

CHAPTER 15

CLIENT PROFILES FROM THE PROGRAM PERSPECTIVE

Highlights: Program Staff Perceptions of the People They Serve¹

- 76 to 80 percent of NSHAPC programs serve single men, single women, and women with children. Sixty-two percent serve other households with children (usually, two-parent families), and 20 percent serve youth unaccompanied by an adult.
- Voucher distribution programs have the highest rates of serving all population groups except men by themselves and youth. Transitional housing programs are the most selective of all the varieties of housing programs.
- Most homeless assistance programs serve people from several population groups. Relatively few focus exclusively on serving people from a particular population group or with a particular special need.
- Programs in central cities are most likely to report a focus on serving people with special health needs, and programs in rural areas are the least likely to do so. Programs in the suburbs and urban fringe areas are in between.
- Housing programs report that very large proportions (92 percent) of their clients are currently homeless. Food programs report the lowest proportions of users who are homeless (28 percent), followed by health programs (48 percent) and other programs (54 percent). The combined estimate of homeless status from all NSHAPC programs is 61 percent, with estimates being highest among central city programs and lowest among rural programs.
- Program respondents overestimate the proportion of their clients who are homeless. This is true for every program type or location, but is most extreme in suburban/urban fringe and rural areas.

¹ Unless noted specifically in the text, all comparisons are statistically significant at $p = .10$ or better, all percentages presented by themselves have a 90 percent confidence interval no larger than ± 4 percentage points. A confidence interval of ± 4 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 56 and 64 percent. Confidence intervals greater than ± 4 percentage points will be noted in a footnote as: 90% C.I. = $\pm X$ percentage points.

INTRODUCTION

There are many ways to describe people who use homeless assistance programs. Chapters 3 through 13 of this report describe program clients based on information provided by the clients themselves. However, NSHAPC also asked program representatives to describe their clients, inquiring specifically about four aspects of their users' characteristics:

- Population groups, including single men and women, families with children, and youth unaccompanied by an adult;
- Special focuses, including possible focuses on unique populations (e.g., victims of domestic violence, veterans, youth) or on people who had particular special needs (e.g., persons with alcohol, drug, or mental health [ADM] problems or, HIV/AIDS);
- *Primary* focus, if more than one focus was named; and
- Proportion of their service users who are homeless.

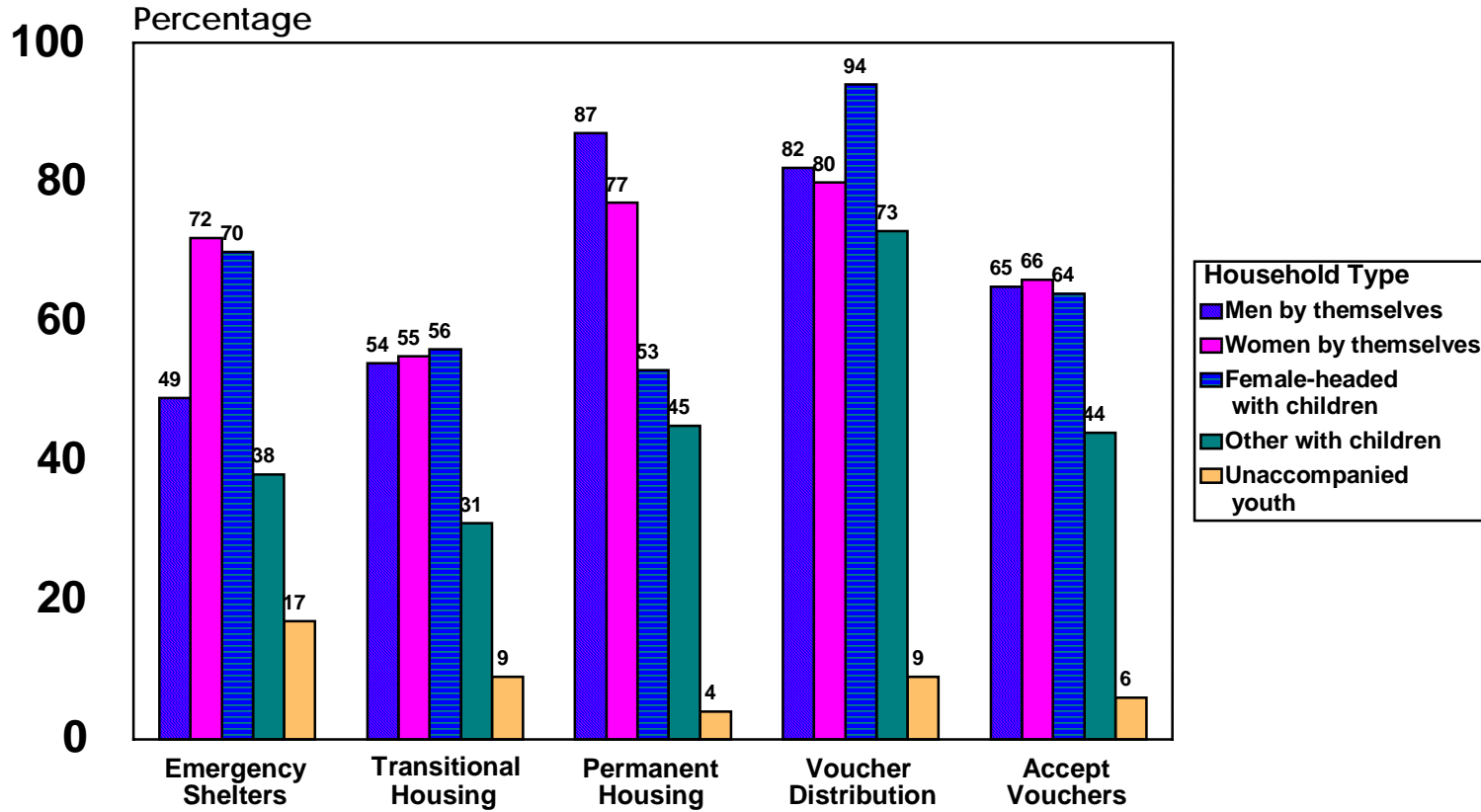
This chapter reports the availability of homeless assistance programs for people with these different characteristics. Results reported here should give the reader a sense of the likelihood that people with different needs will be able to find programs addressing their specific needs and interests among the many varieties of homeless assistance programs in this country.

HOUSEHOLD TYPES SERVED

Of all NSHAPC programs, 76 to 80 percent report that they serve single men, single women, and women with children. Sixty-two percent serve other households with children (usually, two-parent families), and 20 percent serve youth unaccompanied by an adult.

The likelihood that a program will include particular household types among its clientele varies considerably by program type. Shelters and other housing programs are the most likely to say they do not serve one or more household types. Figure 15.1 shows the variations for each of the five specific housing program types (detailed statistics for all 16 NSHAPC program types may be found in Appendix table 15.A1). The special requirements involved in offering sleeping arrangements and interactions over extended periods of time, plus a housing program's mission, may dictate that it concentrate its efforts on a particular type of household. Voucher programs, for instance, concentrate more heavily on households with children than would be expected from the average participation of this household type among all programs. However, this same household type is under-represented in programs supplying permanent housing to formerly homeless people, and two-parent families in particular are only served by about 1 in 3 transitional housing programs. As many transitional and permanent housing programs have specific emphases on serving persons with disabilities, it is not surprising that households with children are underrepresented. Unaccompanied youth are under-represented in all types of housing programs except emergency shelter, most likely due to eligibility rules that require participants to be adults.

Figure 15.1
Types Of Households Served By Housing Programs



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

Food, health, and “other” programs almost universally report that they serve single men and women (Appendix table 15.A1). The proportion serving families with children or youth by themselves is more variable. To get a clearer picture of different programs’ experience serving particular household types, analyses explored the proportion of programs that do not expect to serve anyone from a particular type of household and those that expect people from a particular household type will be most or all of their program’s users (Appendix tables 15.A2 and 15.A3).

Figure 15.2 shows the household types that programs of different types least expect to serve. Looking at the figure it is clear that programs of all types least expect to serve unaccompanied youth, with four-fifths of all NSHAPC programs reporting that they do not expect any of their clients to be unaccompanied minors. Almost 9 in 10 housing programs do not expect to serve any unaccompanied youth, and 3 in 4 food, health, and other programs also say they do not expect to serve this population, whether for reasons of formal program eligibility, concerns about liability, or other reasons.

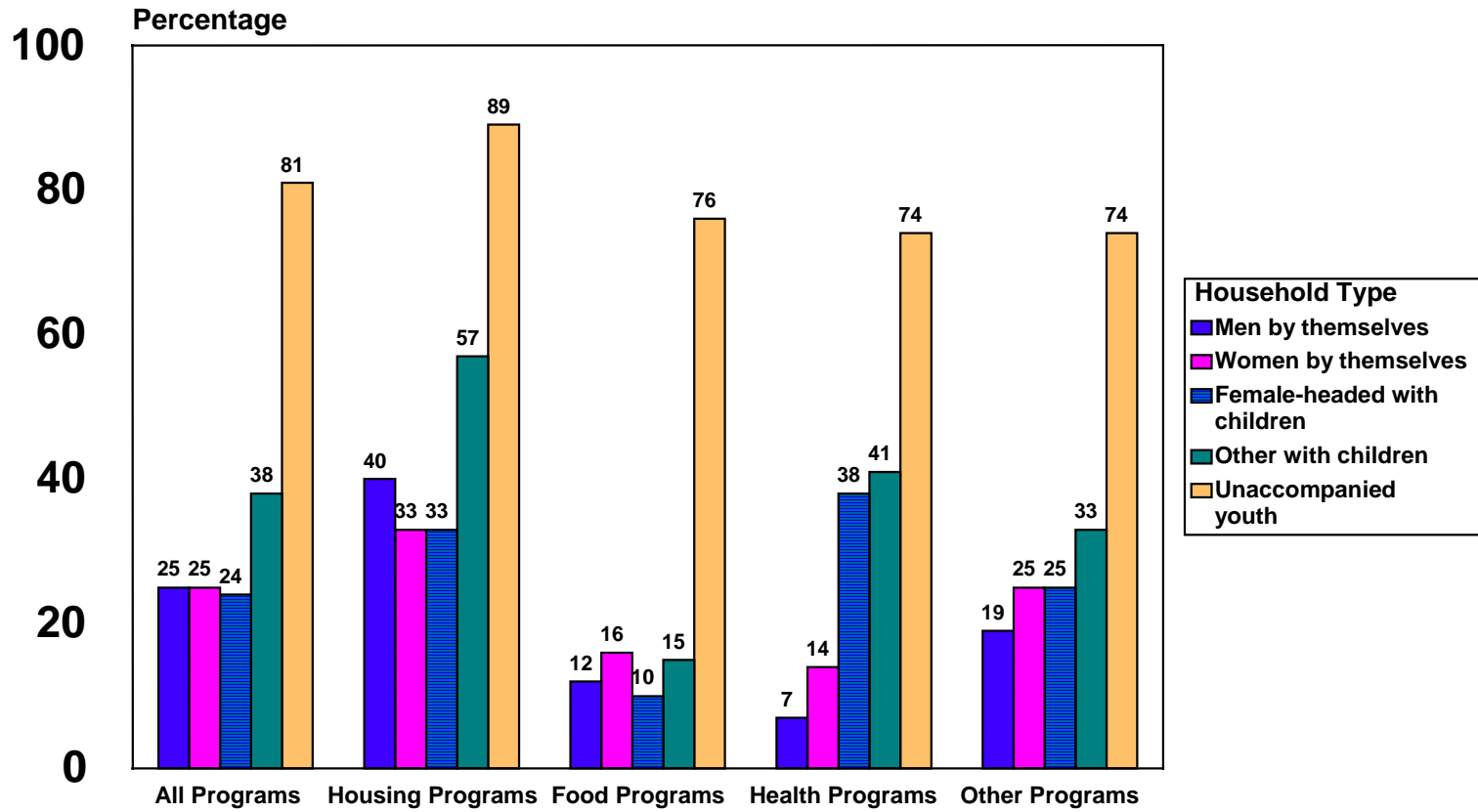
About one-fourth of all programs do not expect to serve single men, and the same is true for the proportion of programs that do not expect to serve single women and women with children. Thirty-eight percent of all programs do not serve other households with children. Housing programs are the most likely not to expect to serve any two-parent families; food programs are the most likely to expect people of all types.

Very few NSHAPC homeless assistance programs draw all or almost all of their clients from a single household type. On average, only 7 percent of programs expect that their users will all be men by themselves, only 2 percent of programs expect their users will all be women by themselves or unaccompanied youth, and only 4 and 1 percent of programs expect their users will all be female-headed families with children or other households with children. Appendix table 15.A3 shows these figures, as well as the minor variations that are found for each of the 16 NSHAPC program types. More types of programs report focusing almost entirely on serving single men than is true for any other household type, yet that proportion, at its highest, is only 16 percent of transitional housing programs and 14 percent² of health programs with an alcohol/drug focus. No important differences were found when these analyses were examined for urban/rural differences.

Given the relatively small proportion of programs with clientele coming mostly from one household type, other approaches were needed to examine NSHAPC information describing program clients. Based on prior knowledge of program configurations, the likelihood that programs serve certain combinations of household types was assessed. A very common combination is serving single adults regardless of gender, but not serving children or youth. Another common combination of household types within homeless assistance programs is women with or without children (i.e., men, whether single or with children, are not served).

² 90% C.I.= ± 8 percentage points.

Figure 15.2
Homeless Assistance Program Reports Of
Household Types They Do Not Expect To Serve



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 15.3 shows results for these two combinations (detailed statistics may be found in Appendix table 15.A3). As is clear in the figure, about 1 in 5 programs concentrate on single adults.³ In fact, more programs expect to serve only single people regardless of gender (20 percent) than expect to serve single men (7 percent) or single women (2 percent) only. Transitional and permanent housing programs, soup kitchen and mobile food programs, health programs, and drop-in centers are particularly likely to anticipate serving all single adults without differentiating by gender.

Looking next at programs serving women by themselves together with female-headed families with children, figure 15.3 indicates that 12 percent of all programs and 22 percent of housing programs have the expectation that these household types will comprise all or most of their clientele. Within housing programs, emergency shelters and transitional housing programs are most likely to reach 100 percent of their clientele serving both. However, outside of the housing programs, relatively few other programs report serving only this combination.

NSHAPC findings clearly indicate that most programs for homeless people serve a broad-based clientele. Further, conducting these same analyses by the programs' urban/rural status did not uncover important differences; central city programs were about as likely as suburban and rural programs to offer services to several household types.

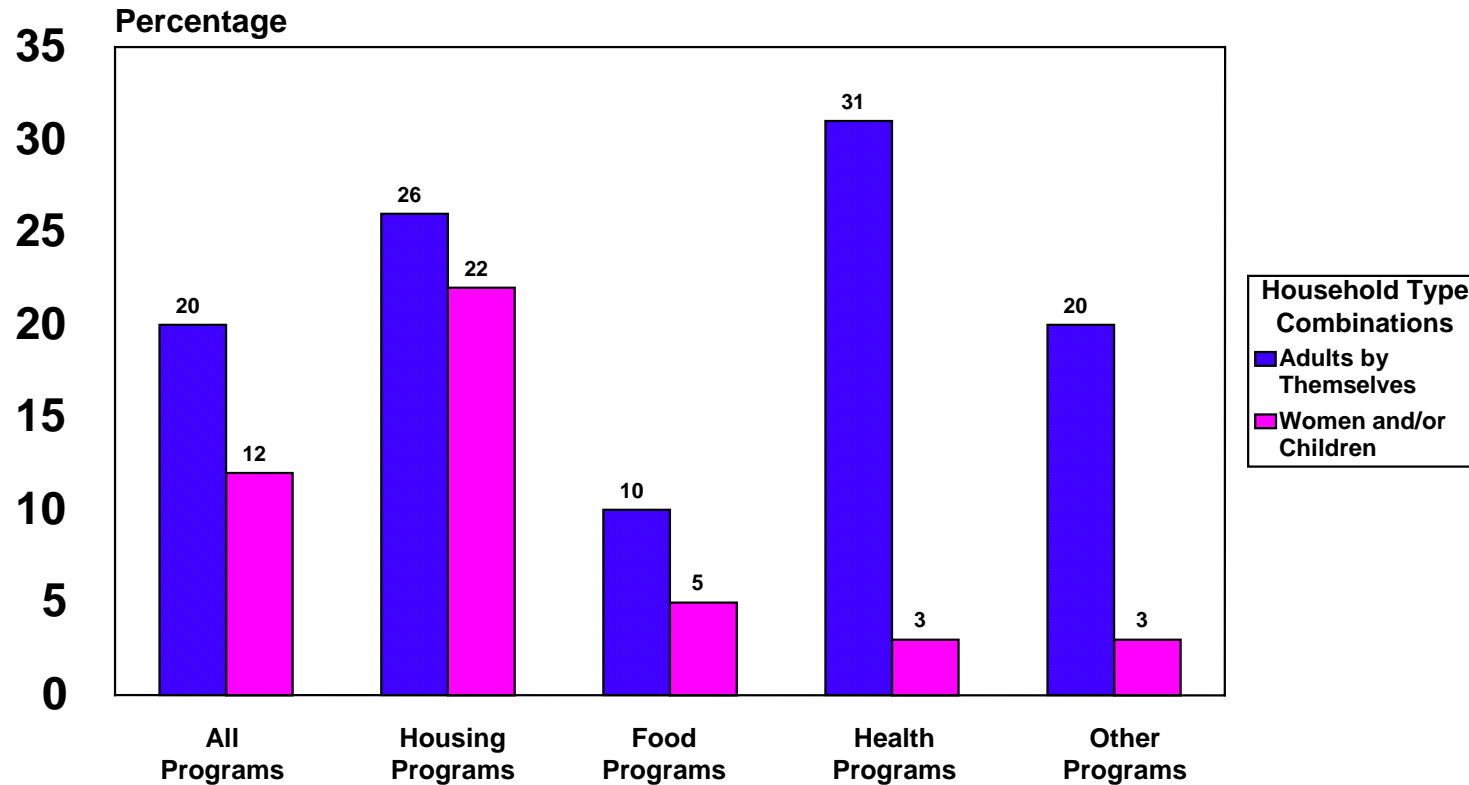
SPECIAL POPULATION OR SPECIAL NEED FOCUS

The next issue to explore with respect to the clients of NSHAPC programs is the degree to which programs report a focus on one or more specific groups of people. NSHAPC program respondents were asked explicitly whether any of three special population groups (victims of domestic violence, veterans, and unaccompanied youth) were a significant focus of their program. Similarly, they were asked whether people with specific health conditions implying special service needs (ADM, or HIV/AIDS) were a significant focus of their program. A final category was "other."

No special needs population was named by more than 19 percent of program respondents. Those suffering from mental illness were a focus for 19 percent, and similar proportions named victims of domestic violence (18 percent), people with alcohol or drug problems (17 percent), and people with both mental health and alcohol or drug problems (18 percent). Veterans were named as a

³ This category includes programs whose users are (1) all single men—7 percent; (2) all single women—2 percent; and (3) all singles, regardless of gender—11 percent.

Figure 15.3
Proportion Of Programs Expecting 96-100 Percent of
Program Contacts To Be Made By Particular Household Types



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."

specific focus for 14 percent of programs, and people with HIV/AIDS by 13 percent. Programs could name more than one focus. Appendix table 15.A4 provides detailed statistics.⁴

Among programs reporting a focus on two or more populations, respondents named many different combinations of two populations, but increasingly fewer combinations of three, four, or more populations. Examining the array of combinations (not shown), many of which accounted for no more than 1 percent of the responses, the data indicate that one of the response options on NSHAPC—persons with mental illnesses and alcohol or other drug disorders (dual diagnosis)—was already a combination, and that respondents were very likely to name this population *along with* one or more other populations. As the number of populations named grew, so did the probability that individuals with a dual diagnosis were included in the combination. Thus, of programs naming exactly two, exactly three, and four or more populations as a focus, 32, 59, and 91 percent, respectively, named individuals with dual diagnosis as one of the populations. Sometimes the additional populations were individuals with only one of the same diagnoses (e.g., those with only alcohol and/or drug problems); sometimes they were a group such as veterans, victims of domestic violence, or those with HIV/AIDS. But the data indicate that individuals with dual diagnoses are the major vector around which revolve most of the other ways of describing the populations served by these multi-focus programs.

Primary Focus

After inquiring about the nature of populations on which a program might focus its efforts, the study asked every program respondent to describe the *primary* focus of their program. Over half of the NSHAPC programs said their program did not have a single primary population on which it focused; another 15 percent said their primary focus was on an “other” population (and 25 percent gave “other” as one of their population focuses). The highest proportion given among the populations named explicitly by the survey was for domestic violence victims (about 10 percent of programs), followed by persons with mental illness (5 percent) and people with alcohol or drug problems (6 percent).

Fully 25 percent of all NSHAPC programs indicated that they focused on an “other” population. Data on the primary mission of a program’s sponsoring agency were reviewed to see whether some of these other populations could be identified.

One of the choices for “primary mission” was “serving families.” Seventeen percent of all programs said that serving families was their primary mission. Five percent of all programs gave the combined responses of an “other” population focus and a primary mission of serving

⁴ The percentages in Appendix tables 15.A4 and 15.A5 are for *all* programs, including those that said they had no special needs focus. NSHAPC did not collect information about the proportion of a program’s users who fit into a special needs population reported to be a program’s focus.

families. Also, 9 percent of all programs did not report any population focus but did say that serving families was the primary mission of their agency. Thus, at least 13 percent of NSHAPC programs have families as a population focus.

Reports of an agency's primary mission are not very useful in identifying the special needs focus of the remaining programs saying they serve an "other" population, however. Among these programs, the largest category of responses to the primary mission question (about one-third of the "other" respondents, and 6 percent of all programs) said their primary mission was to serve *anyone who was homeless or anyone in the community who had a need* (i.e., they did not focus on a particular population). The remaining programs with an "other" population focus were spread among many primary missions, the largest of which did not involve any special needs population as a focus (e.g., "providing housing" or "ending hunger").

Variations in Population Focus by Program Type

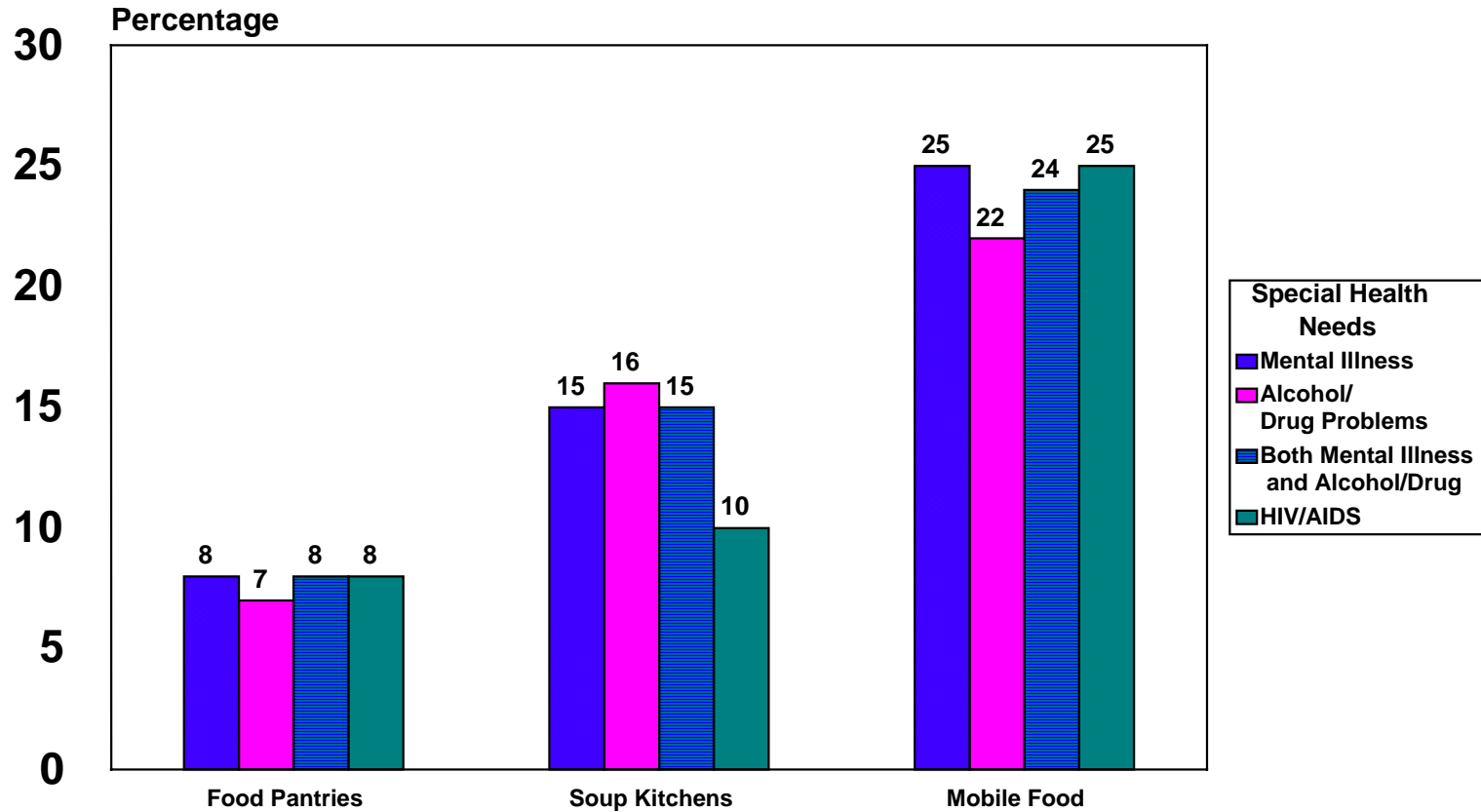
There are significant variations by program type in the likelihood that a program will report a special population focus. The programs most likely to report a primary population focus are the various health programs, outreach programs, and drop-in centers. Food programs report the lowest levels of specialization, and shelter and housing programs are somewhere in the middle. Detailed statistics are reported in Appendix table 15.A4.

For most special populations, program specialization is more likely beyond the emergency shelter level (that is, emergency shelters are more generic, with transitional and permanent housing programs showing more specialization). However, for unaccompanied youth and for women affected by domestic violence, the emergency shelter level is the one most focused on these specific populations. Emergency shelters and establishments accepting vouchers in exchange for housing homeless people are more likely than the average program to report a domestic violence focus, while food programs are less likely to do so.

Within food programs there are some interesting variations in the degree to which they focus on the populations with special health needs (persons with ADM problems, or HIV/AIDS). Figure 15.4 shows that food pantries are the least likely to name these groups as a special focus (fewer than 10 percent do so for any group), and soup kitchens are the next most likely (percentages range from 10 to 16). Mobile food programs are clearly the most specialized among food programs, with 22 to 25 percent⁵ naming at least one of the groups with special health needs as a focus of the program.

⁵ 90% C.I.= ± 11 percentage points.

Figure 15.4
Proportion Of Food Programs Reporting A Focus
On Serving Persons With Special Health Needs



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

Programs specifically for persons with an ADM problem are concentrated in the categories of transitional and permanent housing, voucher-accepting establishments (which in these cases are probably board and care facilities), mobile food, most health, and outreach programs. Not surprisingly, the large majority of mental health, alcohol and drug, and HIV/AIDS programs report a focus on those populations, respectively, as figure 15.5 shows.

Variations in Population Focus by Community Type

The next issue to examine is whether a program's location on the urban/rural continuum affects the probability that it will report a focus on certain special needs populations. The answer is clearly "yes" for some populations and "no" for others, as shown in figures 15.6 and 15.7 (detailed statistics may be found in Appendix table 15.A5). The pattern depicted in figure 15.6 is that programs specializing in serving persons with an ADM problem, HIV/AIDS, or any combination of these conditions are most prevalent in central cities and least prevalent in rural areas, with programs in the suburbs and urban fringe areas falling somewhere in between. This pattern is particularly strong for housing programs and "other" programs (Appendix table 15.A5).

On the other hand, whether or not a program reports a special focus on victims of domestic violence, veterans, or unaccompanied youth is not much affected by its geographic location. Figure 15.7 shows the consistency of reporting a special focus on these groups across community types for all programs. There are only minor deviations from this general pattern when one looks at housing, food, health, and other programs separately; for example, rural health programs are the most likely to report a focus on veterans whereas health programs in the suburbs and urban fringe areas are the least likely to do so (Appendix table 15.A5).

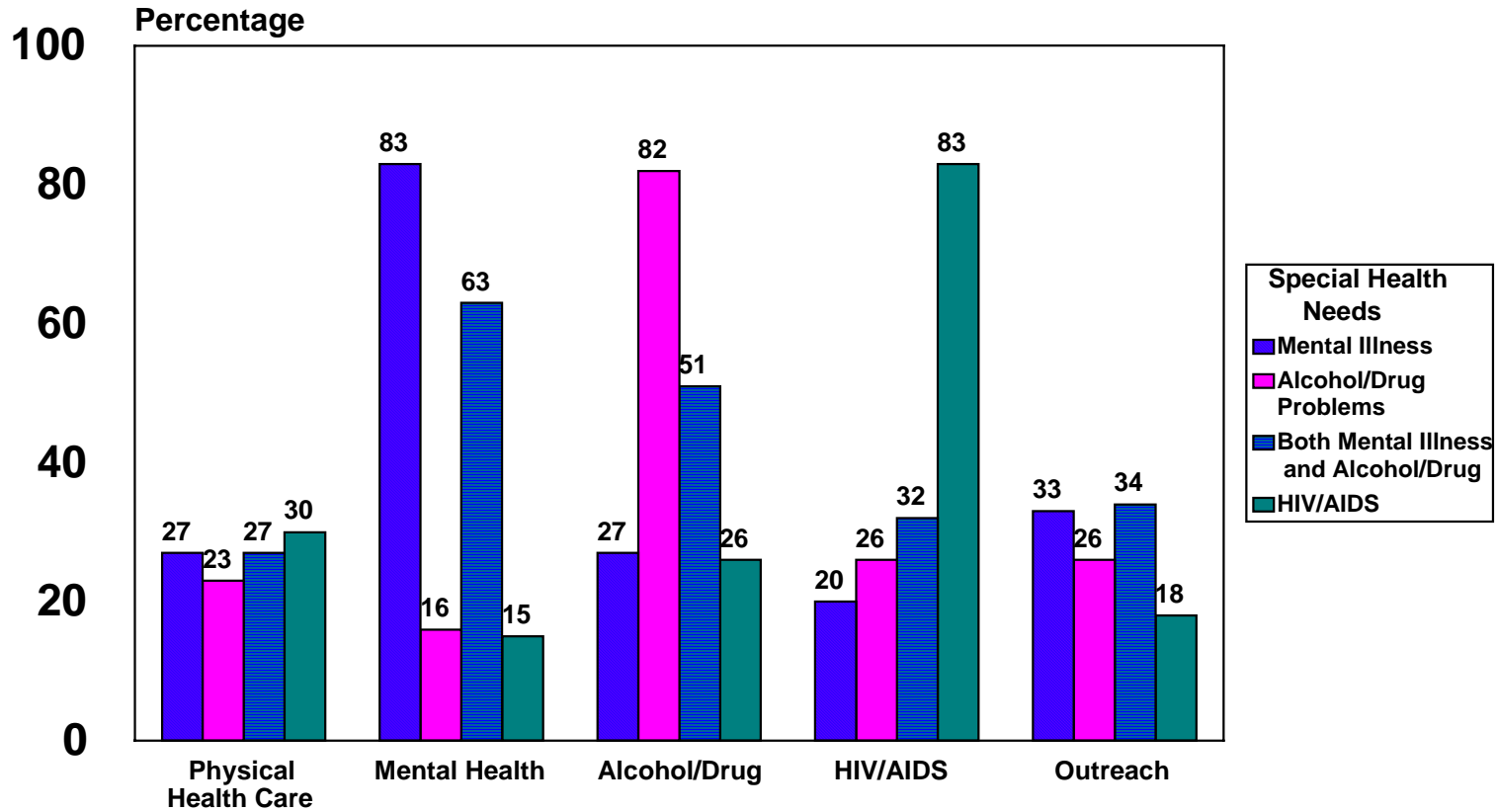
ESTIMATES OF THE PROPORTION OF CLIENTS WHO ARE HOMELESS

Respondents to NSHAPC's telephone survey of programs were asked their opinion as to what proportion of the people using their program were homeless. In addition, it is possible to derive estimates of the proportion homeless within program types from responses that clients gave to the client survey. This section looks primarily at program responses, but also includes a comparison of estimates derived from program staff and from clients.

Program Staff Estimates

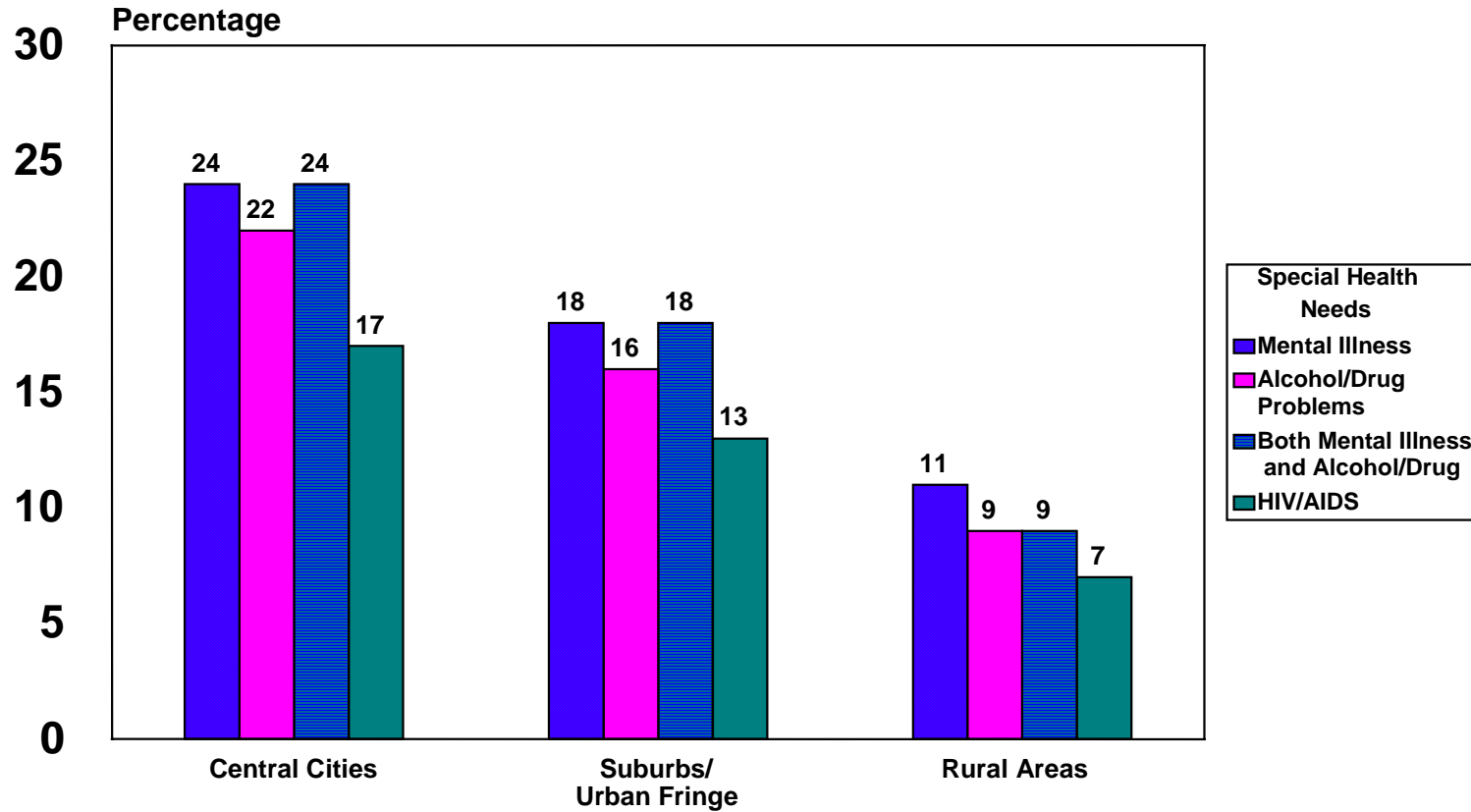
Program staff estimates of the proportion of their clients who are homeless appear in table 15.1. The first column shows the estimate of proportion homeless for all populations combined, within program type. The remaining columns of table 15.1 show estimates for the different population groups who may use a program.

Figure 15.5
Proportion Of Health And Outreach Programs Reporting
A Focus on Serving Persons With Special Health Needs



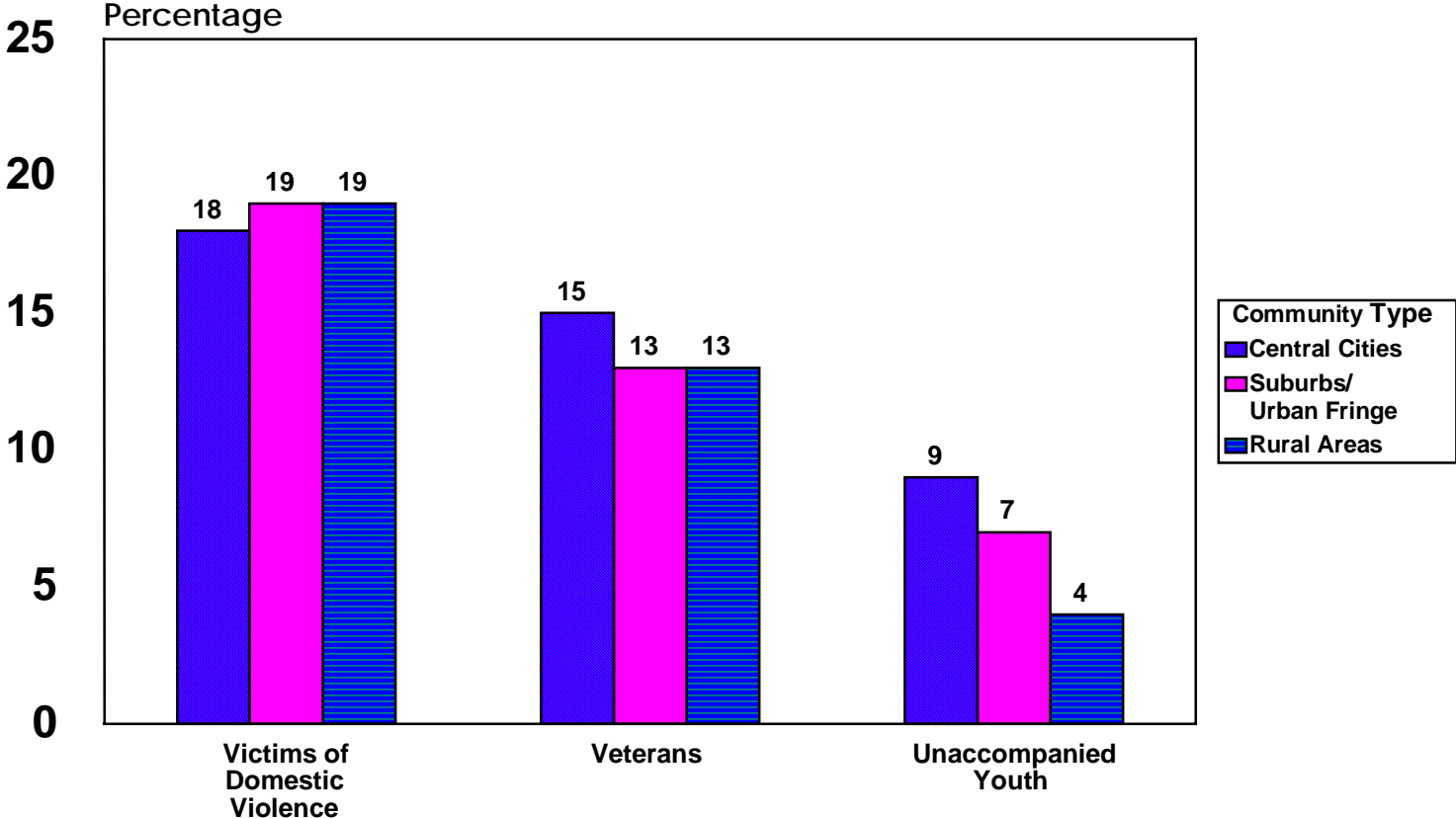
Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Figure 15.6
Proportion Of Programs Within Community Type Reporting
A Focus on Serving Persons With Special Health Needs



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

Figure 15.7
Community Type Of Programs Reporting
A Focus on Certain Population Groups



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

Table 15.1
Percent of Population Group Believed to be Homeless, by Program Type

Program Type	Estimated Number of Programs	Combined Estimate for All Program Clients	Adults by Themselves	Unaccompanied Youth	Female-headed Families	Two-parent Families
ALL PROGRAMS	39,670	61	63	56	55	44
<i>Housing</i>	15,890	92	93	94	91	86
Emergency Shelter	5,690	100	100	100	100	100
Transitional Housing	4,400	100	100	100	100	100
Permanent Housing	1,920	75	78	92	71	63
Distribute Vouchers	3,080	74	78	62	74	69
Housing for Vouchers	800	81	81	86	81	74
<i>Food</i>	13,000	28	36	39	24	20
Food Pantry	9,030	19	27	38	18	14
Soup Kitchen/Meal Dist.	3,480	48	53	39	42	37
Mobile Food	490	51	53	43	51	52
<i>Health</i>	2,740	48	48	45	44	35
Physical Health Care	710	41	45	50	30	34
Mental Health	800	48	49	38	45	31
Alcohol or Drug	780	46	45	50	50	27
HIV/AIDS	450	63	55	39	58	58
<i>Other</i>	8,050	55	59	52	48	41
Outreach	3,310	59	65	50	53	44
Drop-in Center	1,790	57	63	45	47	36
Financial/Housing Assist.	1,380	55	60	61	46	37
Other	1,570	47	39	54	42	43

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

Program staff responses must be interpreted with caution for two reasons. First, respondents' access to accurate information may vary across programs. For programs that gather information about homelessness status for the people who use their services, these estimates are fairly easy to give. But for programs that never ask or never record this information (e.g., many soup kitchens and mobile food programs), a bit of guesswork may be involved in program answers to the survey questions about homelessness status. Second, there is a strong possibility that respondents' definitions of "homelessness" may vary.

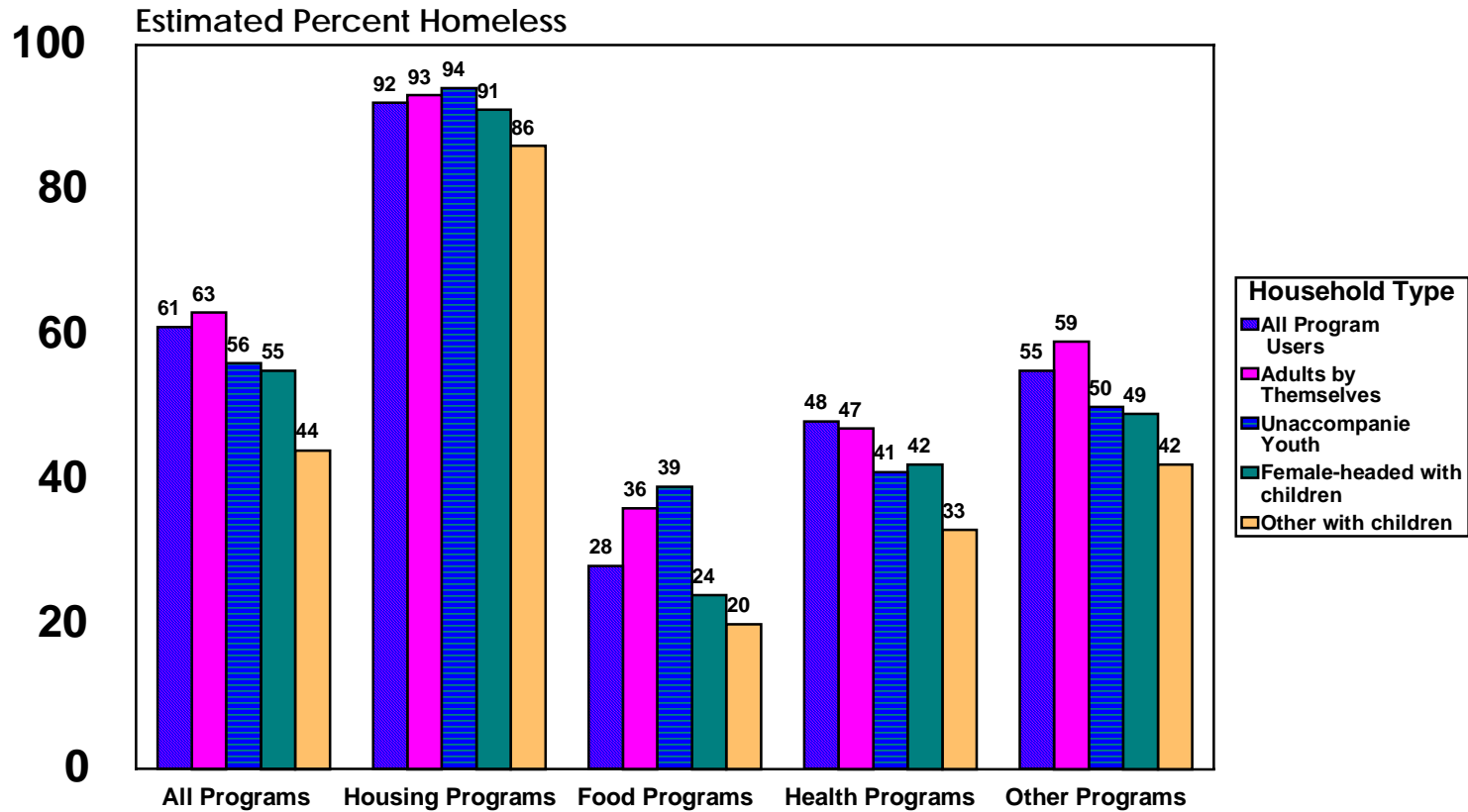
As expected, program staff at emergency shelters and transitional housing programs report that 100 percent of the people they serve are homeless. It is hard to interpret the estimates from permanent housing programs for the formerly homeless, which do not reach 100 percent. Respondents from some of these programs may feel that their residents are no longer homeless by reason of living at the program, while others consider their clients to be homeless (at least in the context of a survey such as NSHAPC) because they were drawn from a homeless population, because they would be homeless were the program not available to them, or because the program is supported by one or more "homeless" funding sources. In addition, some programs such as SRO housing or board and care facilities may have some residents who were homeless at an earlier time and some people who have never been homeless, so their estimates would be lower than 100 percent regardless of how they defined "homeless."

Once outside the realm of housing programs, program representatives report markedly lower estimates of the proportion of program users who are homeless. Food pantries (which in the program sample are included in all geographic venues, not just in rural areas) give the lowest estimates of homelessness among their users, perhaps because the nature of their offerings (uncooked food products) assumes a home and kitchen for food preparation and many of them also require clients to have local addresses. People without a home may prefer soup kitchens if they are available.

Variations by Population Group. Figure 15.8 depicts graphically the rows (in bold) in table 15.1 giving the estimates of percent homeless for each population group within each major program type.⁶ Over all programs, the leftmost set of bars in figure 15.8 show that program staff estimate the lowest proportion homeless for two-parent families, and the highest proportion homeless for single adults. Within each major program group, two-parent families remain the group seen by program staff as least likely to be homeless. Program staff in housing and food programs estimate the proportion homeless among unaccompanied youth as approximately equal to that for adults by themselves, but estimated proportions by health and other program staff are slightly lower for unaccompanied youth compared to adults by themselves.

⁶ Questions about probable homeless status were not asked separately for men by themselves and women by themselves, so all data pertaining to program estimates of proportion homeless can only be reported for adults by themselves as a single household type.

Figure 15.8
Program Estimates Of Homeless Rates Among
Specific Household Types Contacting Their Program



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."

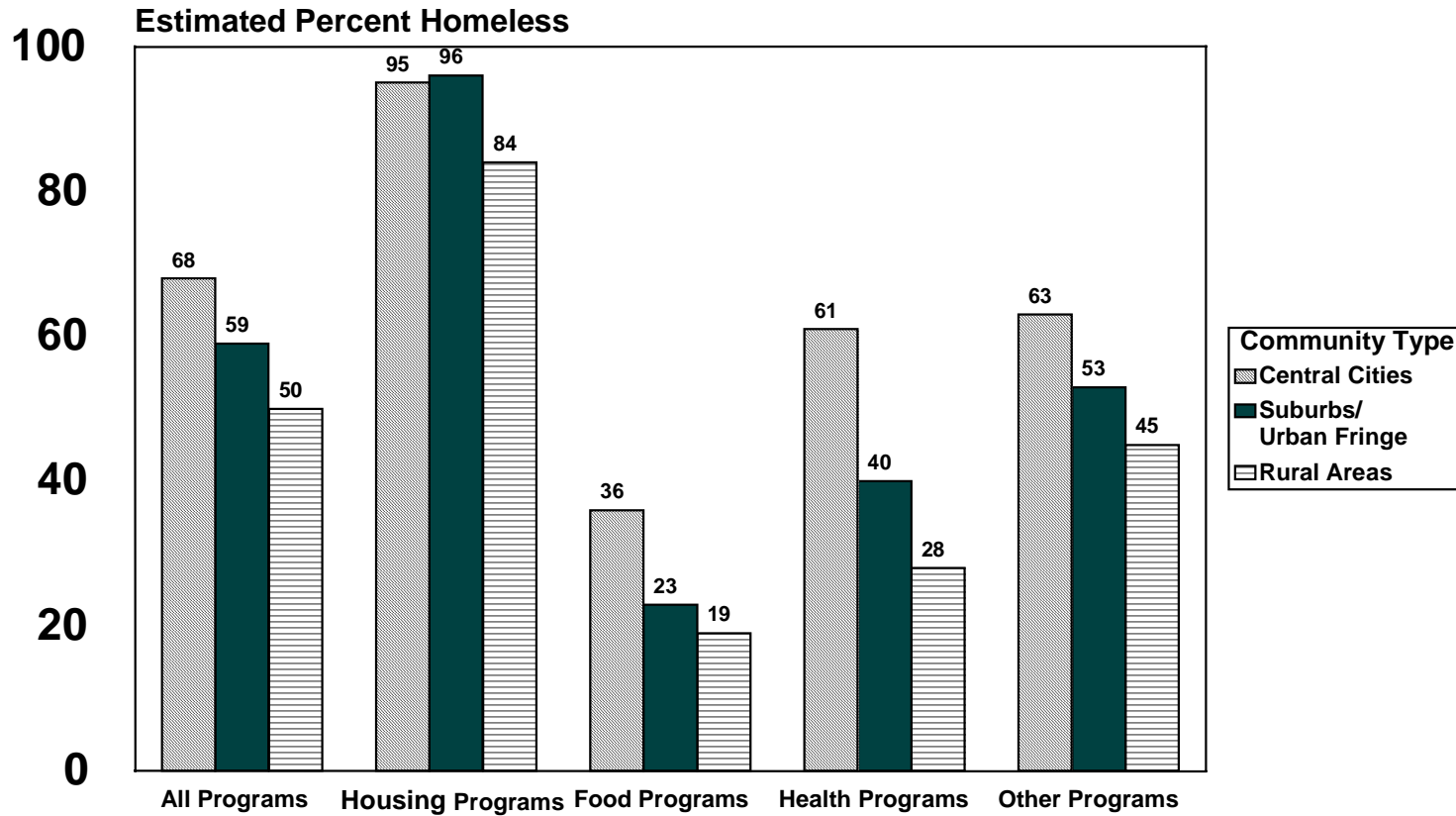
Variations by Type of Community. For housing programs, very few differences exist among community types in the proportion believed to be homeless, with programs consistently reporting that all or almost all of the people they serve are homeless (Appendix table 15.A6). Among non-housing programs, significant differences exist across community types in the proportion of program users whom providers believe are homeless. Figure 15.9 shows that, across all population groups, non-housing programs in central cities estimate higher proportions of their users to be homeless and programs in rural areas expect the lowest proportions to be homeless. There are also variations due to the combined effects of community type and population group (Appendix table 15.A6). Estimates of proportion homeless from programs in the suburbs and urban fringe areas fall halfway between those from central city and rural programs for the populations of adults by themselves and two-parent families, closer to central city program estimates for unaccompanied youth, and closer to rural program estimates for single-parent families.

Comparing Estimates Based on Program and Client Information

To compare estimates of the proportion homeless derived from the responses of program representatives on the NSHAPC telephone survey to those derived from clients' descriptions of their situation in the NSHAPC client interview component, some changes are necessary to each data set to make them parallel. Program representatives answered with respect to February 1996, but client responses reflect the reality in October and November 1996. Client responses were therefore adjusted to correspond with the February time frame because program responses cannot be updated to correspond with October/November. Adjustments to the program data are necessary as well, because the client data collection did not go to some types of programs from which responses were gathered during the telephone survey of programs. Specifically, none of the four health programs were used as locations from which to interview clients, food pantries were used only in rural areas (not in central cities, suburbs, or urban fringe areas within metropolitan areas), and financial/housing assistance and "other" programs were visited for client interviews only in central cities. Therefore data for these program types have been omitted from the analysis of program responses to make them comparable to the client data. Because the client data pertain only to adults and unaccompanied youth, a final adjustment to the program data had to be made to omit program estimates of homeless rates among any children served by the program.

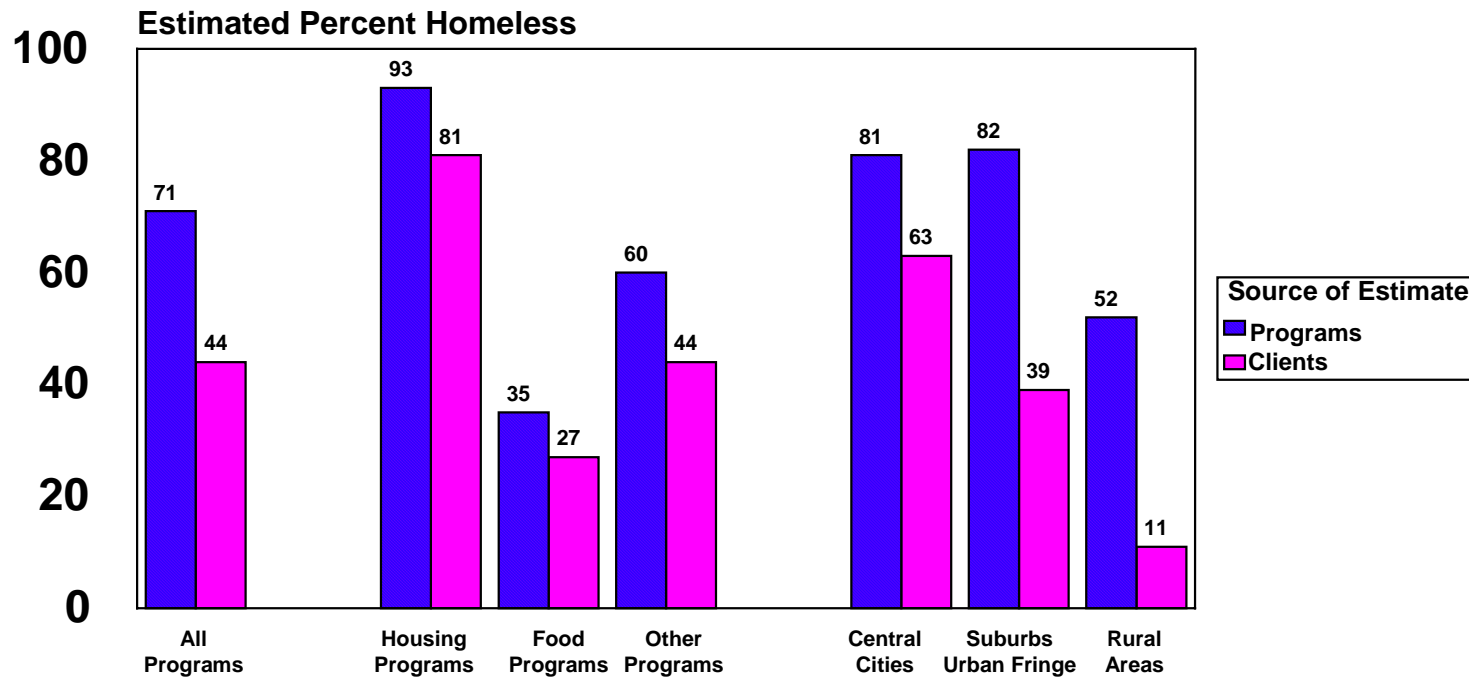
Figure 15.10 compares estimates of the proportion homeless among people contacting their program made by program representatives to estimates of the proportion homeless based on client responses to the study's client data collection. These comparisons are provided for all relevant programs, separately by relevant housing, food and other programs, and separately by relevant programs in central cities, suburbs/urban fringe areas, and rural areas (table 15.2).

Figure 15.9
Central City, Suburban, And Rural Program Estimates
Of Homeless Rates Among People Who Use The Program



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 15.10
Proportion Of Program Clients Who Are Homeless--
Comparing Estimates From Programs And Clients



To make equivalent comparisons between estimates based on program responses to the telephone survey and client responses on personal interviews, for this analysis program types are limited to those from which clients might have been sampled. Housing programs include emergency, transitional, permanent housing and voucher distribution programs but not voucher acceptance programs; food programs include pantries, soup kitchens, and mobile food programs in rural areas, but only soup kitchens and mobile food programs in central city and suburban/urban fringe areas; other programs include outreach, drop-in centers, financial/housing assistance, and other programs in central cities but only outreach and drop-in centers in suburban/urban fringe and rural areas. Health programs are omitted because they were not visited for client data collection. In addition, program estimates exclude any children the program might serve because the client data are all for adults, and client data have been weighted to correspond to February 1996. Source: Weighted NSHAPC data representing programs operating during "an average week in February 1996."

Table 15.2
Estimates of Proportion Homeless Based on Program and Client Data
 (table entries are estimates of “percent homeless”)

	Housing		Food		Other		All Program Types, within Community Type	
	Programs	Clients	Programs	Clients	Programs	Clients	Programs	Clients
Central Cities	95	81	56	54	64	55	81	63
Suburbs	96	90	43	22	53	26	82	39
Rural Areas	84	65	19	6	46	12	52	11
All Community Types, within Program Type	93	81	35	27	60	44	71	44

Source: Urban Institute analysis of weighted 1996 NSHAPC program and client data. Note: For this analysis only, housing programs are emergency shelters, transitional and permanent housing programs for homeless and formerly homeless people, and voucher distribution programs (programs accepting vouchers for housing were excluded); food programs are soup kitchens and mobile food programs in metropolitan areas, and these plus food pantries in rural areas; other programs are outreach and drop-in programs in all community types, plus financial/housing assistance and “other” programs in central cities. No health programs are included because these were not used as data collection locations for clients. Program data include revised definition programs (see Chapter 13 appendix), and client data include clients from those programs. Client estimates use client weights for February 1996 to make them comparable to the program data, rather than the weights for October/November 1996 that were used throughout the client chapters. Client-based estimates are only for adults, so program estimates for children have been excluded from the program data for all program types.

From the data reported in figure 15.10 and table 15.2, it is clear that estimates from program representatives are consistently higher than those based on client responses; these differences are greatest in relation to programs outside of central cities. These differences may be real, or they may stem from a number of sources that would bias one or the other set of estimates. On the client side, people may choose not to regard themselves as homeless, and their pattern of answering the survey may not allow for identification of everyone who is homeless. On the program side, it may be quite difficult for program staff to differentiate the formerly homeless from the currently homeless.

Client data may be used to examine the possibility that program staff perceptions will more closely approximate the way that client self-reports have been classified as homeless or not if the estimates based on client data include both people classified as currently homeless and those classified as formerly homeless. It may not be easy for program staff to tell the difference in

many programs. When this comparison is made, the program- and client-based estimates converge quite a bit. Over all programs and locations, the program-based estimate of 70 percent is closely matched by an estimate of 68 percent based on clients who report being either currently or formerly homeless, whereas the client-based estimate using only currently homeless people is 45 percent.

The same improvement in matching occurs within each type of community examined in this analysis.⁷ In central cities, program estimates of 81 percent homeless are matched quite well by estimates from the client data that 85 percent of people contacting programs are either currently or formerly homeless, rather than the 63 percent who are currently homeless. In suburbs and urban fringe areas, the program estimate is 82 percent, the client-based estimate including both currently and formerly homeless is 74 percent, but the client-based estimate solely for the currently homeless is 39 percent. The same pattern holds for rural areas, where the program-based estimate is 52 percent, the client-based estimate including both currently and formerly homeless people is 45 percent, but the client-based estimate for currently homeless only is 11 percent.

⁷ Percentages in this paragraph for suburban and rural programs have a 90% C.I.= ± 5 percentage points.

Appendix Table 15.A1
Proportion of NSHAPC Programs Serving Each Population Group

Program Type	Estimated Number of Programs	Percentage of Programs Expecting to Serve:				
		Men by Themselves	Women by Themselves	Female-Headed with Children	Other Households with Children	Youth
ALL PROGRAMS	39,670	77	80	76	62	20
<i>Housing</i>	15,890	61	69	68	43	11
Emergency Shelter	5,690	49	72	70	38	17
Transitional Housing	4,400	54	55	56	31	9
Permanent Housing	1,920	87	77	53	45	4
Distribute Vouchers	3,080	82	80	94	73	9
Accept Vouchers	800	65	66	64	44	6
<i>Food</i>	13,000	90	91	90	84	24
Food Pantry	9,030	89	89	98	91	18
Soup Kitchen/Meal Dist.	3,480	94	95	78	71	41
Mobile Food	490	81	96	37	35	31
<i>Health</i>	2,740	93	91	62	60	26
Physical Health Care	710	94	94	73	73	53
Mental Health	800	97	93	64	62	17
Alcohol or Drug	780	88	85	50	46	10
HIV/AIDS	450	93	90	67	57	29
<i>Other</i>	8,050	83	79	76	66	27
Outreach	3,310	81	80	73	65	30
Drop-in Center	1,790	82	82	66	55	30
Financial/Housing Assist.	1,380	93	64	88	66	9
Other	1,570	83	84	84	84	32

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

Appendix Table 15.A2
Proportion of NSHAPC Programs Expecting Not to Serve Particular Population Groups

Program Type	Estimated Number of Programs	Percentage of Programs Expecting Not to Serve:				
		Men by Themselves	Women by Themselves	Female-Headed with Children	Other Households with Children	Youth
ALL PROGRAMS	39,670	25	25	24	38	81
<i>Housing</i>	15,890	40	33	33	57	89
Emergency Shelter	5,690	52	28	30	62	83
Transitional Housing	4,400	46	46	44	69	91
Permanent Housing	1,920	13	26	47	55	96
Distribute Vouchers	3,080	21	22	6	23	91
Housing for Vouchers	800	38	37	37	55	95
<i>Food</i>	13,000	12	16	10	15	76
Food Pantry	9,030	14	21	2	8	83
Soup Kitchen/Meal Dist.	3,480	6	8	23	28	60
Mobile Food	490	20	6	63	65	69
<i>Health</i>	2,740	7	14	38	41	74
Physical Health Care	710	6	9	27	30	48
Mental Health	800	3	7	37	38	83
Alcohol or Drug	780	13	24	51	54	90
HIV/AIDS	450	7	22	37	39	71
<i>Other</i>	8,050	19	25	25	33	74
Outreach	3,310	23	23	27	35	72
Drop-in Center	1,790	18	21	35	43	70
Financial/Housing Assist.	1,380	10	38	12	30	91
Other	1,570	20	22	16	17	67

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

Appendix Table 15.A3

Percentage of Programs that Draw All or Almost All of their Clients from One Population Group

Program Type	Estimated Number of Programs	Population Group (a)						
		Men by Themselves	Women by Themselves	Female-Headed with Children	Other Households with Children	Youth	Adults by Themselves	Women and/or Children
ALL PROGRAMS	39,670	7	2	4	1	2	20	12
Housing	15,890	11	3	7	0	3	26	22
Emergency Shelter	5,690	10	2	5	0	6	22	30
Transitional Housing	4,400	16	4	12	0	3	35	27
Permanent Housing	1,920	12	2	2	0	0	43	6
Distributes Vouchers	3,080	2	2	8	0	0	9	11
Housing for Vouchers	800	10	6	10	0	0	30	17
Food	13,000	2	1	2	1	1	10	5
Food Pantry	9,030	1	0	2	1	0	3	5
Soup Kitchen/Meal Dist.	3,480	4	1	0	0	2	24	3
Mobile Food	490	2	18	0	0	0	53	18
Health	2,740	6	1	1	0	1	31	3
Physical Health Care	710	1	0	0	0	1	20	1
Mental Health	800	2	0	0	0	1	26	1
Alcohol/Drug	780	14	4	3	0	1	46	8
HIV/AIDS	450	7	0	1	0	0	34	2
Other	8,050	7	1	1	1	3	20	3
Outreach	3,310	6	0	1	1	2	20	3
Drop-in Center	1,790	11	1	3	1	3	32	7
Financial/Housing Assist.	1,380	10	0	1	0	1	15	1
Other	1,570	2	0	1	0	4	8	1

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

(a) Table entries represent the percentage of programs whose clients are 96-100 percent from one population group.

Appendix Table 15.A4
Percent Distribution of NSHAPC Programs by Special Needs Focus

Program Type	Special Needs Focus (a)								
	Estimated Number of Programs	Victims of Domestic Violence	Runaway Youth	People with Mental Illness	People with Alcohol or Drug Problems	People with a Mental Illness and an Alcohol Drug Problem	People with HIV/AIDS	Veterans	Other
ALL PROGRAMS	39,670	18	7	19	17	18	13	14	25
Housing	15,890	28	8	19	18	19	13	13	26
Emergency Shelter	5,690	38	12	14	18	17	9	10	26
Transitional Housing	4,400	24	8	24	25	25	15	16	29
Permanent Housing	1,920	16	2	33	17	27	23	15	19
Distribute Vouchers	3,080	19	3	8	7	5	7	12	24
Housing for Vouchers	800	33	7	25	27	26	18	21	26
Food	13,000	11	4	11	10	10	9	9	23
Food Pantry	9,030	12	3	8	7	8	8	8	21
Soup Kitchen/Meal Dist.	3,480	10	6	15	16	15	10	10	23
Mobile Food	490	6	4	25	22	24	25	21	47
Health	2,740	14	7	44	36	46	32	32	26
Physical Health Care	710	16	17	27	23	27	30	36	25
Mental Health	800	12	3	83	16	63	15	41	29
Alcohol or Drug	780	19	3	27	82	51	26	27	27
HIV/AIDS	450	10	7	20	26	32	83	17	18
Other	8,050	15	10	23	18	23	14	17	27
Outreach	3,310	16	13	33	26	34	18	19	27
Drop-in Center	1,790	15	11	23	19	20	14	15	25
Financial/Housing Assist.	1,380	4	5	7	5	6	8	22	24
Other	1,570	20	11	18	15	18	10	11	33

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

(a) Programs were able to select more than one focus. Consequently, percent totals for program types add up to more than 100.

Appendix Table 15.A5
Percent Distribution of Programs by Special Needs Focus

Program Type	Special Needs Focus (a)								
	Estimated Number of Programs	Victims of Domestic Violence	Runaway Youth	People with Mental Illness	People with Alcohol or Drug Problems	People with a Mental Illness and an Alcohol Drug Problem	People with HIV/AIDS	Veterans	Other
Total	39,670	18	7	19	17	18	13	14	25
Central Cities	19,440	18	9	24	22	24	17	15	25
Suburb/Urban Fringe	7,540	19	7	18	16	18	13	13	24
Rural	12,690	19	4	11	9	9	7	13	26
Total Housing	15,890	28	8	19	18	19	13	13	26
Central Cities	7,950	24	8	15	23	24	24	17	28
Suburb/Urban Fringe	3,180	28	8	15	22	20	22	14	25
Rural	4,770	33	5	9	10	7	7	5	23
Total Food	13,000	11	4	11	10	10	9	9	23
Central Cities	5,980	10	5	12	12	12	11	9	20
Suburb/Urban Fringe	2,990	11	4	10	10	10	9	9	22
Rural	4,030	12	2	8	7	7	7	8	26
Total Health	2,740	14	7	44	36	46	32	32	26
Central Cities	1,370	14	8	49	44	54	43	28	22
Suburb/Urban Fringe	250	16	7	37	21	38	37	13	16
Rural	1,120	14	7	39	28	36	14	44	34
Total Other	8,050	15	10	23	18	23	14	17	27
Central Cities	4,110	17	15	35	26	34	19	18	27
Suburb/Urban Fringe	1,210	20	12	26	22	25	15	19	29
Rural	2,740	9	3	6	6	6	6	15	27

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

(a) Programs were able to select more than one focus. Consequently, percent totals for program types add up to more than 100.

Appendix Table 15.A6

Percent of Population Group Believed to be Homeless, by Major Program Type and Urban/Rural Location

Program Type	Estimated Number of Programs	Combined Estimate for all Program Clients	Adults by Themselves	Unaccompanied Youth	Single-parent Families	Two-parent Families
Total	39,670	61	63	56	55	44
Central Cities	19,440	68	71	64	61	50
Suburb/Urban Fringe	7,540	59	62	65	53	44
Rural	12,690	50	51	40	49	36
Total Housing	15,890	92	93	94	91	86
Central Cities	7,950	95	95	98	94	90
Suburb/Urban Fringe	3,180	96	96	99	96	93
Rural	4,770	84	86	83	84	76
Total Food	13,000	28	36	39	24	20
Central Cities	5,980	36	43	43	30	25
Suburb/Urban Fringe	2,990	23	34	41	20	18
Rural	4,030	19	25	30	18	13
Total Health	2,740	48	47	41	42	33
Central Cities	1,370	61	63	75	61	50
Suburb/Urban Fringe	250	40	40	27	38	32
Rural	1,120	28	25	25	24	19
Total Other	8,050	55	59	50	49	42
Central Cities	4,110	63	71	61	56	47
Suburb/Urban Fringe	1,210	53	59	69	48	43
Rural	2,740	45	41	22	40	33

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