Provider Survey Results:
A Preliminary Evaluation of Chicago's Plan to End Homelessness

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Executive Summary

In 2000, in order to address the homelessness problem, representatives from government, service providers, advocacy agencies, universities, and foundations joined together to release a comprehensive plan on homeless policy in Chicago. This plan was published as *Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness* (Chicago Continuum of Care, 2000).

In 2009, as part of an effort to better determine how well clients are doing under this Plan to End Homelessness (PTEH), policy makers and funders provided support to Loyola University Chicago and University of Chicago researchers to conduct an evaluation of the service system in Chicago. The evaluation is designed to help guide policy and management of Chicago's system. On the basis of this information, public officials can think through whether the Plan or the operation of certain kinds of programs implemented under the Plan can be improved.

This current report summarizes data from a survey of two *types* of providers of housing options provided in the Plan: Interim Housing programs and Permanent Supportive Housing programs[1]. The Interim Housing programs provide short-term housing accommodations and rely on the provision of material, tangible, and advocacy supports to attempt to help clients obtain permanent housing. The Permanent Supportive Housing programs provide long-term housing for people with homeless experience. In addition, Permanent Supportive Housing programs tend to focus on chronically homeless clients, who by definition have considerable histories of homelessness and health problems.

To complete the survey, telephone interviews were conducted with representatives from both types of programs. For the Interim Housing programs, survey interviews were conducted with 51 of the total universe of 60 programs that exist in Chicago. In the case of the Permanent Supportive Housing programs, of which there are a great number in Chicago, a random sample (proportionate to facility size) of 60 providers was developed. Fifty-three of those sixty agencies consented to be interviewed.

Larger Finding: The Core of the program model is successful

As noted directly below, the programs seem to have many limits in staffing, programming, and especially in client selection. Yet a key finding from the research overall (not from this report) is that even with these limitations, the programs seem to be successful in helping individuals and their families escape homelessness. In other words, the sum seems to be greater that its parts in the case of these programs.

The core services and organization of the Interim and Permanent Supportive Housing program models seem to be particularly sound. This core includes the basic organization of the homeless housing system, that is, the existence of Interim Housing programs and Permanent Supportive Housing programs, along with the use of case management services throughout both

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[1] In the initial design of this study we also included surveys with emergency shelters. However we were not able to obtain a large enough sample size to include those interviews in this report.

types of programs. However, as noted below, other aspects of the organization of various individual programs seem to be more potentially problematic.

Specific Findings

Large Programs
Turning to specific findings of this report, results suggest that the sampled programs are relatively large. The Interim Housing programs reportedly on average contain 62 beds while what here will be called the Permanent Supportive Housing programs provide housing for 53 people (many of both serve families, so bed counts are not fully accurate). Interim Housing programs reportedly serve their clients with on average 12 paid staff members and eight volunteers; while Permanent Supportive Housing programs reportedly include five paid staff members and four volunteers.

Limited number of staff with professional degrees
Staff in Interim Housing programs often lack a college degree, while staff at Permanent Supportive programs generally are college educated. Results suggest that the typical program of either kind includes perhaps one or two direct service staff members with professional degrees. This may lead to limitations in the possible range of treatment programming at the facilities.

Broad variations in client populations served by programs
Results also suggest that the two sets of programs serve distinct constellations of demographic groups. Given such selectivity, certain clients are likely to experience problems accessing either type of programs. Interim Housing programs reportedly most frequently serve single women or single parent families. Permanent Supportive Housing programs reportedly tend to focus on single men. (Of course, coverage varies across different programs of each type.) Surprisingly, besides this demographic specialization, results suggest that roughly half of the Interim programs specialize on a condition, such as those homeless and near homeless clients with mental health or substance abuse problems or HIV. In contrast, 35 of the 56 Permanent Supportive Housing programs seem to be basically generalist outside of their demographic specialty.

Demographic specialization limits general accessibility to programs
Specialization in Interim Housing programs can be particularly problematic for homeless clients, who likely are only eligible for the small range of programs that fits their demographic group and individual problem. This specialization is reflected in the finding that, according to survey respondents, over half of clients who apply to the Interim Housing programs are turned down for a lack of space; the corresponding figure for Permanent Supportive Housing programs is 31 percent. Nevertheless, nearly 60 percent of the latter have waiting lists, and the time on the lists averages about a year. Thirty-six percent of Interim Housing programs have wait lists, which tend to average 50 days.

Some programs' rules limit compliance with Housing First Model
We were surprised to discover that, under a range of circumstances, clients can be denied entry or asked to leave Interim Housing programs due to behavioral problems. As a result, some clients may not be allowed to enjoy the full range of benefits offered by the programs. In this

sense, the programs are not compliant with the Housing First model under which they were established: that model suggests that access to housing should not be conditional on behavioral conformity.

Interim Programs: For example, about one-third of the respondents representing Interim Housing programs report that the programs are abstinence-based. Moreover, respondents from over 40 percent of the Interim Housing programs report that the program "almost always" or "always" asks clients to leave for four behaviors: alcohol or drug use, disrupting other residents, failing to cooperate with case management, and failing to cooperate with other services. Over 30 percent of respondents report "almost always" or "always" removing clients for criminal conduct and 24 percent for failing to work toward employment.

Permanent Supportive Housing Programs: Respondents from Permanent Supportive Housing programs report a somewhat lower, but still important, tendency to deny clients entry or to ask them to leave. Only four such programs reportedly are abstinence-based. But the percent of these respondents reporting that the program "always" or "almost always" removes clients due to various behaviors tends to be relatively large; 28 percent suggest clients are "always" or "almost always" removed for (that is, when evincing) alcohol or drug use, 32 percent suggest that clients are "always" or "almost always" removed for criminal conduct, over 40 percent suggest that clients are "always" or "almost always" removed for disrupting other residents or failing to cooperate with case management. The percent reportedly being "always" or "almost always" removing for failing to cooperate with other services or failing to work toward employment is in the mid and high 30 percent range.

Case Management has central role in both program types
On the positive side, results suggest that both types of programs are highly compliant with components of the model suggesting the central role of case management. As the model suggests, case managers are virtually ubiquitous. These managers also reportedly carry out such required tasks as helping clients obtain public benefits, rent subsidies, and help in locating housing. Permanent Supportive Housing programs reportedly serve a somewhat lower proportion of clients in these ways than Interim Housing programs, but that probably reflects that many clients in the former already have supports.

Case management can be passive
On the other hand, assistance can be passive: 48 percent of respondents representing Interim Housing programs report that clients are "always" or "usually" asked to apply for housing services on their own, while only six percent report that this "never" occurs. Similarly, 98 percent of respondents report that they tell clients about the availability of social services outside of the program, but 43 percent report that clients are "usually" or "always" asked to apply for those services on their own. Permanent Supportive housing programs seem to offer more follow up on average than Interim Housing programs. Fifty percent of respondents insist that clients "rarely" or "never" must apply for housing services on their own, while only 16 percent report that the clients "always" or "usually" apply on their own. Eighty percent report informing clients of opportunities to receive social services outside of the program, and about half reportedly "always" or "usually" ask clients to apply on their own. Our previous reports from other components of this evaluation suggest that clients from Permanent Supportive

Housing programs, when leaving the facilities, almost always obtain a stable placement. The relatively high level of follow-up reported above may go a long way to explaining why that is the case.

Other social services provide vary between programs

Interim Housing programs can provide other social services, and according to the program model, Permanent Supportive Housing programs are expected to provide such services. Results suggest that very large percentages of clients at Interim Housing programs are likely to obtain services of some kind, as do the majority of clients in Permanent Supportive Housing programs. However, there is no clear consensus concerning the types of services on which to focus. Services heavily stressed by Interim Housing programs vary greatly across programs. Roughly half of Permanent Supportive Housing programs reportedly heavily stress mental health counseling, but otherwise, different Permanent Supportive Housing programs also seem to stress different services. These data likely suggest that the idea of complete wrap-around services is not fully carried out in practice in the programs.

Conclusion

In conclusion, much of these findings complement and are informed by an earlier research component of this evaluation of Chicago's Plan to End Homelessness. That research followed a random sample of individuals within Chicago's Emergency, Interim and Permanent Supportive homeless housing system over one year. (Sosin, George, Grossman, Hilvers and Patel, 2011). That previous research demonstrated that Interim Housing programs are estimated to be more successful in helping clients escape homelessness than are traditional shelters. Supportive Permanent Supportive Housing programs seem to almost fully ensure that clients avoid homelessness[2].

In addition, that research suggests that success of the programs reflects at least two factors. One helpful factor is the general organization of the programs. Clients fare better in Interim Housing programs than in shelters in part because they are aware that their housing needs will be met for a period of time and that they enjoy reasonable freedom to pursue housing plans. Clients are even more successful if they enter Permanent Supportive Housing programs, which offer the most security.

The second efficacious factor of programs is the availability of case management services aimed at helping individuals find and maintain dwellings. Our research suggests that programs consistently deliver these services to virtually all clients and that the services are efficacious. Of course, as mentioned above, it still may be possible to improve the quality of case management.

On the other hand, clients perceive the ambiance of the programs to on average be only moderately positive. They also rate the efficacy of the programs only as moderately positive (Sosin, George, Grossman, Hilvers and Davis, 2010). Our on-going research (Sosin, George, Grossman, in press) suggests that ratings of ambiance are related to, among other things, the

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[2] It is true that our results are based on surveys, and we could not locate all participants to determine whether or not they avoided homelessness. Still, response rates seem adequate.

availability of professional services, such as mental health and substance abuse services. As noted above, those services seem to be unevenly available in programs and also seem to be delivered by small staffs that may be limited in their ability to deliver intensive services. Similarly, perceptions of efficacy are in part limited because clients rate highly programs that provide them with employment opportunities. These opportunities are difficult to find, and employment services generally seem to be unevenly available at programs. (Case management services seem to be undervalued by clients.) Subjectively, then, services that appear difficult for programs to mount appear to be important in client responses to the program.

All in all, we believe that the Plan has been successful. It has resulted in the implementation of programs that help clients escape homelessness. However, there are considerable limits to the availability of the programs. Further, some clients utilizing Interim Housing programs are not successfully served. Surprisingly, many programs drop clients deemed uncooperative. We also feel that greater availability of both types of programs is likely to lead to even greater levels of success, helping increasing numbers of clients escape homelessness.

Moreover, the programs seem to evince moderate success in their delivery of professional services. Clients are only mildly positive about the programs due to the limits in service delivery. The jury is out concerning whether improvements in the delivery of other services also would help to reduce homelessness. However, those improvements would be likely to improve client perceptions about the programs.

Introduction

In Chicago, perhaps 10,000 single individuals and members of families are homeless each night. In the year 2000, in order to address the homelessness problem, representatives from government, service providers, advocacy agencies, universities, and foundations joined together to release a comprehensive plan on homeless policy in Chicago. This plan was published as *Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness* (Chicago Continuum of Care, 2000).

The Plan outlined a bold, ambitious strategy for ending homelessness in Chicago within ten years (i.e. The Ten Year Plan or the Plan). It argues for doing away with the traditional approach for treating homelessness. Under that approach, individuals and families who were homeless were provided beds in shelters and then were expected to find services they needed to help them solve the problems (such as mental health or employment problems) that might make it difficult for them to find a permanent dwelling. Clients only were provided permanent housing when deemed ready, and they often had to search for the housing on their own.

New policy undertaken by the Plan is based on what is called a Housing First approach. As recommended by several contemporary scientific studies, Housing First calls for providing affordable housing to clients as soon as possible and then working with the clients to confront other life challenges. If not yet in permanent housing, clients are expected to be referred to such housing as soon as possible. While services are provided, housing (in theory) does not depend on the use of services.

In Chicago, there are many different types of programs for homeless clients under the new Plan. In general, though, the sleeping accommodations relevant to the Plan can be classified into three types.

There are **Emergency or Overnight programs**, like shelters. Ideally, clients from these programs will be quickly referred to longer-term options. These programs are accessed daily. People usually have to leave the programs each morning and re-register each night. However, research completed by this project suggests that the average (uncompleted) stay in a single shelter is about a year, and that referrals to other types of housing programs are rare (Sosin, George, Grossman, Hilvers and Davis, 2010).

There are **Interim Housing programs**. Ideally, the interim programs act as short-term housing programs. Their staff members try to find permanent housing for clients and help the clients obtain the tangible resources that are needed to sustain placements in permanent housing.

Finally, there are **Supportive and Permanent Housing programs**. These programs often subsidize rents. They also can have their own social services or can attach people to community services. Depending on the program, people stay in permanent supportive and permanent housing either for up to a set period (for example, two years) or for as long as they wish.

In 2009, as part of an effort to better determine how well clients are doing under the Plan to End Homelessness (PTEH), policy makers and funders provided support to Loyola University Chicago and University of Chicago researchers to conduct an evaluation of the service system in Chicago. The evaluation is designed to help guide policy and management of Chicago's system. On the basis of this information, public officials can think through whether the plan or the operation of certain kinds of programs can be improved.

As funded, the research addresses several specific goals:

- o To detail the program models that actually have been implemented;
- o To determine if there are gaps or other service delivery issues in the implemented programs;
- o To trace client outcomes under service programs provided under the Plan;
- o To determine if resources and programs are appropriately targeted to improve those outcomes; and
- o To detail client needs.

The research is specifically linked to targeted recommendations for efficiently and effectively improving Chicago's homeless system, allowing policy makers to make a "mid-course correction" in the plan if needed.

To accomplish these goals, the evaluation has several components, including focus groups with consumers, participant observation of homeless individuals at points of entry into the homeless service system (i.e., police stations and hospital emergency rooms), an assessment of the city of Chicago's 311 City Services line, qualitative interviews with youth in the service system, and a longitudinal survey of clients originally housed in the system.

The current report contains preliminary analyses of data from a survey of the three types of providers supported by the Plan (i.e., Emergency programs, Interim programs, and Permanent Supportive Housing programs). The survey is designed to answer questions such as:

- o What are the characteristics of the programs?
- o What are the characteristics of clients in the programs?
- o What are the eligibility criteria for entering programs?
- o What rules or regulations determine length of stay in the programs?
- o What sort of services do clients receive at the programs?
- o How well do the programs coordinate services with each other?

As will be reported below, we were not able to obtain a satisfactory sample of Emergency shelters. Accordingly, this report focuses on Interim Housing and Permanent Supportive Housing programs. It primarily reports basic frequencies and other simple analyses.

Program Classification

Selecting the Programs. Key to the success of evaluation was our ability to select a sample that represented the programs. We used three sources of information to accomplish this.

First, we obtained from the City of Chicago a list of all programs comprising the homeless housing system. The programs on this list were divided into three broad types. Generally speaking, these types are defined as follows:

1. Overnight/Emergency Shelters – These are programs providing overnight or emergency beds to individuals. Beds are provided on a daily basis. Clients generally leave such programs during the day, although in a few cases, individuals and families are allowed to remain all day in some Overnight or Emergency shelters.

2. Interim or Transitional Housing Programs – These programs were defined by the Chicago Continuum of Care (Chicago Alliance to End Homelessness, 2006) on the basis of the definition used by the U.S. Department of Housing and Urban Development (HUD). They are short-term housing programs that rapidly re-house individuals who are homeless into appropriate permanent housing. Ideally, individuals remain in such programs for at most 120 days.

3. Permanent Supportive Housing Programs – These programs also were defined by the Chicago Continuum of Care (Chicago Alliance to End Homelessness, 2006) based on HUD definitions. The programs include Permanent Housing with Long-Term Support based on a "housing and services model that provides a long-term housing subsidy with wrap-around supportive services; " Project-Based Permanent Supportive Housing, which are permanent apartments that include on-site supportive services for formerly homeless individuals with a disability; Scattered-Site Permanent Supportive Housing, which are "permanent apartments dispersed within the community for people who are formerly homeless and have a disability," and Safe Haven programs, which are "open stay, no demand, and service enriched housing programs for persons with serious mental illness or dual disorders who are hard to engage in services." In addition, we included in this category Permanent Housing with Short-Term Support (PHwSS) programs. These programs, defined by the Continuum of Care utilizing the HUD definitions are based on a "housing and service model that provides a short-term housing subsidy (up to 2 years) with wrap-around supportive services." HUD classifies the latter programs as Transitional. Below we discuss in detail this last classification decision.

In addition to obtaining the City's list, we obtained the inventory maintained by the Chicago Alliance to End Homelessness. It too included all known programs operating in the city of Chicago, classifying them according to both their official HUD designation and according to the system utilized by the City. Third, we tried to obtain the programs' self-definition by calling every agency listed on the Housing Inventory between June and August 2009. When at least two sources agreed on a single designation, we went with that designation.

As a result of this process, we made some decisions related to classification that were slightly different from the official HUD system. First, we classified a program as "Interim" if it was classified as either Interim or Transitional on the HUD Inventory. Domestic Violence shelters were considered to be Interim sites. We also discovered that many programs identified as Interim had residents who had been using the program over 120 days. We therefore extended

the length of time individuals could be in the program up to 12 months since a shorter cut-off eliminated many programs defined as Interim in the inventory. Second, we used this 12-month cut-off to mark the difference between Interim and Permanent Supportive Housing. If residents could stay 12 months or longer, we classified a program as Permanent. As a result, programs classified as Permanent Housing with Short-Term Supportive Services, which HUD does not define as Permanent because there is a two-year limit, were included in the Permanent Supportive Housing stratum. On the other hand, at least one program that was self-described as Permanent was classified as Interim because the clients typically stayed only eight to 12 months.

In the end, there were nine programs where our designation did not agree with the HUD classification. In two instances, HUD classified a program as Emergency and the City classified both as Transitional. We ended up agreeing with the City classification and included both programs in the Interim Housing stratum. In seven other instances, HUD classified a program as Transitional because individuals were asked to leave after two years. We classified all seven as Permanent. No Emergency or Overnight programs were re-classified.

Based on our work, we derived the following picture of the population of programs as they existed across the three strata in the summer of 2009 for sampling individual clients:

Overnight/Emergency Shelter

- 1498 individual beds (1469 were occupied at the time of our call) in 12 programs
- 86 family units[3] in 7 programs

However, for sampling programs for this provider study, units that housed individuals and families under one administrative structure were combined. With this taken into account, there were 17 programs to sample for this provider study.

Interim Housing

- 861 individual beds (834 were occupied at the time of our call) in 38 programs
- 625 family units in 40 programs

Again, combining into one administrative unit serving both single individuals and families, there were 60 programs to sample for the provider survey.

Permanent Supportive Housing (PSH)

- 4948 individual units (4764 were occupied at the time of our call) in 124 programs
- 1399 family units (1374 were occupied at the time of our call) in 53 programs

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[3] At overnight and interim shelters, the capacity for families is often difficult to determine. Many agencies group and ungroup beds to accommodate families of various sizes. As a result, for families, we only calculated occupied family units (family units = households). If a shelter could not report the number of households currently living in a program, we assumed an average family size of three individuals: Family Beds / 3 = Family Units. We then drew our sample based on the number of occupied family units.

Likewise, upon combining family and individual programs that are administered together, there were a total of 177 Permanent Supportive Housing Programs to sample for this provider survey.

Program Sampling Design

Programs were sampled such that all Interim Housing programs and Emergency/Overnight Shelter programs identified as part of Chicago's Plan to End Homelessness were included in the sample. Because there were more Permanent Supportive Housing programs, we randomly selected the sample of programs for this strata, based on the size of the program (number of clients served). Therefore, programs with more clients had a greater probability of being selected. In addition, in order to insure that all Permanent Supportive Housing programs included in the client survey of the evaluation of Chicago's Plan to End Homelessness were included in the provider survey sample, we selected the program for inclusion in the sample if it did not fall into the random sample.

We endeavored to collect two types of data from the programs. First, we conducted an in-depth phone survey with program representatives. Second, we gathered administrative data on client characteristics and outcomes from the programs. While we aimed to gather this information from each of the programs, this turned out to not be the case. Some programs that we surveyed did not participate in the administrative data component.

Phone Survey

In total 146 programs were selected for inclusion. Of these, 18 were Emergency Shelter programs, 63 were Interim programs, and 65 were Permanent Supportive Housing programs. Of this total, 112 completed interviews. Table 1 below indicates across the sample why programs were not included in the final sample. Likewise, Table 2 breaks down why programs were not included in the final sample, by program type.

Table 1. Sample of Programs for Phone Survey

	Frequency (%)
Phone Interview Completed	112 (6.2)
Recruited, but No Interview	2 (1.4)
Not able to Recruit	17 (11.6)
Program Refused to Participate	6 (4.1)
Program is Defunct	9 (6.2)
Total Programs	146 (100)

Table 2. Sample of Programs for Phone Survey by Program Type

	Emergency Shelter N (%)	Interim Housing N (%)	Permanent Supportive Housing N (%)
Phone Interview Completed	8 (44.4)	51 (81.0)	53 (81.5)
Recruited, but No Interview	1 (5.6)	0 (0)	1 (1.5)
Not able to Recruit	7 (38.9)	6 (9.5)	4 (6.2)
Program Refused to Participate	1 (5.6)	3 (4.8)	2 (3.1)
Program is Defunct	1 (5.6)	3 (4.8)	5 (7.7)
Total Programs	18 (100)	63 (100)	65 (100)

Thus, the final sample interviewed was 112 programs – eight Emergency Shelter programs, 51 Interim and 53 Permanent Supportive Housing programs.

The data for the provider interviews were collected between March 30, 2010 and March 17, 2011. Interviews were conducted over the telephone with individuals who were in supervisory or director positions at each program. These interviews lasted approximately one hour. One week prior to a scheduled interview date, research staff sent each respondent a pre-questionnaire which specified particular programmatic data (e.g. information regarding occupancy and vacancy, client demographics and characteristics, services provided to clients, staffing, budget and funding) respondents were requested to gather and have available at the time of the interview. These programmatic data were obtained during the phone survey and recorded on the survey instrument.

The survey includes questions to gather information to document type of program and other background information, services provided to clients directly and via referral, follow-up services, Permanent Housing units and rental assistance (asked only of Permanent Supportive Housing programs only), staffing, budget and funding, making referrals to other agencies (asked only of Emergency Shelter and Interim programs only), policies and procedures related to the Housing First Model (asked only of Interim and Permanent Supportive Housing programs only), involvement with the homeless service coordination system including membership/participation with the Chicago Alliance to End Homelessness, and personal information about the staff respondent (e.g. job title, years of service).

The provider survey is a structured instrument, comprised primarily of close-ended questions. The instrument also consists of a large number of open-ended items. The open-ended questions were utilized in order to capture information specific to each particular program, rather than requiring respondents to answer based on pre-established categories. We recoded several of these open-ended questions, and created quantitative variables.

As an example, the following open-ended question was coded to create a categorical variable: "Other than case management services, what are the three services that this program

provides to the largest number of clients?" The following steps were utilized in the process of coding the aforementioned open-ended question. First, the individual responses were standardized so they could be read by SPSS. Next, similar items were collapsed into categories. We utilized a list of services included in the client survey instrument for the evaluation of Chicago's Plan to End Homelessness to group responses into categories. The remaining items which did not fit into the categories of services were coded and further categories were created. For example, "Women's Group" and "Men's Group" were combined to form a broader category of "Gender-Specific Group."

In addition, the instrument included an open-ended question asking respondents to identify special traits and circumstances that are required of clients. The process for coding these results included multiple steps. Again, the individual responses were standardized so they could read by SPSS and quantified. In cases where a program indicated multiple special traits (e.g. veterans with mental health and substance abuse needs) the various traits were teased out to quantify each characteristic. Further, the format of these responses allowed us to report single, broader criteria (e.g. veterans) or multiple, specific criteria (e.g. veterans with mental health and substance abuse needs).

Final Survey Sample

Table 3 reports the response rates to the provider survey. Responses are differentiated by the type of program. As the Table suggests, we attempted to sample the entire universe of what we eventually considered to be 17 Emergency Shelters. Unfortunately, we only were successful in interviewing officials at slightly under half of the shelters. Moreover, we discovered that the larger shelters generally declined to respond. For these reasons, we decided that the shelter sample was inadequate and would not be further analyzed in this report.

We also attempted to sample the entire universe of what turned out to be 60 Interim Housing programs. In this case, we were relatively successful: interviews were completed with an official from 85 percent of the programs (N=51). Note that this sample represents the universe of programs minus non-respondents, not a random sample requiring tests of statistical significance.

Finally, we attempted to sample roughly one-third of the Permanent Supportive Housing programs. For the sake of this report, programs in this sub-sample are called Permanent Housing programs. We were relatively successful in obtaining responses: interviews were completed with officials from 53 of the 60 sampled programs, or 88.3 percent.

Because the sample of Permanent Supportive Housing programs was selected proportional to size, sampling weights are used below when reporting frequencies. Due to issues of the rounding of the weights, below we generally report on 56, not 53, weighted Permanent Supportive Housing programs. Moreover, we generally treat the sample descriptively and eschew the use of sample statistics beyond measures of means, medians, and variance.

Table 3. Phone Survey Response Rate by Program Type

Program Type	Total Programs Sampled	Unweighted N of Programs Sampled Who Completed a Survey	% of Total Sample	Response Rate (%)
Emergency Shelter	17	8	7.1	47.06
Interim Housing	60	51	45.5	85.00
Permanent Supportive Housing	60	53	47.3	88.33
Total	137	112	100.00	81.75

Administrative Data

One of the goals of the evaluation was to examine and compare client characteristics, service outputs and client outcomes of the programs within the Chicago Homeless system. Ideally, much of this information could have been provided by the HMIS system. But due to implementation and other issues, the system has not yet been able to do this for Chicago. Therefore, we identified that the common reporting data of the Continuum of Care to HUD as a source of comparable data from each program. At the same time agency programs were being recruited for participation in the survey, they also received a request to sign a release form so that the yearly administrative report (HUD) APR that they submitted to HUD though the Continuum of Care (The Chicago Alliance to End Homelessness) could be released to the researchers. These reports provided statistical totals on client characteristics and outcomes and did not provide data needed to identify each client. These administrative data were collected between March 30, 2010 and September 19, 2011.

A number of challenges were encountered in both obtaining and analyzing the administrative reports. First, contrary to expectations, a large plurality of programs were funded by funding streams other than McKinney Vento –such as HUD block grants—and did not report to the Continuum of Care but directly to the City of Chicago with quarterly reports, or to other entities. Programs submitted various types of administrative data reports; the majority being HUD APR or DFSS Quarterly Reports (see Table 4). By and large, the data points in the HUD APR and DFSS Quarterly Reports were comparable, allowing for the standardization of the data by the researchers. Other types of reports programs submitted did not display the same type of information as the HUD APR and City of Chicago Quarterly DFSS Reports. Table 4 displays the different types of reports programs submitted. The seven reports, which included the HOPWA APR & Quarterly Report, Exhibit 2 from SuperNOFA, and State Quarterly Report were excluded from analysis. Furthermore, Table 4 shows that among the 134 programs that were requested to provide administrative data, only 69.4% of programs were able to do so. Surprisingly, among those programs that did not provide a report, over one-third (39%) indicated that the program did not have an administrative data report (see Table 5).

Table 4: Response Rate of Programs and Types of Administrative Data Received

	HUD APR	City of Chicago Quarterly DFSS	Monthly Report	HOPWA APR	HOPWA Quarterly Report	Exhibit 2 From SuperNOFA	State Quarterly Report	Total Programs
Programs Providing Data	59	27	2	2	1	1	1	93 (69.4%)
Programs Not Providing Data								41 (30.6%)
Total Programs								134 (100%)

*This table does not represent the reports analyzed; see table 6 for final sample size.

Table 5. Reasons Programs Did Not Provide Administrative Data

Reasons	Number of Programs	Percentage
No Response to Recruitment Efforts	18	43.9
No Report to Send	16	39.0
Refused to Participate	7	17.1
Total	41	100

The total number of administrative reports that were analyzed is shown in Table 6. . Although the researchers received 86 HUD APR & City of Chicago Quarterly DFSS Reports, six were excluded. Five of these excluded reports represented Emergency Shelters. Similar to the phone survey, the response rate of Emergency Shelters was inadequate for analysis, and thus these reports were dropped from the study. One HUD APR report was also excluded because the data contained computational errors that the researchers were unable to correct. After excluding such data reports, the final sample size represented 80 programs, consisting of 43 Permanent Supportive Housing programs, and 37 Interim Housing programs.

Table 6. Administrative Data Sample Size

	HUD APR	City of Chicago Quarterly DFSS	Total Programs Represented
Interim Housing Programs	17	20	37
Permanent Supportive Housing Programs	41	2	43
Total Programs Represented	58	22	80

Secondly, this data was filled out by hand by each program, and there were many reports that had some computational errors. While in most cases these could be corrected, in some cases the errors limited the availability for analysis of some data fields for those particular programs. Specifically, 48.7% (39 programs) of the final sample size (80 programs) provided some type of data that had to either be corrected for, or be determined missing and could not be analyzed for those specific sections.

Thirdly, our original goal was to use was administrative data from fiscal year 2009. However, some programs provided data that was a few years out of date, though it was the only complete report programs were able to send. Data received could be as old as ranging from 2007-2008, while being as up to date as 2010-2011. Though, the majority of programs submitted administrative data that ranged from 2009-2010.

Table 7. Period of Administrative Data Received

Year Range*	Number of Programs
2007-2008	1
2007-2009	1
2008-2009	24
2008-2010	1
2009	21
2009-2010	26
2010	3
2010-2011	1
No Time Specified**	2

* When data reports representing more than one year period were received, researchers utilized only 12 months of data to standardize the overall duration of time and identified the most similar overlapping period of time in comparison to the reports from other programs.
**Twelve months of data is represented in these reports, but specific starting and ending dates were not specified to the researchers.

Clearly, these obstacles to obtaining uniform and accessible administrative data point to weaknesses of the system in its capacity to easily monitor and plan. Under the circumstances, we decided to report results on only one issue that we felt could be adequately described utilizing available data. We report only on the outcomes of adult clients in both Interim Housing programs, and Permanent Supportive Housing programs, though, our results remain descriptive because it would be difficult to impute cause and effect when the timing of the collection of the phone survey data and the annual reports is uncertain. But, we present the results in several ways to help increase comprehensiveness.

Results: Basic Characteristics of the Programs

Program Size

Table 8 reports on the size of the programs as measured by the number of clients the respondents (interviewees) say were served. For Interim Housing programs, size was measured as the number of beds. For Permanent Supportive Housing programs, questions ask more

generally about client capacity; clients generally are placed in rooms, and the total number of beds used on a given night can depend on the constellation of family types and family sizes.

As the table suggests, the programs are of substantial size. Respondents from Interim Housing programs report a mean number of 62 beds and a median number of about 44 beds. The figures gathered from respondents at Permanent Supportive Housing programs are slightly lower, suggesting that the programs have client capacities of about 53 according to the mean and 35 according to the median.

In general, these findings suggest that the programs are relatively large for residential units. One might expect most programs to adopt complicated formal policies and rule systems to manage large numbers of residential clients. On the other hand, variation in size is great. Interim Housing programs reportedly range from nine to 153 beds, while Permanent Supportive Housing programs range from a client capacity of three to a client capacity of 260.

Table 8. Size of Programs by Program Type

Interim Housing (N=50)		
	Mean Number of Beds	62.00
	Median Number of Beds	43.62
	Range of Beds	9-153
Permanent Supportive Housing (N=56)		
	Mean Client Capacity	53.46
	Median Client Capacity	35.00
	Range of Client Capacity	3-260

Table 9 reports on the size of the staff. The mean reported number of staff members in Interim Housing programs is slightly under 12. The median is lower (9.5). About nine staff members are reportedly full-time employees. An average of eight volunteers also reportedly works at the programs. Of course, all of these staff must cover shifts over a twenty-four hour period. We do not have the information required to determine the number of workers available during various times of the day.

Table 9 also suggests that about 60 percent of direct service staff in Interim Housing programs reportedly have less than a college degree; about 30 percent reportedly have such a degree; and about roughly 21 percent have a higher degree. In short, the Interim programs seem to be staffed primarily by direct service staff lacking a professional degree and are most typically staffed by employees lacking a college degree. This may limit the intensity of service provision. Indeed, when taking into account that not all staff members are in direct services, the percentages suggest that the typical program has one or at most two staff members with advanced degrees to serve clients who on average occupy 62 beds.

Permanent Supportive Housing programs seem to be more sparsely staffed than Interim programs. Respondents report, on average, that the programs have five staff members, four of whom reportedly are full-time, and four volunteers. Staff are probably sparse because they are not required to directly supervise client living arrangements. Instead, they likely offer services, help in client entry to and exit from the programs, and occasional practical help of various kinds.

The table (Table 9) further suggests that more than half of the direct service staff in Permanent Supportive Housing programs have a college degree. Of those, approximately 70 percent reportedly has a bachelor's degree or less; and half reportedly has a higher, professional degree. Again, translating the percents into numbers suggest that programs typically hire one or two master's- level staff members to coordinate their treatment program (when they do not contract the program out) for units whose average client capacity is 53.

Table 9. Size and Characteristics of Staff among Interim Housing and Permanent Supportive Housing Programs

	Interim Housing Programs			Permanent Supportive Housing Programs		
	N	Mean (%)	Median (%)	N	Mean (%)	Median (%)
Number of Paid Staff Members	50	11.56	9.50	56	4.86	3.99
Of These, Number of Full Time Paid Staff Members	50	8.90	7.50	56	4.38	3.00
Number of Regular Volunteers	48	8.31	3.00	56	4.40	0.00
Proportion of Direct Service Staff with Less Than a College Degree (High school Diploma or some College)	38	59.26	60.00	35	41.06	50.00
Proportion of Direct Service Staff with a College Degree (Associate's or Bachelor's degree)	40	30.65	27.50	47	70.46	50.00
Proportion of Direct Service Staff with a Master's Degree or Above (Master's or Doctoral degree)	33	20.97	20.00	30	50.51	46.38

Eligibility Criteria

Table 10 reports on the groups reportedly eligible to be served at the programs. Only selected demographic groups are reported. Ideally, one might find that programs are organized to assure coverage of all population groups. Coverage might be consistent with the actual size of the homeless population. On the other hand, as we understand it, as the system developed, programs applied for funding. There is no guarantee that the applicants who applied and were funded fully mirror levels of need. For example, Transitional Shelters were a common type of shelter available before the creation of Interim Housing programs. Those shelters heavily focused on single parent families. To the extent to which those programs converted to Interim Housing programs, they also may heavily focus on families. On the other hand, funding for

Permanent Supportive Housing heavily focuses on disabled homeless people. The demographic groups covered by the programs may reflect this.

Table 10 suggests that there indeed is a great deal of specialization in demographic groups. It also suggests that Interim and Permanent Supportive Housing programs typically serve different client constellations.

According to this table, almost 85 percent of the Interim programs reportedly serve homeless families or individuals, although we know from responses to another question that the respondents estimate that, in actuality, very close to 100 percent of their clients are homeless. Otherwise, Interim programs seem to focus relatively heavily on adult women. Respondents from roughly 59 percent of the programs report that families headed only by females are eligible for services, while roughly 57 percent report that single females are so eligible. In contrast the corresponding figures concerning the percent of programs reportedly serving families headed by males, only, and single males are about 26 percent and 33 percent. Two-parent families reportedly are covered in about the same percentage of programs as families headed by males, only. On the basis of what is known about homelessness, and assuming that programs with various criteria are about the same size, these statistics suggest a strong bias in favor of women in the Interim Housing programs. On the other hand, the programs serving men may be larger than those serving women (large size may create programmatic problems). Our client survey overall suggests that the programs heavily focus on single families and have a higher ratio of single women to single men than shelters (Sosin, Grossman, George, Hilvers and Patel, 2011).

Respondents report that Permanent Supportive Housing programs, too, frequently cover those at risk of homelessness. Respondents again report that their programs in practice almost fully focus on people who were homeless when admitted. However, unlike Interim Housing programs, the Permanent Supportive programs reportedly focus very heavily on single males (88 percent of programs) and single females (71 percent of programs). Only about one-third reportedly cover any of the three types of family groups listed, suggesting that many programs serve all single individuals or all types of homeless families.

Our client survey reports on the actual distribution of clients in programs (Sosin, George, Grossman, Hilvers and Davis, 2010), thus that material is not reported here.   In general, there is a higher concentration in Interim programs of families headed by women and of single females than in shelters or Permanent Supportive Housing programs. In general, then, results suggest that Permanent Supportive Housing programs are more likely than the Interim programs to evince a demographic profile similar to that which conventionally is found among homeless adults: a higher representation of single males. The demographic mismatch across types of programs may then limit the extent to which programs of different types can refer clients to each other (even if there is many more Permanent than Interim housing units).

Table 10. Groups Eligible for Interim and Permanent Supportive Housing Programs

Groups	Interim Housing (N=51)		Permanent Supportive Housing (N=56)	
	N	%	N	%
Homeless Individuals or Families	43	84.3	44	78.9
Single Females	29	56.9	40	71.4
Single Males	17	33.3	50	88.1
Two-Parent Families	14	27.5	19	33.6
Families Headed by Males Only	13	25.5	19	33.6
Families Headed by Females Only	30	58.8	20	36.3

Tables 11a and 11b report on the degree to which programs reported further specializing by the clients' presenting problems. To the extent to which programs are open to all, enrollment should be as easy for one population group as another. However, since it is not simple to manage residential programs, many programs may find that it is easier to house a specialized than a generalized population. Further, many programs may have been specialized when they first applied for the funding. The researchers do not have information concerning whether specializations are taken into account when deciding which providers to fund and which to fail to fund. In short, assuming that there was not heavy-handed selection by funding authorities, one might expect to find a mix of specialized and generalized programs.

Our information on specialization stems from two questions. One asked respondents whether the programs they represent specialized in domestic violence services; another asked respondents for other specializations. The latter question was open-ended. Research staff coded the varied responses into a tally of types of specialized programs. This tally contains many items, some of which may seem to be closely related to each other. All items are presented here as coded to provide an overview of the range as well as the degree of specialization as reported by the respondents.

As Table 11a suggests, with respect to Interim Housing programs, respondents from all but 18 of the 51 reporting programs claim that the programs had a specific specialization. This is a slight over-estimate because some respondents reported a broad demographic specialization, such as on families or mothers and children. Removing the eight programs that respondents do self-identify, 26 of the 51 programs reportedly are generalist in whom they serve and 25 are not. Of course, specialization limits the extent to which an individual may be able to enter a program even when there is an opening.

The specializations vary widely. As the table suggests, nine of the Interim programs reportedly specialize at least partly on substance abuse and mental health while an overlapping six reportedly focus on physical health. Here, though, programs differ in important subtle ways. For example, one program reportedly focuses on people with severe and persistent mental illness and may have different types of clients than the one program allegedly focusing generally on

people with mental illness. Otherwise, five programs reportedly specialize on demographic groups, such as those who are bilingual, veterans, or men who identify as women. Three programs reportedly specialize in whole or part on ex-offenders, one of which focuses on the unusual combination of veterans, ex-offenders, and sex offenders. Five programs focus on victims of domestic violence.

Table 11a. Specific populations/criteria served by Interim Housing Programs

Interim Housing (N=51)	N	%
Proportion of Programs that Serve …		
No Particular Criteria/population	23	45.1
Victims of Domestic Violence	5	9.8
People who are Bilingual/Bicultural	1	2.0
Spanish Speaking Clients	1	2.0
Ex-Offender Clients	2	3.9
Those in Families Only	2	3.9
People with HIV	1	2.0
People with HIV & Substance Abuse	3	5.9
People with Mental Illness	1	2.0
People with Mental Illness, Substance Abuse, Physical (Chronic) Health Problems	2	3.9
People with Substance Abuse	1	2.0
People with Substance Abuse and Ex-Offenders	1	2.0
Clients that are Single Women and Women with Children	2	3.9
People with Severe and Persistent Mental Illness	1	2.0
People with Substance Abuse and Open DCFS Cases	2	3.9
Those who are Veterans	1	2.0
Those who are Veterans, Ex-Offenders, Sex Offenders	1	2.0
Women and Children Clients	4	7.8
Women or Men who Identify as Women	1	2.0

Given funding requirements, Permanent Supportive Housing programs must generally focus on disabled clients. As Table 11b suggests, respondents from only 16 of the 56 reporting programs (recall that rounding of weights slightly increases the sample size to 56) say that their units otherwise focus on no particular population. However, seven report generally focusing on those with a disability, and 12 respondents say that the programs they represent focus on basic demographic groups like male clients or those in families. Thus, 35 of the 56 programs seem to be basically generalist outside of their demographic specialty.

Otherwise, the largest group, 10 programs reportedly in part focus one way or another on those with mental health or substance abuse problems. Another commonly reported specialization, shared by an overlapping six programs, is serving people who are HIV positive.

Three programs reportedly focus on victims of domestic violence and two reportedly specialize on those at risk of homelessness.

Table 11b: Population Types Served by Permanent Supportive Housing Programs

Permanent Supportive Housing (N=56) [1]	N	%
Proportion of Programs that Serve …		
No particular criteria/population	19	33.7
Victims of Domestic Violence	3	5.4
Male Clients	11	19.3
People with a Disability	6	10.0
People with a Disability (with 7 slots for HIV)	1	1.0
Those in Families	1	1.3
People with HIV	5	8.1
People with HIV or Mental Illness [1]	0	0.2
People who are Chronically/Medically Ill	1	2.3
People with Mental Illness	1	2.3
People with Dual Diagnosis (Substance Abuse & Mental Illness)	1	0.9
People with Mental Illness or who are Permanently Disabled [1]	0	0.3
People with Mental Health, HIV, Substance Abuse, Veterans	1	2.3
People with Mental Illness that is Severe and Persistent	4	7.4
People in Substance Abuse Recovery [1]	0	0.2
People with Substance Abuse and who are Chronically Homeless	2	3.0
People with Substance Use or Mental Health Histories [1]	0	0.6
Those who are Veterans [1]	0	0.6
Those who are 55 Years or Older	1	0.9
People who are Former Graduates of other Sites [1]	0	0.4
Those who are Low Income Individuals	1	1.4
Those who are Previously Homeless Individuals	2	3.9

1. There is at least one program but as a result of the weighting procedure used, statistical software has rounded the number answering down to 0 based on rounding rules

In short, perhaps the greatest surprise here is that there is more reported specialization among the Interim programs than the Permanent Supportive Housing programs. Perhaps the focus on disabled clients among Permanent Supportive Housing programs is sufficient to allow programs to feel that they have some integrity without specializing further; perhaps many Permanent Supportive Housing programs do not report the general focus on disabled clients as a specialization. Perhaps Interim programs, which have the larger potential population, feel more pressure to otherwise specialize. Perhaps the difference also reflects that Interim programs often are converted Transitional Housing programs, many of which were specialized.

In any case, the degree of specialization in Interim Housing programs must mean that the programs can be difficult to access, even for clients who fit the general demographic profile of a given program. From a client's point of view, access can seem to depend on random chance of being eligible for an appropriately specialized program that has an opening at a given point in time.

Table 12 reports a further basis of specialization with respect to substance abuse. In theory, the Housing First approach under which all of the programs were financed stresses the provision of housing regardless of the existence of other problems, such as substance abuse. One thus might expect the programs to generally favor a harm reduction approach, which is somewhat tolerant of drinking and drug use that does not harm others, over an abstinence approach, in which clients can be excluded for any drinking and drug use at all.

 Nevertheless, a relatively large proportion of the respondents representing Interim Housing programs – one third – report that they are abstinence-based. Of course, this policy further limits the choices for many clients. One might suspect that it is very difficult to run moderate-sized to large programs and that the staff of many programs find that active alcohol and drug abuse is very difficult to handle in the residential context. It is not easy to understand what respondents from seven other programs mean when respondents claim that the programs are both abstinence-based and harm reduction-based.

In contrast, only four of the respondents claim that the Permanent Supportive Housing programs they represent are abstinence-based. Perhaps when clients have their own apartments programs grant them more leeway because their personal drinking and drug behaviors do not impinge upon the health and safety of others.

Table 12. Provider Reported Policy toward Substance Abuse

		N	%
Interim Housing (N=51)			
	Abstinence Based	17	33.3
	Harm Reduction	11	21.6
	Both Abstinence Based and Harm Reduction	7	13.7
	Neither Abstinence Based or Harm Reduction	16	31.4
Permanent Supportive Housing (N=56)			
	Abstinence Based	4	7.7
	Harm Reduction	24	43.1
	Both Abstinence Based and Harm Reduction	12	22.0
	Neither Abstinence Based or Harm Reduction	15	27.3

Table 13 provides the respondents' estimates of the percent of clients who have certain important conditions, problems, and characteristics. Perhaps the most telling finding is that respondents from either Interim Housing or Permanent Supportive Housing programs report that about half of the clients have substance abuse problems and that from 42 to about 49 percent of clients have mental health problems. The proportion deemed to have "severe" mental health problems is 19 percent in the Interim Housing programs and 26 percent in the Permanent

Supportive Housing programs. In general, respondents feel that there are substantial substance abuse and mental health problems. The estimates of the prevalence of problems seems similar across types of programs despite that only the Permanent Supportive Housing programs generally are expected to accept disabled clients. It is difficult to know exactly what to make of these estimates, however, because clients from each type of program report a greater differentiation in the extensiveness of problems across types of programs, with clients in Permanent Supportive Housing evincing considerably more problems than clients in Interim Housing (Sosin, George, Grossman, Davis and Hilvers, 2010).

Table 13. Perceived Characteristics of Clients among Interim and Permanent Supportive Housing Programs

	Interim Housing			Permanent Supportive Housing		
	N	Mean (%)	Median (%)	N	Mean (%)	Median (%)
Non-English Speaking	47	11.47	2.00	56	21.23	0.00
Substance Abuse	49	48.94	40.00	56	53.25	52.84
Mental Health	48	42.10	38.50	56	48.74	50.00
Severe Mental Health	49	19.20	10.00	56	26.37	10.00
Criminal Histories	49	32.41	25.00	50	25.69	16.37
Domestic Violence	48	32.88	20.00	53	9.69	7.00
Employment	48	13.21	10.00	56	6.77	0.00

Waiting Lists and Related Issues

These various specializations and conditions are likely to affect the waiting lists for programs. Even when need is great, highly specialized programs might find that they do not have long waiting lists. Less specialized programs can be overwhelmed and thus may require waiting lists or may need to turn clients down. In short, a lack of a backlog of clients can be consistent with a lack of access for many clients.

Table 14 reports various statistics regarding waiting lists and the related issue of the proportion of clients reportedly turned down for services. Respondents report that just 36 percent of Interim Housing programs have a waiting list; the average number of days on the list is about 50, and the median wait reportedly is about 30 days. But respondents also report that, on average, around half of the applying clients are turned down for lack of space. Small proportions reportedly are turned down because they are not eligible or evince behavioral issues that the programs find to be unacceptable. In short, Interim programs apparently are sent clients

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who usually fit their criteria. However, the programs still reportedly turn clients down about half of the time, suggesting that there are insufficient beds for client needs.

Respondents suggest that 59 percent of the Permanent Supportive Housing programs have waiting lists. The typical or median time on the list about one year and the average wait is almost as high. Of course, Permanent Supportive Housing programs are less specialized than Interim Housing programs (outside of what we assume are the general mandates concerning serving clients who are chronically homeless and thus are disabled). Perhaps the fact that Permanent Supportive Housing programs more frequently than Interim Housing programs have waiting lists suggests that generalist programs favor the use of waiting lists over turning clients down.

Table 14 also suggests that relatively few clients in Permanent Supportive Housing programs reportedly are turned down for lack of space; the average is estimated to be about 31 percent. Moreover, results suggest that very few programs turn eligible clients down; the median percent turned down for lack of space is zero. Again, very small percent of clients allegedly are turned down due to behavioral issues.

Table 14. Characteristics of Wait Lists and the Refusal of Applicants among Interim and Permanent Supportive Housing Programs

	Interim Housing			Permanent Supportive Housing		
	N	%		N	%	
Programs with a Wait List	50	36.00		56	52.60	
	N	Mean (%)	Median (%)	N	Mean (%)	Median (%)
Amount of People on Wait List (Single Individuals or Family Units)	18	37.56	14.50	29	59.44	15.00
Average Wait Time for Placement in Program (Days)	19	49.68	30.00	29	323.67	365.00
Proportion of Applicants Turned Down for Lack of Eligibility	42	17.67	7.50	45	22.62	2.00
Proportion of Applicants Turned Down due to Lack of Space	44	50.57	53.00	45	31.40	0.00
Proportion of Applicants Turned Down due to Showing a Lack of Commitment	43	10.33	0.00	45	1.77	0.00
Proportion of Applicants Turned Down due to Behavioral Issues	43	5.88	0.00	45	2.36	0.00

Remaining in the Program

There also may be other discrepancies between Housing First theory and the contingencies programs utilize in maintaining the integrity of a program. The Housing First approach suggests that clients should be allowed to remain in the program whether or not they use services, drink, use drugs, or have other problems; Housing First programs are meant to confront the housing crisis directly and allow clients to otherwise make progress on their own terms. However, this theory may not be easy for the programs to implement. Disruptive clients can create difficulties for program management. Further, programs may continue to have mandated service routines despite their theoretical designation as Housing First programs. In other words, the Housing First services may be added on to the service routine of traditional programs, so that programs evince a mix of policies that focus on helping clients with housing, first, but which still condition continued residence in the programs on client cooperation. As noted below, this mixing of Housing First and traditional policies seems to be the case.

In order to detail the matter, respondents were asked how frequently clients are asked to leave when exhibiting the following behaviors or conditions: current or past alcohol or drug use, current or past criminal conduct, disrupting other residents, failing to cooperate with case management, failing to cooperate with other services, and failing to work toward employment. There were five original response categories. Table 15 reports the replies when combining the response categories into three: "never" or "almost never," "sometimes," "almost always" or "always."

The results reported in the table suggest a fair amount of weaning out of clients, particularly in Interim Housing programs. Less than 30 percent of the respondents report that the programs they represent "never" or "almost never" ask clients to leave for alcohol or drug use, criminal conduct, disrupting other residents, or failing to cooperate with case management. The reported frequency of "never" or "almost never" asking clients to leave for failing to cooperate with case management services stands at 32 percent and at 42 percent for failing to work toward employment.

At the other extreme, respondents from over 40 percent of the Interim Housing programs report that the program "almost always" or "always" asks clients to leave for four behaviors: alcohol or drug use, disrupting other residents, failing to cooperate with case management, and failing to cooperate with other services. The last two responses are particularly interesting because they suggest that programs, by policy, remove clients who may be harming themselves but who are not necessarily disrupting others. Over 30 percent of respondents reported "almost always" or "always" removing clients for criminal conduct, and 24 percent for failing to work toward employment.

Respondents suggest that Permanent Housing programs show less of a tendency than the Interim programs to expel or wean out clients. The difference may reflect the relative ease of running programs in which clients can live in their own units without interfering with others or drawing criticism from workers. The majority of program respondents report "never" or "almost never" removing clients because of alcohol or drug use, or because the client failed to work toward employment. On the other hand, the percent of these respondents reporting that the

program "always" or "almost always" removes clients due to various behaviors still tends to be relatively large; 28 percent suggest clients are "always" or "almost always" removed for (that is, when evincing) alcohol or drug use, 32 percent suggest that clients are "always" or "almost always" removed for criminal conduct, over 40 percent suggest that clients are "always" or "almost always" removed for disrupting other residents or failing to cooperate with case management. The percent reportedly being "always" or "almost always" removed for failing to cooperate with other services or failing to work toward employment is in the mid and high 30 percent range.

Table 15. Factors Programs Use to ask Clients to Leave Interim and Permanent Supportive Housing Programs

Factors	Frequency with which clients are asked to leave	Interim Housing Programs		Permanent Supportive Housing Programs	
		N	%	N	%
Alcohol or Drug Use (Current or Past)	**Never/Almost Never**	12	24.0	22	52.0
	Sometimes	16	32.0	12	20.4
	Always/Almost Always	22	44.0	19	27.5
Criminal Conduct (Current or Past)	**Never/Almost Never**	10	20.4	20	34.9
	Sometimes	23	46.9	19	33.7
	Always/Almost Always	16	32.7	18	31.5
Disrupting Other Residents	**Never/Almost Never**	13	25.5	12	22.0
	Sometimes	16	31.4	20	36.0
	Always/Almost Always	22	43.1	24	42.1
Failing to Cooperate with Case Management	**Never/Almost Never**	12	23.5	16	28.6
	Sometimes	17	33.3	17	29.4
	Always/Almost Always	22	43.1	24	41.9
Failing to Cooperate with Other Services	**Never/Almost Never**	16	32.0	17	30.9
	Sometimes	13	26.0	17	30.4
	Always/Almost Always	21	42.0	22	38.7
Failing to Work Toward Employment	**Never/Almost Never**	21	42.0	34	60.0
	Sometimes	17	34.0	3	4.6
	Always/Almost Always	12	24.0	20	35.4

All in all, these results suggest, first of all, that policies vary dramatically across programs of both types. Secondly, they suggest that many programs balance the Housing First philosophy that services are optional with program rules of various sorts. It may not be surprising to find that the vast majority of programs reportedly expel clients who disrupt others, but it is perhaps more surprising that, in the vast majority of programs, failing to cooperate with case management and other services can, and in some programs reportedly almost always does, result in expulsion.

Unfortunately, we did not collect direct evidence on the frequency with which problematic behavior occurs and clients actually are expelled. Nevertheless, the data provide indirect evidence on the matter. Table 16 is one source of data. It suggests that fair proportions of clients do not successfully complete the program. This may in part reflect the policies described above.

Respondents from Interim Housing programs suggest that the mean percent who fail to complete the program is about 37 percent and that the median is 34 percent.[4] Respondents from Permanent Supportive Housing programs report slightly higher failure rates. Of course, the lack of success can occur due to the decisions of clients to leave, either because they find housing or for some other reason, as well as the decision of the program to ask clients to leave. Still, decisions of programs are likely to be involved to some degree. A table based on data contained in reports provided by programs to the government, which covers some of the same information (although not in the exact same way) will be provided near the end of this report.

Table 16. Percent of Clients Who Reportedly Successfully Complete the Program:
Interim and Permanent Supportive Housing Programs

	Interim Housing Programs (N=50)		Permanent Supportive Housing Programs (N=56)	
Mean (%)	63.26		51.89	
Median (%)	66.00		61.00	
Percent of Clients				
	N	**%**	**N**	**%**
0.0%	0	0	1	1.0
Less than 1%	0	0	0	0
1-30%	5	10.0	18	31.5
31-60%	18	36.0	3	6.5
61-99%	24	48	18	32.3
100%	3	6.0	5	9.7
No Measure of Successful Completion	0	0	11	19.2

Case Management

According to the program model described in the 2003 report (Chicago Continuum of Care, 2003), Interim Housing programs are expected to provide to clients services that stress concrete resources: assessment, access to income supports, case management, and referrals to housing. Interim Housing programs also are expected to refer clients to permanent housing of some kind. The programs also can (and do) help cooperating clients obtain a wider range of supports, but in theory, clients are encouraged but not mandated to use services.

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[4] The survey instrument did not include a definition of "successful completion" of the program.

Clients in Permanent Housing programs may have already obtained supports, but the 2003 program model also suggests that, when needed by clients, Permanent Housing programs should work to improve all of the supports mentioned above. More generally, under the wraparound service idea, all programs are expected to act to provide housing-related services that clients require. Permanent Supportive Housing programs are specifically expected to provide substance abuse, mental health, training and employment, health, and legal services.

The survey asked detailed questions about services required under the model or available for other reasons. In general, we discovered that Interim Housing programs uniformly reportedly delivering the required services: case management services that connect clients to entitlements or other welfare benefits when necessary and that try to link clients to housing. In fact, respondents from each Interim Housing program report delivering case management services. One respondent reports that services are delivered to over 90 percent of clients and all others insist that the services are delivered to 100 percent of clients. Four of the programs do report that the services are provided by contracted staff rather than by workers in the program.

In response to direct questions, 94 percent of the reporting respondents in Interim Housing programs (one respondent did not reply) report providing housing location and referral services and help with public entitlement or income maintenance services. Ninety-six percent of respondents report helping clients to obtain health care. Ninety-eight percent of respondents report providing links to sources for rent subsidies, and 100 percent suggest that clients are referred to or told about opportunities for permanent housing. Eighty percent report assisting clients in obtaining housing relocation funds, such as security deposits. On the other hand, assistance can be passive: 48 percent of respondents report that clients are "always" or "usually" asked to apply for housing services on their own, while only six percent report that this "never" occurs. Similarly, 98 percent of respondents report that they tell clients about the availability of social services outside of the program, while 43 percent report that clients are "usually" or "always" asked to apply for those services on their own.

Permanent Supportive Housing programs may seem to have less of an obligation to provide case management services because their clients often already are being served. Per the Chicago Alliance to End Homelessness, clients residing in Permanent Supportive Housing programs are still likely receiving case management services, albeit case management may be minimal in comparison to the receipt of other services. The Housing First model discusses the need to insure access to resources at all points in the system. The vast majority of the programs report complying with this requirement. In Permanent Supportive Housing programs, all but one respondent report making case management services available to clients; similarly, all but one of the respondents reports that 100 percent of clients receive a case manager. Twenty-five percent of respondents report that the services are not provided on-site.

The percent of programs reportedly providing other related services is slightly lower in Permanent Supportive Housing programs than it is in Interim Housing programs, but it still is relatively high. Almost 90 percent of respondents report providing housing location and referral services (even if clients already are in permanent housing) while 99 percent report helping clients apply for public entitlement or income maintenance programs. Ninety-six percent of respondents report helping clients to obtain health care. Eighty-six percent report that clients are

told about opportunities for permanent housing. Understandably, smaller percents, 65 and 43 percent, report that they provide links to sources for recent assistance or housing relocation funds.

When making referrals, Permanent Supportive Housing programs generally seem to offer more follow-up than Interim Housing programs. Fifty percent of relevant respondents in Permanent Supportive Housing programs insist that clients "rarely" or "never" must apply for housing services on their own, while only 16 percent report that the clients "always" or "usually" apply on their own. Eighty percent report informing clients of opportunities to receive social services outside of the program, and in this case, about half reportedly "always" or "usually" ask clients to apply on their own. Our previous work suggests that clients from Permanent Supportive Housing programs, when leaving the facilities, almost always obtain a stable placement (Sosin, George, Grossman, Hilvers and Patel, 2011). The relatively high level of follow-up reported above may go a long way to explaining why that is the case. Nevertheless, findings more generally demonstrate an impressive degree of conformity to the basic requirements laid out by the program models (for clients who gain entry and are not asked to leave). These components of the model seem to be rather fully implemented.

Service Provision

Other items asked about the provision of social services (beyond case management). Originally, we wanted to see if there were common service provision models, that is, if providers focused on established routines for deciding which services to provide. In general, we found some commonalities among services provided by Permanent Supportive Housing programs but no clear service models. Instead, service delivery seems to be as scattered as one might expect given the variation in clients served by the various programs.

Even asking about the provision of services is tricky. We felt that, if simply provided a checklist of services that programs might potentially provide, we would have received undifferentiated replies. Since in theory a case manager can provide whatever services are demanded at some level, we assume that nearly all services we could think of will be supplied to some degree at all programs. Instead, we asked about services that are most commonly provided.

We asked about this issue in three ways. We asked programs to tell us the three services "provided to the largest number of clients." Responses were open ended. We also asked for the percent of clients who received at least "30 minutes" of a small set of general services. Finally, again relying on an open-ended question, we asked respondents to tell us about the classes provided to clients in the course of a typical month.

Tables 17a and 17b report on the services reportedly provided to the largest number of clients. The body of the tables report on any services reportedly provided by at least five programs. As Table 17a suggests, the number of consistently reported services in Interim Housing programs is rather limited. There are only six such services, the most common of which only is provided by about 29 percent of the programs. As the footnote to the table (17a) suggests, the array of services reported by at least one program is rather vast. Perhaps it makes

sense that, given the heterogeneity of eligibility requirements for services, the character of service provision varies dramatically by program.

Table 17a. Services Provided to the Largest Number of Clients at Interim Housing Programs (N=45)

Services Provided	N	%
Job-Related Services Like from an Employment Agency	11	24.4
Job Skills or Training for a Specific Field/Computer Skill Training	8	17.8
Addiction or Substance Abuse Related Services	11	24.4
Mental Health Counseling	13	28.9
Group Counseling	8	17.8
Life Skills Training	10	22.2

Other Services that had less than 5 programs offering them included: Basic English and/or Math Preparation/ESL Classes, Education/GED Classes, Food from a meal program/Provision of Food, Food from a pantry, Clothing from a program or Agency, Groups on various topics, A shelter or other housing program for the homeless, Services to help you find housing, Services from a drop-in center, Assessment services, Crisis Management/Crisis Intervention/ or Advocacy Services, Cash Assistance from TANF/Workfare/SSI/Social Security services, Food Stamps services, Transportation Assistance, Community Voicemail, Medical Care/wellness, Help with budgeting or representative payees, Childcare/Daycare, Parenting Supportive Services/Parenting Skills Training/Parenting Education, Social Skills, Ex-Offender, Other Legal Services, Activities/Services/Groups for Children, Domestic Violence, Referrals for services

Table 17b reports on services provided to the largest number of clients in Permanent Supportive Housing programs. Only seven services were endorsed by at least five programs. The majority of respondents report providing mental health counseling, and a large number (about 40 percent) report providing social skills training. Perhaps the latter is directed at helping clients with skills needed to live in Permanent Supportive Housing programs. Otherwise, service provision reportedly is relatively widely dispersed and does not necessarily focus on those services stressed by the *Getting Housed* report (2000).

Table 17b. Services Provided to the Largest Number of Clients at Permanent Supportive Housing Programs (N=51)

Services Provided	N	%
Job-Related Services Like from an Employment Agency	10	19.5
Addiction or Substance Abuse Related Services	13	25.1
Mental Health Counseling	31	60.2
Group Counseling	18	36.0
Medical Care/Wellness	9	17.4
Social Skills Training	20	39.6
Life Skills Training	8	16.1

Other Services that had less than 5 programs offering them included: Job skills or Training for a specific field/computer skill training, Basic English and/or Math Preparation/ESL Classes, Education/GED Classes, Food from a meal program/Provision of Food, Food from a pantry, Clothing from a program or Agency, Groups on various topics, A shelter or other housing program for the homeless, Services to help you find housing, Services from a drop-in center, Assessment services, Crisis Management/Crisis Intervention/ or Advocacy Services, Cash Assistance from TANF/Workfare/SSI/Social Security services, Food Stamps.

Tables 18a and 18b report more generically on the availability of services that clients receive "for 30 minutes or more in a given week." Respondents from Interim Housing programs estimate that over 90 percent of clients receive case management services. Respondents in 82 percent of the programs estimate that 100 percent of clients receive case management services for that length of time. Otherwise, it seems likely that clients at virtually all programs receive at least 30 minutes of either individual or group therapy and counseling each week: the means for each type of service are over 50 percent, and few programs say that no clients receive the service. Social skills building training is reportedly even more common. Roughly half of clients reportedly receive employment skills building training each week in a typical agency while 36 percent reportedly receive educational therapy. Thus, while employment counseling does not seem to be universally provided, the programs on average purport to provide substantial help, albeit with a very different footprint in different programs.

Table 18a. Percent of Clients Who Receive Services for 30 Minutes or More in Given Week Among Interim Housing Programs

Services Received	Mean (%)	Median (%)	Percent of Clients	N	%
Case Management (N=50)	92.30	100.00	0%	0	0.0
			100%	41	82.0
Individual Counseling/ Therapy (N=50)	56.90	50.00	0%	1	2.0
			100%	11	22.0
Group Counseling/ Therapy (N=50)	58.70	60.00	0%	10	20.0
			100%	22	44.0
Social Skills Building Training (N=49)	72.14	100.00	0%	4	8.2
			100%	26	53.1
Case Employment Skill Building Training (N=50)	52.06	50.00	0%	5	10.0
			100%	10	20.0
Educational Training (N=49)	36.06	25.00	0%	8	16.3
			100%	7	14.3

Receipt of services reported is lower at Permanent Supportive Housing programs. The mean score for receipt of at least 30 minutes of case management services is about 68 percent. Individual and group therapy reportedly on average are received by 37 and 22 percent of clients, suggesting that a fair proportion of clients receive neither. Most telling, only 14 percent of clients in the average reporting agency are believed to obtain employment skill building training and only eight percent receive educational training. These data likely suggest that the idea of complete wrap-around services is not fully carried out in practice in the programs. It also may suggest that, serving disabled clients, Permanent Supportive Housing programs are not highly motivated to stress employment services.

Table 18b. Percent of Clients Who Receive Services for 30 Minutes or More in Given Week among Permanent Supportive Housing Programs

Services Received	Mean (%)	Median (%)	Percent of Clients	N	%
Case Management (N=55)	67.56	77.13	0%	4	6.9
			100%	24	43.4
Individual Counseling/ Therapy (N=52)	36.93	30.00	0%	7	13.1
			100%	11	21.2
Group Counseling/ Therapy (N=52)	22.27	22.83	0%	13	24.2
			100%	2	3.0
Social Skills Building Training (N=55)	34.86	30.00	0%	9	15.6
			100%	4	7.6
Case Employment Skill Building Training (N=55)	13.82	10.00	0%	21	38.4
			100%	1	1.6
Educational Training (N=55)	8.18	1.00	0%	26	45.3
			100%	0	0.0

Tables 19a and 19b report on the theoretical availability of various classes – whether or not large percentages of clients avail themselves of the services. Again, coverage appears to be generally low. Half of the respondents from Interim Housing programs report that the program in which they work has classes for job-related services and almost forty percent reportedly have parent support services. Otherwise, classes for such services as alcohol counseling or mental health counseling reportedly are available at one third or less of programs. Table 19b suggests that substance abuse counseling classes are more common at Permanent Supportive Housing than Interim programs but that otherwise no listed type of class is particularly widely available.

Given the small size of staff and the limited number of staff members with advanced degrees, it is not clear whether the programs can provide extensive, professional, and helpful services of all types. The best guess is that they cannot. A previous report suggests that referrals to other programs, while possible, are not particularly common (Sosin, George, Grossman, Hilvers and Patel, 2011). Of course, there also is little evidence that provision of such services will improve the probability that clients obtain or retain housing. Indeed, the evidence from our study of clients suggests that, at least in their present form, the services are not that beneficial, even if clients desire them and feel better about programs that provide them (Sosin, George and Grossman, in press).

Table 19a. Services Provided to the Clients in the Course of a Typical Month –
Interim Housing Programs (N=51)

Service Provided	Programs Reporting that Service	
	N	%
Job-Related Services (e.g. Services from an Employment Agency)	25	49.0
Alcohol or Other Substance Abuse Counseling	16	31.4
Mental Health Counseling	10	19.6
Help With Money Management (e.g. Budgeting, Representative Payees)	15	29.4
Parenting Support Services (e.g. Education and Skills Training)	20	39.2
Social Skills Training	17	33.3
Tenant Rights and Responsibilities	12	23.5
Behavioral Topic Groups (e.g. Anger Management, Coping Skills)	11	21.6

Table 19b. Services Provided to the Clients in the Course of a Typical Month –
Permanent Supportive Housing Programs (N=56)

Service Provided	Programs Reporting that Service	
	N	%
Job-Related Services (e.g. Services from an Employment Agency	12	21.6
Alcohol or Other Substance Abuse Counseling	24	43.3
12 Step Meetings	16	28.9
Help With Money Management (e.g. Budgeting, Representative Payees)	17	30.5
Life Skills Training	14	24.6
Social Skills Training	13	23.5
Activities, Leisure, Outings, Games, Art Therapy	11	20.3

Referrals

Tables 20 and 21 report on the respondents' perceptions of the referrals made to Interim
Housing programs and those made from such programs to Permanent Supportive Housing
programs. The means and medians are reported on a five-point scale in which 1 is "always" and
5 is "never." On that scale, the Interim Housing providers report some level of difficulty in
accepting referrals, in that their mean score is about 2.6 (3 would be in the center of the scale).
Further, given that the mean score on whether clients meet their eligibility requirements is 1.8,

the responses suggest that some eligible clients must be turned down. Of course, data on waiting lists and turndowns, provided above, suggest similar conclusions.

Table 20. Perceived Success in Accepting Referral Clients among Interim Housing Programs

Referral Activities [1]		
When your program receives a referral from (name of agency) how frequently can you accept the client…	Mean	2.56
	Median	2.00
	Standard Deviation	0.757
How often do clients referred to (name of agency) meet your program's eligibility criteria…	Mean	1.79
	Median	2.00
	Standard Deviation	0.851
How frequently does (name of agency) convince you to bend your rules to place a client they refer to you…	Mean	3.46
	Median	3.00
	Standard Deviation	1.359
How often do you trust that (name of agency) has treated their clients fairly...	Mean	1.92
	Median	2.00
	Standard Deviation	0.810

1. Items were rated on a 5 point scale where 1 equals always
    and 5 equals never.

Table 21 suggests that these programs believe that it is somewhat more difficult to refer clients to Permanent Supportive Housing programs than to accept them. The mean score on whether clients are accepted by Permanent Supportive Housing programs is 2.9. Of course, ease of referral is likely to also depend on eligibility, with programs with stricter eligibility requirements likely to less frequently face the prospect of being referred eligible clients. Still, our information here is somewhat "soft." The client surveys more definitively suggest that there is some, but limited referrals between the different types of programs (Sosin, George, Grossman, Hilvers and Patel, 2011).

Table 21. Perceived Success in Referring Clients to Permanent Supportive Housing Programs by Interim Housing Programs

Referral Activities [1]		
When your program refers someone to (name of agency) how frequently can you place a client….	Mean	2.88
	Median	3.00
	Standard Deviation	0.796
How frequently can you convince (name of agency) to bend its rules to place a client you refer to them…	Mean	4.07
	Median	4.00
	Standard Deviation	1.130
How Often do you trust (name of agency) to treat your clients fairly…	Mean	1.48
	Median	1.00
	Standard Deviation	0.846

1. Items were rated on a 5 point scale where 1 equals always and 5 equals never.

Outcomes from Administrative Data

Table 22 presents the reported outcomes of adult clients who, during the reporting year, moved out of the Interim Housing and Permanent Supportive Housing programs. Here the main distinction is between those leaving for permanent housing and program completion (perhaps optimistically, we assume that those leaving for program completion are provided a permanent dwelling) and those leaving for any other reason. As the table suggests, a little over half of the clients in the 35 reporting Interim Housing programs reportedly leave for permanent housing or program completion. Slightly under half of clients leaving the 37 reporting Permanent Supportive Housing programs leave for permanent housing locations or due to program completion.

Table 22. Primary Reason for Leaving Program for those Adults who Left During the Operating Year

Population: Of those Leaving		Interim Housing (N=35)	Permanent Housing (N=37)
% Leaving because completed program or for a housing opportunity	Mean	53.20	46.70
	Median	51.50	41.93
	Standard Deviation	24.62	30.53
% Left for all other reasons combined[1]	Mean	46.80	51.74
	Median	48.50	56.36
	Standard Deviation	24.62	30.84

1. Non-payment of rent/occupancy charge, Non-compliance with project, Criminal activity/destruction of property/violence, Reached maximum time allowed in project, Needs could not be met by project, Disagreement with rules/persons, Death, Unknown/Disappeared, Other reasons.

Of course, this table does not take into account that clients are expected to leave the former and not the latter. Table 23 presents the same material when also including clients who remain in each program. Remaining depends on when the client entered the program, and we cannot take that issue into account. Nevertheless, results seem more in keeping with what is known about the program; about 40 percent of those who are in Interim Housing programs during the year reportedly move to permanent housing or complete the program; about 11 percent of those in Permanent Supportive Housing programs leave, probably because the vast majority of clients stay in Permanent Supportive Housing. Both sets of statistics nevertheless make it clear that the two sets of programs do not provide to all clients permanent housing.

Table 23. Primary reason for leaving program for all adults served during the operating year (including those who left program and those still in program at year end).

Population: All Clients			
		Interim Housing (N=35)	**Permanent Supportive Housing (N=37)**
% Leaving because completing program or finding a housing opportunity	**Mean**	40.65	11.04
	Median	39.49	8.00
	Standard Deviation	17.92	10.26
% Leaving for all other reasons combined[1]	**Mean**	35.54	9.36
	Median	35.04	9.42
	Standard Deviation	18.02	5.50

1. Non-payment of rent/occupancy charge, Non-compliance with project, Criminal activity/destruction of property/violence, Reached maximum time allowed in project, Needs could not be met by project, Disagreement with rules/persons, Death, Unknown/Disappeared, Other reasons.

Tables 24 and 25 elaborate the information by reporting in some detail on other moves made by clients. Here, we continue to combine categories provided in the original data. We probably lose a small amount of information as a result. Nevertheless, these tables suggest that many leaves can occur for "negative" reasons, which here combine such reported reasons for leaving as noncompliance with the project, criminal activity, that needs could not be met by the project, or a small "other" category (including moves for safety, to go to jail, general transfers). For Interim Housing programs, 20 percent of clients reportedly leave for negative reasons, about four percent reach the maximum time available (or die), while about 23 percent reportedly voluntarily withdraw or simply disappear. For Permanent Supportive Housing programs, the reported percentages are somewhat larger and more skewed to "negative" exits, at 28 percent, 12 percent, and 9 percent.

Table 24. Primary Reasons for Leaving Program of those Adults Leaving the Program During the Operating Year

Population: Of those Leaving		Interim Housing (N=35)	Permanent Supportive Housing (N=37)
% Completing Program or Finding Housing Opportunity	Mean	53.20	46.70
	Median	51.50	41.93
	Standard Deviation	24.62	30.53
% Making Negative Leaves[1]	Mean	20.35	30.95
	Median	19.10	28.39
	Standard Deviation	12.32	26.44
% Reaching Maximum Program Time	Mean	3.74	0.33
	Median	0.70	0.00
	Standard Deviation	7.72	1.85
% Died While in Program	Mean	0.12	11.80
	Median	0.00	6.67
	Standard Deviation	0.38	15.73
% Left Voluntarily or Disappeared	Mean	22.59	9.15
	Median	23.17	0.50
	Standard Deviation	18.03	16.04

1. Non-payment of rent/occupancy charge, Non-compliance with project, Criminal activity/destruction of property/violence, Needs could not be met by project, Disagreement with rules/persons, and Other reasons.

Again, all percentages decline when also including clients who do not leave the program; for Permanent Supportive Housing clients, results overall suggest that only nine percent of clients leave for reasons other than completing the program (and presumably locating housing) or finding housing. These statistics are provided in Table 25. Further, the researchers do not wish to over-interpret information collected in an unknown way and covering only part of the sample. Still results are in a general way consistent with the suggestion that at least some programs, usually Interim Housing programs, use policies that encourage or require certain clients to leave. While we know that almost all clients in Permanent Supportive Housing programs who we could interview eventually locate a permanent dwelling, the policies illustrated here may help explain why the success rate of Interim Housing programs is moderate (Sosin, George, Grossman, Hilvers, Patel, 2011). But we also lack information enabling us to determine if the Interim programs might deal with disruptions or client preferences to leave in other ways.

Table 25. Primary Reasons for Leaving Program for all Adults Served during the Operating Year (Including those who left program and those still in program at year end).

Population: All Clients		Interim Housing (N=35)	Permanent Supportive Housing (N=37)
% Completing Program or Finding Housing Opportunity	**Mean**	40.65	11.04
	Median	39.49	8.00
	Standard Deviation	17.92	10.26
% Making Negative Leaves[1]	**Mean**	15.21	5.33
	Median	16.24	4.51
	Standard Deviation	8.33	4.64
% Reaching Maximum Program Time	**Mean**	2.57	0.84
	Median	0.64	0.00
	Standard Deviation	4.16	0.49
% Died While in Program	**Mean**	0.86	1.85
	Median	0.00	1.03
	Standard Deviation	0.27	2.44
% Leaving Voluntarily or Disappeared	**Mean**	17.67	2.13
	Median	19.19	0.15
	Standard Deviation	13.64	4.40

1. Non-payment of rent/occupancy charge, Non-compliance with project, Criminal activity/destruction of property/violence, Needs could not be met by project, Disagreement with rules/persons, and Other reasons.

Program Efficacy

Overall, our previous research suggests that these two types of programs help individuals and families escape homelessness (Sosin, George, Grossman, Hilvers and Patel, 2011). Interim Housing programs are estimated to be more successful in helping clients escape homelessness than are traditional shelters. That conclusion is supported by the research mentioned above and also is confirmed in more statistically advanced work that we are now completing. Supportive and Permanent Supportive Housing programs seem to almost fully ensure that clients avoid homelessness. It is true that our results are based on surveys, and we could not locate all participants to determine whether or not they avoided homelessness. Still, response rates seem adequate.

Our on-going research suggests that success of the programs reflects at least two factors. One helpful factor is the general organization of the programs. Clients fare better in Interim Housing programs than in shelters in part because they are aware that their housing needs will be met for a period of time and that they enjoy reasonable freedom to pursue housing plans. Clients

are even more successful if they enter Permanent Supportive Housing programs, which offer the most security.

The second efficacious factor of programs is the availability of case management services aimed at helping individuals find and maintain dwellings. Our research suggests that programs consistently deliver these services to virtually all clients, and that the services are efficacious. Of course, it may be possible to further improve the quality of case management.

On the other hand, clients perceive the ambiance of the programs to be, on average, only moderately positive. They also rate the efficacy of the programs only as moderately positive (Sosin, George, Grossman, Hilvers and Davis, 2010). Our on-going research (Sosin, George, Grossman, in press) suggests that ratings of ambiance are related to, among other things, the availability of professional services, such as mental health and substance abuse services. As noted above, those services seem to be unevenly available in programs and also seem to be delivered by a small staff that may be limited in its ability to deliver intensive services. Similarly, perceptions of efficacy are in part limited because clients rate highly programs that provide them with employment opportunities. These opportunities are difficult to find, and employment services generally seem to be unevenly available at programs. (Case management services seem to be undervalued by clients.) Subjectively, then, services that appear difficult for programs to mount appear to be important in client responses to the program.

Nevertheless, all in all, we believe that the Plan has been successful. It has resulted in the implementation of programs that help clients escape homelessness. However, there are considerable limits to the availability of the programs. Moreover, not all clients are successfully served (that is, are able to escape homelessness), especially in Interim Housing programs. We also feel that greater availability of the programs is likely to lead to even greater levels of success, helping increasing numbers of clients to escape homelessness.

Moreover, the programs seem to evince moderate success in their delivery of professional services. Clients are only mildly positive about the programs due to the limits in service delivery. The jury is out concerning whether improvements in the delivery of other services also would help to reduce homelessness. However, those improvements would be likely to improve client perceptions about the programs.

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