

CHAPTER 14

HOMELESS ASSISTANCE PROGRAMS AND SERVICE LOCATIONS

Highlights: Homeless Assistance Programs and Their Grouping at Service Locations¹

- In February 1996 an estimated 40,000 programs in the United States met the NSHAPC definition of a homeless assistance program. Food pantries are the most common program type (23 percent), followed by emergency shelters (14 percent), transitional housing programs (11 percent), soup kitchens (9 percent), and outreach and voucher distribution programs (8 percent each).
- Homeless assistance programs report expecting about 3 million contacts from people needing services on an average day in February 1996. Food programs report slightly more than half of these contacts (1.6 million), housing programs about 600,000, health programs only about 140,000, and other programs about 700,000.
- NSHAPC's 40,000 programs are offered in an estimated 21,000 service locations. 51 percent of service locations have only one homeless assistance program, 26 percent offer two, 12 percent offer three, and 11 percent offer four or more programs.
- Service locations' four most common primary missions are offering homeless shelter and/or services (18 percent), offering family services (18 percent), offering general community services (10 percent), and ending hunger (9 percent).
- Most NSHAPC programs do not report any specialized focus on a single type of client, including 84 percent of soup kitchens, 65 percent of permanent housing programs, and 43 percent of both transitional housing programs and emergency shelters.
- About half of all NSHAPC programs are found in central cities (49 percent). Rural communities offer the next largest share (32 percent) and suburban/urban fringe communities offer the smallest share of programs (19 percent).
- Nonprofit providers operate the large majority (85 percent) of homeless assistance programs, including 51 percent operated by secular non-profits and another 34 percent operated by religious non-profits. Government agencies operate 14 percent, and for-profit firms operate only 1 percent of all homeless assistance programs.

¹ Unless noted specifically in the text, all comparisons are statistically significant at $p = .10$ or better, all numbers (e.g., the number of soup kitchens) have a 90 percent confidence interval of no more than 1 percent of their value (e.g., if the number is 10,000, the C.I. is 100), and all percentages presented by themselves have a 90 percent confidence interval no larger than ± 3 percentage points. A confidence interval of ± 3 percentage points means that if the reported percent is 60, 60 is the estimate of the value and the probability is 90 percent that the value falls between 57 and 63 percent. Confidence intervals greater than ± 3 percentage points will be noted in a footnote as: 90% C.I. = $\pm X$ percentage points.

- The programs most likely to have full government funding are the four types of health programs, permanent housing programs, the voucher programs, programs offering housing or financial assistance, and outreach programs. At the other extreme, food programs and “other” programs are most likely to function without any financial support from government.
- 40 percent of all NSHAPC programs are housing programs, 33 percent are food programs, 7 percent are health programs, and 20 percent are other programs. The distribution of program types within central cities, suburban/urban fringe areas and rural areas is very close to the national figures.
- Central cities account for 57 percent of the approximately 3 million expected program contacts, while 20 percent occur in suburban and urban fringe areas and 23 percent in rural communities. The major deviation from this pattern is for contacts with “other” programs, of which 50 percent occur in rural areas.

INTRODUCTION

NSHAPC information on homeless assistance programs and their configuration into service locations provides the first comprehensive description of homeless programs and services since programs funded through the Stewart B. McKinney Homeless Assistance Act of 1987 have been in operation. It also provides the first description at the national level of this service network in rural and suburban areas as well as major cities, and the first look at a variety of services extending well beyond the usual shelters and soup kitchens.

This chapter provides detailed information about program characteristics and the service locations where the programs operate. It starts with an estimate of the number of homeless assistance programs in the United States, reporting this information by program type. Also discussed is an estimate of the total number of people these programs expected to serve on an average day in February 1996—referred to as “program contacts” to remind the reader that an unknown amount of duplication occurs when one sums these answers across programs. The chapter next examines homeless assistance program characteristics such as size, geographical location, organizational affiliation, and funding sources. It then looks at differences in program characteristics associated with a program’s location in a central city, suburban/urban fringe area, or rural area. The last section of the chapter focuses on service organization and co-location. It examines service locations, including their numbers, geographic distribution, the number of programs they offer, and their primary mission. The chapter ends with an exploration of the complex nature of program co-location and the availability of major types of services within programs of different types.

NSHAPC PROGRAMS

NUMBER OF NSHAPC PROGRAMS

Analysis of data from the telephone survey produces an estimate of about 40,000 programs serving homeless people in the United States that meet the NSHAPC definition of a homeless assistance program (Appendix table 14.A1). Food pantries are the most common program type, comprising 23 percent of all programs. Emergency shelters account for 14 percent, transitional housing programs for 11 percent, soup kitchens for 9 percent, and outreach and voucher distribution programs for 8 percent each. No other program type contributes more than 5 percent to the total number of homeless assistance programs.

NUMBER OF PROGRAM CONTACTS

This study obtained information about the number of people each responding program expected to serve on an average day in February 1996. This information has been used to estimate the total number of “program contacts” expected on an average day in February 1996 by all programs combined.² This number is estimated to be about 3 million contacts (Appendix tables 14.A2 and 14.A3). Food programs accounts for slightly more than half of these contacts (1.6 million), housing programs for about 600,000, health programs for only about 140,000, and other programs for about 700,000.

It is important to understand that NSHAPC program staff reports of expected program contacts *cannot* be used to develop a count of the number of homeless people on an average day in February 1996, for a number of reasons. First, many people who are not homeless use soup kitchens, food pantries, and other emergency assistance programs, and are included in programs’ reports of the people they expect to serve. Second, people can use more than one program on a

² “Program contacts” is the most accurate term available to describe the results of summing across programs each program’s guess about how many people it will serve. Person A may use both an emergency shelter and a soup kitchen for lunch on a single day, while Person B may eat breakfast at a drop-in center, lunch at a soup kitchen, and be contacted by a mobile food program at night. Both the emergency shelter and the soup kitchen would report Person A as a “person served,” and the drop-in center, soup kitchen, and mobile food program would each report Person B as a “person served.” For each geographical area sampled, NSHAPC has reports from many (sometimes hundreds) of programs, each one reporting the number of people it expects to serve. This study has no way of estimating the amount of duplication in these reports, and thus no way to determine how many *people* are being represented. Therefore the phrase “program contacts” is employed to remind the reader that these numbers contain an unknown but probably large amount of duplication.

Nor are “program contacts” the same as service units. For instance, a person in contact with an emergency shelter may receive any number of a variety of services. It is particularly important to remember this in relation to food, health, and other services, which are offered in many different venues. Contact with a food (health, other) program is not the only way to get food (health, other services) from NSHAPC programs. “Program contacts” is *not* a measure of how much or what types of service people are receiving from the programs they use. This study does not have a way from either client or program data to calculate numbers of service units of various types or to sum them across programs, service locations, or geographical locations.

given day, and will be reported as an expected service user by each such program. Third, homeless people may receive services from types of agencies that were not included within the NSHAPC program universe, and therefore these data do not contain reports of their non-NSHAPC program contacts.

COMPARING THE DISTRIBUTION OF PROGRAMS AND PROGRAM CONTACTS

This study's information on expected program contacts may be used to learn how many contacts are made with different types of programs and in communities of different types. The distribution of these program contacts may be quite different from the way the programs themselves are distributed. These differences are displayed in figure 14.1.

In figure 14.1, the pie on the left shows the distribution of all NSHAPC programs across program types, which is quite different from the distribution of program contacts across program types as shown in the pie on the right. Shelter/housing programs (emergency shelters, transitional and permanent housing programs, voucher distribution programs, and entities accepting vouchers in exchange for housing) comprise 40 percent of all NSHAPC homeless assistance programs, but expected only 20 percent of all program contacts on an average day in February 1996. Food programs (pantries, soup kitchens, and mobile food programs) show the opposite pattern; they comprise 33 percent of all NSHAPC homeless assistance programs while expecting 53 percent of all program contacts on an average day. Health and other programs are 7 and 20 percent of NSHAPC programs, respectively, and anticipated receiving 4 and 23 percent of all program contacts, respectively.

NSHAPC PROGRAM CHARACTERISTICS

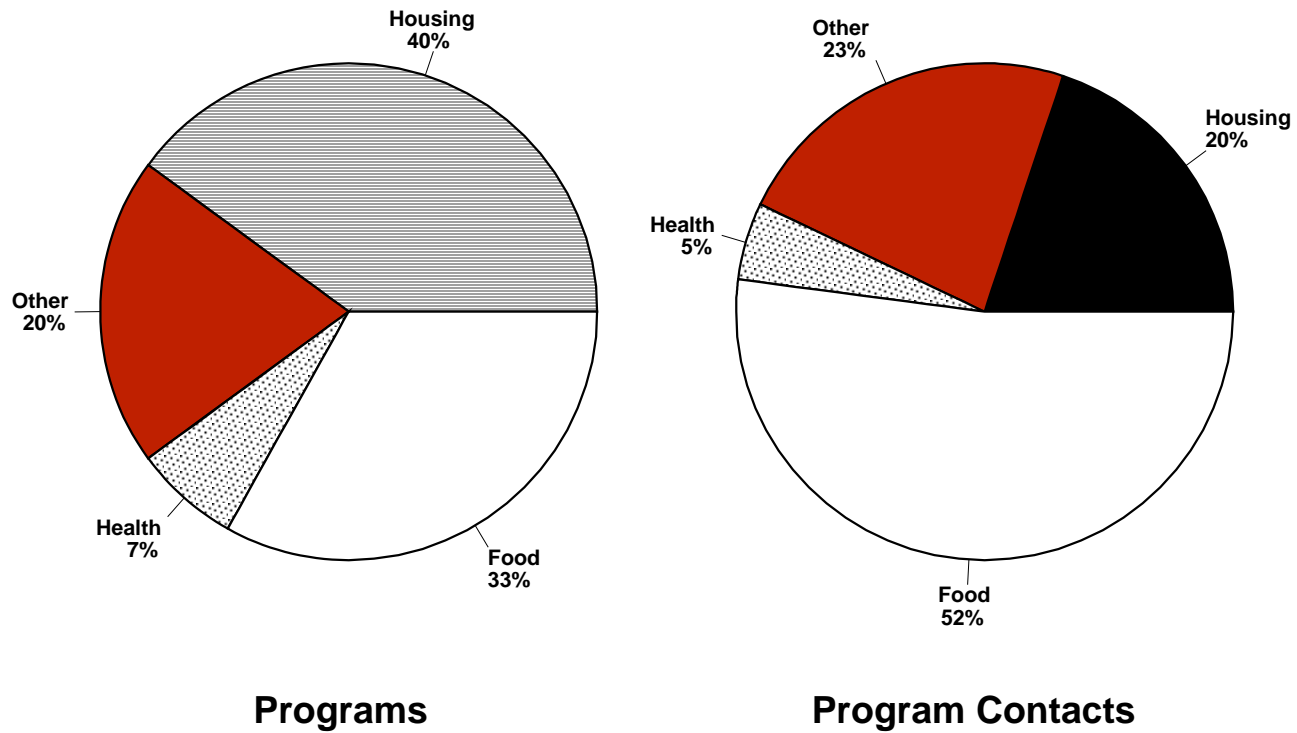
Program Size

Many NSHAPC programs are small and relatively few are very large. Forty-three percent serve 25 or fewer people a day, and only 6 percent expect to serve 300 or more people a day. However, program size varies greatly depending on the type of program in question (Appendix table 14.A4). Fifty-nine percent of shelter/housing programs are small (expecting to serve 25 or fewer people daily) whereas 58 percent of food programs are large (expecting to serve at least 50 people up to hundreds daily). These differences in program size help explain the differences just seen in the proportion of *programs* found in the housing and food categories compared to the proportion of *program contacts* found in those categories (Appendix table 14.A3).

One might expect that the pattern of very large proportions of program contacts being anticipated by the largest programs would change outside of central cities. However, the basic pattern holds in suburban and urban fringe areas and rural areas. Even in rural areas, which have the largest proportion of very small programs and the smallest proportion of very large ones, large programs of every type account for a disproportionately large share of the program contacts.

Figure 14.1

Distribution Of Programs Compared With Program Contacts



Housing programs include emergency, transitional, permanent housing and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, substance abuse, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Program Location By Region and Type of Community

Analyses of the distribution of programs across and within central city, suburban/urban fringe, and rural communities reveal where homeless assistance programs are found. They show a good deal of consistency between the national picture and the local picture.

Eighteen percent of NSHAPC programs are located in the northeast, 28 percent in the south, 30 percent in the midwest, and 24 percent in the west. There are minor variations in this pattern depending on the type of program being examined, but the pattern generally holds across program types (Appendix table 14.A5).

About half of all NSHAPC programs are found in central cities (49 percent overall, ranging from 46 to 51 percent within particular program types). Rural communities offer the next largest share (32 percent overall, ranging from 30 to 41 percent). Suburban/urban fringe communities offer the smallest share of programs overall (19 percent) and in every program category (9 to 23 percent).

The Effects of Revising the NSHAPC

Definition of a Program in Rural Areas

An issue related to program distribution across types of communities is the decision to include in the NSHAPC program universe some programs in rural areas that do not meet the criterion of being programs that have a “focus on homeless people as an intended target population.” In rural areas this criterion was extended to include “programs that serve homeless people,” in recognition that many rural areas may not have specialized homeless assistance programs. Twenty-seven percent of NSHAPC programs in rural areas (8.5 percent of all NSHAPC programs) came into the sample as a result of this revised criterion. Omitting these programs, the distribution of NSHAPC programs meeting the original criterion is 53 percent in central cities, 21 percent in suburbs and urban fringe areas, and 25 percent in rural areas.

Figure 14.2 shows four pairs of bars, one for each of the major program types (housing, food, health, and other). The first bar in each pair shows the geographic distribution across central cities, suburbs and urban fringe areas, and rural areas for one program type with the “revised rural” programs included; the second bar in each pair shows the same distribution with the “revised rural” programs excluded. For each program type, the share located in rural areas goes down once the rural programs that came in under the revised definition are excluded, but these reductions are not the same for each major program type. Housing and food programs change very little. However, there are significant reductions for “other” and health programs. This is consistent with the types of program that were most likely to be added through the revised definition, namely, financial/housing assistance programs available to the general public (e.g., welfare, Public Housing Authorities, programs distributing Emergency Food and Shelter Program funds), drop-in centers, a variety of unclassifiable other programs that are important

elements of the “other program” category, and mental health and substance abuse service programs that are important among health programs.³

Type of Agency Operating Programs

A variety of organizations operate homeless assistance programs, including nonprofit agencies (both religiously affiliated and secular), government agencies, and for-profit organizations. Nonprofit providers operate the large majority (85 percent) of homeless assistance programs, as they have historically (table 14.1). Secular nonprofits operate 51 percent of programs for homeless people, while religiously affiliated nonprofits operate another 34 percent. Government agencies operate 14 percent, and for-profit firms operate only 1 percent of all homeless assistance programs.

There also appear to be some clear deviations from this general pattern, as shown in table 14.1. Religiously affiliated nonprofit agencies account for the majority of food-related programs (55 percent), being especially prominent in providing soup kitchen and other prepared meal services. Secular nonprofits, however, are most likely to provide mobile food services. Government agencies figure most prominently as the providers of physical health, mental health, and financial/housing assistance programs. For-profit firms are relatively prominent in only one area, programs providing housing in exchange for vouchers: commercial hotels, motels, and some board and care homes account for 4 percent⁴ of such programs.

Program Funding Sources

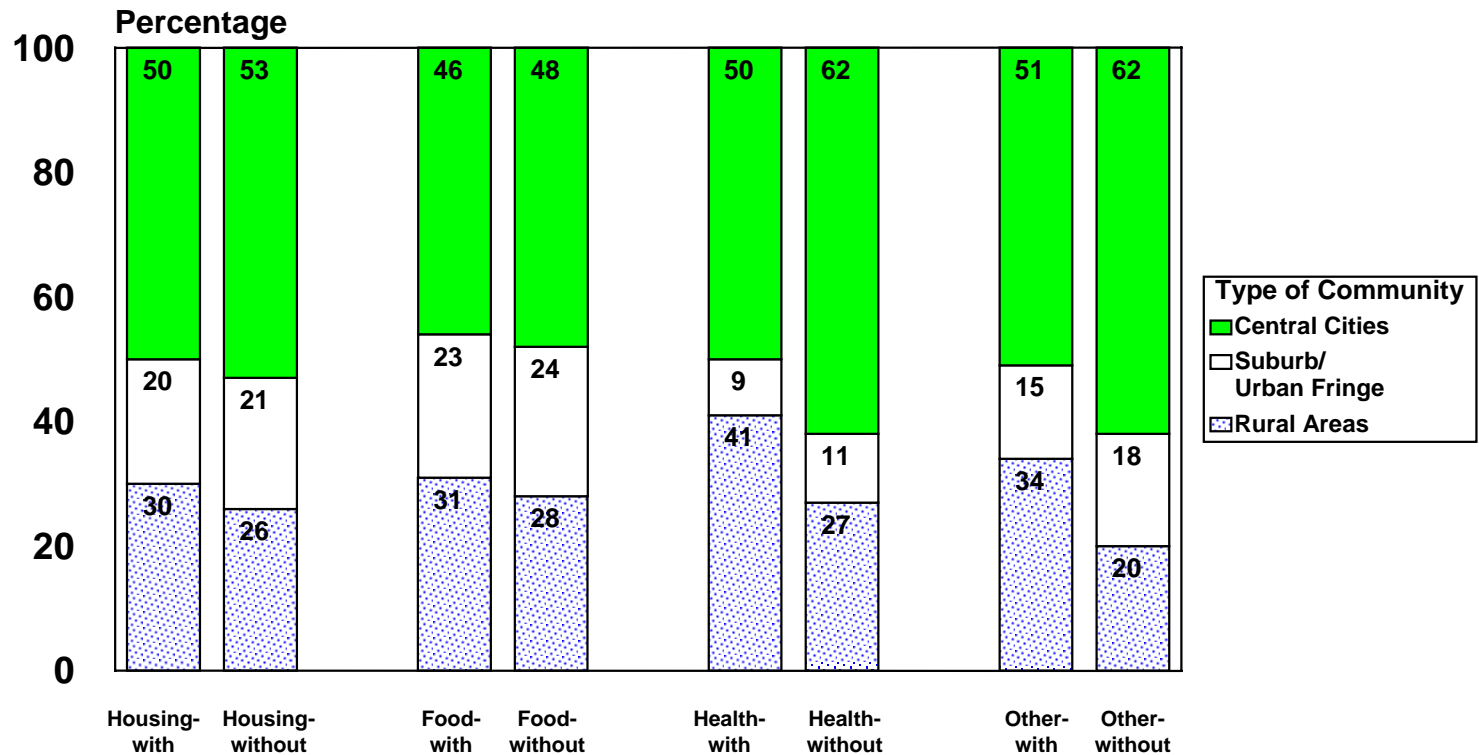
Homeless assistance programs vary a great deal in terms of their funding sources. Slightly more than half of NSHAPC programs either get no government money (34 percent) and rely totally on private contributions, or are completely funded from government sources (23 percent). The remaining programs are distributed fairly evenly in between these two extremes, relying to varying degrees on private and government sources of support (Appendix table 14.A6).⁵ The

³ Chapters analyzing program data retain all of the NSHAPC programs in their analysis, so as to present the most general findings from NSHAPC.

⁴ 90% C.I.= ± 4 percentage points.

⁵ The telephone survey asked two questions: “What percentage of your current funding for the (_____ program) comes from federal, state, or local government?” and “What percentage of your current funding for the (_____ program) comes from individual contributions, foundation or corporate grants, United Way, funding from religious organizations and churches or other private sources?” Answers to the two questions had to sum to 100 percent. No information was obtained about the breakout of funding among the different government sources. Nor was any information obtained about in-kind support such as free use of buildings, donated food, time of volunteers, and so on that can increase a program’s capacity well beyond its cash budget. These in-kind contributions may come from both private and government sources, and may comprise a substantial component of program resources.

Figure 14.2
Geographic Distribution Of Program Types With and Without
Rural Programs Included Under A Revised Definition



Housing programs include emergency, transitional, permanent housing and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, substance abuse, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Table 14.1
Percent Distribution of NSHAPC Programs by Type of Agency Operating the Programs

Program Type	Estimated Number of Programs	Secular Non-profit	Religious Non-profit	Government	For-profit	Total
ALL PROGRAMS	39,670	51	34	14	1	100
<i>Housing</i>	15,890	60	26	13	1	100
Emergency Shelter	5,690	65	29	6	0	100
Transitional Housing	4,400	60	28	10	1	100
Permanent Housing	1,920	56	12	31	1	100
Distribute Vouchers	3,080	52	28	20	0	100
Housing for Vouchers	800	53	23	20	4	100
<i>Food</i>	13,000	39	55	5	0	100
Food Pantry	9,030	41	53	6	0	100
Soup Kitchen/Meal Dist.	3,480	32	65	3	0	100
Mobile Food	490	61	37	0	1	100
<i>Health</i>	2,740	43	5	51	1	100
Physical Health Care	710	32	6	62	0	100
Mental Health	800	32	1	66	1	100
Alcohol or Drug	780	59	10	30	1	100
HIV/AIDS	450	59	5	34	2	100
<i>Other</i>	8,050	56	24	20	1	100
Outreach	3,310	64	17	19	1	100
Drop-in Center	1,790	65	27	8	0	100
Financial/Housing Assist.	1,380	33	20	46	0	100
Other	1,570	49	36	12	2	100

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

programs most likely to have full government funding are the four types of health programs, permanent housing programs, the voucher programs, programs offering housing or financial assistance and outreach programs. At the other extreme, food programs and “other” programs are most likely to function without any financial support from government.

Organizational Affiliation and Funding Sources

There is a clear association between organizational affiliation and sources of funding, as figure 14.3 makes clear. The large majority of religious nonprofit organizations receive little or no government funding (62 percent reported that none and 21 percent reported that less than one-fourth of their funding came from government sources). The opposite is true for government-operated programs, with 73 percent receiving all of their funding from government sources and another 11 percent receiving four-fifths or more from government monies. Both religious nonprofit and government-operated organizations report only minor variations in the proportion of government funds as a function of the type of program being offered. Health programs run by religious nonprofits are most likely to be run without government money, and food pantries run by government agencies nevertheless rely relatively little on government money (Appendix table 14.A7).

In contrast, funding sources for secular nonprofits are much more varied, both overall and in relation to specific types of services. Secular nonprofits are about as likely to receive less than half of their funding from government sources as they are to receive more than half from those sources, with virtually equal numbers receiving none and all of their funding from government monies. In addition, the probability of receiving significant government funds varies a good deal by type of program for secular nonprofits, with food programs being least dependent and health programs being most dependent on government funds. Full details of the association between type of operating agency and reliance on private or government funds appear in Appendix table 14.A7.

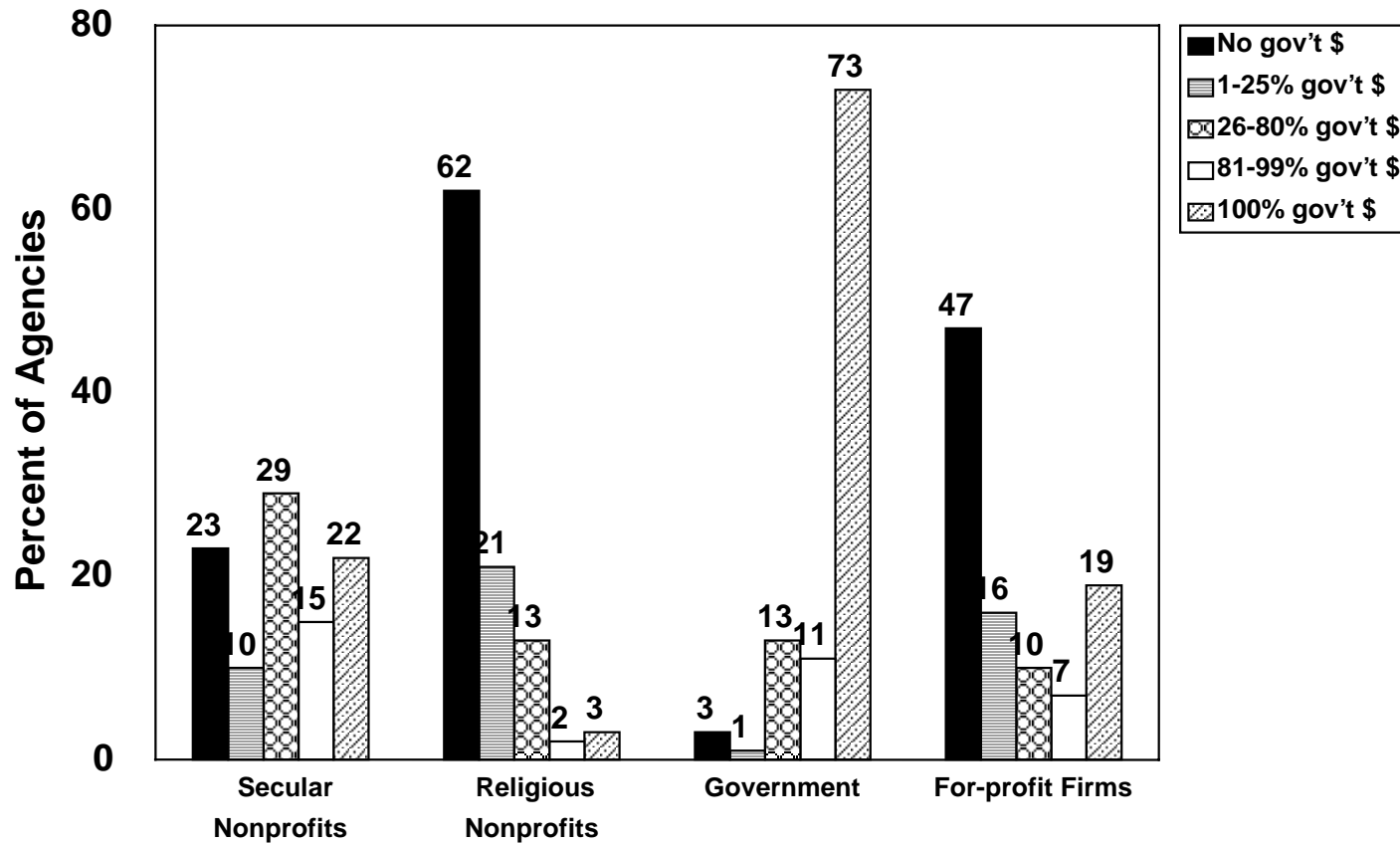
EFFECTS OF URBAN, SUBURBAN, OR RURAL LOCATION

Effects on Program Type

Forty percent of all NSHAPC programs are housing programs, 33 percent are food programs, 7 percent are health programs, and 20 percent are other programs. The distribution of program types within each type of community is very close to the national figures. Housing programs are the largest group in each type of community, ranging from 38 percent of all programs in rural areas to 42 percent of all programs in suburban and urban fringe areas. Food programs as a proportion of all programs within a community type range from 31 to 40 percent, health programs range from 3 to 9 percent, and other programs range from 15 to 21 percent of programs. (Appendix table 14.A1 provides detailed statistics for the four general program categories and for each of the 16 individual program types).

Figure 14.3

Association Between Funding Source And Operating Agency Type



Housing programs include emergency, transitional, permanent housing and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, substance abuse, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Effects on the Distribution of Program Contacts

Central cities account for 57 percent of the approximately 3 million expected program contacts; suburban and urban fringe area programs account for 20 percent of expected program contacts; and programs in rural communities anticipated receiving 23 percent of program contacts. Figure 14.4 (and Appendix table 14.A2) shows how program contacts in the four major program types are distributed across communities of different types, while figure 14.5 shows how program contacts within each of the three types of community are distributed across the major program types.

The share of program contacts made in communities of different types depends heavily on the type of service being offered. The leftmost bars of figures 14.4 and 14.5 show the distribution of all program contacts, to which the remaining bars may be compared. Figure 14.4 shows that higher shares of health program contacts (37 percent) and other program contacts (50 percent) are made in rural communities than is true for housing and food program contacts (14 percent of each are available in rural areas). Central cities account for half or more of program contacts in every program type except “other.” Equally large differences are present in the way in which program contacts are distributed within each type of community. Figure 14.5 shows that the suburbs and urban fringe areas are the most likely to report program contacts in food programs, while rural areas are the only place where program contacts are most frequent in “other” programs.

Effects on Operating Agencies

There are also some significant variations by community type in the nature of the organizations offering homeless assistance programs. Figure 14.6 shows these differences by central cities, suburbs and urban fringe areas, and rural areas (also Appendix table 14.A8). The most consistent difference is that in rural areas, government agencies play a bigger and religious non-profits a smaller role in service provision to homeless people than in metropolitan areas (either in central cities or in suburban and urban fringe areas).

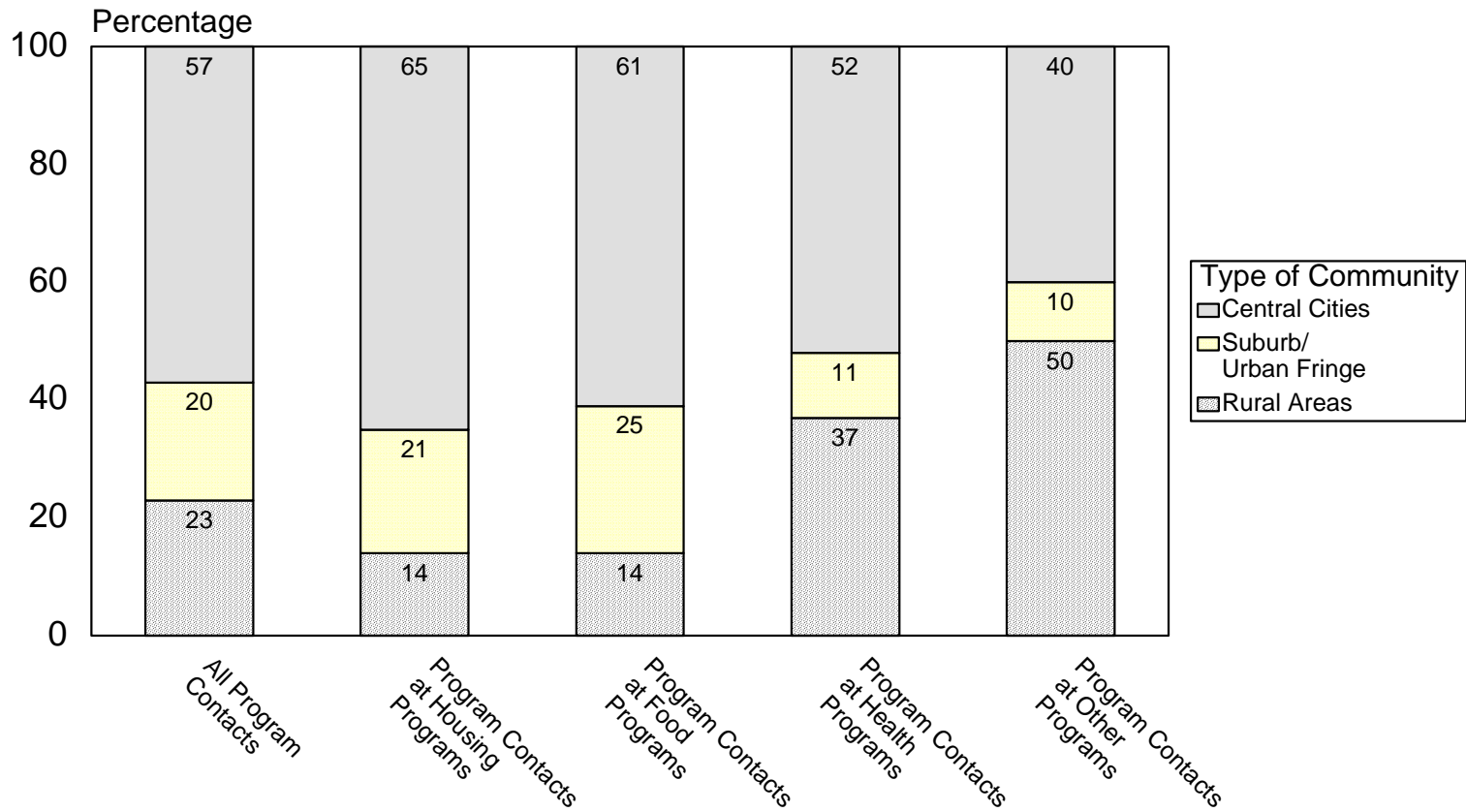
Further differences occur with respect to particular types of programs (detailed statistics may be found in Appendix table 14.A8). Religious non-profits are particularly prominent in central cities as providers of food programs. Secular nonprofit agencies provide 60 percent⁶ of the health programs for homeless people in central cities and 58 percent⁷ of the health programs in suburban/urban fringe areas, with government agencies providing most of the rest. But in rural areas, government agencies operate 84 percent⁸ of the health programs.

⁶ 90% C.I.= \pm 7 percentage points.

⁷ 90% C.I.= \pm 17 percentage points.

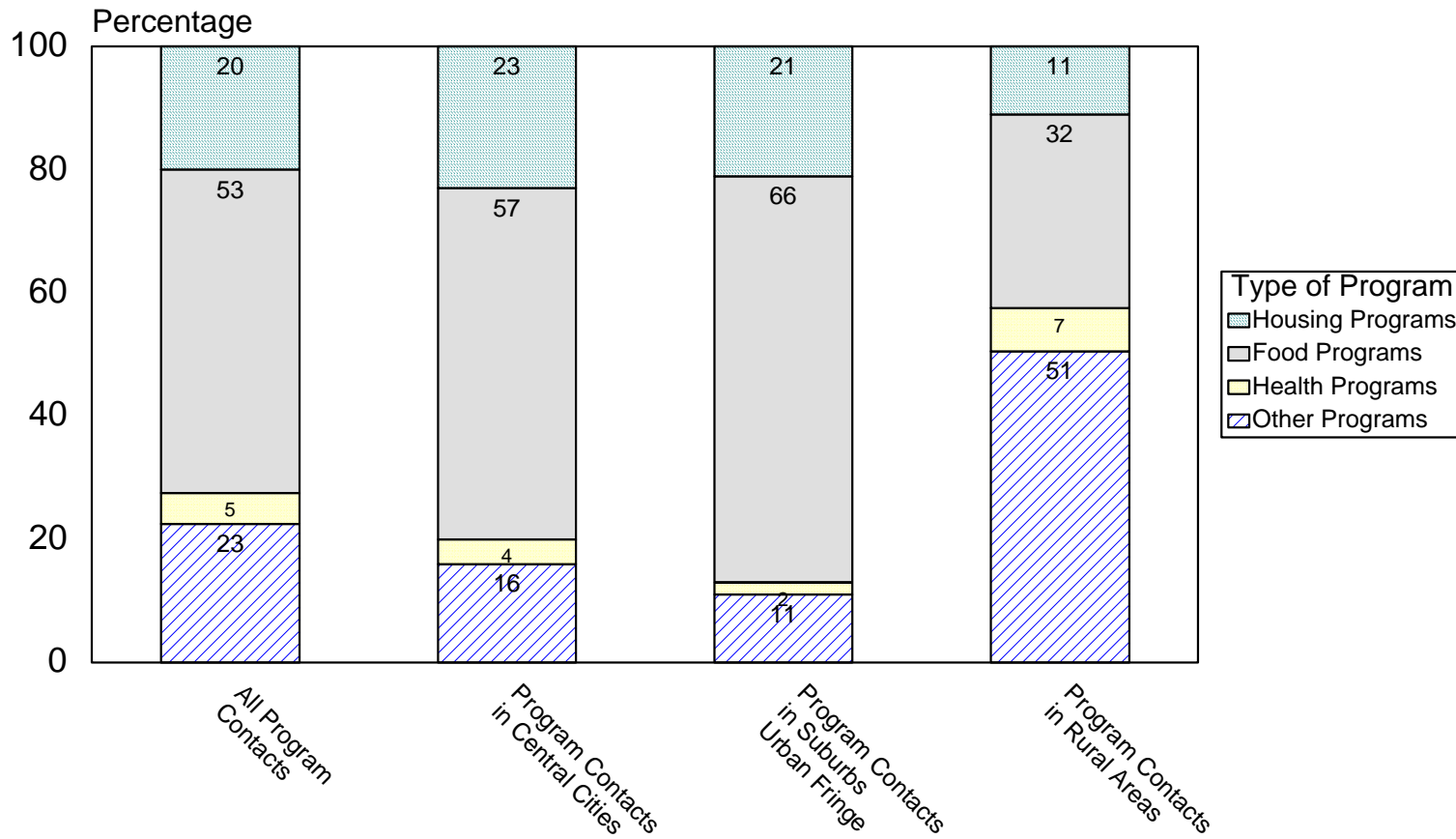
⁸ 90% C.I.= \pm 6 percentage points.

FIGURE 14.4
GEOGRAPHIC DISTRIBUTION OF PROGRAM CONTACTS, BY PROGRAM TYPE



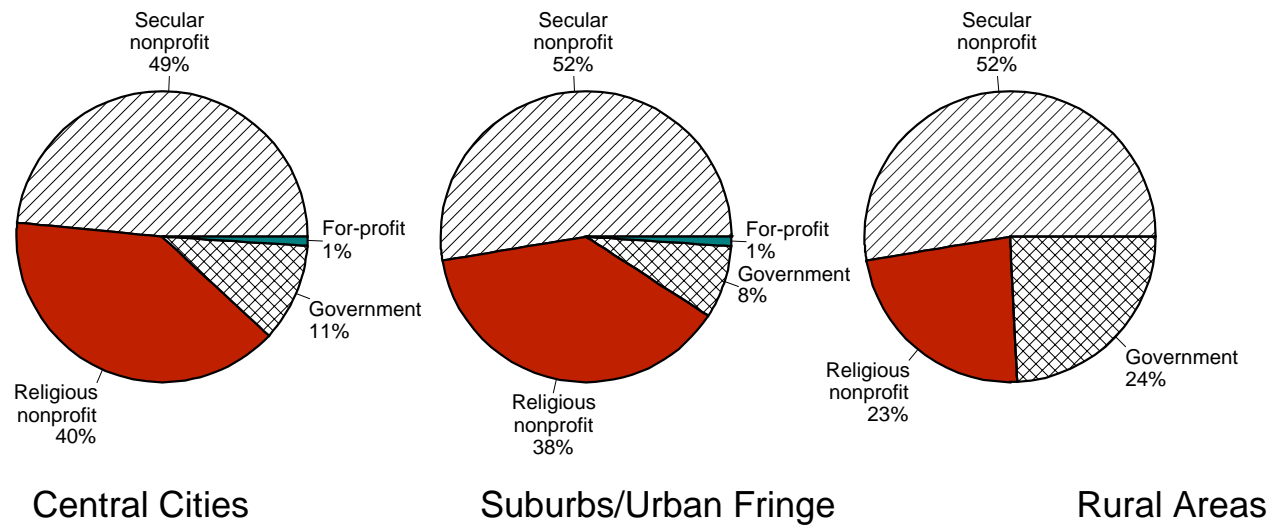
Housing programs include emergency, transitional, permanent housing and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, substance abuse, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

FIGURE 14.5
DISTRIBUTION OF PROGRAM CONTACTS WITHIN TYPES OF COMMUNITIES



Housing programs include emergency, transitional, permanent housing and voucher programs; food programs include pantries, soup kitchens, and mobile food programs; health programs include general health, mental health, substance abuse, and HIV/AIDS programs; other programs include outreach, drop-in centers, financial/housing assistance, and other. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

FIGURE 14.6
 TYPE OF AGENCY OPERATING PROGRAMS, BY COMMUNITY TYPE



. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Effects on Funding Sources

Reliance on government or private funding varies by community type, as depicted in figure 14.7 (also Appendix table 14.A9). Almost a third (32 percent) of rural area programs have full government funding compared to only 14 percent of programs in suburban and urban fringe locations. This finding probably occurs because a prominent set of NSHAPC programs in rural areas are mainstream government service programs such as community action agencies, welfare agencies, or housing agencies. Also, programs in suburban and urban fringe areas are more likely than programs in other types of communities to operate entirely with private resources, with no government funds.

Variations also occur within program types across community types. Eleven percent of rural food programs receive full funding from government compared to 5 and 3 percent, respectively, of food programs in central cities and suburban and urban fringe areas. Central cities are also more likely than other areas to have health programs that rely entirely on private support and receive no government funding.

ORGANIZATION OF PROGRAMS INTO SERVICE LOCATIONS

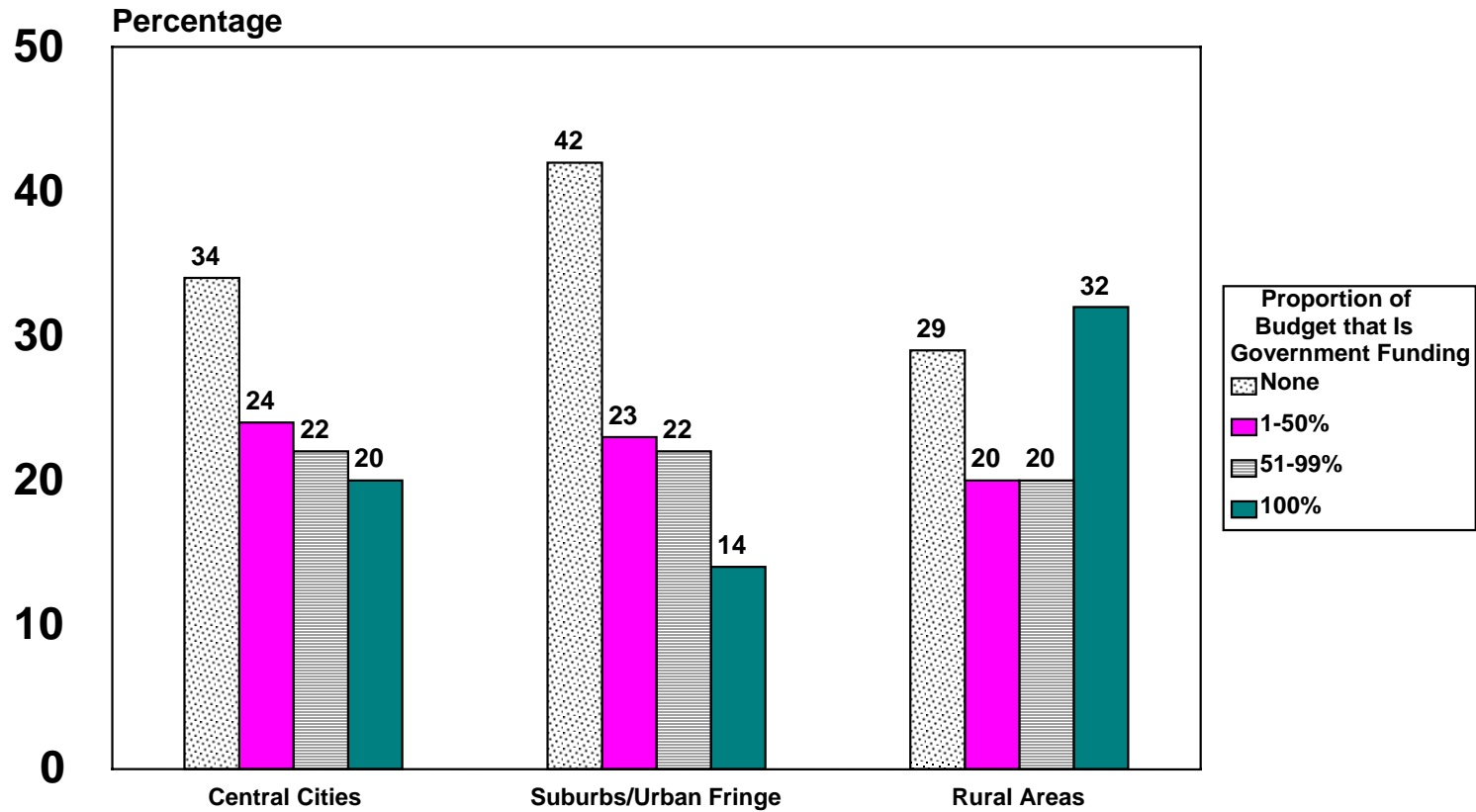
NSHAPC defines a *service location* as the single physical site at which one or more programs operate. A service location is the largest operational unit that NSHAPC can identify and for which data can be analyzed. Estimates based on NSHAPC data suggest there are about 21,000 service locations nationwide that operate at least one program meeting the NSHAPC definitions of homeless assistance programs.

As the array of programs serving homeless people has grown in the past decade, agencies that once had only an emergency shelter or a soup kitchen might now have one or more additional programs at their same *service locations*. For instance, some soup kitchens and some shelters have added mobile food vans to their activities to serve homeless people who will not come to their other programs. Shelters specializing in services to mentally ill or substance abusing homeless people may have added an outreach program to find people living on the streets and offer them services. Emergency shelters may have added a transitional shelter program for people who cannot yet go back into regular housing. This section first examines homeless assistance programs by looking at the larger organizational context in which they operate.

GEOGRAPHIC DISTRIBUTION OF SERVICE LOCATIONS

Table 14.2 presents the distribution of service locations across regions and across central cities, suburbs and urban fringe, and rural areas. The distribution of these service locations mirrors the geographic distribution of homeless assistance programs, with virtually identical proportions of service locations and programs in each region of the country. A little less than half of all service locations are found in central cities, a third are in rural areas, and one fifth are in suburban and urban fringe communities.

Figure 14.7
Variation In Funding Sources, By Type Of Community



Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996." Question 3.14b asked "What percentage of the Current Funding For _____ program comes from federal, state, or local government?"

CHARACTERISTICS OF SERVICE LOCATIONS

Service locations vary considerably with respect to the number of homeless assistance programs offered on their premises, the type of agency operating the programs, and the primary mission of the service location, as shown in table 14.3. Slightly over half of service locations (52 percent) offer only one homeless assistance program. Another 27 percent of service locations offer two homeless assistance programs. The remaining locations offer three or more programs, with the maximum number of programs reported at any service locations being eight (0.1 percent of all locations).

Secular nonprofit agencies operate about half of all service locations identified by NSHAPC (49 percent), followed by religious nonprofit (35 percent) and government agencies (16 percent). Private for-profit firms operate fewer than 1 percent of all service locations offering homeless assistance programs.

Table 14.2
Geographic Distribution of NSHAPC Service Locations

	Percent Distribution of:	
	Programs	Service Locations
Total — Number — Percent	39,700 100	21,400 100
Census Region		
Northeast	18%	18%
South	28	29
Midwest	30	29
West	24	23
Urban/Rural Location		
Central Cities	49%	47%
Suburbs/Urban Fringe	19	19
Rural Areas	32	34
<i>Note:</i> Estimated numbers are rounded to the nearest 100. <i>Source:</i> Urban Institute analysis of weighted NSHAPC program data representing program activities on “an average day in February 1996.”		

Respondents from each NSHAPC service location were asked to describe the primary mission of their services, and were given a choice among nine possible missions plus an “other” category. Each could choose just one. The third panel of table 14.3 shows the most frequently named primary missions. Homeless shelter and/or services and family services are the two most commonly named primary missions, each being selected by 18 percent of respondents. Both are among the nine options offered by the survey. The next two primary missions were described by enough respondents who chose “other” that they rank as the third and fourth most common: offering general services to the community as a whole (9 percent of respondents), and ending hunger (9 percent of respondents). Between 6 and 7 percent of respondents said that offering housing or providing services to battered women was their agency’s primary mission, and another 6 percent identified mental health services as their primary mission. Three percent each said substance abuse services, youth services, and a combination of offering shelter and/or housing plus a focus on ending hunger. Seventeen percent named other primary missions, including delivering general health services, employment and training services, pursuing a religious mission, and offering services for a variety of people including seniors, veterans, children, those with HIV/AIDS, those with disabilities, and ex-offenders. No more than 2 percent of respondents named any one of these as a primary mission.

Table 14.3
Service Locations: Number of Programs,
Type of Agency, and Primary Mission

Number of Homeless Assistance Programs	
1	52%
2	27
3	12
4	5
5 or more	4
Type of Agency Operating Service Location	
Secular Nonprofit	49%
Religious Nonprofit	35
Government	16
Private For-profit	1
Primary Mission of Service Location	
Homeless shelter and/or services	18%
Family services	18
General community services	9
Ending hunger	9
Domestic violence services	7
Housing	6
Mental health services	6
Substance abuse services	3
Youth services	3
Shelter/housing and ending hunger	3
Other	18
<i>Source:</i> Urban Institute analysis of weighted NSHAPC data representing reports of activities on “an average day in February 1996.”	

The type of agency operating a program does not make much difference for the top two primary missions named. Secular and religious nonprofit and government agencies all identified homeless shelter and/or services and family services as their two most common primary missions (there were too few private for-profit firms for this analysis). Third-ranking primary missions did differ by type of agency, with secular nonprofit agencies naming domestic violence, religious nonprofit agencies naming ending hunger, and government agencies naming the provision of general community services as their third most likely primary mission.

ORGANIZATION OF PROGRAMS WITHIN SERVICE LOCATIONS

Having noted that 51 percent of service locations operate only one program (or only program serving homeless people), the question arises of what program types are most likely to be in these situations. These service locations, referred to as “stand-alone” programs, may provide their clients with a wide array of health or social services as part of their basic program, but they are not co-located with another program meeting the NSHAPC definition. In addition, they may house other programs that serve different groups of people, but do not have a focus on serving homeless people.

For the remaining 49 percent of service locations, the question is what program combinations are most common. This section examines NSHAPC data pertinent to these questions. Thereafter, it explores the effects of program specialization (e.g., domestic violence, mental illness, dual diagnosis, veterans) on the probability that the program will be co-located with other programs and services.

Stand-Alone Programs

The estimated 10,900 service locations nationwide that offer only one program meeting the NSHAPC program definition of programs serving homeless people are presented in table 14.4 by major program group and individual program. One way to examine stand-alone programs is to ask what proportion of each type of program is stand-alone (third column of table 14.4). Food programs are the most likely to be stand-alone (33 percent are so), followed by housing programs

Table 14.4
Stand-Alone Programs

Program Type	United States			
	Total Number of Stand Alone Programs	Total Number of Programs	Of All Programs within Type, Percent That Are Stand-Alone	Stand-Alone Programs As a Percent of Total Service Locations
Totals	10,780			Service Locations=100%
Housing	4,350	15,890	27%	21%
Emergency Shelter	1,810	5,690	32	9
Transitional Housing	1,440	4,400	33	7
Permanent Housing	500	1,920	26	2
Voucher Distribution	470	3,080	15	2
Housing with Vouchers	120	800	15	1
Food	4,270	13,000	33%	21%
Food Pantry	3,330	9,030	37	16
Soup Kitchen/Meal Distribution	870	3,480	25	4
Mobile Food	80	490	16	0
Health	470	2,740	17%	2%
Physical Health Care	210	710	30	1
Mental Health	80	800	10	0
Alcohol or Drug	120	780	15	1
HIV/AIDS	70	450	16	0
Other	1,690	8,050	21%	8%
Outreach	280	3,310	8	1
Drop-In Center	120	1,790	7	1
Financial/Housing Assist.	660	1,380	48	3
Other	620	1,570	39	3

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

(27 percent) and other programs (21 percent). Health programs as a group are the least likely to be the only homeless assistance program at their location (17 percent).

This information about major program groups masks considerable variation by individual program type, however. *Within* individual program types, two types of “other” programs are the most likely to be the only NSHAPC homeless assistance program at their service location. These are housing/financial assistance programs (48 percent are stand-alone), and other programs (39 percent are stand-alone, including child care, social services, education and training, and clothing programs).⁹ Other individual program types with a high likelihood of having stand-alone programs are food pantries (37 percent are stand-alone), transitional housing programs (33 percent), and emergency shelters (32 percent). At the other extreme, drop-in centers and outreach programs are the least likely (7 and 8 percent, respectively) to operate from a location that does not run any other homeless assistance programs.

Another way to look at stand-alone programs is to ask what proportion of all service locations are stand-alone programs of each individual program type (fourth column of table 14.4). Stand-alone food programs comprise 21 percent of all NSHAPC service locations. Roughly three-fourths of these are food pantries (16 percent of all stand-alone service locations), comprising the single largest category of stand-alone programs. Stand-alone housing programs comprise another 21 percent of all service locations, with emergency shelters and transitional housing programs being the most numerous among them (9 and 7 percent of all service locations, respectively). For all other individual program types, stand-alone programs comprise no more than 4 percent of all service locations.

Common Program Combinations

A look at common program combinations serves to reinforce the view that configurations of homeless assistance programs are extremely varied. No combination of programs accounts for more than 3 percent of all service locations (table 14.5).

Only 48 percent of all service locations offer two or more homeless assistance programs, with 27 percent offering exactly two and 21 percent offering three or more. Two combinations of two programs each, a soup kitchen plus a food pantry, and a food pantry plus a voucher distribution program, each account for 3 percent of all service locations. Three different combinations of three programs each account for 3 percent of service locations: emergency shelter, soup kitchen and food pantry; emergency shelter, transitional housing, and outreach; and emergency shelter, transitional shelter, and food pantry. There are four combinations that each make up 2 percent of service locations, accounting for 8 percent of all service locations when taken together. The remaining 25 percent of service locations offer a wide variety of program configurations, none of which account for more than 1 percent of service locations.

⁹ For the percentages in this sentence the 90% C.I.= ± 4 percentage points.

Table 14.5
Most Common Program Combinations

Service Locations with:	Number	As a Percent of Total Service Locations
Two Programs Only		
Soup Kitchen & Food Pantry	640	3
Food Pantry and Voucher Distribution	600	3
Emergency Shelter & Food Pantry	470	2
Emergency & Transitional	430	2
Transitional & Food Pantry	220	1
Emergency & Soup Kitchen	190	1
Three or More Programs		
Emergency, Soup Kitchen, and Food Pantry	690	3
Emergency, Transitional, and Outreach	570	3
Emergency, Transitional, and Food Pantry	590	3
Emergency, Transitional, and Soup	520	2
Emergency, Outreach, and Food Pantry	400	2

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

SERVICE LOCATION SPECIALIZATION

In addition to learning how NSHAPC homeless assistance programs cluster within service locations, many people are interested in the specialization or population focus of service locations. For example, some service locations focus their services on homeless unaccompanied youth while others might offer generic services for any homeless individual or family regardless of characteristics. This section looks at service locations that have the most important types of shelter/housing programs and/or soup kitchens. It explores how many have co-located programs (as reported on the telephone survey), and how many offer their clients any of a wide variety of services (as reported on the mail survey).

The first step in this analysis is to examine specialization among the programs of interest.¹⁰ This was done by looking at each program's report of its agency's primary mission and any specific population that is the program's primary focus. Table 14.6 shows the results.

The most obvious finding in table 14.6 is that most programs do not specialize. As many as 84 percent of soup kitchens do not specialize with respect to particular populations or health-related service needs. Lack of specialization also characterizes 65 percent of permanent housing programs and 43 percent of both transitional housing and emergency shelter programs.¹¹

Programs for battered women are the largest specialty group among emergency shelters, at 29 percent of all emergency shelters. With an additional 6 percent of emergency shelters reporting families as a specialization, more than one-third of all emergency shelters appear to have one or another type of family focus. Programs focused on serving people with alcohol and/or other drug disorders, or youth, are the next most common, each with 8 percent of emergency shelters.

Programs for battered women and families continue to be a large component of transitional housing, at 14 and 7 percent respectively. But specialty programs for people with alcohol and/or other drug disorders (14 percent of transitional shelters), people with mental illness (9 percent), or both (5 percent) are equally prominent. HIV/AIDS is rarely a focus for emergency shelters (1 percent), but increases in prominence in the categories of transitional shelter and permanent housing (3 and 9 percent, respectively). Among housing programs, those offering permanent

¹⁰ A program's specialization, or lack of it, is determined using responses to questions about its primary population focus and the service location's primary mission. If *either or both* of these answers indicate a specialization, the program is classified according to that specialization. Decision rules include: any combination that included domestic violence is classified as having a domestic violence specialization; any combination that includes HIV/AIDS is classified as having a HIV/AIDS specialization, and any combination that includes youth is classified as having a youth specialization.

¹¹ For the percentages in this sentence, the 90% C.I.= ± 6 percentage points.

Table 14.6
Special Focus of Housing Programs and Soup Kitchens

	Estimated Number of Programs	As a Percent of Program Category	Percent that are Stand-Alone
Emergency Shelter with:	5,690	100	32%
No Specialization (NS)	2,420	43	25
Mental Health (MH) focus	200	4	10
Chemical Dependency (CD) focus	460	8	13
MH/CD focus	80	1	27
HIV/AIDS focus	80	1	5
Domestic Violence (DV) focus	1,630	29	46
Youth focus	480	8	60
Family focus	340	6	21
Transitional Housing with:	4,400	100	33
NS	1,900	43	30
MH focus	400	9	43
CD focus	620	14	44
MH/CD focus	220	5	51
HIV/AIDS focus	130	3	22
DV focus	620	14	16
Youth focus	190	4	54
Family focus	310	7	28
Permanent Housing with:	1,920	100	26
NS	1,250	65	26
MH focus	300	16	23
CD focus	90	5	26
MH/CD focus	100	5	27
HIV/AIDS focus	170	9	33
Soup Kitchen with:	3,480	100	25
NS	2,920	84	27
MH focus	200	6	18
CD focus	230	6	3
MH/CD focus	90	3	24
HIV/AIDS focus	50	1	4

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996." A specialization was determined based on a program's report of a primary population focus, primary mission, or both.

housing are the least likely to name one population as a specialty.¹² When they do, people with mental disorders top those with alcohol and/or other drug disorders as the main focus of the programs, reversing the situation for transitional shelters.

Are Specialized Programs Stand-Alone Operations?

Table 14.6 also shows the probability that programs with particular specialties will operate in their own location without the co-location of any other NSHAPC homeless assistance program. Approximately one-third of all emergency shelters and transitional facilities are stand-alone programs, as are one-fourth of permanent housing programs and soup kitchens. The likelihood of being a stand-alone program varies, however, with the specialization of the program.

This variation is especially apparent among emergency shelter and transitional housing programs. For example, 46 percent¹³ of emergency shelters for battered women and 60 percent¹⁴ of those for youth are stand-alone programs, compared to only 10 percent¹⁵ of emergency shelters with a mental health focus and 5 percent¹⁶ of those with an HIV/AIDS focus.

Among transitional housing programs the pattern shifts somewhat. Only 16 percent¹⁷ of transitional housing programs with a domestic violence focus are stand-alone—the lowest percentage for any specialization. However, youth programs retain their separation, with 54 percent¹⁸ being stand-alone. Transitional programs specializing in helping persons with substance abuse disorders, with or without accompanying mental health disorders, are also quite likely to stand alone.

¹² If they are programs funded with McKinney Act grants, they are supposed to focus on one or another disabled population. The absence of reported specialization among many of these programs is therefore a point of some interest. It may be that these programs do not have a *single* population on which they focus, although the people they serve are people for whom the funding is intended. As reported in Chapter 15 (table 15.A4), among permanent housing programs 33 percent name persons with mental illness as a population focus, 17 percent name persons with substance abuse problems, 27 percent name those with dual diagnosis, 23 percent name persons with HIV/AIDS, 15 percent name veterans, 16 percent name victims of domestic violence, and 19 percent say they focus on some other (unspecified) population. If a significant proportion of these programs refused to choose a *single* population as their primary focus, it is not hard to see how so many might end up described as having no specialization.

¹³ 90% C.I.= ± 7 percentage points.

¹⁴ 90% C.I.= ± 12 percentage points.

¹⁵ 90% C.I.= ± 11 percentage points.

¹⁶ 90% C.I.= ± 16 percentage points.

¹⁷ 90% C.I.= ± 8 percentage points.

¹⁸ 90% C.I.= ± 20 percentage points.

*Program Clustering and Service Offerings,
By Program Specialization*

The final question to answer with regard to service locations is how program clustering and service offerings vary when one looks at service locations with different specialties. This is the most complete picture available from NSHAPC of what is actually available to the people who go to service locations offering one or more of NSHAPC's main shelter/housing and soup kitchen programs.

Tables 14.7 through 14.10 give this information. Table 14.7 shows program and service configurations for all service locations offering an emergency shelter; tables 14.8, 14.9, and 14.10 do the same for service locations offering transitional housing, permanent housing, and soup kitchen programs, respectively. To give the reader the full picture of what programs and services accompany each type of program, tables 14.7 through 14.10 necessarily contain some redundancy. A service location offering both emergency shelter and transitional housing programs will appear in both table 14.7 and 14.8, and one offering all four programs will appear in all four tables.

Emergency Shelters—Program Co-Location and Available Services. Looking first at table 14.7, the reader will recognize arrayed in columns the variety of emergency shelter program specializations from table 14.6. The first column of table 14.7 gives the total estimated number of service locations with an emergency shelter (approximately 5,690). Continuing *down* the column, the table shows how many emergency shelters are co-located with nine other NSHAPC program types, and how many offer at least some services from eleven of the mail survey service clusters. From the data in this column one can see that 33 percent of service locations with an emergency shelter also offer a transitional housing program, 20 percent offer an outreach program, and so on. In addition, 83 percent serve meals or otherwise assist their clients to obtain food, 77 percent help clients get housing, 64 percent offer mental health services of some variety, and 20 percent offer child care.

Looking *across* the columns in table 14.7, one can see that these percentages for all service locations offering an emergency shelter program may vary considerably depending on what population or special needs group is the focus of the program. For example, looking first at the panel of other types of NSHAPC programs, 20 percent of all service locations with an emergency shelter also have an outreach program. However, this percentage more than doubles when looking at emergency shelters with a mental health focus (to 46 percent¹⁹), and goes down to almost nothing among emergency shelters with a family focus (4 percent²⁰). Voucher distribution programs are most likely to be co-located with emergency shelters that have a family or a HIV/AIDS focus, but are not very common in service locations with other specializations or no specialization.

¹⁹ 90% C.I.= ± 18 percentage points.

²⁰ 90% C.I.= ± 6 percentage points.

Table 14.7
Programs and Services Attached to Emergency Shelters

	Emergency Shelters with:								
	Total	No Specialization	DV focus	Family focus	Youth focus	CD focus	MH focus	MH/CD focus	HIV/AIDS focus
Total	5,690	2,420	1,630	340	480	460	200	80	80
Located with:									
Transitional Housing	33%	37%	27%	16%	12%	55%	47%	56%	54%
Permanent Housing	11	16	3	5	1	13	22	19	44
Soup Kitchen	22	30	7	11	11	47	32	48	44
Food Pantry	34	39	26	52	9	33	42	35	80
Mobile Food	2	2	1	1	2	4	1	4	13
Outreach	20	22	13	4	21	29	46	18	12
Drop-In Center	14	13	9	2	14	32	35	22	45
Voucher Distribution	12	12	9	36	2	6	9	8	41
Housing w/ Vouchers	8	12	3	4		7	7	9	11
Services Provided Onsite: *									
Food	83%	80%	85%	88%	87%	83%	83%	87%	76%
Clothing	70	65	84	56	86	73	76	82	76
Life Skills	65	59	77	49	90	67	70	75	87
Housing	77	70	85	88	59	68	85	83	97
Employment	55	54	46	73	45	65	45	78	53
General Health Care	49	48	43	30	64	64	53	52	91
Substance Abuse	47	49	40	28	64	75	48	71	36
Mental Health	64	51	84	54	95	64	81	85	82
Child Care	20	11	36	38	12	13	3	8	3
Domestic Violence Counseling	43	30	89	44	39	29	12	31	1
HIV/AIDS	40	36	42	20	66	51	37	49	93

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

* Selected services only.

Service locations with an emergency shelter focusing on families, unaccompanied youth, or battered women are the least likely to have many program components. The biggest exceptions to this generalization are that half of emergency shelters for families have an attached food pantry, over one-third of the same programs give out vouchers for housing, and one in five emergency youth shelters have an outreach component. No-specialty emergency shelters and shelters with a health specialization (mental health, substance abuse, both, or HIV/AIDS) are most likely to co-locate with a soup kitchen.

Service availability on-site shows a good deal less variation related to emergency shelter specialization than was the case for co-location with other NSHAPC programs. Help in obtaining food is available in 83 percent of all service locations with an emergency shelter. Most of the remaining columns in table 14.7, reporting on emergency shelters with specializations, do not differ from that average by more than 5 percent. Youth-focused service locations are least likely to offer help finding housing or employment, as might be expected, but are higher than the average on all health-related services. Emergency shelters with a domestic violence focus are at least twice as likely to offer domestic violence counseling as emergency shelters with any other focus, even when compared to programs with a family or a youth focus, which are also quite high in comparison to all other program focuses.

Transitional Housing Programs—Program Co-Location and Available Services.²¹ Turning next to program co-location and service availability for transitional shelter/housing programs, table 14.8 gives statistics parallel to those just examined for emergency shelters. Of the estimated 4,390 service locations reporting a transitional shelter program, (40 percent) are co-located with an emergency shelter program. One-fifth of service locations with a transitional housing program also have a permanent housing program, 23 percent have an outreach program, and 26 percent have a food pantry. Transitional housing programs with a mental health or an HIV/AIDS emphasis are most likely to be co-located with a permanent housing program, whereas transitional programs for battered women and for families are most likely to have a food pantry. Also, non-specialized transitional shelters are quite likely to have a food pantry (30 percent), outreach (27 percent), and permanent housing program (23 percent) operating in their same location. Availability of particular services for clients in service locations with a transitional housing program show variations by program specialization that are very similar to those seen for emergency shelter programs.

Permanent Housing Programs—Program Co-Location and Service Availability. Table 14.9 shows for permanent housing programs their specializations, programs co-located with them, and services available through them. This table does not include columns for domestic violence, families, or youth because permanent housing programs for the formerly homeless do not, as a rule, have these specializations. Table 14.9 indicates that an estimated 1,920 service locations include a permanent housing program. Thirty percent are co-located with an emergency shelter, 44 percent with a transitional shelter, 35 percent with an outreach program, and 30 percent with a food pantry. There are only a few points of variation in program co-location due to specialization (looking across the columns in table 14.9), largely because these

²¹ For this and the next two sections, the 90% C.I.= ± 6 percentage points.

Table 14.8
Programs and Services Attached to Transitional Housing Programs

	Transitional Housing Programs with:								
	Total	No Specialization	DV focus	Family focus	Youth focus	CD focus	MH focus	MH/CD focus	HIV/AIDS focus
Total	4,390	1,900	620	310	190	620	400	220	130
Located with:									
Emergency Shelter	40%	42%	70%	33%	32%	36%	24%	11%	30%
Permanent Housing	20	23	12	24	7	11	30	17	41
Soup Kitchen	16	19	6	14	16	20	8	9	29
Food Pantry	26	30	36	48	15	11	11	10	30
Mobile Food	2	3	2 *		9	2	1 *		7
Outreach	23	27	19	14	22	15	35	23	15
Drop-In Center	14	17	12	3	8	10	12	10	31
Voucher Distribution	11	14	5	27	8	5	7	3	24
Housing w/ Vouchers	9	13	4	5	2	5	12	8	2
Services Provided Onsite: *									
Food	76%	72%	85%	79%	80%	81%	74%	74%	78%
Clothing	69	67	83	79	72	67	61	64	75
Life Skills	73	69	88	76	81	70	68	65	85
Housing	81	80	92	87	77	60	88	68	94
Employment	63	62	65	71	82	68	52	74	54
General Health Care	55	48	52	58	78	61	61	63	91
Substance Abuse	56	52	53	47	65	78	55	67	45
Mental Health	67	58	80	51	80	67	85	80	81
Child Care	21	19	49	33	12	16	1	5	6
Domestic Violence Counseling	38	30	82	46	52	35	23	46	6
HIV/AIDS	49	43	52	38	69	49	53	61	93

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

* Selected services only.

Table 14.9
Programs and Services Attached to Permanent Housing Programs

	Permanent Housing with:					
	Total	No Specialization	CD focus	MH focus	MH/CD focus	HIV/AIDS focus
Total	1,920	1,250	90	300	100	170
Located with:						
Emergency Shelter	30%	35%	23%	16%	12%	25%
Transitional Housing	44	44	49	44	55	36
Soup Kitchen	14	14	13	19	8	4
Food Pantry	30	39	10	10	11	24
Mobile Food	2	2	4 *		8 *	
Outreach	35	35	41	42	27	25
Drop-In Center	13	14	9	14	24	1
Voucher Distribution	18	24	4	5	7	11
Housing w/ Vouchers	13	13	19	14	12	11
Services Provided Onsite: *						
Food	61%	52%	73%	65%	58%	63%
Clothing	52	49	74	54	45	48
Life Skills	65	58	84	66	57	84
Housing	84	85	70	83	72	88
Employment	59	60	88	47	53	54
General Health Care	47	39	72	52	43	84
Substance Abuse	50	49	78	60	54	50
Mental Health	66	54	82	86	78	69
Child Care	15	16	17	1	1	13
Domestic Violence Counseling	28	34	40	15	31	11
HIV/AIDS	47	46	50	52	41	86

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on an average day in February 1996.

* Selected services only.

permanent housing programs either have no specialization or a health-related one. Food pantries are most likely to co-occur in service locations with no specialization or those that specialize in serving persons with HIV/AIDS, drop-in centers are most likely to be found together with permanent housing programs having a focus on persons with both mental health and alcohol and/or other drug abuse disorders, and voucher distribution most commonly happens in service locations with no specialization. At least one-third of all service locations with permanent housing also have an outreach program.

Soup Kitchens—Program Co-Location and Service Availability. Finally, table 14.10 examines program co-location and service availability among locations offering a soup kitchen (an estimated 3,480 service locations). About half (51 percent) of these are co-located with a food pantry, 35 percent with an emergency shelter, and 19-21 percent with a transitional housing program or a drop-in center. As noted earlier, the great majority of soup kitchens (84 percent) do not have any specialization, so the distribution of co-located programs in the second column of table 14.10 looks almost identical to the distribution for all soup kitchens. Among the few soup kitchens with a specialization, the health concerns of substance abuse and mental illness prevail, but services to meet basic needs of food, clothing, and life skills are also available from about two-thirds or more of these service locations.

Table 14.10
Programs and Services Attached to Soup Kitchens

	Soup Kitchens with:					
	Total	No Specialization	CD focus	MH focus	MH/CD focus	HIV/AIDS focus
Total	3,480	2,920	230	200	90	50
Located with:						
Emergency Shelter	35%	33%	69%	27%	32%	52%
Transitional Housing	19	16	44	15	30	58
Permanent Housing	7	6	5	26	13	16
Food Pantry	51	51	58	52	49	72
Mobile Food	6	5	8	3	17	8
Outreach	17	17	22	13	19	14
Drop-In Center	21	16	51	34	36	62
Voucher Distribution	11	11	7	7	14	46
Housing w/ Vouchers	5	5	4	1	2	-
Services Provided Onsite: *						
Food	88%	88%	87%	81%	87%	99%
Clothing	69	67	74	64	80	94
Life Skills	52	47	66	68	63	80
Housing	58	54	63	58	71	93
Employment	47	45	59	42	57	49
General Health Care	42	41	57	33	42	94
Substance Abuse	37	35	77	28	66	36
Mental Health	45	38	64	59	76	93
Child Care	10	8	12	2	5	1
Domestic Violence Counseling	20	17	34	8	30	4
HIV/AIDS	33	28	60	34	41	95

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

* Selected services only.

Appendix Table 14.A1
Percent Distribution of NSHAPC Programs Across Urban/Rural Location

Program	Estimated Number of Programs	Distribution of All NSHAPC Programs Across:			
		United States	Central Cities	Urban Fringe	Rural
Total	39,670	100	100	100	100
Housing	15,890	40	41	42	38
Emergency Shelter	5,690	14	15	15	13
Transitional Housing	4,400	11	15	12	5
Permanent Housing	1,920	5	5	5	5
Voucher Distribution	3,080	8	4	8	14
Housing with Vouchers	800	2	2	3	1
Food	13,000	33	31	40	32
Food Pantry	9,030	23	18	29	26
Soup Kitchen/Meal Dist.	3,480	9	12	9	4
Mobile Food	490	1	1	1	1
Health	2,740	7	7	3	9
Physical Health Care	710	2	2	1	3
Mental Health	800	2	2	1	3
Alcohol or Drug	780	2	2	1	3
HIV/AIDS	450	1	1	1	1
Other	8,050	20	21	15	21
Outreach	3,310	8	10	7	7
Drop-In Center	1,790	5	5	4	4
Financial/Housing Assist.	1,380	3	1	1	8
Other	1,570	4	5	3	3

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

Appendix Table 14.A2
**Service Utilization: Number of Program Contacts Expected on an Average Day
in February 1996, by Urban/Rural Location**

Program Type	Total Expected Number of Program Contacts	Percent Of All Program Contacts Expected
Total	3,058,720	100%
Central Cities	1,736,710	57%
Suburb/Urban Fringe	621,670	20%
Rural	700,340	23%
Total Housing	607,650	100%
Central Cities	397,620	65%
Suburb/Urban Fringe	129,870	21%
Rural	80,170	13%
Total Food	1,603,560	100%
Central Cities	979,760	61%
Suburb/Urban Fringe	408,870	25%
Rural	214,930	13%
Total Health	140,990	100%
Central Cities	73,280	52%
Suburb/Urban Fringe	15,320	11%
Rural	52,390	37%
Total Other	706,510	100%
Central Cities	286,050	40%
Suburb/Urban Fringe	67,610	10%
Rural	352,850	50%

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996." These figures cannot be taken as a "homeless count" for two reasons 1) they include many non-homeless users of food pantries, soup kitchens and other programs; and 2) clients frequently use more than one program in a day.

Appendix Table 14.A3
Distribution of Estimated Number of Program Contacts by Program Size

Program Type	Estimated Number of Program Contacts	Size of Program (Expected Number of Program Contacts on an Average Day)						Total
		1 - 10	11 - 25	26 - 50	51 - 100	101 - 299	300 +	
ALL PROGRAMS	3,058,720	1	4	8	13	25	48	100
<i>Housing</i>	607,650	4	12	16	18	23	28	100
Emergency Shelter	239,560	3	13	16	21	21	26	100
Transitional Housing	160,170	4	15	20	19	22	21	100
Permanent Housing	114,000	2	6	12	12	29	40	100
Distribute Vouchers	67,030	11	13	15	14	17	29	100
Accept Vouchers	26,900	4	11	8	12	27	38	100
<i>Food</i>	1,603,560	0	2	5	10	28	55	100
Food Pantry	1,034,480	1	3	5	10	25	57	100
Soup Kitchen/Meal Dist.	522,290	0	1	3	11	36	49	100
Mobile Food	46,790	0	1	12	7	13	67	100
<i>Health</i>	140,990	1	6	12	27	23	30	100
Physical Health	64,017	0	2	6	22	31	39	100
Mental Health	30,282	3	12	7	46	19	13	100
Alcohol or Drug	23,891	1	14	33	33	10	10	100
HIV/AIDS	22,800	2	4	15	11	17	51	100
<i>Other</i>	706,515	1	3	8	14	20	55	100
Outreach	244,770	1	4	8	18	26	43	100
Drop-in Center	104,070	2	6	19	21	25	28	100
Financial/Housing Assist.	252,774	1	1	3	4	1	91	100
Other	104,901	1	3	8	22	43	22	100

Source: Urban Institute analysis of weighted NSHAPC program data representing estimates of program activities on "an average day in February 1996."

Appendix Table 14.A4
Distribution of NSHAPC Programs by Size

Program Type	Estimated Number of Programs	Size of Program (Expected Number of Program Contacts on an Average Day)						Total
		1 - 10	11 - 25	26 - 50	51 - 100	101 - 299	300 +	
ALL PROGRAMS	39,670	20	23	20	17	14	6	100
Housing	15,890	28	31	21	11	6	2	100
Emergency Shelter	5,690	20	34	24	14	6	2	100
Transitional Housing	4,400	25	35	22	11	6	2	100
Permanent Housing	1,920	24	24	23	11	14	3	100
Distribute Vouchers	3,080	53	22	15	6	3	1	100
Accept Vouchers	800	35	29	18	9	8	2	100
Food	13,000	9	18	17	21	26	11	100
Food Pantry	9,030	9	23	19	19	22	9	100
Soup Kitchen/Meal Dist.	3,480	6	7	12	26	37	13	100
Mobile Food	490	19	6	33	15	10	17	100
Health	2,740	17	25	20	25	10	4	100
Physical Health	710	9	13	17	27	24	9	100
Mental Health	800	21	31	8	34	5	1	100
Alcohol or Drug	780	10	34	33	19	3	1	100
HIV/AIDS	450	32	17	29	12	6	4	100
Other	8,050	23	16	23	21	13	5	100
Outreach	3,310	17	19	20	24	15	5	100
Drop-in Center	1,790	18	18	33	19	10	3	100
Financial/Housing Assist.	1,380	47	8	20	13	2	11	100
Other	1,570	21	15	18	23	20	3	100

Source: Urban Institute analysis of weighted NSHAPC program data representing estimates of program activities on "an average day in February 1996."

Appendix Table 14.A5
Percent Distribution of NSHAPC Programs by Region and Urban/Rural Location

Program	Estimated Number of Programs	Total	Northeast	South	Midwest	West	Total	Central Cities	Suburb/Urban Fringe	Rural
Total	39,670	100	18	28	30	24	100	49	19	32
Housing	15,890	100	18	27	30	25	100	50	20	30
Emergency Shelter	5,690	100	18	30	27	25	100	50	21	29
Transitional Housing	4,400	100	21	31	26	23	100	65	21	15
Permanent Housing	1,920	100	26	20	35	19	100	53	18	29
Voucher Distribution	3,080	100	8	25	38	29	100	25	19	56
Housing with Vouchers	800	100	27	17	26	30	100	54	26	20
Food	13,000	100	19	32	30	19	100	46	23	31
Food Pantry	9,030	100	16	32	34	18	100	39	25	36
Soup Kitchen/Meal Dist.	3,480	100	24	30	24	22	100	65	20	15
Mobile Food	490	100	20	48	16	15	100	52	15	32
Health	2,740	100	12	31	31	27	100	50	9	41
Physical Health Care	710	100	11	41	23	26	100	47	9	44
Mental Health	800	100	11	30	32	28	100	50	10	41
Alcohol or Drug	780	100	11	30	31	28	100	49	7	44
HIV/AIDS	450	100	15	20	40	26	100	59	13	28
Other	8,050	100	19	23	31	27	100	51	15	34
Outreach	3,310	100	22	20	36	22	100	59	16	25
Drop-In Center	1,790	100	22	20	23	35	100	58	17	25
Financial/Housing Assist.	1,380	100	6	26	37	30	100	12	8	80
Other	1,570	100	20	28	25	26	100	59	17	24

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

Appendix Table 14.A6

Percent Distribution of NSHAPC Programs Reporting the Share of Government Funding in their Total Budget

Program Type	Estimated Number of all Programs	0%	1 - 25%	26 - 50%	51 - 80%	81 - 99%	100%	Total
ALL PROGRAMS	39,670	34	13	10	11	10	23	100
Housing	15,890	23	11	11	16	14	25	100
Emergency Shelter	5,690	21	13	13	25	18	10	100
Transitional Housing	4,400	24	11	13	17	15	20	100
Permanent Housing	1,920	15	5	6	10	14	50	100
Distribute Vouchers	3,080	32	9	5	4	6	44	100
Housing for Vouchers	800	16	14	12	6	8	45	100
Food	13,000	51	22	11	7	4	6	100
Food Pantry	9,030	53	22	10	7	4	4	100
Soup Kitchen/Meal Dist.	3,480	48	20	12	6	3	11	100
Mobile Food	490	49	14	22	3	2	11	100
Health	2,740	12	1	13	10	11	55	100
Physical Health Care	710	15	1	17	13	5	49	100
Mental Health	800	3	1	21	5	11	60	100
Alcohol or Drug	780	20	1	1	9	13	56	100
HIV/AIDS	450	13	2	5	15	15	51	100
Other	8,050	33	5	7	9	12	34	100
Outreach	3,310	21	6	5	13	15	41	100
Drop-in Center	1,790	42	6	8	10	11	24	100
Financial/Housing Assist.	1,380	30	2	6	2	11	50	100
Other	1,570	50	6	9	5	10	21	100

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

Appendix Table 14.A7

Relationship Between Type of Agency Operating Program and Degree of Government Funding

Program Type	Estimated Number of Programs	TYPE OF AGENCY OPERATING PROGRAM																					
		Secular Nonprofit						Religious Nonprofit					Government					Private For-Profit					
		0	1-25	26-50	51-80	81-99	100	0	1-25	26-80	81-99	100	0	1-25	26-80	81-99	100	0	1-25	26-50	51-80	81-99	100
ALL PROGRAMS	39,670	23	10	12	17	15	22	62	21	13	2	3	3	1	13	11	73	47	16	6	4	7	19
Housing	15,890	13	8	14	23	19	22	56	21	16	3	5	1	1	8	15	75	50	6	8	5	6	26
Emergency Shelter	5,690	8	9	16	34	24	9	54	26	16	2	2	0	1	13	28	59	21	10	24	23	0	22
Transitional Housing	4,400	11	10	17	22	20	20	57	19	17	5	3	1	0	17	18	64	77	2	4	5	2	10
Permanent Housing	1,920	15	5	10	13	17	41	53	9	23	4	12	0	2	4	14	79	6	27	25	6	6	30
Distribute Vouchers	3,080	28	7	5	5	8	46	62	17	11	1	10	0	0	3	8	89	52	0	0	0	38	10
Accept Vouchers	800	13	9	18	6	11	42	33	40	16	1	10	2	0	6	7	86	Insufficient N					
Food	13,000	41	20	14	11	5	11	61	24	12	1	1	28	2	18	27	24	16	59	0	2	2	21
Food Pantry	9,030	46	22	11	11	4	6	60	24	12	2	1	33	2	19	29	17	3	71	0	0	3	25
Soup Kitchen/Meal Dist.	3,480	25	14	19	11	6	25	60	24	13	1	2	1	3	15	19	62	Insufficient N					
Mobile Food	490	24	13	40	2	2	20	77	17	5	2	0	Insufficient N					Insufficient N					
Health	2,740	41	20	14	11	5	11	78	2	9	8	3	0	0	22	3	75	42	7	0	14	30	7
Physical Health Care	710	27	2	6	38	13	15	95	3	3	0	0	0	0	25	2	73	Insufficient N					
Mental Health	800	8	1	8	7	30	46	62	0	0	13	25	0	0	31	2	66	0	0	0	0	77	23
Alcohol or Drug	780	20	1	2	14	20	43	73	0	11	13	3	0	0	1	2	97	25	26	0	24	25	0
HIV/AIDS	450	13	2	9	22	22	32	68	6	20	6	0	0	0	4	7	89	84	0	0	17	0	0
Other	8,050	26	5	8	13	18	30	76	9	9	3	4	0	0	8	6	86	68	2	11	2	9	8
Outreach	3,310	15	5	7	17	20	38	66	15	8	2	9	0	0	10	12	78	59	6	6	0	6	25
Drop-in Center	1,790	34	5	9	13	14	25	76	8	11	2	4	0	1	3	7	89	Insufficient N					
Financial/Housing Assist.	1,380	43	3	2	5	24	24	65	2	23	9	1	0	0	1	0	99	0	0	0	100	0	0
Other	1,570	30	8	12	8	18	24	91	6	2	1	0	1	1	23	4	72	84	0	16	0	0	0

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

Insufficient N signifies that sample size was too small for data to be reported.

Appendix Table 14.A8
**Percent Distribution of Major NSHAPC Program Types by Type of Agency
Operating Program and by Urban/Rural Location**

Program Type	Estimated Number of Programs	Secular Non-profit	Religious Non-profit	Government	For-profit	Total
Total	39,670	51	34	14	1	100
Central Cities	19,440	49	40	11	1	100
Suburb/Urban Fringe	7,540	52	38	8	1	100
Rural	12,690	52	23	24	0	100
Total Housing	15,890	60	26	13	1	100
Central Cities	7,950	58	31	10	1	100
Suburb/Urban Fringe	3,180	61	27	10	2	100
Rural	4,770	62	17	21	0	100
Total Food	13,000	39	55	5	0	100
Central Cities	5,980	30	67	3	0	100
Suburb/Urban Fringe	2,990	42	55	3	0	100
Rural	4,030	50	39	11	1	100
Total Health	2,740	42	5	51	1	99
Central Cities	1,370	60	8	32	1	100
Suburb/Urban Fringe	250	58	3	36	3	100
Rural	1,120	14	2	84	0	100
Total Other	8,050	56	24	20	1	101
Central Cities	4,110	57	25	16	1	100
Suburb/Urban Fringe	1,210	58	29	12	1	100
Rural	2,740	52	19	29	0	100

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."

Appendix Table 14.A9
**Percent Distribution of Major NSHAPC Program Types Reporting the Share of
Government Funding in their Total Budget by Urban/Rural Location**

Program Type	Estimated Number of all Programs	0%	1 - 25%	26 - 50%	51 - 80%	81 - 99%	100%	Total
Total	39,670	34	13	10	11	10	23	100
Central Cities	19,440	34	13	11	12	10	20	100
Suburb/Urban Fringe	7,540	42	14	9	13	9	14	100
Rural	12,690	29	11	9	9	11	32	100
Total Housing	15,890	23	11	11	16	14	25	100
Central Cities	7,950	24	12	14	16	13	21	100
Suburb/Urban Fringe	3,180	27	9	11	22	12	19	100
Rural	4,770	19	9	6	13	18	36	100
Total Food	13,000	51	22	11	7	4	6	100
Central Cities	5,980	52	21	12	6	3	5	100
Suburb/Urban Fringe	2,990	60	21	7	5	4	3	100
Rural	4,030	42	23	11	8	4	11	100
Total Health	2,740	12	1	13	10	11	55	100
Central Cities	1,370	17	1	4	12	13	53	100
Suburb/Urban Fringe	250	9	2	5	13	31	40	100
Rural	1,120	5	0	28	5	3	60	100
Total Other	8,050	33	5	7	9	12	34	100
Central Cities	4,110	31	7	7	11	13	31	101
Suburb/Urban Fringe	1,210	38	8	9	11	10	24	100
Rural	2,740	35	0	5	4	12	44	100

Source: Urban Institute analysis of weighted NSHAPC program data. Data represent reports of program activities on "an average day in February 1996."