



Supportive Housing Outcomes in Minnesota

A Study of Outcomes for Formerly Homeless Residents

D E C E M B E R 2 0 1 5

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Overview of main findings and conclusions

The executive summary of this report can be found on the Wilder Research website at www.wilderresearch.org. The following is an overview of the study's 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.

Introduction

During the last two decades there has been substantial investment, by both public and private entities, in the creation and maintenance of **supportive housing programs** in Minnesota and across the country. Despite a wide range of funding sources, these programs have taken two primary forms. The first of these, typically called **transitional housing** programs, are by definition intended as time-limited housing supports for people attempting to exit homelessness. In fact, persons who live in these programs, typically for up to two years, are still considered homeless using the federal definition of that term. The second form of supportive housing is referred to as **permanent supportive housing**. This form of housing typically does not have time limits regarding length of stay, and has often been developed for the purpose of housing individuals who have been homeless for long periods of time and for those who have been challenged by mental and physical health problems as well as substance use issues. Once in this type of housing, formerly homeless individuals are no longer considered homeless.

During the last decade there has been a substantial investment in permanent supportive housing as a strategy for ending homelessness. It is thought that a housing program designed as permanent would likely be a stronger support for those who might be at greater risk for slipping back into homelessness. Much of this housing has followed the *Housing First* model, which focuses attention on getting people, often with multiple barriers, housed quickly without expecting significant levels of program participation (such as treatment for addiction or preparation for employment).

At the same time, there has also been continued investment in transitional housing programs, including both facility based and scattered site models. It is thought that a housing program designed to bridge a transition to permanent housing could assist an individual or family to get back on their feet after an episode of homelessness without the need to commit funds to an individual or family indefinitely. In its original form, the transitional housing model was intended for those who might need only short-term supports in order to regain their balance and obtain stable housing in the future. These programs have often focused on providing supports that encourage greater self-sufficiency and which can help people eliminate obstacles to permanent housing, such as addiction and unemployment.

To complicate matters further, as both programs have matured and funding streams have shifted, there has been a blurring of the lines between the two types of program models. Given this background, several important questions have emerged:

1. What are the characteristics of the two types of housing programs (transitional and permanent supportive) in terms of:
 - Program goals
 - Services offered and received
 - Participant length of stay
 - Expectations for residents' behavior and program intensity
 - Characteristics of residents served
2. Does each program type serve a distinct population? Is there substantial overlap in the characteristics of the two program types?
3. Are the outcomes sought by the two program types in alignment with the program models being used and the characteristics of the residents being served?
4. What types of program outcomes are achieved by participants? Are outcomes different for those in transitional compared to permanent supportive housing?
5. Does one type of program model work better than the other for participants with certain characteristics and prior experiences?
6. How do those who exit from the two program types compare in terms of their background characteristics and the housing they enter upon their departure from the program?
7. From the vantage point of participants, are certain program elements seen as more critical to achieving good outcomes than others?
8. What is the place of each program type in addressing and ending homelessness in Minnesota?

To answer these questions and others, we drew a random sample of supportive housing programs that enter data into the Homeless Information Management System (HMIS) from across Minnesota. Using the housing inventory charts prepared by the Continuum of Care Coordinators and data available through the HMIS, we attempted to select an approximately equal number of permanent supportive housing programs and transitional housing programs. From those sampled, we collected survey data from more than 500 randomly sampled residents over a roughly two-year period from February 2011 to February 2013. With the consent of these study participants, we also collected information about their employment and benefit use from administrative data sources available

through the State of Minnesota. This report describes what we have learned from the study. Unless otherwise specified, differences that are cited are statistically significant.

Readers should note that this report should not be construed as preferring one type of intervention over the other. However, it does provide a basis for considering the range of both program characteristics and participant characteristics and how they might best be aligned in order to improve the likelihood that participants will be able to achieve their goals.

Note about this revised report

Feedback on our original 2014 report pointed out that the format used to present study findings, showing transitional and permanent supportive housing results side-by-side, could invite readers to make comparisons of outcomes between programs that are not truly comparable (due to their different program models and target populations) or encourage readers to draw the conclusion that one homeless intervention model is generally superior to the other. In this re-issue, we therefore present transitional and permanent program data in separate chapters. In the process of preparing this reorganized report, no original findings or conclusions have been changed. However, we have taken the opportunity to add detail for one important participant characteristic: whether or not the household includes a minor child. Following typical homeless program terminology, those who have minor children with them are called “families” and those who do not are called “individuals,” regardless of who else may be part of the household. Also, specific information about youth participants and programs that was in the 2014 report will now be included in a separate youth-specific report to be issued in 2016; for this overall report, youth are included with all other participants.

In addition to the separate youth report, a series of other fact sheets about specific populations of participants or types of programs will be released during 2016. Topics of these fact sheets are:

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

What other studies can tell us about supportive housing outcomes

The design and purposes of the study were informed by published literature already available about the characteristics and outcomes of supportive housing for formerly homeless people in the United States.

Permanent supportive housing

In recent years, permanent supportive housing programs, particularly those using the Housing First model, have received a substantial amount of attention from the research community. Key components of the Housing First model include: an independent, “normalized” living situation; little or no requirement for housing readiness; utilization of harm reduction principles or policies; permanency of living situation; consumer choice in living situation (rather than being assigned by program staff to a building or complex); and separate provision of services and housing (Nelson, 2010; Watson, Wagner, & Rivers, 2013; Johnsen & Teixeira, 2010).

One study by Tsai, Mares, and Rosenheck (2010) compared outcomes of Housing First participants to Residential Treatment First participants, reporting that Housing First participants experienced increased housing stability, fewer days incarcerated, and increased frequency of mental health treatment as compared to Residential Treatment First participants. Montgomery, Hill, Kane, and Culhane (2013) also compared outcomes of Housing First participants to participants in residential treatment, finding that Housing First participants experienced increased housing stability and fewer emergency room visits. Another study (Patterson et al., 2013) compared changes in self-reported quality of life between Housing First participants and those receiving “treatment as usual” (housing and treatment received from public or emergency shelters). The researchers reported that regardless of the type of Housing First housing that participants were placed in – scattered-site or congregate – Housing First participants reported a higher quality of life (e.g., increased safety, increased satisfaction with housing situation) than participants receiving treatment as usual.

A number of studies evaluated Housing First models without a comparison group (Srebnik, Connor, & Sylla, 2013; Tsai, Mares, & Rosenheck, 2012; Frisman, Thomson-Philbrook, Lin, & Lee, 2012; Clifasefi, Malone, & Collins, 2013; DeSilva, Manworren, & Targonski, 2011). These studies noted positive outcomes of Housing First models, which include: increased housing stability, fewer emergency room visits, fewer detox center

visits, fewer days incarcerated, increased social integration, positive family relationships, positive outcomes for veterans, increased mental health care, and decreased alcohol use.

Another study (Tsai, Mares, & Rosenheck, 2012), however, found that the Housing First model does not adequately support participants' social integration. The researchers used six domains to measure social integration: housing, work, social support, community participation, civic activity, and religious faith. At 12 months, participants showed substantial improvement in terms of housing outcomes when compared to baseline, but showed little improvement in community participation, civic activity, or religious faith outcomes. Participants showed no significant improvement in work or social support outcomes. The recent literature, including the studies cited above, indicates that the Housing First model is largely successful in terms of housing stability outcomes, but Tsai et al. suggest that more attention must be focused on participants' social needs.

While many of the articles in this review explicitly mentioned "permanency of living situation" as a key component of the Housing First model, it should be noted that the Housing First model may not always refer to permanent supportive housing. For instance, a number of transitional housing programs included in Wilder Research's sample exhibited key components of the Housing First model, including "permanency of living situation." Specifically, about one-quarter of transitional housing programs noted that residents were either "not expected to leave" or "remain in the same housing" after exit. Other key components of the Housing First model exhibited by transitional housing programs include: independent, "normalized" living situation; utilization of harm reduction principles or policies; consumer choice in living situation; and separate provision of housing and services. That being said, a larger percentage of permanent supportive housing programs noted that residents were either "not expected to leave" or were expected to "remain in the same housing" after exit; overall, Wilder Research's findings indicate that permanent supportive housing programs were more likely than transitional housing programs to exhibit key components of the Housing First model.

Transitional housing

Transitional housing programs, on the other hand, have received less attention from recent research studies. A primary component of transitional housing is that it is time-limited, typically with a maximum two-year time limit (Gubits, Spellman, Dunton, Brown, & Wood, 2013; Burt, 2010). Programs can vary greatly, including scattered site models, models that utilize a group living situation, and "transition in place" models which allow participants to eventually take over a lease after program completion. Burt also notes other characteristics of transitional housing programs, which often include restrictive eligibility criteria, as well as a multitude of potential service configurations,

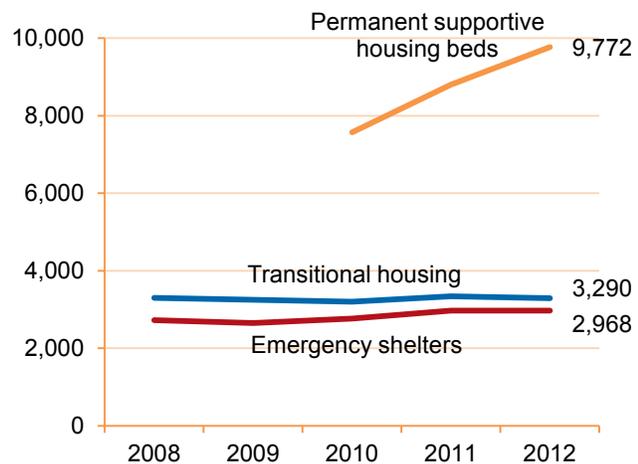
including: on-site by program staff, on-site by partner agencies, off-site at other agencies, and off-site at participant homes.

Rather than program model or service configuration, McGuire, Rosenheck, and Kaspro (2011) reported that a participant’s length of stay in transitional housing is the strongest predictor of positive outcomes. Burt supplements this finding, reporting that families that spend more time in a transitional housing program had higher levels of educational attainment at move-out and increased employment for a 12-month follow-up period. Additionally, Burt’s study indicated that participants who resided in programs longer experienced increased housing stability and that children experienced positive mental health outcomes. Burt also found that remaining in the same housing after exit – which is the case with “transition in place” program models – contributed to positive participant outcomes. Another study (Jones, 2011) reported that former foster youth residing in transitional housing experienced more positive outcomes compared to youth who went into some other living arrangement. Positive outcomes included: increased employment, less substance use, and less contact with the criminal justice system.

Summary and trends in Minnesota

Overall, recent literature reports a greater amount of positive outcomes for permanent supportive housing. (This may be due, however, to the amount of attention permanent supportive housing has received in research literature compared to transitional housing). In line with this trend, Minnesota has seen a dramatic increase in the overall capacity of permanent supportive housing programs compared to relative stability in the capacity of transitional housing programs. From 2008 to 2012, the number of beds in transitional housing programs in Minnesota remained constant (decreasing by only 13 beds, or 0.4%), while permanent supportive housing programs increased in bed capacity by 46 percent.¹ National trends are similar, with a 46 percent growth in permanent supportive housing beds from 2008 to 2012, while the number of transitional housing beds decreased by 7 percent (Henry, Cortes, & Morris, 2014).

Capacity: Number of beds, by program type



¹ Housing Inventory Charts submitted by Minnesota Continuums of Care, compiled by Minnesota HMIS.

The change in the capacity of permanent supportive housing programs in Minnesota, when coupled with the amount of scholarly attention focused on permanent supportive housing, suggests that the current supportive housing landscape – both nationally and in Minnesota – heavily favors permanent supportive housing. However, Wilder Research found no recent study that directly examines results for both permanent and transitional housing programs. This study was designed to investigate both kinds of programs, recognizing (and documenting) their different clienteles, models, and goals, with the goal of contributing some new findings that can be used to inform the coordinated assessment process.

Study design and methods

Sampling of programs

Wilder's study of supportive housing began early in 2010 with a request to all programs that enter data into HMIS in the state of Minnesota to consider participation in a statewide study of transitional and permanent supportive housing outcomes. Approximately two-thirds of the 396 program directors contacted agreed to participate. From this group, a stratified sample of 28 permanent supportive housing programs and 23 transitional housing programs were selected for inclusion. Selection was random within each cell of the sampling frame,² and included both larger and smaller programs, as well as programs that serve both individuals and families. The goal was to represent in the best way possible the diverse array of programs that exist throughout the state, including the small subset of programs that focus on youth. As partial compensation for staff time to assist with the study, participating programs received full payment of their HMIS participation fee for one year.

Sampling of participants

With the assistance of program managers at each site, invitations were extended to a random sample of program residents (a panel of respondents who would be interviewed multiple times). As an incentive, residents were offered \$20 gift cards each time they agreed to complete one of the four telephone interviews that made up the study protocol.

Collection of participant data

Participant interviews

The first interview was conducted at the time of enrollment, the second was conducted six to eight months later, the third interview was completed 14 to 16 months following enrollment, and the fourth and final interview was conducted between 19 and 24 months following the initial interview. The time period for the final interview was extended because study participants had frequently changed their residence by this time and were often more difficult to locate. Researchers agreed that it was better to provide more time to find, make contact with, and complete interviews with participants in order to ensure as high a response rate as possible and reduce sample attrition.

² The strata in the sampling frame were: programs for individuals only, programs for families only, programs for individuals and families, and programs for youth only. Each of these was stratified separately for transitional and permanent supportive programs. Due to the small number of youth-only programs, results for these are reported together with programs that mix individuals and families.

Administrative data

In addition to the data provided in these interviews, study participants were also asked to consent to the use of administrative data that had been collected about them as part of their record of employment or service use in Minnesota. The vast majority of participants agreed to allow researchers access to these data. Electronic records were obtained from the Minnesota Department of Employment and Economic Development, Minnesota Department of Human Services, and Minnesota Department of Public Safety.

Collection of program data

The study also collected data from program leaders about the characteristics of programs. Wilder Research conducted in-depth telephone interviews with staff from 51 supportive housing programs in Minnesota. Of those 51 programs, 23 programs were identified as transitional at the time of the interview and 28 programs were identified as permanent.³ At the time of sampling, they ranged in size from just 3 current residents being served to a maximum of 75.

Programs were randomly selected from all those using the HMIS system,⁴ with a stratified sampling frame to ensure full representation of programs serving only individuals, only families, mixed household types, and youth. The representativeness of this sample of programs was verified by a comparison of the characteristics of the resulting sample of participants to the characteristics of all participants in all HMIS transitional and permanent supportive programs. This comparison found no significant differences in characteristics of the sample to the full population.

³ Two respondents identified their programs as “something else,” as opposed to transitional housing or permanent supportive housing. After consulting the HMIS database, Wilder Research classified both of these programs as permanent supportive housing.

⁴ In their technical preparation for the 2008 Annual Homeless Assessment Report, or AHAR, Abt Associates tested the reliability of extrapolations of data from random samples of providers to match different levels of participation in HMIS. Through a detailed sensitivity analysis, they found that when at least 50 percent of beds are covered through participation in HMIS, characteristics of participants in the HMIS-participating programs are representative of the full population of programs including those not participating in HMIS. At the time this study’s program sample was drawn, 82 percent of Minnesota’s transitional housing programs and 83 percent of permanent supportive programs were participating in HMIS.

1. Sample information for survey

	Transitional	Permanent	Total
Number of programs in the study	23	28	51
Number of participants in the study	269	307	576
Total participants served in all the programs in the study*	594	595	1,189

* The number of participants served in all the programs in the study is an approximate number for the time of the study. The number of participants served varies with time, including the time during which the study was enrolling programs and participants.

The programs surveyed for transitional and permanent supportive housing were grouped into three categories based on the clients these programs serve; families only, individuals only, and mixed. There were not enough youth programs to merit having a separate youth category, so the youth programs were combined with the mixed category which already included programs that serve both families and individuals.

2. Program clientele

	Transitional (N=23)		Permanent (N=28)	
Families only (N=12)	7	30%	5	18%
Individuals only (N=12)	4	17%	8	29%
Mixed* (N=27)	12	22%	15	22%

* The Mixed programs for transitional housing include programs that serve families and individuals as well as three youth programs, and the Mixed programs for permanent supportive housing include programs that serve families and individuals as well as two youth programs.

Wilder Research addressed similarities and differences among program types as they relate to the following program dimensions:

- Program goals
- Services offered and received
- Participant length of stay
- Expectations for residents’ behavior and intensity of program
- Program eligibility criteria and characteristics of residents served
- Participant and program characteristics most associated with successful outcomes

The following table (Figure 3) provides a summary of data sources, interview completion rates, and successful matches in administrative records.

3. Study components				
Study component	When gathered	N	Source	Type of information
Sample of transitional and permanent supportive housing providers	January and February 2010	51 (28 permanent and 23 transitional)	Continuum of Care Housing Inventory Charts and HMIS	Type and size of provider, services offered, capacity, population served, etc.
Sample for the recruitment of study participants	April through September 2010	581 sampled – 5 ineligible = 576 final selected participants who agreed to participate	Identified in HMIS records, providers sought consent from potential respondents	Contact information, age, gender, family status
Baseline study participant interviews	June 2010 through December 2010	576 – 23 not found – 5 refused = 549 baseline interviews (basis for computation of follow-up response rates)	Telephone baseline interview	Household and personal demographics; hopes for how program can help, and what has helped most so far
Six-month study participant interviews	February 2011 through July 2011	Of the 549: 449 completes (82%), 4 deceased, 8 refused, 91 not found	Telephone follow-up interview	*Current living arrangement; If exited, all living arrangements since exit; *Current education and employment; *Well-being of children, if any; Kinds of services received while in program; Perceptions of program rules and environment; Health status and benefit use
Twelve-month study participant interviews	August 2011 through February 2012	Of the 549: 373 completes (68%), 6 deceased, 5 refused, 165 not found	Telephone follow-up interview	*[same items as starred above]
18 to 24 month study participant interviews	June 2012 through February 2013	Of the 549: 315 completes (57%), 9 deceased, 10 refused, 215 not found	Telephone follow-up interview	*[same items as starred above] plus: Use of mainstream benefits; Changes in self-efficacy, mental health, and other social and psychological measures since program entry; Social support; Perception of most helpful services
Court and corrections data	1967 through June 2013	Of 576 participants in study, 265 had records on file with DPS for the period of the study	Minnesota Department of Public Safety (DPS)	Criminal arrests and convictions (does not include county records)

3. Study components (continued)

Study component	When gathered	N	Source	Type of information
Social services program data	January 2006 through September 2012	Of 576 participants in study, 566 had matched records in DHS files for the period of the study	Minnesota Department of Human Services (DHS)	Use of eight state-administered programs: MFIP (family welfare), DWP (Diversionary Work Program), SNAP (food stamps), EA (Energy Assistance), GA (General Assistance), MSA (MN Supplemental Aid), GRH (Group Residential Housing)
Employment data	1 st quarter 2006 through 4 th quarter 2012	Of 576 participants in study, 368 had matched records in DEED files, 176 had no wages or hours on record for the time period (plus 32 participant records not submitted for matching)	Minnesota Department of Employment and Economic Development (DEED)	Wage detail records including wages and hours by quarter and total earnings
Provider organization characteristics	March 2013 through May 2013	Interviews with 51 housing providers (Wilder Research did not interview 2 sampled providers because they did not deliver services or facilitate service delivery. Five sampled providers had offered two separate programs. In these instances, Wilder Research conducted two separate interviews - one for each program.)	Provider interview conducted by phone	Program type, time limit, average length of stay of successful residents; Program expectations of resident behavior and compliance with program rules; Services offered and received; Program characteristics, average caseload size, availability of staff; Eligibility criteria and type of resident served; Goals of program, program philosophy

Over the period of the study, from 2010 through 2012, Continuum of Care Housing Inventory Charts (as collected and compiled by Minnesota HMIS) show that statewide bed capacity for transitional housing stayed essentially stable (from 3,200 beds in 2010 to 3,344 in 2012) while the statewide bed capacity for permanent supportive housing grew significantly (from 7,568 in 2010 to 9,772 in 2012).⁵

⁵ Housing Inventory Charts submitted by Minnesota Continuums of Care, compiled by Minnesota HMIS.

Findings for transitional housing programs

This chapter describes the characteristics of transitional housing programs, as reported by program staff. It also includes a description of the participants in those programs, based on survey data as well as administrative data from a variety of sources. Finally, using all data sources, it presents the outcomes for participants over a period of two to three years from the start of the study.

Characteristics of transitional housing programs

Findings in this section are based on in-depth interviews with program staff. They describe the overall design and operations of transitional housing programs included in the study. It should be noted that these findings refer to the overall program model and intentions, and do not necessarily represent any given participant's individual experience within a program.

Program goals

Successful participant exit

Most transitional housing programs agree on one aspect of what constitutes a successful exit from their programs. In open-ended answers to a request for the program's definition of a successful exit, about three-quarters of transitional housing programs (74%) mentioned maintaining or finding new stable housing (Figure 4). Note, however, that fewer than half of the programs serving families mentioned maintaining or finding new stable housing as part of a successful exit, a finding that likely reflects the substantial number of transitional housing programs that house participants in community-based housing where they can remain after the subsidy and program services end. In addition, more than half (57%) of transitional housing programs reported that they expect successful residents to find jobs or some other form of stable or improved income stream. This finding is likely associated with the fact that many transitional housing programs are predicated on the principle that getting back on one's feet, especially for those who do not qualify for some form of disability income, requires that individuals prepare themselves for paid employment while in the program.

Other criteria were less frequently mentioned. For example, only about one-third (35%) of transitional housing programs said that following program procedures at exit was part of their

definition for a successful exit. Similarly, 26 percent of transitional housing programs include the ability to live independently as important to a successful exit, and only 13 percent of transitional housing programs include stabilizing mental and/or chemical health or being sober at exit as a key element of success.

4. Transitional housing: Components of programs’ definitions of successful exit

<i>Open-ended responses, coded into themes</i>	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Maintaining or finding new stable housing	3	43%	3	75%	11	92%	17	74%
Increased income/found employment	4	57%	3	75%	6	50%	13	57%
Followed program procedures at exit ^a	3	43%	2	50%	3	25%	8	35%
Able to live independently (possesses necessary knowledge to live independently, connected to the community, continuing education)	2	29%	0	0%	4	33%	6	26%
Stabilized mental and/or chemical health, sober at exit	0	0%	2	50%	1	8%	3	13%

^a “Followed program procedures” includes the following themes: participant has completed programming or been stable in the program for an appropriate length of time, participant has worked on his or her goal plan or accomplished his or her goals, participant gives adequate notice of exit or follows program procedure for exit, participant makes decision to leave (was not evicted or asked to leave).

More information about programs’ definitions of successful exits is in Appendix Figure A1.

Program philosophy

When asked about the most important aspects of the programs’ approach or philosophy in helping their participants leave homelessness for good, many programs emphasized their individualized, client-centered approach that accepts the participants and their sometimes very challenging histories.

I think our approach in meeting people where they are at and walking with them. And really allowing them to be partners at the table as we talk about what is going to be most helpful for them. That is what we have built our programs on, meeting the clients where they are at and allowing them to lead the discussion on where they really see their life.

Our compassionate, non-judgmental outlook on people. We’re helping the poorest of the poor, and we’re open to people of all backgrounds. [This program] is a place where a lot of people can live when they can’t live anywhere else. It’s a stepping stone to something better.

For many programs, the client-centered approach also results in a very individualized case management system, which several programs said was an important program feature for their participants' success.

A few programs also mentioned their positive and encouraging approach with clients, which they said was particularly crucial for participants with such difficult pasts.

Meet them where they are at and start from there. Encourage them and keep them engaged in support services. Work hard building relationships with the case manager - that's the engine that drives everything. Use a strengths-based model.

Many other programs emphasized the continuing support offered to participants even after a violation of program rules.

We continue to try and are willing to work with people. We don't do a lot of automatic dismissals for violating rules. We understand that those are the reasons they are having problems in the first place, so we try to continue to work with them on those things so that they don't continue to have the same problems over and over in the future.

Finally, several others listed specific program features, including financial education and responsibility, providing housing and other basic needs, and help with education, job hunting, and job training, among others.

Services offered and received

Services that support a resident's ability to find and keep housing and meet basic needs are among those most commonly offered by transitional housing. All of the transitional housing programs in the study report that "virtually all" residents received housing-related services, such as tenant education, help to find housing in the community, or help to mediate conflict with a landlord (Figure 5). Almost nine out of ten (87%) reported that "virtually all" residents received basic needs services. Basic needs services include: food or meals, clothing or household goods, and emergency financial assistance. Other services frequently offered by sampled programs include: life skills, like nutrition, time management, and housekeeping (70%); financial education (65%); and transportation help (70%).

Almost two-thirds of transitional housing programs (65%) report that "virtually all" residents received employment help and support in the past year. This is similar to the proportion of transitional housing programs that expect successful exits to include increased income and/or employment, and also corresponds to the use of eligibility criteria that may screen out residents with more barriers to self-sufficiency. Finally, in

transitional housing programs, only 30% report that “virtually all” residents received mental health services.

More detail about services that are received by “virtually all” residents is in Appendix Figure A2.

5. Transitional housing: Program services that “virtually all” participants received in the past year

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Housing-related services	7	100%	4	100%	12	100%	23	100%
Basic needs	5	71%	3	75%	12	100%	20	87%
Other life skills (nutrition, time management, housekeeping)	5	71%	3	75%	8	67%	16	70%
Transportation help	4	57%	4	100%	8	67%	16	70%
Financial education	6	86%	2	50%	7	58%	15	65%
Employment help and support	4	57%	2	50%	9	75%	15	65%
Mental health services	1	14%	2	50%	4	33%	7	30%

Source: Interviews with service providers, March through May 2013.

Note: Service categories are not exclusive; respondents were able to respond with “virtually all participants received this service in the past year” for each service category if applicable. Percentages will not equal 100.

Participant length of stay

Program time limit

Legislation that authorizes transitional housing programs typically sets an upper limit of two years to receive the program’s housing subsidy and services, although individual programs may choose to set shorter limits. This study began before the Rapid Re-Housing model was widely adopted, and did not include any programs that would be described as fitting that model.

In keeping with the standard definition of transitional housing, Wilder Research expected all transitional housing programs sampled to be time-limited. One program in the study, however, reported that it is not. On further investigation, though, program representatives explained that the program does in fact have a nominal time limit of two years. However, this program serves a population with significant barriers to self-sufficiency for whom the options for permanent housing in the community are very limited. In response to the needs

of its residents, it oftentimes exercises an exemption of its time limit. In the frequency of such exemptions, this program is unique among the transitional housing programs included in this study.

Time limit exemptions or extensions are not unheard of in other transitional housing programs, although they are not common. In 2011, half of the transitional housing programs with time limits extended or restarted their time limit, but did so for only one or two residents.

Despite the legal authorization for residents to stay in transitional housing programs for up to two years, many programs are designed to help residents leave more quickly. Almost half of transitional housing programs (47%) report that the average length of stay for residents who exit successfully is less than 12 months (Figure 6). Note that the average length of stay with a successful exit for family programs is significantly longer than for individual and mixed programs. Family programs are three of the four programs that report an average stay of 18 months or longer.

The length of stay was only requested for participants who successfully exited. When asked what percent of their participants in 2011 left the program successfully, the average reported among transitional housing programs was 64 percent.

6. Transitional housing: For those who exit successfully, what is the average time to exit?

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Less than 6 months ^a	0	0%	0	0%	1	8%	1	4%
6-11 months	1	14%	2	50%	7	58%	10	43%
12-17 months	3	43%	2	50%	3	25%	8	35%
18-23 months	3	43%	0	0%	1	8%	4	17%
2 years or more	0	0%	0	0%	0	0%	0	0%

^a One program reported an average length of stay of five months for participants who exit successfully.

Expectations for resident behavior and intensity of program

Program expectations regarding resident behavior

Wilder Research used several measures to assess the extent to which programs specified particular expectations regarding participant behavior. Each measure relates to a rule or requirement that programs may have in place for residents. The four key measures in this area are:

- Whether residents must participate daily in some kind of structured activity, such as school, work, or volunteering
- Whether residents must have a job or be looking for one
- Whether residents are allowed to and how frequently participants may have visitors
- Whether residents are required to consent to random drug testing

Transitional housing programs are likely to have rules or requirements in place, particularly in terms of resident day-to-day activities (Figure 7). Seven in ten transitional housing programs (70%) require residents to participate daily in some kind of structured activity. Likewise, about two-thirds of transitional housing programs (65%) require residents to have a job or be looking for one, and nearly half (48%) require residents to participate daily in some kind of daily activity *and* to have a job or be looking for one.

In 78 percent of transitional housing programs both drug and alcohol use on their premises is banned. Additionally, 48 percent of transitional programs require consent to random drug testing; however, this is most common in programs for individuals, and least common in those serving a mix of household types. Some programs limit the frequency of visitors (26%), however the majority do not have a limit on how frequently participants may have visitors.

More detailed information on program expectations and rules is in Appendix Figures A3 and A4, and a fact sheet on low-demand programs will be released in 2016.

With regard to alcohol use, 78% of transitional housing programs had a rule against using alcohol on program premises, and 100% of programs have specific consequences for non-compliance with program requirements.

7. Transitional housing: Program expectations

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Must participate daily in some kind of activity ^a	6	86%	4	100%	6	50%	16	70%
Must have a job or be looking for one ^a	5	71%	1	25%	9	75%	15	65%
Neither drugs nor alcohol use allowed on premises	6	86%	4	100%	8	67%	18	78%
Required to consent to random drug testing	4	57%	3	75%	4	33%	11	48%
[If visitors are allowed] Program has a limit on how frequently a participant may have visitors ^b	2	33%	0	0%	3	30%	5	26%

^a Response options included “Required for all participants,” “Required for some but not all participants,” and “Not required for any participants.” “Required for all participants” and “Required for some but not all participants” were recoded as “Yes.”

^b Four transitional housing programs (17%) did not allow participants to have visitors. Percentages were calculated using the total of number of programs that allowed participants to have visitors (19 programs).

Program intensity

Wilder Research used three dimensions to measure program intensity: case manager’s average caseload, availability of staff, and frequency of caseworker-client contact. Transitional programs’ small average caseload size (Figure 8) suggests that transitional housing programs provide high levels of program intensity.

8. Transitional housing: Case manager’s average caseload

	Family programs (N=7)	Individual programs (N=3)	Mixed programs (N=12)	Total Transitional (N=22)
Individual Residents	-	16.0	11.7 (N=3) ^a	13.8
Families	11.0	-	8.8 (N=9)	9.8
Total	11.0	16.0	9.5	10.9

Note: One transitional housing program did not answer this question. Averages for transitional housing programs were calculated using the 22 programs that did answer.

^a The range of average caseloads in these three programs varies from 3 to 17

Regarding the days and times during which staff members are available to serve clients (Figure 9), the study gathered information about four periods of time: during the day (until 5 or 6 p.m.), during the evening (from 5 or 6 p.m. to 10 p.m.), overnight (from 10 p.m. to 7 or 8 a.m.), and during the weekend. Transitional housing programs reported that staff members are mostly available at each period of time. Availability was typically greatest in programs for individuals, and less universal in programs for mixed household types.

9. Transitional housing: Staff availability

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
During the day (until 5 or 6 p.m.)	7	100%	4	100%	12	100%	23	100%
During the evening (from 5 or 6 p.m. to 10 p.m.)	7	100%	4	100%	8	67%	19	83%
Overnight (from 10 p.m. to 7 or 8 a.m.)	6	86%	4	100%	7	58%	17	74%
During the weekend	6	86%	4	100%	8	67%	18	78%

Residents in transitional housing programs are likely to meet often with case managers. Ninety-six percent of programs report that residents meet with case managers about once a week or more during their first three months (Figure 10). The frequency of contact decreases after a resident's first year when 40 percent of transitional housing programs report that participants meet with case managers less than once a week.

10. Transitional housing: How frequently does a case manager have participant contact?

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
During a participant's first three months								
Less than once a week	0	0%	0	0%	1	8%	1	4%
About once a week or more	4	57%	1	25%	7	58%	12	52%
More than once a week	3	43%	3	75%	4	33%	10	43%
After a participant's first year								
Less than once a week	2	33%	1	25%	5	50%	8	40%
About once a week or more	4	67%	3	75%	5	50%	12	60%

Criteria for program eligibility

Not surprisingly, there are notable differences in eligibility criteria for transitional housing programs that serve families, individuals, or a mix of the two household types and youth. Some of these are shown in Figure 11, and more are included in the Appendix (Figure A5).

Only one of the twenty-three transitional housing programs in the study requires that residents be long-term homeless, by any definition,⁶ and likewise only one is designed solely for residents who have a diagnosis of a severe or persistent mental illness (SPMI). No program excludes people who are long-term homeless, but 13 percent of transitional housing programs report that they cannot accept a resident with a diagnosis of a SPMI. All these cases of programs excluding a resident with a diagnosis of a SPMI occur for programs serving families; no programs serving individuals or a mix of the program types excludes people who have a diagnosis of a SPMI.

Many programs screen out potential residents with significant barriers to self-sufficiency, either because they do not have the resources to address them, or, in the case of family programs, because some could pose unacceptable risks to others in the program. Thus, just under half (48%) of transitional programs do not accept residents with a history of violence against or abuse of children or adults, including six of the seven programs with only family residents. However, all the programs with only individual residents found it acceptable to have a history of child abuse or violence. Likewise, only 43 percent of programs accept residents who are active substance abusers. These findings clearly demonstrate that many transitional housing programs intentionally incorporate design features that reduce the enrollment of some categories of potential participants who have substantial barriers to self-sufficiency. It also appears that a high proportion of transitional housing programs require a high level of program participation; more than nine in ten transitional housing programs (91%) require their residents be able to develop and carry out a housing plan.

⁶ The State of Minnesota defines long-term homelessness as: “Individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.” HUD defines chronic homelessness differently: “An unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who has either been continuously homeless for 1 year or more, OR has had at least four episodes of homelessness in the past 3 years.”

11. Transitional housing: Clientele eligibility criteria

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Long-term homeless, by any definition								
Required ^a	1	14%	0	0%	0	0%	1	4%
Acceptable ^b	6	86%	4	100%	12	100%	22	96%
Unacceptable ^c	-	-	-	-	-	-	-	-
Diagnosis of severe or persistent mental illness								
Required	0	0%	1	25%	0	0%	1	4%
Acceptable	4	57%	3	75%	12	100%	19	83%
Unacceptable	3	43%	0	0%	0	0%	3	13%
A history that includes violence against or abuse of children or adults								
Required	-	-	-	-	-	-	-	-
Acceptable	1	14%	4	100%	7	58%	12	52%
Unacceptable	6	86%	0	0%	5	42%	11	48%
Active substance abuser								
Required	-	-	-	-	-	-	-	-
Acceptable	3	43%	1	25%	6	50%	10	43%
Unacceptable	4	57%	3	75%	6	50%	13	57%
Able to participate in developing and carrying out a housing plan^d								
Required	7	100%	3	75%	11	92%	21	91%
Not Required	0	0%	1	25%	1	8%	2	9%

^a Program only serves clients with this characteristic

^b Program can serve client with this characteristic

^c Program cannot serve client with this characteristic

^d Response options were “Yes” and “No.” “Yes” responses were recoded as “Required” and “No” responses were recoded as “Not required.”

Additional program eligibility and selection criteria are shown in Appendix Figure A5.

Participant characteristics most predictive of success

When asked about the distinguishing characteristics between successful and unsuccessful participants, many program staff referred to the level of motivation and engagement of successful participants.

Those who do achieve success are actively engaged in their program, whatever the focus may be. They are committed and motivated to making change in their lives.

The person who has a plan, who understands that this is a stepping stone into something different will be most successful. Those who do not participate and feel this is their permanent home are the opposite.

Successful participants seem to access mental health services, chemical dependency services, and other services provided by the agency. Those who are unsuccessful don't seem to utilize many, if any, services.

Participants' suggestions for program improvement

The section on participant outcomes (below) includes a selection of direct quotes from participants that illustrate what the outcomes mean to them, and often also describe what the programs have done to help them achieve the outcomes. Due to this purpose in selection, these quotes are overwhelmingly positive. To balance this necessarily skewed selection of quotes, and to understand participants' other less positive program experiences that may be associated with less-successful outcomes, this section provides responses from participants about features of their programs that they would like to see changed. These are from an open-ended question asked during the six-month survey.

Nearly half of participants said that there was nothing they would change, while the other half offered suggestions that covered a broad range of themes. Figure 12 lists the most common themes found in the suggestions from participants.

12. Transitional housing: Participants' suggestions for program improvement

	In family programs (N=55)		In individual programs (N=50)		In mixed programs (N=90)		Total Transitional (N=195)	
Program is good/like it/no changes	20	36%	19	38%	41	46%	80	41%
Structure/rules/environmental influences	19	35%	24	48%	25	28%	68	35%
Longer/more time allowed for guests; allow guests	3	5%	2	4%	7	8%	12	6%
More privacy (people not coming to my house so much, staff, residents, accountants, security cameras, etc.)	5	9%	0	0%	5	6%	10	5%
Fewer rules/less strict; programs not mandatory; encourage autonomy/more second chances	8	15%	4	8%	2	2%	14	7%
Stricter case managers; more push to make choices/set goals	0	0%	4	8%	0	0%	4	2%
Should be longer or no time limit	0	0%	0	0%	5	6%	5	3%
More fair/consistent/predictable application of rules/services	1	2%	2	4%	2	2%	5	3%
Don't allow drug/alcohol users in program; sobriety; impose (more) consequences for people who don't participate/don't follow rules	1	2%	4	8%	2	2%	7	4%

12. Transitional housing: Participants' suggestions for program improvement (continued)

	In family programs (N=55)		In individual programs (N=50)		In mixed programs (N=90)		Total Transitional (N=195)	
Case management; staff help; overall service connections	8	15%	4	8%	7	8%	19	10%
More caseworker flexibility (more/fewer visits; choice of worker); allow for differences based on client needs	3	5%	2	4%	2	2%	7	4%
More caseworker contact or fewer residents per caseworker	2	4%	1	2%	1	1%	4	2%
Housing	2	4%	4	8%	6	7%	12	6%
Other features of space/furnishings (e.g., choice of cable, hot water, repairs, parking)	1	2%	4	8%	3	3%	8	4%
More housing in community	0	0%	0	0%	1	1%	1	1%
Program overall (including changes in eligibility criteria)	3	5%	4	8%	4	4%	11	6%
Too many assumptions about residents; too judgmental	1	2%	3	6%	0	0%	4	2%
Social support from staff	3	5%	2	4%	3	3%	8	4%
More respect/patience/trust/caring from staff	1	2%	1	2%	1	1%	3	2%
Housing-related services	3	5%	3	6%	2	2%	8	4%
Help finding (longer-term) housing	2	4%	2	4%	1	1%	5	3%

Source: Participant survey, six-month follow-up. Responses to open-ended questions, coded into themes.

Note: Participants suggested several other improvements as well, but each other major category received fewer than eight responses. Percentages for major categories (in bold) include those for sub-themes indented below them.

Rules and structure

The most common category of suggested program improvements, mentioned by about one-third (35%) of transitional housing participants, was related to the rules and structure of the programs. Among these, the most common suggestion was for a more accommodating policy regarding the number of visitors and lengths of their stays.

Be more lenient with guests, because people my age (older) my older children couldn't stay. It was painful. It was geared more toward male guests, but there should be more lenience with family members to be able to stay.

The one thing that I would change is having overnight guests be able to stay overnight. Like if someone comes in from out of town, because of the rules, they had to leave and go to a hotel, even though, they would rather stay with you.

Several other participants reported that they were not given enough privacy.

I would change the part where they want to know everything. They want to know too much—who, what, where, when, and why. I wish we had more privacy.

The company, having your company having to sit where everybody can see you being affectionate and all. We should have been able to have our company in our room, not out there for everybody to see you with your significant other. Give you some privacy, even if there is a time limit on it.

They should not be able to share information with the other case workers. They should have exclusive access to their caseload.

Many participants commented on the level of strictness of the programs, but with no consensus of what that level should be. Some requested greater leniency and others requested stricter enforcement of policies and guidelines.

Some of these suggestions applied to general programming and meetings:

Assuring that everyone was treated equally and that rules were followed. A lot of women brushed off the program requirements and did not follow them. Everyone should be required to do the program.

I guess, I was really happy with [program], but if I could change anything it would be that they don't push people hard enough—if they would have pushed me to get a job, they make you feel really comfortable, but if they pushed me harder...

Some specifically addressed program requirements around drug and alcohol use.

They should require other residents to maintain their sobriety. Right now they just encourage it.

I would change the amount of structure, when it came to people relapsing. Normally when people relapse they give them chance after chance after chance. If they didn't allow so many chances, then maybe the people wouldn't take advantage of the chances provided; if the program were more strict, people would maybe stay focused to stay sober/clean.

Others felt that their program's sobriety requirements were too strict and that second chances should be given.

You can't drink. I feel if you are an adult you should be able to make your own decisions. The rules are so strict you feel like a child. It is a good place but they need to relax the rules.

They should allow more time for people who are trying to comply, even though you may have messed up. They should still try so you and your family don't end up out on the streets.

Some felt that the program's structure stifled their independence.

It should be less structured rather than more structured. I don't want their staff to be holding my hand. I am here to regain my independence. It could get really depressing, really boring, if they were holding your hand through everything.

The rules, my advocate would come to me with new rules every week, month. She made them up, because they were not on the lease agreement. She would tell me that if I did not like them I could leave the program.

For several transitional housing participants, the biggest problem with their program was the impending end date.

I would not set a deadline to move out. They should review individuals' needs before just saying, "Your time's up, you have to leave."

The time limit to be there, it was set at 6 months, and I know that some people need more time. I was lucky, because I found something before the six months.

Because of concerns about the program end date, many suggested that the programs should do more to connect residents with housing supports after they leave the program.

The case manager should help her clients to find a place to go, other than a shelter, after the two years are up.

More support services as far as future housing. They should have a housing expert on site to help when the time is up. They should have us try to find housing from day one we move in.

Case management and staff interactions

Many participants requested a variety of changes to their interactions with program staff, including several who requested modified or augmented case management services. In particular, many requested more time and/or visits with their case managers:

Truly have a case manager. Mine didn't help you, you were on your own. I thought they were supposed to guide you, and that was not the case.

More knowledgeable case manager about what programs and services are out in the community that can help the client.

Meanwhile, a few others felt that they were required to meet with their case managers too often:

Maybe not have to meet with case manager weekly if not needed.

The weekly visits. The advocates came to visit too much.

A few others reported unpleasant experiences with staff, including incidences of disrespect and stereotyping, though these instances were rare.

I would change the way that they respond to us and I would like them to treat us more like adults.

The stereotyping, they figured that we were bad people.

Housing features

Finally, about 6 percent of transitional housing participants mentioned problems related to specific features of their housing. Many were related to the living area itself:

Get their carpets cleaned and their walls done. It stinks. Their air conditioning affected our allergies. The bedding was terrible, donated by [furniture company]. The furniture is gross.

Satisfied participants

Though many participants offered suggestions for program improvements, the most common response was one of satisfaction with the program and its services. Some examples of these responses are:

They run a very tight, good program. No changes are needed there.

I'm getting everything I need.

I would not change anything. It's up to the individual to make it work. You have to respect the rules and regulations to make it work like I did.

Summary of transitional housing program characteristics

A fundamental element of transitional housing programs is that they have a two-year time limit for residents in their programs. This time limit causes the average length of stay for a successful exit to be relatively short; slightly less than half of all successful participants exit in less than one year. The time limit appears to drive a high level of program intensity and expectations of participants, lots of rules and requirements in place that restrict resident autonomy, and to attract clients with less barriers to self-sufficiency.

All three measures of program intensity are consistent in suggesting that transitional housing programs are somewhat intensive. Transitional programs are likely to have a small caseload size, indicating that residents may have a lot of interaction with staff in such programs. Wilder Research also found that transitional housing programs are likely to have staff available for residents at all hours of the day and on most days of the week.

Additionally, transitional housing programs report a high frequency of caseworker-client contact, especially during a resident's first three months, although the frequency is lower in some programs after a resident's first year.

The services offered by transitional housing programs seem to align well with their goals. Housing and basic needs are instrumental services offered by transitional housing programs. Employment is typically a part of a successful exit and therefore employment help is often a service provided in transitional housing programs. Life skills, financial education, and transportation help are other commonly provided services.

Transitional housing programs that serve families appear to have some unique characteristics compared to other transitional program types. Family programs have a longer average length of stay for successful exits, smaller average caseload sizes, and are more likely not to accept clients who have a history of violence or mental illness.

Characteristics of participants in transitional housing programs

Figures A6 through A18 in the Appendix provide a description of the characteristics of the 269 randomly sampled participants in the Supportive Housing Outcomes Study who were served in transitional housing programs. Demographics, health status, prior experience with homelessness, educational and employment history, and other characteristics relevant to potential service needs and program outcomes are shown separately for individuals and parents, as well as overall. Most notable among the many similarities and differences found in this examination are the following:

Age, race, and gender (Appendix Figures A8 through A11)

- Approximately half of all parents were served in programs that serve only families (51%), and approximately half of all individuals were in programs that serve only individuals (49%). Approximately one tenth of all participants (11%) were in youth programs, representing 5 percent of parents and 18 percent of individuals.
- Transitional housing participants were predominantly female (83%). Almost all parents were female (97%), while two-thirds of individuals were female.
- The majority of participants served were age 25-54 (71%). There were slightly more individuals (7%) than parents (less than 1%) age 55 and older.
- Overall, 90 percent of participants identified their primary race as either black or African American or white or Caucasian, with American Indian or Native American also represented (4%). About equal proportions of parents identified as black or African American (46%) and white or Caucasian (42%). Similarly, about as many

individuals identified as black or African American (44%) as white or Caucasian (48%). Seven percent of all participants indicated they were Hispanic or Latino.

Health and disabilities (Appendix Figure A13)

- According to HMIS data, 68 percent of participants in transitional housing reported one or more long-term disabilities, with more individuals than parents reporting such disabilities (79% versus 59%).
- The most common disability types reported among transitional housing participants included mental health problems (79% of participants) and drug abuse (49%). Almost half (49%) of participants reported a dual diagnosis (both a mental health and a drug or alcohol abuse problem).
- Physical/medical disabilities were more commonly reported among individuals (22%) than parents (5%).

History of homelessness (Appendix Figure A14)

- One-quarter of all transitional housing participants fit the federal definition of chronic homelessness – homeless for at least one year or at least four times in the past three years – at time of program entry, according to HMIS data.
- Twenty-nine percent of all transitional housing participants had been homeless multiple times but did not meet the chronic homeless definition.
- Forty-one percent were homeless for the first time and for less than one year at the time they entered the program.

Military service and domestic violence survivor status (Appendix Figure A15)

- Only 6 transitional housing participants (2%) had served on active duty in the United States Armed Forces.
- Of the 269 transitional housing programs for whom data is available, about half (51%) had experienced domestic violence. The proportion was much higher among parents (67%) than individuals (32%).

Employment and wages prior to program entry (Appendix Figure A16)

- According to DEED records, just over one-quarter of transitional housing participants (28%) had been employed (full- or part-time) in the three months prior to program entry.

- Participants who were employed in the quarter prior to entry earned \$1,875 on average for that quarter.

Education levels and reading and writing skills (Appendix Figure A17)

- Overall, 36 percent of participants in transitional housing had a high school diploma or GED but no more, representing 31 percent of parents and 42 percent of individuals.
- A larger proportion of parents (61%) than individuals (46%) had attended at least some college, and 21 percent had at least a two-year college degree.
- The majority of individuals (94%) and parents (98%) reported no difficulties with reading and writing English.

Felony convictions (Appendix Figure A18)

- Approximately one-quarter of transitional housing participants (26%) have ever been convicted of a felony charge of any kind, representing 30 percent of individuals and 22 percent of parents.

Transitional housing program outcomes

This section of the report describes several types of outcomes for participants who were served in transitional housing programs and shows how these outcomes vary by household composition (individual versus family). Where differences in outcomes exist, these differences are statistically tested to see if they are likely to be real and meaningful differences or if they are likely to have occurred by chance.

Note the following two considerations for interpreting the results of this section. First, tables are organized to show results first for all participants, and then, in the lower part of the table, only for those who had exited. Second, because data sources are not always available for the same time periods, the length of time prior to follow-up varies for some of the measures.

Program exit, exit status, and housing stability

Program exit

The study's collection of follow-up data from HMIS ended as of December 21, 2012, three years after the sample of participants was selected. At the end of the study, participants had spent an average of about 19 months in their programs. As expected, given transitional housing's standard maximum time limit of two years, by this point 96 percent of transitional

housing participants had exited their programs (Figure 13). The proportion was essentially the same among family exiters (97%) and individual exiters (95%).

Destination at exit

Overall, over eight in ten of those who exited transitional housing programs went into housing considered permanent. There is a statistically significant difference in this outcome between family and individual program participants (87% and 76%, respectively). While family participants were significantly more likely than individuals to exit to a rental with a housing subsidy (47% compared to 21%), individuals were more likely to exit to a temporary stay with family (13% compared to 3%).

Among those who exited during the study period, 16 percent exited directly into settings considered homeless. This proportion was slightly larger for individual participants than for family program participants (20% and 12%, respectively) but this difference is not statistically significant.

Recurrence of homelessness

Over the full follow-up period of the study, based on participants' interview responses and a search of statewide HMIS records, the study found that just under one-half (45%) of those who exited had experienced homelessness at least once since exit. Substantially more individuals (56%) than family participants (36%) experienced homelessness, a statistically significant difference.

Among all transitional housing participants, regardless of exit status, the proportion with evidence of homelessness at any time during the study period was 44 percent. This includes 53 percent of individual participants compared to 35 percent of family participants, which is also a statistically significant difference.

Participants' perceptions of stability

At the time of the final follow-up interview, participants were asked to rate the stability of their current housing. Overall, just over seven in ten (71%) reported it as "very stable," most of the rest (21%) rated it as "somewhat stable," and a small fraction (8%) rated it as "not too stable." Individuals were slightly more likely to be "not too stable" (11%, compared to 5% for family participants) but this was not statistically significant. Among only those who had exited, families were slightly more likely than individuals to report that they were "very stable" (74% versus 67%, not statistically significant), though exiters from both types of households were equally likely to be "somewhat stable" (21%).

13. Transitional housing participant outcomes: Exit status and housing stability

All participants	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
Any exit from program during study period (ending 12/31/2012) ^a	141	137	97%	128	122	95%	269	259	96%
At final interview, participant rated housing as “very stable” ^b	62	46	74%	70	48	69%	132	94	71%
Evidence of recurrence of homelessness through 12/31/2012 ^x	129	45	35%	119	63	53%	248	108	44%
No evidence of recurrence of homelessness through 12/31/2012 ^x	129	84	65%	119	56	47%	248	140	56%
Among those with no evidence of recurrence of homelessness:	84			56			140		
Mean months in program (until exit, if exited, or until 12/31/2012 if no exit)		20.7 months			17.4 months			19.4 months	
Median months in program		20.0 months			15.0 months			18.5 months	
Exiters only^y									
Exit destination was permanent housing ^a	135	118	87%	108	82	76%	243	200	82%
Exit destination was homelessness ^a	135	16	12%	108	22	20%	243	38	16%
At final interview, participant rated housing as “very stable” ^b	61	45	74%	66	44	67%	127	89	70%
No evidence of recurrence of homelessness after exit ^x	125	80	64%	113	50	44%	238	130	55%
Participants with subsidized housing at exit	68	50	74%	23	12	52%	91	62	68%
Participants without subsidized housing at exit	55	30	55%	79	36	46%	134	66	49%
Months from program exit to end of study (12/31/2012):	137			122			259		
Mean		21.9 months			23.8 months			22.8 months	
Median		23.0 months			24.0 months			24.0 months	
Average months in program for:							108		
Participants with new episodes	45	17.9 months		62	13.8 months		130	15.5 months	
Participants without new episodes	80	19.4 months		49	15.4 months			17.8 months	

Sources: This table is based on data from (a) HMIS records (b) Final follow-up interview

Notes: (x) Evidence from participant self-report in any of the follow-up interviews and/or record of stay in a homeless program that participates in HMIS. Excludes 21 transitional housing participants for whom we had no follow-up data from HMIS or surveys.

(y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

The section on evidence for effective matching of people to programs includes findings about personal and program characteristics found to be associated with better outcomes (less likelihood of new homeless episodes) for those who exited during the course of the study.

In open-ended interview questions about the difference the program had made for them, several participants reported housing stability as their most significant outcome from the program. In some cases, in further questions about the elements of their programs that had helped them the most, participants attributed their stability post-exit to the program staff's attention to individual participant needs and situations. One participant reported this as the most helpful program feature for him:

How they worked for me to get my housing, took my issues into consideration in where they placed me. [They were] very compassionate, non-judgmental, encouraging, took into consideration about the area I was moving to. They...took the time to find a place that suited my needs and it really worked out well.

Others attributed their housing stability to their newfound self-reliance, as this participant said:

[The biggest impact for me was] obtaining the resources that I needed and the Section 8 for independent living rather than counting on someone else like a boyfriend or roommate for housing. That's how I ended up homeless - counting on someone else.

Employment and income

Employment data from the state show that 35 percent of study participants were employed during the fourth quarter of 2012, or nearly three years after the start of the study (Figure 14). The proportion was the same among both household types. When we look only at residents who had exited their programs by the fourth quarter of 2012, the proportions remain the same because all but 10 transitional housing participants had exited by the end of the study.

All participants were asked in the final follow-up interview whether they had enough income in the past month to pay for both food and housing. Seven of ten participants (70%) said they did. The proportions were approximately equal for both kinds of households (71% for families and 69% for individuals).

When asked about the most significant impacts of the program for them, relatively few mentioned employment or income, but as this participant described, housing stability can be an important first step to self-sufficiency:

The housing stability and support gave me a chance to save money and get a job and be able to support myself.

From the quarter just before the study began (fourth quarter 2009) to the final quarter during which follow-up data were collected (fourth quarter 2012), participants increased their average quarterly wages by \$637. However, this average is skewed by a small number of high-earning participants, masking the large number (129 out of 247 participants, or 52% of all) who had no employment in either quarter. The average (mean) increase for individuals was significantly higher than for family participants (\$1,019 compared to \$293), though the median change for both groups was \$0.

For participants who had exited the program, the mean change in quarterly wages from 2009 to 2012 was \$609 (\$301 for families and \$959 for individuals). For both types of households, the median change for those who had exited was still \$0. Exiting family participants had a larger mean increase in wages in the quarter after exit compared to the quarter before entry (\$265 compared to a \$238 increase for individual participants), a statistically significant difference.

These gains, although substantial, were not enough to bring participants back to the earnings they had received before entering the programs, when some had not yet become homeless. From the last quarter before program entry to the first quarter after exit, the median change in income was a decrease of \$410, indicating that for those who were employed prior to entry, over half earned less just after leaving their program than they had earned just before entering it. Nevertheless, some participants experienced increases in income over the same period, and these increases tended to be larger than the decreases, resulting in an average (mean) change of income that was positive. The timing of the study, on the heels of the Great Recession, makes it necessary to consider changes in employment market conditions as partial explanation (along with program effects) for the differences in employment from before to after the study.

Most participants who exited their programs were not employed in the quarter following their exit, at least not in jobs that are covered by the Reemployment Insurance Program that collects wage and hour records from employers for the official state records.⁷ Among study participants, only 33 percent of those who exited a program had a record of employment during the quarter following exit (34% for families and 32% for individuals). Of those with jobs, the median quarterly wages were \$3,142 (\$3,251 for families and \$2,865 for individuals). If the job continued at the same rate for a full year, the annual wage income would be just over \$12,400.

A measure of income that gives an indication of the continuity of employment is the average income per quarter for all quarters following exit. This includes a median of similar length across both program types (8 quarters). On average, the quarterly income was \$1,062 (median \$100). The mean income was comparable for individuals and families

⁷ It is generally estimated that about 10 percent of private jobs are not included in these Reemployment Insurance System records, and that the percentage is probably higher in the lowest-earning categories of employment.

(\$1,125 compared to \$1,007), but the median was somewhat higher for families than individuals (\$128 compared to \$85), indicating that there were more high-earning outliers among individual participants.

14. Transitional housing participant outcomes: Employment and income

All participants	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
Employed in 4 th quarter 2012 ^d	130	46	35%	117	41	35%	247	87	35%
Change in total wages, 4th quarter 2009 to 4th quarter 2012 ^d Mean/Median*	130	\$293 \$0		117	\$1,019 \$0		247	\$637 \$0	
Had enough income in past month to pay both food and housing ^b	62	44	71%	70	48	69%	132	92	70%
Exiters only^y									
Employed in first quarter post-exit ^d	125	43	34%	110	35	32%	235	78	33%
Mean wages for quarter		\$3,568			\$3,339			\$3,464	
Median	42	\$3,251		35	\$2,865		77	\$3,142	
Mean wage/hour		\$10.43			\$9.59			\$10.04	
Median	40	\$10.12		34	\$9.12		74	\$9.99	
Employed in 4 th quarter 2012 ^d	126	45	36%	111	39	35%	237	84	35%
Average income per quarter for ALL quarters since exit ^d Mean/Median*	126	\$1,007 \$128		111	\$1,125 \$85		237	\$1,062 \$100	
Mean # of quarters of DEED data		6.5			6.8			6.6	
Median		7.5			8.0			8.0	
Change in total wages, 4th quarter 2009 to 4th quarter 2012 ^d Mean/Median*	126	\$301 \$0		111	\$959 \$0		237	\$609 \$0	
Change in total wages, quarter before entry to quarter after exit ^d ** Mean/Median*	39	\$265 -\$329		28	\$238 -\$493		67	\$254 -\$410	
Mean # quarters elapsed		7.4			6.6			7.1	
Median	39	7.0		28	6.0		67	7.0	
Had enough income in past month to pay both food and housing ^b	61	44	72%	66	45	68%	127	89	70%

Source: This table is based on data from (b) Final follow-up interview and (d) DEED data

Notes: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

* Means and medians include values of \$0 for participants for whom no record of employment was found in DEED records.

** Change in total wages applies only to participants who were employed in the quarter prior to program entry.

Employment is central to self-sufficiency and successful tenure of housing over the long term. The study tested to see whether any personal or program characteristics or service patterns were significantly associated with better employment outcomes. These are discussed in the section on evidence for effective matching of people to programs.

Personal and public safety

Transitional housing participants (including current and former residents) generally feel safe inside their residences, but less safe outside them (Figure 15). At the time of the final follow-up interview, 81 percent of all participants reported feeling “very safe” alone at night inside their housing, whereas 55 percent felt “very safe” alone at night just outside their building. These proportions were consistent across both household types. They also did not change greatly for those who had exited.

Another measure of personal safety is the experience of being hurt or threatened. As shown above, nearly half (47%) of study participants in transitional housing were domestic violence survivors. In the final follow-up survey, however, respondents reported generally high levels of personal safety: 86 percent reported that in the past month they had “never” been hurt or made to feel unsafe by a person they knew. This proportion remained stable even among those who had exited their programs. Notably, although substantially more family participants than individuals had histories of domestic violence (65% versus 27%, see page 30), family participants were about equally likely to report this experience of safety compared to individual participants (87% “never” in the past month for family participants, 83% for individuals).

When asked about the programs’ most helpful attributes and how they were affected by them, several participants mentioned their sense of safety while in the program. For example, one participant described the relief of being out of the reach of an abusive ex:

I like the fact that no one was allowed to come in to the home, as well as the fact that the location was non-listed and secret. I felt safer. I knew that my ex-husband couldn't find us and hurt us.

Finally, the study was able to collect data from the Minnesota Department of Public Safety about records of convictions documented by the state (note that these do not include county records, which include the majority of lower-level offenses). These records show that 11 percent of study participants in transitional housing had a conviction record based on an arrest made after their entry into the housing program. This includes 15 percent of individual participants and 7 percent of family participants, a statistically significant difference. More narrowly focused, among only those with prior felony convictions, 22 percent had a new conviction by the end of the study, based on an arrest after their entry to their program. This percentage was similar for families and individuals.

15. Transitional housing participant outcomes: Personal and public safety

	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
All participants									
Feels “very safe” alone inside housing at night ^b	62	51	82%	70	56	80%	132	107	81%
Feels “very safe” both inside and outside at night ^b	62	35	56%	70	35	50%	132	70	53%
In past month, “never” been hurt or made to feel unsafe by a person you know ^b	62	54	87%	59	70	84%	132	113	86%
Any conviction based on arrest after entry ^e	138	10	7%	127	19	15%	265	29	11%
Any conviction based on arrest after entry, just among those who had a prior felony history ^e	22	5	23%	6	29	21%	51	11	22%
Exiters only^y									
Feels “very safe” alone at night just outside their building ^b	61	35	57%	66	35	53%	127	70	55%
Feels “very safe” alone inside housing at night ^b	61	50	82%	66	52	79%	127	102	80%
Feels “very safe” both inside and outside at night ^b	61	34	56%	66	32	48%	127	66	52%
In past month, “never” been hurt or made to feel unsafe by a person you know ^b	61	53	87%	66	55	83%	127	108	85%

Source: This table is based on data from (b) Final follow-up interview and (e) BCA data

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Health

At the time of the final follow-up interview, 86 percent of study participants reported that they had health care coverage (Figure 16). For over 95 percent, this was from a public insurance program. The rate of health care coverage was no lower among exiters than for study participants overall.

Most participants (89%) also reported that they had a regular doctor or clinic where they went for medical care. In this case, individuals were more likely than family participants to report having a regular doctor or clinic (94% of individuals compared to 82% of family participants).

About one-third of participants reported having used the emergency room during the previous six months. The median number of uses during this half year was one per participant. Among exiters, a higher percentage of family participants than individuals used the emergency room during the previous six months (42% versus 33%, not a significant difference), but the median number of uses was higher for individuals than for families (2.0 versus 1.0).

In the final follow-up interview, more than half of all participants reported that their mental health status had improved compared to when they entered the program. This includes 48 percent who reported it was “a lot better.” Family participants both noted more improvement overall (61% versus 55% of individuals) and were more likely to report “a lot better” (54% versus 43% of individuals), though these differences are not statistically significant. Among only those who were known to have a mental health disability at entry, the proportion reporting “a lot better” was similar across household types (50% of families and 51% of individuals).

In describing the programs’ most important features and their impacts, several participants credited their programs with significant improvements in their mental health, including a participant who described how their program helped them recover from suicidal depression:

They supported me to get up in the morning, living, taking a shower, helping me take my meds when I did not want to. Helping me get out of bed, helping me when I did not want to live.

16. Transitional housing participant outcomes: Health

All participants	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
Has health care coverage ^b	62	55	89%	70	58	83%	132	113	86%
Has a regular doctor or clinic for medical care ^b	62	51	82%	70	66	94%	132	117	89%
Any use of emergency room in past 6 months ^b	61	26	43%	70	22	31%	131	48	37%
Mean # uses		1.8			2.1			1.9	
Median # uses	25	1.0		22	2.0		47	1.0	
Range		1 to 5			1 to 6			1 to 6	
Among all participants, proportion who self-reported their mental health as ... ^b	61			69			130		
“A little better”		4	7%		8	12%		12	9%
“A lot better”		33	54%		30	43%		63	48%
Among participants with a mental health disability at entry, proportion who self-reported their mental health as ... ^b	32			43			75		
“A little better”		2	6%		5	12%		7	9%
“A lot better”		16	50%		22	51%		38	51%
Exiters only^y									
Has health care coverage ^b	61	54	89%	66	55	83%	127	109	86%
Has a regular doctor or clinic for medical care ^b	61	50	82%	66	62	94%	127	112	88%
Any use of emergency room in past 6 months ^b	60	25	42%	66	22	33%	126	47	37%
Mean # uses		1.8			2.1			2.0	
Median # uses	24	1.0		22	2.0		46	1.5	
Range		1 to 5			1 to 6			1 to 6	
Among all participants, proportion who self-reported their mental health as ... ^b	60			65			125		
“A little better”		4	7%		7	11%		11	9%
“A lot better”		32	53%		27	42%		59	47%
Among participants with a mental health disability at entry, proportion who self-reported their mental health as ... ^b	31			39			70		
“A little better”		2	6%		4	10%		6	9%
“A lot better”		15	48%		19	49%		34	49%

Source: This table is based on data from (b) Final follow-up interview

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Use of mainstream benefits other than health care

Minnesota's statewide and regional plans to end homelessness place high importance on helping homeless people gain access to mainstream benefits. The Supplemental Nutrition Assistance Program, or SNAP (formerly known as "food stamps"), and Group Residential Housing (GRH) are two of the most common of these that are tracked by state administrative sources. Another important mainstream benefit for a high proportion of homeless people is disability insurance (SSI or SSDI), but this is not tracked in the state's data.

The state's records show that approximately two-thirds of all study participants were receiving SNAP by the last month of follow-up (September 2012), with a higher proportion of families than individual participants receiving the benefit (77% versus 57%) (Figure 17). This difference was consistent among exiters and non-exiters and is statistically significant. Seven percent of participants were receiving Group Residential Housing support at that time, all of whom were individual exiters.

Two in ten study participants (21%) reported that they were receiving either SSI or SSDI at the time of their final follow-up interview. This proportion was slightly higher among individual participants (25%) than among family participants (16%), though this is not a statistically significant difference. Since most transitional housing participants had exited by the final interview, the percentage receiving SSI or SSDI remained the same among exiters (21%).

Just over a third (36%) of study participants were receiving at least one state-administered benefit other than SNAP during the third quarter of 2012, just over two and one-half years after the study began. This proportion was similar among family participants and individual participants (38% versus 35%, a difference that was not statistically significant).

17. Transitional housing participant outcomes: Use of mainstream benefits other than health care

	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
All participants									
Receipt of SNAP in Sept. 2012 (with MFIP or alone) ^c	138	106	77%	127	72	57%	265	178	67%
Receipt of GRH in Sept. 2012 ^c	138	0	0%	127	19	15%	265	19	7%
Receipt of SSI or SSDI as of last interview ^b	62	10	16%	67	17	25%	129	27	21%
Receipt of any (DHS) mainstream benefits other than SNAP, Sept. 2012 ^c	138	52	38%	127	44	35%	265	96	36%
Exiters only^y									
Receipt of SNAP in Sept. 2012 (with MFIP or alone) ^c	134	103	77%	121	70	58%	255	173	68%
Receipt of GRH in Sept. 2012 ^c	134	0	0%	121	19	16%	255	19	7%
Receipt of SSI or SSDI as of last interview ^b	61	9	15%	63	17	27%	124	26	21%
Receipt of any (DHS) mainstream benefits other than SNAP, Sept. 2012 ^c	134	51	38%	121	42	35%	255	93	36%

Source: This table is based on data from (b) Final follow-up interview and (c) DHS data

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

For participants who do not have reasonable expectations of employment, SSDI (Social Security Disability Insurance) and SSI (Supplemental Security Income) are important alternative sources of income. SSDI is a disability benefit for individuals who become blind or disabled after they have worked and paid into the Social Security system enough to have earned coverage. SSI is a federal program that gives monthly cash benefits to individuals if they or a dependent child are disabled or blind, have low income and assets, and meet other eligibility requirements. SSI eligibility does not require having paid into the Social Security system.

Unlike in the analysis of correlates to higher employment rates, no program features were found to be associated with higher rates of SSI or SSDI receipt. However, some program rules and service patterns were found to be associated with lower rates.

Within transitional housing programs, the following program features were found to be significantly associated with fewer participants receiving SSI or SSDI at the time of the final interview:

- Provision of services specifically for parents to at least one-third of residents
- Provision of education help or support to at least one-third of residents

This suggests that programs with a significant proportion of parents, and of residents who are felt to be good candidates to improve their education, are unlikely to also enroll a high proportion of residents with long-term disabilities serious enough to qualify for disability benefits.

Education

During each of the follow-up interviews, study participants were asked if they were enrolled in an education program at the time of the interview. Over the course of nearly two years, 16 percent of participants had been enrolled in an educational program while still in their housing program, with significantly more parents (24%) than individuals (8%) doing so (Figure 18). Following exit, however, similar proportions of families and individuals enrolled.

18. Transitional housing participant outcomes: Education

	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
Participant enrolled in an education program at time of any follow-up interview ...	107			100			207		
...While still in program		26	24%		8	8%		34	16%
...After program exit		29	27%		26	26%		55	27%

Source: This table is based on data from 6-month, 12-month, and final follow-up interviews.

Many participants said the program support for education was one of the most significant program impacts on their lives, often leading them to achieve levels of education that they never thought possible for themselves:

I had a great case manager and she motivated me. From not being in school for 15 years, I did some college, and I never thought I could go to college before.

As long as you followed the rules, it was easy and allowed you to focus on something else. I was able to finish school while I was there because I could focus on my education. I was already in school and they found resources for that school so I could get my degree, even though it wasn't one of the schools they had connections with. If they didn't have what you needed, they would try to find a program for you.

Child well-being

The transitional housing participants included 60 residents who had children in their households. Of these, a total of 23 parents had preschool-age children (age 5 and under), and 49 had school-age children.

Preschool attendance

For families with preschool children, children's participation in preschool programs is important for several reasons. For the children themselves, high-quality preschool education – which is more likely in a preschool setting than in home care – helps prepare the child for success in later schooling. For parents, the ability to have children cared for in a stable, quality setting makes it possible to engage in other activities that may be necessary, such as employment or the parent's own education. Among the 23 study participants with preschool-age children, 57 percent reported that their child had spent time in a preschool or child care program during the two weeks just before the 18-month interview (Figure 19). These proportions were not different for those still in the programs and those who had exited.

School mobility

Among the outcomes for children tracked by the study was whether or not a school-age child had changed schools. This is a common negative consequence of homelessness that supportive housing programs can help to prevent. The study found that 84 percent of parents of school-age children reported that their child had remained in the same school throughout their time in the housing program (except when a change in school was necessary due to the child's aging out of the top grade level of a school).

Another measure of child well-being was consistency in school attendance. In the final follow-up interview, parents were asked how common it was for their child to miss school during the 12 months before they entered the program and after leaving the program (if they had exited). Overall, three-quarters (79%) of parents reported their child was “not at all likely” to miss school during both times or had improved their attendance.

Ten percent of participants reported, in the final follow-up interview, that their children had to skip meals in the previous six months because there had not been enough money to pay for food.

19. Transitional housing participant outcomes: Child well-being

All participants	Families		
	Total N	n	%
Child has not changed schools during program (except for aging out) ^b	49	41	84%
Low or decreased likelihood of missing school ^b	47	37	79%
Preschool child spent any time in child care or preschool, past 2 weeks ^b	23	13	57%
Any children had to skip meals in past 6 months ^b	60	6	10%
Exiters only^y			
Child has not changed schools during program (except for aging out) ^b	48	41	85%
Low or decreased likelihood of missing school ^b	46	36	78%
Preschool child spent any time in child care or preschool, past 2 weeks ^b	23	13	57%
Any children had to skip meals in past 6 months ^b	59	5	8%

Source: This table is based on data from (b) Final follow-up interview

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Home learning environment

When asked about the most important program features and impacts for themselves and their families, several participants noted that some of the most significant impacts were on their parenting abilities as a result of parenting education:

Just teaching how to spend more quality time with your children and making them three meals a day and having healthy choices to eat. It kinda just changed my whole life. Before, I used to stay out until 1 or 2 o'clock in the morning. Now my kids go to bed and I'm in bed about an hour later. It's helping put our life back where it's supposed to be.

The strategies of tutoring that I learned to help them with their school work make it easier for both me and the children for them to get down into their homework.

Others emphasized the importance of being able to provide for the basic (and special) needs of their families:

I've learned about resources that I never knew were there. I was able to purchase transportation that would accommodate my son's wheelchair and obtain housing.

Personal growth

Several parents gave examples of personal growth and learning for their children, similar to those reported for many adult participants. For example, some described how the program helped improve their child's behavior and helped parents effectively manage their child's attention deficit/hyperactivity disorder (ADHD):

My son had behavioral problems before and now, after family therapy, he does not.

The advocates made referrals for our special needs, like therapy and tutoring, and that helped a lot. Now he is behaving better and he's able to learn things. He can process things better and can calm himself down better now (he has ADHD).

Parents listed many other examples of youth programs, from tutoring and mentoring to holiday parties and gifts, and cited a wide variety of positive outcomes for their children.

They helped my daughter to open a bank account and with money management because she's working. My girls took a cooking class; they learned how to read recipes and learned how to cook. They've grown up, they are more responsible.

[The program] helped them learn how to communicate and share with others. They learned that people outside of our family also love and care about them. They trust people again.

My 8-year-old has learned to have an appreciation for what we have now. She's grown up a lot in the past few years; she has an understanding of what we went through. She saw a lot of people helping us so she understands that we need to give back now.

Personal knowledge, skills, and attitudes

In the initial follow-up interviews, approximately six months after the study began, participants were asked about the most important changes they had experienced as a result of their programs. While many mentioned the importance of having an affordable place to live and basic necessities including food and transportation, the changes they described as most important were within themselves: feeling better supported and less anxious, maintaining sobriety, gaining self-confidence, and “getting my life back together.”

Accordingly, in the final follow-up interview, participants were asked about a number of changes in their knowledge, skills, and attitudes (Figure 20). These included:

- The participant's ability to budget money
- Confidence in other basic life skills such as cooking and housekeeping
- Social support, as indicated by whether they had someone they could probably count on for small, immediate help

- Willingness to rely on outside help
- Questions that address a participant’s ability to respond to day-to-day challenges, finish what they start, and stay focused (often referred to as self-efficacy and/or executive function)
- Ability to respond to trauma in a healthy way
- Hopefulness about the future
- Succeeding in ways that matter to participants

Ability to budget money and other basic life skills

In the final follow-up interview, one-third of all participants in transitional housing (36%) reported that their ability to budget money was “a lot better” now compared to when they started in their programs. This percentage stayed consistent among exiters and non-exiters.

Many participants reported that their budgeting skills and improved financial responsibility were among the most significant outcomes for them as a result of the program, as illustrated by these three participants:

I liked the fact that I had to live off 25% of my income, because now I pay over half of my income [for housing]. Now we have our dream apartment with everything we need, and I know how to pinch pennies because I had practice doing it, because of [the program].

Helping prioritize my daily life and making sure that bills are paid on time, and keeping what I have to do every day. [Teaching me] how to budget and not to buy something unnecessary, because that's not the way life is supposed to be lived. It helps you stay focused on what you need to do, daily, weekly, monthly.

It helped me to know that I could live life without using drugs, that I could be a productive member of society, that I could get housing and be able to maintain it and pay bills. When you're using drugs, you don't think about stuff like that. Once I got my head on straight and got sober I was able to see, you know, I can do this! I'm being responsible, buying things that I need, making sure we got food, making sure bills are paid on time. It's a challenge, but it's a good challenge.

The final interview also asked about changes in “other basic living skills such as cooking and keeping house.” Overall, 42 percent of participants reported these were “a lot better” than when they started.

Social support and willingness to rely on outside help

Across a variety of programs designed to promote self-sufficiency or recovery, it is widely recognized that social support is important for promoting and sustaining successful outcomes. Access to both concrete and emotional support from family, friends, and neighbors can contribute to overall stability and /or progress on a range of other kinds of outcomes including housing, employment, mental health, and many others.

Several questions were asked in the final interview about whether there was someone the participant could count on to provide concrete, relatively small kinds of help. Figure 20 below shows the results for one question of this type: “Not including program staff, is there someone you could count on to lend you a few dollars, give you a ride to the doctor, or provide some other small, immediate help?” Nearly three-quarters (73%) of participants reported they “probably” could count on such help. Results were very similar among just those who had exited.

When describing the most important features and outcomes of the program for them, many participants noted significant social and emotional support, both from friends and neighbors in the program and from program staff. They noted in particular the benefit of camaraderie, facing challenges together, and seeing others successfully endure adversity:

It's nice to know that you're not alone. I did not have to go through this all by myself.

[The program] brought a certain amount of peace in my life and an environment that helped me stay clean. The group of staff and peers I came through [the program] with are still concerned and caring. The evidence of seeing other people go through adversities and stay clean has been beneficial to me. I saw friends of mine go through a lot and we have overcome and are still pursuing our dreams.

Others emphasized the importance of feeling cared for, with program staff and neighbors that look out for each other:

I wasn't a number. They really cared about me as an individual, and I hadn't had that in a really long time. Instead of talking at me, they talked to me and gave me encouragement during the long waiting times, and they knew my issues and my vulnerabilities.

The availability of social support, while important, cannot make a difference for a person who is unwilling to use it. The final follow-up survey also asked about participants' willingness to rely on outside help. Twenty-six percent of participants reported that their willingness to rely on outside help was “a lot better.” Individual participants were more likely to report improvement on this measure than family participants (33% versus 18%, not statistically significant). Proportions were essentially the same among those who had exited.

Several participants reported that one of their most significant outcomes from program participation was an increased level of trust and faith in others, which may allow them to build and depend on stronger support networks:

I wasn't used to being around other women until I started getting involved in this program. I was having issues trusting women and thinking all women were the same. In [the program] there were other women and kids, and it kind of built up a good relationship of being around other women like myself who have addictions, maybe lost their kids.

Responding to challenges and staying focused

The final follow-up interview also asked participants if they had seen any changes in themselves, since the start of program participation, in how they responded to challenges in their lives. Such an ability is often considered important for self-sufficiency. These items, drawing from a longer list of items from a standard psychometric scale, are: ability to respond to day-to-day challenges, ability to finish what one starts, and ability to stay focused. These three items were combined into a scale with a total range from 3 to 15, where 3 represents a self-rating of “a lot worse” on all three items and 15 represents a self-rating of “a lot better.” The overall mean score on this scale was 11.46, which is above “no change” and slightly below “a little better.” The mean score was not significantly different between family and individual participants. The scores were similar among just those who had exited.

Several participants acknowledged the importance of the structure and rules of their program in helping them to maintain focus on the goals that they had set for themselves. As one participant explained:

I obey all the rules, and the rules kept me on the right track. I wanted to change my life, and some of the rules helped me, [showed me] how to be focused on everything in life. How to do the right thing and stay focused on my recovery and how to do the rest of my life.

Post-traumatic resilience

Many homeless people have suffered significant traumas in their lives, and post-traumatic stress disorder is common among homeless populations in Minnesota.⁸ A lesser known consequence of trauma, recently under increasing study, has been labeled “post-traumatic resilience” or “post-traumatic growth,” and the final follow-up interview included a short, nine-item scale to measure this change (Tedeschi & Calhoun, 2004; Cann et al., 2010).

⁸ Wilder Statewide Homelessness Study, 2012, detailed data tables, Table 170. Available online at http://www.wilder.org/Wilder-Research/Publications/HomelessStudyTables2012/StatewideMNadult2012_Tables148-176.pdf

Participants were asked, for each item, to rate their change since beginning the program. Possible scores range from “not at all” (scored as 1) to “a lot” (scored as 4), with the total scale score ranging from a low of 9 to a high of 36.

The overall average score was 29.85, which represents slightly higher than “some” change across all nine items. Scores were similar for family participants (30.47) and individual participants (29.32), and similar for participants who had exited the program.

Hopefulness about the future

Overall, about half (52%) of transitional housing participants reported gains in hopefulness about their future. Family participants were more likely than individuals to report these gains (56% versus 47%), but the difference is not statistically significant. These proportions were not notably different for those who had exited compared to the overall group.

Succeeding in ways that matter to participants

The study collected many different measures of success based on research literature and the interests and expectations of funders. To conclude the summary of outcomes, we report the assessment of the participants themselves: their answer to the question, “Compared to when you started at [program], how much are you succeeding in ways that matter to you?” As with other self-report questions in this interview, responses could range from “a lot worse” to “a lot better.” Overall, 41 percent reported they were “a lot better” in this respect at the time of follow-up. This proportion was similar among family and individual participants, and not notably different among the subset who had exited.

In describing the most important program features and impacts for them, participants gave many examples of the personal successes that matter to them. In particular, several noted improved senses of self, achievement, and self-esteem.

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

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.

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

Others noted that their program gave them opportunities to develop leadership skills that they could then apply in the world outside the program:

They showed me great leadership; they taught me how to be a leader. The counselors were always there to lend you a hand and pull you out of the stuff that you were going through. They helped me mentally, spiritually, and physically to make me the woman I am today.

They really looked out for me. They gave me a chance to take leadership. I coordinated and led the residential meetings that were held each month and it was a learning experience for me. That really helped me because I like working with people and I took that learning experience out into the working world.

20. Transitional housing participant outcomes: Personal knowledge, skills, and attitudes

All participants	Families			Individuals			Total Transitional		
	Total N	n	%	Total N	n	%	Total N	n	%
Ability to budget money is “a lot better”	62	24	39%	70	24	34%	132	48	36%
“A lot better” confidence in other basic living skills	62	25	40%	70	31	44%	132	56	42%
“Probably” have someone to count on for small, immediate help	61	41	67%	70	55	79%	131	96	73%
Willingness to rely on outside help is “a lot better”	62	11	18%	70	23	33%	132	34	26%
Self-management scale* (mean)	62	11.56		70	11.37		132	11.46	
Post-traumatic resilience scale** (mean score)	59	30.47		69	29.32		128	29.85	
Men	2	-		21	28.38		23	28.39	
Women	57	30.54		44	29.43		101	30.06	
Hopefulness about the future is “a lot better”	62	35	56%	70	33	47%	132	68	52%
Succeeding in ways that matter to you is “a lot better”	62	26	42%	70	28	40%	132	54	41%
Exiters only^y									
Ability to budget money is “a lot better”	61	24	39%	66	21	32%	127	45	35%
“A lot better” confidence in other basic living skills	61	25	41%	66	28	42%	127	53	42%
“Probably” have someone to count on for small, immediate help	60	41	68%	66	51	77%	126	92	73%
Willingness to rely on outside help is “a lot better”	61	11	18%	66	22	33%	127	33	26%
Self-management scale* (mean)	61	11.57		66	11.21		127	11.39	
Post-traumatic resilience scale** (mean score)	58	30.62		65	29.02		123	29.77	
Men	2	-		20	28.10		22	28.14	
Women	56	30.70		41	29.07		97	30.01	
Hopefulness about the future is “a lot better”	61	34	56%	66	30	45%	127	64	50%
Succeeding in ways that matter to you is “a lot better”	61	25	41%	66	26	39%	127	51	40%

Source: This table is based on data from (b) Final follow-up interview

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

* Self-management scale is a combination of three items (ability to respond to day-to-day challenges, ability to finish what one starts, and ability to stay focused), each rated on a scale from 1=“a lot worse” since entry to the program to 5=“a lot better.” The lowest possible scale score is 3, the highest possible is 15, and the overall mean for study participants was 11.1, which is above “no change” and slightly below “a little better.”

** Post-traumatic resilience scale is based on nine items, each rated on a scale from 1=“not at all” changed since entry to the program to 4=“a lot” changed. The lowest possible scale score is 9, the highest possible is 36, and the overall mean for participants (29.85) is slightly above “some” change on average across all the items.

Summary of findings and conclusions regarding transitional housing

Distinguishing features

By definition, the most distinguishing feature of transitional housing is the fact that it is time-limited and typically requires participants to exit within two years. These time limits tend to be associated with some restrictions on individual autonomy, including the use of alcohol or drugs. They are also associated with expectations to carry out a housing plan, exit to some kind of stable housing, and find or maintain a job. Perhaps most telling is the fact that, when case managers are asked to identify the characteristics that lead to success, they most often report that the participants who do best are those who access services, actively engage in goal-setting with case managers, and are motivated to make changes in their lives. In other words, participants are expected to work the program and make the most of both the circumstances and the services offered. It is also noteworthy that 83 percent of transitional participants in this sample are women, and about half were with minor children who were also receiving program services.

Program intensity

Measures of program intensity are consistent in suggesting that transitional housing programs are somewhat intensive. Case managers in transitional programs are likely to have smaller caseloads (8-13) than those in permanent supportive housing programs, indicating that residents may have more interaction with staff in transitional housing programs. Wilder Research also found that transitional housing programs are likely to have staff available for residents at all hours of the day and on more days of the week. Additionally, transitional housing programs report a relatively high frequency of caseworker-client contact, especially during a resident's first three months, although the frequency is lower in some programs after a resident's first year.

Program eligibility

Program eligibility, as might be expected, is closely related to program expectations for success. The study clearly demonstrates that many transitional programs incorporate design features that reduce the enrollment of some categories of potential participants who have substantial barriers to self-sufficiency. Unlike permanent supportive housing programs that are likely to accept residents who have multiple barriers to self-sufficiency (including histories of long-term homelessness), transitional programs are more often designed to serve those with fewer barriers. In fact, of the 23 transitional programs studied, only one focused exclusively on the long-term homeless and only one focused on those with serious or persistent mental illness. Of those programs serving families, 86

percent do not accept participants with a history of violence toward children or adults. With this said, however, nearly eight out of ten participants in transitional housing (79%) reported some form of mental health problem, and about half (49%) reported problems with both mental health and substance abuse. Thus, regardless of efforts to enroll participants who have some likelihood of achieving greater self-sufficiency, transitional programs continue to work with many participants who have barriers to escaping homelessness, including those who have experienced multiple episodes of homelessness in the past.

Program outcomes

With regard to program outcomes, 96 percent of transitional program participants had exited within two years, with an average time in the program of approximately 19 months. Eighty-seven percent of families, compared to 76 percent of individuals, exited to some form of permanent housing. Family participants were significantly more likely than individuals to exit to a rental unit with a housing subsidy (47% compared to 21%). The study found that 45 percent of those who exited had experienced at least one episode of homelessness since exit. Significantly more individuals (56%) than family participants (36%) experienced homelessness after exit, and at the time of the final follow-up interview, families who had exited were slightly more likely than individuals who had exited to report that their housing was “very stable” (74% versus 67%).

Regarding the use of mainstream benefit programs, Minnesota welfare records show that approximately two-thirds of all study participants were receiving SNAP (food assistance) benefits by the last month of follow-up (September 2012), with a higher proportion of families than individual participants receiving the benefit (77% versus 57%). Just over a third (36%) of study participants, similar for both families and individuals, were receiving at least one state-administered benefit other than SNAP during the third quarter of 2012.

In other outcome areas, 89 percent report that they had a regular doctor or clinic where they go for medical care. About one-third of participants reported having used an emergency room during the previous six months, about half the number who report ER use among the overall homeless population. It is also encouraging that more than half of all participants reported that their mental health status had improved compared to when they entered the program, including 48 percent who reported it was “a lot better.” This finding is consistent with many of the open-ended comments made by participants and suggests that a significant emotional and psychological lift may occur for many participants when they have landed both a stable place to live and one-on-one support from staff in seeking to achieve new goals.

Outcomes related to personal growth and sense of self-efficacy are also quite encouraging. Just over half (52%) of all participants report that they are now more hopeful about the future, and 41 percent report that they are now doing better in succeeding in ways that matter to them. In fact, more than one-quarter of all participants report that they had enrolled in some type of educational program following exit.

In addition, more than one-third of all participants in transitional housing (36%) reported that their ability to budget money was “a lot better” now compared to when they started in their programs. In addition, 73 percent of all residents report that they likely have someone that they can count on for small forms of immediate help.

Measures of child well-being show that just over half of parents with preschool-aged children had a child enrolled in preschool or a child care program during the two weeks before their final interview. Perhaps more encouraging is the fact that 84 percent of parents of school-aged children reported that their child had remained in the same school throughout their time in transitional housing. Open-ended comments from parents suggests that stable housing and parenting support helped participants' ability to support their children's education.

Employment data from state records show that 35 percent of study participants were employed during the fourth quarter of 2012, or nearly three years after the start of the study. From the quarter just before the study began (fourth quarter 2009) to the final quarter during which follow-up data were collected, participants increased their average quarterly wages by \$637. However, this average is skewed by a small number of high-earning participants, masking the large number (129 out of 247 participants, or 52% of all) who had no employment in either quarter.

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

- Rules requiring residents to have or look for a job
- Rules that do not prohibit drug or alcohol use
- Provision of financial education services to at least one-third of all residents (outcomes were even better if such services were provided to “virtually all” residents)

Data from the final follow-up interview show that 70 percent of participants had enough income in the previous month to pay for both food and housing.

With regard to personal safety, the vast majority (over 80%) felt safe in their housing and reported that in the previous month they had never been hurt or made to feel unsafe by someone they know. Percentages for just those who had exited were similar.

Conclusions

It is clear from the results presented in this report that time-limited transitional housing can be a useful strategy for addressing and ending homelessness in Minnesota.

Many individuals experiencing more episodic and somewhat less chronic homelessness, and who may have fewer barriers to achieving income gains through employment, appear to be well served in transitional housing models where there is an expectation for exit after problems impacting stability are addressed. 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. A number of transitional housing participants said they found it helpful that service providers expected them to engage with a case manager, attend regular meetings, steer clear of drug and alcohol use, and focus specifically on employment goals. Some participants say this is what has 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 are others in transitional housing, particularly those who have experienced domestic violence and who have faced significant health challenges, who may 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.

Given the characteristics of the adults currently served in transitional 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 employment programs (perhaps something funders could encourage) or from in-house job training programs such as those operated by People Serving People in Minneapolis. 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 finding that 87 percent of families and 76 percent of individuals exited to some form of permanent housing is encouraging but not definitive. Homelessness also reoccurred, even if briefly, for 56 percent of individual and 36 percent of family participants who exited transitional housing. Among transitional housing participants who exited (all but 10 of the total), homelessness was more likely to reoccur among males, among individuals age 41 through 50, and among those with disabilities. Those with alcohol or drug abuse

disorders were particularly more likely to become homeless again, but there was no significant difference among those with other disabilities. Singles were more likely to become homeless again, as were veterans and people who were chronically homeless at the time they entered the program. Those whose exits were to housing situations considered permanent and those who exited to subsidized housing were less likely to become homeless again afterwards.

Open-ended comments consistently support the idea that an individual's or family's experience in transitional housing is personal. It is personal in the sense that participants are impacted by the nature of the relationships they have with staff, the resources and support they receive when trying to achieve goals, and the opportunity for second chances. Providers consistently talk about the readiness of program participants to make changes and work the program, suggesting that those who adopt such an attitude are more likely to realize success. Participant comments make it clear that the quality of the relationship with the case manager affects this attitude, and may be a significant but unmeasurable factor affecting outcomes.

While it is likely that Minnesota can benefit from more consistent and coordinated assessment of those seeking to secure housing in a transitional housing program, it may also be important to assess the extent to which a participant is likely to be employable, likely to succeed within the constraints that might be imposed by a program, and likely to have goals that are consistent with the design and intent of a particular program. It may be beneficial to supplement information related to health, housing and homelessness history, and potential financial supports with other information that at least attempts to assess a few of these somewhat less tangible characteristics of potential participants, and to weight the quality of the relationship with the case manager as highly as some of the more tangible program features.

Findings for permanent supportive housing programs

This chapter describes the characteristics of permanent supportive housing programs. As in the previous chapter, it is based on survey responses of program staff. It also includes a description of permanent supportive housing participants programs, based on resident survey data, as well as administrative data from a variety of sources. Finally, using all data sources, it presents the outcomes for participants over a period of two to three years from the start of the study.

Characteristics of permanent supportive housing programs

Program goals

Because permanent supportive housing offers a housing subsidy and support services for an indefinite length of time, the study did not assume that success in a program would necessarily include program exit. Permanent supportive housing programs were, therefore, asked two separate questions about their definitions of success: first, what do they consider “success” for a participant in general? And second, how would they define a successful exit?

Success in the program and successful exits

Permanent supportive housing programs defined participant success in the program and a participant’s successful exit similarly. There were, however, two significant differences reported between the two definitions. First, half of permanent supportive housing programs (50%) report that maintaining or finding new stable housing is a critical element of a successful exit, while three-quarters (75%) report that same element is part of a participant’s general success in the program. Both definitions of success, however, agree that stable housing is an important factor. The other significant difference related to how permanent supportive housing programs defined success in the program versus a successful exit was on a participant’s adherence to program procedures. Just over half (54%) of permanent supportive housing programs view compliance and adherence to program procedures as part of a successful exit, while only about one-third (32%) of permanent supportive housing programs report it as important to a participant’s general success in the program.

About one-third (32%) of permanent supportive housing programs include the ability to live independently as a key element of success. Regarding jobs, only 36 percent of

permanent supportive housing programs define success for their residents as including finding a job or some other form of stable or improved income. This finding likely reflects the fact that many clients served by permanent supportive housing have multiple barriers to employment.

More information about programs' definitions of success in permanent supportive housing is shown in Appendix Figures A19 and A20.

Program philosophy

When asked about the most important aspects of the programs' approach or philosophy in helping their participants leave homelessness for good, many programs emphasized their individualized, client-centered approach that accepts the participants and their sometimes very challenging histories.

Part of it is just giving people a chance, despite the things in their background. Giving them a clean slate, being willing to work with them.

For many programs, the client-centered approach also results in a very individualized case management system, which several programs said was an important program feature for their participants' success.

A few programs also mentioned their positive and encouraging approach with clients, which they said was particularly crucial for participants with such difficult pasts.

When they come in here the biggest thing I have to work with is that level of trust. That they realize they are somewhere where someone is going to actually listen and hear them out. Keeping them motivated. That is the hardest. Some come with a lot of baggage. A lot is building trust and respect, and helping them see that there is that light at the end of the tunnel.

Many other programs emphasized the continuing support offered to participants even after a violation of program rules.

Probably that we are able to accept residents who have significant histories of housing problems or criminal histories that would prevent them from getting housing elsewhere. We are very entry tolerant. We are a harm reduction program, working with people a long time before we will deem that we cannot help them and terminate them.

Finally, several others listed specific program features, including financial education and responsibility; providing housing and other basic needs; and help with education, job hunting, and job training, among others.

Services offered and received

Services that support a resident’s ability to find and keep housing and meet basic needs are among those most commonly offered by permanent supportive housing programs (Figure 21). Overall, nearly eight out of ten (79%) permanent supportive housing programs in the study sample report that “virtually all” residents received housing-related services, such as tenant education, help to find housing in the community, or help to mediate conflict with a landlord. Similarly, the same proportion (79%) reported that “virtually all” residents received basic needs services. Basic needs services include: food or meals, clothing or household goods, and emergency financial assistance. Other services frequently provided to all or nearly all residents include: training in life skills, like nutrition, time management, and housekeeping (68%); financial education (61%); and transportation help (46%). Life skills training and financial education were more often offered to “virtually all” residents in family programs than in other kinds of programs, a pattern also seen in transitional housing programs.

Findings indicate that 43% of permanent supportive housing programs report that “virtually all” residents received mental health services and 32% received employment help and support.

More detail about services that are received by “virtually all” residents is in Appendix Figure A21.

21. Permanent supportive housing: Program services that “virtually all” participants received in the past year

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Housing-related services	4	80%	4	50%	14	93%	22	79%
Basic needs	4	80%	6	75%	12	80%	22	79%
Life skills (nutrition, time management, housekeeping)	5	100%	4	50%	10	67%	19	68%
Transportation help	2	40%	4	50%	7	47%	13	46%
Financial education	4	80%	5	63%	8	53%	17	61%
Employment help and support	2	40%	2	25%	5	33%	9	32%
Mental health services	1	20%	3	38%	8	53%	12	43%

Source: Interviews with service providers, March through May 2013.

Note: Service categories are not exclusive; respondents were able to respond with “virtually all participants received this service in the past year” for each service category, if applicable. Percentage totals will not equal 100.

Participant length of stay

Permanent supportive housing does not have a time limit for residents in their programs. However, despite the ability for residents to stay in permanent supportive housing indefinitely, almost two-fifths of permanent supportive housing programs (39%) report that the average length of stay for a resident who successfully exits is less than two years (Figure 22). Note that a majority (60%) of permanent supportive housing programs report that the average stay for successful residents was two or more years. The median fell in the 2 to 3 year range (slightly shorter for mixed programs).

22. Permanent supportive housing: For those who exit successfully, what is the average time to exit?

	Family programs (N=5)		Individual programs (N=7)		Mixed programs (N=11)		Total Permanent (N=23)	
Less than 6 months	-	-	-	-	-	-	-	-
6-11 months	1	20%	0	0%	1	9%	2	9%
12-17 months	0	0%	2	29%	1	9%	3	13%
18-23 months	0	0%	0	0%	4	36%	4	17%
2-3 years	2	40%	4	57%	1	9%	7	30%
4-5 years	1	20%	0	0%	3	27%	4	17%
6-7 years	1	20%	1	14%	1	9%	3	13%

Note: Five permanent supportive housing programs did not know the average length of stay for participants who successfully exit.

Program expectations regarding resident behavior

Wilder Research used several measures to assess the extent to which programs specified particular expectations regarding participant behavior. Each measure relates to a rule or requirement that programs may have in place for residents. The four key measures in this area are:

- Whether residents must participate daily in some kind of structured activity, such as school, work, or volunteering
- Whether residents must have a job or be looking for one
- Whether residents are allowed to have visitors and how frequently they may have visitors
- Whether residents are required to consent to random drug testing

Most permanent supportive housing programs do not have the rules or requirements listed in Figure 23 in place, particularly in terms of resident day-to-day activities. For example, only 14 percent of programs require residents to participate daily in some kind of structured activity. Similarly, only 21 percent of programs require residents to have a job or be looking for employment.

Most permanent supportive housing programs have few restrictions on daily activities. Thirty-nine percent of programs allow neither drug nor alcohol use on their premises; 18% of programs require consent to random drug testing. All permanent supportive housing programs in the study allow residents to have visitors, although around one-quarter (29%) limit how frequently a resident can have visitors. None of the programs serving individuals require participants to participate in a daily activity or to have or be seeking employment.

More detailed information on program expectations and rules is in Appendix Figures A22 and A23.

23. Permanent supportive housing: Program expectations for participants

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Must participate daily in some kind of activity ^a	1	20%	0	0%	3	20%	4	14%
Must have a job or be looking for one ^a	1	20%	0	0%	5	33%	6	21%
Neither drugs nor alcohol use allowed on premises	2	40%	4	50%	5	33%	11	39%
Required to consent to random drug testing	0	0%	1	13%	4	27%	5	18%
A limit on how frequently a participant may have visitors	2	40%	1	13%	5	33%	8	29%

^a Response options included “Required for all participants,” “Required for some but not all participants,” and “Not required for any participants.” “Required for all participants” and “Required for some but not all participants” were recoded as “Yes.”

Program intensity

Wilder Research used three dimensions to measure program intensity: case manager’s average caseload, availability of staff at a variety of times, and frequency of caseworker-client contact.

Average caseload size

As Figure 24 shows, the average caseload size in family-only programs is much smaller than in individual-only programs, while caseloads are more similar in mixed programs.

24. Permanent supportive housing: Case manager’s average caseload

	Family programs (N=5)	Individual programs (N=8)	Mixed programs (N=15)	Total Permanent (N=28)
Individual Residents	-	30.9 (N=7) ^a	13.3 (N=7) ^b	22.1
Families	7.6	5.0 (N=1)	11.7 (N=8)	11.9
Total	11.0	27.7	9.5	17.0

^a The range of average caseloads for Individual programs varies from 13 to 71

^b The range of average caseloads for Mixed programs varies from 1 to 39

Availability of staff

Regarding the days and times during which staff members are available to serve clients, Wilder Research gathered information about four periods of time: during the day (until 5 or 6 p.m.), during the evening (from 5 or 6 p.m. to 10 p.m.), overnight (from 10 p.m. to 7 or 8 a.m.), and during the weekend. Nearly all permanent supportive programs (93%) had staff available during daytimes, but hours outside of daytime coverage were less consistent (Figure 25). Programs that only serve individuals have higher staff availability outside of daytime coverage than other permanent supportive housing programs.

25. Permanent supportive housing: Staff availability

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
During the day (until 5 or 6 p.m.)	5	100%	8	100%	13	87%	26	93%
During evening (from 5 or 6 p.m. to 10 p.m.)	1	20%	7	88%	7	47%	15	54%
Overnight (from 10 p.m. to 7 or 8 a.m.)	1	20%	5	63%	5	33%	11	39%
During the weekend	1	20%	6	75%	7	47%	14	50%

Frequency of contact with case managers

Case managers in most permanent supportive housing programs (70%) meet with residents at least once a week or more during residents' first three months (Figure 26). After a resident's first year, programs show more variety in typical frequency of case manager contact. The typical frequency after the first year was between monthly and weekly, and only 31% of programs report that participants meet with case managers weekly or more often. One permanent supportive housing program reported that it does not have case management at all.

26. Permanent supportive housing: How frequently does a case manager have participant contact?

	Family programs (N=5)		Individual programs (N=7-8)		Mixed programs (N=14)		Total Permanent (N=26-27)	
During a participant's first three months								
Less than once a month	1	20%	0	0%	0	0%	1	4%
More than once a month, but less than once a week	1	20%	3	38%	2	14%	6	22%
About once a week	2	40%	1	13%	9	64%	12	44%
More than once a week	1	20%	3	38%	3	21%	7	26%
Do not have case management	0	0%	1	13%	0	0%	1	4%
After a participant's first year								
Less than once a month	1	20%	0	0%	1	7%	2	8%
More than once a month, but less than once a week	3	60%	5	71%	8	57%	16	62%
About once a week	0	0%	2	29%	4	29%	6	23%
More than once a week	1	20%	0	0%	1	7%	2	8%

Note: One permanent supportive housing program volunteered that it does not have a case manager when asked about frequency of case manager-participant contact during a participant's first three months. N=26 for "After a participant's first year."

In all three measures of program intensity, findings are consistent with the common understanding of permanent supportive housing as offering environments that do not typically place high demands on residents to conform to program rules or participate in required activities. However, the study results also show a wide range of variation on all three measures, including some programs with high participation expectations and significant behavioral expectations. It should be noted that these findings refer to program structure and not necessarily any given participant's interaction within a program.

Criteria for program eligibility

A review of the eligibility criteria suggests that a high proportion of permanent supportive housing programs are designed to serve residents with quite specialized needs (Figure 27). Almost half of programs (46%) require that residents be long-term homeless, by any definition,⁹ including all of the programs that serve only families. Likewise, almost one-third (32%) of permanent supportive housing programs require that residents have a diagnosis of a severe or persistent mental illness (SPMI) and all permanent supportive housing programs in the study accept residents with SPMI.

Permanent programs are also likely to accept residents who may have more barriers to self-sufficiency. Seven in ten permanent supportive housing programs (70%) are able to accept residents with a history of violence against or abuse of children or adults. Likewise, more than two-thirds of permanent supportive housing programs (68%) either require or are able to accept residents who are active substance abusers. These findings clearly show that most permanent supportive housing programs intentionally incorporate design features that facilitate the enrollment of residents who have a variety of substantial barriers to self-sufficiency.

⁹ The State of Minnesota defines long-term homelessness as: “Individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.” HUD defines chronic homelessness differently: “An unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who has either been continuously homeless for 1 year or more, OR has had at least four episodes of homelessness in the past 3 years.”

27. Permanent supportive housing: Clientele eligibility criteria

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Long-term homeless, by any definition								
Required ^a	5	100%	4	50%	4	27%	13	46%
Acceptable ^b	0	0%	4	50%	11	73%	15	54%
Unacceptable ^c	-	-	-	-	-	-	-	-
Diagnosis of severe or persistent mental illness								
Required	0	0%	2	25%	7	47%	9	32%
Acceptable	5	100%	6	75%	8	53%	19	68%
Unacceptable	-	-	-	-	-	-	-	-
A history that includes violence against or abuse of children or adults								
Required	-	-	-	-	-	-	-	-
Acceptable	2	40%	4	50%	13	93%	19	70%
Unacceptable	3	60%	4	50%	1	7%	8	30%
Active substance abuser								
Required	0	0%	1	13%	0	0%	1	4%
Acceptable	3	60%	4	50%	11	73%	18	64%
Unacceptable	2	40%	3	38%	4	27%	9	32%
Able to participate in developing and carrying out a housing plan^d								
Required	3	60%	2	25%	9	60%	14	50%
Not Required	2	40%	6	75%	6	40%	14	50%

^a Program only serves clients with this characteristic

^b Program can serve clients with this characteristic

^c Program cannot serve clients with this characteristic

^d Response options were “Yes” and “No;” “Yes” responses were recoded as “Required” and “No” responses were recoded as “Acceptable”

Additional program eligibility and selection criteria are shown in Appendix Figure A24.

Participant characteristics most predictive of success

When asked about the distinguishing characteristics between successful and unsuccessful participants, many program staff referred to the level of motivation and engagement of successful participants.

Those who do achieve success are actively engaged in their program, whatever the focus may be. They are committed and motivated to making change in their lives.

The person who has a plan, who understands that this is a stepping stone into something different will be most successful. Those who do not participate and feel this is their permanent home are the opposite.

Successful participants seem to access mental health services, chemical dependency services, and other services provided by the agency. Those who are unsuccessful don't seem to utilize many, if any, services.

Participants' suggestions for program improvement

The section on participant outcomes (below) includes a selection of direct quotes from participants that illustrate what the outcomes mean to them, and often also describe what the programs have done to help them achieve the outcomes. Due to this purpose in selection, these quotes are overwhelmingly positive. To balance this necessarily skewed selection of quotes, and to understand participants' other less positive program experiences that may be associated with less-successful outcomes, this section provides responses from participants about features of their programs that they would like to see changed. These are from an open-ended question asked during the six-month survey.

Nearly half of participants said that there was nothing they would change, while the other half offered suggestions that covered a broad range of themes. Figure 28 lists the most common themes found in the suggestions from participants.

28. Permanent supportive housing: Participants' suggestions for program improvement

	In family programs (N=16)		In individual programs (N=112)		In mixed programs (N=113)		Total Permanent (N=241)	
Program is good/like it/no changes	5	31%	50	45%	59	52%	114	47%
Structure/rules/environmental influences	3	19%	32	29%	23	20%	58	24%
Longer/more time allowed for guests; allow guests	0	0%	7	6%	9	8%	16	7%
More privacy (people not coming to my house so much, staff, residents, accountants, security cameras, etc.)	0	0%	5	4%	5	4%	10	4%
Fewer rules/less strict; programs not mandatory; encourage autonomy /more second chances	0	0%	2	2%	1	1%	3	1%
Stricter case managers; more push to make choices/set goals	0	0%	1	1%	3	3%	4	2%
More fair/consistent/predictable application of rules/services	1	6%	1	1%	0	0%	2	1%
Don't allow drug/alcohol users in program/sobriety; impose (more) consequences for people who don't participate/don't follow rules	0	0%	4	4%	0	0%	4	2%
Case management; staff help; overall service connections	5	31%	9	8%	15	13%	29	12%
More caseworker flexibility (more/fewer visits; choice of worker); allow for differences based on client needs	1	6%	3	3%	6	5%	10	4%
More caseworker contact or fewer residents per caseworker	4	25%	2	2%	3	3%	9	4%
Housing	2	4%	4	8%	6	7%	12	6%
Other features of space/furnishings (e.g., choice of cable, hot water, repairs, parking)	1	2%	4	8%	3	3%	8	4%
More housing in community	0	0%	0	0%	1	1%	1	1%
Program overall (including changes in eligibility criteria)	1	6%	7	6%	5	4%	13	5%
Too many assumptions about residents; too judgmental	0	0%	1	1%	1	1%	2	1%
Social support from staff	1	6%	6	5%	5	4%	12	5%
More respect/patience/trust/caring from staff	0	0%	2	2%	1	1%	3	1%
Housing-related services	0	0%	4	4%	5	4%	9	4%
Help finding (longer-term) housing	0	0%	2	2%	2	2%	4	2%

Source: Participant survey, six-month follow-up. Responses to open-ended questions, coded into themes.

Note: Participants suggested several other improvements as well, but each other major category received fewer than 10 responses. Percentages for major categories (in bold) include those for sub-themes indented below them.

Rules and structure

The most common category of suggested program improvements, mentioned by about one-fourth (24%) of the permanent supportive housing participants, was related to the rules and structure of the programs. Among these, the most common suggestion was for a more accommodating policy regarding the number of visitors and lengths of their stays.

I would change the time limit we have for visitors. I have so many friends, and sometimes they come over to help me out with my household. And [the limited number of overnight visits] goes by so fast.

There was no overnight visiting, so your kids or grandkids could not spend the night.

The whole guest policy. You have to get permission to have someone spend the night. It is too intrusive sometimes.

They have three times a month policy of having a visitor overnight. I would change that to having anyone over whenever, like normal people.

Several other participants reported that they were not given enough privacy.

Just not to be so camera nosey. They watch you too much.

Change the way they barge into your room when you aren't ready; I didn't have any privacy over there.

I'd take the security camera out of the building. I feel like I'm living in a fish bowl.

Many participants commented on the level of strictness of the programs, but with no consensus of what that level should be. Some requested greater leniency and others requested stricter enforcement of policies and guidelines.

Some of these suggestions applied to general programming and meetings:

I would make it mandatory that you attend a meeting at least once a week, preferably more.

Some specifically addressed program requirements around drug and alcohol use.

I would have them make it mandatory that sobriety was required, no exceptions. One or two relapses, fine, but not 5, 6, 10. Come on.

Some felt that the program's structure stifled their independence.

I'd like to be able to go out and work and make some money. You are allowed \$50 per month, which don't get you anywhere.

Some suggested that the programs should do more to connect residents with housing supports.

I would change that after living there for one year you would receive either public housing or Section 8.

Case management and staff interactions

Many participants suggested a variety of changes to their interactions with program staff, including several who favored modified or augmented case management services. In particular, many suggested more time and/or visits with their case managers:

More visits. It was nice to have someone to talk to. I enjoyed having someone who was caring and concerned.

The staff does a good job of helping us develop our independence, but sometimes they could do a better job of checking in on us.

I wish there were more staff members. I get the sense that they can be overwhelmed by all the tenants and the interviewing of new tenants.

Meanwhile, a few others felt that they were required to meet with their case managers too often:

The weekly visits...I saw them as unnecessary. It was the same thing every time. I would rather have had them be monthly.

For the staff to know to be able to be flexible enough for the needs of each individual, so that if you don't need their help every week, they wouldn't have to see you that often. But if somebody needed to be seen every week or even every day, they could do that. So they didn't have to see everyone with the same frequency, but could be flexible for the person's needs.

A few others reported unpleasant experiences with staff, including incidences of disrespect and stereotyping, though these instances were rare.

The apartment manager made a lot of assumptions about things that were going on there, and that bothered me. And they put in more cameras than a bank and a Walmart, combined.

Housing features

Finally, about 1 in 7 permanent supportive housing participants mentioned problems related to specific features of their housing. Many were related to the living area itself:

I have a unit that is supposed to be furnished. The beds were nasty. So, if they had a time quota so that the furniture is replenished and renewed.

Shower stall had a push button and the water came on for a few seconds and then shut off. Too little water and it was scalding hot.

Having my own bathroom. I don't have a sink or a mirror, and I can't adjust the faucet temp. The shower isn't functional; not good water pressure.

Have the bed bugs and roaches removed; better pest control.

The apartment is cold. And we need hot water in the laundry room.

Other housing-related suggestions were related to the recreational accommodations.

They had no exercise facility there.

I wish we could get a gym so we can play sports in the winter.

I would let any cable company come and offer their service. They only allow Comcast, they don't allow DirecTV or other companies.

Satisfied participants

Though many participants offered suggestions for program improvements, the most common response was one of satisfaction with the program and its services. Some examples of these responses are:

Nothing, they are on top of the ladder. If you need help, they are on it.

Gee, I would not change anything. They helped me out a lot.

Nothing, really. I think they are a really wonderful program, I really do.

I'm 100% satisfied.

No. I couldn't ask for anything better right now.

No, for the amount of people they serve they do a very adequate job.

I don't think I would change anything. It seems to be functioning very well.

I just wish they could help more people that are in the same boat as me.

Summary of permanent supportive housing program characteristics

A fundamental element of permanent supportive housing programs is that they have no time limit for residents in their programs. Having no time limit clearly corresponds to serving a higher proportion of residents with more barriers to self-sufficiency. This clientele with more needs has a relatively long average length of stay for a successful

exit; slightly more than three-fourths of all successful exits occur after two years or more. Permanent supportive housing tends to have lower levels of program intensity (as measured by staffing levels and contact) and not as many expectations of participants, or rules and requirements in place that restrict resident autonomy.

A unique characteristic of permanent supportive housing is that it serves many residents with intense needs and challenges. Almost half of permanent supportive housing programs only accept residents who are long-term homeless. Almost one-third of permanent supportive housing programs require, and all will accept, residents with a severe or persistent mental illness. A majority of permanent supportive housing programs accept residents with a history of violence and/or active substance abusers.

Because permanent supportive housing serves a population with high needs and challenges, it has a unique set of goals, services, and expectations for that clientele. Housing is an instrumental goal for permanent supportive housing and, therefore, housing and basic needs services are reported at high levels. Employment is not as often a goal for successful exit from permanent supportive housing and it follows that employment services are not provided at high levels. Permanent supportive housing has high levels of mental health services available for its residents, and places more emphasis on helping residents access alternative sources of income, such as disability benefits.

Characteristics of residents in permanent supportive housing programs

Figures A25 through A37 in the Appendix provide a description of the characteristics of the 307 randomly sampled participants in the Supportive Housing Outcomes Study who were served in permanent supportive housing programs. Demographics, health status, prior experience with homelessness, educational and employment history, and other characteristics relevant to potential service needs and program outcomes are shown separately for individuals and parents, as well as overall. Most notable among the many similarities and differences found in this examination are the following:

Age, race, gender, and household type (Appendix Figures A27 through A31)

- In permanent supportive housing, parents were predominantly female (87%). Two-thirds (68%) of individuals were male.
- Overall, HMIS data indicate that three-quarters of permanent supportive housing participants were between the age of 25 and 54 (76% of parents and 77% of individuals). Participants age 24 and younger were more heavily represented among parents (25%) than among individuals (6%). All of the participants age 55 and older were individuals (17% of individuals).

- Just over half of all participants (51%) in permanent supportive housing identified their primary race as white or Caucasian, followed by black or African American (40%) and American Indian or Native American (7%). Almost half of parents (47%) identified as black or African American, and over half of individuals (58%) identified as white or Caucasian.
- Most individual participants were served in individual-only programs (61%), but most parents were in programs that serve both families and individuals (77%). A few individuals (3%) were in youth programs.

Health and disabilities (Appendix Figure A32)

- According to HMIS data, most participants in permanent supportive housing had one or more long-term disabilities (89%), with many more individuals than parents reporting such disabilities (98% versus 71%).
- The most common disability types reported among permanent supportive housing participants included mental health problems (75% of all participants) and alcohol abuse (35%). One-third (32%) of participants reported a dual diagnosis (both a mental health and drug or alcohol abuse problem).
- Drug abuse was more commonly reported among parents (39%) than individuals (21%), and more of the parents than individuals reported having both drug and alcohol abuse (23% vs. 9%).

History of homelessness (Appendix Figure A33)

- HMIS data indicate that, at the time they entered the program, 67% of individuals and 60% of parents fit the federal definition of chronic homelessness (homeless at least one year or at least four times in three years).
- Almost one-quarter (24%) of parents were homeless for the first time, and for less than one year.

Military service and domestic violence survivor status (Appendix Figure A34)

- Overall, relatively few participants in permanent supportive housing were veterans. More individuals than parents had served on active duty in the U.S. Armed Forces (14% versus 2%).
- More parents than individuals had experienced domestic violence (38% versus 15%).

Employment and wages prior to program entry (Appendix Figure A35)

- According to DEED records, about one-third (29%) of parents were employed (full- or part-time) at some point in the three months prior to program entry. In comparison, 15 percent of individuals were employed during the quarter prior to entry.
- For those participants who were employed in the quarter prior to entry, parents earned more on average than individuals.

Education levels and reading and writing skills (Appendix Figure A36)

- Almost half of individuals in permanent supportive housing had a high school diploma or GED but no more (48%), a higher percentage than among parents (35%). Just over four out of ten parents had attended at least some college (42%), similar to the proportion among individuals (39%).
- Nearly one-quarter of parents had not completed high school (23%), more than the proportion among individuals (13%).
- Both populations had similar percentages of participants who reported they had difficulty reading and writing in English: 8 percent of parents and 12 percent of individuals.

Felony convictions (Appendix Figure A37)

- Overall, approximately 3 in 10 participants in permanent supportive housing reported a felony conviction (31%). This percentage was higher among individuals than parents (36% versus 20%).

Permanent supportive housing program outcomes

This section of the report describes several types of outcomes for participants who were served in permanent supportive housing programs and shows how these outcomes vary by household composition (individual versus family). Where differences in outcomes exist, these differences are statistically tested to see if they are likely to be real and meaningful differences or if they are likely to have occurred by chance.

There are two things to keep in mind while reading this section. First, results are reported initially for all individual and family participants, and then only for those who have exited. Second, because data sources are not always available for the same time periods, the length of the follow-up period (i.e., the time of the final measurement) varies for some of the measures.

Program exit, exit status, and housing stability

Program exit

The study's collection of follow-up data from HMIS ended as of December 21, 2012, three years after the sample of participants was selected. At that time, participants had spent an average of just over four years (48.7 months) in their program, though the median time in the program was slightly lower (43.5 months). Despite the indefinite time allowed for permanent supportive housing participants to remain in their programs, just over half of this group, 55 percent, had exited by the end of the study period (Figure 29). More family participants than individuals exited during the study period (65% versus 50%), a statistically significant difference.

Destination at exit

Overall, just under eight in ten of those who exited permanent supportive housing went into housing considered permanent. There is a slight difference in this outcome between family and individual program participants (84% and 74%, respectively), but it is not statistically significant. Much of this difference is due to the proportions who exited to a rental, which was 69 percent for family participants compared to 61 percent for individual participants. In particular, family participants were significantly more likely than individual participants to exit to a rental *without* a subsidy (40% compared to 21%), while 40 percent of individual participants exited to rentals *with* subsidies (compared to 29% of family participants).

Among those who exited during the study period, 12 percent exited directly into settings considered homeless (14% for individual participants and 9% for family program participants).

Recurrence of homelessness

Over the full follow-up period of the study, based on participants' interview responses and a search of statewide HMIS records, the study found that just under one-half (49%) of those who exited had experienced homelessness at least once since exit. This proportion was similar among family and individual participants (48% and 50%, respectively).

Among all study participants, regardless of exit status, the proportion with evidence of homelessness at any time during the study period was 27 percent. This includes 31 percent of family participants compared to 25 percent of family participants, a difference that is not statistically significant.

Participants' perceptions of stability

At the time of the final follow-up interview, participants were asked to rate the stability of their current housing. Overall, three-quarters of participants reported it as “very stable,” most of the rest (20%) rated it as “somewhat stable,” and a small fraction (5%) rated it as “not too stable.” These proportions were remarkably similar across both household types.

Among only those who had exited, exiters from both household types were almost equally likely to be “not too stable” (11% of family participants and 10% of individuals), though a higher proportion of family participants were “very stable” (84%, compared to 69% of individuals, a difference that is not statistically significant). Also, those still in their programs were equally likely to describe themselves as “very stable” (75%, compared to 74% of those who had exited).

29. Permanent supportive housing participant outcomes: Exit status and housing stability

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Any exit from program during study period (ending 12/31/2012) ^a	101	66	65%	199	100	50%	300	166	55%
At final interview, participant rated housing as “very stable” ^b	47	37	79%	134	98	73%	181	135	75%
Evidence of recurrence of homelessness through 12/31/2012 ^x	97	30	31%	195	48	25%	292	78	27%
No evidence of recurrence of homelessness through 12/31/2012 ^x	97	67	69%	195	147	75%	292	214	73%
Among those with no evidence of recurrence of homelessness:	67			147			214		
Mean months in program (until exit, if exited, or until 12/31/2012 if no exit)		47.0 months			49.4 months			48.7 months	
Median months in program		45.0 months			43.0 months			43.5 months	
Exiters only^y									
Exit destination was permanent housing ^a	57	48	84%	95	70	74%	152	118	78%
Exit destination was homelessness ^a	57	5	9%	95	13	14%	152	18	12%
At final interview, participant rated housing as “very stable” ^b	25	21	84%	48	33	69%	73	54	74%
No evidence of recurrence of homelessness after exit ^x	62	32	52%	96	48	50%	158	80	51%
Participants with subsidized housing at exit	17	11	65%	39	23	59%	56	34	61%
Participants without subsidized housing at exit	37	19	51%	54	24	44%	91	43	47%
Months from program exit to end of study (12/31/2012):	66			100			166		
Mean		17.2 months			17.1 months			17.2 months	
Median		17.0 months			18.0 months			17.5 months	
Average months in program for:									
Participants with new episodes	30	30.8 months		48	30.4 months		78	30.6 months	
Participants without new episodes	32	39.5 months		47	37.5 months		80	38.2 months	

Sources: This table is based on data from (a) HMIS records (b) Final follow-up interview

Notes: (x) Evidence from participant self-report in any of the follow-up interviews and/or record of stay in a homeless program that participates in HMIS. Excludes 7 permanent supportive housing participants who were deceased.

(y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

The section on evidence for effective matching of people to programs includes findings about personal and program characteristics found to be associated with better outcomes (less likelihood of new homeless episodes) for those who exited during the course of the study.

Several participants reported housing stability as their most significant outcome from the programs. One, a participant with a history of substance abuse, said:

The sense of stability, knowing that I have a roof over my head no matter what, has helped me because I was a homeless drug addict before. [Now] I have been able to set some goals to become a contributing member of society. Taking the stress away of having no shelter makes those things possible.

A mother fleeing with her infant from an abusive relationship described how the compassion of program staff, combined with the low-cost housing support, provided a safe and stable home in a permanent supportive housing program:

Not having a good place for my daughter and I, and not knowing where I was going to go when I left him, having this program where they understood when I contacted them - having [safe housing] for my daughter. They were really good about that. [And] having a roof over my head and being able as a single parent to stay afloat [with] reasonable overhead.

Employment and income

Employment data from the state shows that less than one-quarter (18%) of permanent supportive housing study participants were employed during the fourth quarter of 2012, or nearly three years after the start of the study (Figure 30). The proportion was significantly higher among family participants (32%, compared to 11% individual). When we look only at residents who had exited their programs by the fourth quarter of 2012, a higher share of exiters were employed compared to the overall group (22% versus 18%), with a similarly significant gap between family participants and individuals (35% versus 14%).

All participants were asked in the final follow-up interview whether they had enough income in the past month to pay for both food and housing. Three-quarters (74%) said they did. The proportions were similar for both families and individuals (77% and 73%, respectively).

When asked about the most significant impacts of the program for them, relatively few mentioned employment or income, but, for those few, the impact was significant:

Well, they got me a job. I love my job.

[The program] helped me get a beautiful house, two jobs, and a nice car, and some self-worth.

From the quarter just before the study began (fourth quarter 2009) to the final quarter during which follow-up data were collected (fourth quarter 2012), participants increased their average quarterly wages by \$283. However, this average is skewed by a small number of participants, masking the large number (229 participants out of 297, or 77%) who had no employment in either quarter. The average (mean) increase for family participants was higher than for individual participants (\$562 compared to \$148), though the median change for both groups was \$0.

Among exiters, the mean change in quarterly wages from 2009 to 2012 was \$370 across both types of households, with significant differences between family and individual participants (\$613 for family versus \$215 for individual). For both types of programs, the median change for those who had exited was still \$0.

These gains, although notable, were not enough to bring individual participants back to the earnings they had received before entering the programs. From the last quarter before program entry to the first quarter after exit, both the median and mean changes were negative. The median change in income for individuals was a decrease of \$246, indicating that for those who were employed prior to entry, over half earned less immediately after leaving their program than they had earned immediately before entering it. The mean (average) change in income for individuals was a decrease of \$481. Nevertheless, family participants experienced increases in income over the same period, and these increases tended to be larger than the decreases experienced by individuals, resulting in an average change of income that was positive.

Most participants who exited their programs were not employed in the quarter following their exit, at least not in jobs that are covered by the Reemployment Insurance Program that collects wage and hour records from employers for the official state records.¹⁰ Among study participants, only 24 percent of those who exited a permanent supportive housing program had a record of employment during the quarter following exit (36% of family participants and 17% of individuals). Of those with jobs, the median quarterly wages were \$3,207 (\$3,178 for family participants and \$3,245 for individuals), or just over \$12,800 per year.

A measure of income that gives an indication of the continuity of employment is the average income per quarter for all quarters following exit. For family exiters, this includes a mean of 5 quarters, while for individual exiters the mean was 3 quarters. On average, the

¹⁰ It is generally estimated that about 10 percent of private jobs are not included in these Reemployment Insurance System records, and that the percentage is probably higher in the lowest-earning categories of employment.

quarterly income was \$760 (median \$0). It was significantly higher for family leavers at a mean of \$1,102 (median \$0), compared to a mean of \$540 for individual leavers (median \$0).

30. Permanent supportive housing participant outcomes: Employment and income

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Employed in 4 th quarter 2012 ^d	97	31	32%	200	22	11%	297	53	18%
Change in total wages, 4th quarter 2009 to 4th quarter 2012 ^d									
Mean/Median*	97	\$562 \$0		200	\$148 \$0		297	\$283 \$0	
Had enough income in past month to pay both food and housing ^b	47	36	77%	134	98	73%	181	134	74%
Exiters only^y									
Employed in first quarter post-exit ^d	59	21	36%	94	16	17%	153	37	24%
Mean wages for quarter		\$3,178			\$3,245			\$3,207	
Median	21	\$2,688		16	\$2,950		37	\$2,806	
Mean wage/hour		\$9.49			\$9.90			\$9.67	
Median	20	\$8.62		16	\$9.00		36	\$8.78	
Employed in 4 th quarter 2012 ^d	63	22	35%	98	14	14%	161	36	22%
Average income per quarter for ALL quarters since exit ^d									
Mean/Median*	63	\$1,102 \$0		98	\$540 \$0		161	\$760 \$0	
Mean # of quarters of DEED data		5.1			3.0			3.8	
Median		5.0			0.0			3.0	
Change in total wages, 4th quarter 2009 to 4th quarter 2012 ^d									
Mean/Median*	63	\$613 \$0		98	\$215 \$0		161	\$370 \$0	
Change in total wages, quarter before entry to quarter after exit ^{d**}									
Mean/Median*	15	\$714 \$380		15	-\$481 -\$246		30	\$116 -\$58	
Mean # quarters elapsed		12.7			10.1			11.4	
Median	15	14.0		15	10.0		30	12.0	
Had enough income in past month to pay both food and housing ^b	25	19	76%	49	36	73%	74	55	74%

Source: This table is based on data from (b) Final follow-up interview (d) DEED data

Notes: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

* Means and medians include values of \$0 for participants for whom no record of employment was found in DEED records.

** Change in total wages applies only to participants who were employed in the quarter prior to program entry.

For those for whom it is a realistic option, employment is central to self-sufficiency and successful tenure of housing over the long term. The study tested to see whether any program characteristics or service patterns were significantly associated with better employment outcomes. These are discussed in the section on evidence for effective matching of people to programs.

Personal and public safety

Permanent supportive housing participants (including current and former residents) generally feel safe inside their residences, but less safe outside them. At the time of the final follow-up interview 80 percent of all participants reported feeling “very safe” alone at night inside their housing, whereas 49 percent felt “very safe” alone at night both inside and outside their building (Figure 31). Family exiters were slightly more likely to report feeling “very safe” just outside their building at night (60% compared to 45% of individual exiters), though this difference was not statistically significant.

Another measure of personal safety is the experience of being hurt or threatened. As shown above, over one-third of family permanent supportive housing participants were domestic violence survivors. In the final follow-up survey, however, family respondents reported generally high levels of personal safety: 75 percent reported that in the past month they had “never” been hurt or made to feel unsafe by a person they knew, the same percentage as individual respondents. This proportion remained the same among participants who had exited their programs as well.

When asked about the programs’ most helpful attributes and how they were affected by them, several female participants mentioned their sense of safety in the program-sponsored housing:

[The program] gave me a sense of security and safety. There were apartments just for women in recovery with their children. The front doors would be locked and a stranger couldn't come in, and our inside apartments were locked. People had to be buzzed in.

Finally, the study was able to collect data from the Minnesota Department of Public Safety about records of convictions documented by the state (note that these do not include county records, which include the majority of lower-level offenses). These records show that 17 percent of permanent supportive housing participants had a conviction record based on an arrest made after their entry into the housing program. This includes 21 percent of family participants and 15 percent of individual participants. When the analysis is limited to only those with prior felony histories, family participants were slightly more likely to have reoffended (25% of family participants with prior felonies, compared to 19% of individual participants with prior felonies), although the difference was not significant.

31. Permanent supportive housing participant outcomes: Personal and public safety

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Feels “very safe” alone inside housing at night ^b	47	36	77%	135	109	81%	182	145	80%
Feels “very safe” both inside and outside at night ^b	47	21	45%	133	68	51%	180	89	49%
In past month, “never” been hurt or made to feel unsafe by a person you know ^b	47	35	75%	136	101	74%	183	136	74%
Any conviction based on arrest after entry ^e	102	21	21%	197	29	15%	299	50	17%
Any conviction based on arrest after entry, just among those who had a prior felony history ^e	16	4	25%	59	11	19%	75	15	20%
Exiters only^y									
Feels “very safe” alone at night just outside their building ^b	25	15	60%	47	21	45%	72	36	50%
Feels “very safe” alone inside housing at night ^b	25	18	72%	49	35	71%	74	53	72%
Feels “very safe” both inside and outside at night ^b	25	13	52%	47	19	40%	72	32	44%
In past month, “never” been hurt or made to feel unsafe by a person you know ^b	25	19	76%	50	37	74%	75	56	75%

Source: This table is based on data from (b) Final follow-up interview (e) BCA data

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Health

At the time of the final follow-up interview, 91 percent of permanent supportive housing study participants reported that they had health care coverage (Figure 32). For 97 percent of participants with coverage, this was from a public insurance program. The rate of health care coverage was slightly lower among exiters than among study participants overall.

Most participants (86%) also reported that they had a regular doctor or clinic where they went for medical care. This was higher for family participants than individuals – both overall (91% versus 84%) and for exiters (92% versus 82%) – but these differences are not statistically significant.

For one permanent supportive housing participant with a particularly difficult medical history, the most significant program impact on his life was to better understand his conditions and his doctors' advice:

I have a lot of medical problems, and I can talk to [program staff] about my medical situations They talk to the doctors and help me understand what is going on.

At the time of the last interview, about one-third of participants reported having used the emergency room during the previous six months. The median number of uses during this half year was one per participant. Among individual participants, the percentage using the ER was higher after exit (46% compared to 34% overall) but the median number of uses was similar among both groups (1.0).

In the final follow-up interview, about half of all participants reported that their mental health status had improved compared to when they entered the program. This includes 31 percent who reported it was “a lot better.” The proportion reporting improvement was not significantly different based on household type (50% family and 48% individual). Among only those who were known to have a mental health disability at entry, the proportion reporting “a lot better” was similar among both household types (27% versus 26%).

In describing the programs' most important features and their impacts, several participants reported significant improvements in their mental health, including one participant who described how the program helped him regain his will to live:

I would probably be homeless, but they helped me when I was attempting to commit suicide. They took me in and took me to a place to get better. [Now] when I wake up in the morning, I kiss the sky. I was getting ready to die, now I want to live.

32. Permanent supportive housing participant outcomes: Health

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Has health care coverage ^b	47	42	89%	136	124	91%	183	166	91%
Has a regular doctor or clinic for medical care ^b	47	43	91%	136	114	84%	183	157	86%
Any use of emergency room in past 6 months ^b	47	15	32%	136	46	34%	183	61	33%
<i>Mean # uses</i>		1.7			1.9		61	1.9	
<i>Median # uses</i>	15	1.0		46	1.0			1.0	
<i>Range</i>		1 to 5			1 to 8			1 to 8	
Among all participants, proportion who self-reported their mental health as ... ^b	46			134			180		
“A little better”		7	15%		25	19%		32	18%
“A lot better”		16	35%		39	29%		55	31%
Among participants with a mental health disability at entry, proportion who self-reported their mental health as ... ^b	22			95			117		
“A little better”		2	9%		20	21%		22	19%
“A lot better”		6	27%		25	26%		31	26%
Exiters only^y									
Has health care coverage ^b	25	21	84%	50	43	86%	75	64	85%
Has a regular doctor or clinic for medical care ^b	25	23	92%	50	41	82%	75	64	85%
Any use of emergency room in past 6 months ^b	25	7	28%	50	23	46%	75	30	40%
<i>Mean # uses</i>		1.6			2.2			2.0	
<i>Median # uses</i>	7	1.0		23	1.0		30	1.0	
<i>Range</i>		1 to 3			1 to 8			1 to 8	
Among all participants, proportion who self-reported their mental health as ... ^b	25			49			74		
“A little better”		5	20%		6	12%		11	15%
“A lot better”		8	32%		15	31%		23	31%
Among participants with a mental health disability at entry, proportion who self-reported their mental health as ... ^b	12			37			49		
“A little better”		2	17%		5	14%		7	14%
“A lot better”		1	8%		9	24%		10	20%

Source: This table is based on data from (b) Final follow-up interview.

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Use of mainstream benefits other than health care

Minnesota's statewide and regional plans to end homelessness place high importance on helping homeless people gain access to mainstream benefits. This is particularly important for people with disabilities that make it hard for them to work at jobs that pay enough to live on. The Supplemental Nutrition Assistance Program, or SNAP (formerly known as "food stamps"), and Group Residential Housing (GRH) are two of the most common of the mainstream benefit programs that are tracked by state administrative sources. Another important mainstream benefit for a high proportion of homeless people is disability insurance (SSI or SSDI), but this is not tracked in the state's data.

The state's records show that approximately two-thirds of all study participants were receiving SNAP by the last month of follow-up (September 2012), with more family participants than individuals receiving SNAP (77% versus 54%, a statistically significant difference) (Figure 33). This proportion is similar among exiting participants (72% of family participants and 45% of individuals). Eleven percent of participants were receiving Group Residential Housing support at that time, with significantly more individuals than families receiving that support (14% versus 5%).

Almost half (48%) of permanent supportive housing participants reported that they were receiving either SSI or SSDI at the time of their final follow-up interview. This proportion was higher for individual participants (53%) than for family participants (36%), but this result was not statistically significant. Participants who had exited permanent supportive housing were slightly less likely to be receiving SSI or SSDI compared to the overall group in permanent supportive housing (43%), with similar proportions of family and individual participants.

Over four in ten (44%) study participants were receiving at least one state-administered benefit other than SNAP during the third quarter of 2012, just over two and one-half years after the study began. This proportion was higher among individual participants than among family participants (47% versus 37%, a difference that was not statistically significant).

33. Permanent supportive housing participant outcomes: Use of mainstream benefits other than health care

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Receipt of SNAP in Sept. 2012 (with MFIP or alone) ^c	100	77	77%	201	109	54%	301	186	62%
Receipt of GRH in Sept. 2012 ^c	100	5	5%	201	29	14%	301	34	11%
Receipt of SSI or SSDI as of last interview ^b	47	17	36%	133	70	53%	180	87	48%
Receipt of any (DHS) mainstream benefits other than SNAP, Sept. 2012 ^c	100	37	37%	201	95	47%	301	132	44%
Exiters only^y									
Receipt of SNAP in Sept. 2012 (with MFIP or alone) ^c	65	47	72%	99	45	45%	164	92	56%
Receipt of GRH in Sept. 2012 ^c	65	4	6%	99	14	14%	164	18	11%
Receipt of SSI or SSDI as of last interview ^b	25	8	32%	50	24	48%	75	32	43%
Receipt of any (DHS) mainstream benefits other than SNAP, Sept. 2012 ^c	65	26	40%	99	42	42%	164	68	41%

Source: This table is based on data from (b) Final follow-up interview (c) DHS data

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

For participants who do not have reasonable expectations of employment, SSDI (Social Security Disability Insurance) and SSI (Supplemental Security Income) are also important alternative sources of income. SSDI is a disability benefit for individuals who become blind or disabled after they have worked and paid into the Social Security system enough to have earned coverage. SSI is a federal program that gives monthly cash benefits to individuals if they or a dependent child are disabled or blind, have low income and assets, and meet other eligibility requirements. SSI eligibility does not require having paid into the Social Security system.

Unlike in the analysis of correlates to higher employment rates, no program features were found to be associated with higher rates of SSI or SSDI receipt. However, some program rules and service patterns were found to be associated with lower rates.

Within permanent supportive housing programs, a large number of program features were associated with lower rates of SSI or SSDI receipt. These included:

- Programs providing at least one-third of residents with the following services:
Computers that residents can use; domestic violence related services; other legal help; social support; alcohol/drug abuse treatment; employment help or support; housing related services; life skills other than financial education; health/medical care; education help or support; recreational or social outings
- Rules that require consent for random drug testing

This pattern of results may be interpreted as suggesting that programs with a high proportion of residents who qualify for long-term disability benefits are less likely to provide high proportions of their residents with services intended to increase their self-sufficiency.

Education

During each of the follow-up interviews, study participants were asked if they were enrolled in an education program at the time of the interview. Over the course of nearly two years, 18 percent of participants had been enrolled in an educational program while still in their housing program (Figure 34). Family participants were significantly more likely to enroll, both while still in their programs (28% of family participants compared to 14% of individual participants) and following exit from the program (9% compared to 2%).

Many participants said the program support for education was one of the most significant program impacts on their lives, allowing them to go back for their GED or college degree.

34. Permanent supportive housing participant outcomes: Education

	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Participant enrolled in an education program at time of any follow-up interview ...	81			179			260		
...While still in program		23	28%		25	14%		48	18%
...After program exit		7	9%		4	2%		11	4%

Source: This table is based on data from 6-month, 12-month, and final follow-up interviews.

Child well-being

The permanent supportive housing study participants included 40 residents who had children in their households. Of these, a total of 15 parents had preschool-age children (age 5 and under), and 30 had school-age children.

Preschool attendance

Children’s participation in preschool programs is important for several reasons. For the children themselves, high quality preschool education – which is more likely in a preschool setting than in home care – helps prepare the child for success in later schooling. For parents, the ability to have children cared for in a stable, quality setting makes it possible to engage in other activities that may be necessary, such as employment or the parent’s own education. Among the 15 study participants with preschool-age children, 53 percent reported that their child had spent time in a preschool or child care program during the two weeks just before the 18-month interview (Figure 35). The percentage was the same among just those who had exited.

School mobility

Among the outcomes for children tracked by the study was whether or not a school-age child had changed schools. This is a common negative consequence of homelessness that supportive housing programs can help to prevent. The study found that 70 percent of parents of school-age children reported that their child had remained in the same school throughout their time in the housing program (except when a change in school was necessary due to the child’s aging out of the top grade level of a school). Permanent housing parents who had exited were less likely to report that their children had remained in stable school settings (54%).

When asked about the program features or impacts that were most significant for their children, two participants with school-age children commented on the importance of their newfound home stability:

Getting stable housing, not worrying about being out on the street, allowed [my children] to remain at their school, so they didn’t have to switch schools in the middle of the school year. There was less anxiety for them, and they feel more settled.

The comfort knowing that we had a home. We’re not always moving, and it was good that they could keep the same school and the same friends. Their spirits are up more and they are happy. Their concentration is better, too. Their school grades are much better.

Another measure of child well-being was consistency in school attendance. In the final follow-up interview, parents were asked how common it was for their child to miss school during the 12 months before they entered the program and after leaving the program (if they had exited). Just under three-quarters (72%) of parents reported their child was “not at all likely” to miss school during both times or had improved their attendance. The proportion was similar among parents who had exited.

Five percent of participants reported, in the final follow-up interview, that their children had to skip meals in the previous six months because there had not been enough money to pay for food. The proportion was the same for those who had exited.

35. Permanent supportive housing participant outcomes: Child well-being

In family programs	Total Permanent		
	Total N	n	%
Child has not changed schools during program (except for aging out) ^b	30	21	70%
Low or decreased likelihood of missing school ^b	29	21	72%
Preschool child spent any time in child care or preschool, past 2 weeks ^b	15	8	53%
Any children had to skip meals in past 6 months ^b	40	2	5%
Exiters only^y			
Child has not changed schools during program (except for aging out) ^b	13	7	54%
Low or decreased likelihood of missing school ^b	13	10	77%
Preschool child spent any time in child care or preschool, past 2 weeks ^b	11	6	54%
Any children had to skip meals in past 6 months ^b	20	1	5%

Source: This table is based on data from (b) Final follow-up interview

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

Home environment and other youth supports

When asked about the most important program features and impacts for themselves and their families, several participants emphasized the importance of being able to provide for the basic needs of their families:

When they gave me beds, my boys didn't have to sleep on the floor anymore. They just didn't give me the beds, they set them up and everything after they bought them.

We have a stable home now, which makes a big difference. Before living here, we had no heat, just space heaters. We were not warm with just a floor space heater, and in the morning I would turn on the oven. Where we live now is warm; we are in a really nice place, and without supportive housing we wouldn't have been able to move here. Stable housing has made all the difference for me and my family.

Others noted that some of the most significant impacts were on their parenting abilities as a result of case manager support:

Because of the help from my case manager, I've bonded more with my kids and have become a better mom.

Parents also listed examples of youth programs and their impact on their teens' outlook:

The teen camps, the field trips, and the mentors that were assigned to them inspired them to make bigger plans and look for a brighter future for themselves.

Personal knowledge, skills, and attitudes

In the initial follow-up interviews, approximately six months after the study began, participants were asked about the most important changes they had experienced as a result of their programs. While many mentioned the importance of having an affordable place to live and basic necessities including food and transportation, the changes they described as most important were within themselves: feeling better supported and less anxious, maintaining sobriety, gaining self-confidence, and “getting my life back together.”

Accordingly, in the final follow-up interview, participants were asked about a number of changes in their knowledge, skills, and attitudes (Figure 36). These included:

- The participant's ability to budget money
- Confidence in other basic life skills such as cooking and housekeeping
- Social support, as indicated by whether they had someone they could probably count on for small, immediate help
- Willingness to rely on outside help
- Questions that address a participant's ability to respond to day-to-day challenges, finish what they start, and stay focused (often referred to as self-efficacy and/or executive function)
- Ability to respond to trauma in a healthy way

- Hopefulness about the future
- Succeeding in ways that matter to participants

Ability to budget money and other basic life skills

In the final follow-up interview, one-third of all permanent supportive housing participants (32%) reported that their ability to budget money was “a lot better” now compared to when they started in their programs. There was no significant difference between the two types of households. One-quarter of exiters reported that their ability to budget money was “a lot better,” with an even smaller difference between family and individual participants.

The final interview also asked about changes in “other basic living skills such as cooking and keeping house.” Overall, family participants were marginally more likely to report gains than individual participants (40% versus 31%, not a statistically significant result). The proportions were even closer among those who had exited programs (36% versus 33%).

Social support and willingness to rely on outside help

Across a variety of programs designed to promote self-sufficiency, recovery, or stability, it is widely recognized that social support is important for promoting and sustaining successful outcomes. Access to both concrete and emotional support from family, friends, and neighbors can contribute to overall stability and /or progress on a range of other kinds of outcomes including housing, employment, mental health, and many others.

Several questions were asked in the final interview about whether there was someone the participant could count on to provide concrete, relatively small kinds of help. Figure 36 below shows the results for one question of this type: “Not including program staff, is there someone you could count on to lend you a few dollars, give you a ride to the doctor, or provide some other small, immediate help?” Two-thirds (60%) of all participants reported they “probably” could count on such help. The percentage was the same among family and individual participants. Results were very similar among just those who had exited.

When describing the most important features and outcomes of the program for them, many permanent supportive housing participants noted significant social and emotional support. They described their strong connections to friends and neighbors in the program as well as program staff:

Having those people in my life has made me accountable to my goals and helped me not feel alone when things go wrong.

Just the sense of belonging, this is really home and I belong here. I feel safe. The people here are just wonderful. I have never experienced the care that they give us; they are truly amazing. I had thought of giving up, I was homeless and they just involved me in so many things. They gave me something to live for. They gave me a cat to be with me at all times. They call me on my cell phone when I'm not around here. So, this has helped me to keep living, keep positive. I have overcome so many things, and they gave me back those values. I go to church, I'm part of a committee at church. I now feel like a well-rounded person.

Others emphasized the importance of having program staff and neighbors that look out for each other:

They (the staff and neighbors) know sometimes I don't feel good. They're concerned about my health. They come up and check on me all the time. That's great. I like that. And I know they're busy 'cause they are always busy, but they take the time out to do that. My neighbors always come and check on me, too. It makes me feel good to know that someone out there really cares, you know, 'cause these days, people don't care. But to find people who really care about you, that's great.

The availability of social support, while important, cannot make a difference for a person who is unwilling to use it. The final follow-up survey also asked about participants' willingness to rely on outside help. Fifteen percent of participants reported that their willingness to rely on outside help was "a lot better." Proportions were similar among those who had exited.

Several participants reported that one of their most significant outcomes from program participation was an increased level of trust and in others, when prior negative experiences have led them to isolate themselves:

It takes a lot of stress off. It makes a difference that people who hardly know me care. It helped me trust more, because where I come from people don't treat you like that.

Responding to challenges and staying focused

The final follow-up interview also asked participants if they had seen any changes in themselves, since the start of program participation, in how they responded to challenges in their lives. Such an ability is often considered important for self-sufficiency. These items, drawing from a longer list of items from a standard psychometric scale, are: ability to respond to day-to-day challenges, ability to finish what one starts, and ability to stay focused. These three items were combined into a scale with a total range from 3 to 15, where 3 represents a self-rating of "a lot worse" on all three items and 15 represents a self-rating of "a lot better." The overall mean score on this scale was 10.84, which is above "no change" and slightly below "a little better" on average. It was significantly

higher among family participants (11.98) than among individual participants (10.44). The scores were similar among just those who had exited, with similarly significant differences between family and individual participants.

Post-traumatic resilience

Many homeless people, especially in permanent supportive housing, have suffered significant traumas in their lives, and post-traumatic stress disorder is common among homeless populations in Minnesota.¹¹ A lesser known consequence of trauma, recently under increasing study, has been labeled “post-traumatic resilience” or “post-traumatic growth,” and the final follow-up interview included a short, nine-item scale to measure this change (Tedeschi & Calhoun, 2004; Cann et al., 2010). Participants were asked, for each item, to rate their change since beginning the program. Possible scores range from “not at all” (scored as 1) to “a lot” (scored as 4), with the total scale score ranging from a low of 9 to a high of 36.

The overall average score was 27.59, which represents slightly higher than “some” change across all nine items. Scores were slightly higher for family participants (29.02) than for permanent housing participants (27.08), a difference that was not statistically significant. Scores were higher for women than men in the individual category; the number of men in the family category was too small to compare. Scores were also slightly higher among those who had exited.

One permanent supportive housing participant explained how a particular program’s continued services, despite potential cause for termination, gave him the long-term support that he needed to develop resilience:

Most programs, you learn something or you fail there, and then they kick you out. [My program] just stuck with me. They continued to offer services to me, as opposed to terminations. Everything else that [my program] offers is stuff that has been done before, but you get to that point where there is the opportunity for failure, and the service ends. That didn't happen here. Over a longer period of time, I just began to believe in myself. As you go through experiences and get through them, they become less traumatic, and you learn how to handle them.

Hopefulness about the future

Overall, family participants expressed somewhat greater gains in hopefulness about their future (43% versus 34%, a difference that was not statistically significant). These

¹¹ Wilder Statewide Homelessness Study, 2012, detailed data tables, Table 170. Available online at http://www.wilder.org/Wilder-Research/Publications/HomelessStudyTables2012/StatewideMNadult2012_Tables148-176.pdf

proportions were not notably different for those who had exited compared to the overall group.

Succeeding in ways that matter to participants

The study collected many different measures of success based on research literature and the interests and expectations of funders. To conclude the summary of outcomes we report the assessment of the participants themselves: their answer to the question, “Compared to when you started at [program], how much are you succeeding in ways that matter to you?” As with other self-report questions in this interview, responses could range from “a lot worse” to “a lot better.” Overall, 34 percent reported they were “a lot better” in this respect at the time of follow-up. These proportions were essentially the same among the subset who had exited.

In describing the most important program features and impacts from them, participants gave many examples of the personal successes that matter to them. In particular, this participant noted an improved sense achievement.

It has been a blessing to not be homeless and to be helped to achieve things I thought I would never achieve in life.

36. Permanent supportive housing participant outcomes: Personal knowledge, skills, and attitudes

All participants	Families			Individuals			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Ability to budget money is “a lot better”	46	20	43%	136	39	29%	182	59	32%
“A lot better” confidence in other basic living skills	47	19	40%	134	42	31%	181	61	34%
“Probably” have someone to count on for small, immediate help	47	28	60%	135	81	60%	182	109	60%
Willingness to rely on outside help is “a lot better”	47	7	15%	135	21	16%	182	28	15%
Self-management scale* (mean)	47	11.98		133	10.44		180	10.84	
Post-traumatic resilience scale (mean score) **	46	29.02		128	27.08		174	27.59	
Men	3	-		86	26.78		89	26.82	
Women	43	29.09		40	27.72		83	28.43	
Hopefulness about the future is “a lot better”	47	20	43%	135	46	34%	182	66	36%
Succeeding in ways that matter to you is “a lot better”	47	23	49%	134	38	28%	181	61	34%

36. Permanent supportive housing participant outcomes: Personal knowledge, skills, and attitudes (continued)

Exiters only ^y	In family programs			In individual programs			Total Permanent		
	Total N	n	%	Total N	n	%	Total N	n	%
Ability to budget money is “a lot better”	25	8	32%	50	11	22%	75	19	25%
“A lot better” confidence in other basic living skills	25	9	36%	49	16	33%	74	25	34%
“Probably” have someone to count on for small, immediate help	25	13	52%	50	32	64%	75	45	60%
Willingness to rely on outside help is “a lot better”	25	4	16%	50	8	16%	75	12	16%
Self-management scale* (mean)	25	12.16		50	10.46		75	11.03	
Post-traumatic resilience scale (mean score)	24	29.25		46	28.00		70	28.43	
Men	1	-		26	27.96		27	27.74	
Women	23	29.57		20	28.05		43	28.86	
Hopefulness about the future is “a lot better”	25	12	48%	49	16	33%	74	28	38%
Succeeding in ways that matter to you is “a lot better”	25	12	48%	49	14	29%	74	26	35%

Source: This table is based on data from (b) Final follow-up interview

Note: (y) For most outcomes, the status of “exiter” is defined as having exited the program at any point prior to the end of the study (12/31/2012). In the case of outcome variables derived from the final follow-up interview, however, “exiters” are those who had exited at the time of the 18-month interview.

* Self-management scale is a combination of three items (ability to respond to day-to-day challenges, ability to finish what one starts, and ability to stay focused), each rated on a scale from 1=“a lot worse” since entry to the program to 5=“a lot better.” The lowest possible scale score is 3, the highest possible is 15. The overall mean for study participants, 10.84, is above “no change” and slightly below “a little better.”

** Post-traumatic resilience scale is based on nine items, each rated on a scale from 1=“not at all” changed since entry to the program to 4=“a lot” changed. The lowest possible scale score is 9, the highest possible is 36, and the overall mean for participants was 28.55, which is slightly above “some” change on average across all the items.

Summary of findings and conclusions regarding permanent supportive housing

Distinguishing features

As the name suggests, permanent supportive housing programs do not assume that program success will necessarily include exit. Participants in these programs are usually supported by housing subsidies and receive support services specifically designed for those with long-term disabilities including chronic alcoholism, serious and persistent mental illness, and others. Success in these programs is often defined as being able to maintain stable housing, which can include remaining in the supportive housing program indefinitely. Less than one-third of providers regard compliance and adherence to program procedures or the ability to live independently as a critical dimension of success. Consistent with this, only 36 percent of all programs define success in relationship to finding or keeping a job.

With regard to participant characteristics, close to half of those served in permanent supportive housing are single men, while individuals or couples with children make up slightly less than one-third of all residents. Nearly 9 out of 10 residents have one or more disability of long duration.

Overall, permanent supportive housing programs offer a mixture of expectations, often depending on the specific focus of the program and the participants they are prepared to serve. In general, they would typically be described as “low demand” programs. But clearly, they are not all alike.

Program intensity

Consistent with the model of low demand and high support, only 14 percent of the programs studied require that participants take part in some kind of daily activity and 21 percent report that participants must have a job or be looking for one. Case managers in programs that serve individuals have higher caseloads than those in programs that serve a mixed population (including families). Permanent supportive housing programs almost universally tend to have staff available during the day, with more limited availability on nights or weekends. Nonetheless, half of all programs report staff availability during evening and weekend hours. With regard to frequency of contact, more than two-thirds of all programs report that case managers meet with participants at least once a week and often more depending upon participant needs. However, providers note that the frequency of contact declines in relationship to a client’s level of stability in the program.

Program eligibility

In general, permanent supportive programs seek to serve residents who have multiple barriers to self-sufficiency. Nearly half of the programs will serve only those prospective participants who have met some definition of long-term homelessness and one-third require residents to have a diagnosis of a severe or persistent mental illness (SPMI). All programs in the study report that they are willing to serve residents with such illnesses. Similarly, more than two-thirds of all programs are able to accept residents with a history of violence or substance abuse or both. Thus, study findings show that the vast majority of permanent supportive housing programs intentionally include design elements that make it possible to enroll residents with a variety of barriers to self-sufficiency.

Program outcomes

Despite the fact that permanent supportive housing residents are not necessarily expected to exit to another form of housing, 65 percent of family participants and 50 percent of individual participants left their programs sometime during the two-year study period. Of those who exited, 84 percent of families and 74 percent of individuals went into housing considered permanent. Of this group, 29 percent of family participants and 40 percent of individual participants exited to rental units with subsidies. At the time of the final follow-up interview, roughly three-fourths of all participants who had exited described their current housing as "very stable". Only 9 percent of families compared to 14 percent of individuals exited directly into settings considered homeless. However, approximately one-half of all who exited had at least one episode of homelessness at some time during the study period.

With regard to the use of mainstream benefits, an examination of state records shows that approximately two-thirds of all study participants were receiving SNAP (food assistance) benefits by the last month of follow-up. This was more likely to be true for family participants than for individuals (77% versus 54%). With regard to benefits linked to a disability status (SSI or SSDI), family participants were less likely than individual participants (36% versus 53%) to be receiving such benefits. Overall, 44 percent of all permanent supportive housing residents were receiving at least one state-administered benefit other than SNAP at the conclusion of the study.

With regard to health, 86 percent of permanent supportive housing residents reported that they had a regular doctor or clinic where they went for medical care. Nonetheless, about one-third of participants used the emergency room at some time during the six months prior to their final interview. Among those who exited, 28 percent of family participants compared to 46 percent of individual participants were served in an emergency room in the previous six months. With regard to mental health status, about half of all participants

reported that their mental health had improved in comparison to when they entered the program. Among those who are known to have a mental health disability at entry, approximately one-quarter reported their condition as "a lot better" than it was at the time of entry. Open-ended comments support the idea that housing stability and strong relationships with staff helped to bolster participants' mental health status.

For many, participation in permanent supportive housing programs also produces benefits related to personal growth and self-efficacy. Forty-three percent of family participants compared to 34 percent of individual participants report that they have become "a lot" more hopeful about the future. Similarly, nearly half of family participants (49%) compared to just over one-quarter of individual participants (28%) report that they have become "a lot better" at succeeding in ways that matter to them. Additionally, 28 percent of family participants compared to 14 percent of individual participants enrolled in some type of educational program while in permanent supportive housing.

Approximately one-third of all residents report their own basic living skills are "a lot better" and 60 percent say that they now are likely to have someone to count on for small, immediate forms of help. One-quarter now report that they have become "a lot better" at budgeting their money.

Among study participants, 40 permanent supportive housing residents had children in their households. Of this group, 15 had preschool-aged children and 30 had school-aged children. Just over half of the parents with preschool-aged children reported that their child had spent time in a preschool or child care program in the two weeks prior to their 18 month interview. Among parents with school-age children, 70 percent reported that their child had remained in the same school throughout their time in the housing program. Among those who exited, however, just over half reported that their children had remained in a stable school setting. Not surprisingly, parents frequently commented on the importance of their housing stability as a critical element of their child's school stability. In fact, just under three-quarters of parents of school-aged children (72%) reported that their child was now "not at all likely" to miss school. Only 5 percent of all parents reported that their children had to skip meals in the previous six months because there had not been enough money to pay for food.

State employment data shows that fewer than one out of five study participants (18%) were employed during the fourth quarter of 2012, nearly 3 years after the beginning of the study. However, the proportion was significantly higher among family participants than among individual participants (32% versus 11%). Nevertheless, three-quarters of all participants reported that they had enough income during the past month to pay for both food and housing. Overall, and not unexpected given the level of disability identified among participants, relatively few mentioned employment or income as a significant

program impact. Among those who did work, however, family participants were much more likely to increase their income over time than were individual participants. Total median wages for all employed participants was just over \$3,000 in the final quarter of the study.

Program features most strongly associated with better employment outcomes in permanent supportive housing included:

- Provision of employment help or support to “virtually all” residents
- Rules that require a high level of engagement (both a service, treatment, and/or housing plan and some kind of daily activity)
- Provision of domestic violence-related services to at least one-third of residents
- Rules requiring daily participation in some activity such as a job, school, or volunteering

It is important to keep in mind, however, that employment is not an explicit goal of most permanent supportive housing programs; the broad emphasis of these programs is on the provision of stable housing for people with serious disabilities.

With regard to personal safety, four out of five permanent supportive housing residents report that they feel safe in their housing and 74 percent report that they have never been hurt or made to feel unsafe by someone they know in the past month. The percentage was similar looking at just those who had exited.

Conclusions

Permanent supportive housing clearly has an important place within Minnesota's plan for reducing and ending homelessness. Individuals experiencing chronic homelessness (using HUD's definition) are typically well served in permanent supportive housing. The characteristics of individuals that appear to be best served in these settings include those with long-term and often difficult-to-treat disabilities including chronic mental health problems and or lengthy histories of alcoholism. 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.

The finding that more than three-quarters of those who exited from permanent supportive housing programs exited to some form of permanent housing is encouraging, but is

tempered by the fact that slightly more than one-half of this group became homeless again at some point during the study period.

Among those who exited, homelessness was more likely to reoccur among:

- White participants
- Individuals age 30 or younger
- Family households
- People who were domestic violence survivors
- People with disabilities

Those with a dual diagnosis of both mental health and drug or alcohol abuse problems were twice as likely to experience homelessness after exit as those without such a diagnosis. Those with developmental disabilities or traumatic brain injuries were more likely to become homeless again, whereas those with HIV/AIDS or physical/medical disabilities were less likely to have a new episode.

People were less likely to experience new episodes of homelessness if:

- They exited to a form of housing considered permanent
- They exited after longer stays in the program

Perhaps most important in the formula for delivering permanent supportive housing is the long-term security it affords those who face significant and sometimes overwhelming barriers to more independent living. Residents frequently mentioned the value of the housing itself and the stability it affords, but such comments were often accompanied by equally strong statements about programs that “do not give up on me” or “stick with me” no matter what, so that residents can begin to see a more hopeful life and future for themselves. The fact that some participants improve enough to later leave their permanent supportive housing programs further suggests that for some participants this can be identified as a specific goal around which plans can be built once basic stability is assured and experienced. This assurance of basic housing security prior to any other service interventions is a fundamental premise of the “housing first” model and this study suggests that it can be a critical ingredient of success for the most fragile, hurt, and vulnerable in the homeless population. It is also useful to note that the factor most strongly predictive of whether or not a permanent supportive housing resident will later exit is evidence of some form of employment in the time just prior to entry.

Overall, these results show that permanent supportive housing programs serve a unique and critical function in providing a pathway out of homelessness for those who face the greatest odds and most burdensome challenges to securing safe and stable housing. The study also shows that some who will enter these programs have a reasonable chance to move on to other forms of stable housing, once initial stability and security goals are realized.

Evidence for effective matching of people to programs

This chapter presents findings in two sections linking personal and program characteristics to outcomes in a variety of ways. In the first section we begin by looking at successful outcomes and describe what personal and program characteristics are most strongly connected with success. Three key outcomes are examined: no recurrence of homelessness, employment in the last quarter of the study, and connection to mainstream benefits at the end of the follow-up period. In the second section, we begin by looking at some of the most common personal characteristics, and describe the program features that are most strongly associated with a variety of successful outcome measures.

Note about interpretation of findings in this section: Readers should remember that some of the relationships described in this section that are found to be significant may occur because the dependent variable (the outcome of interest) is related to another, unmeasured independent variable (i.e., some other personal or program characteristic) that may have more impact on the result. In other words, it is possible that some relationships presented here could be found to be spurious if we could control for all of the factors that are related to each other as well as to the outcomes, but we do not have a sample size that allows us to do it. Also, please note that because this study did not have a control group of comparable participants who did not receive services, the findings cannot be used to claim that certain program models or services caused certain outcomes. However, where differences in outcomes are correlated with differences between programs, and those differences are statistically significant, the patterns may be considered worthy of further examination. Such differences are presented in this section with the invitation for practitioners, planners, and funders to consider a further test, with additional data, to see if the patterns can be replicated.

Personal and program characteristics linked to better outcomes

No new episode of homelessness

In transitional housing, **groups** who were particularly more likely to avoid new episodes of homelessness after exiting their programs were:

- Those age 24 and under when they entered the program
- Women

- Those with no serious, long-term disabilities overall and, more specifically, those without mental health disabilities and those without drug or alcohol abuse disorders
- Those who had subsidized housing when they exited their programs

In permanent supportive housing, groups who were more likely to avoid new episodes of homelessness after exit were:

- African Americans
- Those with no serious, long-term disabilities overall and, more specifically, those without mental health disabilities

In transitional housing, the following ***program characteristics*** were significantly more often associated with participants having no new episodes of homelessness following exit:

- Virtually all residents receive financial education
- Virtually all residents receive employment help or support
- Virtually all residents receive life skills education (such as nutrition, time management, or housekeeping)
- Residents are required to have a job or be looking for one

Programs in which virtually all residents received mental health care were more likely to have residents who experienced new episodes of homelessness after exit.

In permanent supportive housing programs in which virtually all residents received mental health care, participants were more likely to experience new episodes of homelessness after exiting the program. No other program features in permanent supportive housing were statistically significant in their association with new episodes of homelessness.

Employment

In transitional housing, the following ***participant groups*** were more likely to be employed in the fourth quarter of 2012 (at the end of the study):

- Those who held any job in the quarter before entering the program
- Those who did not have a serious, long-term disability
- Those who were age 24 or under when they entered the program

In permanent supportive housing, the following participant groups were more likely to be employed at the end of the study:

- Those who held any job in the quarter before entering the program
- Those who were age 24 or under when they began
- Women
- Those who had experienced domestic violence

The following participant groups in permanent supportive housing were less likely to be employed:

- Military veterans
- Those with a serious, long-term disability

In transitional housing, ***program features*** associated with higher employment rates for participants were:

- Program requires that residents have a job or be looking for one
- Program rules do not prohibit drug or alcohol use
- Residents are not required to consent to random drug testing

Transitional housing programs in which virtually all residents received mental health care had a higher proportion of residents who were not employed at the end of the study.

In permanent supportive housing, program features associated with higher employment outcomes were:

- The provision of life skills training (such as nutrition, time management, and housekeeping) to virtually all residents
- Program eligibility criteria that rule out enrollment of active substance users

Receipt of state benefits other than food stamps

In transitional housing, the following ***participant groups*** were more likely to be receiving at least one state-administered benefit other than food stamps at the end of the study:

- Those who were not employed in the quarter before entering the program

- Those who were long-term homeless at the time they entered

In permanent supportive housing, participants who had a **felony conviction** were more likely to be receiving a non-food stamp benefit at the end of the study. No other participant characteristics were statistically more likely to be associated with the receipt of benefits at the end of the study.

The following transitional housing *program characteristics* were associated with more participants receiving state-administered benefits other than food stamps at the end of the study:

- Requirement that participants consent to random drug testing
- Requirement that residents participate in some kind of daily structured activity

Transitional housing programs with the following features had lower rates of participants receiving such benefits at the end of the study:

- Virtually all residents receive basic needs assistance
- Virtually all residents receive financial education
- Requirement that residents have a job or be looking for one

It is most likely that these program features do not cause the outcomes directly, but rather are in place because the respective programs serve a clientele with more or fewer barriers to self-sufficiency who are, for that reason, more or less likely to be eligible for a variety of assistance programs.

In permanent supportive housing, programs in which all residents were **active substance users** were significantly more likely to have their residents on at least one state administered benefit other than food stamps by the end of the study. Permanent supportive housing programs that offer **transportation help** to virtually all residents had lower rates of residents receiving such benefits at the end of the study.

For more detail on the relationship between these personal and program characteristics and the selected outcomes, see the Appendix, Figures A38 through A43.

Effectiveness of program types and features for specific population groups

Where the numbers in this study were large enough, the study selected groups of participants with a particular personal characteristic and examined the combination of program type and program feature most likely to be associated with better outcomes for

that group. The groups examined were family participants, individual participants, participants with a disability, and youth.

Due to the number of specific characteristics involved in these analyses (a population group, a program type, and an additional program or personal characteristic), not all analyses had enough cases to generate robust findings about program characteristics that were most associated with successful outcomes. Only those that were statistically significant are reported here; however, it is likely that if the study had included more participants, other program characteristics would have been found to be effective. It should also be noted that other, unmeasured, aspects of participants and programs undoubtedly contribute significantly to differences in outcomes, including the participant's attitude or motivation and the case manager's ability to connect effectively with residents.

Family participants

- Family participants who were in transitional housing programs that provided virtually all residents with recreational/social opportunities or other connections to the community outside the program were 1.5 times more likely to avoid new episodes of homelessness compared to family participants in transitional housing programs that did not offer as much recreational/social opportunities.
- Family participants in permanent supportive housing programs that provided financial education to virtually all residents were 2.1 times more likely to avoid new episodes of homelessness compared to family participants in permanent supportive housing programs that did not offer this level of financial education. Moreover, the provision of financial education to virtually all residents in permanent supportive housing was far more strongly linked to lower recurrence rates than the provision of comparable services in transitional housing programs.
- Family participants in permanent supportive housing programs that provided transportation assistance or support to virtually all residents were twice as likely as participants in programs without that level of transportation support to avoid new episodes of homelessness during the study period.

Individual participants

- No program features were found to predict better outcomes for individuals. The findings that were statistically significant linked more recurrence of homelessness to programs that offered higher levels of service; this tells us primarily that programs offer extra support to people who need it the most, and that this support is still not always enough to meet the need.

People with a mental health disability

- People with a mental health disability who were in permanent supportive housing with smaller-than-average caseload sizes (12 or fewer families or 20 or fewer individuals) were four times more likely to self-report in the last interview that their mental health was “a lot better” than when they entered their programs.

People with a serious, long-term disability

- No program features were found that predict greater success for people with disabilities. The findings that were statistically significant show lower connections to SSI/SSDI in programs that offer higher levels of various kinds of service. If programs are offering greater services aimed at promoting self-sufficiency, it is unlikely they would also be making especially strong efforts to connect people to disability benefits.

Summary and conclusions

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 forms of supportive housing provide longer-term housing solutions and an array of services intended to build hope, opportunity, and capacity among those who are served.

These two forms of supportive housing do not exist in isolation from each other. Rather, they function as complementary parts of an overall continuum of responses to homelessness. In fact, most of the organizations or agencies that operate the programs in the study see enough value in the other kind of program that their agency also operates a program of that model as well: 70 percent of the transitional housing programs in the study were operated by agencies that also operated permanent supportive housing programs, and 61 percent of permanent supportive housing programs were operated by agencies that also operated transitional housing programs.

37. Programs in the study that are operated by agencies that also offer the complementary program type

	Transitional housing programs		Permanent supportive housing programs		All programs in study sample	
	N	%	N	%	N	%
Programs in agencies that offer both models	16	70%	17	61%	33	65%
Programs in agencies that do not offer both models	7	30%	11	39%	18	35%
Total number of programs in study sample	23	100%	28	100%	51	100%

Source: Survey of programs. Totals may not match the sum of individual lines due to rounding.

Both types of housing have existed for more than two decades in Minnesota but have often struggled to obtain and maintain the level of resources necessary to achieve their purposes. This is true not only because of the relatively large number of people who

constitute Minnesota's overall homeless population (more than 14,000 each day according to Wilder Research's most recent statewide estimate¹²), but also because of the level of effort necessary to deliver services at the intense level necessary to help some of those experiencing homelessness achieve the goal of obtaining and maintaining some form of permanent housing. In recent years, new funding has gone almost exclusively to permanent supportive housing.

With our funding partners and advisors, Wilder Research undertook this study in order to look more deeply at the characteristics of the programs and the populations they serve, the alignment between participant needs and program services, the outcomes achieved by participants over time, and lessons that can be gained from a close examination of what service configurations and program models appear to work best for the wide range of participants served.

Conclusions specific to the individual program types – transitional housing and permanent supportive housing – are contained in their respective chapters and are not repeated here. This section contains overall observations about how the two models relate to each other in the overall supportive housing continuum. Findings for specific populations (such as families or youth) or other sub-categories of program types (such as rural programs) will be published in separate reports.

Results

The study results are summarized below, organized by the primary study questions.

What are the characteristics of the two types of housing programs (transitional and permanent supportive) in terms of goals, services, characteristics, and expectations of residents, length of stay, and program intensity?

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

A basic and defining difference between the two program types is the fact that transitional housing is intended to be time-limited, often thought of as a stepping stone or launch platform to more permanent housing following exit; while permanent supportive housing, by definition, is intended to have no specific time limits and thus available to participants for as long as they may need this level of service (although, some permanent supportive

¹² Wilder Research. (2013.) Homelessness in Minnesota: Findings from the 2012 statewide homeless study. Posted at <http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20Study/Homelessness%20in%20Minnesota%20-%20Findings%20from%20the%202012%20Statewide%20Homeless%20Study.pdf>

providers clearly expect that the intensity of services will likely diminish after the first few months). However, in large measure, both transitional and permanent supportive housing program providers agree on what constitutes a successful exit, with three-quarters of providers in both settings agreeing that “maintaining or finding new stable housing” is a critical element 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. Overall, among all program types, 4 out of 5 providers report that they spend a significant part of their efforts attending to their residents’ basic needs (besides housing).

With regard to services provided, study findings show that services are for the most part clearly aligned with program goals. Not unexpectedly, programs differ most in three service areas: transportation help, employment help/support, and mental health services. Seven in ten transitional housing programs (70%) compared to less than half of permanent supportive housing programs (46%) report that virtually all residents received transportation help. Almost two-thirds of transitional housing programs (65%) report that virtually all residents received some form of employment help and support in the past year compared to about one-third of permanent supportive housing programs (32%). Transitional programs are also more likely than permanent supportive housing programs to require residents to have a job or be looking for one. It follows that residents in transitional housing programs would be more likely to receive employment help and support, and that transitional housing programs would generally use eligibility criteria that would allow them to focus on residents with fewer barriers to self-sufficiency. Mental health services is the only service type that is significantly more widely available to residents of permanent supportive housing (43% versus 30% of programs report that virtually all residents receive it).

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

Since transitional housing programs have time limits and permanent supportive programs do not, this is an area where program differences might be expected to be crystal clear. They are not. While 96 percent of all transitional housing programs report specific time limits, seven in 10 also report that they sometimes make exceptions to the time limits, although in practice that does not occur often. And despite the fact that rules governing most transitional housing programs allow residents to stay in programs for up to two years, almost half of all transitional housing program residents exit within one year (47% report that the average length of stay for residents who exit successfully is less than 12 months). Perhaps surprisingly, almost two-fifths of permanent supportive housing programs (39%) report that the average length of stay for a resident who successfully exits is less than two years.

Transitional housing providers have more demanding expectations of residents

With regard to the expectations that programs place on residents, transitional housing programs are more likely to have rules or requirements in place, particularly in terms of a resident's day-to-day activities. Seven in ten transitional housing programs (70%) require residents to participate daily in some kind of activity compared to just 14 percent of permanent supportive housing programs. Likewise, as suggested by the service offerings described above, about two-thirds of transitional housing programs (65%) require residents to have a job or be looking for one, compared to 24 percent of permanent supportive housing programs.

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

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

With regard to staffing, transitional housing programs generally report lower caseloads than do permanent supportive housing programs, along with a wider range of hours

during which staff are available to residents. And while nearly all (96%) of transitional housing programs report that participants 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 housing programs seem to be somewhat more intensive than permanent supportive housing programs.

Does each program type serve a distinct population? Is there substantial overlap in the characteristics of the two program types?

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

Study results show that permanent supportive program providers are more likely than transitional housing program providers to report that they serve residents with more specialized needs. Related to this, permanent supportive housing programs are more likely to require that residents have a diagnosis of a severe or persistent mental illness (SPMI) than transitional housing programs (32% compared to 4%). And while a small number of transitional housing programs say that they are unable to accept residents with such a diagnosis, all permanent supportive programs accept such residents.

One important difference is the fact that transitional housing programs require a greater level of program participation than do permanent supportive programs. Not surprisingly, 91 percent of transitional housing programs compared to 50 percent of permanent supportive programs require that residents be able to develop and carry out a housing plan. Correspondingly, permanent supportive housing programs are more likely to accept residents who have more barriers to self-sufficiency. For example, seven in 10 permanent supportive housing programs compared to half of the transitional housing 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 supportive housing programs compared to 43 percent of the transitional housing 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. At the same time, transitional housing programs, which offer a time-limited amount of help, serve 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 above show that while there are key differences between the two program types, there is also a reasonable alignment

with the needs of the residents they seek 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 housing 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 of the study participants served by permanent supportive housing programs are men compared to only 17 percent of those in transitional housing programs. Transitional programs also tend to serve more young people age 24 and younger than permanent supportive housing programs (25% of participants versus 13%) and permanent supportive housing programs tend to serve more people 55 and older (11% of participants versus 3%). The majority of people served in both program types are between the ages of 25 and 54 (71% of transitional participants and 76% of permanent supportive participants).

Transitional programs serve a slightly higher percentage of African Americans and a larger percentage of individuals or couples with children

Racial differences are not large, but transitional housing programs are slightly more likely than permanent supportive housing programs to serve African Americans (45% of participants versus 40%, not statistically different). Permanent supportive programs serve more single males without children (46% versus 16%), while transitional housing programs serve more single females with children (47% versus 26%). Individuals or couples with children make up about 51% of all household heads in transitional housing compared to 31% of all household heads in permanent supportive housing.

Permanent supportive housing residents are more likely to reflect disabilities of long duration as part of their program records; however, records suggest that the incidence of mental health problems is high in both transitional and permanent supportive housing programs

HMIS records indicate that permanent supportive housing residents are more likely than transitional housing residents to have one or more disability of long duration (89% versus 68%). Mental health problems are most commonly reflected in these records (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% in transitional

housing versus 35% in permanent supportive housing), 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, a higher percentage live in permanent supportive programs (8% versus 1%).

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

Nearly one-half of permanent supportive housing programs (46%) compared to 4 percent of transitional housing programs require that residents be chronically homeless. While many transitional housing residents have experienced multiple episodes of homelessness, they are less likely to meet the specific standards in the federal definition (homeless one year or longer or four or more episodes of homelessness over a three-year period). In general, transitional housing programs are more likely than permanent supportive programs to serve residents who have been homeless only once and for less than one year prior to program entry (41% versus 17%).

Veterans make up only 6 percent of the supportive housing population and a higher percentage are in permanent supportive housing

While veterans account for only 6 percent of all study participants, a higher percentage are served in permanent supportive programs rather than transitional housing programs (10% of participants versus 2%).

Transitional housing programs are much more likely to serve those who have experienced domestic violence

Nearly half (47%) of those served in transitional housing programs have experienced domestic violence compared to about one-quarter (23%) of those served in permanent supportive programs.

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

According to state employment records, about one-quarter (24%) 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%). The average total quarterly wages of those employed prior to entry was also slightly higher for transitional housing residents than for permanent supportive housing residents (\$1,875 versus \$1,733).

Residents of transitional housing programs have typically achieved higher educational levels, and few residents in either program type have difficulty reading or writing English

Over half (53%) of all transitional housing residents had at least some college compared to 40 percent of those in permanent supportive programs. Consistent with this, 11 percent of permanent supportive housing residents compared to 4 percent of transitional housing residents report difficulties reading or writing English. (This may be an over-representation of the literacy rates in the overall supportive housing population due to the paperwork required to enroll in the study.)

About three in 10 study participants have had one or more felony convictions

Overall, felony convictions were reported by 26 percent of transitional housing participants and 31 percent of permanent supportive housing participants.

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 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. In addition, a slightly larger percentage of the permanent supportive housing residents exited to institutional settings such as foster care, hospitals, or treatment programs (11% versus 6%).

Homelessness reoccurs for some residents in both program types but the majority of exiters from both program types are stably housed at the time of exit

According to HMIS records at the time of exit, a similar percentage of those exiting both types of programs became homeless again at the time of exit (16% of transitional versus 12% of permanent). However, over the full course of the study, examining all available records including participants' responses to survey questions, there is evidence of a reoccurrence

of homelessness for 44 percent of transitional housing residents compared to 27 percent of permanent supportive housing residents.

Looking just at those who exited during the study period, roughly half from both kinds of programs had at least one new episode of homeless after exit (45% of those who exited transitional housing and 49% of those who exited permanent supportive housing). It should be noted, however, that the lengths of these episodes of homelessness varied significantly and included a number of relatively brief episodes of homelessness. Not only did over three-quarters of those who exited go into housing considered permanent. In addition, in the last interview, 71 percent of all transitional housing participants and 75 percent of all 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.

Income and employment

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

While many study participants had exited their programs by the time of the final follow-up interview, 70 percent of those in transitional housing 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. Qualitative feedback from respondents shows that much of this 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 percent 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. Of those with jobs, the median quarterly wages were \$3,142 for transitional housing residents and \$2,806 for permanent housing residents, or approximately \$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: In one case, a few individuals who achieve significantly higher wages can raise the mean (arithmetic average). In the other case, 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).

Transitional housing programs place greater emphasis on employment and are more likely to show gains for some participants

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

When statistical controls are used to test for differences in outcomes that might have more to do with participants' background characteristics than the effectiveness of the programs themselves, only prior employment history appears to differentially affect program outcomes in the two program types

Among the characteristics of study participants that would be most likely affected by program selection criteria (transitional or permanent supportive programs using different selection criteria to favor the admission of one type of participant over another), the following characteristics were tested to see if they might contribute to different types of outcomes within the two types of programs:

- The presence of a long-term disability

- A history of domestic violence victimization
- Low education level
- Employment status at entry
- Length of homelessness prior to entry
- Having both a mental health and chemical health diagnosis

For all of the outcomes tested in these controls, only one of these participant characteristics was found to affect the relative effectiveness of the two models of programs. That is prior employment history. Participants who were not employed in the quarter during which they entered the program were significantly more likely to have employment in the quarter 12 months after their program exit if they had been in a transitional housing program rather than in a permanent supportive housing program. No other characteristics of participants were found to be associated with significantly different outcomes depending on the type of housing.

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 participants to consent to random drug testing
- Program model that does not provide mental health care to virtually all residents

Most of these transitional housing program characteristics likely reflect selection criteria that prioritize residents who are not considered to need the respective rules or services. It is likely that these same resident characteristics also increase the likelihood of successful employment within the time period of the study.

Within permanent supportive housing programs, the list was not only longer but also different. The four features most strongly associated with better employment outcomes in permanent supportive housing were:

- Provision of employment help or support “virtually all” residents
- Program rules requiring daily structured activity (such as a job, school, or volunteering)
- Eligibility criteria that screen out people who are active substance users

Safety

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

In their final follow-up interview, transitional housing residents and leavers were more likely to report “never” being hurt or threatened in preceding months than were those who were residents or exiters of permanent supportive programs (86% versus 74%). This is an important result, since HMIS records show that 47 percent of transitional residents and 23 percent of permanent supportive residents were survivors of domestic violence.

About 1 in 7 participants had new criminal convictions

Using state records from the Bureau of Criminal Apprehension, study results show that 11 percent of transitional housing residents and 17 percent of permanent supportive housing residents had one or more convictions based on an arrest after entry. The slightly higher percentage in permanent supportive housing is largely explained by the longer time period since permanent supportive housing residents had entered their programs.

Health

Health care coverage for the population 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 report that they had health care coverage. For the vast majority (95%) this was from a public insurance program. Health care coverage was not different for exiters than for study participants and not different between the two program types.

Emergency room use was marginally higher among those who left permanent supportive housing compared to those who remained in permanent supportive housing

At the time of the final follow-up interview, about one-third of study participants reported having used the emergency room during the previous six months. The median number of uses during this half year was one per participant. Compared to those who remained in

permanent supportive program programs, slightly more permanent supportive housing leavers reported ER use after exit (40% versus 33%). The likelihood of ER use was the same for those who exited transitional housing programs as for the very small number who still remained in the program at the time of the last interview.

Overall, mental health status improved for program participants, and transitional housing participants were somewhat more likely to report mental health improvements

In the final follow-up interview, about half of all participants reported that their mental health status had improved since they entered the program. While the proportion reporting improvement was not significantly higher for transitional housing participants (57% transitional housing versus 49% permanent supportive housing), the difference was significant for those reporting that their mental health was “a lot better” (48% transitional housing versus 31% permanent supportive housing). 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.”

Access to mainstream benefits

SNAP (food stamps) is the most common of mainstream benefits

Minnesota's plans to end homelessness place high importance on helping homeless people gain access to mainstream benefits. The Supplemental Nutrition Assistance Program (or SNAP, previously known as food stamps) is the most common, reported by 68 percent of transitional housing exiters and 56 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 housing. Overall, at the conclusion of the study, about 4 in 10 study participants were receiving at least one state administered benefit other than SNAP. There was no significant difference based on type of supportive housing.

No program features were found to be associated with higher rates of SSI or SSDI receipt, but some were found to be associated with lower rates

Within transitional housing programs, the following program features were found to be significantly associated with fewer participants receiving SSI or SSDI at the time of the final interview:

- Provision of services specifically for parents to at least one-third of residents
- Provision of education help or support to at least one-third of residents

This suggests that programs with a significant proportion of parents, and of residents who are felt to be good candidates to improve their education, are unlikely to place high proportions of their residents in programs for people with long-term disabilities.

Within permanent supportive housing programs, a large number of program features were associated with lower rates of SSI or SSDI receipt. These included:

- Programs providing at least one-third of residents with the following services:
Computers that residents can use; domestic violence related services; other legal help; social support; alcohol/drug abuse treatment; employment help or support; housing related services; life skills other than financial education; health/medical care; education help or support; recreational or social outings
- Rules that require consent for random drug testing

This pattern of results may be interpreted as showing that programs with a high proportion of residents who qualify for long-term disability benefits are less likely to provide high proportions of their residents with services intended to increase their self-sufficiency.

Education

While still in supportive housing, nearly one in five participants enrolled in an educational program

Over the course of the study, 18 percent of all study participants had enrolled in an educational program and there was no significant difference between program types. Following exit, those in transitional housing programs were significantly more likely to be enrolled in an educational program compared to those who had exited from permanent supportive housing (27% versus 4%). Some of this difference, however, may reflect the earlier exits of transitional housing participants, giving them more time to enroll after exit.

Child well-being

Among study participants with preschool-age children, over half had a child who was enrolled in some type of preschool or child care program

Among the 38 study participants with preschool age children, 55 percent reported that their child had spent time in a preschool or child care program during the two weeks just before the final study interview. The proportion attending were not different based on exit status or program type.

A majority of parents report that school-age children had remained in the same school throughout their time in the housing program

The study found that 78 percent of parents of school-age children reported that their child had remained in the same school throughout their time in the housing program. Although transitional housing parents reported a slightly higher level of stability, there was no statistical difference in this measure between the two program types. However, permanent supportive parents who had exited were less likely to report that their children had remained in the same school settings following exit (54% of exiters from permanent supportive housing, compared to 85% of exiters from transitional housing programs).

Changes in knowledge, skills, and attitudes

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

Roughly one-third of all supportive housing participants report that they are “a lot better” at budgeting money than they were at the time they entered the program. This is true for participants in both program types. With regard to social support, 73 percent of transitional housing residents compared to 60 percent of permanent supportive housing residents report that they now have someone to count on for small, immediate forms of help. Transitional housing residents are significantly more likely to report that they are more hopeful about the future than are permanent supportive housing residents (52% versus 36%) and are somewhat more likely to report that they are now doing better at “succeeding in ways that matter to you” (41% versus 34%) 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:

Most programs, you learn something or you fail there, and then they kick you out. [My program] just stuck with me. They continued to offer services to me, as opposed to terminations. Everything else that [my program] offers is stuff that has been done before, but you get to that point where there is the opportunity for failure, and the service ends. That didn't happen here. – Permanent supportive housing participant

It helped me to become the person I used to be. It helped me discover me again. I got myself back. – Transitional housing participant

They helped me move from a place of shame to self-empowerment – Transitional housing participant

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. – Transitional housing participant

It has been a blessing to not be homeless and to be helped to achieve things I thought I would never achieve in life. – Permanent supportive housing participant

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 at best.

Individuals experiencing chronic homelessness (using HUD's definition) are probably best served in permanent supportive housing. The characteristics of 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 somewhat 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 this is what has 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 at some time over the course of the study.

Among transitional housing participants who exited (all but 10 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, homelessness was more likely to reoccur among African Americans and 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 reoccurrence. Those who exited to some form of subsidized housing were less likely to be homeless again than those without subsidies.

Minnesota may benefit from more consistent and coordinated assessment of those seeking to secure housing in a transitional or permanent supportive housing program. 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.

Appendix

A. Transitional housing: Program characteristics by program type

Components of transitional housing programs' definitions of successful exit

Figure A1 below supplements Figure 4 on page 15.

A1. Transitional housing programs: Components of definitions of successful exit, by program type

<i>Open-ended responses, coded into themes</i>	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Maintaining or finding new stable housing	3	43%	3	75%	11	92%	17	74%
Increased income/found employment	4	57%	3	75%	6	50%	13	57%
Followed program procedures at exit ^a	3	43%	2	50%	3	25%	8	35%
Able to live independently (possesses necessary knowledge to live independently, connected to the community, continuing education)	2	29%	0	0%	4	33%	6	26%
Stabilized mental and/or chemical health, sober at exit	0	0%	2	50%	1	8%	3	13%
Has housing and life plan at exit	1	14%	0	0%	0	8%	1	4%

^a "Followed program procedures" includes the following variables: participant has completed programming/participant has been stable in the program for an appropriate length of time, participant has worked on his or her goal plan/participant has accomplished his or her goals, participant gives adequate notice of exit/participant follows program procedure for exit, participant makes decision to leave/participant was not evicted or asked to leave.

Types of services received by “virtually all” transitional housing program residents

Figure A2 below supplements Figure 5 on page 17.

A2. Transitional housing programs: Services that “virtually all” participants received in the past year, by program type	Family programs (N=7)		Individual programs (N=1-4)		Mixed programs (N=11-12)		Total Transitional (N=19-23)	
Housing-related services (tenant education, help to find housing in the community, help to mediate with a landlord)	7	100%	4	100%	12	100%	23	100%
Basic needs assistance (food or meals, clothing or household goods, emergency financial assistance)	5	71%	3	75%	12	100%	20	87%
Other life skills (nutrition, time management, housekeeping)	5	71%	3	75%	8	67%	16	70%
Transportation help (rides, money for gas/transit, help to get/maintain a car or get a license, proximity to transit)	4	57%	4	100%	8	67%	16	70%
Financial education (help with or classes on budgeting or money management, help to save money or to pay bills/restore credit)	6	86%	2	50%	7	58%	15	65%
Employment help/support (career advice, job search help, skills training, on-site employment opportunities)	4	57%	2	50%	9	75%	15	65%
Social support within program (non-therapeutic support groups, opportunities for residents to build social connections)	3	43%	3	75%	7	58%	13	57%
Education help/support (help to access GED/other classes/school/college, tutoring, help to access financial aid for school)	4	57%	0	0%	6	50%	10	43%
Computers that residents can access	3	43%	2	50%	3	25%	8	35%
Mental health services (treatment, recovery or maintenance support, behavioral health care)	1	14%	2	50%	4	33%	7	30%
Health and medical care other than mental/chemical (general health care, help to get or take medications, dental care)	1	14%	2	50%	4	33%	7	30%
Services specifically for children (child care or help to access it, mentors, out-of-school-time programming, physical/mental/chemical health care for children)	3	43%	0	0%	3	27%	6	32%
Recreational or social outings or other ways to help residents build links outside the program	2	29%	1	25%	2	17%	5	22%
Service specifically for parents (parenting education, reunification support, help for families to	4	57%	0	0%	1	9%	5	26%

	Family programs (N=7)		Individual programs (N=1-4)		Mixed programs (N=11-12)		Total Transitional (N=19-23)	
spend time together)								
Alcohol and/or drug abuse treatment/care (treatment, recovery/maintenance support)	0	0%	1	25%	3	25%	4	17%
Help with legal issues other than domestic violence	1	14%	1	25%	1	8%	3	13%
Domestic violence related services	1	14%	1	25%	0	0%	2	9%

Source: Interviews with service providers, March through May 2013.

Note: Service categories are not exclusive; respondents were able to respond with “virtually all participants received this service in the past year” for each service category, if applicable. Percentage totals will not equal 100.

Program expectations of residents (transitional housing)

Figures A3 and A4 below supplement Figure 7 on page 20.

A3. Transitional housing program expectations, by program type

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Must participate in a service, treatment, and/or housing plan ^a	7	100%	4	100%	12	100%	23	100%
Allowed to have visitors in their housing	6	86%	3	75%	10	83%	19	83%
Neither drugs nor alcohol use allowed on premises	6	86%	4	100%	8	67%	18	78%
A limit on how long visitors can stay ^b	5	83%	3	100%	6	60%	14	74%
A limit on how frequently a participant may have visitors ^b	2	33%	0	0%	3	30%	5	26%
Must participate daily in some kind of activity, such as work, school, or volunteering	6	86%	4	100%	6	50%	16	70%
Must have a job or be looking for one	5	71%	1	25%	9	75%	15	65%
Participant manages his/her own money ^a	6	86%	2	50%	7	58%	15	65%
Required to consent to random drug testing	4	57%	3	75%	4	33%	11	48%
Must save a set percentage of his/her income ^a	2	29%	2	50%	3	25%	7	30%
Required to check in and out when leaving their housing for work, errands, or other daily tasks	1	14%	3	75%	1	8%	5	22%

^a Response options included “Required for all participants,” “Required for some but not all participants,” and “Not required for any participants.” “Required for all participants” and “Required for some but not all participants” were recoded as “Yes.”

^b Four transitional housing programs (17%) did not allow participants to have visitors. Percentages were calculated using the total of number of programs that allowed participants to have visitors (19 programs).

A4. Transitional housing: Number of programs with specific program rules, by program type

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Against verbal abuse of other participants or staff	7	100%	4	100%	12	100%	23	100%
Against physical abuse or violence against other participants or staff	7	100%	4	100%	12	100%	23	100%
Against non-compliance with service requirements or lack of interest in participating in program	7	100%	4	100%	12	100%	23	100%
Against nonpayment of required fees or rent	7	100%	4	100%	9	75%	20	87%
Against use of illegal substances								
On program premises	7	100%	4	100%	9	75%	20	87%
Off program premises	4	57%	1	25%	7	58%	12	52%
Against damage or destruction of property in own unit or building	6	86%	4	100%	9	75%	19	83%
Against use of alcohol								
On program premises	6	86%	4	100%	8	67%	18	78%
Off program premises	0	0%	1	25%	4	33%	5	22%
Against both drug and alcohol use on premises	6	86%	4	100%	8	67%	18	78%
Against illegal or criminal activity, other than drug use								
On program premises	6	86%	4	100%	8	67%	18	78%
Off program premises	4	57%	0	0%	6	50%	10	43%
Against unauthorized absences from the program	6	86%	3	75%	8	67%	17	74%
Against harmful or violent behavior toward self	3	43%	2	50%	4	33%	9	39%

Client eligibility criteria (transitional housing)

Figure A5 below supplements Figure 11 on page 23.

A5. Transitional housing: Clientele eligibility criteria, by program type									
	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)		
Long-term homeless, by any definition									
Required	1	14%	0	0%	0	0%	1	4%	
Acceptable	6	86%	4	100%	12	100%	22	96%	
Unacceptable	--	--	--	--	--	--	--	--	
Diagnosis of severe or persistent mental illness									
Required	0	0%	1	25%	0	0%	1	4%	
Acceptable	4	57%	3	75%	12	100%	19	83%	
Unacceptable	3	43%	0	0%	0	0%	3	13%	
A history that includes violence against or abuse of children or adults									
Required	--	--	--	--	--	--	--	--	
Acceptable	1	14%	4	100%	7	58%	12	52%	
Unacceptable	6	86%	0	0%	5	42%	11	48%	
Active substance abuser									
Required	--	--	--	--	--	--	--	--	
Acceptable	3	43%	1	25%	6	50%	10	43%	
Unacceptable	4	57%	3	75%	6	50%	13	57%	
Participant resides in the city, county, or region where the program is located									
Required	1	14%	2	50%	6	50%	9	39%	
Acceptable	6	86%	2	50%	6	50%	14	61%	
Unacceptable	--	--	--	--	--	--	--	--	
Has HIV or AIDS									
Required	--	--	--	--	--	--	--	--	
Acceptable	7	100%	4	100%	12	100%	23	100%	
Unacceptable	--	--	--	--	--	--	--	--	
Has a physical disability requiring accommodation, like wheelchairs, ramps, or sign language interpretation									
Required	1	14%	0	0%	0	0%	1	4%	
Acceptable	4	57%	3	75%	11	92%	18	78%	
Unacceptable	2	29%	1	25%	1	8%	4	17%	

	Family programs (N=7)		Individual programs (N=4)		Mixed programs (N=12)		Total Transitional (N=23)	
Has a mental or cognitive disability								
Required	--	--	--	--	--	--	--	--
Acceptable	6	86%	4	100%	10	83%	20	87%
Unacceptable	1	14%	0	0%	2	17%	3	13%
Has been the victim of domestic or sexual violence								
Required	--	--	--	--	--	--	--	--
Acceptable	7	100%	4	100%	12	100%	23	100%
Unacceptable	--	--	--	--	--	--	--	--
Is a recovering substance abuser								
Required	0	0%	0	0%	1	8%	1	4%
Acceptable	7	100%	4	100%	11	92%	22	96%
Unacceptable	--	--	--	--	--	--	--	--
Is clean and sober								
Required	1	14%	0	0%	3	25%	4	17%
Acceptable	6	86%	4	100%	9	75%	19	83%
Unacceptable	--	--	--	--	--	--	--	--
Able to participate in developing and carrying out a housing plan^a								
Required	7	100%	3	75%	11	92%	21	91%
Not Required	0	0%	1	25%	1	8%	2	9%
Unacceptable	--	--	--	--	--	--	--	--
Referred from a particular source^a								
Required	1	14%	1	25%	2	17%	4	17%
Acceptable	6	86%	3	75%	10	83%	19	83%
Unacceptable	--	--	--	--	--	--	--	--
Speak English^a								
Required	1	14%	0	0%	0	0%	1	4%
Acceptable	6	86%	4	100%	12	100%	22	96%
Unacceptable	--	--	--	--	--	--	--	--

^a Response options were "Yes" and "No." "Yes" responses were recoded as "Required" and "No" responses were recoded as "Acceptable."

B. Transitional housing: Participant characteristics, by program type

Figures A6 through A18 below supplement information on pages 29-31.

A6. Transitional housing: Average stay in program as of the start of the study (1/1/2010)

	Families n=96	Individuals n=78	Total Transitional N=174
Mean	9 months	6 months	8 months
Median	7 months	6 months	6 months

* 95 transitional housing study participants entered their programs between 1/1/2010 and 9/30/2010. On average (both mean and median), they entered their programs from 3 to 3½ months after the study start.

A7. Transitional housing: Distribution of participants by program's population type

Program's service population	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Individuals only programs	-	-	63	49%	63	23%
Families only programs	72	51%	6*	5%	78	29%
Mixed individuals and families	62	44%	36	28%	98	36%
Youth programs	7	5%	23	18%	30	11%
Total	141	100%	128	100%	269	100%

* These participants were coded as "individuals" based on HMIS data at the time of recruitment; however, study records show they were actually being served in programs for people with children.

A8. Transitional housing: Gender of participants

	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Male	4	3%	41	33%	45	17%
Female	137	97%	83	67%	220	83%
Transgender	-	-	-	-	-	-
Total	141	100%	124	100%	265	100%

Note: This table is based on data from HMIS.

A9. Transitional housing: Age of participants

	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Age 24 and younger	39	28%	28	23%	67	25%
Age 25-54	101	72%	88	71%	189	71%
Age 55+	1	<1%	8	7%	9	3%
Total	141	100%	124	100%	265	100%

Note: This table is based on data from HMIS.

A10. Transitional housing: Primary race of participants

	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Black or African American	65	46%	54	44%	119	45%
American Indian or Native American	7	5%	4	3%	11	4%
Asian	4	3%	1	<1%	5	2%
Native Hawaiian or Pacific Islander	-	-	1	<1%	1	<1%
White or Caucasian	59	42%	59	48%	118	45%
Multi-racial	5	4%	5	4%	10	4%
Other	1	<1%	-	-	1	<1%
Total	141	100%	124	100%	265	100%

Note: This table is based on data from HMIS.

A11. Ethnicity of participants

	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Hispanic/Latino	11	8%	7	6%	18	7%
Non-Hispanic/Latino	130	92%	117	94%	247	93%
Total	141	100%	124	100%	265	100%

Note: This table is based on data from HMIS.

A12. Transitional housing: Household composition of participants

	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Single male without children	-	-	41	33%	41	16%
Single female without children	-	-	83	67%	83	31%
Couple with no children	-	-	-	-	-	-
Single male with children	2	1%	-	-	2	<1%
Single female with children	124	88%	-	-	124	47%
Couple with children	10	7%	-	-	10	4%
Other	5	4%	-	-	5	2%
Total	141	100%	124	100%	265	100%

Note: This table is based on data from HMIS.

A13. Transitional housing: Disabilities of participants

Does participant have any disabilities?	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Participant has long-duration disability	83	59%	95	79%	178	68%
Participant does not have disability	57	41%	26	22%	83	32%
Total	140	100%	121	100%	261	100%
Disability type						
Mental health problem	62	77%	76	82%	138	79%
Dual diagnosis	33	41%	52	56%	85	49%
Drug abuse	39	48%	46	50%	85	49%
Alcohol abuse	25	31%	44	47%	69	40%
Both alcohol and drug abuse	18	22%	24	26%	42	24%
Physical/medical	4	5%	20	22%	24	14%
Developmental	5	6%	6	7%	11	6%
Physical	5	6%	3	3%	8	5%
Traumatic brain injury	2	3%	7	8%	9	5%
Chronic health condition	2	3%	2	2%	4	2%
Vision impaired	-	-	4	4%	4	2%
HIV/AIDS	2	3%	-	-	2	1%
Hearing impairment	-	-	1	1%	1	<1%
Other	-	-	-	-	-	-

Note: This table is based on data from HMIS.

A14. Transitional housing: Extent of participants' homelessness at program entry

Extent of homelessness using the Minnesota definition	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Homeless for the first time and less than one year	62	44%	49	38%	111	41%
Chronic homeless: Homeless at least one year or at least four times in past three years	32	23%	34	27%	66	25%
Multiple times homeless but not meeting chronic homeless definition	43	31%	35	27%	78	29%
Not homeless at time of entry	4	3%	9	7%	13	5%
Missing data	-	-	1	1%	1	<1%
Total	141	100%	128	100%	269	100%

Note: This table is based on data from HMIS.

A15. Transitional housing: U.S. military veteran status and domestic violence survivor status

Ever served on active duty in the U.S. Armed Forces?	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Yes	-	-	6	5%	6	2%
No	140	100%	115	95%	255	98%
Total	140	100%	121	100%	261	100%
Domestic abuse victim or survivor?						
Yes	92	65%	35	27%	127	47%
No	46	33%	75	59%	121	45%
Missing	3	2%	18	14%	21	8%
Total	141	100%	128	100%	269	100%

Note: This table is based on data from HMIS.

A16. Transitional housing: Employment in the three months prior to program entry

Was participant employed in three months prior to program entry?	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Yes	40	31%	28	24%	68	28%
No	89	69%	89	76%	178	72%
Total with DEED records	129	100%	117	100%	246	100%
Number of participants not found in DEED record search	12		7		19	
For only those participants employed in three months prior to program entry:						
Average wage	\$1,892		\$1,849		\$1,875	
Median wage	\$1,149		\$1,705		\$1,519	

Note: This table is based on data from DEED.

A17. Transitional housing: Education level of participants

Education level	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
8 th grade or less	-	-	2	2%	2	1%
Some high school but did not graduate	8	8%	10	10%	18	9%
High school diploma or GED	32	31%	41	42%	73	36%
Some college	44	42%	21	22%	65	32%
At least a two-year college degree	20	19%	23	24%	43	21%
Total	104	100%	97	100%	201	100%
Difficulties reading and writing English						
Has difficulties reading and writing	2	2%	6	6%	8	4%
No difficulties reading and writing	102	98%	91	94%	193	96%
Total	104	100%	97	100%	201	100%

Note: This table is based on data from the Six Month Follow-up Interview. Due to random sampling of program participants, who could have entered the program at any time prior to selection, the above are not necessarily baseline characteristics as of program entry.

A18. Transitional housing: Felony conviction of participants

Has participant ever been convicted of any kind of felony charge?	Families		Individuals		Total Transitional	
	N	%	N	%	N	%
Yes	23	22%	29	30%	52	26%
No	80	78%	68	70%	148	74%
Total	103	100%	97	100%	200	100%

Note: This table is based on data from the Six Month Follow-up Interview.

C. Permanent supportive housing: Program characteristics by program type

Components of permanent supportive housing programs' definitions of successful exit

Figures A19 and A20 below supplement information on pages 58-59.

A19. Permanent supportive housing: Components of programs' definitions of general success in the program

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Maintaining or finding new stable housing	4	80%	5	63%	12	80%	21	75%
Increased income/found employment	2	40%	3	38%	5	33%	10	36%
Followed program procedures at exit ^a	0	0%	3	38%	6	40%	9	32%
Able to live independently (possesses necessary knowledge to live independently, connected to the community, continuing education)	2	40%	3	38%	4	27%	9	32%
Stabilized mental and/or chemical health, sober at exit	0	0%	1	13%	1	7%	2	7%
Has housing and life plan at exit	0	0%	0	0%	0	0%	0	0%
Participant's children have access to community resources	2	40%	0	0%	0	0%	2	7%
Improved health (general)	0	0%	0	0%	1	7%	1	4%
Other life changes or improvements	0	0%	1	13%	0	0%	1	4%

^a "Followed program procedures" includes the following variables: participant has completed programming/participant has been stable in the program for an appropriate length of time, participant has worked on his or her goal plan/participant has accomplished his or her goals, participant gives adequate notice of exit/participant follows program procedure for exit, participant makes decision to leave/participant was not evicted or asked to leave.

A20. Permanent supportive housing: Components of programs' definitions of a successful exit from the program

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Maintaining or finding new stable housing	3	60%	3	38%	8	53%	14	50%
Increased income/found employment	3	60%	2	25%	4	27%	9	32%
Followed program procedures at exit ^a	2	40%	3	38%	10	67%	15	54%
Able to live independently (possesses necessary knowledge to live independently, connected to the community, continuing education)	2	40%	3	38%	3	20%	8	29%
Stabilized mental and/or chemical health, sober at exit	0	0%	0	0%	1	7%	1	4%
Has housing and life plan at exit	1	20%	0	0%	1	7%	2	7%
Participant's children have access to community resources	1	20%	0	0%	0	0%	1	4%
Improved health (general)	0	0%	0	0%	0	0%	0	0%
Other life changes or improvements	0	0%	0	0%	0	0%	0	0%

^a "Followed program procedures" includes the following variables: participant has completed programming/participant has been stable in the program for an appropriate length of time, participant has worked on his or her goal plan/participant has accomplished his or her goals, participant gives adequate notice of exit/participant follows program procedure for exit, participant makes decision to leave/participant was not evicted or asked to leave.

Types of services received by “virtually all” permanent supportive housing program residents

Figure A21 below supplements Figure 21 on page 60.

A21. Permanent supportive housing: Program services that “virtually all” participants received in the past year, by program type

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Housing-related services (tenant education, help to find housing in the community, help to mediate with a landlord)	4	80%	4	50%	14	93%	22	79%
Basic needs assistance (food or meals, clothing or household goods, emergency financial assistance)	4	80%	6	75%	12	80%	22	79%
Other life skills (nutrition, time management, housekeeping)	5	100%	4	50%	10	67%	19	68%
Transportation help (rides, money for gas/transit, help to get/maintain a car or get a license, proximity to transit)	2	40%	4	50%	7	47%	13	46%
Financial education (help with or classes on budgeting or money management, help to save money or to pay bills/restore credit)	4	80%	5	63%	8	53%	17	61%
Employment help/support (career advice, job search help, skills training, on-site employment opportunities)	2	40%	2	25%	5	33%	9	32%
Social support within program (non-therapeutic support groups, opportunities for residents to build social connections)	4	80%	3	38%	5	33%	12	43%
Education help/support (help to access GED/other classes/school/college, tutoring, help to access financial aid for school)	3	60%	3	38%	4	27%	10	36%
Computers that residents can access	2	40%	2	25%	4	27%	8	29%

continued

A21. Permanent supportive housing: Program services that “virtually all” participants received in the past year, by program type (continued)

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Mental health services (treatment, recovery or maintenance support, behavioral health care)	1	20%	3	38%	8	53%	12	43%
Health and medical care other than mental/chemical (general health care, help to get or take medications, dental care)	1	20%	2	25%	3	20%	6	21%
Services specifically for children (child care or help to access it, mentors, out-of-school-time programming, physical/mental/chemical health care for children) ^a	3	60%	0	0%	2	15%	5	24%
Recreational or social outings or other ways to help residents build links outside the program	1	20%	2	25%	2	13%	5	18%
Service specifically for parents (parenting education, reunification support, help for families to spend time together)	3	60%	0	0%	2	15%	5	24%
Alcohol and/or drug abuse treatment/care (treatment, recovery/maintenance support)	0	0%	3	38%	2	13%	5	18%
Help with legal issues other than domestic violence	0	0%	0	0%	2	13%	2	7%
Domestic violence related services	1	20%	0	0%	0	0%	1	4%

Source: Interviews with service providers, March through May 2013.

Note: Service categories are not exclusive; respondents were able to respond with “virtually all participants received this service in the past year” for each service category, if applicable. Percentage totals will not equal 100.

^a When asked about services specifically for children, only 3 programs for individuals responded and only 13 mixed programs responded, resulting in a total of 21 permanent supportive housing programs responding to that question.

Program expectations of residents (permanent supportive housing)

Figures A22 and A23 below supplement Figure 23 on page 62.

A22. Permanent supportive housing: Program expectations, by program type

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Must participate in a service, treatment, and/or housing plan ^a	3	60%	5	63%	13	87%	21	75%
Allowed to have visitors in their housing	5	100%	8	100%	15	100%	28	100%
Neither drugs nor alcohol use allowed on premises	2	40%	4	50%	5	33%	11	39%
A limit on how long visitors can stay	3	60%	7	88%	13	93%	23	85%
A limit on how frequently a participant may have visitors	2	40%	1	13%	5	33%	8	29%
Must participate daily in some kind of activity, such as work, school, or volunteering	1	20%	0	0%	3	20%	4	14%
Must have a job or be looking for one	1	20%	0	0%	5	33%	6	21%
Participant manages his/her own money ^a	3	60%	6	75%	9	64%	18	67%
Required to consent to random drug testing	0	0%	1	13%	4	27%	5	18%
Must save a set percentage of his/her income ^a	0	0%	0	0%	1	7%	1	4%
Required to check in and out when leaving their housing for work, errands, or other daily tasks	5	100%	8	100%	14	93%	27	96%

^a Response options included "Required for all participants," "Required for some but not all participants," and "Not required for any participants." "Required for all participants" and "Required for some but not all participants" were recoded as "Yes."

A23. Permanent supportive housing: Specific program rules, by program type

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=15)		Total Permanent (N=28)	
Against verbal abuse of other participants or staff	3	60%	7	88%	12	80%	22	79%
Against physical abuse or violence against other participants or staff	5	100%	8	100%	14	93%	27	96%
Against non-compliance with service requirements or lack of interest in participating in program	1	20%	3	38%	12	80%	16	57%
Against nonpayment of required fees or rent	4	80%	8	100%	14	93%	26	93%
Against use of illegal substances								
On program premises	4	80%	7	88%	11	73%	22	79%
Off program premises	2	50%	2	25%	8	53%	12	44%
Against damage or destruction of property in own unit or building	3	60%	8	100%	13	87%	24	86%
Against use of alcohol								
On program premises	2	40%	4	50%	5	33%	11	39%
Off program premises	0	0%	1	13%	2	13%	3	11%
Against both drug and alcohol use on premises	2	40%	4	50%	5	33%	11	39%
Against illegal or criminal activity, other than drug use								
On program premises	4	80%	7	88%	12	80%	23	82%
Off program premises	4	80%	3	38%	8	53%	15	54%
Against unauthorized absences from the program	2	40%	2	29%	9	60%	13	48%
Against harmful or violent behavior toward self	1	20%	4	50%	6	40%	11	39%

Client eligibility criteria (permanent supportive housing)

Figure A24 below supplements Figure 27 on page 66.

A24. Permanent Supportive Housing: Clientele eligibility criteria, by program type

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=14-15)		Total Permanent (N=27-28)	
Long-term homeless, by any definition								
Required	5	100%	4	50%	4	27%	13	46%
Acceptable	0	0%	4	50%	11	73%	15	54%
Unacceptable	--	--	--	--	--	--	--	--
Diagnosis of severe or persistent mental illness								
Required	0	0%	2	25%	7	47%	9	32%
Acceptable	5	100%	6	75%	8	53%	19	68%
Unacceptable	--	--	--	--	--	--	--	--
A history that includes violence against or abuse of children or adults								
Required	--	--	--	--	--	--	--	--
Acceptable	2	40%	4	50%	13	93%	19	70%
Unacceptable	3	60%	4	50%	1	7%	8	30%
Active substance abuser								
Required	0	0%	1	13%	0	0%	1	4%
Acceptable	3	60%	4	50%	11	73%	18	64%
Unacceptable	2	40%	3	38%	4	27%	9	32%
Participant resides in the city, county, or region where the program is location								
Required	1	20%	3	38%	4	27%	8	29%
Acceptable	4	80%	5	63%	11	73%	20	71%
Unacceptable	--	--	--	--	--	--	--	--
Has HIV or AIDS								
Required	0	0%	0	0%	1	7%	1	4%
Acceptable	5	100%	8	100%	14	93%	27	96%
Unacceptable	--	--	--	--	--	--	--	--
Has a physical disability requiring accommodation, like wheelchairs,								

	Family programs (N=5)		Individual programs (N=8)		Mixed programs (N=14-15)		Total Permanent (N=27-28)	
ramps, or sign language interpretation								
Required	--	--	--	--	--	--	--	--
Acceptable	4	80%	8	100%	15	100%	27	96%
Unacceptable	1	20%	0	0%	0	0%	1	4%
Has a mental or cognitive disability								
Required	--	--	--	--	--	--	--	--
Acceptable	5	100%	8	100%	15	100%	28	100%
Unacceptable	--	--	--	--	--	--	--	--
Has been the victim of domestic or sexual violence								
Required	1	20%	0	0%	0	0%	1	4%
Acceptable	4	80%	8	100%	15	100%	27	96%
Unacceptable	--	--	--	--	--	--	--	--
Is a recovering substance abuser								
Required	0	0%	0	0%	1	7%	1	4%
Acceptable	5	100%	8	100%	14	93%	27	96%
Unacceptable	--	--	--	--	--	--	--	--
Is clean and sober								
Required	0	0%	2	25%	2	13%	4	14%
Acceptable	5	100%	5	63%	13	87%	23	82%
Unacceptable	0	0%	1	13%	0	0%	1	4%
Able to participate in developing and carrying out a housing plan^a								
Required	3	60%	2	25%	9	60%	14	50%
Not Required	2	40%	6	75%	6	40%	14	50%
Unacceptable	--	--	--	--	--	--	--	--
Referred from a particular source^a								
Required	2	40%	1	13%	3	20%	6	21%
Acceptable	3	60%	7	88%	12	80%	22	79%
Unacceptable	--	--	--	--	--	--	--	--
Speak English^a								
Required	--	--	--	--	--	--	--	--
Acceptable	5	100%	8	100%	15	100%	28	100%
Unacceptable	--	--	--	--	--	--	--	--

^a Response options were "Yes" and "No." "Yes" responses were recoded as "Required" and "No" responses were recoded as "Acceptable."

D. Permanent supportive housing: Participant characteristics by program type

Figures A25 through A37 below supplement information on pages 72-74.

A25. Permanent supportive housing: Average stay in program as of the start of the study (1/1/2010)*

	Families n=89	Individuals n=184	Total Permanent N=273
Mean	21 months	21 months	21 months
Median	17 months	15 months	16 months

* 34 permanent supportive housing study participants entered their programs between 1/1/2010 and 9/30/2010. On average (both mean and median, for both program types), they entered their programs from 3 to 3 ½ months after the study start.

A26. Permanent supportive housing: Distribution of participants by participant's household type and program's target population

Program's service population	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Individuals only programs	5*	5%	125	61%	130	42%
Families only programs	18	18%	-	-	18	6%
Mixed individuals and families	79	77%	74	36%	153	50%
Youth programs	-	-	6	3%	6	2%
Total	102	100%	205	100%	307	100%

* Some participants were recorded as "families" in HMIS records, but were enrolled in individual-only programs.

A27. Permanent supportive housing: Gender of participants

	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Male	13	13%	138	68%	151	50%
Female	89	87%	62	31%	151	50%
Transgender	-	-	2	1%	2	<1%
Total	102	100%	202	100%	304	100%

Note: This table is based on data from HMIS.

A28. Permanent supportive housing: Age of participants

	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Age 24 and younger	25	25%	13	6%	38	13%
Age 25-54	77	76%	155	77%	232	76%
Age 55+	-	-	34	17%	34	11%
Total	102	100%	202	100%	304	100%

Note: This table is based on data from HMIS.

A29. Permanent supportive housing: Primary race of participants

	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Black or African American	48	47%	72	36%	120	40%
American Indian or Native American	11	11%	9	5%	20	7%
Asian	2	2%	-	-	2	1%
Native Hawaiian or Pacific Islander	-	-	1	<1%	1	<1%
White or Caucasian	39	38%	117	58%	156	51%
Multi-racial	2	2%	1	<1%	3	1%
Other	-	-	2	1%	2	<1%
Total	102	100%	202	100%	304	100%

Note: This table is based on data from HMIS.

A30. Permanent supportive housing: Ethnicity of participants

	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Hispanic/Latino	5	5%	7	4%	12	4%
Non-Hispanic/Latino	97	95%	195	97%	292	96%
Total	102	100%	202	100%	304	100%

Note: This table is based on data from HMIS.

A31. Permanent supportive housing: Household composition of participants

	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Single male without children	-	-	138	68%	138	46%
Single female without children	-	-	62	31%	62	21%
Couple with no children	3	3%	-	-	3	1%
Single male with children	7	7%	-	-	7	2%
Single female with children	79	78%	-	-	79	26%
Couple with children	9	9%	-	-	9	3%
Other	3	3%	2	1%	5	2%
Total	101	100%	202	100%	303	100%

Note: This table is based on data from HMIS.

A32. Permanent supportive housing: Disabilities of participants

Does participant have any disabilities?	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Participant has long-duration disability	72	71%	198	98%	270	89%
Participant does not have disability	29	29%	4	2%	33	11%
Total	101	100%	202	100%	303	100%
Disability type						
Mental health problem	53	82%	143	73%	196	75%
Alcohol abuse	19	30%	71	37%	90	35%
Dual diagnosis	20	31%	63	32%	83	32%
Drug abuse	25	39%	40	21%	65	25%
Physical/medical	6	9%	36	18%	42	16%
Both alcohol and drug abuse	15	23%	17	9%	32	13%
Physical	3	5%	22	11%	25	10%
HIV/AIDS	2	3%	18	9%	20	8%
Developmental	1	2%	14	7%	15	6%
Traumatic brain injury	1	2%	9	5%	10	4%
Chronic health condition	-	-	4	2%	4	2%
Vision impaired	-	-	3	2%	3	1%
Hearing impairment	-	-	1	<1%	1	<1%
Other	-	-	2	1%	2	<1%

Note: This table is based on data from HMIS.

A33. Permanent supportive housing: Extent of participants' homelessness at program entry

Extent of homelessness using the Minnesota definition	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Homeless for the first time and less than one year	24	24%	28	14%	52	17%
Chronic homeless: Homeless at least one year or at least four times in past three years	61	60%	138	67%	199	65%
Multiple times homeless but not meeting chronic homeless definition	16	16%	27	13%	43	14%
Not homeless at time of entry	-	-	7	3%	7	2%
Missing data	1	1%	5	3%	6	2%
Total	102	100%	205	100%	307	100%

Note: This table is based on data from HMIS.

A34. Permanent supportive housing: U.S. military veteran status and domestic violence survivor status

Ever served on active duty in the U.S. Armed Forces?	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Yes	2	2%	27	14%	29	10%
No	99	98%	172	86%	271	90%
Total	101	100%	199	100%	300	100%
Domestic abuse victim or survivor?						
Yes	39	38%	31	15%	70	23%
No	48	47%	129	63%	177	58%
Don't know	3	3%	3	2%	6	2%
Missing	12	12%	42	21%	54	18%
Total	102	100%	205	100%	307	100%

Note: This table is based on data from HMIS.

A35. Permanent supportive housing: Employment in the three months prior to program entry

Was participant employed in three months prior to program entry?	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Yes	26	29%	26	15%	52	19%
No	65	72%	153	85%	218	81%
Total with DEED records	91	100%	179	100%	270	100%
Number of participants not found in DEED record search	11		26		37	
For only those participants employed in three months prior to program entry:						
Average wages for the quarter		\$2,095		\$1,370		\$1,733
Median wages for the quarter		\$1,550		\$824		\$1,229

Note: This table is based on data from DEED.

A36. Permanent supportive housing: Education level of participants

Education level	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
8 th grade or less	3	4%	9	5%	12	5%
Some high school but did not graduate	15	19%	13	8%	28	11%
High school diploma or GED	28	35%	81	48%	109	44%
Some college	25	32%	46	27%	71	29%
At least a two-year college degree	8	10%	20	12%	28	11%
Total	79	100%	169	100%	248	100%
Difficulties reading and writing English						
Has difficulties reading and writing	6	8%	20	12%	26	11%
No difficulties reading and writing	73	92%	149	88%	222	90%
Total	79	100%	169	100%	248	100%

Note: This table is based on data from the Six Month Follow-up Interview. Due to random sampling of program participants, who could have entered the program at any time prior to selection, the above are not necessarily baseline characteristics as of program entry.

A37. Permanent supportive housing: Felony conviction of participants

Has participant ever been convicted of any kind of felony charge?	Families		Individuals		Total Permanent	
	N	%	N	%	N	%
Yes	16	20%	59	36%	75	31%
No	63	80%	107	65%	170	69%
Total	79	100%	166	100%	245	100%

Note: This table is based on data from the Six Month Follow-up Interview.

E. Characteristics of participants who experienced homelessness after exiting

The information below supplements information on pages 102-104.

Based on participant follow-up survey information and statewide HMIS records, one-third of all the participants in the study experienced at least one episode of homelessness during the study period. This includes 44 percent of transitional housing participants and 27 percent of permanent supportive housing participants.¹³ Looking only at those who exited during the study, we examined the characteristics of those who re-entered homelessness compared to those who remained successfully housed. The following differences were statistically significant:

- Transitional housing residents who were males were more likely to have new episodes of homelessness after exit (63% compared to 42% for females). There were no differences by gender among permanent supportive housing residents.
- African Americans in permanent supportive housing were less likely to experience a new episode of homelessness (36% compared to 58% for all other permanent supportive housing residents). Recurrence rates in transitional housing were not significantly different by race.
- Transitional housing residents who were 24 or younger were least likely to become homeless again after exit (25% compared to 52% for those age 25 through 54 and 56% for those age 55 or older). There were no significant differences by age in the permanent supportive housing age group.

¹³ This figure counts participants who had not exited (10 transitional housing and 134 permanent supportive housing participants) as not having a new episode. Percentages exclude 7 study participants who were deceased and 29 who could not be tracked in HMIS and did not respond to follow-up interviews.

- Transitional housing residents with disabilities were more likely to become homeless again, compared to those without disabilities (53% compared to 32% for those without disabilities). There were also differences based on overall disability status for permanent supportive housing residents (55% of those with disabilities experienced a new episode of homelessness compared to 24% of those without disabilities).
- Some significant differences were based on specific kinds of disability. Among transitional housing residents, including only disabilities present for at least 10 study participants, new episodes of homelessness were more likely among those with alcohol or drug abuse disorders, mental health problems, or dual diagnoses (mental health problems and drug or alcohol abuse disorder).
- Among permanent supportive housing residents, those with mental health problems or dual diagnoses were more likely to become homeless again.
- Transitional housing residents whose housing after exit was subsidized were less likely to experience new episodes of homelessness.
- In both transitional housing and permanent supportive housing, residents who had new experiences of homelessness had exited after shorter stays in their programs (15 versus 18 months for transitional housing, 31 versus 38 months for permanent supportive housing).

F. Personal and program characteristics that correspond to better outcomes

Figures A40 through A45 below show only differences that are statistically significant between participants who did and did not experience a new episode of homelessness during the study period (January 2010 through December 2012).

A38. Characteristics of participants who did and did not re-enter homelessness after exit

Transitional	N	New episode of homelessness		No evidence of new episode of homelessness		p
		n	%	n	%	
All participants, all transitional housing programs	238	108	45%	130	55%	
Age 24 or under	57	14	25%	43	75%	***
Age 25 – 54	170	88	52%	82	48%	
Age 55+	9	5	56%	4	44%	
Female	196	82	42%	114	58%	*
Male	40	25	63%	15	38%	
Serious, long-term disability	159	84	53%	75	47%	
No serious, long-term disability	73	23	32%	50	68%	**
Mental health disability	121	66	55%	55	45%	
No mental health disability	107	41	38%	66	62%	*
Alcohol abuse disorder	60	38	63%	22	37%	
No alcohol abuse disorder	168	69	41%	99	59%	**
Drug abuse disorder	70	43	61%	27	39%	
No drug abuse disorder	158	64	41%	94	59%	**
Alcohol <u>and</u> drug abuse disorder	35	23	66%	12	34%	
All others	193	84	44%	109	56%	*
Dual diagnosis (mental health and substance abuse disorder)	70	42	60%	28	40%	
No dual diagnosis	158	65	41%	93	59%	**
Exited to subsidized housing	91	29	32%	62	68%	**
Exited to unsubsidized housing	134	68	51%	66	49%	
Permanent						
All participants, all permanent supportive housing programs	158	78	49%	80	51%	
African American	61	22	36%	39	64%	*
All other races	96	56	58%	40	42%	
Serious, long-term disability	131	72	55%	59	45%	**
No serious, long-term disability	25	6	24%	19	76%	
Mental health disability	97	57	59%	40	41%	**
No mental health disability	56	19	34%	37	66%	
Dual diagnosis (mental health and substance abuse disorder)	45	29	64%	16	36%	
No dual diagnosis	108	47	44%	61	56%	*

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

A39. Characteristics of programs whose participants were more likely to avoid new episodes of homelessness after exit

Transitional	N	New episode of homelessness		No evidence of new episode of homelessness		p
		n	%	N	%	
All participants, all transitional housing programs	238	108	45%	130	55%	
Program serves only family households	71	23	32%	48	68%	**
Program serves only individuals	59	32	54%	27	46%	
Program serves a mix of families and individuals	108	53	49%	55	51%	
Virtually all residents receive life skills education/support (nutrition, time management, housekeeping)	160	64	40%	96	60%	*
All other transitional housing programs	78	44	56%	34	44%	
Virtually all residents receive employment help/support	157	61	39%	96	61%	**
All other transitional housing programs	81	47	58%	34	42%	
Residents are required to have a job or be looking for one	159	58	36%	101	64%	***
All other transitional housing programs	79	50	63%	29	37%	
Participants are required to consent to random drug testing	152	77	51%	75	49%	*
All other transitional housing programs	86	31	36%	55	64%	
Average time to successful exit from program is 11 months or less	128	67	52%	61	48%	
Average time to successful exit from program is 12 months or more*	110	41	37%	69	63%	*
Permanent						
All participants, all permanent supportive housing programs		78	49%	80	51%	
Virtually all residents receive mental health care	67	46	69%	21	31%	***
All other permanent supportive housing programs	82	28	34%	54	66%	

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

A40. Characteristics of participants who were and were not employed at the end of the study

Transitional	N	Employed in 4Q 2012	
		n	%
All participants, all transitional housing programs	247	87	35%
Employed in the quarter before entry***	68	35	51%
Not employed in the quarter before entry	178	51	29%
Serious, long-term disability	165	48	29%
No serious, long-term disability**	76	37	49%
Age 24 or under**	61	30	49%
Age 25 – 54	173	54	31%
Age 55+	9	2	22%
Permanent			
All participants, all permanent supportive housing programs	297	53	18%
Employed in the quarter before entry***	52	21	40%
Not employed in the quarter before entry	218	26	12%
Age 24 or under***	37	17	46%
Age 25 – 54	224	33	15%
Age 55+	34	3	9%
Women**	144	37	26%
Men	149	16	11%
Domestic violence survivor*	66	19	29%
Not a domestic violence survivor	173	28	16%
Serious, long-term disability	264	35	13%
No serious, long-term disability***	30	17	57%
Veteran	29	0	0%
Not a veteran**	262	52	20%

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

A41. Characteristics of programs whose participants were more likely to be employed at the end of the study

Transitional	N	Employed in 4Q 2012	
		n	%
All participants, all transitional housing programs	247	87	35%
Require participants to have a job or be looking for one***	166	70	42%
Employment activities not required	81	17	21%
Program rules that do not prohibit alcohol or drug use**	51	25	49%
Program rules prohibit alcohol or drug use or both	196	62	32%
Virtually all residents receive mental health care	78	19	24%
All other programs**	169	68	40%
Participants are required to consent to random drug testing	153	44	29%
All other programs**	94	43	46%
Permanent			
All participants, all permanent supportive housing programs	297	53	18%
Virtually all residents receive life skills training**	176	40	23%
All other programs	106	9	8%
Program does not accept active substance users**	74	19	26%
All other programs	208	30	14%

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

A42. Characteristics of participants who did and did not have mainstream benefits at the end of the study

	N	Any non-food stamp benefits in Sep. 2012	
		n	%
Transitional			
All participants, all transitional housing programs	265	96	36%
Not employed in quarter prior to entry*	178	70	39%
Employed in quarter prior to entry	68	17	25%
Long-term homeless**	64	32	50%
Not long-term homeless	187	58	31%
Permanent			
All participants, all permanent supportive housing programs	301	132	44%
Felony conviction**	75	44	59%
No felony conviction	167	61	37%

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

A43. Characteristics of programs whose participants were more likely to be receiving benefits at the end of the study

Transitional	N	Any non-food stamp benefits in Sep. 2012	
		n	%
All participants, all transitional housing programs	265	96	36%
Required to consent to random drug testing*	169	69	41%
Participants in all other programs	96	27	28%
Virtually all residents receive basic needs assistance	227	75	33%
Participants in all other programs*	38	21	55%
Virtually all residents receive financial education	173	53	31%
Participants in all other programs*	92	43	47%
Required to participate in daily structured activity*	204	80	39%
Participants in all other programs	61	16	26%
Required to have a job or be looking for one	175	53	30%
Participants in all other programs**	90	43	48%
Permanent			
All participants, all permanent supportive housing programs	301	132	44%
Program only serves active substance users*	20	15	75%
Participants in all other programs	266	113	42%
Virtually all residents receive transportation help	132	49	37%
Participants in all other programs*	154	79	51%

Statistical significance: * $p < .05$ ** $p < .01$ *** $p < .001$

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