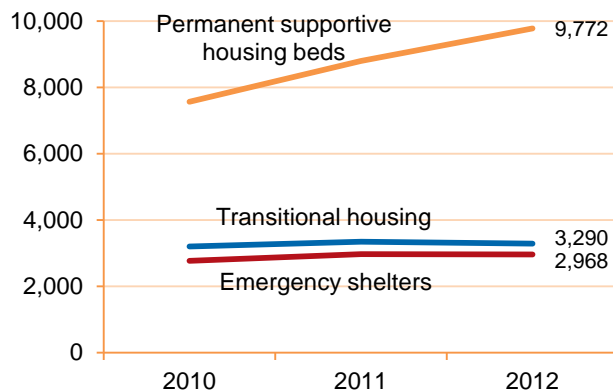


## Outcomes of Supportive Housing Targeting Homelessness in Minnesota: Executive Summary

### Introduction

Supportive housing in Minnesota exists in two primary forms – time-limited transitional housing and permanent (not time-limited) supportive housing. Both housing types have been funded and implemented in an effort to serve those who have experienced homelessness by providing pathways out of street homelessness and emergency shelters and into more stable and supportive living arrangements. Both provide longer-term housing solutions and an array of services intended to build hope, opportunity, and capacity among those who are served. In recent years, nearly all new funding has been used to increase capacity in permanent supportive housing.

#### NUMBER OF BEDS IN MINNESOTA, BY PROGRAM TYPE



Source: Housing Inventory Charts, compiled by Minnesota HMIS

This is a brief summary of the main findings and conclusions from a three-year study of 581 participants in 51 programs (see study methods on page 12). Due to space restrictions, only a limited number of outcomes are presented. The full report, posted at [wilderresearch.org](http://wilderresearch.org), includes comprehensive chapters for each of the two main program models, describing the kinds of program elements most typical of each, the characteristics of participants served, and the many different kinds of outcomes that were observed over the study's follow-up period.

### Overview of main findings and conclusions

- Transitional housing typically admits residents who are younger, more likely to have children with them, and more likely to have job histories; it matches its services to this clientele by having higher expectations for program participation, job preparation, and exit within two years or less.
- Permanent supportive housing accepts more residents with serious disabilities and other barriers to self-sufficiency; its service model places fewer demands on participants to engage with services and does more to help connect residents to mainstream benefits that can help provide long-term stability in the absence of regular employment.
- Despite the lack of time limits, half of all study participants in permanent supportive housing exited during the study period, after an average of 34.5 months in their programs (compared to an average of 16.8 months for transitional housing exiters).
- Compared to those who remained stably housed after exit, study participants who experienced new episodes of homelessness had spent an average of 2.3 fewer months in transitional programs or 7.6 fewer months in permanent supportive programs.
- For transitional housing residents, exit to subsidized housing also predicted greater housing stability after exit (no new episodes for 68%, compared to 49% for those with no subsidy).
- Employment supports play a role in success in both kinds of programs. “Transitional employment” approaches should be explored to help those with limited job histories prepare for competitive employment.
- Both types of programs appear to be important parts of a supportive housing continuum. Coordinated assessment can help maintain the balance in the overall continuum, if both forms of housing continue to be supported.

## Results

The results presented below are organized by the five primary study questions shown in the shaded boxes in the pages that follow.

### *What are the characteristics of transitional housing and permanent supportive housing?*

**Time limits (or the absence of them) are key elements in defining the two basic program types**

A key defining difference between the two program types is the fact that transitional housing is time-limited, while permanent supportive housing is available to participants for as long as they may need it (although the intensity of services may diminish over time).

**Exits are expected from virtually all residents in transitional housing, but only some residents of permanent supportive housing**

Nearly half (47%) of all transitional programs report that the average length of stay for residents who exit successfully is less than 12 months. Perhaps surprisingly, almost two-fifths of permanent programs (39%) report that the average length of stay for a resident who successfully exits is less than two years. Three-quarters of providers in both settings include "maintaining or finding new stable housing" as part of their definition of a successful exit.

**Services generally align with goals, although many goals are shared across the two program types**

In general, transitional housing programs are set up to help participants set and meet goals for increasing self-sufficiency, with both supports and rules for accountability to follow through. In contrast, permanent supportive housing is more often intended for use as a "low demand" model,

focusing primarily on getting people safely housed. Transitional programs are more likely than permanent supportive programs to report employment and/or increased income as a goal (57% versus 36%). Permanent supportive housing programs, on the other hand, tend to focus on building participants' skills in independent living, and place a somewhat greater emphasis on offering (but not requiring) supports for residents who have mental health needs and helping residents stabilize their income by accessing disability benefits for which they are qualified. However, there is clear evidence that these types of support exist to some degree in both types of programs.

Study findings show that services are for the most part clearly aligned with program goals. Programs differ most in three service areas: transportation help and employment help or support (both offered more widely in transitional housing programs), and mental health services (more widely available to residents of permanent supportive housing). Transitional programs are also more likely than permanent programs to require residents to have a job or be looking for one, and to use eligibility criteria that would allow them to focus on residents with fewer barriers to self-sufficiency.

**Transitional housing providers have more demanding expectations of residents**

Transitional programs are more likely to have rules or requirements in place that place expectations on participants, particularly in terms of day-to-day activities. Seven in ten transitional programs (70%) require residents to participate daily in some kind of structured activity (such as school, work, or volunteering), compared to just 14 percent of permanent programs. Likewise, about two-thirds of transitional programs (65%) require residents to have a job or be looking for one compared to 21 percent of permanent programs.

Transitional programs are also more likely to require consent to random drug testing than permanent programs (48% compared to 18%); however, the majority of both types of programs do not require such consent. Transitional housing programs were more likely than permanent programs to have a rule against using alcohol on program premises (78% compared to 39%), and to have specific consequences for non-compliance with program requirements (100% of transitional compared to 57% of permanent).

Caseloads for transitional program staff are smaller and staff members tend to be available to residents at more times of the day and week

Transitional programs generally report smaller caseloads than do permanent programs, along with a wider range of hours during which staff are available to residents. And while nearly all (96%) of transitional programs require participants to meet with case managers at least once a week during the initial part of their stay, this is true for only 70 percent of permanent supportive programs. Overall, transitional programs seem to be somewhat more intensive than permanent supportive housing programs.

*Does each program type serve a distinct population?*

Permanent supportive programs are generally designed to serve residents with more specialized needs

Study results show that permanent supportive programs serve residents with more specialized or intensive needs than do transitional programs. Related to this, a higher proportion of permanent programs than transitional housing programs restrict their enrollment to only residents who have a diagnosis of a severe or persistent mental illness (32% compared to 4%). And while a small

number of transitional programs say that they are unable to accept residents with such a diagnosis, all permanent supportive programs in this study accept such residents.

One important difference is the fact that transitional programs require a greater level of program participation than do permanent supportive programs. Not surprisingly, 91 percent of transitional programs compared to 50 percent of permanent supportive programs require that residents be able to develop and carry out a housing plan. Correspondingly, permanent programs are more likely to accept residents who have more barriers to self-sufficiency. For example, 7 in 10 permanent programs compared to half of the transitional programs in the study sample are able to accept residents with a history of violence against or abuse of children or adults. Likewise, two-thirds of the permanent programs compared to 43 percent of the transitional programs accept residents who are active substance abusers.

Overall, while there is much overlap, permanent supportive housing programs clearly seek to provide long-term housing for people for whom the odds of achieving self-sufficiency may be challenging. In contrast, transitional housing programs offer help for a limited time, serving a somewhat less challenged population, and more often focus on employment and self-sufficiency supports intended to help residents transition to other more permanent housing.

The program models and service configurations described here show that while there are key differences between the two program types, each is reasonably aligned with the needs of the residents it seeks to serve. The fact that a substantial number of people are exiting permanent supportive housing after less than two years suggests that, for some participants, some of the same goals sought by transitional programs (independent housing, greater

self-sufficiency, reduction of substance abuse, etc.) can be achieved by at least some of those in permanent supportive housing.

*In what ways are the characteristics of residents served in the two types of programs similar and different?*

**Permanent supportive housing programs serve a larger percentage of men and older adults**

Half of all participants in permanent supportive programs are men, compared to 17 percent of those in transitional programs. Transitional program clientele also include more who are age 24 or younger (25% versus 13%), while permanent supportive programs include more who are 55 or older (11% versus 3%). Despite these differences, the majority of people served in both program types are between the ages of 25 and 54 (71% in transitional and 76% in permanent).

**Transitional programs serve a slightly higher percentage of African Americans and a larger percentage of families**

Racial differences are not large, but transitional programs had slightly higher proportions of African-American residents compared to permanent supportive housing programs (45% versus 40%). Permanent supportive programs serve more single males (46% of participants versus 16%) while transitional housing programs serve more families, especially single females with children (47% versus 26%).

**The incidence of mental health problems is high in both transitional and permanent programs, but permanent supportive housing residents have more disabilities of long duration**

HMIS records (the administrative records system for programs serving homeless people in

Minnesota) indicate that permanent supportive housing residents are more likely than transitional housing residents to have one or more disabilities of long duration (89% versus 68%). Mental health problems are most common in both (79% of transitional housing residents and 75% of permanent supportive housing residents). The incidence of reported alcohol abuse is similar in both types of programs (40% versus 35%), but the incidence of drug abuse problems is higher for transitional housing residents (49% versus 25%). Among supportive housing residents living with HIV or AIDS, the vast majority were in permanent supportive programs (8% of permanent supportive residents versus 1% of transitional residents).

**Although supportive housing of both types is designed for people who have experienced homelessness, more of those served in permanent supportive housing meet the federal definition of chronic homelessness**

Reflecting the priorities for use of federal supportive housing funding, nearly one-half of permanent programs (46%) compared to 4 percent of transitional programs require that residents meet the federal definition of chronic homelessness (homeless one year or longer or four or more times in three years). As a result, 25 percent of transitional housing residents, and 65 percent of those in permanent supportive housing, were chronically homeless at program entry.

**Employment at the time of program entry is more likely for transitional housing residents**

According to state employment records, about one-quarter (23%) of all supportive housing study participants were employed at some time in the three-month period that included program entry. This was more likely to be true for transitional housing residents (28%) than for permanent supportive housing residents (19%).

Residents of transitional programs have typically achieved higher educational levels

Over half (53%) of all transitional housing residents had at least some college compared to 40 percent of those in permanent supportive programs.

*What types of program outcomes are achieved by participants? Are outcomes different for those in transitional compared to permanent supportive housing?*

### ***Exits from the program***

A large majority of those who exited either program type exited to permanent housing

Although virtually all transitional housing residents (96%) exited over the course of the study compared to just over half (55%) of permanent supportive housing residents, the percentage in each program type who exited to a form of housing considered permanent is very similar (82% of transitional housing exiters compared to 78% of permanent supportive exiters). Much of this difference is explained by the fact that 16 percent of those who exited transitional housing programs entered permanent supportive housing programs compared to only 5 percent of those exiting permanent supportive housing programs to other permanent supportive housing programs.

The majority of exiters from both program types were stably housed at the time of exit, but one-third of all study participants had at least one new episode of homelessness by the end of the study period

According to HMIS records, similar percentages of those exiting both types of programs became homeless again at the time of exit (16% transitional and 12% permanent). Among all those who exited, over the full course of the study, the study found that 47 percent had at least one new episode of

homelessness by the end of 2012 (45% of those exiting from transitional programs and 49% of those exiting from permanent supportive programs).

Recognizing that exit is not a goal for all permanent supportive housing we also examined recurrence rates for all study participants, including those who never exited. The study found evidence of a new episode for 44 percent of all transitional housing residents and 27 percent of all permanent supportive housing residents. It should be noted that the lengths of these new episodes varied significantly and included a number of relatively brief episodes of homelessness. In the last interview, 71 percent of transitional housing participants and 75 percent of permanent supportive housing participants described their housing as “very stable.”

**More time in the program was associated with more stability after exit**

In both program models, those with no new episodes of homelessness had spent more time in their programs before exiting, compared to those who became homeless again during the study period. Transitional housing residents with no new episodes averaged 17.8 months in their programs, compared to 15.5 months for those who experienced new episodes. Supportive housing residents with no new episodes averaged 38.2 months in their programs, compared to 30.6 months for those who experienced new episodes.

**Transitional housing participants who had subsidized housing at exit were less likely to experience new episodes of homelessness**

For transitional housing participants, those who exited to housing that was subsidized were less likely to have new episodes of homelessness. Of those with subsidized housing at exit, 68 percent had no new episodes of homelessness during the study period, compared to 49 percent of those who exited to unsubsidized housing.



Relatively few participant characteristics were strongly predictive of better housing stability after exit

Within transitional housing programs, the following participant groups were found to be significantly less likely to have a new episode of homelessness after exit:

- Those age 24 or younger at time of entry
- Women
- Those with no serious, long-term disabilities, and in particular, no long-term mental health disability
- Those who had subsidized housing when they exited their programs

Within permanent supportive housing, those most likely to avoid new episodes of homelessness were:

- African Americans
- Those with no serious, long-term disabilities, and in particular, no long-term mental health disability

Certain program features were correlated with greater likelihood of avoiding a recurrence of homelessness

Within transitional housing, participants were less likely to be homeless after exit if they had been in programs with the following characteristics:

- Virtually all residents receive financial education
- Virtually all residents receive employment help
- Residents are required to have a job or be looking for one

Within permanent supportive housing, no specific program features predicted higher housing stability. However, programs where virtually all residents received mental health care had higher proportions of participants who had new episodes of homelessness after exit. This is not unexpected, given differences in characteristics and goals of the people served in programs that offer more intensive mental health services.

#### SELECTED OUTCOMES FOR TRANSITIONAL HOUSING PARTICIPANTS

	In family programs		In individual programs		Total Transitional Housing	
	n / N	%	n / N	%	n / N	%
Exited the program by December 31, 2012	137/141	97%	122/128	95%	259/269	96%
No new episode of homelessness (all participants)	84/129	65%	56/119	47%	140/248	56%
Among those with subsidized housing at exit	50/68	74%	12/23	52%	62/91	68%
Among those with unsubsidized housing at exit	30/55	55%	36/79	46%	66/134	49%
Employed in 4th quarter of 2012	46/130	35%	41/117	35%	87/247	35%
SSI or SSDI at last interview	10/62	16%	17/67	25%	27/129	21%
Ability to budget money "a lot better"	24/62	39%	24/70	34%	48/132	36%
Succeeding in ways that matter "a lot better"	26/62	42%	28/70	40%	54/132	41%

Notes: Total Ns are different from item to item because of different sources with different availability of data.

SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) are federal programs providing benefits to people who are blind or disabled.

## ***Income and employment***

At the time of the final interview, 72% of all study participants reported that they had enough income during the past month to pay for both food and housing expenses

Seventy percent of those in transitional programs and 74 percent of those in permanent supportive housing programs reported that they had enough income during the past month to pay for both food and housing expenses. The proportions were the same for those who had exited as those who were still in programs.

Qualitative feedback from respondents shows that much of this success is attributed to the fact that program staff took significant care in preparing people for exit and in helping residents to find housing that would fit their capacity and needs.

About 30% of those who exited supportive housing had a record of employment in the quarter following exit. While wages did not increase substantially from baseline for either group, the time period of the study (just emerging from a significant recession) was likely a factor

Records from the Minnesota Department of Employment and Economic Development show that 33 percent of transitional housing residents

and 24 percent of permanent supportive housing residents had jobs in the quarter following their program exit.

At the end of the three-year study period, in the fourth quarter of 2012, 26 percent of participants were employed (35% for transitional housing and 18% for permanent supportive housing).

Of those with jobs in the quarter after exit, the median quarterly wages were \$3,142 for transitional housing residents and \$2,806 for permanent housing residents, or just over \$12,000 per year. Compared to the quarter before entry, mean wages went up and median wages went down. This seemingly contradictory finding is a result of two factors: First, a few individuals who achieve significantly higher wages can raise the mean (arithmetic average). Second, those who entered or reentered the workforce during a recessionary time period were not doing as well (which reduces the median or midpoint of the distribution).

Permanent supportive housing programs, despite less emphasis on employment, nevertheless show gains for some participants, especially those with job histories

Both program types had similar success rates for employment outcomes for participants who were

### **SELECTED OUTCOMES FOR PERMANENT SUPPORTIVE HOUSING PARTICIPANTS**

	In family programs		In individual programs		Total Permanent Supportive Housing	
	n / N	%	n / N	%	n / N	%
Exited the program by December 31, 2012	66/101	65%	100/199	50%	166/300	55%
No new episode of homelessness (all participants)	67/97	69%	147/195	75%	214/292	73%
Among those with subsidized housing at exit	11/17	65%	23/39	59%	34/56	61%
Among those with unsubsidized housing at exit	19/37	51%	24/54	44%	43/91	47%
Employed in 4th quarter of 2012	31/97	32%	22/200	11%	53/297	18%
SSI or SSDI at last interview	17/47	36%	70/133	53%	87/180	48%
Ability to budget money "a lot better"	20/46	43%	39/136	29%	59/182	32%
Succeeding in ways that matter "a lot better"	23/47	49%	38/134	28%	61/181	34%

*Note: Total Ns are different from item to item because of different sources with different availability of data.*

*SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) are federal programs providing benefits to people who are blind or disabled.*

employed at the time of program entry or shortly before. However, for participants who were not employed in the quarter during which they entered the program, those who were in transitional housing programs were significantly more likely to have employment in the quarter 12 months after their program exit than those who were in permanent supportive housing. These outcomes likely reflect other relevant differences between the two groups of participants.

Certain personal characteristics of participants features were found to be associated with better employment outcomes

The study tested to see whether any personal characteristics were significantly associated with better outcomes. Within transitional housing programs, the following groups were found to have better employment outcomes:

Participants with jobs in the quarter before entry

- Participants age 24 or younger
- Participants who did not have disabilities of long duration, and in particular, those who did not have a mental health problem

Within permanent supportive housing programs, the following groups were found to have better employment outcomes:

- Participants with jobs in the quarter before entry
- Participants age 24 or younger
- Women
- Family participants (those caring for children)
- Participants who did not have disabilities of long duration, and in particular, those who did not have a mental health problem

Certain program features were found to be associated with better employment outcomes

The study also tested to see whether any program characteristics or services were significantly associated with better outcomes. Within transitional housing programs, the following were found to predict better employment outcomes:

- Rules requiring residents to have or look for a job
- Rules that do not prohibit drug or alcohol use
- Rules that do not require consent to random drug testing

Within permanent supportive housing programs, the features most strongly associated with better employment outcomes were:

- Provision of employment help or support to virtually all residents
- Program rules requiring daily structured activity such as a job, school, or volunteering
- Program eligibility criteria that screen out active substance users

### *Safety*

Approximately 8 of 10 supportive housing residents reported high personal safety levels at the time of the final interview

In their final follow-up interview, transitional housing participants were more likely to report "never" being hurt or threatened in preceding months than permanent supportive participants (85% versus 74%). This relatively high level of safety is an important result, since HMIS records show that at least 47 percent of transitional residents and 23 percent of permanent supportive residents were survivors of domestic violence (percents are given only for those for whom this information was documented).



## ***Health***

### **Overall, mental health status improved for program participants**

In the final follow-up interview, about half of all participants reported that their mental health status had improved since they entered the program. Among only those with a mental health disability at entry, 51 percent of those in transitional housing, and 26 percent of those in permanent supportive housing, reported their mental health was “a lot better.”

Health care coverage for study participants is nearly universal, in part due to the accessibility of health care for very low-income people in Minnesota

At the time of final follow-up, 89 percent of study participants reported that they had health care coverage. For the vast majority (95%) this was from a public insurance program. The rate of coverage did not differ between the two program types.

### ***Access to other mainstream benefits***

Besides health care, SNAP (food stamps) was the most common mainstream benefit for participants

Minnesota's plans to end homelessness place high importance on helping homeless people gain access to mainstream benefits. The Supplemental Nutrition Assistance Program (SNAP; previously “food stamps”) was the most common, reported by 67 percent of transitional housing exiters and to 52 percent of permanent supportive exiters. About 9 percent of participants were receiving Group Residential Housing support at the time of exit, and there was no difference based on type of program. Overall, at the conclusion of the study, about 4 in 10 study participants were receiving at least one state administered benefit other than

SNAP, with no significant difference based on program type.

Based on participant self-reports at the time of the final interview, disability insurance was more than twice as common for permanent supportive housing participants as for transitional housing participants (21% of transitional housing participants and 48% of permanent housing participants receiving disability benefits through either SSI or SSDI).

### ***Changes in knowledge, skills, and attitudes***

Participants’ subjective impressions of progress are important to their level of effort and persistence. The study collected participants’ own perceptions of success on a number of dimensions.

Program participants in both types of housing made gains in their ability to respond to challenges, budget money, receive support from others, stay focused, and remain hopeful about the future

In the final interview, roughly one-third of all participants in both program types reported that they were “a lot better” at budgeting money than when they entered the program. With regard to social support, 73 percent of transitional housing residents compared to 60 percent of permanent supportive housing residents reported that they now had someone to count on for small, immediate forms of help.

Transitional housing residents were significantly more likely than permanent supportive housing residents to report they were more hopeful about the future (52% versus 36%) and somewhat more likely to report that they were now doing a lot better at “succeeding in ways that matter to you” (40% versus 35%) compared to when they first entered the program. However, this difference was not statistically significant.

The nature of these self-perceptions of change is perhaps best seen in the following open-ended comments from transitional housing participants:

*It helped me to become the person I used to be. It helped me discover me again. I got myself back.*

*They helped me move from a place of shame to self-empowerment.*

*The value that they saw in me would be what made the most difference. I had a very low self-esteem and didn't see any reason to do better for myself. I didn't think I could because I thought I was worthless and I was afraid. They started showing me all of the things I was good at – like cooking. I didn't know how to cook at all. Because they supported me and laughed with me, I gained confidence. I can now pay the rent, cook, and I have a 4.0 GPA at college.*

## Conclusions

It is clear from the results presented in this report that both types of supportive housing (time-limited transitional and permanent supportive) have a useful place among statewide strategies for addressing and ending homelessness in Minnesota. While there is evidence of positive outcomes for a substantial number of participants in both programs, there is undoubtedly room for improvement. Specifically, a significant number of participants continue to have experiences of homelessness following exit from both types of programs, and employment outcomes in both types of programs are modest.

Individuals experiencing chronic homelessness (using HUD's definition) are probably best served in permanent supportive housing. The individuals

who appear to be best served in these settings include those with long-term and often difficult-to-treat disabilities including chronic mental health problems or lengthy histories of alcoholism, or both. In these settings, gains can still be made in strengthening social connections and occasionally supporting some forms of employment, but the low-demand model with strong assurances of stability through permanency appears well-suited for this population.

**People with fewer barriers to self-sufficiency appear to be well-served in transitional housing models,** where there is an expectation for exit after problems impacting stability are addressed. This includes many individuals experiencing more episodic and less chronic homelessness, and who have fewer barriers to achieving income gains through employment.

However, there is a mix of opinions among both providers and participants with regard to what level of demand and expectations should be placed on residents. There were a number of transitional housing participants who felt they were helped by the expectations that service providers placed upon them for engaging with a case manager, attending regular meetings, steering clear of drug and alcohol use, and focusing specifically on employment goals. Some participants said that is what made the difference for them in their ability to regain their footing and move beyond homelessness to various forms of permanent housing. But, not unexpectedly, there were others in transitional housing, particularly those who had experienced domestic violence and who faced significant health challenges, whose interview responses suggested they would do better when programs are less demanding at the beginning and progress toward stronger encouragement and expectations when safety and health challenges are under better control.

**“Transitional employment” approaches should be explored.** Given the characteristics of the adults currently served in supportive housing programs, and the employment outcomes reported in the study, it is likely that these programs would benefit from more employment-related resources. This could come in the form of stronger connections to specialized and transitional employment programs (perhaps something funders could encourage) or from in-house job-training programs such as those operated by several Minnesota shelter providers.

Although there is not any single formula that can be recommended based on this research, it is clear that the opportunities for connections to employment could be strengthened in any supportive housing program where there are residents who are amenable and reasonably able to achieve such goals.

The recurrence of homelessness might be addressed through a better understanding of who is at most risk, and an assessment system to help match them to the services that can best help them. The finding that more than three-quarters of those who exited from either program type exited to permanent housing is encouraging but not definitive. Homelessness reoccurs for residents in both program types as indicated by the fact that 44 percent of transitional housing residents and 27 percent of permanent supportive housing residents became homeless again at some time over the course of the study.

Among transitional housing participants who exited (96% of the total), homelessness was more likely to reoccur among males and less likely to reoccur among people age 24 or under. Those with disabilities were more likely to experience new episodes, and in particular those with alcohol or drug abuse disorders or traumatic brain injuries. Those who exited to subsidized housing were less likely to become homeless again afterwards.

Among permanent supportive housing participants who exited (55% of the total), homelessness was less likely to reoccur among African Americans and more likely among those with disabilities. Those with mental health problems, as well as those with a dual diagnosis of both mental health and drug or alcohol abuse problems, were the groups most likely to experience a new episode. Those who exited to some form of subsidized housing were less likely to be homeless than those without subsidies.

Minnesota may benefit from more consistent and coordinated assessment of those seeking supportive housing, to help steer them toward the kind of program most likely to fit their needs. This could include information related to health, housing, and homelessness history, as well as financial supports currently available to the potential resident.

Both types of programs appear to be important parts of a supportive housing continuum. To maintain balance in this continuum, it appears that permanent supportive housing should be prioritized for those who are unlikely to be able to have housing without long-term supports. For this reason, it is important that these same programs be prepared to help at least some residents move on to other housing if they regain enough stability and balance in their lives. This will not only allow scarce resources to be used for those most in need of them, but also that people with potential for increased self-sufficiency are encouraged to make efforts rather than settling for a less fulfilling life over the long term.

## Funders

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With further funding from Minnesota Department of Human Services, the Jay and Rose Phillips Family Foundation of Minnesota, Family Housing Fund, and Greater Minnesota Housing Fund, additional short reports and fact sheets forthcoming in 2016 will include:

- Low-demand programs
- Programs in greater Minnesota
- Families, including those receiving MFIP
- Participants with prior felony convictions
- African American participants
- Youth

### For more information

This summary presents highlights of the report *Supportive Housing Outcomes in Minnesota: A Study of Outcomes for Formerly Homeless Residents*. For more information about this report, contact Ellen Shelton at Wilder Research, 651-280-2600.

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## Study approach

Using detailed and descriptive information from Minnesota's Homeless Management Information System (HMIS), Wilder Research selected a sample of supportive housing programs (including 23 time-limited transitional programs and 28 permanent supportive programs). Although selection was not entirely random, the sample was designed to be representative of both larger and smaller programs located in various regions of the state, as well as programs that serve not only individuals and families, but also youth.

Within the final sample of 51 programs, potential study participants were randomly selected from HMIS records to include those served between January and September of 2010. Program staff assisted in the recruitment and consenting of selected participants. This process resulted in baseline interviews with 549 of the original 581 program participants in the baseline sample.

Attempts were made to conduct interviews with each baseline participant at three other times, including at six months, 12 months, and finally around 18 to 24 months following baseline. Participants received gift cards following each interview as an incentive to continue their participation. As expected, there was some attrition among the survey respondents who could be contacted for each subsequent wave of telephone interviews. Sixty-eight percent of the original baseline sample completed the 12 month interview and 57 percent of the original sample completed the final wave of follow-up. Attrition analysis shows that the remaining sample was not systematically skewed in any observable characteristics.

In order to diminish the impact of sample attrition and more fully assess outcomes, participants were also asked to allow researchers to obtain employment, MFIP (welfare), and corrections related data from state data systems. All survey participants consented to this process. Thus, despite sample attrition, researchers were able to match 566 of the original sample of 581 on welfare records, 386 on employment records, and 265 on correctional records. In this way, researchers were able to assemble a more complete record regarding participant outcomes than could be obtained by survey results alone.

As part of the study, researchers also examined descriptive details about participants available through HMIS and conducted in-depth follow-up interviews with program staff at each provider site near the conclusion of the study in order to guarantee that the study would have the most up-to-date and complete record of program structure, goals, and services.

Following the data collection phase of the study, researchers assembled all data relevant to each of the sample participants, matched records to all available records in statewide data systems, aligned participant records with the characteristics of the programs in which they were served, and analyzed results for all program participants including those who exited programs over the course of the study.