Operating and Supportive Service Costs

The survey obtained complete information on operating and service costs from 412 TH projects for their most recently completed fiscal year (typically, the 1991-1992 operating year). Together, these one-year costs alone totaled over $124 million. Operating and service costs accounted for most of the uses of SHDP funding. This section discusses the sources of funding for operating costs (in addition to SHDP), and how this money was used.

SHDP funds from HUD accounted for 28 percent of the $124 million in total operating and services costs reported by TH sponsors ($35 million). The other main sources of operating funds were State and local sources, which accounted for 29 percent of the total, and rental income, which accounted for 13 percent. The SHDP program required TH projects to collect 30 percent of residents' income for rent. Projects could also derive rental income from leasing out space in their facilities to other parties. The remaining 30 percent was composed of various other revenue sources, including foundation grants, private donations, other Federal grant programs, and income from commercial activities (such as coffee shops). For every SHDP dollar used for operations and supportive services, TH sponsors leveraged over $2.50 in other funding.

As Table 2-17 shows, by far the largest proportion of these operating funds was used to pay the salaries and fringe benefits of TH project staff. Expenditures for supportive service staff employed by TH projects made up fully 40 percent of annual TH project operating costs, while expenditures for other project staff (e.g., property managers, security guards, custodians) accounted for an additional 16 percent. This contrasts markedly with the cost of expenditures for

Table 2-17

Operating and Supportive Services Costs
for 1991 - 1992 Operating Year:
1987 - 1990 Transitional Housing Projects

Expenditures	Percent of Total
Supportive service staff	40.0
All other staff	15.6
Bookkeeping and accounting	0.8
Legal assistance	0.2
Outside supportive services	3.2
Property rental payments	4.8
Utilities	4.0
Taxes	0.3
Insurance	1.7
Management fees	1.5
Maintenance and repair	3.4
Security systems	0.4
Furnishings	2.0
Equipment	1.2
Transportation	1.0
Food	4.6
Depreciation	2.8
Debt service	3.7
Miscellaneous	4.5
Other	4.2
Total percent	100
Total cost (estimate)	$124,372,208
Mean per project	$264,287

Note: This table is based on 412 Transitional Housing projects; see Appendix C for further explanation.

services provided by outside contractors, which were only about three percent of the total. However, it should be pointed out that many outside service providers received their own funding from other sources and did not charge TH projects for the value of the services provided to residents. Such costs were not included in expenditures reported for operations and services. For example, some residents were eligible for Medicaid-reimbursed primary health care and mental health services, the cost of which would not show up in TH project budgets. Rental payments, debt service, and depreciation accounted for 11 percent of total operating costs. Conventional housing operations and expenditures (utilities, insurance, taxes, maintenance, and management) accounted for another 11 percent.

2.5.4 Total Costs Per Household and Person

An analysis of total TH program costs revealed that the TH program provided housing and services at a reasonable cost. The analysis involved annualizing gifts, grants, and contributions for property purchase and rehabilitation over a 20-year period (the duration of projects as envisioned by SHDP legislation) and amortizing acquisition and rehabilitation loans over a 30-year mortgage life. (See Appendix C for a more detailed description of the methodology and assumptions used.) The average total cost of operations and services per household served by TH projects was $53 per day, and the average cost per person was $30 per day. This translates into an annual cost of $19,470 per household and $10,695 per person. (The average stay for a TH resident was less than one year, however.) Considering the comprehensiveness of the services provided by TH projects -- including food, transportation, training, and counseling -- these costs appear quite modest.

2.6 Resident Impacts

The TH program achieved its goal of assisting residents to move towards independent living. This conclusion is supported by three separate indicators of resident progress towards independent living: (a) increased residential stability, (b) improved employment status, and (c) increased income. Substantial percentages of residents entered stable housing and gained employment. Smaller percentages of TH residents experienced meaningful increases in income and decreased their dependence on income maintenance programs. TH also successfully retained residents in the program, which is a necessary precursor to helping residents increase their independence. While these findings are encouraging, they are neither conclusive nor indicative of how long impacts persisted beyond resident departure from the program.

2.6.1 Resident Retention

The TH projects successfully retained their residents long enough for most to *graduate* from their respective programs. Graduation in this case means that a resident has completed his or her supportive service program, as indicated by meeting the objectives that they or their project set, or by reaching the limit on length of stay permitted by their project. Over 16,000 households entered TH projects in the 12-month period ending in fall 1992. During that same period, a substantial number of households (9,800 households or 57 percent) *graduated* from their respective TH programs. A smaller, but substantial, number of households left TH projects without graduating, either withdrawing voluntarily (4,100 households or 24 percent) or being dismissed (3,200 households or 19 percent). The evaluation's finding of a 57 percent graduation rate was higher than the 40 percent rate found by the U.S. General Accounting Office in its 1991 study of the program.

It is likely that many graduates completed their service programs (as opposed to time simply running out). The mean length of stay for project residents was about nine months, which is well below the maximum length of stay established by the Transition Housing Program or the limits established by most TH projects. HUD regulations limited residency to 24 months. Most projects set a time limit of 12 months or less. Actual length of stay was somewhat shorter for Battered Women projects (eight months on average), and slightly longer for SMI (11 months), Substance Abuse (10 months), and Family (10 months) projects. The shorter stay for residents of Battered Women projects appears to reflect the relatively large number of persons who left these projects before graduation.

Similar retention rates were discovered for SMI and Substance Abuse projects. Like the TH population overall, the main reason for turnover for these projects was program graduation. However, for Battered Women and Family projects, the main reason for turnover was withdrawal or dismissal. In the case of Battered Women projects, this finding may reflect the difficulty projects faced (reported by some projects during interviews and site visits) in preventing their residents from returning to abusive relationships. The finding for Family projects may be partially explained by the fact that many of these projects also served a substantial number of battered women.

2.6.2 Stable Housing

The majority of residents who left TH projects entered stable housing (56 percent). Stable housing situations included unsubsidized, privately owned, and subsidized housing (such as public housing or Section 8 rent assisted housing). For residents who graduated from the program, the percentage entering stable housing was higher, about 70 percent. Unsubsidized housing without services was the most common type of housing that these graduates entered from TH. Less than a third of the residents who did not complete the program (because they withdrew or were dismissed) entered stable housing from the TH program.

Table 2-18 shows a positive change in residential situations after participation in transitional housing. In the aggregate, it appears that most residents made the transition from non-stable residential situations. Whereas 75 percent of TH residents entered their projects for unstable situations (shelters, streets, other nonhousing, living with friends), only 33 percent left their projects for unstable housing; 56 percent went on to stable housing. Not all outcomes, were positive. Nine percent of TH residents left their projects for the streets or emergency shelters. Over three percent went into hospitals, correctional facilities, or other institutions. And there was a net increase in living with friends or family, which may be considered an unstable situation in some circumstances. For example, living with friends or family could involve an overcrowded situation, domestic abuse, or an indication of the lack of economic independence. Conversely, moving in with family could indicate a positive outcome, such as reunification of children and parents.

Table 2-18 Residential Situations of TH Residents Prior To and After Participation in a TH Project

	Prior Residential Situation[1] (Percent)	Post-TH Residential Destination[2] (Percent)
Emergency shelter or streets	50	9
Other non-housing situations	13	3
Living with friends or family	12	21
Permanent housing	10	56
Other (including other TH)	15	11
	100	100

Notes: (1) This column is based on responses from 404 Transitional Housing projects. The statistics refer to all residents. (2) This column is based on responses from 323 Transitional Housing projects. The statistics refer to all adult residents. See Appendix C for further explanation.

Table 2-19 shows the distribution of residential destinations for graduates and other residents who left TH projects. (Tables B-17 and B-18 in Appendix B provide additional detail on destinations.) Some 14 percent of the TH project graduates moved in with family or friends and 16 percent moved to nonhousing situations. This pattern is similar to that found in the GAO study of the Transitional Housing Program (1991): 66 percent of residents completing a TH program moved into their own single-family house or apartment; 20 percent moved in with family or into shared living arrangements; and 14 percent ended up in "other" destinations, including supervised residential settings. By the fall of 1992, only 37 percent of residents who voluntarily left ended up in stable housing. The outcome for dismissed residents was worse, only 23 percent of whom ended up in stable housing.

The extent to which residents entered stable housing tended to differ among projects serving different primary populations. For residents completing their respective programs, Family projects appeared to have the most success in graduates securing permanent housing (90 percent), followed by SMI projects (74 percent), Substance Abuse projects (67 percent), and Battered Women projects (41 percent). Contrary to expectations, residents voluntarily leaving Battered Women projects were more likely to enter stable housing than those women who completed their respective TH programs. To the extent that entering stable housing meant a return to domestic violence (which the evaluation did not assess), this situation can be construed as a negative outcome. In general, however, stable housing achievement was lower for residents who voluntarily left, and lowest among dismissed residents.

About a third of TH residents who completed their programs (34 percent) moved to unsubsidized permanent housing without services. This suggests that many residents entered housing that demanded substantial independent living skills. Graduates also moved to the following other types of permanent housing: Section 8 or other rent assisted housing (17 percent), housing with supportive services (10 percent), public housing (seven percent), and other subsidized housing without services (three percent). The evaluation did not assess the relative stability of the permanent housing destinations. Participants in a focus group of Family project directors offered a more rigorous definition of *stable housing*. They defined stable housing as costing no more than 30 percent of income. They mentioned that nearly all of their former residents who had moved to permanent housing were still in permanent housing one year later. If stability were determined in

Table 2-19 Destinations of Residents Who Left Transitional Housing Program by Reason for Leaving and Type of Project

Destination	Reason for Leaving		
	Graduated Program (%)	Left Voluntarily (%)	Dismissed (%)
All TH Projects			
Permanent housing	70	37	23
Friends or family	14	34	29
Nonhousing situations	16	29	48
	100	100	100
Battered Women			
Permanent housing	41	61	26
Friends or family	25	27	23
Nonhousing situations	34	13	51
	100	100	100
SMI			
Permanent housing	74	44	20
Friends or family	20	25	17
Nonhousing situations	6	31	63
	100	100	100
Substance Abuse			
Permanent housing	67	23	16
Friends or family	12	33	30
Nonhousing situations	21	44	55
	100	100	100
Family			
Permanent housing	90	43	20
Friends or family	6	38	34
Nonhousing situations	4	19	37
	100	100	100

Note: This table is based on responses from 323 Transitional Housing projects; see Appendix C for further explanation.

part by housing affordability, however, one could assume that public housing and Section 8 housing were stable, because residents paid (typically) 30 percent of their income to rent and utilities. The affordability of unsubsidized destinations is unknown.

2.6.3 Employment

The TH projects helped a substantial proportion of their graduates move from unemployment to employment or to participation in a training program. (See Table 2-20.) The percentage of full- or part-time employed residents increased from 18 to 38 percent from program entry to completion. An additional 14 percent of graduates were participating in activities (job training, volunteer, school activities) that could help prepare them for employment. Still, about 48 percent of graduates remained otherwise unemployed or not in the labor force. Hence, the program helped to reduce unemployment problems, but serious levels of unemployment remained among graduates.

Among projects serving different population groups, the same general patterns held. That is, employment increased, participation in training increased, and unemployment decreased. The only evident lack of employment progress was among projects serving Battered Women as the primary population. The full- or part-time employment rate among residents completing Battered Women's projects remained flat at 21 percent. This finding may underestimate the success of Battered Women project residents in attaining employment or entering training programs. These outcome statistics apply to graduates only, and do not reflect the achievements of residents who left projects voluntarily. Because 61 percent of Battered Women project residents who left voluntarily achieved stable housing (most of which was unsubsidized), many of these residents may have attained employment also. Of course, another interpretation is that many of these residents returned to live with their batterers.

2.6.4 Income

There was a modest improvement in the percentage of graduates who achieved meaningful increases in their monthly personal income. The percentage of graduates who earned over $900 per month (about the poverty level income for a family of four) increased slightly (six

Table 2-20

Changes in Employment Status of Project Residents:
1987 - 1990 Transitional Housing Projects

	Percentage of Graduates	
Employment Status	Upon Entering Project	Upon Completing Project
Part-time (less than 35 hours/week)	7.8	11.5
Full-time (35 or more hours/week)	10.2	26.3
Homemaker	14.6	10.9
In training, volunteering, or in school	6.2	14.1
Unemployed, seeking work	34.6	16.5
Unable to work	14.8	12.4
Able to work, but not seeking work	8.8	4.6
Other	3.0	3.8
Total percent	100	100

Note: This table is based on responses from 405 Transitional Housing Projects; see Appendix C for further explanation.

percent at entry vs. 11 percent at completion). (See Table 2-21.) The vast majority of graduates were reported as still having low incomes and, hence, remained economically vulnerable to experiencing homelessness again. Some of the factors that TH project directors frequently mentioned as helping residents gain employment and independence included assistance with child care and transportation. These income trends held for most of the subgroups of projects serving different primary populations. However, Battered Women projects reported an *increase* in graduates at the lowest income range ($0 to $300 a month) and a *decrease* in the next highest range ($301 to $900).

Project directors of all types of TH projects reported that having an income was a critical factor in their residents' move toward residential stability and independence. Employment services and employment were among the most frequently mentioned factors associated with resident success.

2.6.5 Income Source

The TH Program appears to have helped reduce resident reliance on income maintenance programs. By the time they completed the program, smaller percentages of residents received income from Aid to Families with Dependent Children (32 percent at entry vs. 27 percent at completion) and General Assistance (12 percent at entry vs. 6 percent at completion). (See Table 2-22.) Hence, the TH program may well have led to some cost savings in the form of reduced transfer payments. A substantially larger percentage of residents completing the program received income from salaries or wages (23 percent at entry vs. 41 percent at completion). This finding runs counter to the common perception that all homeless people are unemployed.

Projects serving different primary populations (SMI, Substance Abusers, and Families with Children) reported substantial percent increases in the percentage of graduates receiving wage or salary income. However, among Battered Women projects, reliance on employment income was virtually unchanged. About a third of the residents worked upon entry, and about a third worked upon completion of the TH program. Several possible explanations exist for this finding. First, several project sponsors reported that the lack of employment opportunities in their respective communities posed a barrier to economic independence. Second, about one-third of these projects' adult residents were parents with children who may have been unable to find child

Table 2-21

Changes in Income Level of Project Residents:
1987 - 1990 Transitional Housing Projects

Gross Monthly Income of Adult Residents	Percentage of Graduates: Upon Entering Program	Percentage of Graduates: Upon Completing Program
$0 - 300	40.6	24.3
$301 - 600	41.2	42.1
$601 - 900	12.2	22.1
$901 - 1,200	3.8	7.3
$1,201 - 1,500	1.0	1.6
$1,501 - and up	1.1	2.5
Total percent	100	100

Note: This table is based on responses from 287 Transitional Housing projects; see Appendix C for further explanation.

Table 2-22

Changes in Income Sources of Project Residents:
1987 - 1990 Transitional Housing Projects

Income Source	Percentage of Income Sources Reported by Residents Who Completed TH Program: Upon Entering Program	Upon Leaving Program
Aid to Families with Dependent Children (AFDC)	32.4	27.2
Wages or salaries	22.7	40.5
General Assistance (GA)	12.1	5.7
Supplemental Security Income (SSI)	11.3	10.6
Other	8.3	3.7
Social Security Disability Income (SSDI)	4.5	5.0
Unemployment benefits	2.3	1.4
Child support	2.2	2.4
Veterans Administration (VA) benefits	1.6	1.0
Other disability payment	1.0	0.6
Social Security (retirement)	0.8	1.1
Workers compensation	0.3	0.2
Other pension or retirement income	0.2	0.2
Alimony	0.2	0.5
Total percent	100	100

Note: This table is based on responses from 407 Transitional Housing projects; see Appendix C for further explanation.

care. Third, some projects may have encouraged residents to leave low-paying jobs to go back to school or enroll in training programs.

2.6.6 Caveat on Findings

The above results show that the TH program had noteworthy positive impacts on residents in terms of stable housing, employment, income, and income sources. Yet, because the impacts were measured at the time that residents completed the program, the longer-term impacts of the TH program on residents are largely unknown. Anecdotal evidence suggests, however, that gains in housing and employment were frequently preserved. For example, project directors in focus groups reported that most formerly homeless families were still in stable housing and employed one year after completing the TH program.

2.7 Reasons for Outcomes

2.7.1 Success Factors

The vast majority of TH project sponsor organizations were successful in implementing their projects. Project sponsors mentioned a wide range of factors contributing to the success of their residents. For example, they mentioned the positive effects of building self-esteem and personal accountability. The sponsors also mentioned the importance of stable, affordable, safe housing as a factor in resident success. A safe, decent home provides a platform upon which residents can concentrate on self-improvements without the pressures, distractions, or harm of the streets, substandard housing conditions, domestic abuse, or high housing costs.

Case management was mentioned most often as the factor contributing to resident success. Case managers helped to create conditions that were conducive to residents achieving independence, for example, by providing the encouragement and emotional support that many homeless individuals and families needed. The TH case managers also helped ensure that service packages were tailored to resident needs and that residents actually received the services, often from different providers, that they required to achieve independent living.

During a focus group, Family project directors stressed that the personal relationship between a case manager and resident was important, and the quality of case management (e.g., use of trained staff who had experience with the specific population served) was a critical determinant of the extent to which this service could help residents. Even good case managers could have unproductive relationships with residents, often requiring the change of a resident's case manager.

TH projects often screened prospective residents prior to selection to ensure that resident needs could be met with available services and that residents would be sufficiently motivated to profit from the services available to them. Screening, which may have been conducted as part of the intake needs assessment that most TH projects conducted, could reveal serious problems such as chronic substance abuse. Based on this screening, many project directors selected the individuals and families who were most likely to reap long-term benefits from their projects. While some would regard this practice as a form of *creaming*, the case could be made that accepting residents whose problems are likely to resist change with available services may not make efficient use of limited resources. For homeless persons who have not demonstrated the motivation to achieve independent living skills, alternatives to transitional housing may be needed, including more intensively supervised living.

The availability of housing that was safe, private, and secure could free residents to focus on longer term objectives, such as developing employment skills. For women residents with children, assistance with child care also was critical to pursuing longer-term objectives. In group housing situations, an additional factor that contributed to positive impacts for residents was the ability of a project to foster a sense of community among residents in which residents could support and help one another.

In addition to these more general factors, project directors identified specific services that contributed to resident success. These services included life skills training and employment or vocational services. Specific services identified were money management, housing location assistance, individual or group psychological counseling, day or evening child care, individual or group substance abuse counseling, prevocational training, and household management. The Family project focus group participants also mentioned that follow-up support, a General

Equivalency Diploma, and parenting training were important for residents to achieve independent living. An example of one project's approach to serving homeless families is provided in Exhibit 2-7.

Exhibit 2-7 Activities to Build Self-Reliance

The Family Development Center served families composed of young, homeless women (age 17 to 26 years) and their children. As of fall 1992, the project provided life skills training and helped enroll residents in educational and vocational training programs. Upon entry, the residents were required to sign a Resident Agreement that committed them to participating in all aspects of the TH program and one year of follow-up. Entrants were assigned to a social worker and a mentor, who was another woman already in the program. The women were required to enroll in a GED or vocational training program and to arrange for their own child care, transportation services, and health care services. The property had coin-operated washers and dryers and a pay phone. To make life in the program more like life *outside* the program, and to discourage dependency, the women were required to prepare their own meals and pay for the use of the in-house laundry facility and telephone.

2.7.2 Impediments to Success

Many of the factors identified by project directors as impeding TH residents from experiencing positive impacts were preexisting resident problems, some of which the projects neither expected nor were prepared to solve. Foremost among these problems were severe mental illness and substance abuse, which could sidetrack efforts to achieve independent living. Resident problems such as poor money management or low motivation also could impede resident progress, but they are less serious and potentially more amenable to change by projects. Other frequently mentioned factors, such as the lack of affordable housing and lack of employment or vocational opportunities, were community problems rather than resident problems. These community problems were typically beyond the reach of the TH projects to remedy. Nevertheless, many TH projects made efforts to work with landlords and employers to create housing and work opportunities for their graduates.

One of the prerequisites for success mentioned by several project sponsors was personal security. Without personal security, residents may not be able to fully benefit from service and training programs. An example of one project's approach to security is provided in Exhibit 2-8.

Exhibit 2-8 Security Services

The project's sponsor, O.U.R. Trust, operated the Casa Myrna Vasques project for Battered Women in a secret location. One of the goals of the project was to assist women of all cultural backgrounds to live on their own, to not go back to their batterer or dysfunctional family, and to overcome a history of violence. As of late 1992, Casa Myrna Vasques provided many of its supportive services on-site to reinforce privacy, safety, and the sense of security. The project offered a wide range of professional services through a network of 50 volunteers, a system that furthered the objective of anonymity. Services included legal aid and advocacy -- for example, helping the residents pursue legal action against their batterers.

2.8 Program Implementation

The Transitional Housing sponsors were generally successful in achieving implementation milestones in a timely fashion and overcoming potential barriers to implementation. Most TH projects were fully operational within one year of executing an SHDP grant agreement with HUD.

This section explores the experiences of SHDP sponsors in implementing their projects. It focuses on two aspects of implementation: the amount of time needed to complete development and operations milestones (Section 2.8.1) and implementation problems (Section 2.8.2). Exhibit 2-9 provides an example of a TH project's experience securing and readying a site for residents.

Exhibit 2-9 Transitional Housing Development Case History

Trinity Housing provides an example of the often complex process of real estate development. The project serves up to 20 homeless families with children in a 20-unit rehabilitated apartment building in Washington, District of Columbia. Originally, the project's sponsor, Community Family Life Services (CFLS), located its transitional program in a dilapidated apartment building. Working with the District's Department of Housing and Community Development to identify Federal and local resources, it took CFLS two years to acquire the property. A third party, First Trinity Lutheran Church, purchased the building. The church was reimbursed through the District's Land Acquisition for Housing Development Program. A separate nonprofit organization was formed to acquire the building for $10 from the District and lease the land from the District. Renovations included replacement of major systems, such as heating, cooling, ventilation, plumbing, and electrical systems; structural and roof repairs; interior remodeling; fire code compliance; and asbestos and lead-based paint removal. Resources for rehabilitation included Community Development Block Grant, Rental Rehabilitation Program, and loan proceeds from a nonprofit housing developer, Manna, Inc.

2.8.1 Time to Achieve Implementation Milestones

On the 1992 SHDP questionnaire, project sponsors were asked to report the dates that various implementation milestones were achieved. Implementation milestones were divided into *development milestones* (property acquisition and rehabilitation) and *operational milestones* (accepting residents). Table 2-23 summarizes the mean and median time that it took projects to achieve implementation milestones. The table divides the projects into five groups: purchase only, purchase/rehabilitation, lease only, lease/rehabilitation, and other. *Other* includes projects which combined purchase and lease acquisition or involved other acquisition methods. The analysis entailed comparing the date that the HUD grant agreement was signed with the date that the milestone was achieved. Executing the HUD grant agreement could take several months after the grant award was made.

Table 2-23

Time for Completing Implementation Milestones
All 1987 - 1992 Transitional Housing Projects
(in months following execution of a grantee agreement)

Project Type	Acquisition	Rehabilitation	Initial Occupancy	Full Occupancy
Purchase only				
mean	1.8	...	2.7	3.5
median	1	...	2	3.5
Purchase/rehabilitation				
mean	5.2	11.6	9.4	12.5
median	2	9	7	11
Lease only				
mean	3.7	...	3.4	7.8
median	1	...	8	7
Lease/rehabilitation				
mean	5.9	10.8	9.7	12.8
median	1	8	8	11.5
Other projects				
mean	3.0	11.0	3.1	11.0
median	2.5	7	1	5
All projects				
mean	4.9	11.3	7.9	11.2
median	1	9	5	9.5

Note: This table is based on responses from 277 Transitional Housing projects; see Appendix C for further explanation.

Property Acquisition: Purchase and Lease

SHDP sponsors could acquire their properties by purchasing them or leasing them. About two-thirds of the TH projects acquired property through a purchase, and about one-third acquired property through a lease. It took TH projects purchasing and leasing property 4.9 months, on average, to acquire their site. The median time for purchasing or leasing a property was one month after executing a HUD grant agreement.

About 40 percent of the TH projects purchasing their properties completed acquisition prior to executing a HUD grant agreement. (This was permissible under the program, assuming that no SHDP funds were to be used for property purchase.) On average, these purchasers acquired their property 11 months prior to signing a grant agreement.

Rehabilitation

Most TH projects reported undertaking some property rehabilitation activities. On average, it took TH projects 11.3 months to complete rehabilitation. The median time to complete rehabilitation was nine months. Less than 10 percent of TH projects completed rehabilitation prior to signing the HUD grant agreement. On average, these projects completed rehabilitation 4.5 months prior to executing a grant agreement.

Occupancy

Most TH sponsors were able to move residents into their projects within a few months. On average, it took TH projects 7.9 months (after executing a grant agreement) to achieve initial occupancy. The median time was five months. The time to achieve initial occupancy varied significantly depending on whether or not rehabilitation activities were undertaken. Projects not undertaking rehabilitation took about three months, on average, to move the first residents in. Projects undertaking rehabilitation took between nine and ten months, on average to do so.

Achieving full occupancy (90 percent or higher) took TH projects 11.2 months, on average. The median time was about nine months. Projects not undertaking rehabilitation took less than eight months, on average, to achieve full occupancy -- 3.5 months for purchase-only projects and 7.8 months for lease-only projects. Projects that undertook rehabilitation took between 12 and 13 months, on average, to achieve full occupancy.

In general, TH projects required more time, on average, to complete rehabilitation than to achieve initial occupancy. The average time to complete rehabilitation (about 11 months) exceeded the average time to achieve initial occupancy (about eight months). Even among projects that undertook rehabilitation activities, the average time for rehabilitation (over 11 months) exceeded the average time to achieve initial occupancy (between nine and 10 months). There are reasonable explanations for this finding. Many projects housed residents in multiple properties, and could have phased in rehabilitation activities. When rehabilitation was finished in one property, residents could be moved in, and rehabilitation activities could be moved to another property. Also, in multi-unit buildings, project sponsors could have rehabilitated one section of the building, completed that work, moved residents into the completed portion, and resumed rehabilitation work in another section of the building. These explanations are reinforced by the fact that projects undertaking rehabilitation completed such activities about a month prior to achieving *full* occupancy.

2.8.2 Implementation Problems

Relatively few TH project sponsors reported implementation problems. In general, TH sponsors reported that they were able to achieve implementation milestones without problems. About 75 percent of reported problems concerned development milestones. The top three milestones most often mentioned as associated with problems were:

- Completing rehabilitation or expansion (29 percent of projects undertaking such activities);
- Closing on the purchase of property (23 percent of projects acquiring property through purchase); and
- Signing a lease agreement (17 percent of projects acquiring property through a lease).

The results of these problems were additional costs (including charges and fines), delays, and, occasionally, loss of site control.

To explore the consequences of implementation problems, two supplemental data collection activities were undertaken. First, 10 of the 45 case studies were selected because the projects reported problems with physical development or implementing their service programs. Second, an inquiry was undertaken with a small number of *deobligated* SHDP projects.

In the *problem* case studies, project directors and staff revealed several reasons why their rehabilitation efforts had been delayed or exceeded budget. These reasons included:

- State-level agencies not following through with pledged matching funds,
- Slow receipt of SHDP funds,
- Insufficient cash flow,
- Expenses related to meeting historic preservation requirements, and
- Lack of HUD guidance in the start-up phase.

Delays in receiving funding had several implications. First, most projects had multiple funding sources (e.g., SHDP, private sector loans, State and local government grants) and, if the delivery of one source was late, the other sources could be imperiled. That is, funding commitments from one source were usually contingent on the sponsor's ability to obtain other funding. Second, funding commitments were made usually for a limited time period, and a commitment could expire before a sponsor was ready to use the committed funds. Third, delays in funding could result in the expiration of purchase or lease options and, subsequently, the loss of site control. Sometimes overcoming funding delays meant locating new sites. In each of the 10 problem cases, however, the sponsors were able to overcome these problems and fully implement their projects.

At the time of the mail survey, 51 SHDP grants awarded between 1987 and 1991 had been deobligated by HUD. An analysis of the deobligation letter file revealed that the most common reason for deobligation was inability to achieve site control within one year after the grant award. Interviews with nine sponsoring organizations confirmed this finding. The sponsors mentioned neighborhood opposition as another factor that prevented projects from opening.

2.9 Technical Assistance Needs

Despite the overall success of the TH program in achieving its objectives, the program might have been even more successful had projects received more technical assistance (TA). Over a third of TH projects reported that they would have liked TA during at least one phase of their project. In this section, the TA needs of TH projects, as reported by project sponsors, are described for three project phases: (a) grant award phase, which is the time prior to grant award, including the SHDP application process; (b) start-up phase, which encompasses activities such as renovating, expanding, and opening or reopening the project to residents; (c) operations phase, which covers the time after the project has begun to serve its residents to the time of the survey.

The reported technical assistance needs of projects in the *grant award stage* centered on securing funding and community support. In descending order of frequency, the top three needed TA subjects reported were:

- Locating and leveraging funds (e.g., identifying targets of opportunity and developing fund raising and matching strategies),
- Preparing SHDP grant applications (e.g., satisfying funding criteria and developing adequate budgets), and
- Building community support (e.g., identifying and overcoming concerns of neighbors).

To some extent, these needs reflect the relative inexperience of many project sponsors in pursuing Federal funding for this type of effort.

In the *start-up stage*, many of the technical assistance needs continued to center on securing funding. TH project sponsors most often cited three additional areas in which they would have liked TA:

- Monitoring resident progress and improving record systems,
- Developing or better utilizing computer systems (e.g., automating existing record system), and

- Improving accounting systems (e.g., modifying accounting system categories to better match those used by HUD).

These TA needs are consistent with the sponsors' assessment of SHDP weaknesses and suggestions for improvement. The sponsors raised concerns about reporting and matching fund requirements, and suggested that HUD provide further guidance on budget preparation, record keeping, and securing consistent sources of operating funds. While the overwhelming majority of projects reported having access to a computer, many project sponsors appear to have needed assistance with using this resource effectively.

The reported technical assistance needs of projects in the *operations phase* were similar to those reported for the start-up phase, reflecting a concern about record keeping and financial management. Yet the concern shifted to a focus on residents. TH projects most frequently reported that they needed TA in the following areas:

- Monitoring residents' progress while they are in projects;
- Monitoring residents after they leave projects; and
- Locating and leveraging funds.

Technical assistance in these areas could strengthen the ability of sponsors to assess their impact on residents and identify aspects of their service programs and operations which could be improved.

Over 80 percent of the TH projects reporting the need for technical assistance had previously received technical assistance. TH projects made use of a variety of technical assistance sources. The three sources reported most frequently were: local HUD field office staff (84 percent), volunteer professionals (65 percent), and local homeless service providers (63 percent). The reported TA needs raise questions about the effectiveness and adequacy of the technical assistance provided to TH sponsors prior to the evaluation.

3. PERMANENT HOUSING PROGRAM

The Permanent Housing for the Handicapped Homeless (PH) program funded projects to provide long-term housing and supportive services to homeless individuals with disabilities or homeless families that include an adult member with disabilities. This chapter presents findings on the PH projects funded from 1987 through 1990. It begins with brief profiles of the project sponsors (Section 3.1), residents (Section 3.2), and physical facilities (Section 3.3). It continues with an analysis of supportive services (Section 3.4), project costs (Section 3.5), project outcomes (Section 3.6), reasons for these outcomes (Section 3.7), implementation (Section 3.8), and technical assistance needs (Section 3.9).

In general, the PH program proved to be successful. The 1987-1990 projects served an estimated 1,500 persons a year in over 1,600 housing units, providing a wide array of supportive services. Total investment in the projects (SHDP and matching funds) included an estimated $29 million for land and building acquisition and $28 million for rehabilitation or expansion. The estimated annual cost of operating the PH projects and providing supportive services was $22 million (for the 1991-1992 operating year). The project sponsors leveraged non-Federal funds for physical development, services, and facility operations well in excess of SHDP contributions. The PH projects were successful in serving the homeless population groups intended by Congress -- persons with severe mental illness or other disabilities (such as HIV/AIDS or substance abuse).

An example of a Permanent Housing project is provided in Exhibit 3-1. The exhibit describes several aspects of the PH project -- its history, physical location, services, and general approach to helping residents become more self-sufficient. This example illustrates only one of many approaches to assisting homeless persons.

Exhibit 3-1 Profile of a Permanent Housing Project

Beacon Hill House was a Permanent Housing project for homeless men and women who have been diagnosed with a serious mental illness and are recovering from alcohol or other drug abuse. The objective of the project was to help residents live independently, as a family, and as integrated into the community as possible. In the fall of 1992, the project served up to five single adults at a time in a five-bedroom, two-story, single family home in a residential neighborhood of Seattle, Washington. There were 40 persons on the project's waiting list. Beacon Hill's sponsor, Community Psychiatric Clinic (CPC), entered into its first housing partnership in 1983 and, in 1993, operated 13 single family residences and three apartment buildings. In 1988 CPC turned its attention to deinstitutionalized persons. A local nonprofit organization, Common Ground, provided technical assistance to develop the project, and the Local Initiatives Support Coalition provided predevelopment funding. CPC secured funds to acquire, rehabilitate, and operate the facility from SHDP, the City of Seattle, King County, and the Washington State Housing Trust Fund. CPC provided many of the residents' supportive services, including life skills training, medication monitoring, employment and vocational training, mental health services, and case management. Also, CPC provided housing location services and follow-up support for a resident who left Beacon Hill. Residents were referred to outside service providers for medical care, substance abuse counseling and treatment, dental care, and educational services. Beacon Hill staff was divided between case managers and a housing manager. Case managers were considered advocates for the residents, and the housing manager was responsible for operations and harmony with the outside community. CPC maintained open, honest communications with their homes' neighborhoods. CPC's community relations assets included its clinical background and the use of retired police officers as neighborhood liaisons. The residents made house rules, shared the work, and approved new applicants. One resident remarked, "This is the best place I've ever lived."

3.1 Sponsors

The vast majority of PH project sponsors were successful in implementing their projects. In 1992, 94 percent of the 1987-1990 PH projects were operational -- that is, providing housing and services to homeless persons. PH projects tended to serve diverse populations and to be widely dispersed across the nation. Community-based, non-profit organizations demonstrated that they could successfully design, secure funding for, and operate permanent housing for the homeless. As Table 3-1 shows, there were five times as many projects with nonprofit sponsors as with public agency sponsors (84 percent versus 16 percent). PH projects with public agency sponsors were equally likely to be operated by local government agencies as by State government agencies. (The program rules do require that the PH *grantee* be a State agency, but that a nonprofit organization or PHA act as sponsor. There are State- and local-level PHAs.)

Table 3-1 Permanent Housing Sponsors: 1987-1990 Projects

Sponsor Organization Type	Percent
Nonprofit organizations	
Secular organizations	79%
Religious affiliated organizations	5%
Public agencies	
State agencies	8%
Local agencies	8%

Note: This table is based on responses from 185 Permanent Housing projects; see Appendix C for further explanation.

Nearly half of the PH projects (48 percent) had sponsors whose primary mission was to provide housing for homeless people. (See Table 3-2. The total percent can exceed 100 because the projects could report up to three missions.) A sizable percentage of projects had sponsors with a primary mission of providing mental health care (43 percent) or housing for non-homeless people (28 percent).

PH sponsors were well experienced in serving homeless persons prior to SHDP. About two-thirds of the projects (67 percent) had sponsors with more than five years of experience; about 11 percent of the projects had sponsors with two to five years of experience. Only 14 percent of PH projects had sponsors with no previous experience serving homeless people.

As Table 3-3 shows, the geographic distribution of the 190 projects represented in the mail survey database was quite widespread. Three regions had relatively high concentrations: the Mid-Atlantic States (HUD Region III), the Midwest (HUD Region V), and New England (HUD Region I). The concentration of PH projects in Region III was due largely to one sponsor, which operated 44 projects. Relatively few projects were located in the Plains States (HUD Region VI), the Southwest (HUD Region VII), or the Rocky Mountain states (HUD Region VIII).

Table 3-2 Primary Mission of Sponsor: All 1987 - 1990 Permanent Housing Projects

Primary Mission	Percent of Projects
Housing provision (for homeless people)	48
Mental health care	43
Housing provision (for nonhomeless people)	28
Social services	17
Substance abuse services	11
Homeless services	9
Homeless advocacy	6
Family services	5
Youth Services	2
Community Action Program (CAP)	2
Religion	0
Veteran services	0
Women's services	0
Other	41

Note: This table is based on responses from 190 Permanent Housing projects; see Appendix C for further explanation.

Table 3-3 Geographical Distribution: 1987 - 1990 Permanent Housing Projects that Responded to the Survey

HUD Region	Number	Percent
I (Boston)	29	15
II (New York)	7	4
III (Philadelphia)	63	33
IV (Atlanta)	19	10
V (Chicago)	30	16
VI (Fort Worth)	3	2
VII (Kansas City)	6	3
VIII (Denver)	6	3
IX (San Francisco)	14	7
X (Seattle)	13	7
Total Survey Responses	190	100

3.2 Residents

In general, PH projects were successful in focusing resources on persons with disabilities. The projects served a diverse population of residents in terms of age, gender, race/ethnicity, and household composition. The projects appear to have been less successful serving persons who came directly from the streets or shelters. This section describes the characteristics and background of PH project residents. Where appropriate, information is provided on PH projects overall and separately on those projects serving the following two primary intended populations: persons with severe mental illness (SMI projects) and persons with developmental disabilities (DD projects). (The term *primary intended population* describes the most common type of resident that a project intended to serve.) Data are presented on these two groups because the number of respondents for each group is sufficient to provide reliable findings.

3.2.1 Demographics

By fall 1992, the 1987-1990 PH projects were serving an estimated 1,356 households with 1,515 persons. The most frequent type of household served by projects was unaccompanied adults without children (83 percent of households). Men accounted for the majority (60 percent) of the adults served by the program, and the largest single age group was 31 to 50 years (51 percent). White non-Hispanics constituted the largest race/ethnicity group within PH (73 percent).

Household Configuration, Gender, and Age

PH projects serving different primary populations differed only slightly in terms of household configurations. (See Table 3-4.) Both SMI and DD projects mainly served unaccompanied adult households. Adult males accounted for 52 percent of residents in the projects that intended to serve persons with severe mental illness and 69 percent of residents in projects that intended to serve persons with a developmental disability.

Table 3-4

Households in Residence, Fall 1992:
1987 - 1990 Permanent Housing Projects, by Primary Intended Population

Client/Household Groups	All Projects (Percent)	Severely Mentally Ill (Percent)	Developmentally Disabled (Percent)
Unaccompanied, 18 or over, without children	83.3	81.9	91.1
Unaccompanied, under 18, without children	1.6	2.5	0
Unaccompanied, with children	6.2	5.9	0
Two adults with children	2.4	3.3	0
Two adults without children	6.4	6.4	8.9
Total percent households	100	100	100
Total households (estimated)	1,356	908	279
Total persons (estimated)	1,515	925	342

Note: This table is based on responses from 189 Permanent Housing projects; see Appendix C for further explanantion.

For SMI or DD projects, the largest age group was 31 to 50 years (57 percent and 46 percent, respectively). DD projects served a similar percentage of residents who were in the 18 to 30 years age group (about 44 percent). (See Table 3-5.)

Race/Ethnicity and Education

White non-Hispanics constituted the largest race/ethnicity group served by PH, accounting for nearly three-quarters (73 percent) of all residents. (See Table 3-6.) Blacks accounted for 20 percent of residents. Other race/ethnicity groups (Hispanics, Native Americans, Alaskan Natives, Asians, Pacific Islanders, and others) accounted for a relatively small percentage of residents (seven percent). The race/ethnicity characteristics of SMI and DD projects followed the same pattern as the PH projects overall. That is, White non-Hispanics accounted for the overwhelming majority, 71 percent in SMI projects and 85 percent in DD projects.

The majority of residents either completed high school (47 percent) or received some education beyond high school (13 percent); over a third of PH residents (38 percent) never completed high school.

3.2.2 Primary Population Served by Projects

As Table 3-7 shows, in terms of primary intended population, the largest group of PH projects served persons with severe mental illness (56 percent) or developmental disabilities (31 percent). This reflects the Congressional and HUD mandate to serve homeless persons with disabilities in the PH program.

Table 3-5

Age of Residents in 1992:
1987 - 1990 Permanent Housing Projects, by Primary Intended Population

		Projects Serving	
	All Permanent Housing Projects	Severely Mentally Ill	Developmentally Disabled
Age Category	Percent	Percent	Percent
Under 18 years	6.3	5.9	0.0
18 - 30	29.4	21.9	44.4
31 - 50	51.2	56.6	45.6
51 - 65	11.2	13.1	8.5
Over 65	1.9	2.5	1.5
Total percent	100	100	100

Note: This table is based on responses from 181 Permanent Housing projects; see Appendix C for further explanation.

Table 3-6

Racial/Ethnic Background of Residents in 1992:
1987 - 1990 Permanent Housing Projects, by Primary Intended Population

		Projects Serving	
	All Permanent Housing Projects	Severely Mentally Ill	Developmentally Disabled
Category	Percent	Percent	Percent
Native American or Alaskan Native	1.4	0.3	2.1
Asian or Pacific Islander	1.1	1.8	0.0
Black, not of Hispanic origin	19.5	21.8	7.4
Hispanic	3.5	4.1	3.2
White, not of Hispanic origin	73.3	71.4	84.5
Other	1.2	0.6	2.8
Total percent	100	100	100

Note: This table is based on responses from 189 Permanent Housing projects; see Appendix C for further explanation.

Table 3-7 Primary Population Served: 1987-1990 Permanent Housing Projects

Primary Intended Population	Number of Projects	Percentage of Projects
Severely mentally ill	106	55.8
Developmentally disabled	58	30.5
Dually diagnosed (SMI & substance abuse)	5	2.6
Homeless families with children	4	2.1
Physically disabled	3	1.6
HIV/AIDS	3	1.6
Substance abuse	2	1.1
Other	9	4.7
Total Survey Response	**190**	**100.0**

Note: This table is based on responses from 190 Permanent Housing projects; see Appendix C for further explanation.

PH projects often served varied populations of homeless persons with multiple types of problems. For example, large percentages of the PH projects that intended to serve SMI also intended to serve other populations as a secondary consideration, such as dually diagnosed persons (64 percent), veterans (22 percent), persons with physical disabilities (22 percent), and persons with HIV/AIDS (22 percent). (See Table 3-8.) (The total of the percentages for secondary populations exceeds 100 percent because projects often had multiple, secondarily eligible populations.) The relationship between primary intended population and resident problems also was complex. For example, the PH projects that intended to serve SMI also served persons who had the following types of circumstances: physical disabilities (22 percent), alcohol or other drug (substance) abuse (19 percent), or domestic violence (14 percent). These data provide some insight into the complex nature of the social problems addressed by PH projects.

3.2.3 Prior Residence

The majority of PH residents (54 percent) came directly from either a transitional housing facility, the home of a relative, or a psychiatric facility. (See Table 3-9.) Only 18 percent

Table 3-8

Percentage of Projects by Primary and Secondary Populations:
1987 - 1990 Permanent Housing Projects

		Secondary Population Groups Served											
Primary Population Group	Number	Battered Women	Pregnant Women	Veterans	Severely Mentally Ill	Develop-mentally Disabled	Physically Disabled	Substance Abuse	Dual Diagnosis	HIV/AIDS	Elderly	Families w/Children	Ex-Offenders
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
All projects	190	12.1	6.8	18.9	12.6	15.3	27.9	18.4	41.1	17.4	17.4	8.4	11.1
Severely mentally ill (SMI)	106	14.2	6.6	21.7	...	12.3	21.7	18.9	64.2	21.7	18.9	7.5	11.3
Developmentally disabled	58	5.2	3.4	6.9	13.8	...	37.9	10.3	6.9	8.6	10.3	5.2	5.2

Note: This table is based on responses from 190 Permanent Housing projects; see Appendix C for further explanation.

Table 3-9

Prior Residence of Residents:
1987 - 1990 Permanent Housing Projects, by Primary Intended Population

		Projects Serving	
	All Permanent Housing Projects	Severely Mentally Ill	Developmentally Disabled
Prior Residence	Percent	Percent	Percent
Transitional housing	22.0	27.2	13.3
Living with relatives	18.5	16.1	20.1
Psychiatric facility	13.0	15.9	6.8
Other	12.7	8.6	26.3
Emergency shelter	12.4	16.1	4.8
Rental housing	10.3	7.1	8.9
Streets	6.1	4.7	11.3
Medical hospital	1.9	1.4	5.5
Jail or prison	1.5	1.8	1.4
Detoxificiation or substance abuse treatment facility	0.9	0.1	1.4
Owner-occupied housing	0.7	1.0	0.3
Total percent	100	100	100

Note: This table is based on responses from 181 Permanent Housing projects; see Appendix C for further explanation.

came directly from emergency shelters or the streets. While these figures could suggest that a large proportion of PH residents may not fit a strict definition of homelessness, many may well have been at risk of homelessness as a result of discharge from an institution or inability to remain with their families or relatives.

The most common prior residence of persons entering PH projects was transitional housing (22 percent), a category that can include facilities other than those funded by SHDP. Other prior residential situations included living with relatives (19 percent), in psychiatric facilities (13 percent), in emergency shelters (12 percent), in rental housing (10 percent), and on the streets (six percent). Transitional housing was the most common prior residence for residents in SMI projects; for DD projects it was living with relatives or *other* situations, including locations such as group homes and rehabilitation centers. Both SMI and DD projects received few residents who came to PH directly from the streets.

In a focus group of SMI project sponsors, all participants mentioned that State hospitals were a source of prospective PH resident referrals. Yet the projects did not accept residents directly from hospitals. Rather, persons were likely to have been discharged from hospitals directly to post-release programs, shelters, or other emergency or short-term, community-based settings and from there entered the PH projects.

3.3 Physical Facilities and Capacity

The 1987-1990 PH projects used a wide variety of housing types, although single family and smaller multifamily buildings tended to predominate. What was consistent across projects was that nearly every PH project approved by HUD secured a site, made necessary repairs, and opened its doors to homeless families or individuals in a timely manner.

The following section presents findings on PH physical settings, including common building types, dwelling unit counts, and development costs. Commonly used terms that describe the housing stock are defined in Section 2.3 and the glossary (Appendix A).

3.3.1 Housing

Under SHDP rules, PH grantees could own or rent their residential facilities. The vast majority (89 percent) of project sites were owned by sponsor organizations. Only six percent of projects were under lease, and five percent were controlled under other arrangements (such as a combination of ownership and leasing).

Type of Building

While PH projects operated in a variety of types of residential buildings, most relied principally on single family housing settings. A large majority of PH projects were located either in detached single family houses (37 percent), town- or rowhouses (24 percent), or two- and three-unit residences (nine percent). Only 18 percent were located in multiunit residences of four or more units. Another 10 percent of projects were located in single room occupancy (SRO) housing. No PH project reported the use of mobile or trailer homes.

Single family dwellings (even excluding two- and three-family structures) were the most prevalent building type for projects that served persons with a severe mental illness (SMI projects) and persons with a developmental disability (DD projects) as their principal population. Forty-nine percent of SMI and 81 percent of DD projects used single family detached housing, townhouses, or rowhouses. The high use of single family dwellings reflects the widespread use of a group home or congregate housing model. This model implied at least some shared living -- for example, shared kitchens and bathrooms and, perhaps, the assignment of chores.

Dwelling Units

PH projects had an estimated 1,616 dwelling units available as of the fall 1992. It was estimated that the projects would consist of 1,823 units once all scheduled acquisition, rehabilitation, and expansion had been completed. Nearly half of these 1,823 units were in use for similar populations prior to SHDP, 42 percent were added because of SHDP, and 11 percent were yet to be added to the PH inventory as of the fall 1992. (See Table 3-10.)

Table 3-10

Type of Dwelling Units:
1987 - 1990 Permanent Housing Projects

Dwelling Unit Type	Before SHDP Percent	Added To PH Housing Stock Percent	Total In Place In Fall, 1992 Percent	Yet To Be Added Percent	Total At Completion Percent
SRO Units	26.2	34.6	30.1	28.1	29.9
Efficiencies	2.7	3.6	3.2	11.4	4.1
1-bedroom units	20.0	22.5	21.1	42.5	23.6
2-bedroom units	9.3	19.2	13.9	3.0	12.7
3 plus bedroom units	27.9	15.4	22.1	15.0	21.3
Dormitories	1.3	0.5	0.9	0.0	0.8
Other	12.6	4.3	8.7	0.0	7.7
Total percent	100	100	100	100	100
Total units (estimated)	858	758	1,616	207	1,823
Percent of total	47.1	41.6	88.6	11.4	100
Mean units per project (estimated)	3.6	3.2	6.8	0.9	7.7

Note: This table is based on responses from 141 Permanent Housing projects; see Appendix C for further explanation.

The mean project size of PH projects was projected to be 7.7 units at completion of planned acquisition, rehabilitation, and expansion. The average size was 9.8 for SMI projects, and 5.5 units for DD projects. (SMI and DD projects accounted for two-thirds of the units. Projects that served other primary populations contained more units on average.)

Once all projects have been developed, the majority of PH units will be units with at least one bedroom (58 percent). Thirty percent of PH units will be SRO units. Dormitory units were relatively uncommon in PH projects, accounting for less than one percent of all units.

3.3.2 Rehabilitation and Expansion

Most PH housing sponsors selected housing of fairly good quality to develop their facilities. Seventy-eight percent of PH buildings were reported in good or fair condition prior to acquisition or lease. Quality assessments were similar for SMI projects (75 percent good or fair) and DD projects (91 percent good or fair).

Most PH projects (95 percent) undertook major repairs nevertheless. More than half of the projects reported renovations of HVAC, plumbing, and electrical systems. Slightly less than half of the PH projects undertook structural improvements. Asbestos or lead-based paint removal was rare among PH projects. Handicapped access improvements were made in 35 percent of the projects. (See Table 3-11.)

The most common types of improvements undertaken were painting, interior remodeling, plumbing, and fire code improvements. These were the four most frequent renovations for DD projects also. For SMI projects, the most frequently undertaken renovations were painting, interior remodeling, plumbing improvements, and HVAC.

3.3.3 Utilization of Maximum Household Capacity

Capacity utilization was determined by using two statistics reported by PH project sponsors. The sponsors were asked to indicate the maximum number of households that could be served if the project were operating at full capacity and the number of households currently in

Table 3-11

Renovations Made to Projects:
1987 - 1990 Permanent Housing Projects, by Primary Intended Population

Primary Population Group	HVAC	Plumbing	Electrical	Structural	Roofing	Interior Remodeling
All projects	61.2	63.0	57.0	48.6	41.3	74.2
Severely mentally ill (SMI)	67.3	71.3	64.4	53.5	46.5	75.2
Developmentally disabled	42.9	49.0	36.7	38.8	32.7	75.5

Primary Population Group	Painting	Handicapped Access	Fire Code	Asbestos Removal	Lead Paint Removal
All projects	76.3	35.0	63.0	15.7	9.9
Severely mentally ill (SMI)	84.2	23.8	65.3	18.8	10.9
Developmentally disabled	71.4	44.9	59.2	0	2.0

Note: This table is based on responses from 186 Permanent Housing projects; see Appendix C for further explanation.

residence. At a single point in time, fall 1992, the utilization rate with respect to maximum (reported) households capacity was 88 percent for PH projects. PH projects did experience resident turnover. Although 69 percent stayed in their respective projects in 1992, 31 percent moved on to other destinations. Other possible reasons for the capacity utilization rate are explained earlier in Section 2.3.3.

3.4 Services

PH project sponsors provided tailored packages of comprehensive, flexible services to meet the special needs of their disabled homeless residents, satisfying a key objective of SHDP. The PH mail questionnaire asked if projects provided any of 36 separate services. Such services included case management, employment training and counseling, physical and mental health services, medication monitoring, transportation, alcohol or other drug abuse recovery services, and life skills training. The majority of PH projects provided 16 of these 36 services.

A basic element in the service package of nearly all PH projects was case management. A few other services were nearly universal in PH projects -- for example, money management and household management -- while other services were tailored to groups with special needs. For example, persons with severe mental illness often received medication monitoring.

3.4.1 Case Management

Virtually every PH project (96 percent) provided case management services. Moreover, most PH projects provided eight particular types of case management services -- needs assessment (upon entry and periodically), progress monitoring (during residency and after, in the event that a resident moved out), enrolling residents in community-based services, taking residents to service appointments, providing legal aid, and conducting group meetings. Most SMI and DD projects provided these case management services also.

Some aspects of case management did vary across PH projects. About half of all PH projects assigned a single case manager to their residents, and about 40 percent assigned a team.

The team approach was the most prevalent case management staffing approach among SMI projects. Most DD projects, however, tended to assign a single case manager. The average caseload per case manager was 24 residents, which suggests that case managers served two or more PH facilities on average. The mean resident-to-case manager load among SMI and DD projects was 20 and 38, respectively.

3.4.2 Service Availability and Service Delivery

In addition to case management, project sponsors were asked in the survey about service delivery arrangements for 36 types of services that might be offered. (The evaluation did not assess the quality, intensity, duration, or effectiveness of services.) Also, project sponsors reported whether certain supportive services were needed by their residents and whether needed services were provided.

Appendix B contains a series of tables on the availability of services for projects serving different primary populations. Also included are tables showing the lack of availability of needed services.

Services Provided

Project sponsors were asked to indicate which of 36 different social services were provided to PH residents and which were needed by their residents. Services included life skills training, employment and vocational services, mental health services, and primary medical care. The majority of projects provided 17 of these 36 services. (See Table 3-12.)

Table 3-13 shows the three most frequently provided services among PH projects (aside from case management). Two types of life skills training, money management and household management, were the two most often provided services among all PH, SMI, and DD projects. Medication monitoring was provided the third most often by PH projects overall. Medication monitoring was the third most offered service among SMI projects. Another type of life skill training, transportation usage, was the third most offered service among DD projects.

Table 3-12

Supportive Services Reported as Needed and Available to Residents
All 1987 - 1990 Permanent Housing Projects

Services	Percent of Projects	Services	Percent of Projects
Life Skills		**Mental Health**	
Money management	95	Crisis intervention	80
Transportation usage	88	Medication monitoring	88
Household management	96	Psychosocial rehabilitation	72
Other life skills	72	Individual or group psychological counseling	68
		Psychiatric treatment	73
Education		Peer group/self help	66
General Equivalency Diploma	35		
English as a Second Language	6	**Physical Health**	
Early childhood education (Head Start)	3	Primary care	79
Basic literacy	28	Physical rehabilitative care/physical therapy	28
		Prenatal care	7
Employment/Vocational		Medical screening	47
Pre-vocational training	76		
Transitional employment/paid internship	48	**Family and Children's Services**	
Training for specific jobs	53	Day/Evening care	9
Vocational rehabilitation	58	Immunization and screening	23
Vocational counseling	71	Parenting training	15
Job placement	60	Parents Anonymous	3
Sheltered workshop	43		
		Other Services	
Substance Abuse		Housing location assistance	39
Detoxification	18	Followup support after resident leaves project	44
Alcoholics or Narcotics Anonymous	44	Enrollment in entitlement program	63
Individual/group substance abuse counseling	45	Legal assistance	31

Note: This table is based on responses from 184 Permanent Housing projects; see Appendix C for further explanation.

Table 3-13 Three Most Frequently Provided Supportive Services (in addition to case management)

Project Type	First	Second	Third
All PH projects	Money management	Household management	Medication monitoring
SMI	Money management	Household management	Medication monitoring and crisis intervention
DD	Money management	Household management	Transportation usage

Note: This table is based on responses from 184 Permanent Housing projects; see Appendix C for further explanation.

Service Delivery Arrangements

Most supportive services were provided on-site to PH residents. For example, about 90 percent of life skills training services were provided on-site. Over 60 percent of mental health services were provided on-site. By contrast, most physical health and alcohol or other drug abuse treatment services were provided off-site. PH project sponsors delivered most of the life skills training and mental health services themselves. Outside organizations provided most of the education, employment, physical health, and substance abuse treatment services.

These patterns of supportive service location and provider were consistent among all PH, and among SMI and DD projects. The exception was alcohol or other drug abuse services provided to residents of DD projects. DD project sponsors provided 75 percent of Alcoholics or Narcotics Anonymous services, half of which were provided on-site. Also, in 50 percent of the DD projects, individual or group alcohol or drug abuse counseling services were provided by the sponsors; furthermore, such services were provided on-site in 50 percent of DD projects.

Services Needed But Not Provided

Relatively few projects, reported a need for unavailable services. For example, about five percent of PH projects reported a need for but did not offer training for specific jobs or vocational rehabilitation. Another five percent reported unmet needs for each of the following: GED, basic literacy, transitional employment or paid internships, sheltered workshops, peer group or self-help mental health services, follow-up support after a resident leaves, and legal assistance.

Table 3-14 shows the three most often unmet service needs for all PH, and for SMI, and DD projects. Vocational rehabilitation and transitional employment were the most often reported unmet service needs by PH and SMI projects, while basic literacy and GED services were the unmet needs of DD projects. Notwithstanding, the vast majority of PH projects reported that these needed services were provided. For example, although five DD projects reported that needed basic literacy services were not provided, another 44 reported that such needed services were provided.

Table 3-14 Three Most Frequently Reported Unmet Needs

Project Type	First	Second	Third
All PH projects	Vocational rehabilitation	Transitional employment/ paid internship	Basic literacy
SMI	Vocational rehabilitation	Transitional employment/ paid internship	Job placement
DD	Basic literacy	GED	Peer group/ self help

Note: This table is based on responses from 185 Permanent Housing projects; see Appendix C for further explanation.

Follow-up Services

There was no statutory limit on the time that a resident could remain in a PH project. Yet over 30 percent of PH residents did leave their respective projects in the 12 months before the mail questionnaire was administered. Some residents went to emergency settings, such as detoxification facilities or homeless shelters; some to families and friends; and some to other permanent housing.

About half of PH projects provided follow-up services to residents who left. In the 1992 mail survey, PH project sponsors were asked to indicate which of five types of follow-up activities were conducted with residents who left their SHDP-assisted sites. About 40 percent of projects reported that residents who left could continue to meet regularly with their former case manager. Slightly less than half of the PH projects placed phone calls to monitor former residents who left voluntarily, and one third placed such calls to residents who had been dismissed. A higher percentage of SMI projects made follow-up calls -- 62 percent with respect to residents who left voluntarily, 51 percent with respect to residents who were dismissed. In general, DD projects reported less provision of follow-up services than SMI projects. Exhibit 3-2 offers an example of a PH project that maintained continuity of services, even for residents who left the project for other housing.

Exhibit 3-2 Permanent Housing for Long-term and Short-term Residential Needs

The Mayflower/Canterbury Apartments project in Alexandria, Virginia, served as long-term housing for some residents and as a stepping stone to other permanent housing for other residents. As of the fall 1992, residents of this scattered site project were allowed to remain in their SHDP-assisted units while receiving a full range of case management, medication monitoring, and other supportive services. If they required a higher degree of supervision, the project sponsor (the Alexandria Department of Mental Health, Mental Retardation, and Substance Abuse Services) could recommend alternative housing. Likewise, if a resident felt that he or she required less supervision and more privacy, he or she could work with the sponsor organization and local housing authority to locate other affordable, permanent housing. Yet the resident could continue to participate in mental health, substance abuse treatment, and other programs offered by the project sponsor and the network of local agencies.

3.5 Costs

This section presents evaluation findings on PH program costs and describes how PH projects used funds for different program activities. The section also assesses the extent to which SHDP funding leveraged matching contributions from other sources and provided housing and services at a reasonable cost. As the results show, the PH program succeeded in leveraging local funds and providing economical housing and comprehensive services. The section begins with a discussion of acquisition and rehabilitation costs, then presents results on the costs of operations and social service provision.

3.5.1 Acquisition

Nearly 90 percent of the PH projects surveyed purchased land and buildings as part of their program, using nearly $29 million in funding from a wide range of sources to do so. SHDP contributed $11 million of this amount (38 percent of the total). State and local funds accounted for 34 percent, followed by loans from private lenders, Community Development Block Grant (CDBG) and other Federal funds, and sponsor contributions. (See Table 3-15.) These results suggest that PH sponsors succeeded in leveraging over $1.60 in additional acquisition funds for every $1 in SHDP funding.

The average cost of acquisition per PH project was $139,000, while the average per unit cost was $37,000. These cost figures appear reasonable, but it should be pointed out that they do not fully account for the value of property or professional services donated to projects or provided at a discount. Acquisition costs varied, as would be expected, by dwelling unit type. An analysis of single family-only projects showed that the average per unit acquisition cost was $76,000; for projects using only apartment units, the average cost was only $22,000. For SRO-only projects, the average acquisition cost was $20,000 per unit.

Over $20 million was invested in acquisition for SMI projects, with a mean per-project cost of $160,000 and mean per-unit cost of $35,000. Over $6 million of acquisition funds was invested in DD projects with a mean per-project cost of $103,000 and mean per-unit cost of $61,000. The difference in per-project costs can be explained by the difference in average project

Table 3-15

Cash Funds for Acquisition of Land and Buildings
1987 - 1990 Permanent Housing Projects

Sources	Percent of Total
Sponsor organization	5.3
Bank loans	10.7
SHDP funds	38.1
Individual contributions	0.3
CDBG	3.0
SAFAH	0.0
Other Federal funds	2.4
State and local funds	34.3
Foundation contributions	2.0
Corporate contributions	0.3
Other	3.5
Total percent	100
Total cost (estimate)	$28,669,957
Mean cost per project	$139,058

Note: This table is based on responses from 166 Permanent Housing projects; see Appendix C for further explanation.

size: SMI projects reported an average of 9.8 units, and DD projects reported an average of only 5.5 units. The difference in per-unit costs, however, cannot be so simply explained. One possible reason is that the more expensive single family housing was nearly twice as prevalent among DD projects as SMI projects.

3.5.2 Rehabilitation

Over 95 percent of the PH projects surveyed reported that they incurred some rehabilitation or physical expansion costs, which totaled $28 million for the 1987-1990 period. SHDP covered 24 percent of this total cost ($6.6 million). In other words, each SHDP dollar used for rehabilitation leveraged over $3 in other funds. The largest source of these other funds was State and local government (42 percent of total rehabilitation funding). (See Table 3-16.) The table indicates that only four percent of PH project rehabilitation funds came from CDBG. It is possible, however, that the 42 percent of funds coming from State and local sources included some CDBG monies not reported as such by PH sponsors.

The average rehabilitation cost per PH project was about $123,000, while the average cost per unit was about $26,000. (Average acquisition and rehabilitation costs are non-additive because many projects engaged in only one of these activities.) Per unit rehabilitation costs varied by dwelling unit type: $84,000 for single family-only projects, $25,000 for apartment only projects, and $21,000 for SRO-only projects. Furthermore, per-unit costs varied appreciably among projects serving different primary populations. The per-unit rehabilitation cost for SMI projects ($26,700) was only slightly lower than for DD projects ($27,700).

3.5.3 Operating and Supportive Service Costs

The survey gathered complete information on operating and service costs from 181 PH projects for their most recently completed fiscal year (typically, the 1991-1992 operating year). Together, these one-year costs alone totaled over $22 million. Operating and service costs accounted for most of the uses of SHDP funding. This section discusses the sources of funding for operating costs (in addition to SHDP) and how this money was used.

Table 3-16

Cash Funds for Rehabilitation or Expansion of Buildings:
1987 - 1990 Permanent Housing Projects

Sources	Percent of Total
Sponsor organization	5.2
Bank loans	2.7
SHDP funds	23.8
Individual contributions	0.4
CDBG	3.9
SAFAH	0.0
Other Federal funds	11.1
State and local funds	41.7
Foundation contributions	1.7
Corporate contributions	0.5
Other	9.1
Total percent	100
Total cost (estimate)	$27,741,732
Mean cost per project	$123,405

Note: This table is based on responses from 181 Permanent Housing projects; see Appendix C for further explanation.

SHDP accounted for 18 percent of the over $22 million in total operating and services costs reported by PH sponsors ($4 million). The other main sources of operating funds were State and local sources, which accounted for 47 percent of the total, and rental income, which accounted for 11 percent. The remaining 24 percent was composed of various other revenue sources, including foundation grants, private donations, other Federal grant programs, and income from commercial activities. For every SHDP dollar used for operations and supportive services, PH sponsors leveraged over $4.50 in other funding.

The largest proportion of these operating funds was used to pay the salaries and fringe benefits of PH project staff. (See Table 3-17.) Table 3-17 includes all sources of operating funds. Expenditures for supportive service staff employed by PH projects made up about 43 percent of annual PH project operating costs, while expenditures for other project staff (e.g., property managers, security guards, custodians) accounted for an additional 18 percent. This contrasts with the cost of services provided by outside contractors, which was only about five percent of the total. It should be pointed out, however, that many outside service providers received their own funding from other sources and did not charge PH projects for the value of the services provided to residents. Such costs were not included in expenditures reported for operations and services. For example, some residents were eligible for Medicaid-reimbursed primary health care and mental health services, the cost of which would not show up in PH project budgets. Rental payments, debt service, and depreciation accounted for eight percent of total operating costs; conventional housing operations and expenditures (utilities, insurance, taxes, maintenance, and management) accounted for another 12 percent.

3.5.4 Total Costs Per Household and Person

An analysis of total PH program costs revealed that the PH program provided housing and services at a reasonable cost. The analysis involved annualizing gifts, grants, and contributions for property purchase and rehabilitation over a 20-year period (the duration of projects as envisioned by SHDP legislation) and amortizing acquisition and rehabilitation loans over a 30-year mortgage life. (See Appendix C for a more detailed description of the methodology and assumptions used.) The average total cost of operations and services per household served by PH projects was $51 per day, and the average cost per person was $45 per day. This translates into

Table 3-17

Operating and Supportive Services Costs
for 1991 - 1992 Operating Year:
1987 - 1990 Permanent Housing Projects

Expenditures	Percent of Total
Supportive service staff	42.7
All other staff	17.7
Bookkeeping and accounting	0.9
Legal assistance	0.1
Outside supportive services	4.9
Property rental payments	1.8
Utilities	4.6
Taxes	0.7
Insurance	1.6
Management fees	2.3
Maintenance and repair	2.5
Security systems	0.3
Furnishings	2.0
Equipment	1.1
Transportation	1.3
Food	3.1
Depreciation	2.7
Debt service	3.7
Miscellaneous	2.9
Other	3.5
Total percent	100
Total cost (estimate)	$22,426,610
Mean cost per project	$99,762

Note: This table is based on responses from 181 Permanent Housing projects; see Appendix C for further explanation.

an annual cost of $18,475 per household and $16,537 per person. Considering the comprehensiveness of the services provided by PH projects -- including mental health services, food, transportation, and permanent housing -- these costs appear quite reasonable.

3.6 Resident Impacts

The PH program achieved its goals of providing stable housing and supportive services to residents. It achieved these goals largely by retaining the majority of residents in their PH projects. The PH program also appears to have led to slight gains in employment for residents. While these findings are encouraging, they are neither conclusive nor indicative of how long the impacts will persist.

3.6.1 Stable Housing

The majority of PH residents (69 percent) retained stable housing by remaining in a PH project for at least one year. As discussed earlier, these PH residents also had access to a wide range of supportive services, including case management and life skills training. The achievement of residential stability for so many PH residents is noteworthy, especially because many of these individuals entered the program with histories of residential instability.

About half of the PH residents who did leave their projects entered stable housing, such as public housing. (See Table 3-18.) However, the length of time that these residents (residents who left their PH project) remained in their new housing and the availability of supportive services to them there is unknown. The remainder of PH residents who left their projects entered the housing of friends or family members, which, depending on the specific circumstances, could be relatively stable (e.g., reunification of parents and children after resolution of the problems that contributed to their separation) or unstable (e.g., re-entry into the same "doubled-up" housing situation that previously proved unworkable); or entered non-housing situations, such as hospitals, emergency shelters, or the streets. The destinations of residents who left their PH projects varied little by whether residents left voluntarily or were dismissed.

PH projects serving different primary populations differed slightly on the extent to which residents remained in their projects and the destinations of residents who left. Among SMI projects, 68 percent of residents remained in their PH projects for at least one year; another 22 percent of residents voluntarily withdrew and 10 percent were dismissed. Residents who voluntarily left their SMI projects were more likely than dismissed residents to enter stable housing or move in with family members or friends, and less likely to enter non-housing situations. Some 78 percent of residents in DD projects remained in their projects for at least one year; another 12 percent of residents voluntarily withdrew and 10 percent were dismissed. Residents who voluntarily left their DD projects were more likely than dismissed residents to enter stable housing, and less likely to move in with family or friends or enter non-housing situations.

Table 3-18 Destinations of Residents Who Left Permanent Housing Program, by Reason for Leaving and Type of Project

	Reason for Leaving	
Destination	**Left Voluntarily (%)**	**Dismissed (%)**
All PH Projects		
Permanent housing	49	48
Friends or family	18	15
Nonhousing situations	33	37
SMI		
Permanent housing	60	49
Friends or family	24	16
Nonhousing situations	16	35
DD		
Permanent housing	58	43
Friends or family	15	29
Nonhousing situations	27	29

Note: This table is based on responses from 121 Permanent Housing projects; see Appendix C for further explanation.

3.6.2 Employment

PH participation seems to have led to small gains in employment. Of the residents who had been in a PH project for at least one year, employment increased from about 24 percent at entry to about 29 percent at the time of the survey; an additional 14 percent of the PH residents were participating in activities (job training, volunteer, or school activities) that could prepare them for employment. (See Table 3-19.) The percentage of PH residents unable to work decreased by about five percent. This finding suggests that PH projects helped some residents to overcome work-related disabilities -- for example, by linking the residents to vocational rehabilitation services, such as job coaching. As mentioned above, increasing resident employment was not a PH program objective. The findings on resident employment are relevant, however, because they are one indicator of the extent to which residents successfully increased their ability to live as independently as possible, which is a PH program objective.

Residents in SMI projects and DD projects also experienced modest gains in employment. The percentage of SMI project residents employed increased from 19 percent to 24 percent. Participants in the SMI focus group reported that the severity of a resident's mental illness was the key factor in residents maintaining employment. Of course, finding an appropriate job and workplace for residents also was critical. In some cases, these workplaces were sheltered workshops, which were designed to accommodate resident disabilities.

3.6.3 Income and Income Source

PH program residents who remained in their projects for at least one year experienced practically no meaningful changes in either income or income sources. (See Table 3-20 and Table 3-21.) For example, at both entry and the time of the survey, only about four percent of PH residents had a gross monthly income of over $900. The same patterns occurred for residents in SMI projects (five percent) and DD projects (six percent). The absence of substantial changes in income and income source reflects the small gains in employment overall.

Table 3-19

Changes in Employment Status of Project Residents:
1987 - 1990 Permanent Housing Projects

Employment Status	Percentage of Residents Reported Upon Entering Project	Fall 1992
Part-time (less than 35 hours/week)	17.8	22.7
Full-time (35 or more hours/week)	5.7	6.5
Homemaker	4.6	4.7
In training, volunteering, or in school	11.5	13.5
Unemployed, seeking work	8.3	6.5
Unable to work	39.2	34.5
Able to work, but not seeking work	6.5	4.2
Other	6.4	7.4
Total percent	100	100

Note: This table is based on responses from 178 Permanent Housing projects; see Appendix C for further explanation.

Table 3-20

Changes in Income Level of Project Residents:
1987 - 1990 Permanent Housing Projects

Gross Monthly Income of Adult Residents	Percentage of Residents Reported	
	Upon Entering Project	Fall 1992
$0 - 300	11.8	10.4
$301 - 600	67.8	68.3
$601 - 900	16.0	16.9
$901 - 1,200	1.4	1.4
$1,201 - 1,500	0.3	0.3
$1,501 and higher	2.7	2.7
Total percent	100	100

Note: This table is based on responses from 145 Permanent Housing projects; see Appendix C for further explanation.

Table 3-21

Changes in Income Sources of Project Residents:
1987 - 1990 Permanent Housing Projects

	Percentage of Income Sources Reported	
Income Source	Upon Entering the Project	Fall 1992
Supplemental Security Income (SSI)	36.6	38.7
Social Security Disability Income (SSDI)	23.5	21.3
Wages or salaries	17.2	19.9
Other	6.0	5.4
General Assistance (GA)	5.3	4.0
Aid to Families with Dependent Children (AFDC)	3.1	2.1
Social Security (retirement)	2.0	2.9
Other disability payment	1.9	1.6
Veterans Administration (VA) benefits	1.7	1.9
Other pension or retirement income	1.1	0.7
Child support	0.9	0.9
Unemployment benefits	0.3	0.4
Workers compensation	0.3	0.1
Alimony	0.1	0.1
Total percent	100	100

Note: This table is based on responses from 179 Permanent Housing projects; see Appendix C for further explanation.

3.7 Reasons for Outcomes

The most important factors underlying the stability of PH residents were housing and supportive services that fostered personal stability. Appropriate housing provided an essential platform for delivering services and increased the likelihood that the services would be effective For example, safe and assured housing was conducive to maintaining routines, such as regularly taking medication, that were critical for many PH residents. Project rules (e.g., maintaining common areas inside the residence) also contributed to the structure that many residents needed, as did the opportunity for residents to work and engage in other productive activities.

Among supportive services, project sponsors frequently emphasized the importance of case management for assisting residents to achieve personal stability. Case managers often helped to link residents to supportive services, monitor their progress, and challenge residents to be as productive as their situations or disabilities allowed. Other important supportive services included those that helped to build independent living skills -- for example, money management, household management, and transportation usage. Because many of the PH residents experienced severe mental illness, mental health-related services (e.g., medication monitoring and crisis intervention) were especially important for achieving personal stability.

3.8 Achievement of Implementation Milestones

The Permanent Housing sponsors were successful in achieving implementation milestones in a timely fashion. Most PH projects were fully operational within nine months of executing an SHDP grant agreement with HUD. Exhibit 3-3 provides an example of a PH project's experience securing and readying a site for residents.

Exhibit 3-3 Permanent Housing Development Case History

Del-Mor Dwellings in Delaware, Ohio, encountered several potential development barriers to establishing a residence for six severely mentally ill adults. The project's sponsor, the Central Ohio Mental Health Center (COMHC), had been leasing units for its residential programs. In 1990, COMHC applied for a SHDP grant to acquire multiple two- and three-unit buildings. COMHC used real estate agents and newspaper advertisements to locate small properties requiring little rehabilitation. The sponsor began the time-consuming process of locating properties before the SHDP funds became available. COMHC had to make financial commitments to purchase the properties before SHDP funds became available and obtain the necessary bridge funds. The sponsor had to overcome a second challenge: relocating persons who occupied the properties. COMHC reported allocating substantial time and energy to determining whether the occupants qualified for relocation assistance, completing required paperwork, and finding relocation housing. The project faced a third challenge in the form of the State Historical Society. COMHC wanted to install aluminum siding on one of the buildings, similar to that used by neighboring properties, to reduce maintenance costs. The Historical Society prevented the installation of siding because of the property's historic interest. HUD required that COMHC obtain Historical Society approval, which was obtained eventually after the rehabilitation plans were modified.

3.8.1 Time to Achieve Implementation Milestones

Table 3-22 summarizes the mean and median time to complete implementation milestones for Permanent Housing projects.

Property Acquisition: Purchase and Lease

Although SHDP sponsors could acquire their properties through a purchase or lease, virtually all PH sponsors acquired property by a purchase. On average, it took PH projects 2.2 months to acquire property by purchase; the median time was one month after executing a HUD grant agreement. On average, it took the few PH projects that acquired property through a lease 9.2 months to acquire a site. Including both purchasers and leasers, it took PH projects an average of 2.6 months to acquire property.

About 35 percent of PH projects purchasing their properties completed acquisition prior to executing a HUD grant agreement. On average, these purchasers acquired their property seven months prior to signing a grant agreement.

Table 3-22

Time for Completing Implementation Milestones
All 1987 - 1992 Permanent Housing Projects
(in months following execution of a grantee agreement)

Project Type	Acquisition	Rehabilitation	Initial Occupancy	Full Occupancy
Purchase only				
mean	1.5	...	1.5	2.0
median	1	...	1	1
Purchase/rehabilitation				
mean	2.6	7.9	8.0	10.1
median	1	6	6	8
Lease only				
mean	0.5	...	7.0	7.3
median	0.5	...	5	6
Lease/rehabilitation				
mean	15.0	20.3	18.5	34.0
median	14	8	18.5	34
Other projects				
mean	2.3	10.0	4.8	8.8
median	2	8	5	9
All projects				
mean	2.6	8.5	5.7	7.5
median	1	6.5	4	5

Note: This table is based on responses from 123 Permanent Housing projects; see Appendix C for further explanation.

Rehabilitation

About two-thirds of PH projects reported undertaking some property rehabilitation activities. On average, it took PH projects 8.5 months to complete rehabilitation. The median time was between six and seven months. About 10 percent of PH projects completed rehabilitation prior to signing the HUD grant agreement; on average, these projects completed rehabilitation 4.3 months prior to executing the grant agreement.

Occupancy

On average, it took PH projects 5.7 months (after executing a grant agreement) to achieve initial occupancy. The median time was four months. The time to achieve initial occupancy varied significantly depending on whether or not rehabilitation activities were undertaken. PH projects not undertaking rehabilitation took less than two months, on average, to move the first residents in; projects undertaking rehabilitation took about 10 months, on average.

Achieving full occupancy took PH projects 7.5 months from execution of grant agreement, on average. The median time was about five months. Projects not undertaking rehabilitation took less than three months, on average, to achieve full occupancy -- 2.0 months for purchase only projects and 7.3 months for lease only projects. Projects that undertook rehabilitation took about a year, on average, to achieve full occupancy.

3.8.2 Implementation Problems

Relatively few PH project sponsors reported implementation problems. The milestones most often mentioned as associated with problems were:

- Signing a lease agreement (23 percent of projects acquiring property through a lease experienced problems finalizing a lease agreement);
- Completing rehabilitation or expansion (20 percent of projects undertaking rehabilitation or expansion experienced problems completing such activities); and
- Closing on the purchase of property (18 percent of projects acquiring property through purchase experienced problems associated with finalizing the sale).

Neighborhood opposition was another implementation problem faced by some projects. Exhibit 3-4 provides an example of a Permanent Housing project that was able to overcome neighborhood opposition.

Exhibit 3-4 PH Sponsor Success in Overcoming the NIMBY Syndrome

Maintaining community relations was identified by many PH project sponsors as an important element in achieving resident successes. An example of an approach to community relations was provided by Beacon Hill House -- a Seattle-based project for single adult men and women diagnosed with a serious mental illness and substance abuse. Beacon Hill's sponsor, Community Psychiatric Clinic (CPC), maintains open, honest communications with neighborhood residents. The organization encourages community residents to air their fears and frustrations. CPC has been able to diffuse conflicts with neighborhoods because of its status as a provider of clinical services. Also, CPC hires retired police officers to help reduce tension with neighbors.

3.9 Technical Assistance Needs

Despite the overall success of the PH program in achieving its objectives, the program might have been more successful had all projects received more technical assistance (TA). Over a quarter of PH projects reported that they would have liked TA during at least one phase of their project. In this section, the TA needs of PH projects, as reported by project sponsors, are described for three project phases: (a) grant award phase, (b) start-up phase, (c) operations phase. (See Section 2.9 for more detailed definitions of the three phases.)

Nearly 70 percent of the PH projects reporting the need for technical assistance had previously received technical assistance. Although projects made use of a variety of technical assistance sources, three of these sources were reported more frequently than the others: local HUD field office staff (69 percent), local homeless service providers (43 percent), and volunteer professionals (39 percent). Nonetheless, during each project phase, some PH projects reported that they had unmet needs for TA. In descending order of frequency, the top three needed *grant award stage* technical assistance subjects reported were:

- Locating and leveraging funds (e.g., identifying targets of opportunity and developing fundraising and matching strategies),

- Preparing SHDP grant applications (e.g., satisfying funding criteria and developing adequate budgets), and
- Building community support (e.g., identifying and overcoming concerns of neighbors).

In the *start-up stage*, PH project sponsors most often identified TA needs related to project finance and financial management, and record keeping. These TA subjects include:

- Monitoring resident progress and improving record systems,
- Improving accounting systems (e.g., modifying accounting systems to better match those used by HUD), and
- Developing or better utilizing computer systems (e.g., automating existing record systems).

These needs are consistent with the sponsors' assessment of SHDP weaknesses and suggestions for improvement. The sponsors raised concerns about reporting and matching fund requirements, and suggested that HUD provide further guidance on budget preparation, record keeping, and securing consistent sources of operating funds. While the vast majority of projects reported having access to a computer, many project sponsors appear to have needed assistance with using this resource effectively.

The reported technical assistance needs of projects in the *operations phase* overlapped with some of those reported for the start-up phase, reflecting a concern about record keeping and financial management. To some extent, sponsor concern also shifted to a focus on residents. PH projects most frequently reported that they needed TA in the following areas:

- Monitoring residents' progress while they are in projects,
- Locating and leveraging funds, and
- Tracking resident use of services.

The need for assistance in many of these areas was echoed by project sponsors participating in the focus groups. During a focus group with SMI project sponsors, resident monitoring -- especially medication monitoring -- was considered a "cornerstone" of resident success. Project sponsors also said that they went to considerable lengths to monitor the

whereabouts of their residents, even after they had left the project. Hence, PH project sponsors might be expected to place an emphasis on technical assistance in the areas of resident monitoring and record keeping systems.

APPENDIX A

GLOSSARY

GLOSSARY

DEFINITIONS

Acquisition	Purchasing a physical site (land or buildings) for a housing project.
Aid to Families with Dependent Children (AFDC)	The principal income maintenance (welfare) program to low-income families with children.
Case management	A diverse set of activities consisting of service needs and developing an individualized service plan often with the involvement of the participant and other service providers; arranging services and benefits, including referring individuals for entitlement benefits and coordinating with other service agencies; monitoring and following up on services; working with individuals on skills development, including money management and household management; making routine visits and calls; responding to emergency service needs; advocating for the individuals; providing transportation; and receiving consultation and supervision.
Community Development Block Grant (CDBG)	A nationwide program whose funds are allocated by HUD to states and localities. It may be used for housing rehabilitation, economic development, and public works. A limited amount of CDBG funds may be used for planning or public services.
Component	A physical location within a project that serves a distinct homeless population.
Crisis intervention	Information or services that are provided in response to an emergency situation. This may include respite services, arranging for an individual to receive emergency care for treatment of a medical or psychiatric crisis, or transporting an intoxicated individual to a detoxification program.
Deobligated Project	A project which had grant awards retracted by HUD because it failed to make adequate progress, or for other reasons.
Detoxification	Services that are provided in a supervised setting to ensure that an individual safely reduces his/her level of alcohol or other drug intoxication to zero. The supervision may be provided by medically trained staff and may include the use of medication to control withdrawal.

Developmental disability	Any mental and/or physical disability that has an onset before age 22 and may continue indefinitely. It can limit major life activities. Includes individuals with mental retardation, cerebral palsy, autism, epilepsy (and other seizure disorders), sensory impairments, congenital disabilities, traumatic accidents, or conditions caused by disease (polio, muscular dystrophy, etc.).
DHHS	U.S. Department of Health and Human Services.
Dormitory unit	Dormitories are dwellings with bedrooms that sleep three or more persons who are not considered part of the same household. An apartment or single-family home is considered a dormitory if sleeping rooms are occupied by three or more unaccompanied and unrelated persons. Each sleeping room with three or more unaccompanied persons should be counted as a separate dwelling unit.
Dwelling unit	A complete dwelling space with sleeping, living, food preparation, and sanitary facility areas. Also "housing unit" or "residential unit." (The exception is an SRO unit. See definition for SRO.) For example, a three-bedroom, single-family home is one unit. A two-bedroom apartment is one unit.
Educational supportive services	Training in basic educational skills -- for example, adult literacy, English as a Second Language, and basic instruction toward a GED.
Efficiency unit	Apartment dwelling unit with complete kitchen and bath facilities, but with a single room that accommodates sleeping and living.
Employment/ vocational supportive services	Services to help individuals gain work skills or other skills needed to obtain and maintain a job -- for example, interviewing skills.
Family and children's supportive services	Services such as day/evening care, immunizations, and Parents Anonymous provided to families and children.

General Equivalency Diploma (GED)

Classes designed specifically to provide the individual with knowledge sufficient to pass the GED test or to meet the requirements to receive a high school diploma.

Handicapped or handicapped person

Any individual with an impairment that is expected to be of indefinite duration; is a substantial impediment to his or her ability to live independently; and is of such a nature that the ability to live independently could be improved by a stable residential situation. (As defined in 24 CFR Part 577.5)

Homeless

As defined by the U.S. Department of Housing and Urban Development (HUD), persons or families without a fixed, regular, and adequate nighttime residence; or individuals or families that have a primary nighttime residency that is:

(1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(2) An institution that provides a temporary residence for individuals intended to be institutionalized; or

(3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congresss or a State law.

Household

Can consist of several persons or just one person -- such as: a family; a single individual living without parent, partner, or children; or two or more unrelated persons who functioned like a family *before* coming to the SHDP project.

Interagency Council on the Homeless (ICH)

The ICH was created by the *McKinney Act*. Its council includes members from HUD, the Department of Health and Human Services, and other Federal agencies. The ICH coordinates Federal homeless assistance policies and programs, and provides information and technical assistance to organizations providing direct assistance to homeless families and individuals.

Job training

Services designed to provide an individual with specific marketable skills in a specific occupational field (e.g., familiarity with tools and equipment, understanding of cleanup routines, knowledge of safety measures, etc.). Includes on-the-job training programs, job coaches, as well as classroom activities.

Legal assistance	Services provided by a lawyer or trained paraprofessional to assist an individual with a legal problem.
Life skills training	Training in basic daily living skills -- for example, money management, transportation usage, and household management.
Location	See component. Each physical location within a project that serves a distinct homeless population.
McKinney Act	See Stewart B. McKinney Act.
Medication monitoring	Activities related to ensuring the appropriateness of prescribed psychiatric medications, including periodic review of medication regimens and monitoring of the therapeutic and side effects of medications.
Mental health supportive services	Services provided to improve mental or psychological health or the ability to function well in social settings. Specific services include intervention or hospitalization during a moment of crisis, counseling, psychotherapy, psychiatric services, and psychiatric medication monitoring.
Mental retardation	See developmental disability.
Permanent Housing Program	Permanent Housing for Handicapped Homeless (PH) is one program under the Supportive Housing Demonstration Program (SHDP). It provides a permanent residence for a person with a physical, developmental, or emotional impairment. (See also "handicapped".)
Physical health supportive services	Medical services to improve or maintain the homeless person's physical well-being -- for example, medical checkups, inoculations, or physical therapy.
Project/program	A housing project receiving a Transitional or Permanent Housing grant from HUD. Even if the grant was used to improve or expand only part of its building or buildings, the entire project is considered a SHDP project.

Project sponsor/ grantee	The organization or agency responsible for operating the housing project and for providing, or coordinating the provision of, supportive services to the residents of such housing.
Psychiatric hospitalization	Short term hospitalization in response to an acute psychiatric episode that requires inpatient services in order to stabilize the individual's mental health status.
Severely mentally ill (SMI)	A diagnosed chronic persistent mental illness or emotional disability. Includes mental illness which would exist even if the resident were not homeless.
SHDP Project	A housing project receiving a Transitional or Permanent Housing grant or advance from HUD. Even if the grant was used to improve or expand only part of its building or buildings, the entire project is considered a SHDP project.
Single Room Occupancy (SRO)	Typically an SRO dwelling consists of private living/sleeping rooms and shared kitchen and bathroom facilities. An SRO unit does not have complete and private kitchen and bathroom facilities for each resident. One or two adults may occupy an SRO unit. Each living/sleeping room is considered one dwelling unit.
Stewart B. McKinney Homeless Assistance Act of 1987	Act of Congress which created homeless assistance programs, the ICH, emergency food and shelter programs, SHDP, and other housing programs.
Substance abuse supportive services	Services to help individuals recover from an addiction to alcohol or drugs. Services include detoxification, counseling, and Alcoholics/ Narcotics Anonymous.
Supplemental Assistance for Facilities to Assist the Homeless (SAFAH)	A HUD program created by the *Stewart B. McKinney Act of 1987.*

Supplemental Security Income (SSI)

A income maintenance program enacted as part of the *1972 Social Security Act* amendments and consolidated the Old Age Assistance (OAAS), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD) programs.

Supportive Housing Demonstration Program (SHDP)

A program authorized under the *Stewart B. McKinney Homeless Assistance* Act (Pub. L. 100-7, approved July 22, 1987), consisting of two competitive grant programs, each with its own funding allocation and selection process. The Transitional Housing Program (TH) is designed to provide shelter and services to assist homeless persons to achieve independent living. The Permanent Housing for Handicapped Homeless Persons Program (PH) is designed to provide shelter and services for homeless disabled persons (mental or physical) to live independently within a permanent housing environment.

Supportive services

Services to increase the stability and independence of individuals or families -- for example, life skills training, child care, and Alcoholics/Narcotics Anonymous.

Transitional Housing Program

Transitional Housing (TH) is a program under the Supportive Housing Demonstration Program (SHDP). Homeless persons or families may live in a TH project for up to 2 years according to HUD regulations. (See also Homeless.)

Unaccompanied male/female

A person without a partner. This questionnaire uses this term instead of the more commonly used term "single". An unaccompanied person may or may not have children.

Women, Infants, and Children (WIC)

Federal program that provides food coupons nutritional counseling and prenatal care, among other services, for pregnant women and young mothers.

APPENDIX B

DETAILED TABLES ON SERVICE DELIVERY AND RESIDENT DESTINATIONS IN 1987-1990 SHDP PROJECTS

DETAILED TABLES ON SERVICE DELIVERY AND RESIDENT DESTINATIONS FOR 1987-1990 SHDP PROJECTS

Tables B-1 through B-16 provide a profile of services reported (by SHDP project sponsors) as needed by residents. There are two sets of eight tables concerning service availability. The first set of eight shows the extent to which any of 36 specific, needed services were provided by the 1987-1990 projects. Also, they show the percentage of services provided by the project sponsor (as opposed to an outside organization) and the percentage of services provided on-site (as opposed to an off-site facility). The second set of eight tables shows the extent to which any of 36 needed services was not provided to residents. Both sets of tables show the results of the 1992 SHDP Mail Survey for all 1987-1990 projects, all Transitional Housing projects, all Permanent Housing projects, and projects intended for various primary population groups: Battered Women, SMI, Substance Abuse, and Families with Children Transitional Housing projects, and SMI and Developmental Disability Permanent Housing projects.

Tables B-17 and B-18 summarize destinations of residents who have left TH and PH projects, respectively. The tables divide residents among those who have completed their TH program, left their TH or PH project voluntarily, or were dismissed from their TH or PH project. Ten different destinations are shown.

Table B-1

Services Provided By Sponsor and Available On-site:
All 1987 - 1990 Transitional Housing Projects

Services	Service Available Percent	Provided By Sponsor Percent	Available On Site Percent
Life Skills			
Money management	96.0	88.5	93.4
Transportation usage	78.2	81.4	86.2
Household management	91.8	89.0	92.6
Other life skills	88.9	84.4	89.9
Education			
General Equivalency Diploma	86.2	19.5	28.7
English as a Second Language	29.7	15.0	22.0
Early childhood education (Head Start)	57.1	17.8	22.2
Basic Literacy	60.0	28.5	38.7
Employment/Vocational			
Pre-vocational training	91.3	67.8	71.9
Transitional employment/paid internship	61.7	46.8	45.9
Training for specific jobs	75.8	28.0	27.6
Vocational rehabilitation	65.0	19.9	19.9
Vocational counseling	89.7	57.1	57.1
Job placement	76.3	51.5	81.6
Sheltered workshop	25.5	34.3	34.3
Substance Abuse			
Detoxification	34.5	12.4	11.0
Alcoholics or Narcotics Anonymous	78.5	22.7	28.1
Individual / group substance abuse counseling	76.3	48.2	49.4

Services	Service Available Percent	Provided By Sponsor Percent	Available On Site Percent
Mental Health			
Crisis intervention	79.2	71.9	76.0
Medication monitoring	48.2	68.9	70.4
Psychosocial rehabilitation	56.2	56.2	57.0
Individual or group psychological counseling	84.0	48.3	51.4
Psychiatric treatment	58.4	16.9	22.2
Peer group/self help	84.1	79.1	80.8
Physical Health			
Primary care	80.0	17.1	22.4
Physical rehabilitative care/ physical therapy	28.5	6.6	6.6
Prenatal care	47.6	9.0	12.5
Medical screening	50.7	38.1	52.1
Family and Children's Services			
Day/Evening care	54.8	48.7	50.9
Immunization and screening	62.9	12.5	17.7
Parenting training	67.6	63.7	68.3
Parents Anonymous	22.2	31.6	8.7
Other Services			
Housing location assistance	92.0	90.6	90.8
Followup support after resident leaves project	85.2	90.6	90.6
Enrollment in entitlement program	74.2	48.9	51.5
Legal assistance	74.9	13.9	18.0

Note: This table is based on responses from 428 Transitional Housing projects; see Appendix C for further explanation.

Table B-2

Services Provided By Sponsor and Available On-Site:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Battered Women

Services	Service Available Percent	Provided By Sponsor Percent	Available On-site Percent
Life Skills			
Money management	90.9	85.0	92.5
Transportation usage	84.1	75.7	83.8
Household management	86.4	89.5	92.1
Other life skills	83.3	90.0	95.0
Education			
General Equivalency Diploma	81.8	13.9	16.7
English as a Second Language	29.5	7.7	7.7
Early childhood education (Head Start)	75.0	12.1	15.2
Basic Literacy	56.8	20.0	24.0
Employment/Vocational			
Pre-vocational training	86.4	55.3	60.5
Transitional employment/paid internship	44.2	21.1	21.1
Training for specific jobs	81.8	11.1	11.1
Vocational rehabilitation	54.5	0.0	0.0
Vocational counseling	81.8	50.0	50.0
Job placement	72.7	40.6	37.5
Sheltered workshop	21.4	44.4	44.4
Substance Abuse			
Detoxification	20.5	11.1	11.1
Alcoholics or Narcotics Anonymous	61.4	11.1	14.8
Individual / group substance abuse counseling	59.1	19.2	19.2
Mental Health			
Crisis intervention	84.1	83.8	83.8
Medication monitoring	34.1	46.7	53.3
Psychosocial rehabilitation	28.6	58.3	58.3
Individual or group psychological counseling	81.8	55.6	55.6
Psychiatric treatment	40.9	0.0	0.0
Peer group/self help	86.4	97.4	97.4
Physical Health			
Primary care	72.7	6.3	6.3
Physical rehabilitative care/ physical therapy	27.3	0.0	0.0
Prenatal care	65.1	7.1	3.6
Medical screening	59.1	19.2	23.1
Family and Children's Services			
Day/Evening care	84.1	43.2	56.8
Immunization and screening	86.4	7.9	7.9
Parenting training	88.6	74.4	74.4
Parents Anonymous	31.8	7.1	7.1
Other Services			
Housing location assistance	90.9	92.5	95.0
Followup support after resident leaves project	76.7	93.9	93.9
Enrollment in entitlement program	63.4	42.3	46.2
Legal assistance	90.9	35.0	40.0

Note: This table is based on responses from 44 Transitional Housing projects serving Battered Women; see Appendix C for further explanation.

Table B-3

Services Provided By Sponsor and Available On-site:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Severely Mentally Ill

Services	Service Available Number	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	98.5	91.0	94.0
Transportation usage	92.5	88.7	90.3
Household management	97.0	92.3	93.8
Other life skills	88.2	86.7	86.7
Education			
General Equivalency Diploma	76.5	19.2	25.0
English as a Second Language	14.7	30.0	20.0
Early childhood education (Head Start)	1.5	0	0
Basic Literacy	55.2	37.8	43.2
Employment/Vocational			
Pre-vocational training	91.2	80.6	87.1
Transitional employment/paid internship	64.7	68.2	70.5
Training for specific jobs	77.9	52.8	50.9
Vocational rehabilitation	86.8	45.8	45.8
Vocational counseling	91.2	56.5	56.5
Job placement	79.4	59.3	57.4
Sheltered workshop	55.9	36.8	34.2
Substance Abuse			
Detoxification	43.1	28.6	25.0
Alcoholics or Narcotics Anonymous	85.1	22.8	28.1
Individual or group substance abuse counseling	77.6	75.0	73.1
Mental Health			
Crisis intervention	100.0	88.2	88.2
Medication monitoring	94.1	89.1	89.1
Psychosocial rehabilitation	97.1	69.7	68.2
Individual or group psychological counseling	97.1	68.2	66.7
Psychiatric treatment	98.5	55.2	56.7
Peer group/self help	88.2	85.0	85.0
Physical Health			
Primary care	79.4	27.8	27.8
Physical rehabilitative care/ physical therapy	27.3	16.7	16.7
Prenatal care	14.1	11.1	22.2
Medical screening	77.9	45.3	47.2
Family and Children's Services			
Day/Evening care	4.6	66.7	66.7
Immunization and screening	15.6	40.0	40.0
Parenting training	17.2	27.3	27.3
Parents Anonymous	7.9	0	0
Other Services			
Housing location assistance	94.1	87.5	85.9
Followup support after resident leaves project	89.7	80.3	77.0
Enrollment in entitlement program	86.6	72.4	72.4
Legal assistance	63.6	9.5	4.8

Note: This table is based on responses from 68 Transitional Housing projects serving Severely Mentally Ill persons; see Appendix C for further explanation.

Table B-4

Services Provided By Sponsor and Available on Site:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Substance Abusers

Services	Service Available Number	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	92.0	91.3	97.8
Transportation usage	66.0	81.8	87.9
Household management	80.0	92.5	95.0
Other life skills	90.0	88.9	92.6
Education			
General Equivalency Diploma	96.0	25.0	39.6
English as a Second Language	34.0	23.5	35.3
Early childhood education (Head Start)	16.0	25.0	25.0
Basic Literacy	74.0	27.0	37.8
Employment/Vocational			
Pre-vocational training	91.8	77.8	84.4
Transitional employment/paid internship	51.0	40.0	40.0
Training for specific jobs	62.0	41.9	41.9
Vocational rehabilitation	24.0	30.0	30.0
Vocational counseling	89.8	63.6	65.9
Job placement	75.5	62.2	62.2
Sheltered workshop	24.4	27.3	18.2
Substance Abuse			
Detoxification	49.0	25.0	25.0
Alcoholics or Narcotics Anonymous	98.0	49.0	55.1
Individual or group substance abuse counseling	96.0	72.9	72.9
Mental Health			
Crisis intervention	78.0	64.1	71.8
Medication monitoring	56.0	75.0	75.0
Psychosocial rehabilitation	56.0	60.7	60.7
Individual or group psychological counseling	76.0	42.1	42.1
Psychiatric treatment	64.0	3.1	3.1
Peer group/self help	88.0	81.8	81.8
Physical Health			
Primary care	80.0	30.0	35.0
Physical rehabilitative care/ physical therapy	38.0	10.5	10.5
Prenatal care	34.7	17.6	23.5
Medical screening	83.7	31.7	41.5
Family and Children's Services			
Day/Evening care	20.4	60.0	50.0
Immunization and screening	40.8	30.0	35.0
Parenting training	55.1	55.6	55.6
Parents Anonymous	18.4	11.1	11.1
Other Services			
Housing location assistance	92.0	87.0	87.0
Followup support after resident leaves project	92.0	100.0	84.8
Enrollment in entitlement program	71.7	66.7	69.7
Legal assistance	80.0	10.0	12.5

Note: This table is based on responses from 50 Transitional Housing projects serving persons with Substance Abuse problems; see Appendix C for further explanation.

Table B-5

Services Provided By Sponsor and Available On-Site:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Families with Children

Services	Service Available Percent	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	96.5	89.2	91.0
Transportation usage	75.0	76.7	82.9
Household management	93.6	86.3	89.4
Other life skills	89.0	78.1	84.8
Education			
General Equivalency Diploma	89.0	17.0	28.8
English as a Second Language	39.5	10.3	22.1
Early childhood education (Head Start)	72.4	14.6	20.3
Basic Literacy	58.5	18.0	35.0
Employment/Vocational			
Pre-vocational training	89.5	62.7	65.4
Transitional employment/paid internship	49.7	42.9	39.3
Training for specific jobs	75.9	19.4	18.6
Vocational rehabilitation	52.0	9.0	9.0
Vocational counseling	89.5	58.8	57.5
Job placement	75.4	48.1	49.6
Sheltered workshop	18.6	41.9	45.2
Substance Abuse			
Detoxification	28.7	2.0	2.0
Alcoholics or Narcotics Anonymous	70.9	13.9	17.2
Individual /group substance abuse counseling	69.2	27.7	32.8

Services	Service Available Percent	Provided By Sponsor Percent	Available On-Site Percent
Mental Health			
Crisis intervention	71.3	65.6	72.1
Medication monitoring	26.9	45.7	50.0
Psychosocial rehabilitation	41.7	40.0	45.7
Individual or group psychological counseling	81.0	36.8	44.9
Psychiatric treatment	45.6	3.8	6.4
Peer group/self help	81.9	70.0	72.9
Physical Health			
Primary care	79.9	9.6	17.8
Physical rehabilitative care/ physical therapy	23.4	0.0	0.0
Prenatal care	64.3	6.4	10.9
Medical screening	73.7	15.9	27.0
Family and Children's Services			
Day/Evening care	87.6	46.6	50.0
Immunization and screening	88.9	9.2	15.8
Parenting training	90.6	67.5	74.0
Parents Anonymous	29.9	10.0	8.0
Other Services			
Housing location assistance	93.6	91.9	93.1
Followup support after resident leaves project	83.0	91.5	92.3
Enrollment in entitlement program	79.3	33.8	36.2
Legal assistance	72.9	10.5	15.3

Note: This table is base on responses from 172 Transitional Housing projects serving Families with Children; see Appendix C for further explanation.

Table B-6

Services Provided By Sponsor and Available On-Site:
All 1987 - 1990 Permanent Housing Projects

Services	Service Available Number	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	93.6	88.1	90.3
Transportation usage	85.6	90.1	91.9
Household management	93.6	90.3	89.7
Other life skills	72.1	90.6	91.5
Education			
General Equivalency Diploma	32.6	13.1	8.2
English as a Second Language	5.4	10.0	10.0
Early childhood education (Head Start)	2.7	60.0	60.0
Basic Literacy	24.3	31.1	31.1
Employment/Vocational			
Pre-vocational training	71.1	62.4	53.4
Transitional employment/paid internship	43.1	53.8	38.5
Training for specific jobs	49.2	54.9	50.5
Vocational rehabilitation	53.8	31.0	29.0
Vocational counseling	67.0	60.5	49.2
Job placement	54.6	58.0	51.0
Sheltered workshop	38.4	39.4	39.4
Substance Abuse			
Detoxification	15.7	2.2	2.2
Alcoholics or Narcotics Anonymous	39.6	35.1	21.6
Individual/group substance abuse counseling	40.1	53.3	49.3

Services	Service Available Number	Provided By Sponsor Percent	Available On-Site Percent
Mental Health			
Crisis intervention	78.2	69.4	72.8
Medication monitoring	85.6	68.9	69.6
Psychosocial rehabilitation	70.1	71.8	62.6
Individual or group psychological counseling	66.3	45.2	49.2
Psychiatric treatment	70.6	40.9	42.4
Peer group/self help	64.7	67.8	71.1
Physical Health			
Primary care	77.5	12.4	15.2
Physical rehabilitative care/ physical therapy	26.1	22.4	30.6
Prenatal care	5.9	18.2	18.2
Medical screening	44.9	33.7	34.9
Family and Children's Services			
Day/Evening care	7.2	61.5	53.8
Immunization and screening	20.3	28.6	28.6
Parenting training	13.3	45.8	45.8
Parents Anonymous	2.8	0.0	0.0
Other Services			
Housing location assistance	36.0	82.1	80.6
Followup support after resident leaves project	40.0	73.0	67.6
Enrollment in entitlement program	59.1	68.2	61.8
Legal assistance	28.8	11.3	17.0

Note: This table is based on responses from 188 Permanent Housing projects; see Appendix C for further explanation.

Table B-7

Services Provided By Sponsor and Available On-Site:
1987 - 1990 Permanent Housing
Primary Intended Population - Severely Mentally Ill

Services	Service Available Percent	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	96.2	87.1	85.1
Transportation usage	84.8	88.8	86.5
Household management	96.2	88.1	84.2
Other life skills	69.6	90.9	89.1
Education			
General Equivalency Diploma	47.6	14.0	10.0
English as a Second Language	6.7	0.0	0.0
Early childhood education (Head Start)	2.9	66.7	66.7
Basic Literacy	28.8	26.7	26.7
Employment/Vocational			
Pre-vocational training	81.9	61.6	45.3
Transitional employment/paid internship	57.8	54.2	33.9
Training for specific jobs	52.4	46.3	35.2
Vocational rehabilitation	64.4	23.9	22.4
Vocational counseling	71.8	60.8	41.9
Job placement	63.4	53.1	42.2
Sheltered workshop	27.9	20.7	20.7
Substance Abuse			
Detoxification	18.3	15.8	10.5
Alcoholics or Narcotics Anonymous	52.9	36.4	25.5
Individual/group substance abuse counseling	51.0	56.6	49.1
Mental Health			
Crisis intervention	81.9	80.2	82.6
Medication monitoring	94.3	74.7	73.7
Psychosocial rehabilitation	91.4	76.0	63.5
Individual or group psychological counseling	74.0	44.2	48.1
Psychiatric treatment	83.7	44.8	46.0
Peer group/self help	70.2	63.0	67.1
Physical Health			
Primary care	74.0	11.7	13.0
Physical rehabilitative care/ physical therapy	19.0	10.0	15.0
Prenatal care	8.6	11.1	11.1
Medical screening	44.2	37.0	37.0
Family and Children's Services			
Day/Evening care	5.0	40.0	40.0
Immunization and screening	17.3	29.4	29.4
Parenting training	17.2	35.3	35.3
Parents Anonymous	3.2	0.0	0.0
Other Services			
Housing location assistance	43.7	84.4	80.0
Followup support after resident leaves project	52.9	72.7	69.1
Enrollment in entitlement program	65.0	68.7	58.2
Legal assistance	34.3	11.4	17.1

Note: This table is base on responses from 105 Permanent Housing projects serving Severely Mentally Ill persons; see Appendix C for further explanation.

Table B-8

Services Provided By Sponsor and Available On-Site:
1987 - 1990 Permanent Housing
Primary Intended Population - Developmentally Disabled

Services	Service Available Percent	Provided By Sponsor Percent	Available On-Site Percent
Life Skills			
Money management	96.6	94.6	98.2
Transportation usage	91.4	98.1	96.2
Household management	94.8	94.5	100.0
Other life skills	66.7	97.1	97.1
Education			
General Equivalency Diploma	5.2	0.0	0.0
English as a Second Language	0.0	0.0	0.0
Early childhood education (Head Start)	0.0	0.0	0.0
Basic Literacy	17.2	40.0	40.0
Employment/Vocational			
Pre-vocational training	55.2	68.8	71.9
Transitional employment/paid internship	17.2	60.0	60.0
Training for specific jobs	44.8	76.9	80.8
Vocational rehabilitation	37.9	45.5	40.9
Vocational counseling	62.1	58.3	58.3
Job placement	44.8	69.2	69.2
Sheltered workshop	58.6	61.8	61.8
Substance Abuse			
Detoxification	5.2	33.3	33.3
Alcoholics or Narcotics Anonymous	6.9	75.0	50.0
Individual/group substance abuse counseling	10.3	50.0	50.0

Services	Service Available Percent	Provided By Sponsor Percent	Available On-Site Percent
Mental Health			
Crisis intervention	74.1	55.8	58.1
Medication monitoring	74.1	58.1	58.1
Psychosocial rehabilitation	24.1	78.6	78.6
Individual or group psychological counseling	46.6	48.1	48.1
Psychiatric treatment	44.8	26.9	30.8
Peer group/self help	48.3	85.7	89.3
Physical Health			
Primary care	87.9	11.8	13.7
Physical rehabilitative care/ physical therapy	32.8	31.6	36.8
Prenatal care	1.7	100.0	100.0
Medical screening	46.6	22.2	22.2
Family and Children's Services			
Day/Evening care	3.4	100.0	100.0
Immunization and screening	20.7	41.7	41.7
Parenting training	3.4	50.0	50.0
Parents Anonymous	1.7	0.0	0.0
Other Services			
Housing location assistance	22.4	84.6	92.3
Followup support after resident leaves project	20.7	66.7	58.3
Enrollment in entitlement program	46.6	77.8	74.1
Legal assistance	12.1	85.7	14.3

Note: This table is based on responses from 58 Permanent Housing projects serving Developmentally Disabled persons; see Appendix C for further explanation.

Table B-9

Services Needed But Unavailable:
All 1987 - 1990 Transitional Housing Projects

Services	Number	Percent
Life Skills		
Money management	11	2.6
Transportation usage	47	11.3
Household management	15	3.6
Other life skills	7	2.5
Education		
General Equivalency Diploma	15	3.5
English as a Second Language	14	3.6
Early childhood education (Head Start)	17	4.5
Basic Literacy	13	3.2
Employment/Vocational		
Pre-vocational training	16	3.8
Transitional employment/paid internship	91	22.7
Training for specific jobs	47	11.4
Vocational rehabilitation	25	6.2
Vocational counseling	22	5.3
Job placement	48	11.5
Sheltered workshop	26	7.0
Substance Abuse		
Detoxification	15	3.9
Alcoholics or Narcotics Anonymous	15	3.6
Individual / group substance abuse counseling	16	3.9

Services	Number	Percent
Mental Health		
Crisis intervention	8	1.9
Medication monitoring	13	3.4
Psychosocial rehabilitation	14	3.6
Individual or group psychological counseling	16	3.9
Psychiatric treatment	14	3.5
Peer group/self help	26	6.2
Physical Health		
Primary care	22	5.3
Physical rehabilitative care/ physical therapy	9	2.4
Prenatal care	4	1.0
Medical screening	18	4.5
Family and Children's Services		
Day/Evening care	22	5.6
Immunization and screening	4	1.0
Parenting training	16	4.0
Parents Anonymous	38	10.2
Other Services		
Housing location assistance	16	3.8
Followup support after resident leaves project	43	10.2
Enrollment in entitlement program	12	3.1
Legal assistance	24	5.8

Note: This table is based on responses from 426 Transitional Housing projects; see Appendix C for further explanation.

Table B-10

Services Needed But Unavailable:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Battered Women

Services	Number	Percent
Life Skills		
Money management	3	6.8
Transportation usage	4	9.1
Household management	1	2.3
Other life skills	0	0
Education		
General Equivalency Diploma	2	4.5
English as a Second Language	2	4.8
Early childhood education (Head Start)	2	4.7
Basic Literacy	1	2.4
Employment/Vocational		
Pre-vocational training	3	6.8
Transitional employment/paid internship	12	28.6
Training for specific jobs	3	6.8
Vocational rehabilitation	3	7.7
Vocational counseling	4	9.1
Job placement	3	7.0
Sheltered workshop	2	5.4
Substance Abuse		
Detoxification	3	8.1
Alcoholics or Narcotics Anonymous	2	4.9
Individual or group substance abuse counseling	2	4.7

Services	Number	Percent
Mental Health		
Crisis intervention	0	0
Medication monitoring	2	5.1
Psychosocial rehabilitation	2	5.4
Individual or group psychological counseling	2	4.5
Psychiatric treatment	3	7.5
Peer group/self help	2	4.8
Physical Health		
Primary care	4	9.1
Physical rehabilitative care/ physical therapy	1	2.6
Prenatal care	0	0
Medical screening	2	5.0
Family and Children's Services		
Day/Evening care	4	9.3
Immunization and screening	1	2.3
Parenting training	1	2.3
Parents Anonymous	5	12.2
Other Services		
Housing location assistance	2	4.5
Followup support after resident leaves project	5	11.9
Enrollment in entitlement program	1	2.6
Legal assistance	1	2.3

Note: This table is based on responses from 44 Transitional Housing projects serving Battered Women; see Appendix C for further explanation.

Table B-11

Services Needed But Unavailable:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Severely Mentally Ill

Services	Number	Percent
Life Skills		
Money management	0	0
Transportation usage	1	1.5
Household management	1	1.5
Other life skills	1	2.0
Education		
General Equivalency Diploma	3	4.5
English as a Second Language	3	3.8
Early childhood education (Headstart)	1	1.9
Basic Literacy	4	6.3
Employment/Vocational		
Pre-vocational training	5	7.4
Transitional employment/paid internship	10	14.9
Training for specific jobs	5	7.5
Vocational rehabilitation	4	5.9
Vocational counseling	3	4.5
Job placement	8	12.1
Sheltered workshop	4	6.5
Substance Abuse		
Detoxification	2	3.3
Alcoholics or Narcotics Anonymous	0	0
Individual/group substance abuse counseling	2	3.2

Services	Number	Percent
Mental Health		
Crisis intervention	0	0
Medication monitoring	1	1.5
Psychosocial rehabilitation	0	0
Individual or group psychological counseling	1	1.5
Psychiatric treatment	0	0
Peer group/self help	5	7.4
Physical Health		
Primary care	2	3.1
Physical rehabilitative care/ physical therapy	0	0
Prenatal care	0	0
Medical screening	2	3.3
Family and Children's Services		
Day/Evening care	1	1.8
Immunization and screening	0	0
Parenting training	2	3.8
Parents Anonymous	1	1.9
Other Services		
Housing location assistance	2	2.9
Followup support after resident leaves project	5	7.4
Enrollment in entitlement program	0	0
Legal assistance	5	7.7

Note: This table is based on responses from 68 Transitional Housing projects serving Severely Mentally Ill persons; see Appendix C for further explanation.

Table B-12

Services Needed But Unavailable:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Substance Abusers

Services	Number	Percent
Life Skills		
Money management	3	6.0
Transportation usage	9	20.0
Household management	5	10.4
Other life skills	2	6.7
Education		
General Equivalency Diploma	0	0
English as a Second Language	0	0
Early childhood education (Head Start)	0	0
Basic Literacy	1	2.1
Employment/Vocational		
Pre-vocational training	1	2.1
Transitional employment/paid internship	11	23.9
Training for specific jobs	7	14.9
Vocational rehabilitation	4	8.3
Vocational counseling	3	6.4
Job placement	10	20.8
Sheltered workshop	2	5.0
Substance Abuse		
Detoxification	2	4.8
Alcoholics or Narcotics Anonymous	1	2.0
Individual / group substance abuse counseling	2	4.0

Services	Number	Percent
Mental Health		
Crisis intervention	2	4.3
Medication monitoring	2	4.3
Psychosocial rehabilitation	4	9.1
Individual or group psychological counseling	3	6.4
Psychiatric treatment	2	4.3
Peer group/self help	3	6.1
Physical Health		
Primary care	2	4.2
Physical rehabilitative care/ physical therapy	1	2.3
Prenatal care	0	0
Medical screening	2	4.4
Family and Children's Services		
Day/Evening care	2	3.8
Immunization and screening	0	0
Parenting training	2	4.3
Parents Anonymous	2	3.8
Other Services		
Housing location assistance	2	4.0
Followup support after resident leaves project	3	6.0
Enrollment in entitlement program	2	4.5
Legal assistance	5	10.0

Note: This table is based on responses from 50 Transitional Housing projects serving persons with Substance Abuse problems; see Appendix C for further explanation.

Table B-13

Services Needed But Unavailable:
1987 - 1990 Transitional Housing Projects
Primary Intended Population - Families with Children

Services	Number	Percent
Life Skills		
Money management	4	2.3
Transportation usage	21	12.5
Household management	7	4.1
Other life skills	3	2.7
Education		
General Equivalency Diploma	6	3.5
English as a Second Language	5	3.0
Early childhood education (Head Start)	10	6.2
Basic Literacy	4	2.5
Employment/Vocational		
Pre-vocational training	7	4.1
Transitional employment/paid internship	43	26.9
Training for specific jobs	22	13.3
Vocational rehabilitation	8	5.0
Vocational counseling	9	5.3
Job placement	19	11.2
Sheltered workshop	11	6.9
Substance Abuse		
Detoxification	4	2.5
Alcoholics or Narcotics Anonymous	8	4.7
Individual / group substance abuse counseling	8	4.8

Services	Number	Percent
Mental Health		
Crisis intervention	2	1.2
Medication monitoring	2	1.3
Psychosocial rehabilitation	4	2.6
Individual or group psychological counseling	7	4.4
Psychiatric treatment	4	2.5
Peer group/self help	10	6.0
Physical Health		
Primary care	7	4.2
Physical rehabilitative care/ physical therapy	3	1.9
Prenatal care	1	0.6
Medical screening	7	4.3
Family and Children's Services		
Day/Evening care	12	7.1
Immunization and screening	1	0.6
Parenting training	6	3.6
Parents Anonymous	21	13.8
Other Services		
Housing location assistance	6	3.6
Followup support after resident leaves project	21	12.4
Enrollment in entitlement program	5	3.5
Legal assistance	8	4.8

Note: This table is based on responses from 171 Transitional Housing projects serving Families with Children; see Appendix C for further explanation.

Table B-14

Services Needed But Unavailable:
All 1987 - 1990 Permanent Housing Projects

Services	Number	Percent
Life Skills		
Money management	3	1.6
Transportation usage	5	2.7
Household management	2	1.1
Other life skills	1	0.9
Education		
General Equivalency Diploma	7	4.1
English as a Second Language	1	0.6
Early childhood education (Head Start)	1	0.6
Basic Literacy	8	4.9
Employment/Vocational		
Pre-vocational training	4	2.4
Transitional employment/paid internship	7	4.3
Training for specific jobs	9	5.2
Vocational rehabilitation	10	5.8
Vocational counseling	6	3.4
Job placement	6	3.6
Sheltered workshop	7	4.3
Substance Abuse		
Detoxification	1	0.7
Alcoholics or Narcotics Anonymous	3	1.8
Individual/group substance abuse counseling	3	1.8

Services	Number	Percent
Mental Health		
Crisis intervention	2	1.1
Medication monitoring	2	1.1
Psychosocial rehabilitation	7	3.9
Individual or group psychological counseling	5	2.7
Psychiatric treatment	4	2.2
Peer group/self help	9	4.9
Physical Health		
Primary care	2	1.1
Physical rehabilitative care/ physical therapy	4	2.3
Prenatal care	0	0
Medical screening	3	1.7
Family and Children's Services		
Day/Evening care	2	1.3
Immunization and screening	3	1.9
Parenting training	5	3.2
Parents Anonymous	3	1.9
Other Services		
Housing location assistance	1	0.6
Followup support after resident leaves project	7	4.1
Enrollment in entitlement program	5	2.9
Legal assistance	7	4.1

Note: This table is based on responses from 185 Permanent Housing projects; see Appendix C for further explanation.

Table B-15

Services Needed But Unavailable:
1987 - 1990 Permanent Housing Projects
Primary Intended Population - Severely Mentally Ill

Services	Number	Percent
Life Skills		
Money management	2	1.9
Transportation usage	1	1.0
Household management	0	0
Other life skills	0	0
Education		
General Equivalency Diploma	2	2.0
English as a Second Language	0	0
Early childhood education (Head Start)	0	0
Basic Literacy	0	0
Employment/Vocational		
Pre-vocational training	1	1.0
Transitional employment/paid internship	5	5.4
Training for specific jobs	4	4.2
Vocational rehabilitation	8	8.2
Vocational counseling	5	5.1
Job placement	5	5.3
Sheltered workshop	7	7.6
Substance Abuse		
Detoxification	1	1.1
Alcoholics or Narcotics Anonymous	1	1.1
Individual or group substance abuse counseling	1	1.1

Services	Number	Percent
Mental Health		
Crisis intervention	0	0
Medication monitoring	0	0
Psychosocial rehabilitation	5	4.8
Individual or group psychological counseling	3	2.9
Psychiatric treatment	2	1.9
Peer group/self help	4	3.9
Physical Health		
Primary care	2	2.0
Physical rehabilitative care/ physical therapy	2	2.2
Prenatal care	0	0
Medical screening	3	3.1
Family and Children's Services		
Day/Evening care	2	2.4
Immunization and screening	3	3.4
Parenting training	4	4.7
Parents Anonymous	3	3.5
Other Services		
Housing location assistance	0	0
Followup support after resident leaves project	4	4.2
Enrollment in entitlement program	3	3.1
Legal assistance	3	3.2

Note: This table is based on responses from 105 Permanent Housing projects serving Severely Mentally Ill persons; see Appendix C for further explanation.

Table B-16

Services Needed But Unavailable:
1987 - 1990 Permanent Housing Projects
Primary Intended Population - Developmentally Disabled

Services	Number	Percent
Life Skills		
Money management	1	1.8
Transportation usage	3	5.2
Household management	2	3.5
Other life skills	1	2.9
Education		
General Equivalency Diploma	5	9.6
English as a Second Language	1	2.1
Early childhood education (Head Start)	1	2.1
Basic Literacy	5	10.2
Employment/Vocational		
Pre-vocational training	2	3.6
Transitional employment/paid internship	2	4.0
Training for specific jobs	4	7.1
Vocational rehabilitation	1	1.9
Vocational counseling	1	1.8
Job placement	1	1.9
Sheltered workshop	0	0
Substance Abuse		
Detoxification	0	0
Alcoholics or Narcotics Anonymous	1	2.0
Individual/group substance abuse counseling	2	4.0

Services	Number	Percent
Mental Health		
Crisis intervention	1	1.9
Medication monitoring	2	3.6
Psychosocial rehabilitation	2	3.8
Individual or group psychological counseling	2	3.8
Psychiatric treatment	1	1.9
Peer group/self help	5	8.9
Physical Health		
Primary care	0	0
Physical rehabilitative care/ physical therapy	2	3.7
Prenatal care	0	0
Medical screening	0	0
Family and Children's Services		
Day/Evening care	0	0
Immunization and screening	0	0
Parenting training	1	2.2
Parents Anonymous	0	0
Other Services		
Housing location assistance	1	1.8
Followup support after resident leaves project	1	2.0
Enrollment in entitlement program	1	1.9
Legal assistance	3	6.0

Note: This table is based on responses from 58 Permanent Housing projects serving Developmentally Disabled persons; see Appendix C for further explanation.

Table B-17
Destinations of Residents Completing, Voluntarily Leaving, and Dismissed from the Project
In Percentages

All 1987 - 1990 Transitional Housing Projects

	Unsubsidized permanent housing without services	Section 8 or other rent assisted housing	Public housing	Other subsidized housing without services (specify)	Housing with supportive services	Moved in with friends or family members	Correctional Institution	Hospital or other institution	Street or emergency shelter	Other destinations (specify)
Residents who completed program	33.7	16.9	7.1	2.7	10.1	14.0	0.3	1.1	3.0	11.1
Residents who left the project voluntarily before completion	19.8	7.3	3.2	2.8	3.7	34.3	0.8	3.9	14.5	9.6
Residents who were dismissed from the project before completion	14.3	1.9	1.9	1.6	0.0	29.1	3.1	6.6	26.6	12.0

Note: This table is based on responses from 323 Transitional Housing projects; see Appendix C for further explanation.

Table B-18
Destinations of Residents Voluntarily Leaving and Dismissed from the Project
In Percentages

All 1987 - 1990 Permanent Housing Projects

	Unsubsidized permanent housing without services	Section 8 or other rent assisted housing	Public housing	Other subsidized housing without services (specify)	Housing with supportive services	Moved in with friends or family members	Correctional Institution	Hospital or other institution	Street or emergency shelter	Other destinations (specify)
Residents who left the project voluntarily	18.1	12.3	1.8	1.8	15.2	18.1	0.0	12.3	1.2	19.3
Residents who were dismissed from the project	25.3	12.0	9.6	0.0	1.2	14.5	6.0	19.3	6.0	6.0

Note: This table is based on responses from 121 Permanent Housing projects; see Appendix C for further explanation.

APPENDIX C

EVALUATION METHODOLOGY

EVALUATION METHODOLOGY

C.1 Evaluation Authority and Overview

SHDP was authorized by Section 421 of the *Stewart B. McKinney Homeless Assistance Act of 1987*. The demonstration program was established with the objective of encouraging the development of different models of supportive housing for homeless individuals with special needs and families. The Transitional Housing Program (TH) serves homeless individuals and families for up to 24 months. Permanent Housing for the Homeless Handicapped (PH) provides permanent housing for handicapped or disabled homeless persons or homeless families with a handicapped or disabled adult member.

Under contract to HUD, Westat designed and implemented an evaluation of SHDP projects that were funded by HUD between 1987 and 1990. The evaluation's major components included:

1. Reconnaissance visits to eight SHDP projects (Section C.2),
2. Verification of the list of active 1987-1990 SHDP projects -- September to January 1991 (Section C.2),
3. Telephone interviews with sponsors of deobligated projects -- June 1992 (Section C.2),
4. Mail survey (census) of active 1987-1990 SHDP projects -- September to December 1992 (Section C.3),
5. Analysis of mail survey data (Section C.4),
6. Case studies of 45 SHDP projects, including site visits and telephone interviews -- January to April 1993 (Section C.6), and
7. Focus groups with sponsors of 10 SHDP projects -- May 1993 (Section C.7).

C.2 Verification of Project List and Telephone Interviews with Sponsors of Deobligated Projects

At the outset of the project, Westat and HUD conducted reconnaissance visits to eight SHDP projects (four TH and four PH projects). The visits included visual inspection of SHDP-assisted residences and interviews with project directors and staff. The experience provided additional insight needed to refine the research design and prepare valid data collection instruments.

During the fall of 1991, Westat conducted a verification of contact and basic project characteristic data in order to create a central database of consistent information on SHDP grantees, project sponsors, and the residents they serve. The verification identified the active 1987 - 1990 SHDP projects that were single site, multiple site, or multiple component projects. The verification also aided in identifying deobligated projects and projects that had received more than one SHDP grant for the same project.

The verification methodology involved three phases. In the first phase, Westat merged multiple HUD computer files to produce an initial list of active 1987-1990 SHDP projects. In the second phase, Westat distributed this list to HUD Regional and Area Offices for confirmation, supplemental information, additions, and deletions. In the third phase, Westat's affiliate, Aspen Systems Corporation, administered a Computer Assisted Telephone Interviewing (CATI) verification instrument to the sponsors of 751 SHDP projects. Westat cleaned, edited, and formatted the data collected from the verification to produce a definitive list of SHDP projects, key staff, and their basic characteristics. The database was used to produce preliminary statistics on the program for HUD and to prepare customized materials for the mail survey of all active 1987-1990 SHDP projects.

During the summer of 1992, with the assistance of HUD's Office of Special Needs Assistance Programs (SNAPs) staff, Westat, and its subcontractor, Aspen Systems Corporation, selected over 20 deobligated projects from among those identified in a file of deobligation letters. Nine telephone interviews were conducted with representatives of organizations with deobligated projects. This process helped Westat understand the difficulties encountered by SHDP grantees.

C.3 Mail Survey

The following section describes the process of designing and implementing the centerpiece of the national SHDP evaluation: the mail census of 1987-1990 SHDP projects. Implementation included data collection, data preparation (including editing and construction of a large, computer database), and statistical analysis.

C.3.1 Questionnaire Development

Westat prepared two versions of the mail questionnaire: one for Transitional Housing projects and one for Permanent Housing projects. Westat and HUD agreed that the instruments would address the same topics, but include certain questions tailored to the unique facets of the particular programs. Westat staff began to draft the SHDP mail questionnaires in May 1991. Draft questions were refined and new subjects added after *reconnaissance visits* to eight supportive housing projects around the country. Between June 1991 and September 1992, Westat produced and delivered several draft sets of instruments to HUD's GTR for review and comment.

An *Expert Panel* of SHDP grantees and homeless program analysts was assembled to review and comment on the mail questionnaire. In particular, the Experts were asked to identify any questions that could not be answered easily by SHDP grantees, as well as questions with confusing terms or instructions. The panel agreed that project sponsors should be able to answer all of the questionnaire items. They did recommend, however, that respondents be permitted to give estimates for quantitative answers, if desired. The instruments were revised based on these comments.

The questionnaire was then pilot-tested. Testing included sending the mail questionnaire to nine Transitional and nine Permanent Housing project sponsors and subsequently reviewing the responses. The questionnaire was finalized based on the results of the pilot-test, GTR comments, and comments from the GTR SNAPs and the Interagency Council on the Homeless. The instrument was reviewed and approved by the U.S. Office of Management and Budget (OMB Approval Number 2528-0147, 08/31/93).

C.3.2 Mail-out Procedures

The initial mailout occurred between September 18 and September 23, 1992. Using the information obtained from the telephone verification, 740 questionnaires were mailed out to project sponsors. Each questionnaire was tailored to the specific project. Each cover page had a unique HUD identification number, project name, and Westat identification number. There was also a contact information sheet at the front of each questionnaire with the CEO name, the sponsor organization's address and telephone, and site address (or addresses). There was space on this sheet for the respondent to make any necessary corrections. Included with each questionnaire was a personalized cover letter with an overview of the evaluation, due dates for the completed questionnaire, and a toll-free (1-800) number to call for assistance in completing the questionnaire. Respondents were also requested to make a photocopy of their completed questionnaire for future reference. Also included with each questionnaire was a pre-addressed, pre-paid envelope to mail the completed questionnaire back to Westat.

To minimize confusion, project sponsors with three or more fiscal year 1987-1990 SHDP projects received a phone call prior to the mailing. Sponsors responsible for several SHDP projects received just one combined package containing all the individual project questionnaires.

A computerized tracking system was developed to track the status of each questionnaire. A unique computer-generated bar code was prepared for each questionnaire. Upon receipt the bar codes on the questionnaires were optically scanned into the system when they were mailed out, then again upon receipt. Before going to key entry, the questionnaires were batched by the tracking system. The system was able to provide individual questionnaire status, as well as total response rates, regional response rates, and overdue completed questionnaires.

C.3.3 Efforts to Obtain a High Response Rate

During the mail-out and mail-back period, Westat provided a toll-free (1-800) number for project sponsors to call if they had any questions or comments about the evaluation, or if they needed any assistance with completing the questionnaire. A record of each call received was kept in a log book to keep track of the number calls received and the types of questions asked or the information requested. Westat received over 400 calls on the 1-800 line concerning the questionnaire and the due dates.

Westat took four other steps to obtain a high response rate. Westat mailed a reminder postcard to non-respondents approximately four weeks after initial mailout. The postcard asked the project sponsors to complete the questionnaire and return it as soon as possible, no later that October 31, 1992. Second, approximately seven weeks after initial mailout, Westat sent a list of non-respondents to HUD field offices and requested their assistance in obtaining survey responses. Many Field Offices sent letters or placed telephone calls to encourage sponsors to respond. Third, at the same time, Westat placed reminder telephone calls to non-respondents. This step occurred also at seven weeks after initial mailout. Sponsors of approximately 450 projects received calls during a one-week period. Fourth, approximately ten weeks after initial mailout, Westat conducted a second set of reminder calls to all remaining non-respondents. They were informed of the final December 18 deadline, and the possible suspension of their SHDP line of credit by HUD for not completing the questionnaire. The suspension policy was directed by the SNAPs Office in December and presented to Westat with exact language for reminder calls. Records of all calls were maintained.

C.3.4 Data Preparation and Quality Control

Coding

Codebook and editing materials were developed using COED (a proprietary Westat software application package) to systematically guide coding, key entry, and editing. A coding supervisor/COED programmer was assigned to oversee coding operations and report to project staff. Approximately five weeks after initial mailout, temporary personnel were trained to scan edit and code the completed questionnaires as they were received. The coders received training on the scan edit and coding procedures, and received refresher and new procedure training throughout the coding period. The questionnaires were scan edited to review responses to *critical items* (see Exhibit C-1), for completeness, and for legibility. The scan edit procedure was revised until it became a standardized part of the coding process. Problematic cases (those with problems on critical items) were then sent to Data Retrieval to clarify and obtain the specific information.

Data Retrieval

The term *data retrieval* refers to call-backs to respondents to retrieve critical missing items and to correct responses that failed range and logical relationship checks. Data Retrieval entailed a highly experienced interviewer or full-time Westat staff member making a telephone follow-up call to the designated contact persons at the projects for which critical item problems were found. (Respondents were asked to specify who completed each questionnaire section.) Completed questionnaires were coded (or recoded) using the standardized coding procedures.

Critical items included several questions in Section B (Residents) concerning the numbers of persons and households served, most of Section C (Services), key financial questions in Section F (Finance), and several items from Section G (Dwelling Units) concerning project sites and characteristics of the resident population. Coding staff reviewed responses to critical items, looking for missing responses, illegible responses, and apparently illogical responses. Furthermore, advanced logic tests were developed for the critical items. The critical items are listed in Exhibit C-1.

Approximately 250 projects required data retrieval calls to obtain missing or unclear responses on critical items. Calling began in November 1992 and continued until January 8, 1993. In the instances where entire sections were left unanswered, a copy of the section was mailed to the respondent to be completed. Respondents could provide the requested information over the telephone, by fax, or by mailing back the pages in question. Records of data retrieval calls and their dispositions were logged in to a notebook. After the missing information and clarifications were obtained, the questionnaires were updated as needed and then continued on to be coded.

Exhibit C-1

Critical Items for Scan Editing and Data Retrieval

Section	Question	Subject
B (TH)	2	Is the project currently operational?
	4a	Households and persons in place 12 months ago.
	4b	Households and persons entering in past 12 months.
	5b	Households and persons leaving voluntarily.
	5c	Households and persons dismissed.
	6a	Households and persons completing the program over the project's history.
	6b	Households and persons dismissed over the project's history.
	8a, 8b, 8c	Destinations of residents who leave.
B (PH)	2	Is the project currently operational?
	3a	Households and persons in place 12 months ago.
	3b	Households and persons entering in past 12 months.
	5b	Households and persons leaving voluntarily.
	5c	Households and persons dismissed.
	6a, 6b	Designations of residents who leave.
C (TH and PH)	1(a) - 45(a)	Is this service needed by residents?
	1(b) - 45(b)	Is the service available to residents?
	1(c) - 45(c)	How many current residents receive the service?
	1(f) - 45(f)	Who provides the service?
F (TH and PH)	1a	Full-time equivalent staffing.
	1b	Full-time equivalent supportive service staff.
	3	Is the project owned or leased?
	7	Sources of funds for development.
	10a	Project's fiscal year.
	10b	HUD grant operating year.
	11	Has the project completed a whole operating year?
	12	Allocation of operating and service costs.
	13	Sources of operating and service funds.
G (TH and PH)	1	Building type.
	3a	Prior use of building for homeless.
	3b	Dwelling units by type.
	4	Rooms by type.
	6	Renovations made.
	7	Implementation history.
	10	Paid staff coverage (supervision).
	12	Principal resident characteristics.
	13	Household composition.
	14	Number of households and persons.
	15	Persons by age ranges.

Key Entry

Westat used a double key entry protocol to ensure data editing quality, meaning that all data is keyed twice. If a discrepancy occured, a data entry supervisor decided on the correct entry. All completed questionnaires received by the December 18 deadline were key entered. Questionnaires received after December 18 were provided to HUD.

Range Checks, Simple Logic Checks, and Editing

After questionnaires were key entered, they went through multiple rounds of edits on all fields. Updates to the data were made as needed. A record of each edit was maintained in the COED files.

To identify questionnaire items with insufficient or possibly invalid responses, regular meetings were held with the coding staff. Westat ran COED edit checks to identify responses that exceeded specified ranges or failed tests of logic. Allowable ranges were specified for each data item. Most logical checks concerned skips in the questionnaire. Reports of the occurrence of range or logical violations were run. Violations were reviewed and those resulting from incorrect coding were corrected during the editing process. Westat also checked for cases with a relatively large numbers of missing values.

Missing Data

In general, few items had a low response rate. Most items had an 80 to 95 percent response rate. Westat wrote a SAS program to identify data items with relatively high non-response. To complete the analysis of non-response, it was necessary to factor out cases in which a non-response was logical. For example, if a respondent checks "leased" to question *Is (Will) the project's property (be) owned or leased by your organization?*, then the questionnaire directed the respondent to skip over three questions related to property acquisition. In this case, it was logical for the next three items to be blank. If, on the other hand, the respondent had checked "owned" and left the next three items blank, the responses were coded as "not ascertained".

There were only 101 out of over 1,100 individual data fields in the SHDP Mail Questionnaire database with non-response rates of 20 percent or higher, out of several thousand data fields. Altogether, these data fields concern only 17 of the 121 questions from the mail questionnaire.

Final Report Statistics: Excluded Observations

In addition to corrections to coding, Westat identified logical inconsistencies between responses. Inconsistencies in critical items were addressed in data retrieval (see above). Inconsistencies in other items (or that persisted in critical items) were detected through the specification and execution of SAS programs. The results of these *logic tests* were used in the data analysis. Inconsistencies were maintained in the database to preserve the actual response, but most were excluded from the final analyses. Westat wrote a series of SAS programs to conduct additional tests of logic -- generally, comparisons of highly related responses and checks on reported totals. The purpose of this analysis was two-fold: (1) identify items with relatively high failure rates to discuss under "Limitations of the data" (below), and (2) identify projects with

serious advanced logical failures to exclude from data analysis. Although discrepancies were identified, Westat did not make any modifications of the data based on this analysis. Observations that exceeded tolerances (allowable margins of difference or error) were excluded from statistics generated for the *Final Report*. Westat made modifications to the data only in response to a clarification given by the respondent. Examples of three logic tests are provided below.

Resident income. Several before-and-after-type comparisons were made with respect to residents who had completed Transitional Housing programs. For example, project sponsors were asked to report on the incomes of residents at the time they entered their projects and at the time they left. Data was requested only for residents who had completed their respective programs within a 12-month period. The question specified five income ranges. Westat calculated the total number of residents at entry and at completion among the five income ranges. The totals should have been equal. The crosscheck uncovered 100 discrepancies out of the 403 projects that responded to the income comparison question. Of the 100 cases, 35 percent showed a difference between the two variables of greater than 5, with 65 percent having even smaller differences. That so many discrepancies occurred may be due to a number of reasons -- such as permitting estimates, not burdening respondents with calculating column totals, respondent confusion over the intent of the question, and insufficient project records. Prior to making calculations for the *Final Report*, Westat excluded cases (projects) in which the difference of totals was greater than 10 percent. The result was to exclude 87 PH and TH cases from the final calculations.

Service recipients. A comparison was made between the number of current residents receiving a particular service and the total number of persons currently housed in the project. It was expected that, for each project, the number of persons reported receiving a particular service would be less than or equal to the total number of persons in residence. Out of over 25,000 comparisons (each service times each project), Westat discovered only 574 discrepancies. Discrepancies included cases in which the number of persons receiving a particular service exceeded the number of persons in residence. Only 101 projects (16 percent) accounted for the 574 discrepancies. Some project sponsors may have had trouble separating SHDP residents from non-SHDP residents participating in the same service program, and included non-SHDP persons in the counts. Other errors may be due to insufficient project record keeping, inability of projects to separate multiple SHDP projects from one another, and difficulty separating service units (for example, service sessions) from the number of persons served. Another explanation is that the number of households served in a project during a given year can exceed the number of households in residence at any given time. Transitional Housing projects served 1.25 households for every household slot during the year ending the fall of 1992.

Financial characteristics of projects. A series of logic checks were performed with respect to financial data. Westat compared the calculated sum of the funds for acquisition against the total amount of funds reported by the projects. The Westat-calculated sum and the project-reported total should be equal. Most project-reported totals equalled the Westat-calculated totals. Furthermore, most differences were small. For example, out of 594 projects, only 42 projects (seven percent) reported total rehabilitation costs differently from the Westat-calculated total. The difference was only $1 for seven projects. The difference was less than $100 for 11 projects. The difference was 20 percent or more for only eight projects, and these were excluded from the cost analysis.

In summary, the tables included in the body and appendix of this report are based on the 1992 survey responses and exclude *outlier* responses (e.g., out of range or logically inconsistent responses). Rules for excluding outliers from calculations were tailored to particular data items. Given different response rates and numbers of outliers for different data items, the number of available responses (*n's*) varies among the findings shown in the tables. Tables included in this report are accompanied by a footnote indicating the number of respondents.

C.3.5 Response

Overall, Westat obtained an 85 percent response rate (623 unique, complete questionnaires) by the December 18, 1992, cut-off. Data from these questionnaires was scanned, coded, key entered, and subjected to editing. Subsequent to the cut-off date, Westat received an additional 53 questionnaires, which were sent directly to HUD. Altogether, 676 unique questionnaires were received. Of the 676 questionnaires, 467 were for Transitional Housing projects and 209 were for Permanent Housing projects. This represents a 93 percent response rate. Westat did not receive questionnaires from 48 projects. Of these 48 projects, five had been deobligated. Of the 740 questionnaires initially mailed-out, 732 represented active projects (496 Transitional Housing and 236 Permanent Housing).

In general, the project sponsors proved to be very cooperative. Westat received only two explicit refusals to complete questionnaires. Yet even these refusers returned completed questionnaires after telephone reminders.

Representativeness of the Response

Out of 623 cases (projects) in the questionnaire data files, 433 (69.5 percent) are Transitional Housing projects, and 190 (30.5 percent) are Permanent Housing projects. The distribution of Transitional and Permanent Housing projects in the data files is roughly equivalent to the 67-33 percent split of Transitional and Permanent Housing projects in the 1987-1990 active project universe. Because the response rate to the mail survey was so high (85 percent), national estimates based on the 623 respondents are expected to be close to universe level statistics. Even so, Westat undertook a series of confirmatory analyses to check representativeness.

Regional distribution. The regional distribution of projects in the 623-case database is also very similar to the regional distribution of cases among the 740-case original mailing. Table C-1 compares the regional distribution comparison. (Due to rounding, the columns do not total to 100 percent.)

Table C-1 Regional Distribution of SHDP Survey Original Mailing and Response (shown as percentages)

HUD Region	Original Mailing (Percent)	Mail Questionnaire Database (Percent)
1	12	13
2	10	9
3	17	19
4	10	10
5	16	16
6	5	6
7	3	4
8	4	4
9	14	12
10	8	8

Resident population characteristics. It is not known definitively whether or not the respondent projects represented the universe in terms of intended resident population. To address this issue, Westat considered comparing population characteristics from the 740-case mailing and the 623-case database. Prior to the 1992 survey, the only SHDP population data came from the 1991 CATI telephone verification. However, population characteristic data from the CATI telephone verification and mail questionnaire were not comparable. Responses to the intended population questions on the mail survey should be more accurate than those from the CATI telephone verification. Several modifications to the population characteristics questions were made in the mail questionnaire to overcome limitations of the corresponding questions in the verification instrument. The revised questions were subjected to an additional pretest. The intended population questions for the mail survey clearly distinguished between primary and secondary population characteristics. The revised question forced respondents to select a single population as primary. Also, for the mail survey, Westat conducted data retrieval on these questions as critical items. Hence, the absence of reliable data on population characteristics for the universe of surveyed projects precluded a valid assessment of the representativeness of the projects on which responses were received on these characteristics.

Database versus all returned questionnaires. As a final comparison, Westat looked at the distribution of primary population groups among the questionnaires represented in the computer database (questionnaires received by December 18, 1992) and all questionnaires received. Out of 53 questionnaires received after December 18, 38 provided unambiguous responses to Questior G12 (primary population group). The 38 primary populations reported were:

Developmentally disabled	12
Severely mentally ill	11
Families with children	8
Dually diagnosed	2
Runaway or abandoned youth	2
Other	2
Battered women	1

Adding the 38 cases to the 623-case database would not alter the distribution of cases by primary population appreciably.

Estimation

A substantial proportion of respondents took advantage of the permission to use estimates in their responses. Respondents for 146 Transitional Housing projects (34 percent) used estimates, as did respondents for 59 Permanent Housing projects (31 percent).

C.4 Survey Data Analysis

In the evaluation, only data from the mail survey was subjected to rigorous cross-site analysis. Observations from case studies and focus groups were used generally to interpret the findings from the mail survey.

C.4.1 Descriptive Analysis

Westat used a wide range of simple statistical techniques to produce findings from the mail survey. Westat calculated totals, means, medians, ranges, simple frequencies, range frequencies, and cross-tabulations. Also, Westat calculated a variety of per-project, per-unit, per-person, and per-household means with respect to acquisition, rehabilitation, and operating costs. Means were calculated in two manners. In general, in terms of cost calculations, a mean (average) value was calculated as the mean across projects. For example, per-unit acquisition costs were calculated for each project (total acquisition cost divided by total units), then the arithmetic mean of these quotients was calculated.

C.4.2 Scaling up Responses to the Universe Level

Westat *scaled up* a series of counts to the universe level from the survey data on 85 percent of the SHDP projects. The following figures were estimated at (scaled up to) the universe level: total persons and households in residence; total persons served from 1988 through 1992; total dwelling units; and total acquisition, rehabilitation, and operating costs. Most of the figures reported in the *Final Report*, which are expressed as percentages or means, are not scaled-up.

The procedure consisted of two steps. First, separate *escalating factors* were calculated for Transitional and Permanent Housing projects. The factors were calculated by taking the inverse of the response rates. Among TH projects, the response rate was 87.3 percent. The inverse of 0.87 is 1.145, which became the TH escalation factor. Among PH projects, the response rate was the slightly lower 80.5 percent. The inverse of 0.805 is 1.242, which became the PH escalation factor.

For example, the results of the mail survey showed that 433 Transitional Housing projects consisted of 8,225 dwelling units. Scaling up the number of units using the escalation factor, the total number of TH units among the 496 TH projects was estimated at 9,418.

The scaling up procedure assumes that the projects sponsored by survey nonrespondents were the same as those in the 85 percent overall response. For purposes of this estimating procedure, the number of nonresponding projects was 109, which included projects whose

questionnaires were received after the deadline and projects whose questionnaires were never received.

C.4.3 Total and Monthly Cost of the SHDP Program Per Project, Per Household, and Per Person

All information on costs was self-reported by project sponsors, in response to the mail survey, rather than resulting from an actual audit of costs. In order to calculate the total annual cost of the SHDP program, the "up front" costs (i.e., costs of acquisition of land and buildings and cost of rehabilitation/expansion of buildings) were amortized. Once "annualized," the up front costs were added to the annual operating and supportive service costs. Using this method, the cost calculated was "cost to society" rather than just SHDP program cost or even Federal government cost, which would be much lower due to the ability of grantees to leverage gifts, donations, and grants from various sources.

Several assumptions were made in order to annualize the up front costs. The amortized life of a facility was assumed to be 20 years since the SHDP statute required projects to operate for 20 years. All grants, gifts, and contributions for acquisition and rehabilitation were therefore divided by 20 to obtain annualized costs. The value of grants, gifts, and contributions was included in the cost calculations, based on the assumption that these resources were allocated to project implementation rather than to any long-term asset fund. Furthermore, excluding these resources and including only cash resources would have substantially understated project costs, to the extent that projects relied on donations.

Proceeds from loans were used to acquire and rehabilitate SHDP project property. Loan amounts were amortized assuming a 30-year fixed rate mortgage with 10.25 percent interest (i.e., average rate for the years 1988, 1989, and 1990, based on Freddie Mac statistics provided by the Mortgage Bankers Association). In all likelihood, commercial loans had interest rates somewhat higher, public agency loan rates might have been slightly lower, and residential rates for "non owner occupied" facilities might have been about one percent higher than owner occupied residential mortgage rates. The 30-year, 10.25 percent rate should be viewed, therefore, as a rough approximation for the period when the bulk of the loans were initiated. Fortunately, a sensitivity analysis indicated that knowing the exact loan terms would have had only a negligible effect on the estimates, since operating and service costs accounted for more than 90 percent of the total annual costs for both the TH and PH programs.

To avoid double counting when calculating total annual cost, the principal paid through a mortgage was subtracted from debt costs, since this amount was already included under the annualized loans for acquisition and rehabilitation costs. The estimates of total cost per project, per household, and per person were rounded to the nearest hundred dollars to avoid the implication of greater accuracy than was justified.

Exhibit C-2 Transitional Housing Annualized Cost Estimate Calculations

Acquisition of Land and Building	$ 63,220,000
Rehabilitation and Expansion	146,051,000
Subtotal	$ 209,271,000
Annualized Acquisition and Rehabilitation: 209,271,000 ÷ 20 years =	$ 10,464,000
Annual Operating and Service[1]	$ 107,899,000
Total Annual Cost	$ 118,353,000

			Per Year ($)	Per Month ($)
Cost per Project	118,363,000/428	=	276,549	23,000
Cost per Household	118,363,000/6,079	=	19,470	1,600
Cost per Person	118,363,000/11,067	=	10,695	890

Exhibit C-3 Permanent Housing Annualized Cost Estimate Calculation

Acquisition of Land and Building	$ 23,083,000
Rehabilitation and Expansion	22,336,000
Subtotal	$ 45,419,000
Annualized Acquisition and Rehabilitation: 45,419,000 ÷ 20 years =	$ 2,271,000
Annual Operating and Service[2]	17,904,000
Total Annual Cost	$ 20,175,000

			Per Year ($)	Per Month ($)
Cost per Project	20,175,000/189	=	106,746	8,900
Cost per Household	20,175,000/1,092	=	18,475	1,500
Cost per Person	20,175,000/1,220	=	16,537	1,400

[1] $108,622,000 annual operating and service cost is reduced by annualized acquisition and rehabilitation loan principal repayment [(9,725,713 + 4,941,177) ÷ 20 years] to avoid double counting.

[2] 18,056,000 annual operating and service cost is reduced by annualized acquisition and rehabilitation loan principal repayment [(2,461,690 + 587,822) ÷ 20 years] to avoid double counting.

Further Refinements. Several other refinements to the cost analysis were examined, but not implemented because they introduced added complexity with only marginal improvements to estimated cost. They are discussed below for completeness.

1. Offsets to Operating Costs. It might be argued that the annual operating cost should be reduced (slightly) to reflect the fact that sources of operating funds include revenues generated by the projects that tend to offset costs. However, such offsets would probably be small, and relatively few projects had such revenues, as shown below. Furthermore, "rental income" and "fees paid by homeless residents themselves" could well be considered costs to society and, thus (many would argue), should not be netted out of operating costs.

Sources of Operating Funds that are Generated by the Project and/or Residents	Percent of TH Projects with such income
Rental income (a portion of which is sometimes paid by the tenant)	65%
Resident fees	21%
Business income (thrift or coffee shop)	8% [3]
Lease income from unused facility space	5% [3]

2. Constant Year Dollars. As an approximation, the above cost analyses can be considered to be in 1991 dollars. The actual situation was somewhat more complicated with "operating and service costs" being reported "for the most recently completed operating year." Since the survey data were collected during October through December 1992, operating costs would have been 1991 costs for those projects on a calendar year budget; however, for projects on some other fiscal year, the time period would have been sometime in 1991 through 12 months later in 1992 (but no later than September 1992). It is also acknowledged that annualized upfront costs for acquisition/rehabilitation were treated as fixed annual amortization amounts for loans that were typically taken out in the 1988-90 period; however, because these amortized amounts were less than 10 percent of the total annual cost and because they occurred in a period of low inflation, further adjustment of amortized costs for inflation to produce 1991 constant dollars would have made very little difference in the estimated cost.

3. In-kind Contributions. Finally, it should be noted that the above acquisition and rehabilitation funds *include* all cash funds (from grants, loans, gifts provided by the private sector, federal government and state and local governments). These costs *exclude* non-cash and in-kind contributions. The dollar equivalent *in-kind* contributions are difficult to estimate. For acquisition and rehabilitation/expansion, the in-kind contributions reported by projects would have added very little (one percent more for TH and ¼ percent more for TH) to total annual cost. Note: Half of the TH projects and 3/4 of the PH projects that answered this question, reported

[3]Represented less than 1 percent of operating and service cost.

"zero" in-kind contributions to acquisition and rehabilitation. A question on in-kind contributions for services was not asked. To the extent that contributed services were significant, the cost per person and per household would increase.

4. Pre-SHDP Acquisition. Some SHDP acquisitions may have occurred well before the 1988-1990 period, especially for those projects that were in operation before the SHDP project award. To the extent that this happened, the up front acquisition costs for such projects may reflect cost at the date acquired, and, therefore, be understated in terms of 1991 dollars. On the other hand, the debt service cost portion of operation cost portion of operation cost could have been increased to the extent that facility purchases occurred in the high mortgage rate years of the early 1980's. Once again we believe that any such effect would have very little impact on total annual cost because infrequent occurrence, the modest recent inflation and most of all, the small part acquisition cost plays in total cost.

C.5 Computer Database

Westat constructed a computer database from the responses to the mail survey for HUD. Detailed documentation was prepared for the Department (dated March 2, 1993). The SHDP mail questionnaire database consists of six files. All data files contain a unique Westat-assigned identification number to aid in linking files.

1. CONTACT.DBF

   This dBASE III file contains contact information on the SHDP project and project sponsor, including HUD identification number, project name, sponsor organization name and address, and contact persons. This file existed prior to administering the SHDP mail questionnaire, but was updated during the course of administering the questionnaire. The principal sources of data for this file include SHDP datafiles at HUD headquarters, updates from HUD headquarters and field offices, the telephone verification conducted between November, 1991, and January, 1992, and the mail questionnaire. There are 740 records sorted by HUD identification number -- one for each of the originally mailed questionnaires. This file is provided on floppy diskette.

2. TRAN.DAT

   This file contains coded and edited data collected through the Transitional Housing mail questionnaire, and reflects 433 transitional housing cases. The file includes responses to items in all sections of the questionnaire, with the exception of responses to questions C1 through C45, the supportive service grid. The data format consists of ASCII characters. It is provided on magnetic tape.

3. TRAN_C.DAT

This file contains coded and edited data collected through the Transitional Housing mail questionnaire for 433 transitional housing cases. It includes only the responses to the supportive service grid in Section C (questions C1 through C45). The data format consists of ASCII characters. It is provided on magnetic tape.

4. PERM.DAT

This file contains coded and edited data collected through the Permanent Housing mail questionnaire for 190 permanent housing cases. The file includes responses to items in all sections of the questionnaire, with the exception of responses to questions C1 through C45, the supportive service grid. The data format consists of ASCII characters. It is provided on magnetic tape.

5. PERM_C.DAT

This file contains coded and edited data collected through the Permanent Housing mail questionnaire for 190 permanent housing cases. It includes only the responses to the supportive service grid in Section C (questions C1 through C45). The data format consists of ASCII characters. It is provided on magnetic tape.

6. HUDGRANT.DBF

This file contains data on SHDP grant amounts and the approved uses of SHDP funds. There are 740 records in the file, one for each 1987-90 SHDP project represented in the CONTACT.DBF file (above). HUD provided two project files to be used as sources of grant information. The HUD "original award amount" file provided original award amounts and administrative award amounts for each project. The HUD "year-to-date disbursements" file for November 1, 1992, provided authorized amount, amount disbursed to date, and authorized administrative amount. The administrative amount was not available from either file for years 1987 through 1989. Data on "year-to-date disbursements" was not available from HUD's files for eight SHDP projects. This dBASE III file is provided on floppy diskette.

C.6 Case Studies

Case studies were conducted of 45 SHDP projects. Thirty-five of the projects were selected from among those without reported problems. Ten were selected from among those with reported problems.

C.6.1 Objectives and Instruments

The case study methodology was developed with two objectives in mind. First, the evaluation team would explore and seek confirmation or elaboration of findings from the mail survey. Second, the team would identify exemplary features of successful projects and assess the extent to which these features could be replicated in other projects. Conversely, the team would

identify problems associated with a project's physical and service program development and describe how such problems were overcome.

Westat prepared five interview guides for case studies (with some original materials provided by Aspen Systems and substantial technical review by OKM Associates). Separate sets of questions were prepared for: (1) project directors and staff, (2) outside service providers, (3) State or local government officials, (4) other local experts -- for example, chairpersons of homeless coordinating committees, and (5) HUD Field Office staff. Westat and Aspen conducted two in-person pilot tests of the case study guides and procedures in early 1992. The interview guides were reviewed by HUD and the Expert Panel, revised by Westat, and accepted by OMB.

The evaluators also used a written worksheet to be completed by the projects' representatives prior to the interviews. The worksheet requested an organizational chart, staff list, and salary information on project staff.

C.6.2 Project Selection

Two groups of candidate projects were purposively selected from among the projects with completed questionnaires. To select the first group of projects (projects without significant reported problems), responses from the 623 projects with completed questionnaires were subjected to systematic, computer-aided screening. Projects with reported implementation and service delivery problems were excluded from further consideration (first threshold criterion). A second computer-assisted screening eliminated each project that was located in a community without any other eligible projects (second threshold criterion). (This second screening was implemented to help conserve project resources.) Forty-five projects were then selected purposively with several additional selection criteria in mind: (1) geographic distribution, (2) mix of projects with different primary populations, (3) mix of TH (two-thirds) and PH (one-third) projects, and (4) mix of projects with and without exemplary features. Projects were assigned preliminary designations of *exemplary* and *ordinary*. Exemplary projects had features of interest to HUD and the evaluation team (for example, use of standardized needs assessment tools and availability of a full set of key supportive services appropriate to the primary population). Forty-five projects were selected from the 99 projects that satisfied the threshold criteria (with the intent of obtaining 35 completed case studies). HUD and the Interagency Council on the Homeless reviewed, revised, and approved the final list of projects.

The second group of projects -- so-called *problem* projects -- was selected only from among the projects with reported problems. Problems included the unavailability of needed services, failure to achieve development milestones, and reported start-up problems. A computer-aided screening procedure was used to review survey data and select the candidate projects reporting problems (alternative threshold criteria). Another computer-aided procedure eliminated each project that was located in a community without any other eligible projects. The next step involved purposively selecting 13 projects to obtain 10 completed case studies from among projects that met the problem project threshold criteria. Selection criteria included: (1) attaining a regional distribution of projects, (2) attaining a mix of TH and PH projects, (3) attaining a mix of projects by primary population, and (4) attaining a mix of projects with implementation- and service-related problems. HUD and the Interagency Council on the Homeless reviewed, revised, and approved the final list of projects.

C.6.3 Case Study Procedures

Evaluators from Westat, Inc., Aspen Systems, and OKM Associates contacted project directors for each of the candidate projects. Out of the 45 projects initially contacted, case studies were completed with 43 projects. Only two substitutions were needed. In general, project directors and staffs were highly cooperative. Two-day site visits were conducted for 20 case studies. The remaining case studies were based on four- to six-hour telephone interviews conducted with project directors. In total, 45 case studies were completed.

For every case, the evaluators attempted to interview a HUD Field Office representative. For site visits, evaluators sought interviews with project staff, an outside service provider (especially if the outside service provider was the service coordinator for the project), and an additional homeless expert (for example, the chair of a local homeless coordinating committee or advocacy organization).

During the course of the site visits, the evaluators collected standardized materials, newsletters, press clippings, and other written materials. Standardized materials included resident participation agreements (or leases), house rules, intake interview guides, and needs assessment forms.

A summary write-up was prepared for each of the 45 case studies. The write-ups followed a consistent format, including background information on the project's community; description of the project's physical facilities, residents, services, and costs; identification of exemplary features or problems; and discussion of how to replicate exemplary features or overcome problems. Each write-up was reviewed by Westat and sent to the respective project directors for review. Findings from the case studies were used to amplify findings presented in the *Final Report*.

C.7 Focus Group Procedures

The objective of the focus group discussions was to explore findings from the mail survey and the case studies. In particular, the focus groups explored factors associated with resident outcomes. Two discussions were held -- one with representatives of projects serving Families with Children as the primary population group (all TH projects), and one with representatives of projects serving SMI persons as the primary population (mostly PH projects). Westat assembled two lists of purposively selected 11 projects. Most, but not all of the candidate projects had been included in the case studies. HUD reviewed and approved the candidate lists.

Westat recruited participants from among the projects on the two lists. Six project directors were available and agreed to participate in each focus group discussion. The final number of projects represented in each discussion was five. The session moderators used a written focus group discussion guide. Topics of discussion included monitoring residents who had left the project, resident outcomes at leaving a project and one year later, and assessments of the impact of various factors identified by mail survey and case study respondents as associated with resident success. Findings from the focus group discussions were used to amplify survey results presented in the Final Report.

APPENDIX D

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

This report is based on research conducted by Westat, Inc., in affiliation with its subcontractors, Aspen Systems Corporation and OKM Associates, Inc., under contract to the U.S. Department of Housing and Urban Development. Funding for the evaluation was provided by HUD contract DU100C000005863 and the Interagency Council on the Homeless (ICH). This final report would not be possible without the cooperation of hundreds of supportive housing project directors and staff members.

The evaluators are indebted to the directors and staff of the 623 Transitional and Permanent Housing projects who completed the Supportive Housing Demonstration Program mail questionnaire. Also, the directors and staffs of 45 projects participated in case study interviews and provided invaluable insights into the dynamics of operating a supportive housing project. The case studies provided much of the material in exhibits presented throughout this report and used in a companion publication to this final report, *More Than Housing* (HUD, 1994), a technical assistance guide for developing and operating transitional housing for the homeless. A list of persons representing these 45 projects is provided in Appendix D.

HUD and ICH Direction

The evaluation was conducted under the general supervision of James E. Hoben, Office of Policy Development and Research. Technical review was provided by Helen Guzzo and Jean Whaley, Office of Special Needs Assistance Programs (SNAPs) and Marge Martin, Policy Development Division. Review was provided also by Marsha Henderson, Interagency Council on the Homeless (ICH). Additional senior-level HUD and ICH feedback was provided during a briefing on preliminary results at Westat on March 23, 1993, by Jim Forsberg, Mark Johnston, Ann Wiedl, David Pollack, and Mary Ellen O'Connell, of the SNAPs Office, and George Ferguson of the ICH. A final set of findings was discussed and valuable feedback and guidance were obtained from HUD at a February 24 briefing with Margery Turner, Deputy Assistant Secretary for Policy Development and Research; Kevin Neary, Director, Program Evaluation Division; and Mr. Hoben, Ms. Whaley, Ms. Guzzo, and Ms. Martin. Also, Westat and HUD assembled an Expert Panel of researchers, government officials, and supportive housing sponsors to review the

evaluation design, data collection plan, and data collection instruments. A list of expert panel members is included as Appendix D of this report.

Principal Authors

The principal authors of this report were Mark L. Matulef, Scott B. Crosse, and Stephen K. Dietz of Westat, Inc. Other contributing authors were Gregg Van Ryzin, Michelle Kiser, Lisa Puhl, and Robert Ficke. Editorial services were provided by Carol Robbins, Barbara Brickman, and Diane Steele. Patricia Thayer, Marsha Leizman, and Peggy Houston typed the document and formatted the tables and exhibits.

Research Team

Many researchers contributed to this study by their efforts in the design, data collection, data processing, and analysis. Findings in this report are based largely on a mail survey conducted by Westat between September and December, 1992. Additional data were gathered in the case studies of 45 SHDP projects conducted by Aspen Systems Corporation, Rockville, Maryland, together with Westat and OKM Associates, Boston, Massachusetts. Data were collected also from focus groups with SHDP project directors and from telephone interviews with organizations whose projects were deobligated. The research team included:

Stephen Dietz, Westat, Project Director
Mark Matulef, Westat, Deputy Project Director
Scott Crosse, Westat, Deputy Project Director
Lisa Puhl, Westat, Senior Operations Manager
Michelle Kiser, Westat, Operations Manager
Gudrun Tomasson, Westat, Operations Manager
Doug Duncan, Westat, Senior Systems Analyst
Pat Stouffer, Westat, Systems Analyst
Brent Partello, Systems Analyst
Helen Powell, Westat, Systems Analyst
James Yount, Westat, Coding Supervisor

Gregg Van Ryzin, Westat, Senior Research Analyst
Robert Ficke, Westat, Senior Research Analyst
Mark Sotir, Westat, Analyst
Carol Hannaford, Westat, Editor
Barbara Brickman, Westat, Editor
Diane Steele, Westat, Research Assistant
Patricia Thayer, Westat, Administrative Assistant
Marsha Leizman, Westat, Administrative Assistant
Sandy Gallagher, Westat, Administrative Assistant
Peggy Houston, Westat, Administrative Assistant
Michael Shea, Aspen, Director Case Studies & Technical Assistance Guide
Elaine Nickerson, OKM Deputy Director
Monte Franke, OKM, Director of Case Studies
Christine Barron, Aspen Deputy Project Director
Garrett Moran, Westat, Project Director for Design Phase
Alexa Fraser, Westat, Deputy Project Director for Design Phase
Carol Robbins, Consultant

ADDITIONAL ACKNOWLEDGEMENTS

I. Expert Panel

John Heinberg
U.S. Department of Labor
Washington, DC

Robert Huebner
National Institute on Alcoholism and Alcohol Abuse
Rockville, MD

Sandra Newman
Johns Hopkins University
Baltimore, MD

Debra Rog
Vanderbilt University
Washington, DC

Roger Straw
National Institute on Mental Health
Rockville, MD

Ray E. Willis
U.S. Department of Housing and Urban Development
Chicago, IL

Sr. Veronica Shucks
Project Rainbow
Philadelphia, PA

Cassaundra Brown
Housing Assistance Corporation
Baltimore, MD

Arthur Barham
Veterans Upward Bound
Atlanta, GA

Mollie Lowery
LAMP Village
Los Angeles, CA

Richard Bebout
Community Connections, Inc.
Washington, DC

P. J. Carling
Center for Community Change
Burlington, VT

II. Reconnaissance Visits

Judith Johnson
Roberta Kolp
Gayle Chow
Green Door, Inc.
Washington, DC

Edie Maeda
Woodley House
Washington, DC

Jerry Brutto
Homeless Intervention Services of Texas, Inc.
Houston, TX

Robert Schwab
Helping Our Brothers Out (HOBO)
Austin, TX

Emily Rothschild
South Middlesex Non-Profit Housing Corporation
Framingham, MA

Ellen Rocks
House of Ruth
Washington, DC

Kathleen O'Connor
Elizabeth Winter
Lasell College
Newton, MA

Yvonne Johnson
Tatry House
Annapolis, MD

III. Case Study Interviews

Janice DeAngelis
Maureen Beauregard
Women in Transition
Manchester, New Hampshire

Mercedes Tompkins
Michelle Drum
Casa Myrna Vasques
Boston, Massachusetts

Carol Kent
35 Ledge Street Facility
Providence Center for Counseling/Psychiatric Services
Providence, Rhode Island

Ruth LeBlanc
Tanner House
Providence, Rhode Island

Mary Lou Tietz
Trinity Housing Program
Washington, DC

Andrew Slackman
Mayflower/Canterbury Permanent Housing for Impaired Residents
Alexandria, Virgnia

Patricia M. Veitch
St. Mary's Group Home
St. Mary's County, Maryland

Barbara Monath
Third Step Program
Frederick, Maryland

Diana Bird
McKinney I
Montgomery County, Maryland

Bert Shulimson
Joel Carp
Renee Lepp
Ed Cabin
Bella Myers
Singer Residence
Chicago, Illinois

Chris Valley
The Family Development Center
Atlanta, Georgia

Bill Malone
Comprehensive Addiction Rehabilitation Programs of Georgia, Inc.
Decatur, Georgia

David Bruce
Chris Ramsey
Sandy Ramsey
Leland House
Chicago, Illinois

Phoebe Norton
Friendship House
Boulder, Colorado

David Eisner
Third Way Center, Inc.
Denver, Colorado

Robin Exum
Alberta Parker
Sam Sibley
Elaine Henriquez
Transitional Living Center for Families
Houston, Texas

Donald Marksbury
County Rehabilitation Center Program
Tyler, Texas

Linda Chelotti
Rosehedge II
Seattle, Washington

Nancy Cole
Beacon Hill House
Seattle, Washington

Dan Kubas-Meyer
1 Buttonwood Street
Bristol, Rhode Island

Lorraine Montenegro
La Casita
Bronx, New York

Louise Valentine
Kamana Place
Cleveland, Ohio

Gary Kreuchauf
36 S. Washington Street Project
Central Ohio Mental Health Center
Delaware, Ohio

Tracy Hawkins
Nancy Cronin
Transitional Housing Demonstration
Cleveland, Ohio

Leo LeClair
Mary Ellen Durbin
Daybreak Apartments
Wheaton, Illinois

Renee Campbell Mapp
Heverin House
Louisville, Kentucky

Blanche Cooper
Joan Bryan
Rangeland Road Transitional Housing Program
Louisville, Kentucky

Jan Mitura
Gateway Apartments
Dallas, Texas

Dorla Whitman
Jackson Street
Houston, Texas

Deborah A. Greiff
Folsom Street Facility
San Francisco, California

Robert Barrer
Berkeley Oakland Support Services
Berkeley, California

James McBay
Michael J. O'Malley
J Street House
Tacoma, Washington

Paul Lacasse
Keystone Hall, Pine Street Extension
Nashua, New Hampshire

Phillip Lysiak
The Elms
Bristol, Connecticut

Carlos Pagan
Edwin Trujillo
Tom Napolitano
El Regreso
Brooklyn, New York

Janet Jones
Amandla Crossing
100 Mitch Snyder Drive
Edison, New Jersey

Andrea Ingram
Manus O'Donnell
Tubman Grassroots Center
Columbia, Maryland

Donald Malcolm
The Mustard Seed Inn
St. Petersburg, Florida

Diane Ramseyer
Ravenwood
Huntsburg, Ohio

Elizabeth L. Sturz
Harbor House
Bronx, New York

Roberta Hums
Del-Mor Dwellings Corporation
Delaware, Ohio

David Craft
Transitional Living, Inc.
Hamilton, Ohio

Mike Fitzpatrick
Teen Parent Foster Home
Children's Home Society
Seattle, Washington

APPENDIX E

HISTORY OF SHDP MATCHING FUND REQUIREMENTS

Exhibit E-1

Summary of SHDP Match and Share Requirements, 1987 - 1992

Match Requirements: For 1987-1992 SHDP grants, SHDP paid up to 50% of the costs of acquisition, rehabilitation and new construction.

SHDP paid up to 50% of the costs of development activities subject to a limit of $200,000 per activity, except for high cost areas where the limit per activity was up to $400,000 depending on a high cost percentage determined by HUD.

I. Transitional Housing Requirements for Share, 1987 - 1992

Program Component	Year	Percentage of Share Required	How Share was Required (together or by category)	Regulations
Transitional Housing	1987-88	Five year awards; 50% share each year	Supportive services and operating cost together	6/9/87 Final Guidelines
	1989	Five Year awards; 50% share each year	Supportive services, employment assistance, and operating costs together	11/8/89 Final Rule 24 CFR Part 577
	1990	Five Year awards; 25% for the first two years and 50% for the last three years	Supportive services, employment assistance, child care, and operating costs by category	11/8/89 Final Rule 24 CFR Part 577
	1991	Five Year awards; 25% for the first two years and 50% for the last three years	Supportive services, employment assistance, child care, and operating costs by category	11/8/89 Final Rule 24 CFR Part 577
	1992	Five Year awards; 25% for the first two years and 50% for the last three years	Supportive services and operating costs together	Unpublished Final Rule appended to grant agreement

Exhibit E-1 (continued)

II. Permanent Housing Requirements for Share, 1987 - 1992

Program Component	Year	Percentage of Share Required	How Share was Required (together or by category)	Regulations
Permanent Housing for the Handicapped Homeless	1988	No funding provided for supportive services and operating costs	N/A	10/26/87 Proposed Rule 6/24/88 Final Rule 24 CFR Part 841
	1989	Two year awards; 50% first year and 75% second year	Supportive services and operating costs together	11/8/89 Final Rule 24 CFR Part 578
	1990	Two year awards; 50% first year and 75% second year	Supportive services and operating costs by category	11/8/89 Final Rule 24 CFR Part 578
	1991	Five year awards; 25% for the first two years and 50% for the last three years	Supportive services and operating costs by category	11/8/89 Final Rule 24 CFR Part 578
	1992	Five year awards; 25% for the first two years and 50% for the last three years	Supportive services and operating costs together	Unpublished Final Rule appended to grant agreement

Exhibit E-2

Summary of Allowable
SHDP Match and Share, 1987-1992

Match

Source of Match	87-88	89	90	91	92
Resident Rent			x	x	x
Fair Rental Value/Leasehold			x	x	x
Volunteer Time (89-90, valued at $5 per hr.; 91-92, valued at $10 per hr.)		x	x	x	x
Professional Time (valued at customary rate)					x
Materials		x	x	x	x
Third Party Services					
Fair Market Value	x	x	x	x	x

Share

Source of Share	87-88	89	90	91*	92*
Resident Rent	x	x	x	x	x
Fair Rental Value/Leasehold	x	x	x		
Volunteer Time (89-90, valued at $5 per hr.)		x	x		
Materials		x	x		
Third Party Services		x			

* Share for 1991-1992 grants was required to be cash.

APPENDIX F

SUPPORTIVE HOUSING PROGRAM DEVELOPMENTS

SUPPORTIVE HOUSING PROGRAM DEVELOPMENTS

This appendix summarizes the many significant statutory and administrative developments in the McKinney supportive housing for the homeless programs. In 1992, the Supportive Housing Demonstration Program (SHDP) was transformed from a demonstration into a permanent program. Also, the Transitional Housing Program (TH) and Permanent Housing for the Handicapped Homeless (PH) were combined with Supplemental Assistance to Facilities to Assist the Homeless (SAFAH) into a single Supportive Housing Program (SHP). Also, HUD undertook efforts to improve program administration. These changes for improving the programs were consistent with many of the recommendations made by Transitional and Permanent Housing sponsors, which are described in the next section.

F.1 Recommendations from Project Sponsors

On the 1992 mail questionnaire, the 1987-1990 SHDP project sponsors were given the opportunity to offer opinions on the program. Sponsors were asked to identify aspects of SHDP that they would like changed, including program policies, oversight, and general administration. More than half of the sponsors provided comments. Because the sponsors were responding to open-ended questions (and not to specific questions about particular aspects of SHDP), estimating the percentage of sponsors who held a particular opinion was impossible; nevertheless, getting a sense of the depth of support for an opinion was possible when multiple sponsors offered the same opinion without prompting.

In general, project sponsors expressed satisfaction with SHDP. Yet, they did identify several aspects of the program that they wanted changed. Project sponsors made hundreds of comments on the application process. They recommended most often that the forms be simplified, that more guidance be provided for the development of project budgets, that matching fund requirements be reduced, and that more time be allowed for submitting an application. Also, sponsors expressed an interest in obtaining more feedback on applications. A common comment from Permanent Housing sponsors was that non-profit or local governments should be allowed to apply directly for SHDP funds without going through a state-level intermediary. Many of these suggested changes were addressed by Congressional or HUD actions.

Feedback from and communication with HUD staff were frequently mentioned as needing improvement. Project sponsors indicated that they would have appreciated more interaction with HUD staff during the application process. In the mail survey, case studies, and focus groups, many sponsors offered criticisms of and recommendations for HUD staff, especially Field Office staff. For example, several project directors said they had a hard time getting the Field Office to return phone calls and that different Field Offices were interpreting HUD rules differently. Some project sponsors also recommended that HUD provide more frequent and helpful feedback, and more consistent information.

Also, SHDP project sponsors were asked what changes in other Federal programs should be made. Many project sponsors expressed an interest in greater coordination between Section 8 and supportive housing programs. Sponsors also recommended greater coordination between HUD's programs and welfare programs (Aid to Families with Dependent Children, Supplemental Security Income, Social Security Disability Income, and Food Stamps), especially to make eligibility requirements similar. Other suggestions included allowing Medicaid dollars to be used in

community-based programs and providing more Federal Emergency Management Administration funding to assist with meal and housing costs.

The length of time that TH projects were permitted by HUD to house and provide services to residents was another topic that stimulated comments from TH sponsors. Although most TH sponsors tended not to allow residents to stay the 24 months allowed by the program, the sponsors suggested that some supportive services should be continued once residents left their projects. In case studies and focus group discussions, a theme emerged among TH project staff that continued services and support for residents who leave projects were important to sustain the gains from residency in a TH project. Several projects attempted to provide *continuity of care* for their residents by providing services or service referrals as participants move from more to less supervised housing. The tenure in a TH project, which averaged less than one year, may have sufficed to provide homeless persons and families with some independent living skills, but it may have been an insufficient amount of time to complete education or training programs and attain financial self-sufficiency. Under SHDP rules, TH projects could continue to provide case management and other supportive services for up to six months after a resident left the project (within a 24-month total time limit on service provision). Under SHP rules, supportive housing sponsors were given greater flexibility. They could apply for supportive service funds to be used outside of their residential programs -- for example, for residents who had left their supported residences.

F.2 Statutory and Regulatory Changes

The *Housing and Community Development Act of 1992* included substantive amendments to the *Stewart B. McKinney Homeless Assistance Act*. This 1992 Act terminated SHDP and SAFAH, and, in their place, established the Supportive Housing Program, which encompassed activities eligible under SHDP and SAFAH. SHP also introduced some new program features. For example, the law and its conforming regulations permitted the use of SHP funds for new construction of supportive housing -- without special conditions. In addition, SHP made funds available for supportive services that were not based in residential programs. Other statutory changes concerned eligible applicants, matching requirements, and site control.

The *Housing and Community Development Act of 1992* broadened the range of eligible applicants (State and local governments, public and Indian housing agencies, and nonprofit organizations) for all categories of SHP funding. Matching requirements were changed for the new Supportive Housing Program. Recipients were required to match SHP funds for acquisition, rehabilitation, and new construction with at least an equal amount of cash resources. Such funds could be contributed by the Federal government, State and local governments, or private sources. Site control requirements were significantly modified under the SHP statute and regulations. With the advent of the 1993 SHP funding round, site control was not a factor until the second stage of the application process. Furthermore, grant awardees had up to one year after initial grant award to obtain site control. Applicants did not have to demonstrate site control for housing that would eventually be owned or controlled by the families and individuals served, or where grant funds would be used solely to lease a structure.

The 1992 law and March 15, 1993, *interim rule* provided other significant program changes related to the empowerment and protection of homeless persons. For example, project sponsors must provide for homeless person or advocate representation on their boards of directors or other decision-making bodies. In addition, SHP projects must have written procedures for terminating participants that provide due process before an individual or family can be permanently removed.

The March 15, 1993, *interim rule* also provided for the award of renewal grants for projects whose original SHDP or SHP grant funding has expired. By providing noncompetitive renewal funding, HUD could help ensure that assisted projects continue to be used as supportive housing; regulations require that project sponsors receiving SHP funds for housing acquisition, rehabilitation, or new construction maintain the property as supportive housing for at least 20 years after the date of initial occupancy. Continued Federal funds can be expected to help sponsors fulfill their commitment. The 1993 regulation also included the requirement from the *National Affordable Housing Act of 1990* that projects serving persons with a history of domestic violence maintain confidentiality over project addresses and individual service records.

Congress contributed to program and project stability as well. Since 1988, Congress has appropriated new funding for the *McKinney* Supportive Housing Program -- at about $150 million for fiscal years 1992 and 1993, increasing to $334 million for FY 1994.

F.3 Overview of Other Administrative Efforts

F.3.1. Program Operations

The Office of Special Needs Assistance Programs (SNAPs), which administered SHDP, developed and implemented a set of initiatives to improve program operations and grantee accountability. In 1989, HUD assigned SNAPs the responsibility for administering all of the Department's homeless assistance programs. Prior to this development, responsibility for the *McKinney Act* programs was scattered throughout HUD. SNAPs provided training to HUD Field Office staff and prospective applicants on SHDP and SHP. HUD also increased the predictability of funding for SHDP and SHP by issuing a notice of funding availability (NOFA) at about the same time each year.

In May 1992, HUD began to collect annual, standardized performance data from SHDP grantees through the *Grantee Annual Report* (GAR). The GAR required grantees to present data on their projects' residents, facilities, and services in a standard format. SNAPs has been entering GAR data into a computer database in order to analyze the data for individual project monitoring and overall program evaluation. The GAR was based largely on the SHDP national evaluation's mail survey and has enabled SNAPs to assess ongoing program performance in the context of baseline findings produced by the national evaluation.

F.3.2 Application Procedures

Changes incorporated in the 1993 application process were implemented to reduce the time and resources required to prepare an application. Applicants were given the same amount of time to prepare the application under SHP as in SHDP, but less material was required for the initial application. The greatest change was that the new SHP application process was designed as a two-stage process. In SHDP, applicants had to provide evidence of site control, detailed budgets, and other information in one application. Under SHP, the first stage involved an application that required specific narrative exhibits (for the purpose of rating and ranking applications), an estimated grant amount request, and certifications. Once the applicant submitted the first stage materials, HUD reviewed and ranked the applications, and selected preliminary or conditional awardees. Applicants with projects selected in the first stage were then given three months to

work with their respective Field Offices to provide more specific information on budgets, matching fund documentation, site control evidence, and specific estimated costs. The awarding of actual grants was determined after a review of these second stage application materials.

F.3 Definition of Homelessness

During case study interviews, several SHDP project directors remarked that the definition of homeless was too restrictive and recommended that the definition be expanded. According to several sponsors, supportive housing could be used to prevent homelessness, as well as to serve persons who are already homeless. Directors of PH projects, in particular, mentioned that they believed that persons residing in custodial care institutions, such as mental hospitals, should be considered homeless because they would lack a permanent address if they were discharged. Furthermore, in a focus group, directors of SMI projects said that agencies serving persons with a severe mental illness had to risk discharging persons to the streets, conventional shelters, or dysfunctional families in order to qualify these persons for SHDP. Some agencies expanded emergency housing resources for formerly hospitalized persons to prevent their discharge to the streets or shelters.

The SHDP notices of funding availability (NOFAs) defined the eligible population of homeless families or individuals as those "who lack the resources to obtain housing" and:

- Have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill, but excluding prisons and other detention facilities); or
- Are at imminent risk of homelessness because they face immediate eviction and have been unable to identify a subsequent residence that would result in emergency shelter placement.

The NOFAs also included a definition of a *handicapped person* as "any individual having an impairment that is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently, and is of a nature that the ability to live independently could be improved by a stable residential situation."

The March 15, 1993, SHP NOFA addressed the objective of preventing homelessness. Also, the NOFA expanded eligibility to persons about to be released from custodial care by adding to the target population:

- Persons who are graduating from transitional housing designed for homeless persons; and
- Persons who have been in institutions for more than 30 days and are within a week of being released from institutions, or persons who are within a week of being evicted from dwelling units and lack the resources and support networks needed to obtain

access to housing. However, to the extent that applicants propose to serve such homeless persons, points will not be received under the targeting selection criterion.

This NOFA applied to the use of FY1993 SHP funds.