

# Life After Transitional Housing for Homeless Families



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# Life After Transitional Housing for Homeless Families

Prepared for:

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## Preface

Given the significant investment HUD has made in transitional housing programs since enactment of the McKinney-Vento Homeless Assistance Act, it is important to evaluate the effectiveness of these programs. Transitional Housing has been an important element of the Department's efforts to respond to the housing needs of homeless families and individuals through a continuum of care. This study examines whether transitional housing makes a difference in the lives of the families it serves and whether it is more effective for some homeless people than others. This study follows 179 families in 36 transitional housing (TH) programs within five communities for one year after leaving the program.

### FACTORS AFFECTING FAMILY OUTCOMES

This study is one of the first to provide information about TH program impact, including details on different aspects of TH programs and their effect, if any, on family outcomes (housing stability, income and employment, and children's school engagement and emotional health). The study cannot definitively answer whether or not TH programs make a difference in the lives of the families they serve, because it does not include a control group, nor does it have a sample large enough to support detailed analyses of subgroups. Nevertheless, TH programs, and certain characteristics of the programs, were found to be associated with positive outcomes.

#### PROGRAM SIZE

Participants in smaller programs were more likely to have their own place at moveout and more likely to live with the same household members at the beginning and end of the follow-up year. Participants in larger programs, in contrast, experienced higher levels of educational attainment at moveout. No other outcome was associated with program size.

#### PROGRAM RESTRICTIVENESS

The degree to which programs imposed rules and restrictions on clients did not affect family outcomes. Similarly, being a "low risk program," that is, one that targets relatively high-functioning families, or a "high risk program" and whether families experienced a very short period of homelessness or were at imminent risk but not homeless when entering TH had no differential impact on family outcomes. No relationship was found between the number of barriers to stability a family faces and how long that family stays in transitional housing or the outcomes of its stay.

#### PATTERNS OF PROGRAM USE: IN SOME RESPECTS, STAYING IN TH LONGER BROUGHT IMPORTANT BENEFITS

Longer stays in TH were associated with higher levels of educational attainment and employment at moveout and greater likelihood of continued employment during the follow-up period. Families spending more months in TH were significantly more likely to have a place of

their own for a whole year after leaving TH. Provider selection of less challenged families may play a role in this finding. In addition to time in TH, receipt of help for some specific issues was associated with better outcomes. For instance, mothers who got help with education and training earned higher wages one year later.

## HAVING A RENT SUBSIDY

Having a rent subsidy at TH departure was crucial for two outcomes: having one's own place at TH exit and limiting movement of members in and out of the household. However, subsidies had no measurable effect on education or employment outcomes or on children's outcomes.

## OTHER INFLUENCES

Local unemployment rates and cost of housing had some impact on family outcomes. Even under adverse conditions, though, TH programs may have smoothed out some of the barriers faced by homeless families. Very few personal characteristics of mothers in the sample made a difference for the outcomes examined by the study. And of five housing variables, only length of homelessness made a significant difference, and only on one outcome—**the longer homeless, the more likely the family was not to have had its own place during the year following its stay in transitional housing**. Personal characteristics played a greater role in education and employment outcomes. A history of addictions and domestic violence affected some outcomes, as did age and being nonwhite. The number of homeless episodes also took its toll, increasing the odds of not working at all during the follow-up year and of having lower wages at 12 months if one did work.

## OUTCOMES

### SERVICE USE AND ECONOMIC STABILITY

The most-used services for the families studied included case management (91 percent), setting goals (81 percent), primary health care (73 percent), basic food supplies (70 percent), life skills training (66 percent), and employment (62 percent). Virtually all mothers who received services from TH programs found them to be helpful, and a much higher percentage of mothers worked after exiting the programs than had at program entry. Yet graduates of TH remained fragile economically, earning the same low median income of \$12,000 at the 12-month follow-up as they had at program entry. A decline in the percentage of mothers receiving TANF, food stamps, and Medicaid a year after program exit may have contributed to this continued economic fragility. As the authors conclude, “A period of time in a transitional housing program does not change the basic reality of poor, relatively under-educated mothers’ earning power.” This is despite the fact that graduates of TH frequently receive program-funded supportive services for up to six months after graduation.

## **HOUSING STABILITY**

Most family “graduates” of transitional housing maintained housing stability for the first year after departure from transitional housing. Eighty-six percent of families leaving TH moved directly from TH to their own places. Three in five mothers lived in their own places for the entire post-TH year. Only four of the families with 12-month interviews became homeless within the year following TH. Family membership was also much more stable in the year after TH, with 86 percent of families living with the same people at the 12-month follow-up as they had upon program exit.

## **FAMILY HEALTH**

At program graduation, 21 percent of mothers said they had been treated for alcohol abuse and 65 percent said they had been treated for drug abuse. Only five percent of women reported drinking in the year after TH, and only one mother reported drug use in the past six months. While one measure of mothers’ mental health did not change, another suggested that overall mental health problems declined. Children in the study families still had significant issues with level of school engagement, but experienced some positive behavioral changes. TH programs also contributed to family reunification: 42 percent of children not living with the mother when she entered TH rejoined the family during her stay.

## **CONCLUSIONS**

TH programs appear to help the families who use them to achieve some important goals, such as maintaining stable housing and treating substance abuse. Further, longer stays in TH may give families the opportunity to develop skills that seem to pay off in a higher probability of regular employment. Given the limitations of available data, the study could not determine whether the families would have achieved these same goals without the programs—surely some of them would have done so; but some would not. The study suggests the importance of encouraging more TH programs to target their considerable resources on the families with multiple barriers that would not have been able to accomplish as much on their own.

## Acknowledgments

Many people contributed to making this study a success. The partnership between Planmatics, Inc. and the Urban Institute, prime contractor and subcontractor, respectively, has been mutually supportive and productive. As the principals at the two partner organizations, Martha Burt of the Urban Institute and Lalith deSilva of Planmatics would especially like to thank the following:

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## **Executive Summary: Life After Transitional Housing for Homeless Families**

Federal legislation to support the development of transitional housing programs for homeless people (TH) was first introduced in 1986, and ultimately incorporated into the first Stewart B. McKinney Act in 1987 as part of the U.S. Department of Housing and Urban Development's (HUD) Supportive Housing Program (SHP). HUD's division of Community Planning and Development has had responsibility for the SHP since 1989, when a new administration brought all the McKinney Act housing programs together within the new Office of Special Needs Assistance Programs, which manages and directs the program.

By 1996 there were about 4,400 transitional housing programs offering about 160,000 beds (Burt et al. 1999). By 2007 there were almost 7,300 transitional housing programs offering about 211,000 beds. About 53 percent of the TH beds reported in 2007 are designated for families (HUD 2008), creating a capacity to serve about 40,000 families at a time.

### **DIVERSITY OF TRANSITIONAL HOUSING**

One of the few statutory limitations placed on TH is that it cannot provide housing for more than 24 months. Another requirement is that TH programs offer supportive services designed to help clients make the transition to regular housing. Beyond these basics, HUD has allowed the form of housing offered by TH programs, the populations served, and the structure and array of supportive services to vary widely. The housing may be project-based (in a single building or complex of buildings) or tenant-based (scattered-site), and since shortly after the program was enacted HUD has allowed "transition in place" formats that let clients stay in their program units and eventually take over the lease. TH projects may serve different homeless subgroups, including single adults with a variety of disabilities, families, domestic violence victims, and women seeking to regain custody of their children. TH projects may provide a wide array of services, depending on the needs of the population being served. Service configurations are flexible, including on site by program staff, on site by partner agencies, off site at other agencies, off site at client homes, multi-agency teams, and other approaches.

### **THIS STUDY**

Despite its tremendous growth, transitional housing for families is in many ways *terra incognita*. HUD spends a great deal of money to support transitional housing programs, but little is known about their scope, residents, array of services, and most important of all, impact on families' ability to obtain and retain housing once they leave these programs. Given the great flexibility and growth in the transitional housing component of the SHP, HUD decided that formal and in-depth research was needed to assess TH dynamics and performance and capture the culture and context of transitional housing projects for families. In 2005, to fill some of the gaps in knowledge about the nature and effectiveness of transitional housing for families, HUD's Office of Policy Development and Research funded Planmatics, Inc. and its partner, the Urban Institute, to examine the effects of transitional housing on homeless families. In accord with HUD

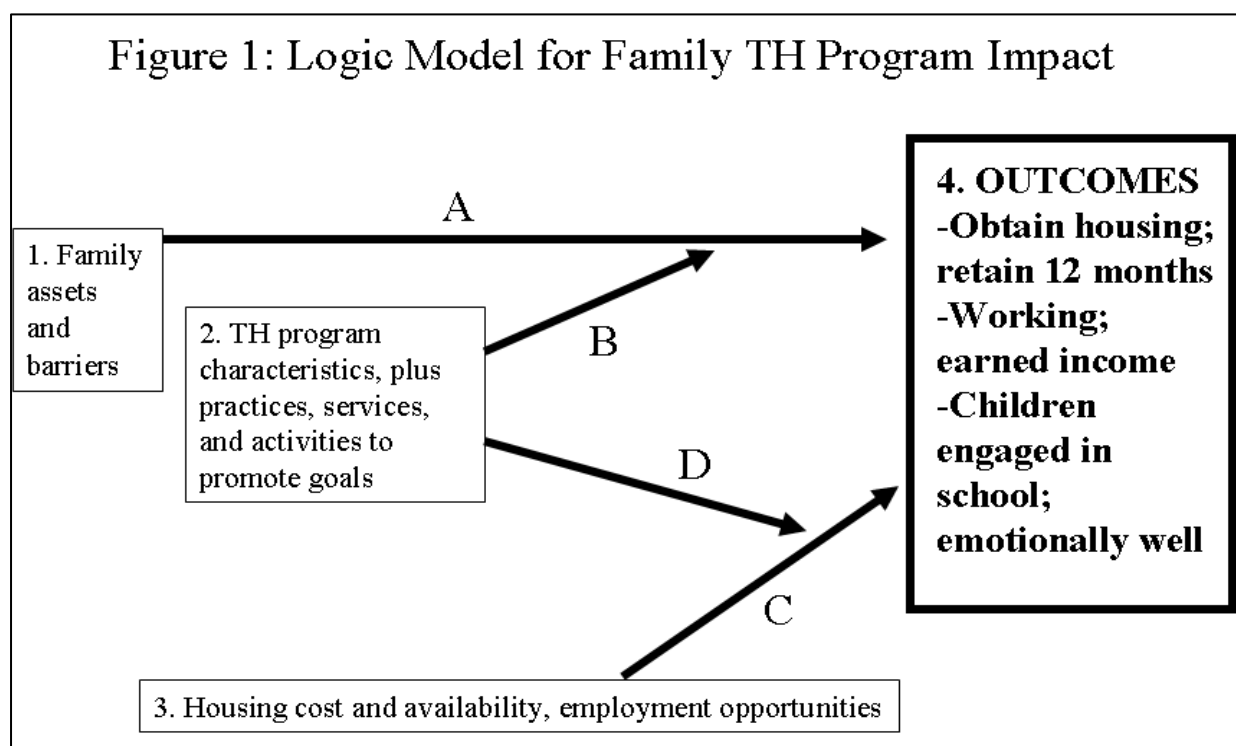
directives, the families studied were those whom TH programs considered “successful graduates,” whatever that term meant within the program context.

## THE RESEARCH QUESTIONS

1. What barriers to housing do homeless families face, and can families be differentiated into those with many barriers (who may be presumed to need TH) and those with few (who may be presumed *not* to need TH)?
2. What happens to homeless families who are considered to have left transitional housing “successfully”?
3. What factors affect these families’ TH outcomes, including:
  - a. Types and amounts of service from TH programs, and other program characteristics
  - b. Personal characteristics and housing barriers
  - c. Contextual factors such as employment and housing markets?
4. In addition to the three questions above, an earlier report (Burt 2006) addressed a fourth research question—How can the universe of TH programs be characterized and categorized, in relation to a program’s willingness and ability to address families with different types and levels of housing barriers as well as other?

## LOGIC MODEL

These research questions can be incorporated into a logic model depicting a set of hypotheses or expectations about how TH produces outcomes for families, as we do in figure 1. Family assets and barriers (box 1) are expected to affect post-TH outcomes (arrow A), in the context of community characteristics (box 3), which also affect outcomes (arrow C). TH program interventions (box 2) work to increase family assets and reduce barriers (arrow B) and overcome the effects of community characteristics (arrow D). The study collected measures for each box in figure 1 to describe family, TH program, and community characteristics and family outcomes.



## **SAMPLE DESIGN**

This study used a three-stage sampling strategy. Stage 1 involved selecting communities with enough TH capacity to supply the needed number of families and that also would provide variation in community and client characteristics. The five study communities were Cleveland/Cuyahoga County, Ohio; Detroit, Michigan; Houston and Harris and Benton Counties, Texas; San Diego City and County, California; and Seattle/King County, Washington. Together they gave the study two Midwest industrial cities; two Sunbelt cities, one in the South and one in the West; and a Northwest city. The five communities have highly varying rates of available housing and housing cost, public resources committed to housing subsidies and other public benefits and supports for poor families, and employment opportunities. They also promised to provide a sample of families with varied racial and ethnic backgrounds.

Stage 2 involved selecting family TH programs operating within the five communities. To be included, a program had to have at least four family TH units, and most had more. Thirty-six TH programs contributed families to the study. We gathered information from these programs about their target populations, approach to helping families, staffing patterns, and other characteristics.

Stage 3 involved recruiting families leaving the sampled TH programs, interviewing them at the time they left TH, and following them with interviews at 3, 6, and 12 months after they left TH. The study completed a first interview with 195 mothers and 12-month interviews with 179 mothers, for a 92 percent 12-month completion rate. Data collection began in November 2005 and ended in July 2007.

The major dependent variables for this study were (1) family housing situation at 12 months and stability since moveout, (2) family income level and employment at 12 months, and (3) children's school engagement and emotional health. Variables representing the boxes in figure 1 were developed from interview responses and used in multivariate analyses to assess their relationship to family outcomes. Variables were included in analyses as independent variables to represent personal characteristics of the mother, public supports received, TH program characteristics, mother's relationship to the TH program (e.g., how long the mother spent in the program, and the mother's perception of the program's overall helpfulness for herself and her children. CoC contextual variables were also included as independent variables.

## **MOTHERS' PERSONAL CHARACTERISTICS (chapter 2)**

- **Age.** Mothers ranged in age from 18 through 60 when they left TH. Approximately one-fifth of the sample was 20 to 24, another fifth was 25 to 29, and another fifth was 30 to 34. Six percent were 18 or 19 and 12 percent were 45 or older.
- **Marital status.** Half of the mothers in this sample had never married, though all have children. Ten percent were married at TH exit.
- **Race/ethnicity.** African-Americans comprised 52 percent of mothers in the study, white non-Hispanic women comprised 20 percent, and Hispanics comprised 19 percent. The remaining 9 percent were of various races.
- **Children.** 27 percent of mothers had 1 child and another 27 percent had 2 children; 12 percent had five or more children. With respect to children ages 0 to 17, who are one

focus of this study, 36 percent of families had 1 child in that age range, another 30 percent had 2 children, 14 percent had 3, and 20 percent had 4 or more minor children. Minor children were with their mother during their pre-TH period of homelessness for 82 percent of families.

- **Language.** 92 percent of mothers grew up speaking English, 4 percent grew up speaking Spanish (compared to 19 percent who considered themselves Hispanic), and 4 percent grew up speaking another language.
- **Criminal justice involvement.** Significant proportions of mothers had had some involvement with the criminal justice system, including 10 percent who had been in a juvenile justice facility, 34 percent who had spent at least one night in jail, and 15 percent who had a felony conviction.

## FAMILY HOUSING AND HOMELESSNESS HISTORY (chapter 3)

Findings for the study sample of families who had left a TH program successfully include:

- **Frequency and length of homelessness.** Most mothers (58 percent) had been homeless only once, but 20 percent had been homeless three or more times. The mean length of the homeless spell leading to participation in a TH program was 7.6 months, with a median of 3.0 months. 18 percent had been homeless less than one day (including 9 percent who had not been homeless at all but only “at imminent risk”); 14 percent had been homeless 12 months or more.
- **Living situations in year before TH.** Only 36 percent of mothers had spent time in an emergency shelter in the 12 months before entering TH. By far the most common venues for study families during that period were a relative’s or friend’s place (65 percent) or their own place. Just before becoming homeless most recently, 58 percent had been living in their own house or apartment and 33 percent had been living with a relative or friend. Very few had spent any time in places not meant for habitation—9 percent in a vehicle and 4 percent in a “street” location—and none stayed in such places for more than a few days if they had their children with them.
- **Number of moves.** One in four mothers had moved four or more times in the 12 months before TH. Conversely, 16 percent had not moved at all and 24 percent had moved only once.
- **Tenancy history and housing hardship.** 82 percent of mothers had ever had a lease in their own name or had owned their own place. Of these, 48 percent had been evicted, 64 percent had had trouble paying the rent, and 11 percent had been accused of or charged with property damage to a rental unit.
- **Factors affecting homelessness.** The factors mentioned by at least one in five mothers as leading to the families’ most recent homeless episode were (1) not being able to pay the rent or bills, and getting evicted for nonpayment—40 percent; (2) doubling-up with relatives or friends was too crowded, too hard—37 percent; (3) 36 percent—domestic violence; (4) conflict or tension with relatives—33 percent; and loss of income through job loss, cutback in hours, getting sick (22 percent).

## TRANSITIONAL HOUSING PROGRAM CHARACTERISTICS (chapter 4)

- **Program size.** Large family TH programs (those with 20+ units) are overrepresented in this study's sample at 58 percent, compared to only 15 percent of family TH programs in all metropolitan areas in the United States. At 25 percent, the proportion of programs with 10-19 units is the same in this study as it is nationally. By design, the study has far fewer small programs (those with 9 or fewer units) than is typical in metropolitan areas (17 versus 61 percent).
- **Time in TH for successful leavers.** 36 percent of successful leavers stay less than 12 months in their TH program. 25 percent stayed exactly 12 months, 22 percent stayed 13 to 18 months, and 17 percent stayed more than 18 months.
- **Staffing.** Family/staff ratios varied widely among the 36 TH programs from which we recruited mothers—from one that had 1 or more staff members per family up to a couple that had more than one-tenth or less staff per family (1 program had 40 families per staff member).
- **Program model and population focus.** 19 percent of programs used a scattered-site rather than a single-site (facility-based) housing model; 17 percent were domestic violence programs (about the same as in all U.S. metropolitan areas) and 11 percent were designed to serve homeless mothers who were pregnant or had just given birth.
- **Program restrictiveness.** Most programs (86 percent) would not accept anyone with an active substance abuse problem, and 25 percent required at least six months of sobriety. 22 percent of programs would not take mothers with severe and persistent mental illness unless it was well-controlled by medications.
- **Associations among program characteristics.** The more units a family TH program has, the more likely it is to use a scattered-site housing model, to restrict program entry for people with severe and persistent mental illness and to have a relatively lower staff-to-family ratio. Scattered-site programs are less likely than facility-based programs to have restrictions on active substance abuse, more likely to be domestic violence programs and to have a lower staff-to-family ratio and less staffing on evenings and weekends. Programs where families stay in TH longer tend to have restrictions on mental illness but not on have lower staff-to-family ratios, and to have more families leave with a housing subsidy.

## TH PROGRAM SERVICES USED BY STUDY FAMILIES (chapter 5)

- **Mothers' length of stay.** 7 percent of families in the study left TH after stays of no more than 3 months and another 19 percent had left within 6 months. 28 percent stayed more than 6 months up to 12 months, 33 percent stayed between 12 and 24 months, and 12 percent stayed more than 24 months.
- **Most needed and used services.** Services needed and used by 60 percent or more of TH families included case management (91 percent), setting goals (81 percent), primary health care (73 percent), basic food supplies (70 percent), life skills training (66 percent), and employment (62 percent). Mothers who did not get services mostly said they had not

needed them. Of these, TH services supplied most but primary health care was most likely to be accessed by families acting on their own.

- **TH program service helpfulness.** Virtually all mothers who received services from TH programs found them to be helpful. Most said they were very helpful, but 12 to 20 percent said they were somewhat helpful. Hardly anyone said they were not at all helpful.

## HOUSING AFTER LEAVING TRANSITIONAL HOUSING PROGRAMS (chapter 6)

- **Post-TH homelessness.** Only four families with 12-month interviews became homeless within the year following TH, representing 2.1 percent of the original sample of 195 and 2.2 percent of the families with 12-month interviews. Even if every one of the 16 families without 12-month interviews were also counted as homeless it would still mean that only 10.3 percent of study families became homeless again within a year after leaving TH.
- **Getting one's own place.** 86 percent of families leaving TH moved directly from TH to their own place. 80 percent said their TH program had helped them with a variety of housing-related matters.
- **Problems encountered.** Affordability was the most prevalent problem, experienced by 57 percent of mothers, followed by finding a place in a safe neighborhood.
- **Household composition.** 73 percent of households consisted of the mother and one or more of her own children only; no other adult was present. Another 20 percent of households included a second adult, usually a spouse or partner. 7 percent included two or more adults other than the mother. 10 percent of TH families lived in households with other people's children as well as their own.
- **Housing costs and subsidies.** Contract rents for the housing occupied by families leaving TH averaged \$634 a month across the five study communities, but ranged from a low of \$521 in Cleveland to a high of \$895 in San Diego. Rent levels were stable between TH exit and one year later. However, TH families paid an average of only \$243 a month out of their own pockets, thanks to the fact that 53 percent had a housing subsidy at the time they left TH. Means of out-of-pocket rents ranged from lows of \$167 in Cleveland and Houston to a high of \$401 in San Diego. Not much had changed at the 12-month follow-up.
- **Housing hardship.** In the year following TH exit, 34 percent of families had experienced times when they could not pay all of their utility bills, 20 percent had had trouble paying their rent at least once, and 15 percent reported both problems. Of those with problems, about half got help for them, from a variety of sources.
- **Housing stability and change.** Three in five mothers lived in their own place for the entire post-TH year. 19 percent moved at least once, but always to their own place. At the less stable end of the continuum, 5 percent never had their own place or moved at least once to a place that was not their own. 2 percent experienced another episode of homelessness in the year following TH.

- **Household stability and change.** 86 percent of families lived with the same people at the 12-month follow-up as they had when they left TH. There may, however, have been some movement in and out between those dates, as more than one in four families experienced changes in household composition during the follow-up year, including children moving in and out, spouses and boyfriends moving in and out, and other changes that were often related to changing residences.

## MOTHERS' EDUCATION, INCOME, AND EMPLOYMENT (chapters 7 and 8)

- **Education.** 29 percent of mothers already had a post-secondary credential or degree at TH entry; 47 percent had one when they left TH. Yet 23 percent had not completed high school at both entry and exit from TH. The most common areas in which mothers obtained a credential or degree were health care (medical/nursing/nurse assistant/health aide), business/financial, and information technology.
- **Income.** The median family income from all sources was \$1,000 in the month before mothers were first interviewed for the study, putting annual household income at \$12,000 or less for half of all study families. This is significantly less than the federal poverty line of \$16,242 a year (in 2006) for a parent and two children. The mean was \$1,194. Incomes at the 12-month follow-up were essentially the same.
- **Income sources.** 81 percent of mothers had income from working in the year before the study first interviewed them; at the 12-month follow-up 78 percent reported the same. At moveout 53 percent of mothers had TANF—a proportion that had shrunk to only 24 percent by a year later. 29 percent received child support at moveout and 28 percent did so at 12 months. Family and friends were also important sources of money at moveout (32 percent), but about one-third of the mothers who had this resource at moveout had lost it by the 12-month follow-up. Relatively few mothers received money from other sources.
- **Noncash benefits.** At moveout, 85 percent of mothers had food stamps, 81 percent had Medicaid, and 47 percent had WIC. By the 12-month follow-up only 67 percent had food stamps and 63 percent had Medicaid; only WIC receipt had increased, to 69 percent. Yet their incomes were not substantially higher at 12 months than at moveout, so the loss of food stamps and Medicaid would have left important gaps in their ability to meet basic needs.
- **Employment.** 18 percent of mothers were working at TH entry. By moveout 61 percent were working. Of mothers for whom we have 12-month data, 1 in 4 who were working at moveout had lost her job and was not working one year later, while 1 in 2 of the mothers not working at moveout *was* working one year later. 30 percent of mothers worked for the whole follow-up year at the same job, and another 9 percent worked the whole year but at two or more jobs. 44 percent had periods of unemployment, some long and some short, and 15 percent did not work at all during the entire follow-up year.
- **Earning power and leaving poverty.** The income and earnings prospects of the mothers in our sample greatly resemble those of other poor and near-poor mothers in the numerous studies that have examined the impacts of welfare reform on mothers'

employment—not surprising, as about half of the mothers in our sample were themselves TANF participants at the time they left TH. It is very common for these women to hold jobs for relatively short periods of time, lose them, and move on to other jobs that are also short-lived. Welfare mothers and our mothers can and do work, but work does not usually raise them or their families out of poverty, nor does it make them able to afford housing without assistance. A period of time in a transitional housing program does not change the basic reality of poor, relatively under-educated mothers' earning power.

## MOTHERS' MENTAL AND EMOTIONAL PROBLEMS (chapter 9)

- **Problems at moveout.** The study used the Addiction Severity Index's mental health scale (ASI/mh) to assess current and prior mental and emotional problems, including serious depression serious anxiety or tension; trouble understanding, concentrating, or remembering; hallucinations; trouble controlling violent behavior; serious thoughts of suicide, attempted suicide; and taking psychotropic medications. 26 percent of mothers reported one or more of these problems in the month before the first interview, 46 percent reported one or more in the year before the first interview, and 64 percent reported one or more in their lifetime. Despite these indications of fairly widespread mental health issues, only 38 percent had ever received mental health treatment.
- **Changes.** The level of mental or emotional problems experienced in the month before the interview basically did not change between moveout and the 12-month follow-up. 65 percent literally did not change and among those that did, about equal proportions reported fewer as reported more problems. However, the measure reflecting problems over a whole year did change, with more people reporting a decrease (27 percent) than reported an increase (15 percent). These findings are similar to those from longitudinal studies of people using HUD-funded permanent supportive housing programs—housing stability and income improve, but mental health and addictions status remain unchanged.

## MOTHERS' PROBLEMS WITH ALCOHOL AND DRUGS (chapter 10)

- **Substance abuse issues.** 37 percent of study mothers said they had used illegal drugs in the past, and 24 percent said there had been times in their life when they regularly drank to get drunk. In addition, 47 percent said they had negative effects of substance abuse and 22 percent said they had taken steps to reduce these effects while they were in TH.
- **Treatment.** At moveout, 21 percent of mothers said they had been treated for alcohol abuse and 65 percent said they had been treated for drug abuse. 12-step programs were the most common treatment source, but 67 percent of those who received treatment for alcohol abuse had been in a residential treatment program and 72 percent of those who received treatment for drug abuse had been residential treatment.
- **Current behavior.** Only 17 percent of mothers reported drinking any alcohol in the 12 months before their first study interview, and only 5 percent reported doing so in the year after TH, so by their reports alcohol abuse appears to be well under control. At the 12-month interview, only one mother reported any drug use “since we last talked,” which generally meant in the last six months.

## CHILDREN IN TH FAMILIES (chapter 11)

- **Where children lived.** The mothers in this sample had 438 minor children, of whom 34 percent were preschool age (0 to 4) and the rest were school age (5 to 17). 15 percent of these children did not live with their mother at TH exit. Another 19 percent lived with her at moveout but had lived elsewhere at some point in the past. Older children were more likely than preschoolers to have lived apart from their mother at some point.
- **Reunification.** 35 children (42 percent of those not with the mother when she entered TH) rejoined the family during TH. The TH program helped with 29 of these reunifications.
- **School changes.** School changes were much lower during and especially after TH than they had been in the year before TH. Only 2 percent of school-age children changed schools two or more times in the year after TH, compared to 9 percent during TH and 20 percent in the year before TH, including while homeless.
- **School engagement.** Focal children's engagement in school appears to be lower than that of children in low-income families as measured in the National Survey of American Families (Ehrle and Moore 1999). In addition, school-age focal children appear to be less engaged in school at the 12-month follow-up interview than they were at TH exit.
- **Focal child's emotional problems.** More than two-thirds of mothers rated their preschool age children as having few or no emotional problems—a finding that did not differ significantly whether the time period being considered was during homelessness, while in TH, or after TH exit. For school-age children there was considerably more movement, from about half receiving very low ratings (very few problems) for the period of homelessness going up to about three-fourth at moveout and 12 months after TH exit.
- **Service receipt while in TH.** Two-thirds of children in TH families participated in child care and half participated in mentoring relationships and recreational activities. About one-third got help with emotional and mental health issues, and about one in five got help dealing with the effects of family violence. In addition, children received health care, but mostly not from the TH program itself.
- **Behavioral changes.** Areas of greatest positive change from before to after TH were getting along with peers, generally behaving well, and enjoying school.

## THE BOTTOM LINE—FACTORS AFFECTING FAMILY OUTCOMES (CHAPTER 12)

### SUMMARY AND IMPLICATIONS

Throughout the chapters of this report we have described many aspects of mothers and children in families that used TH. Most of these analyses have been reported overall and for each community, showing that while community context sometimes makes a difference, about equally often it does not. In this final chapter we selected six variables representing housing and household stability outcomes, five representing education and employment outcomes, and five

representing children's outcomes to use in analyses assessing the effects of TH program characteristics, TH program use, and other factors.

Ultimately, what HUD wanted to learn from this project was whether TH programs made a difference in the lives of the families they served. This study cannot provide definitive answers to that question because it does not have a control group of similar families that did not receive TH services, nor does it have a sample large enough to support detailed analyses of subgroups or even of equations containing more than about 10 variables. Nevertheless, we can say something about TH program impact based on the data we do have, including what aspects of TH programs appear *not* to make much difference to family outcomes. Reversing the order of discussion used for most of this chapter, we look first at the effects of TH program characteristics and patterns of use, then at other groups of variables.

## PROGRAM SIZE

As the reader may remember from chapter 4, the TH programs from which we drew our sample of families were very different from TH programs in urban areas nationwide in containing proportionally far more large programs and far fewer very small programs. For that reason we used "number of family units" as a variable in all of the regression analyses reported in this chapter, until it became very clear that program size did not matter for a particular outcome. The outcomes for which program size *was* an issue are:

- Never having one's own place. Participants in larger programs were less likely to have lived in their own place at any time during the year following TH exit.
- Educational attainment at moveout. For this variable, larger programs did better.
- No other outcome was associated with program size—families participating in small, medium, and large programs had equivalent outcomes for employment, children's outcomes, and most household composition outcomes.

## PROGRAM RESTRICTIVENESS OR CREAMING

We included a number of program characteristic variables to represent selective or excluding behavior on the part of programs, or targeting toward families with very specific issues. Selective behavior included screening out mothers with severe and persistent mental illness, those with active substance abuse, or those without a long period of sobriety. Specific family issues included domestic violence and pregnancy. In addition, we created two variables that generally characterized programs as targeting high risk or low risk families and a third variable to indicate that a family had been homeless for no more than 24 hours (and sometimes not at all) when they enrolled in a TH program.

For the most part these variables did not make a difference for the outcomes we examined. Families using programs that placed restrictions and programs that did not do so seemed to do equally well on most outcomes; only for one children's outcome were any of these indicators of restrictiveness significant. The same is true for the global characteristics of being a "low risk program" or a "high risk program" and for families experiencing little or no homelessness before entering TH. These latter families definitely had fewer barriers than families with a longer homeless spell; nevertheless they used TH programs for just as long, on average, as families with many more barriers and did not have significantly better or worse outcomes.

**Table H.1**  
**Summary of Family Outcomes**

Predictor variables	Dependent Variables <sup>a</sup>															
	Family had its own place at moveout (LR)	Family moved at least once in 12 months post-TH, lived at least once in someone else's place (LR)	Family never had own place all 12 months (LR)	Household = mother and same children only, all 12 months (LR)	Household = same people all 12 months (LR)	Household included multiple adults and/or children in addition to respondent's	Educational attainment at moveout (OLS)	Employed at moveout (LR)	Employed all 12 months post-TH (LR)	Not working all 12 months post-TH (LR)	Wages at 12 months (tobit)	FC school engagement at moveout (tobit) (higher = more engaged)	FC school engagement at 12 months post-TH (tobit) (higher= more engaged)	FC emotional problems while homeless (tobit) (higher = more problems)	FC emotional problems at moveout (tobit) (higher = more problems)	FC emotional problems at 12 months post-TH (tobit) (higher = more problems)
City context			++	-		++			--	--	++	--				
Unemployment rate '06									--	--	++					
Housing subsidy level								++								
FMR '06 2 BR																
Houston <sup>b</sup>												+++		--		
Mother's personal characteristic																
Age				++						++						
Nonwhite				+						--						
Never married	--			++										--		
Employed at entry						++	+				+++					
Ever own lease							+++									
Length HL, months	-		++										--			
Times homeless				-						++	--					
Addictions																
MH problems, lifetime		++			--								+	++		+++
Domestic violence		-		++	-				--							
Jail												++				
Family barriers index														+++		
Program characteristic																
Number of units			++				+++									
Scattered-site																
Restricted SPMI																
No active substance use																
Sobriety 6+ months																
DV program														++		
Maternity program																
Typical LOS											++					
Staff/family ratio					-							++				
High risk program focus		-			++											
Avg % leaving w subsidy								---						---		
Program use																
Time in TH, months	+		---				+	+++	+							++
# service areas used							++							++		
Average helpfulness rating																--
Housing help																
Employment help																
Educ/training help							--		+		+					
Parenting help																
Education help, focal child												-				
Emotional help, focal child																-
Same variable, earlier time																
Education at moveout								++								
Employed at moveout									+++							
School engagement, moveout													+++			
Emotional problems, homeless															++	
Emotional problems, moveout																+++
Has a housing subsidy	+++	-		+++	-	---										
LR Chi <sup>2</sup> or F	31.21	19.24	26.85	35.41	13.06	23.53	7.16	48.27	106.37	42.01	52.51	17.46	34.01	62.61	10.64	68.87
Probability > Chi <sup>2</sup> or F	0.000	0.004	0.000	0.000	0.023	0.000	0.000	0.000	0.000	0.000	0.000	0.002	0.000	0.000	0.014	0.000
Pseudo or adjusted R <sup>2</sup>	0.199	0.136	0.376	0.148	0.064	0.124	0.235	0.185	0.441	0.260	0.056	0.075	0.109	0.179	0.095	0.304
Number of observations	195	179	179	179	179	179	195	195	179	179	179	123	123	195	195	179

Source: Urban Institute analysis of study data. Note: +++ = positive association at  $p < .01$ ; ++ = positive association at  $p < .05$ ; + = positive association at  $p < .10$ ; --- = negative association at  $p < .01$ ; -- = negative association at  $p < .05$ ; - = negative association at  $p < .10$ . Shaded cells for a model indicate variables that were used as independent variables for that model.

\*LR = logistic regression; OLS = ordinary least squares regression.

<sup>b</sup>Used only with children's outcomes, and without other community context variables.

The lesson one could draw from this lack of impact of family barriers at the program level and for the most part also at the individual level is that if some TH programs can help clients with multiple barriers succeed, perhaps more should be trying to do so, engaging in relevant staff training, institutional culture change efforts, and the like to shift their programs toward families facing more challenges.

### **PATTERNS OF PROGRAM USE**

How families *use* a TH program appears to have had more influence on family outcomes than program characteristics or selectivity *per se*. It is interesting to note that education, employment, and to a lesser extent children's outcomes rather than housing stability or household composition are the domains where that influence appears strongest. Families spending more months in TH had higher levels of educational attainment and employment at moveout and were more likely to have been employed for the entire follow-up period. They were also significantly less likely to go for a whole year after leaving TH without having a place of their own, and their children enjoyed better mental health a year after leaving TH. This finding, which corresponds to findings of a Wisconsin study of TH programs and families (Karpinski and Smith 2008), is not likely to be a function of family barriers that needed to be overcome, as variables representing those barriers were included in the same equations that identified time in TH as an important predictor variable. This pattern might suggest that very short programs—we had some with typical lengths of stay around four months, and families who stayed in TH less than three months—may be long enough to accomplish a goal such as learning to care for a newborn or overcoming the immediate impacts of domestic violence, but are not long enough to tackle the issues of human and social capital development that these mothers need for the long haul.

In addition to time in TH, receipt of help for some specific issues was associated with better outcomes. For instance, mothers who got help with education and training were marginally more likely to be employed at 12 months and to have higher wages at that time. They also appear to have a lower educational level at moveout than mothers who did not get this help, but that may be because they started lower. Also, focal children who got help with emotional problems may have had fewer emotional problems a year after TH exit. Thus TH programs appear to contribute most to the more malleable aspects of family life such as employment and mental health, for which they offer specific assistance to help families make their own opportunities, while being less able to influence the hard realities of housing cost and availability in the local economy.

### **OTHER INFLUENCES—COMMUNITY CONTEXT AND PERSONAL CHARACTERISTICS**

Independent of anything that programs could do, the local unemployment rate and cost of housing had some effects on family outcomes. It would have been remarkable if they had not; even under adverse conditions, though, TH programs may have smoothed out some of the barriers that homeless families face in trying to get back on their feet. As noted above, we created an index of 15 family barriers, high scores on which indicate that a family would be considered hard to serve or higher risk while low scores would indicate families that are easier to serve or lower risk. But when we used that index by itself, without including in the analyses many of its component personal characteristics, it never did as well nor was it as informative, with one exception, as dropping the index, keeping the separate characteristics in the analysis, and seeing which ones bore the brunt of any observed effects. We were frequently struck by *how*

*few* personal characteristics of mothers in the sample *consistently* made a difference for the outcomes we examined (which may be a reason the index proved relatively unhelpful). Of the 11 personal characteristics included in the analyses, only four made a difference on more than one of the six housing variables. Never having been married made it less likely that a mother would have her own place after TH exit, but more likely that she would live with only her children for the full year after leaving TH. Spending more time homeless before TH made it more likely that a mother would never have her own place during the post-TH year, and marginally less likely that she would move into her own place at TH exit. Having a history of mental health problems increased the odds that a family would move at least once in the post-TH year and decreased the odds that a mother would live with the same people for the whole year. Having a history of domestic violence also affected housing outcomes, increasing the likelihood that a mother lived only with her own children for the year after TH and marginally decreasing the odds of moving or living with the same people at TH exit and 12 months later. Personal characteristics of the mother were mostly unrelated to outcomes for focal children also. Only the mother's lifetime mental health problems were significantly associated with two of these outcomes—the focal child's emotional problems while homeless and at 12 months after leaving TH.

Personal characteristics played a greater role in education and employment outcomes. Here the number of homeless episodes took its toll, increasing the odds of not working at all during the follow-up year and of having lower wages at 12 months if one did work. More homeless episodes also had a marginally negative effect on being employed at moveout. Having been employed at TH program entry increased the level of reported wages at 12 months and was marginally related to higher educational attainment at TH program exit.

### **HAVING A RENT SUBSIDY**

Having a rent subsidy is of paramount importance for several outcomes—having one's own place at TH exit, living just with one's own children all year, and *not* living in a complex household. It also has marginally significant effects on reducing moves in the post-TH year and on assuring that the household members living with the mother remain the same throughout the year. That is where its influence stops, however. It has no measurable effect on education or employment outcomes or on children's outcomes. Nor does it have an impact indirectly, as there is little or no relationship between having one's own place and children's outcomes, for instance. These findings are compatible with other studies exploring the same issues (Mills et al. 2006; Rog and Buckner 2007; Schroder 2002; Stojanovic et al. 1999).

### **THE BOTTOM LINE**

TH programs appear to help the families who use them to achieve some important goals. We cannot tell with the data available whether the families would have achieved these same goals without the programs—surely some of them would have done so. But equally surely some of them would not. Programs that explicitly seek to serve multi-barrier families do not appear to achieve any worse outcomes than programs that screen out those same families. The important thing is to get these programs to target their considerable resources more on the families that would not have been able to accomplish as much on their own.

## Chapter 1: Introduction and Overview

The concept of transitional housing has a long history in the fields of mental health and corrections, predating its application to the homeless arena by decades. State and local public mental health and corrections departments developed these residential programs to ease the transition back into regular housing for people leaving mental hospitals or prisons. Stevens (2005) describes the history of halfway houses for people leaving correctional settings and their transition quite recently into community residential centers. To use one state as an example, in 1974 Ohio had 22 certified halfway houses for people leaving prison (Ohio Adult Parole Authority 2005).

Policy makers in the mental health arena were also focusing on community-based residential and nonresidential services (Biegel and Naparstek 1982). In 1982 an American Psychiatric Association task force published a report, *A Typology of Community Residential Services* (APA 1982), that sought to establish a common nomenclature for community residential programs located throughout the country serving people with serious mental illness. The task force had spent four years identifying, cataloging, and attempting to classify the many such programs in existence at that time.

These community-based transitional programs were developed for many reasons, including a desire to avoid the high cost of institutional versus community-based care and the desire or legal obligation to maintain some intermediate level of supervision over people being released from institutions. One historical motivation for developing transitional community residential settings comes closest to the one driving the growth of transitional housing programs for homeless people. Officials running state agencies and institutions saw people fail in the community and return to institutions when they did not have the skills, connections, and supports that would help them establish themselves independently. Transitional programs were developed to increase the likelihood that those released from institutions would, once they “graduated” from a transitional program, be able to sustain independent living in the community.

### TRANSITIONAL HOUSING FOR HOMELESS HOUSEHOLDS

When homelessness first impressed itself on the national consciousness in the early 1980s, there was no such thing as transitional housing for homeless people. Even emergency shelters were few and far between, being run mostly by missions in run-down areas of big cities and accommodating mostly single men. The first expansion of homeless assistance took the form of more emergency shelter capacity. Only after several years of experience with people using emergency shelters did it become obvious that for some people emergency shelter would not be enough to help them leave homelessness. This recognition led to the application of transitional and permanent supportive housing concepts to the field of homelessness.

Most transitional housing programs for homeless people that exist today specialize in serving households with sufficient barriers to getting or keeping housing that a period of stabilization, learning, and planning appear needed if they are ultimately to leave homelessness for good. These households may already have some history of leaving homelessness for housing but not

being able to maintain the housing, or they may have characteristics that are strongly associated with losing housing in the absence of supportive services.

Federal legislation to support the development of transitional housing programs for homeless people was first introduced in 1986, and ultimately incorporated into the first Stewart B. McKinney Act in 1987. In 1989, the U.S. Department of Housing and Urban Development (HUD), which had responsibility for transitional housing as well as several other homeless-related housing programs under the Act, consolidated them into the Supportive Housing Program (SHP) and created the Office of Special Needs Assistance Programs to manage and direct the program.<sup>1</sup>

### **EVOLUTION OF TRANSITIONAL HOUSING WITHIN THE SHP**

In the original McKinney Act, both transitional housing (TH) and permanent supportive housing were established as *demonstration* programs. TH was intended to serve homeless families as well as people with serious mental illness or possibly long-standing substance abuse. Annual competitions for funds were nationwide, with each provider agency applying for and receiving grants based on its own ability to write applications and justify local need for the projects it wanted to develop. Some communities with a sophisticated provider network did very well in these competitions. These tended to be central cities, and their requests tended to be for programs to serve single homeless adults with disabilities, according to the original SHP concept. The process was not one that assured most communities of receiving funds for SHP projects.

The expectation underlying the SHP's demonstration nature was that HUD would fund projects that would demonstrate their value to local communities, which would then take over the responsibility for ongoing funding. As the years went on and it became clear that local funding was not going to replace federal funding, the SHP shifted from a demonstration to a discretionary grants program and gradually took on the burden of renewal funding.

The statute governing the SHP in this form provides great flexibility as to how communities may conceptualize and implement transitional housing. One of the few statutory limitations placed on TH is that it can only provide housing for up to 24 months. Another requirement is that TH programs offer supportive services designed to help clients make the transition to regular housing, including the option that supportive services continue for up to six months after official program exit.

HUD has allowed the form of housing offered by TH programs, the populations served, and the structure and array of supportive services to vary widely. The housing can be project-based (in a single building or complex of buildings) or tenant-based (scattered-site), and since shortly after the program was enacted HUD has allowed "transition in place" formats that let clients stay in their program units and eventually take over the lease, with supportive services being gradually reduced as a household's need for them diminishes. TH projects can serve a variety of homeless populations, including single adults with a variety of disabilities, families, domestic violence

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<sup>1</sup> Appendix A contains a complete list of the acronyms used in this report.

victims, and women seeking to regain custody of their children. TH projects may provide a wide array of services, depending on the needs of the population being served. Service configurations are flexible, including on site by program staff, on site by partner agencies, off site at other agencies, off site at client homes, multi-agency teams, and other approaches.

With the shift to a discretionary grants program, HUD staff began to think about how they could promote a more balanced distribution of funds to communities that the national form of competition had left unfunded. On an experimental basis beginning in 1994, HUD developed the concept of a Continuum of Care (CoC), under which SHP applications would come from whole communities and be prioritized through community-wide assessment and planning processes that considered overall community needs. In 1996 HUD began requiring this CoC form of SHP application, coupling the requirement with an incentive—the *pro rata share* of SHP funds that would go to each community in the United States if it wrote a qualifying application. HUD published the pro rata shares in the *Federal Register*, allowing each community to see how much it *could* get if it submitted a qualifying application and how much would go to some other community if it did not apply. Gradually most communities in the country did apply, so that HUD now gets around 450 CoC applications a year.

A deliberate consequence of the CoC approach has been that suburban and rural communities are as likely as central cities to apply for SHP funds, and to receive them if their applications score in the competitive range. Since a core principle of the CoC approach is that communities set their own priorities about how to use SHP resources, HUD began to see more applications for transitional housing for families and for domestic violence victims, who characterized suburban and rural homelessness much more than the single adult long-term homeless populations for which central cities are known.<sup>2</sup> As of 2005, about half of all transitional housing beds were designated to serve single adults and half were designated to serve families, including families fleeing domestic violence and families homeless for other reasons.

## **GROWTH OF TRANSITIONAL HOUSING**

It took several years for communities to obtain funding for transitional housing programs and then to develop them and begin serving homeless people. By 1996, about eight years after the Supportive Housing Program first became law, transitional housing programs were a fact of life in many U.S. communities. The National Survey of Homeless Assistance Providers and Clients estimated that 4,400 transitional housing programs were open and operating in February 1996, offering about 160,000 beds. About one-third of these programs served families exclusively, while about two-thirds served families among other types of clients (Burt et al., 1999, Chapter 15).

Transitional housing programs have continued to expand. Almost 7,300 transitional housing programs existed in 2007, according to the Third Annual Homeless Assessment Report to Congress (HUD 2008). This number represents an increase of about 66 percent since 1996. These programs were reported to offer about 211,000 beds, an expansion of about 32 percent in capacity. The expansion in programs being so much greater than the expansion in capacity

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<sup>2</sup> In addition, the law specified that a certain proportion of TH funds had to go for projects serving families.

suggests that many of the newer programs are relatively small. About 53 percent of the TH beds reported in 2007 are designated for families (HUD 2008, table 4-2), creating a capacity to serve about 40,000 families at a time in transitional housing units (assuming three people per family, the national average). Fifty-five percent of all transitional housing programs, offering 62 percent of TH beds, are located in principal cities; the remaining programs are found in suburban and rural areas. Family TH programs comprise a somewhat larger proportion of all TH in suburban and rural areas than in principal cities.

## THIS STUDY

Transitional housing for families is in many ways *terra incognita*. HUD spends a great deal of money to support transitional housing programs, but little is known about their scope, residents, array of services, and most important of all, impact on families' ability to obtain and retain housing once they leave these programs. Information from Annual Progress Reports (APR) has provided HUD with some information on TH clients and their outcomes since the SHP began. Given the great flexibility and growth in the transitional housing component of the SHP, however, HUD decided that formal and in-depth research was needed to assess TH dynamics and performance and capture the culture and context of transitional housing projects for families.

This research is also needed to assess the value of transitional housing as a housing model. Since resources to provide housing for homeless persons are limited, it is important to determine the efficacy of transitional housing as a housing model. If it were determined that permanent supportive housing (PSH) were a more effective housing approach, communities might choose to convert some HUD-funded TH units to PSH. However, current statutory requirements clearly limit such a conversion strategy at present since people do not have to be disabled to participate in transitional housing, but they do have to be disabled to access PSH. Transitional housing allows a family to be housed and given needed services until it can move into permanent housing. Once the family moves on, the transitional unit is freed up to house and support another family.

Finally, there is a practical reason to explore the universe of transitional housing programs. The assumption underlying the development of TH is that some homeless people need more assistance than is available through emergency shelters before they will be able to sustain housing on their own. From this assumption follows the expectation that the households receiving TH should have significantly more barriers to getting and keeping housing than the average household coming through emergency shelters. In addition to being homeless, the household would be expected to have issues for which it needs the intensive supports offered by TH programs. These issues might include recovery from addictions, reunification with children and assumption of appropriate parental roles, stabilization of mental illness, or recovery from domestic violence, alone or in combination. The assumption behind TH programs is that if households get help with these issues before entering permanent housing, they might be expected to have better long-term housing outcomes. It is important to learn how many TH programs resemble this concept of TH, and how many differ from it and in what ways.

In 2005, to fill some of the gaps in knowledge about the nature and effectiveness of transitional housing for families, HUD's Office of Policy Development and Research funded Planmatics, Inc. and its partner, the Urban Institute, to examine the effects of transitional housing on

homeless families. In addition to the background and rationale for this study described above, this chapter provides the study's research questions, its methods, and an overview of the remaining chapters.

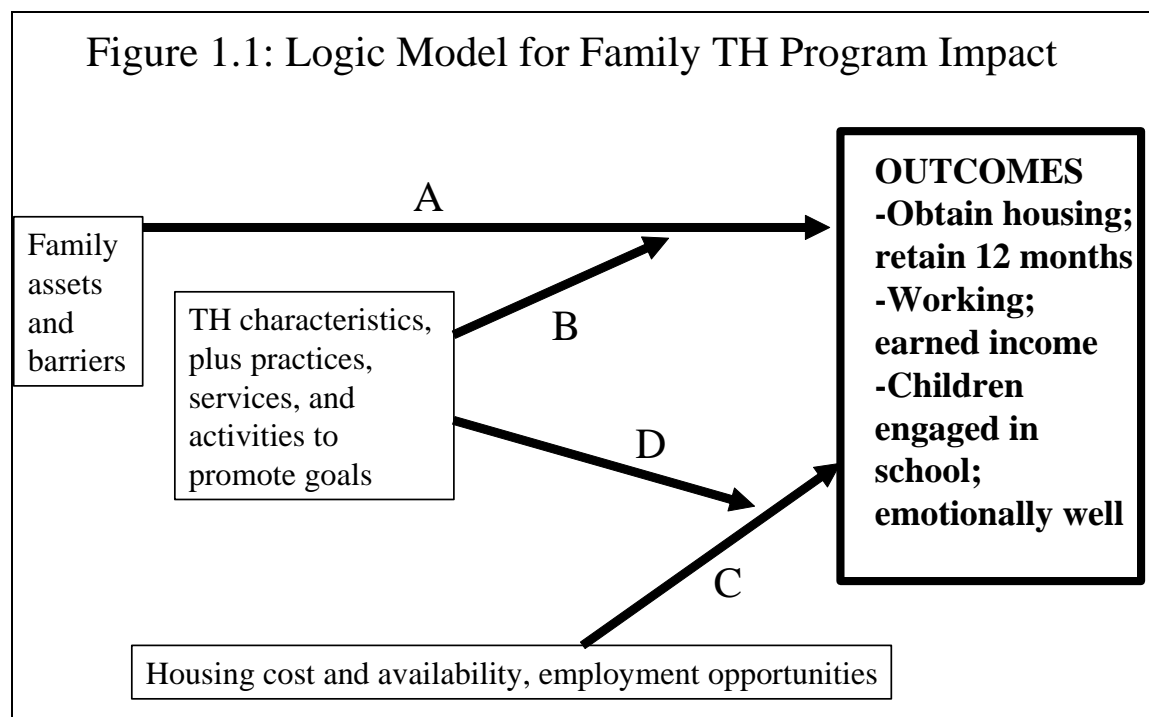
## THE STUDY'S RESEARCH QUESTIONS

This study was designed to answer the following research questions:

1. How can the universe of TH programs be characterized and categorized, in relation to a program's willingness and ability to address families with different types and levels of housing barriers as well as other factors.
2. What barriers to housing do homeless families face, and can families be differentiated into those with many barriers (who may be presumed to need TH) and those with few (who may be presumed *not* to need TH)?
3. What happens to homeless families who are considered to have left transitional housing "successfully"?
4. What factors affect these families' TH outcomes, including:
  - a. Types and amounts of service from TH programs, and other program characteristics
  - b. Personal characteristics and housing barriers
  - c. Contextual factors such as employment and housing markets?

## LOGIC MODEL

These research questions can be incorporated into a logic model depicting a set of hypotheses or expectations about how TH produces outcomes for families, as we do in figure 1.1. The leftmost box in figure 1.1 represents the characteristics of the families who come to TH programs, including their assets and any barriers they may have to reaching the TH program goals of obtaining and retaining housing. They clearly have some such barriers, because at the time they enter TH they are without housing. Some families have significantly more barriers than others. The effects of these family-specific barriers and assets on the odds of stably returning to housing are shown in figure 1.1 as Arrow A.



The characteristics, activities, and services of TH programs are expected to improve a homeless family's chances of obtaining and retaining housing, which are the primary outcomes toward which most TH programs strive. One of the ways that TH programs are designed to do this is to increase their residents' assets and most particularly reduce their barriers to housing—the effect shown by Arrow B.

Barriers may be very simple, such as a family's ignorance about how to search for housing or how to fill out a tenant application. A TH program may convey relevant skills and knowledge on which the family may act to locate and apply for housing. Barriers might be more difficult to resolve, such as poor credit or rental history, or a criminal record; a TH program would work to help the family eliminate or reduce these barriers. Finally, barriers may be very complex and assets few, such as when a parent has mental health, health, and/or substance abuse issues, there is violence in the home, children have significant problems, and so on. One would hope that TH programs have studied the assets and barriers of families for whom emergency shelter has not proved sufficient to return them to housing, and that they structure their interventions to address these factors, including finding ways to help the hardest-to-serve families with the most barriers. But it is also possible that TH programs decide what they can do and select families into their program based on an assessment of whether the family will benefit from what the TH program offers.

Our survey of TH programs was designed to determine which of these approaches of TH programs is more common, by examining the screening and entry criteria that TH programs employ and the array of services and supports they offer. A TH program might offer intensive counseling and supports to help address these issues. It might take the approach that assets should increase and barriers shrink *before* a family is placed in housing, or work on the alternative premise that housing placement should come *first* and all supports to retain housing

should come after placement. An early project report (Burt 2006) describes characteristics of transitional housing programs themselves, some of which are used as predictors of post-TH success in the analyses presented in this report.

The environment in which a TH program operates, especially housing cost and availability and employment opportunities, will exert a major effect on a family's ability to get housing. Arrow C shows these effects. In addition to helping families change their assets and barriers, a TH program may work on altering these environmental factors by using a housing developer to establish good relationships with landlords, supporting families with transitional services once they move in, helping families get housing subsidies and jobs so they can meet rent obligations, and so on. These efforts to change environmental factors appear in Figure 1 as Arrow D. The sum of all forces acting together (all the arrows) is expected to affect the ultimate success of families in achieving housing stability, and hence the effectiveness of TH programs.

We collected measures for each box in figure 1.1 and can describe family and TH program characteristics and family outcomes. We do not have a comparison or control group, so we cannot definitively test the strength and impact of each arrow. Further, as it turns out, many of the important changes that happened to families occurred while they were in TH rather than in the year following TH, and there are relatively few domains on which we have information about families at the time of TH entry and earlier, while they were homeless. We look at changes in these domains very carefully, and also examine post-TH changes where they occur. We can also report on the extent to which TH program client characteristics are the result of significant selection bias and how many TH programs orient their services toward the hardest-to-serve families.

## RECRUITING TH FAMILIES<sup>3</sup>

This study used a three-stage strategy to sample families leaving transitional housing programs. Because community characteristics may affect successful outcomes of TH programs at least as much as any efforts the programs or families make themselves, Stage 1 involved selecting communities, because we wanted to assure variation in community characteristics as well as in TH program and client characteristics. We used Continuums of Care as our "communities," regardless of the types of jurisdictions they included. Our only constraint, and it was a big one, was that to be eligible for selection a community had to have at least 350 family TH beds (about 120 family units) to assure a sufficient number of families leaving TH within the study's recruitment period so we could meet our goals for sample size. Only 20 or 25 of the more than 450 CoCs in the country met this size criterion, and of course they are all large urban CoCs.

In Stage 2 we selected family TH programs operating within the CoCs. To be included a program had to have at least 4 family TH units, and most had more. In chapter 4 we compare the TH programs in our study with the array of TH programs nationwide so the reader will have a good sense of what they do and do not represent. We gathered information from TH programs about their target populations, approach to helping families, staffing patterns, and other characteristics, which we report briefly in chapter 4 and use in the final analyses for this study.

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<sup>3</sup> Appendix B describes study methods more fully than can be done in this chapter.

In Stage 3 we recruited families leaving TH from the sampled TH programs, interviewed them at moveout or as close to moveout as we could get, and followed them until 12 months after their TH program exit. A detailed account of study methods will be found in Appendix B. Here we summarize the basics.

Families leaving TH were recruited from TH programs in five CoCs that in combination gave us two Midwest industrial cities; two Sunbelt cities, one in the South and one in the West, and a Northwest city. It included CoCs with highly varying rates of available housing, public resources committed to housing subsidies, other public benefits and supports for poor families, and employment opportunities. It also promised to provide a sample of families with varying racial and ethnic backgrounds. The participating CoCs were:

- Cleveland/Cuyahoga County,
- Detroit (includes the Wayne County cities of Hamtramck and Highland Park, but not the rest of Wayne County),
- Houston (includes Harris and Fort Bend Counties),
- San Diego City and County,
- Seattle/King County.

In each of the five CoCs, we screened up to 15 family TH programs offering 11 or more beds (4 or more units). In four CoCs this meant talking with every such family TH program, as the CoCs did not have 15 programs with 4 or more units. The fifth CoC had many more than 15 such programs, so we sampled 15 for screening across the range of program size from 4 to more than 50 units. We screened 53 family TH programs in all.

Of the 53 family TH programs screened, 36 participated in the family recruitment aspect of the study by referring one or more families with whom we completed at least one interview. We worked with seven family TH programs in four CoCs and eight programs in the remaining CoC.

## **FINAL SAMPLE OF FAMILIES AND INTERVIEW COMPLETION RATES**

The interview strategy called for interviewing families at moveout and 3, 6, and 12 months thereafter. We succeeded in recruiting 195 families into the study, meaning that we were able to complete a first interview with 195 mothers.<sup>4</sup> However, only 117 of these interviews were completed within the first month or so after the family moved out of TH. The remaining 78 families had already left TH at the time they were referred to the study. Some had been out of TH only two or three months, but a few had left fully nine months before we learned about them and were able to interview them. We developed a special “first interview” format for these “retrospective” families, to get information about their situation at moveout for selected variables as well as their current situation.<sup>5</sup>

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<sup>4</sup> Families in the sample by study community are as follows: Cleveland—59; Detroit—28; Houston—36; San Diego—26; Seattle—46.

<sup>5</sup> Recruitment began in early November 2005, with the expectation that we would recruit families prospectively—as they left TH—for three months (through February 28, 2006) and would also seek retrospective referrals—families

Regardless of when we began to interview mothers, we were able to complete 12 month interviews with 179 of the 195 families in our sample (92 percent completion rate at 12 months). We also completed 130 3-month follow-up interviews (67 percent), 140 6-month interviews (72 percent), and 43 9-month interviews (22 percent). Since we have the most complete data for the moveout period and for 12 months after moveout, our analysis strategy looks at family situations at moveout and changes in their situation at the 12 month point. We use the interviews representing intervening time points, when we have them, to gain insights into the stability or instability of family situations during their first year after leaving transitional housing.

## DATA GATHERED AND STRUCTURE OF DATA ANALYSIS

Interviews with mothers gathered information pertinent to different units of analysis.<sup>6</sup> These included the mother (who was always the one completing the interview), the household, and the mother's children. In addition, the oldest of the mother's minor children living with her was selected as a "Focal Child" for the purpose of collecting more detailed information about children. As HUD was particularly interested in the relationship of stable housing to children's stability in school, selecting the oldest child living with the mother as the Focal Child assured that we would have information about a reasonable number of school-age children. Examples of information collected about each unit of analysis are:

- For the household—housing situation, household composition, total income, rent.
- For the mother—age, race, Hispanic origin, marital status, primary language, health conditions and disabilities, housing and homeless history, education, employment, income and benefits, mental health and substance abuse issues, criminal history, and TH services received and their perceived usefulness.
- For the mother's children—number; whether minors or adults; whether with her in TH; and for minor children, gender, age, whether living with her or not post-TH, if living with her whether they had ever not lived with her, and if not living with her, whether she was working on reuniting with the child.
- For the Focal Child—TH services received and perceived usefulness, health conditions and disabilities, and, for the year before entering TH and again for the year post-TH, school attendance and engagement (if school-age), and emotional health.

The dependent variables for this study were (1) family housing situation at 12 months and stability since moveout, (2) family income level and employment at 12 months, and (3)

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that had left TH up to three months earlier (back to August 1, 2005)—to reach our goal of 300 families (60 per CoC). In reality, families left TH much more slowly than projected, so recruitment had to be extended through June 30, 2006. Even with that extension, which more than doubled the prospective recruitment period, only one CoC came close to recruiting 60 families. Actual numbers of families completing at least one interview were 59 for Cleveland, 28 for Detroit, 36 for Houston, 26 for San Diego, and 46 for Seattle.

<sup>6</sup> Appendix C contains the Family Moveout Interview protocol, Appendix D contains the Family Follow-Up Interview protocol, and Appendix E contains the protocol used for chart reviews of TH program case records.

children's school engagement and emotional health. Variables representing the boxes in figure 1.1 were developed from interview responses and used in multivariate analyses to assess their relationship to family outcomes. Variables were included in analyses as independent variables to represent personal characteristics of the mother, public supports received, TH program characteristics, mother's relationship to the TH program (e.g., how long the mother spent in the program and the mother's perception of the program's overall helpfulness for herself and her children). CoC contextual variables were also included as independent variables.

A note on statistical significance—most chapters of the report contain tables showing responses on survey questions or new variables for the sample as a whole and also by study community. Because of the small sample size overall (195) and the very small samples in some study communities (as low as 28 in Detroit), even seemingly large between-community differences may not be statistically significant. Usually it takes a difference of 19 or 20 percentage points to reach statistical significance in a comparison of one community to another, especially if the two communities being compared are ones with relatively few families. If the topic being presented is one that cuts the sample even further—for example, describing wages for mothers who are working—statistical significance is even more elusive. Our practice in the text of the report has been to describe only differences that *are* significant and to focus most on the results for the sample as a whole.

## THE REST OF THIS REPORT

The rest of this report is organized as follows: the first two chapters describe the families in the sample, including basic information and housing and homeless histories. The next two chapters describe the intervention—TH program characteristics and the services that families received while in TH. Chapters 6 through 10 cover families' post-TH experiences in a number of outcome domains, including housing, education, employment, mental health, and addictions. For some of these domains we also have information about pre-TH status and status during TH and use this information to assess change over a longer period that spans pre- and post-TH situations. Chapter 11 looks at the children in the study families, including some children's outcomes. The final chapters pull together study findings in an integrated analysis of TH program impact and implications for the future of transitional housing. The following paragraphs indicate the contents of each chapter in more detail.

Information about families successfully leaving TH begins in **chapter 2**, which presents **demographic and other basic descriptive characteristics** of sample families. The latter include understanding how many children the mother has and whether they live with her, English language proficiency, health issues and physical disabilities of mother and children, and mother's criminal history.

**Chapter 3** covers **housing and homelessness histories** before families entered transitional housing. For housing history we examine whether the mother ever had a lease in her own name, any history of evictions, and, in the 12 months before entering TH, whether she had trouble paying rent or utilities or had trouble getting enough food for her family due to inadequate income. We also look at the numbers and types of situations the family lived in during the year before entering TH. Homelessness history reported includes the number of times the mother has

been homeless, how old she was when she first became homeless, and information about her most recent episode of homelessness before entering TH.

**Chapter 4** describes the **characteristics of TH programs** contributing families to the sample that we think are most likely to affect family outcomes after TH. These include housing configuration, program size, maximum length of stay, staffing patterns, and several variables describing who the program will or will not accept. These program characteristics were incorporated as predictors (representing figure 1.1's Arrow B) in the multivariate analyses we conducted to learn what factors affect family outcomes.

**Chapter 5** looks at the **supportive services** mothers received while in TH and in the following year. Mothers reported issues that they needed help with, whether they got that help and whether it came from the TH program or elsewhere, and the perceived usefulness of the help if they got it. Issues addressed include health care, drug/alcohol treatment, mental health care, job readiness, food/groceries, interpersonal relations, violence, case management, credit/debts/money problems, education, life skills, goal-setting, parenting, and reunification with children. Similar information on children's receipt of TH services is reported in chapter 11.

**Chapter 6** looks at **housing patterns following TH exit**. Continuity and discontinuity in housing situations after leaving TH are explored, including any observed patterns such as quick achievement of stability, shaky beginnings followed by ultimate stability, never achieving stable housing but avoiding literal homelessness, or becoming homeless again. The chapter also examines rent levels and whether the family has a housing subsidy, changes in household composition, whether families have trouble paying rent or utilities (housing hardship), and satisfaction with current and any former living situations; changes in perceived privacy, space, safety, affordability, state of repair, neighborhood, overall satisfaction.

**Chapter 7** examines mothers' **educational attainment** at moveout and changes over time. It also looks at mothers' participation in and completion of education or training courses while in TH and thereafter. We also look at mothers' perceptions of TH program impact on educational achievement.

**Chapter 8** focuses on mothers' **income, income sources (including employment), and noncash supports**. It covers income, benefits receipt, and income sources during the 12 months before our first interview with the family and 12 months following TH program exit. It looks at cash and noncash sources of income and support from public programs and changing patterns of financial support during the year following program exit, including any shifts from public benefits to employment or to more earnings from employment. For employment we look at employment history, employment at moveout, and changes in employment within the first year post-TH. Employment history covers whether the mothers ever worked for pay, how old they were when they got their first job, the proportion of time they had spent working since age 16, and whether they were working or not when they entered TH. Information about jobs includes number and types, whether full or part time, whether regular or temporary/seasonal, how long the jobs lasted, hourly wage, and whether they carried health care coverage for self and/or children. For anyone not working at the time of an interview, or who had never worked, the chapter also reports reasons.

**Chapter 9** addresses mothers' self-reports of their own **mental or emotional problems**, including their own perceived mental health status and history, and any changes that have occurred since she left TH. We also report any mental health treatment the mothers have had, their perceptions of how useful TH was in helping them address their mental health problems, and any changes in mental health status during the 12 months after leaving TH.

**Chapter 10** focuses on mothers' self-reports of their own **issues with alcohol and drugs**, including past and present use and changes during and after TH. It also looks at any substance abuse treatment she may have received, the perceived usefulness of TH program services with respect to substance abuse and addictions, changes during the first year post-TH.

**Chapter 11** describes our findings related to **children in TH families**, including the number of a mother's minor and adult children and the age, gender, and living situation of all of her *minor* children, whether living with her or not. For children living with the mother now who did not always live with her, it reports where the child(ren) lived, with whom, for how long, and whether the TH program helped with reunification. For minor children not living with the mother, it reports whether the mother is working on getting child back and whether program is helping. It also presents information on the Focal Children in study households, including their emotional condition while homeless and since leaving TH, and school-related issues for school-age Focal Children. Information about TH service use covers preventive (well-baby, vaccinations) health care, child care/nursery school/after school programs, help with schoolwork, recreational activities, mentoring, and dealing with violence. Mothers' perceptions of overall TH program's impact on her children's attitudes and behavior are also reported.

**Chapter 12** presents our analysis of the **impacts that TH programs may have on homeless families**, structuring the analyses as much as possible to conform to the logic model presented in figure 1.1. It looks at the three major outcome domains of housing stability, income stability or improvement, and children's attachment to and stability in school (for school-age children). For each domain, the chapter presents analyses of at least two outcome measures. For housing stability it looks at residence in the same place for the whole 12 months following TH exit and never having had a place of one's own during the follow-up period. For employment it looks at changes in working between TH program entry, program exit, and the 12-month follow-up, and any shift in the proportion of family income that comes from employment. For school-age children it looks at stability in school (no school changes, consistent attendance) and engagement in school. It also looks at emotional well-being for children of all ages. Finally, it **summarizes the findings** of our analysis and **discusses their implications** for HUD policy and that of CoCs throughout the country.

## Chapter 2: Who Are the Families in This Study?

This chapter provides an overview of the families that participated in this study. Mothers (n=195) in these families completed interviews describing their situation as they left their transitional housing program (moveout); 179 mothers (92 percent) also completed an interview approximately one year after exit (12-month follow-up).

The chapter looks first at the mothers' basic demographic characteristics—age, race/ethnicity, and marital status, including any changes in the latter between moveout and 12-month follow-up. It then describes the children associated with these mothers at moveout, whether under or over age 18, whether living with the mother or not. Any children born to the mothers during the follow-up period are also noted. Household composition is examined next, starting with the people who lived with the mother in her first residence after moveout and also reporting household composition at 12 months and any changes in between. Finally, the chapter reports physical disabilities affecting mothers and the children living with them, the language spoken in the mother's family of origin, and the mother's criminal history.<sup>7</sup>

### MOTHERS' DEMOGRAPHIC CHARACTERISTICS

Mothers reported their age and marital status at moveout, their race, and whether or not they are of Hispanic origin. Table 2.1 shows the distribution of ages for all study communities taken together and separately for each community. The mothers ranged in age from 18 through 60 when they left their transitional housing programs. Approximately one-fifth of the sample was 20 to 24, another fifth was 25 to 29, and another fifth was 30 to 34. Six percent were 18 or 19 and 12 percent were 45 or older.

Comparing these mothers' ages to national statistics on parents in homeless families, essentially the same proportion are 24 or younger (25 versus 26 percent) and 35 to 44 (26 versus 28 percent). However, more study mothers are 45 or older (12 versus 4 percent) than is true nationally (Burt et al. 1999, appendix table 2.A1).<sup>8</sup>

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<sup>7</sup> Because the samples of mothers from each community are small, it takes a difference of between 15 and 25 percentage points to reach statistical significance at  $p < .05$ . Comparisons between the two communities with the largest samples, Cleveland with 59 mothers and Seattle with 46, will be significant at percentage point differences of 15 to 20 percent. Comparisons between the two communities with the smallest samples, Detroit with 28 mothers and San Diego with 26, will be significant at percentage point differences of 20 to 25 percent. Comparisons at the tail ends of a distribution (e.g., 5 versus 20 or 80 versus 95 percent) are more likely to be statistically significant than comparisons in the middle that have the same percentage point difference (e.g., 40 versus 55 percent). In the text we make comparisons among communities; when differences reach statistical significance at  $p < .05$  we describe those differences as statistically significant.

<sup>8</sup> National comparisons provided in this chapter come from *Homelessness: Programs and the People They Serve* (Burt et al. 1999), the full technical report of findings from the National Survey of Homeless Assistance Providers and Clients (NSHAPC). Data were collected in 1996 and are thus more than a decade old; however, no more recent study exists that can provide a comparison to a national sample of homeless families. Therefore we use NSHAPC data to provide a national context of homeless families against which we can understand the similarities and

**Table 2.1: Mothers' Age at the Time of Leaving Transitional Housing Programs**  
(percentages)

Age	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
18-19	6	7	25	0	0	0
20-24	19	24	11	15	8	24
25-29	20	15	14	17	31	26
30-34	18	17	7	22	12	26
35-44	26	22	21	33	42	17
45-54	10	15	18	6	4	7
55+	2	0	4	6	4	0

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

The median age for the whole sample at moveout was 31, varying between 29 and 34 in the different communities. The slight differences in median age mask some relatively large differences in the younger and older mothers in the different communities. Detroit mothers were both the “youngest” and the “oldest” at moveout. One in four were 18 or 19 years old—a fact explained by the presence of several transitional housing programs in Detroit that focus on serving pregnant teenagers. At the same time, 22 percent of the Detroit mothers were 45 or older at moveout, and relatively few were in the middle age ranges. The mothers participating in the study from San Diego and Seattle included the fewest who were 45 or older at moveout—8 and 7 percent, respectively.

**Table 2.2: Mothers' Marital Status at Moveout**  
(percentages)

Marital status	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Never married	50	71	64	28	23	46
Currently married	10	2	4	14	27	13
Separated	17	10	11	39	15	13
Divorced	22	15	18	19	35	26
Widowed	1	2	4	0	0	0
Refused to answer	<1	0	0	0	0	2

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

differences of the mothers and families in this study. Families in NSHAPC could have been living in any location; in fact at least 48 percent were living in transitional housing programs at the time they were interviewed.



## CHILDREN

Children are the defining feature of the households in this study, as a child must be present with a parent for a household to be considered a “homeless family.” Many of the families in this study had quite complicated household arrangements. Some of a mother’s children may not have lived with her, or may have moved in and out during the course of the study.<sup>9</sup> Households sometimes also included children other than the mother’s biological children—among our families are four households that include only grandchildren<sup>10</sup> and several households with children of other adult household members as well as the mother’s own children. These children of other adults may be a boyfriend’s children, or children of the adult relatives (brothers, aunts/uncles, cousins) with whom the mother is staying.

In this section we present some very basic information about the children in the homeless families in our sample, returning in chapter 11 to a variety of issues related to children. We look here at the number of children a mother has, in total and by age group (0 to 17 or 18 and older). We then look in a bit more detail at her children age 0 to 17, including whether they are boys or girls, and the number who live with the mother.

### ALL CHILDREN

We look first at all of a mother’s children. Table 2.4 shows the proportion of families with 1, 2, 3, 4, and 5 or more children (first panel), and breaks out the number of children age 0 to 17 (second panel) and the number age 18 and older (third panel). Combining all communities, just over half the mothers (56 percent) have only one or two children, but just over one-fourth (27 percent) have four or more children. Seattle families are most likely to be small (37 percent with only one child), and San Diego families are most likely to be large (41 percent with four or more children).

With respect to the ages of children in sample families, all have minor children (age 0 to 17). Just over one third (36 percent) have only one minor child, but almost one in five (19 percent) have four or more minor children. Mothers with only one minor child are most common in Detroit and Seattle, while mothers with four or more minor children account for one third of San Diego families in the sample. Three-fourths of the mothers (74 percent) do not have any children age 18 or older. Mothers in Cleveland and Houston are most likely and mothers in Seattle are least likely to have adult children.

### *Focal Children*

Instructions to interviewers were to take the oldest child living with the mother as the focal child—the child about whom we would ask detailed questions about living arrangements, service

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<sup>9</sup> In some cases these moves into and out of the household caused a change in the child being treated as the Focal Child—an issue we explore in chapter 11.

<sup>10</sup> That is, the person we are calling the “mother” is the biological mother of someone who is not in the household but who has children. At least some of those children are in the care and custody of their grandmother, who became homeless and participated in a TH program with those children.

receipt, emotional health, and school-related issues. Of the 195 children selected as focal children (one per family), at moveout we counted 123 (61 percent) as school age—5 to 17—and 72 (39 percent) were preschoolers—age 0 to 4. Among the school-age focal children, four had been 17 while in TH but had turned 18 by the time their family left TH. We treated these four as school-age and continued to ask mothers about them throughout the follow-up period.

Table 2.4: All Children of Mothers in the Sample, by Age (0 to 17; 18 or older) (percentages)						
Number and age of children	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Number of children, any age						
1	27	22	29	22	27	37
2	27	27	32	31	23	24
3	19	20	18	19	8	22
4	15	14	11	19	23	13
5 or more	12	17	10	9	19	4
Number of children ages 0 to 17 <sup>a</sup>						
1	36	27	43	39	31	44
2	30	37	32	25	23	28
3	14	15	7	17	12	17
4 or more	20	21	18	19	34	11
Number of children 18 and older						
0	74	69	71	69	77	85
1	14	20	14	17	12	7
2 or more	12	11	15	14	11	8

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

<sup>a</sup> Includes four 18-year-old children who were focal children, although they had turned 18 by the time the family left TH.

We asked the gender of all of a mother's minor children, any child age 18 who was the focal child for that family (four children), and any grandchildren in her custody and without their own parent being present. Thirty-one percent had no girl children under age 18, 43 percent had one, 18 percent had two, and 8 percent had three or more minor girl children. Twenty-seven percent had no boy children under 18, 42 percent had one, 21 percent had two, and 10 percent had three or more minor boy children. We did not ask about gender for children age 18 and older, or for children of another adult living with the mother.

### MOTHERS' PRE-SCHOOL AND SCHOOL-AGE CHILDREN, WITH HER OR NOT AT MOVEOUT

In keeping with the complexity of these families, we report the various combinations of pre-school age (0 to 5 years) and school-age (6 to 17 years) children a mother has, and also whether

they lived with her at moveout.<sup>11</sup> As the first panel of table 2.5 shows, 28 percent of mothers in the sample have both pre-school and school-age children, 28 percent have only pre-school children, and 44 percent have only school-age children. San Diego has the highest proportion of mothers with both pre-school and school-age children and Seattle has the lowest proportion. San Diego has by far the lowest proportion of mothers with only pre-school children, and Cleveland has the lowest proportion of mothers with only school-age children.

Table 2.5: Mothers' Minor Children, by Pre-School (age 0 to 5) or School Age (6 to 17) and Whether Living With Mother at Moveout (percentages)						
Minor children's age and living situation at moveout	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Mother had <sup>a</sup>						
Both pre-school and school-age children	28	34	21	25	50	15
Only pre-school age children	28	31	32	25	8	37
Only school age Children	44	36	46	50	42	48
Mother lived with <sup>a</sup>						
Both pre-school and school-age children	20	21	21	19	39	9
Only her pre-school child(ren)	35	44	32	28	15	41
Only her school-age child(ren)	45	34	46	53	46	50
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.						
<sup>a</sup> Includes (1) 18-year-old children in four households who were Focal Children, although they had turned 18 by the time the family left TH, and (2) grandchildren in four other households who were in the custody of the study (grand)mother but without the children's mother being in the household.						

The second panel of table 2.5 shows the proportion of mothers who *live with* their minor children of various ages. Many of these mothers have minor children who did not live with them in transitional housing or in the housing they moved into when they left transitional housing. This can be seen in the generally lower proportions of mothers having both pre-school and school-age children who are living with children in both age groups. Overall, 28 percent of mothers have children in both age groups, but only 20 percent live with children in both age groups. This discrepancy is apparent in all study communities except Detroit. In Cleveland and Seattle, only about 60 percent of mothers who have children in both age groups are living with children in both age groups—a percentage that rises to about 77 percent in Houston and San Diego.

<sup>11</sup> Chapter 11 explores changes in children's living situation between moveout and 12 months, and also looks at the situation of children who do not live with their mother.

One can also see that the proportion of mothers who live only with pre-school children is generally a bit higher than the proportion who have only pre-school children. The same is true for mothers who live only with school-age children compared to those who *have* only school-age children. What is going on is that some of the children of mothers who have children in both age groups are not living with their mother, pushing the mothers into one or the other group of mothers who live only with pre-school or only with school-age children.

## OTHER CHARACTERISTICS OF MOTHERS AT MOVEOUT

### PRIMARY LANGUAGE

The ability to speak English makes it easier for people to navigate the communities they live in, and especially to get jobs that pay more and provide a chance for advancement. Transitional housing programs work to help mothers overcome various barriers they may have to getting and retaining housing. Where relevant, that assistance may include improving the mothers' ability to use English in its spoken and written forms. We asked mothers what language was spoken in the home where they grew up, and what language they speak in the households where they live now. Table 2.6 reports their answers.

More than 9 in 10 mothers grew up speaking English, although they may also have spoken another language at home. More than 8 in 10 currently live in a home where English is spoken; the remainder speaks another language at home, although they may also speak English. As with some other basic household characteristics such as race/ethnicity, there is considerable variation in home language across the five study communities. All mothers in Cleveland and Detroit grew up speaking English, and only a few Cleveland families speak another language now. In Houston and San Diego, about 1 in 10 mothers did not grow up speaking English; Spanish was the most common other language spoken. In Houston, San Diego, and Seattle, significantly more mothers speak a non-English language at home now than grew up in a home where no English was spoken. Spanish is the most common non-English language named. Only in Seattle were languages other than English or Spanish identified as childhood or current languages. Other languages, named by only one or two people in all sites combined, included Pacific island languages (Samoan and Tagalog), Middle Eastern/North African languages (Turkish, Farsi, Somali, Swahili), Creole (Haitian), and other European languages (French, German).

Table 2.6: Growing Up Speaking English and  
Language Other than English Spoken in the Home Now  
(percentages)

Language	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Did you grow up speaking English? If not, what language did you speak?						
English	92	100	100	89	88	80
Spanish	4	0	0	11	8	4
Other	4	0	0	0	4	16
Do you speak a language other than English in the home now?						
English	82	97	100	69	73	65
Spanish	12	3	0	22	23	15
Other	6	0	0	9	4	20

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

## HEALTH CONDITIONS AND PHYSICAL DISABILITIES

Health conditions and physical disabilities may be serious enough to limit a mother's ability to work to support her family, which would increase the family's risk of losing their post-TH housing. In addition, if children have serious health conditions or disabilities that affect their ability to attend school or participate in family or community activities. Certain health conditions might also affect a family's ability to find appropriate housing, if the housing needs to be wheelchair accessible or otherwise accommodate handicaps or health conditions. Table 2.7 gives mothers' reports of any limitations they may have due to health conditions, as well as whether their conditions require special housing accommodations. Table 2.10 gives the same information about children, based on mothers' reports.

The first thing of note in both tables is the very high proportion of refusals to answer the questions—something that we did not encounter with most other questions, including those about criminal history that we report in table 2.9. For the whole sample, 39–41 percent refused to answer these questions for themselves and for their children. Detroit mothers were by far the most reluctant to answer these questions (71 percent refused), but even in the community with the lowest proportion of refusals, Seattle, 26 percent of mothers refused to answer these questions.

Table 2.7: Mothers' Health Conditions and Physical Disabilities  
(percentages)

Limitations due to health conditions	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Mother has current health limits in moderate activities such as moving a table or walking to the store or to school						
A lot	5	0	7	0	8	11
A little	11	15	4	14	8	9
Not at all	44	49	18	50	35	54
Refused to answer	40	36	71	36	50	26
Mother has current health limits in climbing several flights of stairs						
A lot	7	2	4	8	8	13
A little	11	18	11	6	12	7
Not at all	41	42	14	50	31	54
Refused to answer	41	37	71	36	50	26
Mother has physical disabilities that require special housing accommodation						
A little	2	0	0	3	0	4
Not at all	57	64	29	61	46	70
Refused to answer	41	36	71	36	54	26

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

Only 2 percent of mothers said they had physical disabilities that required special housing, and only 1 percent said their children had such disabilities; these families were in Houston and Seattle. Five to 7 percent of mothers said their own health placed “a lot” of limits on their ability to do moderate activity or to climb several flights of stairs; 1–3 percent said the same for their children. Overall, 41–44 percent said they were “not at all” limited by their health, accounting for almost all of the mothers who answered the questions.

Table 2.8: Children's Health Conditions and Physical Disabilities  
(percentages)

Limitations due to health conditions	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Child(ren) have current health limits in moderate activities such as moving a table or walking to the store or to school						
A lot	1	0	0	0	0	2
A little	3	7	0	0	0	4
Not at all	55	56	29	64	50	67
Refused to answer	41	37	71	36	50	26
Child(ren) have current health limits in climbing several flights of stairs						
A little	3	7	0	0	0	4
Not at all	50	44	25	58	50	67
Child not walking yet	6	14	4	6	0	2
Refused to answer	41	36	71	36	50	26
Child(ren) have physical disabilities that require special housing accommodation						
A little	1	0	0	0	0	4
Not at all	57	61	29	64	50	70
Refused to answer	39	39	71	36	50	26

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

## CRIMINAL HISTORY

Having a criminal record—especially, having a felony conviction—can be a major barrier to obtaining housing. Many landlords check criminal history before deciding to rent an apartment, and many will not rent to people with recent criminal records. Even more daunting, the Department of Housing and Urban Development, whose housing and rental subsidy resources are the main route out of homelessness for many families, has regulations prohibiting receipt of these resources by people with felony convictions in the last five years, as well as regulations relating to drug use and drug-related involvement with the criminal justice system.

Table 2.9: Mothers' Experiences with the Criminal Justice System  
(percentages)

Involvement with the criminal justice system	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Were you ever placed in a juvenile justice facility, whether for committing a crime or for status reasons?						
Yes	10	10	11	8	19	4
No	88	85	82	92	81	96
Refused to answer	2	5	7	0	0	0
Have you ever been placed in an adult jail or prison for more than 24 hours at a time?						
Yes	34	46	25	25	46	26
No	63	47	68	75	54	74
Refused to answer	3	7	7	0	0	0
Have you ever been convicted of a felony?						
Yes	15	22	11	11	8	15
No	83	75	82	89	92	85
Refused to answer	2	3	7	0	0	0

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

These policies can be major barriers for homeless families seeking to return to housing, as addictions and their consequences are one of the primary reasons they became homeless in the first place, and one of the most common issues to be addressed in transitional housing programs. We did not ask the mothers in this study about drug convictions specifically, but we did ask about incarceration as a minor and as an adult, and whether the mother had ever been convicted of a felony. Table 2.9 gives their answers.

Ten percent of TH mothers reported having spent some time in a juvenile justice facility, rising to 19 percent among San Diego mothers and falling to 4 percent among Seattle mothers. Significantly more mothers—34 percent—had spent at least one day in an adult jail or prison. This includes almost half the mothers (46 percent) in Cleveland and San Diego, and one-fourth of the mothers in Detroit, Houston, and Seattle. A felony conviction was reported by 15 percent of mothers, ranging from 22 percent of Cleveland mothers down to 8 percent of San Diego mothers. These results indicate that one out of every six or seven TH mothers in this sample may have trouble getting housing due to her criminal record. The study asked about assistance obtained from TH programs in overcoming this barrier, which we report in chapter 5 where we describe TH services and their perceived usefulness.



## Chapter 3: Housing and Homelessness in the Year Before Entering Transitional Housing

This chapter describes mothers' history of homelessness over their lifetime, then focuses specifically on the experiences of homelessness and housing instability that affected our transitional housing families in the 12-month period before they arrived at their TH program. For some whose homelessness was very short, this 12-month time frame will include periods of stable housing before becoming homeless. For some whose homelessness had lasted more than a year before arriving at their TH program, all aspects of that time period will represent homelessness in one guise or another.

Knowledge of these mothers' homeless histories and the pathways that led to their most recent homeless episode and thence to a transitional housing program is important from two perspectives. First, it helps us understand the challenges that TH programs work with their residents to overcome as well as the barriers that families may face in achieving stable housing once they leave TH. Second, it gives us some idea of the types of people accepted into TH programs. In doing so it may shed light on the controversy about whether TH programs are taking mostly "easy to serve" families. However, in raising this latter possibility we must remind the reader that our sample consists of families that TH programs considered "successful" graduates. We deliberately did not try to recruit and follow families that dropped out for various reasons after only a month or two in the program without achieving any of the goals that are typical for TH program families. So we might expect that the families in our sample would have some things going for them that might not characterize the hardest-to-serve families who experience lengthy or repeated homelessness.

More than for any other issue we examine in this report, homeless patterns show some important differences across our five communities that we want to sketch out before looking at the details of homeless patterns in the tables to follow. In none of the communities are the patterns completely consistent—in fact, the families in two communities appear to split into two quite different groups—but the communities can still be characterized as follows:

- **Cleveland families**—have fewer very short (less than 24 hours) and more long (12+ months) homeless episodes, less "never moved" while homeless, more job loss, and more involvement with drugs.
- **Detroit families**—have more very short (less than 24 hours) and fewer multiple episode homeless histories, less domestic violence (DV), more who never used emergency shelters, but more affected by situations with relatives and friends, including loss of housing because a primary tenant stopped paying rent or lost the housing (i.e., dependency), and more jail. Many aspects of these histories go along with the younger average age of Detroit mothers.
- **Houston families**—have more very short (less than 24 hours) and more "never moved while homeless" histories, less domestic violence, less use of emergency shelters (more never used them), and more living in their "own place" before TH.

- **San Diego families**—one group appears to have short spells with domestic violence involvement, and one group appears to have long spells, drugs, and jail.
- **Seattle families**—one group appears to have high shelter and DV shelter use, more going from “own place” directly to homelessness, and the lowest dependency on others who were primary tenants, while another group has many moves in the year before entering TH to venues that were not their own.

## NUMBER OF TIMES HOMELESS

More than half of the mothers in our sample (58 percent) had only been homeless for the one time that ended in their participation in transitional housing. Thus the median number of times homeless was 1 for all sites and overall. The mean number of times homeless was almost double the median at 1.8 times, reflecting the effects of having quite a number of mothers who had been homeless multiple times. Differences among sites were not statistically significant, although it appears that San Diego mothers were most likely and Cleveland mothers were least likely to be in a first homeless episode. Table 3.1 displays these results.

Table 3.1: Number of Times Homeless (percentages)						
Number of times	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Once (this time)	58	51	57	58	69	63
2 times	19	22	21	17	19	15
3 times	7	5	4	11	0	11
4 or more times	13	17	18	14	8	9
Not answered	3	5	0	0	4	2
Mean # of times	1.8	1.9	1.9	1.8	1.4	1.6
Median # of times	1.0	1.0	1.0	1.0	1.0	1.0
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.						

## LENGTH OF HOMELESS EPISODE LEADING TO TH

Eighteen percent of mothers reported a period of homelessness that lasted less than 24 hours, including some who said they were not homeless at all (table 3.2). One might well ask how this could happen with transitional housing programs, which are intended to serve only those families that have not been able to return to regular housing with only the resources of emergency shelters to help them—that is, families that clearly are homeless and need more than basic help to get back into housing. The mothers’ stories reveal that some TH programs accept families who are still in their own place but are within seven days of being evicted, as HUD rules allow. Thus they do not report their situation as “homeless.” A few mothers reported living with relatives while on the waiting list for a spot in a TH program serving pregnant women, and moving into TH when the spot opened up. A few other mothers described themselves as being in their own place but very behind on paying rent and facing eviction, and that a TH program paid their back

rent and enabled them to stay in their own place (where they still were when we interviewed them following TH exit). People in this category basically never spent a night in what HUD would define as literal homelessness, but qualify for these programs under HUD rules because they are within seven days of being evicted. This pattern was most likely to happen in Detroit and Houston, and least likely to happen in Cleveland and Seattle. Conversely, 55 and 58 percent of Cleveland and San Diego mothers, respectively, had been homeless at least six months before they entered TH, as was true for 39 percent of Seattle mothers—significantly more than the 8 to 12 percent in Detroit and Houston who had been homeless this long.

Table 3.2: How Long Homeless This Time  
(percentages)

Length of homelessness	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Less than 1 day, including within 7 days of eviction	18	10	37	33	19	7
At least 1 day up to 1 month	14	8	25	28	15	4
1 to 3 months	18	12	25	17	4	30
3 to 6 months	13	15	7	11	4	20
6 to 12 months	22	31	4	6	35	28
12 months or more	14	24	4	6	23	11
Mean # of months	7.6	11.3	2.2	3.0	10.8	7.9
Median # of months	3.0	7.0	0.6	1.0	8.0	4.0

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

## EXPERIENCES IN THE 12 MONTHS BEFORE ENTERING TH

We were interested in many aspects of our families' housing and financial experiences during the year before they entered a transitional housing program that might potentially have contributed to their ultimate loss of housing. These included

1. All the places that families stayed during that 12 months, and the number of moves they made
2. The quality of their housing as indicated by overcrowding or lack of utilities or functioning bathroom facilities
3. Financial stress as indicated by an inability to pay utility bills or the rent, or by food insecurity—not having enough food for oneself or one's children
4. Use of emergency shelters
5. Families' living situation just before they became homeless the time that ended in their TH program participation.

## PLACES WHERE THE FAMILIES STAYED

We asked mothers to tell us where they stayed in the 12 months before they entered TH—a period which for some mothers included time housed as well as time homeless. Mothers often reported staying in more than one type of place. On average, they named 2.6 types of place, and may also have moved several times within a single type such as moving from one relative's house to another, Table 3.3 indicates that the homes of family and friends were the most commonly named places, with 65 percent of mothers spending time in these venues in the 12 months before TH entry. One's own house or apartment was almost as common, with 57 percent naming it—Cleveland, Detroit, and San Diego mothers were less likely to do so than Houston mothers.

Table 3.3: Where Families Stayed During the 12 Months Before Entering TH (percentages)						
Where stayed	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Relative's or friend's place	65	69	68	53	62	70
Own house/apartment	57	46	50	75	50	67
Emergency shelter <sup>a</sup>	36	39	14	22	31	61
Boyfriend's or partner's place	21	24	21	22	12	20
Domestic violence shelter <sup>a</sup>	15	14	0	8	23	28
Hotel/motel self pay	15	19	4	6	19	22
Addiction treatment program <sup>a</sup>	13	20	7	11	23	2
Voucher hotel/motel	11	0	4	0	19	33
Different TH program	10	15	4	3	12	13
Vehicle	9	10	4	0	8	20
Jail or prison <sup>a</sup>	4	10	0	0	4	2
Hospital	4	7	4	0	0	7
Other "street" locations	4	8	4	0	0	4
Source: Urban Institute analysis of family interview data. Note: Cell entries will sum to more than 100 percent since mothers could indicate multiple places they stayed in the year before TH.						
<sup>a</sup> More mothers than shown here spent time in this type of venue, as indicated by the narrative story of their homelessness.						

Only 36 percent of mothers said they spent time in an emergency shelter in the 12 months before entering TH, with mothers in Detroit and Houston least likely to name this venue and mothers in Seattle most likely to do so. Domestic violence shelters were most likely to be used by mothers in San Diego and Seattle, while Seattle mothers were most likely to have slept in a vehicle while homeless (20 percent).

## NUMBER OF MOVES IN 12 MONTHS BEFORE TH

Overall, 16 percent of families in this study never moved from the place they were living before they entered TH. This was least likely to occur in Cleveland and Seattle compared to the other three cities. At the other end of the spectrum, 25 percent of mothers moved 4 or more times in this 12-month period, including 3 percent who moved more than 10 times (table 3.4). The median number of moves was 1.5 for the whole sample and ranged from 0.6 in Detroit and 0.7 in Houston to 2.7 in Seattle.

Table 3.4: Number of Moves in 12 Months Before Entering TH  
(percentages)

Number of moves	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Never moved, still in same place as before TH	16	10	21	28	19	9
1 time	24	19	48	33	4	20
2 times	21	22	14	19	38	15
3 times	14	24	7	8	15	11
4 to 10 times	22	22	11	11	23	35
More than 10 times	3	3	0	0	0	9

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

## HOUSING QUALITY AND FINANCIAL STRESS

Undesirable housing conditions are frequently associated with the living circumstances of families just before they became homeless, as are many signs of financial distress. We asked whether families had lived in overcrowded conditions in the year before entering TH and learned that one in four families (26 percent) had done so. As shown in table 3.5, families in San Diego were the most likely to have been overcrowded (45 percent), and those in Detroit and Houston were the least likely to have lived in overcrowded conditions. Living under circumstances that lacked basic amenities such as heat, light, or bathroom facilities was a less common experience, reported by only 14 percent of mothers.

We measured housing hardship of a financial nature by asking whether the families had had times during the year before entering TH when they could not pay utility bills or the rent. More than half had had each experience, with slightly under half (48 percent) reporting both types of financial hardship. There is little variation among the sites, except for a lower rate of housing hardship in San Diego than was reported in the other communities. Among single parents with incomes at or below 200 percent of the federal poverty line (FPL), the National Survey of American Families (Nelson 2004) found that 35 percent experienced housing hardship in 2004. Our families are poorer—most have incomes at or below 100 percent of FPL—so it is not surprising that they are more likely to report housing hardship.

Food insecurity was also notable among families during the year before they entered TH. The National Survey of American Families also measured this condition and found that 59 percent of low-income single parents (those with incomes at or below 200 FPL) experienced food insecurity as measured by agreement with at least one of the same three questions we used in our survey of TH families. Our sample families are right in that range, with 30 percent agreeing with all three food insecurity questions. No significant differences occurred between sites.

Table 3.5: Housing Quality and Financial Stress in the 12 Months Before Entering TH (percentages)

	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Lived in overcrowded conditions (% yes)	26	30	11	9	45	33
Lived in housing without utilities or bathroom facilities (% yes)	14	16	11	21	14	9
<b>Housing Hardship</b>						
Not able to pay utility bills (% yes)	54	56	50	58	38	61
Not able to pay rent (% yes)	56	59	57	61	42	57
Had trouble paying both rent and utilities (% yes)	48	53	46	56	31	48
<b>Food Insecurity</b>						
Worried that food would run out before had money to buy more (% sometimes or often)	57	59	57	64	46	57
Food just didn't last and had no money to buy more (% sometimes or often)	50	47	50	56	42	52
Had to cut size of meals/skip meals because not enough money (% sometimes or often)	34	29	29	44	31	37
% "sometimes" or "often" for all three	30	22	21	44	27	37

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

## USE OF EMERGENCY SHELTERS

Table 3.6 expands on the information we have about mothers' use of emergency shelters. It confirms the evidence shown in table 3.3 that only about one in four Detroit and Houston mothers used emergency shelters at all, while three in four Seattle mothers spent some time in emergency shelters.

Table 3.6: Use of Emergency Shelters While Homeless Before TH Entry (percentages)

Shelter use	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
None of the time	53	54	79	72	42	26
Some to half the time	29	36	4	11	31	48
Most or all of the time	18	10	18	17	27	26

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

### LIVING SITUATION JUST BEFORE MOST RECENT HOMELESSNESS

About three in five mothers were living in their own house or apartment before the homeless spell began that would lead them to TH, while half were living with relatives or friends.<sup>12</sup> Seattle mothers were most likely to be living in their own place just before they became homeless. Detroit mothers were most likely to be living in a relative's or friend's place. Relatively few mothers (8 percent) were living with a boyfriend or partner, the exception being San Diego mothers, among whom one in five were doing so (this arrangement is probably related to their greater likelihood of identifying domestic violence as a reason for leaving the place they were living. Although it was an option in the question, no mothers reported a substance abuse treatment program as their location just before becoming homeless.

Table 3.7: Where Families Were Living Just Before They Became Homeless the Time That Led to Entering TH (percentages)

Where living	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Own house/apartment	58	56	43	58	58	72
Relative's or friend's place	33	39	54	36	19	20
Boyfriend's or partner's place	8	3	4	8	19	9
Other	1	3	0	3	4	0

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

### FACTORS AFFECTING HOMELESSNESS

At several points during our initial interviews with mothers, we asked about experiences that may have been factors in their homelessness, including self-perceived reasons for becoming homeless and their history of getting and keeping their own place (apartment or house) at some time in their life.

### REASONS AND EXPERIENCES LEADING TO HOMELESSNESS

We asked directly about reasons for their homelessness, and also about places they had stayed prior to TH (already reported in tables 3.3 and 3.7). We also asked them to just “tell us your story” of how they got to TH, and recorded what they said. We coded the narrative they related, describing their pathways into TH, and combined the results with the information they provided about venues and reasons to create summary variables of their pre-TH homeless experiences. Table 3.8 displays the results, shown in descending order from experiences revealed by the most mothers to experiences revealed by the fewest mothers.

<sup>12</sup> The question (5u) read “Where were you living just before you become homeless or were without regular housing the most recent time?” Mothers may have lived in these venues during the 12 months before entering TH or before that—sometimes considerably before that, if their homelessness had lasted more than a year.

**Table 3.8: Experiences Leading to the Episode of Homelessness  
Just Before Participation in TH  
(percentages)**

Experiences <sup>a</sup>	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Could not pay rent or bills, got evicted for nonpayment	40	53	39	33	31	33
Living with relatives or friends, overcrowded, too hard	37	58	25	22	46	26
Domestic violence, abuse	36	34	4	42	54	46
Conflict, tension with relatives where living	33	29	50	31	31	30
Lost job, had hours cut, got sick and couldn't work, etc.	22	31	21	19	19	13
Drinking, doing drugs, went into treatment, other addictions-related	19	32	7	14	42	2
Lost housing because someone who paid the rent left or died, building was sold, fire, landlord was foreclosed on, building was condemned	17	15	29	19	19	11
New baby, or pregnant	12	15	18	8	4	13
Some sense of choice—wanted own place, "it was time," needed to be on own	11	14	18	11	0	9
Went to jail, was in jail	7	12	0	0	16	4

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries will sum to more than 100 percent since mothers often reported more than one relevant experience. Variables in this table that represent types of experience were created by combining information from questions about where mothers were living in the year before entering TH, their reasons for leaving their last residence, and their narrative description of how they got to TH.

The top four experiences associated with eventual homelessness were losing housing because one could not pay the rent or bills, having to leave overcrowded conditions with relatives or friends, domestic violence and abuse, and conflict or tension with relatives leading to being asked to leave or even kicked out (e.g., by mother's new husband or sister's new boyfriend). As already noted with respect to table 3.3, domestic violence was rarely an issue in Detroit but a significant issue for at least one in three mothers in the other cities, whether or not they ever went to a shelter specifically for domestic violence victims. Conflict and tension with relatives was most likely in Detroit, while not being able to pay the rent was most common in Cleveland. Mothers in Cleveland and San Diego were most likely to cite overcrowded conditions while living with relatives, but without any overt mention of conflict.

Seventeen percent of the mothers in this sample lost housing for reasons beyond their control. These included events that were truly external to their situations, such as the owner of their building selling it or losing it to foreclosure thereby forcing our families out of housing for which they were current on rent, or their building being destroyed by fire. Closer to home, mothers lost housing when they were not themselves the principal rent payer and may not have been paying anything toward their housing, but for one reason or other the person who was paying for housing no longer did so. These situations included divorce or other relationship dissolution, a relative dying or getting sick, a relative moving and having no room for her in the new place, or

a relative no longer being able to pay the rent so everyone became homeless (mom or dad or uncle went to jail).

New pregnancies or babies were a factor in their homelessness for one mother in eight (12 percent). New babies sometimes motivated mothers to go out on their own. They also sometimes motivated relatives with whom the mother had been living to suggest that the family in our sample was close to outstaying its welcome.

One category in table 3.8 may strike readers as somewhat odd to include in a list of reasons for homelessness, but it occurred with sufficient frequency that we thought it was important to note. The “how I got to TH” stories and “other” reasons in some additional survey questions contained indications of self-motivation for 11 percent of mothers. These comments included “time to be on my own,” “wanted my own place,” “it was time,” “didn’t feel right living with my in-laws after I broke up with their son,” and even “I wanted a bigger apartment.” The Housing Choice Voucher study (Mills et al. 2006) confirms the tremendous pressure on extended families to form new households with parent and child leaving when housing assistance is offered.

Finally, going to jail was a factor for 7 percent of mothers, almost all of whom were in Cleveland or San Diego where we also observed the highest level of admitted substance abuse.

### **WERE CHILDREN HOMELESS WITH THEIR MOTHERS?**

The last thing we asked mothers about their homeless histories was whether one or more of their children were with them while they were homeless most recently—that is, during the homeless episode that preceded TH entry. Eighty-two percent of mothers said their children *were* with them. Significantly fewer mothers in Cleveland than in Detroit, Houston, and Seattle had their children with them while homeless (68 versus 89, 94, and 85 percent, respectively). Mothers in San Diego, at 81 percent, were not significantly different from Cleveland due to small sample size. Given that all mothers in our sample had at least one of their children with them when they left TH,<sup>13</sup> their TH programs were instrumental in helping many of these mothers reunify with their children.

### **TENANCY HISTORY**

In some studies of family homelessness, notably the work of Shinn and her colleagues in New York City, an important predictor of eventual homelessness is whether a family was ever a primary tenant—that is, was a leaseholder or a home owner. Families that were primary tenants, having full responsibility for their own housing, were less likely to become homeless than families that had never achieved this level of independence. We therefore asked about experiences of primary tenancy among the families in our sample, as well as whether there had been problems paying the rent in their most recent residence, whether they had ever been evicted from a place they were living, and whether they had ever been accused of or charged with property damage to a place where they were living. Table 3.8 displays the results.

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<sup>13</sup> One mother was receiving visits from her children and working toward reunification while in TH, but did not regain custody until several weeks after TH exit.

Table 3.9: Tenancy History (percentages)						
	Total—all communities	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
Ever had lease in own name or owned your place (% yes, n = 195)	82	78	64	83	85	93
Had trouble paying rent in most recent place owned or leased (% yes of all who ever owned or leased (n = 159)	64	61	72	70	55	65
Ever evicted (% yes of all who ever owned or leased (n = 159)	48	57	67	50	45	33
Ever accused of or charged with property damage to a rental unit (% yes of all who ever owned or leased (n = 159)	11	17	0	17	14	5
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.						

A surprising number of the families in our sample (82 percent) had held leases in their own name or owned their own homes. Detroit mothers were the least likely to have been primary tenants, and even among this group 64 percent had this history. More than 9 in 10 Seattle mothers had been primary tenants. Of the 159 families that had been primary tenants, 21 percent had leased or owned one place, 18 percent had leased or owned two places, and 61 percent had leased or owned three or more places. No differences were found across sites in the number of places leased or owned. Among the mothers who had been primary tenants, 64 percent had had difficulty paying the rent in the most recent place they leased or owned.

The last questions examined in table 3.9 concern mothers' history of evictions or accusation of property damage—two experiences that can become major barriers to a family's ability to get housing in the future. Forty-eight percent of sample mothers who had been primary tenants had been evicted at least once. Of these mothers (n=77), 53 percent had been evicted only once and 40 percent had been evicted two or three times. Compared to San Diego and Seattle mothers, Cleveland and Detroit mothers were more likely to have experienced multiple evictions. Relatively few mothers (11 percent) had ever been accused of damaging the property they were renting.

## Chapter 4: Transitional Housing Program Characteristics

An early phase of this project gathered information from TH programs in the five participating communities. The first project report (Burt 2006) provided a good deal of information about TH programs in these communities.<sup>14</sup> That report described tenant demographic characteristics, income and income sources, employment, disabilities, and the like. It also covered program characteristics, program outcomes, and programs practices with respect to follow-up services and documentation. Program characteristics included size, length of stay, staffing, eligibility criteria, expectations for tenant families, criteria for success, services offered, criteria for termination, and the like.

We will be using a few selected program characteristics in our analysis of factors affecting outcomes for TH families, so it is appropriate that the reader know what these characteristics are and how many programs have each characteristic. We do this only for the 13 program variables we considered using for the regression analyses reported in chapter 12.

### PROGRAM SIZE

For a number of reasons, program size is the most problematic of the variables that describe the TH programs in this study. We were trying to accomplish three objectives at once as we recruited programs, and they were not entirely compatible:

1. **Use “typical” TH programs**—we wanted our sample of programs to be as typical of TH programs countrywide as possible. The housing inventory charts (HICs) that each CoC submits with its annual HUD Supportive Housing Program application are the only consistent source of data that could tell us what was typical. We used the HICs from the five communities in the study to identify our sample. We also used national HIC data, supplied by Abt Associates, to determine the distribution of family TH programs by size (number of units) for the country as a whole.
2. **Get enough families for the sample**—we were trying to recruit 60 families per community for a total of 300 families (we succeeded in recruiting 195 families). With a typical length of stay of 12 months and an original recruitment period of 6 months, a TH program with 3 units would have been unlikely to have any families leave within the recruitment period. Clearly, if our sample including a lot of small programs we would not have been able to recruit enough families for our sample. Therefore we selected communities that, according to their HIC, had at least 350 family TH beds (about 120 family TH units). According to our calculations that number of units should have generated a large enough flow of families exiting TH programs during the recruiting period to let us fill our sample. We also set a minimum program size of 4 units and mostly recruited significantly larger programs where they existed. The consequence of

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<sup>14</sup> Appendix F provides a condensed version of the projects report, “Characteristics of Transitional Housing Programs for Homeless Families,” which may be found in its entirety at <http://www.urban.org/url.cfm?ID=411369>.

these methodological requirements is that we had to select the five communities for this study from no more than 20 or 25 CoCs with an adequate number of family TH beds, out of a total of more than 450 CoCs.

3. **Simplify recruitment**—if TH programs were set up with centralized intake and case management for housing that counted as two or more “programs” on a HIC, we treated it as one program for recruitment purposes because we had to go to one office and talk with one set of case managers to access families from all the HIC-defined programs subsumed under the single intake and case management structure. Doing so gave us fewer but bigger “programs” as we defined a program.

These study requirements and decisions mean that the communities we went to are atypical, being large and having hundreds of family TH beds (at least according to their HICs). And within those communities we took more large programs than small programs, again pushing our sample toward the end of the family TH program spectrum that has relatively fewer programs nationwide.<sup>15</sup> Our practice of defining a “program” by its intake and case management structure rather than by the number of rows in a HIC also pushes our array of programs toward the large end.

Finally, HICs are not always entirely accurate. They sometimes include residential treatment programs, programs mislabeled as “family” when they are only for single women, programs mislabeled as TH when they are really extended-stay emergency shelters, and so on. The consequence for our purposes is that the comparison we are about to make between the sizes of TH programs in our sample and family TH programs in metropolitan areas is inaccurate to the extent that perhaps 5 to 10 percent of the programs in the HIC data should not be counted as family TH, and the way we counted a “program” shrank the number of programs to 13 percent fewer than appear in the HIC data.

Table 4.1: Family TH Program Size, Comparing Programs in the Study Sample to Family TH Programs in Metropolitan Areas in 2006

Program size, in units	Study sample		Distribution in 2006 HICs from metro areas (n = 2,940)
	Number	Percentage	
1-2 units	0	0	14%
3-9 units	6	17	47%
10-19 units	9	25	25%
20-29 units	10	28	8%
30-39 units	4	11	3%
40+ units	7	19	4%

Source: Urban Institute analysis of transitional housing program interviews; Abt Associates analysis of 2006 HIC data. Note: “for this analysis “metro areas” was defined to include “cities with more than 50,000 population.” Omitting these cities would make a very small difference, moving 1 percent of programs from the category “3 to 9 units” to the category “10 to 19 units.”

<sup>15</sup> In four of the five communities we worked with every available TH program of four or more units. In the fifth community we sampled TH programs because it had many more than we needed for recruitment.

Nevertheless, the HIC data are the best we have for giving the reader an idea of how the TH programs from which families were recruited into this study compare to family TH programs in metropolitan areas nationwide.<sup>16</sup> Theirs are the characteristics we will be using to see whether any TH program characteristic predicts family outcomes. So we present this comparison in table 4.1. As can be seen, large family TH programs (those with 20+ units) are overrepresented in our sample at 58 percent, compared to only 15 percent of family TH programs in all metropolitan areas. The proportion of programs with 10-19 units is the same, and clearly we have far fewer small programs (those with 9 or fewer units) than is typical in metropolitan areas.

## LENGTH OF STAY

The amount of time families stay in transitional housing programs may affect what TH programs are able to do for them, and therefore how much influence the programs are likely to have on their post-TH experiences. A family that only stays in a program for 3 months will not be able to take advantage of program offerings as much as a family that stays for 18 months. However, it may also be true that families staying only a short time in TH did not *need* as much help as those staying much longer. In that case length of stay will make no difference in post-TH outcomes. Finally, it may be true that families staying longer in TH are more likely to leave with a housing voucher, having had the time while in TH to apply and work their way to the head of the waiting list. If true, length of stay in TH will be associated with the positive outcome of post-TH success in retaining housing, because families staying longer will have a housing voucher at exit.

Table 4.2: Maximum Length of Stay and Typical Length of Stay for Successful Leavers (percentages; n = 36)		
Length of stay	Maximum	Typical for successful leavers
Less than 12 months	3	36
12 months	8	25
More than 12 up to 18 months	14	22
More than 18 months	75	17
Source: Urban Institute analysis of transitional housing program interviews.		

Table 4.2 describes the maximum length of stay, in months, allowed by the 36 TH programs from which the mothers in our sample were recruited. It also shows the actual average length of stay reported by programs of families that the programs considered “successful leavers”—meaning that at the time they left they had achieved at least some of their program goals, the

<sup>16</sup> We compare our sample of family TH programs to those *in metropolitan areas* nationwide because all of our communities are large cities and their surrounding urban counties. We defined “metropolitan areas” for this analysis to include the category “cities with populations of more than 50,000,” because some communities in our urban counties fit this description and we wanted to have them represented in the national comparison. Omitting these cities makes a very small difference in the distribution of family TH programs by size, moving 1 percent of programs from the category “3 to 9 units” to the category “10 to 19 units.”

most important of which were having housing and having an income. Three out of four TH programs had maximum lengths of stay of more than 18 months—usually 24 months. Another 14 percent allowed families to stay for up to 18 months, 8 percent had a maximum of 12 months, and 3 percent had a maximum of less than 12 months (1 program, with a maximum of 4 months).

Despite these usually lengthy maximums, most families stayed for considerably shorter periods of time. Three in five families (61 percent) participating in these TH programs and considered by the programs to be successful leavers were gone by 12 months after program entry. Another 22 percent stayed for 12 to 18 months, and only 17 percent stayed longer—usually the full amount of time allowed by the program.

## STAFFING INTENSITY

It stands to reason that the more staff a program has available to work with a given number of families, the more help it will be able to focus on a particular family. More staff members also mean that a mother has greater flexibility and a greater likelihood of finding at least one staff member with whom she can work easily and productively. Family/staff ratios varied widely among the 36 TH programs from which we recruited mothers—from one that had more than one staff per family up to four that had 10 or more families per staff member (one program had 40 families per staff member). Table 4.3 provides the details.

Table 4.3: Staffing Ratios—Staff Members per Family, Weekdays		
Staff members on duty per family, weekdays	Number of programs (n = 36)	Proportion of programs
1 or more staff members per family	1	3
0.50 to 0.99 staff member per family	5	14
0.25 to 0.49 staff member per family	10	28
0.11 to 0.24 staff member per family	16	44
0.10 or less staff member per family	4	11
Source: Urban Institute analysis of transitional housing program interviews.		

## OTHER PROGRAM CHARACTERISTICS

In addition to basic information about TH programs such as their size, maximum length of stay, and staffing pattern, we selected eight other program characteristics that might make a difference for family outcomes, including staff availability, housing configuration (scattered site or facility-based), and the types of clients selected. Table 4.4 shows the number and proportion of TH programs with each characteristic.

Relatively few of the TH programs contributing families to our sample used a scattered-site housing configuration—only 7 programs (19 percent) used this housing model, with the rest housing their TH families in a building dedicated to housing families while they receive program services. Of the 29 facility-based programs, all but four had staff available on weekends, as did 4 of the 7 scattered-site programs. In the latter, weekend staff were on-call rather than being on the premises, as participant apartments were spread throughout the city, but all participants knew how to reach staff if they were needed. All but five programs said they had staff available on

weekday evenings and overnights. Three of the programs without such staff coverage were scattered-site, and two were facility-based.

Table 4.4: Other Program Characteristics

Characteristic	Number (n = 36)	Percentage “yes”
Scattered site housing configuration	7	19
Staffed weekday evenings and nights with someone who is awake	31	86
Staffed on weekends	29	81
Program for women who are pregnant or with infants	4	11
Domestic violence program	6	17
Will not take anyone with mental illness unless well controlled by meds	8	22
Will not take active substance abusers	31	86
Requires at least 6 months of sobriety at program entry	9	25
<i>Source:</i> Urban Institute analysis of transitional housing program interviews.		

The TH programs that contributed families to our sample were quite varied in the types of mothers they were designed to help. Four were programs for pregnant women or those who had just given birth. Six were domestic violence programs and served only women fleeing battering situations. Eight programs would not take any mother with severe and persistent mental illness unless it was well-controlled by medications and the mother was compliant with treatment. Most programs (31 of 36) would not take active substance abusers; 9 of the 31 required mothers to have at least 6 months of sobriety before they would be accepted. Others had conditions that included successful completion of a drug treatment program or sobriety for a period less than six months. A few required a year or more of sobriety. All TH programs, whether they required a period of sobriety or not, required that any mother with a substance abuse history be committed to abstinence, to recovery, and to working on recovery in the program.

The pervasiveness of these sobriety requirements means that the TH programs in this study were not going to serve the many mothers who were homeless with their children, had addiction problems, but had not yet reached a point of committing themselves to recovery. While these requirements are in many ways understandable from a TH perspective—the programs wanted to focus their intensive and costly resources on mothers who were committed to pursuing the common TH program goals of recovery, employment and income stability, and housing stability—the selection process nevertheless does mean that only the most motivated mothers are likely to get into family TH programs.

### TH PROGRAMS FOR WOMEN FLEEING DOMESTIC VIOLENCE

We saw in table 4.4 that 17 percent of the family TH programs in this study were domestic violence programs. Countrywide in 2006, 18 percent of family TH programs described themselves as domestic violence programs. In metropolitan areas that proportion is 16 percent

and in nonmetropolitan communities it is 24 percent.<sup>17</sup> So the family TH programs from which we recruited mothers for this study have basically the same proportion focused on domestic violence as is true for metropolitan areas nationally.

## GETTING A HOUSING SUBSIDY

In past research on homeless families, having a housing subsidy is the single factor that has proved most important in their ability to retain housing once they leave homelessness. The availability of housing subsidies for families leaving TH is highly dependent on local policies. Communities vary greatly in the sheer number of subsidies they control as well as in their policies regarding the priority they assign to giving any available subsidies to homeless households. In addition, programs may vary in their connections to local housing authorities and their skill in helping their clients navigate the often turbulent waters of applying for a subsidy. Among the participants in this study, only 8 percent of Houston mothers left TH with a housing subsidy, compared to 80 percent of Seattle mothers, as we discuss further in chapter 6. Looking at the subsidy issue from a program perspective rather than the perspective of the TH family, the 36 programs contributing families to this study reported, on average, that 34 percent of their families had a housing subsidy when they left the program; the range was 0 to 100 percent. Table 4.5 provides the details.

Table 4.5: Proportion of Families Leaving with a Housing Subsidy

Proportion	Number of programs (n = 36)	Proportion of programs
0 to 10 percent	9	25
11 to 25 percent	8	22
25 to 50 percent	5	14
51 to 75 percent	9	25
More than 75 percent	5	14

Source: Urban Institute analysis of transitional housing program interviews.

Nine TH programs reported very low receipt of housing subsidies—from 0 to 10 percent. Eight said that 11 to 25 percent of their families left with a subsidy, five reported subsidies for 25 to 50 percent of their families, nine said that 51 to 75 percent of their families left with a subsidy, and five saw more than 75 percent of families leave with a subsidy.

<sup>17</sup> Urban Institute analysis of 2006 HIC data on family TH programs supplied by Abt Associate, Inc.

## ASSOCIATIONS AMONG TH PROGRAM CHARACTERISTICS

This chapter described program characteristics one at a time, and the last analysis looks at associations among individual TH program characteristics. Table 4.6 displays these associations, some of which are quite strong. The shaded cells in table 4.6 indicate that their correlations are significant at  $p < .01$ . We established the relatively high criterion for the significance of associations among program variables because we do this analysis at the level of TH families ( $N=195$ ) rather than programs ( $N=36$ ), so we wanted to compensate in part for the elevated significance levels that the larger  $N$  might generate.

As can be seen in table 4.6, the more units a family TH program has, the more likely it is to use a scattered site housing model, to restrict program entry for people with serious mental illness, and to have a relatively lower staff-to-family ratio. Larger programs are also less likely to have a maternity focus. Scattered-site programs are less likely to have restrictions on active substance abuse, more likely to be domestic violence programs and a longer maximum length of stay (but not a longer *typical* length of stay), and to have a lower staff-to-family ratio and less staffing on evenings and weekends.

Programs that restrict entry for people with serious mental illness also do so for active substance abusers, and require longer periods of sobriety before they will accept a family. They also have longer maximum and typical lengths of stay. Programs that will not take active substance abusers tend not to be domestic violence programs, and to have families that typically leave after a relatively short stay.

Programs where families stay in TH longer tend to have restrictions on mental illness but not on substance abuse, to be domestic violence programs, to have lower staff-to-family ratios, and to have more families leave with a housing subsidy.

We return in chapter 12 to the program variables just described. There we pull together all the factors potentially affecting post-TH success in regression analyses that will let us see what has actually influenced post-TH housing stability, employment, and children's schooling and emotional well being. Before doing that, however, we need to understand what families received from TH programs, which is the focus of the next chapter. Thereafter we describe in separate chapters mothers' pre- and post-TH experiences with housing, education, employment, emotional and mental health, and substance abuse issues. Chapter 11 is devoted to the experiences of the children in TH families while they were homeless, during TH, and in the year following TH.

Table 4.6: Associations Among TH Program Characteristics

	program # units in	Scattered site?	No uncontrolled ment. illness	No active sub. abuse	6+ months sobriety	Domestic violence	Pregnant/ infants	Maximum LOS	Typical LOS	Staff/family ratio	Staffed 24/7 weekdays	Staffed on weekends	% leaving w. hsg. subsidy
# units in program	--												
Scattered site?	.470	--											
No uncontrolled mental illness	.347	.012	--										
No active substance abuse	-.056	-.462	.188	--									
At least 6 months sobriety	.081	-.027	.391	.203	--								
Domestic violence program	-.039	.300	-.108	-.708	-.126	--							
Pregnant/parenting program	-.233	-.180	-.018	.105	.001	-.105	--						
Maximum LOS	.117	.192	.269	-.008	-.238	-.027	.106	--					
Typical LOS	.149	.120	.340	-.273	.027	.261	-.167	.558	--				
Staff-to-family ratio	-.410	-.302	-.170	.011	.158	.036	-.056	-.626	-.408	--			
Staffed 24/7 weekdays	-.070	-.363	.036	.117	.058	-.003	.108	-.154	-.065	.269	--		
Staffed on weekends	-.031	-.248	.098	.161	.123	-.063	.131	-.198	-.228	.246	.826	--	
% of families leaving with housing subsidy	-.147	-.153	.092	.144	.021	-.012	.220	.510	.357	-.160	.310	.165	--

Source: Urban Institute analysis of TH program information. Note: N=195. Program descriptors are attached to family data records; correlations represent associations among program variables as found in this sample of TH families. Correlations in shaded cells are significant at  $p < .01$ .

## **Chapter 5: Use and Perceived Helpfulness of Services Offered by Transitional Housing Programs**

The whole point of transitional housing programs is to help families work through various barriers to housing stability. Supportive services of many types are the major mechanisms through which this help is offered. Measuring the impact of services received is a difficult business, regardless of the type of program or population being examined, because there are so many types of services and the frequency and intensity of services vary from person to person and over time. In addition, information about service use may come from program records or from service recipients, with each source introducing potential biases and areas of incompleteness. One may also obtain recipient perceptions of service helpfulness. Finally, there are intangibles such as a client's relationship to a particular caseworker or counselor that may make the most difference of all but are very difficult to measure. Relatively little work has been done in the homeless arena to test the impact of specific services or service packages on outcomes for homeless households.

For this study the service information we have comes from the mothers in TH families and reflects the type of service and mothers' perceptions of its helpfulness, but there is nothing to indicate service frequency or intensity, nor do we have independent verification from program records about service use. For each of 14 potential barriers with which mothers might have needed help while in TH—physical health, addictions, mental health, employment, basic food, getting along with neighbors, dealing with violence, case management, dealing with credit problems, education, life skills, setting goals, parenting, and reunification with children not living with the mother—we asked mothers whether they needed help with the issue, whether they got assistance, and whether the assistance received was helpful. We did the same for eight issues for which children in TH might need help, looking specifically at services received by the Focal Child—basic health and health care while ill, mental health, child care, school work, recreation, mentoring, and dealing with violence in their lives.

We look first at the time that families spent in TH, because as much as a TH program may have to offer, if mothers spend only brief periods in the program they are less likely to take advantage of the opportunities available for assistance. Once we understand how long mothers participated in TH programs, we look at the services they received and how helpful the mothers found these services to be. We end the chapter with an examination of service use patterns and differences among study communities in the types of services received.

### **TIME IN TRANSITIONAL HOUSING**

Participation in transitional housing programs supported by HUD homeless grants is permitted for up to 24 months according to HUD regulations, but programs may set their own, shorter, time limits. Of the 36 programs from which we recruited mothers for this study, 27 have a maximum length of stay of 24 months, 5 allow up to 18 months, 3 allow 12 months, and 1 allows only 4 months. We learned from TH providers (Burt 2006, table 2.4) that actual average length of stay for all TH families was about 12 months, regardless of what the program allowed. Fifteen percent of families left after 1 to 3 months, and another 17 percent left after 4 to 6 months.

These figures include families that left programs without completing program goals as well as the families that programs consider “successful leavers”—the latter being the families we selected for this study.

Table 5.1 shows the actual length of stay of the TH mothers in this study’s sample, all of whom were considered to be successful leavers. Note that 26 percent of mothers left TH in six months or less—only slightly lower than the 32 percent of all TH families leaving within six months. Detroit mothers comprise many of these short-stay households, with 25 percent exiting within three months.

Overall, stay lengths are pretty evenly distributed among the mothers in this sample, with as many staying 18 months or more as stayed 3 to 9 months. If anything, mothers in this sample stayed in TH a bit longer than the average length of stay that programs reported overall for their successful leavers (Burt 2006, table 2.4). Each mother’s length of stay in TH will be one of the variables we use in later chapters to predict their success once they leave TH. We will be looking to see whether the sheer amount of time they spend in TH makes a difference, over and above the types of assistance they receive in TH and the challenges to stable housing they brought with them into their TH program.

**Table 5.1: How Long Mothers Stayed in Transitional Housing**  
(percentages)

Length of stay	Total—all communities	Community				
	(n = 193) <sup>a</sup>	Cleveland	Detroit	Houston	San Diego	Seattle
Less than 1 month	1	2	4	0	0	0
1 up to 3 months	6	3	25	3	8	0
More than 3 months up to 6 months	19	36	21	6	8	11
More than 6 months up to 9 months	11	15	11	8	0	15
More than 9 months up to 12 months	17	10	11	28	23	17
More than 12 months up to 18 months	15	14	7	14	39	11
More than 18 months up to 24 months	18	9	7	31	12	28
More than 24 months	12	10	14	11	8	17

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

<sup>a</sup> Entry dates are missing for two cases, 1 in Cleveland and 1 in San Diego.

## MOTHERS' USE OF TRANSITIONAL HOUSING SERVICES

TH programs offer services while families are part of the program and also usually follow families for a period of time after they exit the program to offer support as needed to keep the families stabilized in housing. Table 5.2 shows the help that mothers reported receiving from their TH programs while enrolled in TH (column 1), whether they needed help in a particular area but did not get it (column 2), and their belief that they did not need help in an area (column 3). Table 5.1 lists service areas needed by the most mothers at the top and those needed by the fewest mothers at the bottom.

Case management was the only service needed and received by almost all mothers. Only 5 percent of mothers said they did not need help from case management. Nine out of ten mothers (91 percent) said they got the help they needed, with 2 percent saying they needed help they did not get and 5 percent saying they did not need such help. The most surprising thing about mothers' reports regarding case management is that some mothers said they did not get any—one would have thought that everyone in a TH program would have received case management. This may be a problem of what things are called—some programs may call interactions with a caseworker “counseling” while others call it “case management.” We did not ask separately about “counseling,” so we cannot tell whether this is a “naming” problem or a true absence of case management in a few cases.

Table 5.2: Services that Mothers Used While in TH (percentages)				
Service areas	Got help	Needed help but did not get it	Did not need help	Unknown/inappropriate
Case management	91	2	5	2
Setting goals	81	4	13	2
Primary health care	73	6	20	1
Basic food supplies	70	1	27	2
Life skills training	66	7	26	2
Employment	62	5	31	2
Parenting	56	6	35	3
Mental health	45	4	49	2
Education	39	11	48	2
Restoring good credit	39	22	37	2
Dealing with violence	39	1	58	2
Getting along with neighbors	34	6	59	2
Addictions	20	0	78	2
Reunification	10	2	17	71
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> N = 195. Cell entries may not sum to 100 percent due to rounding.				

Setting goals was an issue area for 85 percent of mothers, most of whom (81 percent) received the help they needed to establish goals and take steps to meet them. Almost as many (79 percent) needed health care, with 73 percent receiving it. Assistance to obtain employment and learn life skills such as budgeting and time management were issue areas for 67 and 73 percent,

respectively, with most reporting that they got the help they needed. About three mothers in five (62 percent) said they needed help with parenting, and most of them got it.

Other than reunification, with which very few families needed help because all their children lived with them or were adults, assistance handling addictions was the least frequently received service. Everyone who needed this type of help reported getting it, but 78 percent said they did not need it. Other areas for which fewer than half the mothers in our sample reported getting help included mental health (45 percent); education, dealing with violence, and fixing bad credit (all 39 percent); and getting along with neighbors (34 percent).

Fixing bad credit is the only area in which a substantial proportion of mothers (22 percent) said they needed help but that the TH program was not able to give it. This failure may reflect the reality of the mothers' credit histories coupled with their current earning power and behavior as much as it does the efforts of TH program caseworkers, credit being something one cannot fix quickly just by trying hard.

The final column of table 5.1 shows "other" answers. Two mothers in Detroit consistently declined to answer questions about service needs and receipt. In addition, one or two mothers in other sites occasionally did not answer for a particular issue. With respect to getting help to reunify with minor children living elsewhere, this was not an issue for 71 percent of mothers since either all their children lived with them or the children living elsewhere were adults.

## **DIFFERENCES ACROSS STUDY COMMUNITIES**

It is not easy to summarize cross-community differences on assistance received from TH programs because the three response categories for each service issue—received help, needed help but did not get it, and did not need help—all interrelate. As one goes up, the others go down. We therefore omit one response category—received help—and discuss only the proportion of mothers in different communities who reported that they needed help but did not get it and that they did not need help. Given the small sample sizes in the different communities, it takes a difference of 20 percentage points or more for responses from one community to be significantly different from those of another community. In consequence, relatively few cross-site comparisons reach the level of statistical significance. In the paragraphs below we discuss only those that do reach this level. As will be seen, the data reveal few consistent differences across communities. The most that might be said by way of generalization is that mothers in Seattle reported the most service areas for which they said they did not need help, and mothers in Detroit reported the most service areas for which they said they needed help but did not get it.

### *No Need for Services*

Mothers in Seattle were the most likely to name service areas for which they did not need help. They reported this response in significantly higher proportions than mothers in one or more other communities in four areas—life skills training, parenting, mental health, and getting along with neighbors. Higher proportions of mothers in San Diego than in one or more other communities identified case management, primary health care, and getting along with neighbors as service areas for which they did not need help. Mothers in Detroit and Houston were significantly more likely than mothers in other communities to report no need for help in two areas. For Detroit mothers these were case management and dealing with violence, while for Houston mothers they were primary health care and getting along with neighbors.

Conversely, mothers in Cleveland were more likely than mothers in other study communities to report a need for assistance in the areas of employment and addictions.<sup>18</sup> Mothers from Detroit were most likely to report needing assistance in getting along with neighbors. Mothers in Houston were most likely to report needing help with getting enough food supplies. Mothers in San Diego were most likely to report a need for mental health services.

### *Needing Services But Not Getting Them*

With one exception, mothers in Detroit are the only ones to name issue areas where they needed help but did not get it at levels significantly higher than found in one or more other study communities. These areas were life skills training, employment, education, and fixing bad credit. These would seem to be pretty basic areas for TH programs to address. The exception is mothers in Houston who were most likely to report that they needed but did not get help to fix bad credit histories.

### **WHERE MOTHERS GOT SERVICES**

Not all of the service receipt shown in table 5.2 came from transitional housing programs. While they were enrolled in such programs, mothers also sometimes got services through their own efforts to connect with providers other than their TH program. We asked all mothers reporting that they received help to deal with an issue area whether they got that help from their TH program, on their own, or both. With rare exceptions mothers reported that the help came from their TH program, but getting help from both the program and on their own was not uncommon. Table 5.3 shows the proportion of all mothers receiving help who got it from the program, on their own, or both. The proportion getting help from any source is shown in the first column, and is the same as shown in table 5.2.

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<sup>18</sup> The information in this paragraph is reported “positively,” as mothers saying they needed service in an area, but the variable upon which the information is based is actually responses saying they “did not need” the service. Rather than have an entire paragraph of double negatives (“the fewest mothers saying they did not need something”), we chose to phrase the results positively (the most mothers saying they did need something).

Table 5.3: Where Mothers Got Help for Their Service Issues While in TH (percentages)				
Service areas	Got help, any source	Of those who got help, proportion getting it from:		
		TH program only	On their own	Both
Case management	91	92	1	7
Setting goals	81	75	6	19
Primary health care	73	13	73	13
Basic food supplies	70	67	7	26
Life skills training	66	94	3	3
Employment	62	65	16	19
Parenting	56	88	5	7
Mental health	45	69	18	13
Education	39	49	41	10
Restoring good credit	39	75	10	15
Dealing with violence	39	83	5	12
Getting along with neighbors	34	80	3	17
Addictions	20	60	15	25
Reunification	10	90	10	0
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> Ns are different for each service area, depending on the proportion of mothers who got help in that area. Cell entries may not sum to 100 percent due to rounding.				

With the exceptions of primary health care and education, large majorities of mothers who got help with a service issue got it from their TH program. Areas in which the TH program was essentially the sole source of assistance—meaning that 10 percent or fewer mothers got help on their own—are case management, and life skills training, with parenting and dealing with violence close behind. These are service needs for which there usually are few if any obvious sources outside of programs such as transitional housing that are explicitly designed to help mothers establish stable patterns of functioning for their household.

Mothers who received primary health care—73 percent—mostly obtained it on their own, presumably because they already had a connection to primary care. Only one in four received primary health care from their TH program, either in conjunction with getting it on their own (13 percent) or as a sole source (13 percent).

For education, 59 percent of mothers who got help received it from their TH program, either solely (49 percent) or together with other sources (10 percent). As we will see in chapter 7, half of all mothers in our sample had either completed a vocational or educational program or certificate, many of them while in TH, or were still involved in courses at the time they left TH. These courses were in areas such as health care, business, information technology, and other areas that would be offered at local community colleges, vocational-technical schools, special training institutes, and similar venues, but would be too specialized to be offered by TH programs themselves. TH programs tend to offer preparation or classes focused on getting mothers up to a skill level where they can take courses leading to degrees or certificates, but not the degree or certificate courses themselves.

## HELPLEFULNESS OF ASSISTANCE FROM TH PROGRAMS

In general, mothers found the assistance they received while in TH to be helpful, with most of them saying it was very helpful and very few saying it was not at all helpful (table 5.4). These responses do not differentiate between the help offered directly by the TH program and the help that mothers accessed on their own. Areas where the help was most highly rated (85 percent or more said it was “very helpful”) included parenting, reunification, help with addictions, and provision of basic food supplies. Response patterns did not differ significantly by community.

Table 5.4: Mothers’ Reports of How Helpful They Found the Assistance They Received for Their Service Issues While in TH (percentages)				
Service areas	Got help, any source	Of those who got help, proportion saying it was:		
		Very helpful	Somewhat helpful	Not at all helpful
Case management	91	72	25	3
Setting goals	81	76	23	2
Primary health care	73	81	17	2
Basic food supplies	70	88	11	1
Life skills training	66	68	25	7
Employment	62	64	30	6
Parenting	56	95	5	0
Mental health	45	80	16	4
Education	39	84	13	3
Restoring good credit	39	76	20	4
Dealing with violence	39	82	18	0
Getting along with neighbors	34	74	26	0
Addictions	20	89	11	0
Reunification	10	95	5	0
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> Ns are different for each service area, depending on the proportion of mothers who got help in that area. Cell entries may not sum to 100 percent due to rounding.				

## MOTHERS’ PARTICIPATION IN TH PROGRAM ACTIVITIES

Mothers were asked about their participation in various activities offered by TH programs. These included social and recreational activities such as holiday events, field trips, birthday parties each month for everyone with a birthday that month, movie nights, and the like. We also asked about participation in support groups, which are usually an integral part of TH program life, and in “community” meetings similar to tenant councils or self-governance meetings, in which residents bring up and resolve issues ranging from building maintenance to disruptive behavior to planning a holiday party.

Most mothers participated in at least some of these activities; across all sites only 7 percent said they had not done so. Participation levels were as follows, shown from highest to lowest:

- Community meetings and holiday events—72 percent each
- Social activities—65 percent
- Support groups—57 percent
- Field trips—41 percent.

There were striking differences across communities in levels of participation in these activities. In general, mothers in Cleveland, Detroit, and San Diego TH programs reported participation substantially higher than did mothers in Houston and Seattle TH programs. Differences were on the order of three-quarters of mothers in the first three communities versus about half the mothers in the remaining two communities reporting participation in the various activities. This pattern shifted slightly with respect to support group participation, with mothers in Detroit shifting more toward an in-between position and mothers in Seattle reporting participation rates significantly lower than mothers in any other community. Participation among mothers in Cleveland and San Diego remained at about the same levels as for other activities. About one in five mothers (19 percent) in Houston said they had not participated in any TH program activities of these types, compared to far fewer who stayed away completely in Cleveland (2 percent), Detroit (4 percent), and San Diego (0 percent). Eleven percent of Seattle mothers stayed away (a proportion that is not statistically different from responses in either the three lowest or the one highest community).

### **CHANGES IN SERVICE RECEIPT THROUGHOUT THE 12 MONTHS OF FOLLOW-UP INTERVIEWS**

HUD allows transitional housing programs to use their TH resources to follow families for up to six months after program exit to offer any supports that families might need to help them get settled and stabilized in housing. Some TH programs choose to continue that follow-up beyond the time frame that HUD will pay for. Among the TH programs in study communities, 43 percent follow families for 6 to 12 months after exit, another 36 percent track families for 4 to 6 months after program exit, and 9 percent track for only 1 to 3 months. The remaining 11 percent track for 18 or 24 months, or tracking time depends on the family and its needs.

In this section we look at the service areas in which mothers said they needed help at 3, 6, and 12 months after TH program exit, whether they got it and from what source, and whether they found it helpful. The number of mothers interviewed at each of these time periods after TH exit varies considerably. We have 130 interviews for the 3-month period, 140 for the 6-month period, and 178 for 12 months after moveout. We look first (table 5.5) at a summary for each follow-up time period of how many service areas a mother received help for and how many she needed help for but did not get it. Percentages in table 5.5 are based on the number of interviews at each time period; service levels at moveout are provided for comparison.

Table 5.5: Number of Service Areas For Which Mothers Needed Help, Time in TH Compared to 3, 6, and 12 Months After TH Exit (percentages)				
Number of service areas in which the mother:	While in TH Project (N=195)	3 months (N=130)	6 months (N=140)	12 months (N=178)
<b>Needed and got help</b>				
0-2	3%	38%	49%	48%
3-5	23%	42%	35%	37%
6-8	39%	17%	15%	14%
9-11	31%	4%	1%	1%
12-14	5%	0%	0%	0%
Mean number of service areas	7.3	3.5	2.9	2.8
Median number of service areas	7	3	3	3
<b>Needed but did not get help</b>				
0-2	91%	85%	86%	85%
3-5	8%	12%	12%	12%
6-8	1%	3%	2%	3%
Mean number of service areas	0.8	1.3	1.1	1.1
Median number of service areas	0	1	1	1
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.				

From the figures in table 5.5 it appears that levels of service need were highest while families were in TH, but dropped substantially after TH exit. Given that drop after exit, however, service need or use appears to have remained fairly steady at the new, lower, level during the full year following TH exit. Far more mothers did not name any service areas in which they needed help, or named only one or two, than was true for the time they were in TH. Conversely, far fewer mothers (75 versus 15 to 21 percent) identified six or more areas in which they needed help. The proportions saying they needed help who did not get it remained virtually unchanged from moveout to the 12-month follow-up. The means and medians for services received and services needed but not received tell the same story.

#### *Services Received After Leaving TH and Where They Came From*

While mothers' need for services in various areas fell during the year following TH exit, it certainly did not disappear. More than half of all mothers reported needing and receiving help in three or more service areas. During follow-up interviews we asked the same questions we used at moveout pertaining to where mothers got services and whether they found them helpful.

The three service areas with the highest levels of participation while mothers were in TH continued to be the areas of highest service receipt after leaving TH, although at significantly lower rates. These were case management, help with goal-setting, and primary health care.

- 91 percent of mothers reported getting case management services while they were in TH. That proportion was 41 percent at 3 months, 32 percent at 6 months, and 30 percent at 12

months. Most of this case management continued to come from TH programs all the way up to the 12-month mark.

- 81 percent of mothers reported getting help with setting goals while they were in TH. That proportion was 49 percent at 3 months, 44 percent at 6 months, and 48 percent at 12 months. Unlike case management, which continued to come largely from TH programs, mothers gradually shifted their sources of help for goal-setting over time. At 3 months, 39 percent were getting this assistance from their TH program while 68 percent got it elsewhere (some got it from both). By 12 months after moveout, only 19 percent of those getting help with goal-setting got it from their TH program while 85 percent got it elsewhere.
- During TH, 74 percent of mothers reported getting primary health care. Even while in TH they tended to get this care from sources other than their TH program, as we remarked in relation to table 5.2. Between moveout and 3 months, 65 percent had received primary health care, with only 11 percent getting it from their TH program. Sixty-two percent of mothers reported receipt of primary health care at their 6-month interview, with only 12 percent of these saying they got it from their TH program. At 12 months 58 percent reported receiving primary care, of whom only 17 percent got it from their TH program.

After these three most important service areas, reported need and receipt of services drops off sharply. Receipt of services in one area, basic food supplies, was reported by 29 to 32 percent of mothers at every follow-up period. In the first six months after leaving TH this need was met, for those who had it, in roughly equal proportions by the mothers' TH program and other sources. As the time after leaving TH lengthened, fewer mothers (10 percent at 12 months) relied on their TH program for basic food supplies and more got them from other sources (22 percent at 12 months).

Employment and education were the only two remaining service areas for which mothers reported a consistent level of need for and receipt of services during their first post-TH year. At three months 31 percent of mothers had received employment services since moveout and 26 percent had received educational services. These proportions shrank to 21 and 23 percent at 6 months, rebounding a bit to 19 and 29 percent at 12 months. Not only did fewer mothers need or receive these services as time went on, but far fewer got them from their TH program than had done so when they were enrolled in TH. At most, 28 percent of those who got either employment-related or educational services got them from their TH program, with that proportion dipping as low as 8 percent and even zero in some time periods.

Mental and emotional problems is the only other service area for which even 1 in 5 mothers reported need and receipt in the year after leaving TH. Those who did receive mental health services got them about equally from their TH program and through sources they accessed on their own. Most others were used by 10 or 12 percent of mothers, at most. But there does not seem to be a steady decline in service usage as the year progressed. Rather, service use levels remained roughly similar in each time period

### *Participation in TH Program Social and Support Activities After Exit*

While enrolled in TH, 93 percent of mothers participated in at least one of the program's social or support activities, whether holiday events, field trips, social activities, support groups, or community governance meetings. Far fewer continued such participation once they left the program, but a consistent 26 to 30 percent *did* remain connected to their program through these mechanisms for at least a year. Communities differed considerably in the proportion of mothers who stayed connected. Cleveland mothers were consistently among the most likely to stay connected, being significantly more likely than mothers in any other community to continue participating in program activities at 6 and 12 months. In contrast, Seattle mothers were the least likely to do so, being significantly less likely than mothers in any of the other communities to maintain program connections at 6 and 12 months. Mothers in Detroit more closely resembled those in Cleveland than those in Seattle. Mothers in Houston and San Diego were more variable in their participation from one time period to another.

## **SERVICE RECEIPT PATTERNS**

We will be using mothers' descriptions of the types of help they received as predictors in chapter 12, where we examine factors affecting TH family outcomes. In those analyses we will be asking whether help in a specific domain related to a major study outcome has any effect on that outcome. The major outcomes of interest are housing, work, education and training, and children's well-being, so we will be interested in families' receipt of services pertaining to housing, work, education, parenting, reducing barriers such as mothers' mental health and substance abuse problems, and help with emotional issues and schoolwork for children.

One question we might ask about receipt of these particular services is whether TH programs in different communities had consistently different patterns of assistance. Such differences do in fact appear. Mothers from Cleveland TH programs had a significantly lower likelihood than mothers in other study communities of getting help with housing but a higher likelihood of getting help in many other domains, including addictions, work, and parenting, while their children were more likely to get help with school and with emotional problems. Mothers from Seattle TH programs, conversely, had a significantly lower likelihood of getting help in a number of domains, including addictions, mental health, work, parenting, and children for emotional problems, and were marginally less likely to get help with education and children's schoolwork as well. No patterns stood out for the three remaining study communities, Detroit, Houston, and San Diego.

## **SERVICES THAT OCCUR TOGETHER**

An interesting aspect of service receipt is "bundling" or "packaging." The issue here is which services tend to go together, or from a different perspective, do mothers and children who need and receive one particular service also tend to need and receive one or more other types of service? The answer to that question among TH families in this study is "yes," there are some significant correlations among. Table 5.6 shows associations of these variables to each other as well as variables indicating that mothers received assistance with addictions and mental or emotional problems. Correlations in shaded cells are significant at  $p < .05$  or better.

Table 5.6: Associations Among Specific Domains of Help Received from TH Programs								
Domain for which help received	Addictions	Mental health	Work	Education/ training	Parenting	Emotional problems (child)	Schoolwork (child)	Housing
<b>Help to mother</b>								
Addictions	--							-.104
Mental health	.133	--						-.042
Work	.212	.208	--					-.054
Education	.078	.205	.377	--				-.005
Parenting	.116	.291	.290	.214	--			-.008
<b>Help to focal child</b>								
Emotional problems	.091	.444	.140	.167	.362	--		.044
School (school-age focal children only)	.042	.184	.180	.023	.139	.388	--	.026
Sources: Urban Institute analysis of family interview data. Correlations in shaded cells are significant at $p < .05$ .								

The key finding revealed by the correlations in table 5.6 is that mothers who got help with employment also got assistance to reduce employment barriers (addictions, emotional problems, poor skills or credentials) and help with parenting, and their children received help with emotional problems and school (if they were school-age). The pattern is only slightly weaker for mothers who got help with emotional problems. Put another way, mothers either got help in many domains or got help in very few.

It is also interesting to note that help with finding housing at the point of leaving TH, which we describe in chapter 6, has no significant association with any of the specific types of help described in the present chapter. This may be the case because most TH families needed this type of help and most of them got it (80 percent got at least one type of help with housing). Correlations of help for housing with other help variables appear in the last column of table 5.6.

We return to service receipt variables in chapter 12, where we use them in analyses looking at the factors that affect—or fail to affect—TH family outcomes.

## Chapter 6: Housing and Household Composition After Transitional Housing

The most important goal of TH programs is to prepare their participants to get and keep stable housing upon exit. Stability in housing over the 12 month period following exit from TH is the first outcome we will examine in chapter 12, where we focus on the impact of TH participation on family outcomes. In this chapter we describe the living situations of our families as they exited TH and over the course of the next 12 months, including the independence of their housing, how they got the housing, who lived in the household, and their satisfaction with their housing arrangements.

### MOVING TO ONE'S OWN PLACE

Most families in this study moved to their own place upon leaving a transitional housing program, but there were some differences among sites in their ability to do so. Overall, 86 percent moved to their own place, but this was true for only 75 percent of Detroit mothers and as many as 93 percent of Seattle mothers (table 6.1). The difference between Detroit and Seattle mothers is statistically significant, but no other between-community differences are significant.

Table 6.1: Families Living in Their Own Place Immediately After TH Exit  
(percentages)

Living Arrangement	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Directly to own place, including people who stayed in the same place where they lived while in TH	86	85	75	89	81	93

Source: Urban Institute analysis of family interview data.

### HELP RECEIVED AND PROBLEMS ENCOUNTERED

Mothers leaving TH receive many kinds of help to find and secure housing, as shown in table 6.2. Assistance included getting furniture and furnishings from the TH program, help finding an apartment, funds for security deposits or moving money, and negotiating with landlords, as well as other types of assistance. The most common type of help received was furniture and furnishings for one's new place received by 52 percent of mothers—a proportion that did not differ substantially across sites. Thirty-nine percent of mothers got help finding an apartment; this type of help was significantly more available from TH programs in Seattle than in Cleveland and Houston. An equal proportion got money for deposits and moving expenses from their TH program; this was most likely to happen in Houston and least likely to happen in San Diego.

**Table 6.2: Help Received from TH Program to Find or Secure Housing**  
(percentage who got help)

Type of help	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Furniture, furnishings	52	47	50	58	42	59
Finding the apartment	39	29	46	28	38	54
Deposits, moving money	39	32	36	61	19	46
Negotiating with landlord	19	19	14	25	8	26
Got at least one type of help	80	80	75	82	87	83

*Source:* Urban Institute analysis of family interview data. *Note:* Categories are not mutually exclusive, so cell entries sum to more than 100 percent.

Relatively few TH mothers (19 percent) got help negotiating with landlords, with San Diego mothers receiving this type of help significantly less than those in Houston and Seattle. Only a few mothers (3 percent) got any other type of assistance with housing from their TH program. Although on average half or fewer mothers got specific types of help, four out of five mothers got help with at least one aspect of finding housing and moving in.

The search for housing entailed overcoming a number of obstacles such as affordability, safety, size, and nearness to transportation. Past experiences of TH mothers also created obstacles, including bad credit, poor rental history, and criminal record. Mothers also reported responses from landlords that they perceived as discrimination. Table 6.3 displays the types of obstacles that mothers told us about, listed in order of frequency of mention.

Affordability was the most commonly encountered problem, with 57 percent of mothers having had some issue with the cost of housing. Some even had this problem despite having a housing subsidy. Differences across communities were not significant. Finding a place in a neighborhood that mothers perceived to be safe was the next most frequently mentioned problem and was frequently a tradeoff with affordability—places a mother could afford were not particularly safe, in their view, and safe neighborhoods were not particularly affordable. The ability to find a place in a neighborhood whose safety satisfied study mothers varied considerably across communities, being a greater problem in Cleveland and Detroit than it was in Houston, San Diego, and Seattle.

Bad credit, which overall affected the housing searches of 29 percent of mothers, was most severe in San Diego but was much less of a problem in Cleveland, Detroit, and Houston. Finding a big enough place for the whole family was least problematic in Houston and more of an issue in Cleveland; overall 27 percent of mothers cited this as a problem.

Mothers reported landlord behavior they perceived to be discriminatory in a number of ways, including not wanting to rent to families with children, not being willing to take a housing voucher, and having income from welfare, as well as the more expected biases based on age and race/ethnicity. Overall, only about 15 percent of mothers reported discrimination; those in

Houston were least likely to mention any type of perceived discrimination as a problem while those in Detroit were most likely to do so.

**Table 6.3: Problems Encountered in Finding a Place to Live**  
(percentages experiencing a problem)

Finding a place...	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
I could afford	57	53	68	50	62	59
In a safe neighborhood	44	58	61	33	31	33
Given my bad credit	29	17	21	19	58	39
Big enough for all of us	27	39	32	11	27	22
Near transportation	23	36	29	17	4	17
Given my poor rental history	20	10	29	14	27	28
Getting information together for landlord	14	15	18	6	8	22
That would take kids	9	12	21	0	4	9
That did not discriminate <sup>a</sup>	7	3	7	3	12	13
Given my criminal record	5	3	0	8	4	7
Did not have a problem	20	17	7	31	15	26

*Source:* Urban Institute analysis of family interview data. *Note:* Categories are not mutually exclusive, so cell entries sum to more than 100 percent.

<sup>a</sup> Mothers identified several bases for discrimination in addition to the bias against households with children, including being on welfare, needing to use a subsidy voucher, age (being too young), and race/ethnicity.

Very few mothers in this study reported that their criminal record (and 34 percent had one) was a significant barrier to finding housing. In addition to the problems we asked about specifically, a few mothers also mentioned that issues related to schools affected their housing search. These included their desire to find a place in a community where their kids would go to good schools, or finding a place close enough to their TH location that their kids could stay at the school they were currently attending.

## HOUSEHOLD COMPOSITION AT MOVEOUT

At moveout, most mothers (73 percent) lived only with their children; no other adult lived in the household (table 6.4). Another 20 percent lived with one other adult. These second adults were most likely to be a partner or spouse, but occasionally they were the mother of young women who had just had a baby. The remaining 7 percent of TH families lived with two or more adults other than the mother, including three mothers and their children who lived with four or more adults. These latter situations involved mothers moving in with family members when they left TH, and occurred only in Houston and San Diego.

Table 6.4: Number of Adults in Household at Moveout Other Than the Mother  
(percentages)

Number of adults in addition to mother	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
None	73	80	50	78	73	76
1	20	19	39	14	11	20
2	5	2	11	5	8	4
4 or more	2	0	0	3	8	0

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

As just noted, 27 percent of mothers lived with at least one other adult in their first residence after moveout. Six percent (of the whole sample) lived with a spouse, 7 percent lived with a partner, 6 percent lived with their own adult child(ren), 4 percent lived with their mother, 1 percent lived with their father, 4 percent lived with at least one sibling, 3 percent lived with a friend, 2 percent lived with another adult relative, and 2 percent lived with nonrelatives.

All TH mothers lived with at least one of their own minor children at moveout, with one exception.<sup>19</sup> In addition, 10 percent lived in a household with other people's children. Table 6.5 shows, in the first panel, how many of the TH mother's own minor children lived with her at moveout. The second panel of table 6.5 shows the total number of minor children in the households of TH mothers in their first residence after moveout, whether the mother's own children or the children of other household members.

Almost half (46 percent) of TH mothers lived with one of their own minor children, 30 percent lived with two, and 24 percent lived with three or more of their own children. These families are smaller than NSHAPC families, among whom 40 percent included one child, 28 percent included two children, and 33 percent included three or more children (Burt et al. 1999, appendix table 2.A2).

<sup>19</sup> The exception was a mother who initially moved to temporary housing without her child; she was joined by her child when she moved to a permanent place about two months after moveout.

Table 6.5: Number of Minor Children in Household at Moveout  
(percentages)

Number of children	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Number of mother's children living with her						
None	1	2	0	0	0	0
1	46	42	46	44	38	54
2	31	41	32	22	35	22
3	12	8	7	19	12	15
4 or more	11	7	14	15	15	9
Total number of children, including children of other household members						
None	1	2	0	0	0	0
1	42	42	36	39	35	52
2	32	39	39	28	31	24
3	11	7	4	14	19	15
4 or more	14	10	21	19	15	9

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

When the children of other household members are considered, the proportion of TH mothers living in households with only one child goes down to 42 percent and the proportion living in households with more children goes up slightly (since only 10 percent of TH families live in households with other people's children, one should expect only small changes in these percentages). For each community, if one compares the proportions in the upper panel to those in the lower panel, one can see the shift from smaller to larger numbers of children, which occur most in Detroit, Houston, and San Diego.

## HOUSING COSTS AND ISSUES AT MOVEOUT AND 12 MONTHS

### CONTRACT RENT AND RENT PAID

Finding an affordable place to live was the problem that affected the most mothers upon leaving TH. We were able to determine the monthly contract rent for 176 mothers; contract rent means the rent for a house or apartment that the landlord gets, whether or not the household has a housing subsidy ("rent paid" is what the household pays, which, if the household has a subsidy, will be less than the contract rent). The remaining 19 mothers did not know the contract rent on their place of residence, mostly because they were not the primary tenant in those places and paid little or no rent to whomever held the lease or owned the housing.

Contract rents in the second half of 2005 and the first half of 2006, when mothers in this study left TH, averaged \$634 a month across our five communities, as shown in the first panel of table

6.6. Cleveland had the lowest average contract rents at \$521 and San Diego had the highest at \$895. Median rents—the midpoint of all rents paid—differed only slightly from the averages in most communities, but were a full \$100 higher in Seattle, indicating that some people had managed to find housing at very low rents, bringing the average down.

Nothing much had changed with respect to average contract rents in most study communities in the year after families left TH (second panel of table 6.6). Only on the west coast did they go up or down more than \$15 or \$20. In San Diego average rents went down by \$72, or about 8 percent, while in Seattle they went up by \$77, which was an increase of 11.5 percent.

Table 6.6: Rent at Moveout and 12 Months Later  
(in dollars)

Total	Total—all communities	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
Monthly contract rent at moveout (n=176) <sup>a</sup>						
Mean	634	521	566	615	895	667
Median	610	515	588	600	900	765
Rent paid at moveout by families with subsidies (n=103)						
Mean	243	167	203	167	401	294
Median	152	90	109	50	307	250
Monthly contract rent at 12-month follow-up (n=176) <sup>a</sup>						
Mean	633	543	526	599	823	744
Median	655	595	580	603	930	800
Rent paid at 12-month follow-up by families with subsidies (n=103)						
Mean	223	116	248	180	468	287
Median	134	41	238	150	485	265

Source: Urban Institute analysis of family interview data.

<sup>a</sup> Rent information is missing for 19 people at moveout and again at the 12-month follow-up.

## GETTING A HOUSING SUBSIDY

In addition to showing average contract rents for housing occupied by TH families, table 6.4 shows the greatly reduced amount of rent that families with a housing subsidy paid themselves. At moveout, having a subsidy reduced the rent paid to \$243 a month or about 38 percent of the contract rent. In some communities the difference was even more dramatic. For instance, the very few families in Houston that were lucky enough to get a housing subsidy paid \$167 a month, on average, for their housing. This was only 27 percent of the contract rent. The actual level of rent a family paid when it had a housing subsidy depended on the contract rent and the family's own income. A housing subsidy pays the difference between contract rent and 30 percent of a family's income (families are assumed to be able to afford to pay 30 percent of their income for housing). Families bringing in less money will therefore pay less for their housing, with the subsidy making up the rest. Mothers in San Diego had higher monthly incomes and

therefore paid more for their housing even when they had a subsidy than mothers in most other communities. Again, rent paid did not change much over time.

The contract rent and rent paid data in table 6.7 make abundantly clear that the single most important thing a mother can have when she leaves TH is a housing subsidy. Slightly more than half of the mothers in the sample (53 percent) had a subsidy when they left TH, but the odds that they would have one differed dramatically across study communities (table 6.5). Seattle mothers were the most likely to leave with a subsidy (80 percent)—significantly more than in any other community except Cleveland (68 percent). Mothers in Houston were less likely by far to get a subsidy, at 8 percent, than mothers in any other community.

Table 6.7 Mother Had a Housing Subsidy at TH Exit (percentages)						
Subsidy	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Subsidy, of any type (% yes)	53	68	50	8	35	80
Section 8	15	5	18	3	19	33
State or local	27	58	18	0	8	26
Other/don't know type	11	5	14	6	8	22

*Source:* Urban Institute analysis of family interview data. *Note:* last 3 rows may not sum to first row due to rounding.

Many mothers with a subsidy did not know exactly what type of housing subsidy they had—a problem that research on housing costs and resources encounters frequently. Table 6.4 reports what our mothers said in answer to the question of what type of subsidy they had, but there is likely to be a good deal of error in the category “state or local.” Housing subsidies almost always come through a local housing authority, which people know because they must go to that agency to file their subsidy application. However, subsidy recipients usually have no idea whether the resources behind the subsidy come from federal, state, or local sources. Usually the resources are federal. Seattle is the only one of our communities that puts significant local resources into rent subsidies, from its Housing Tax Levy.

### MOTHERS' CONTRIBUTION TO RENT

At moveout, three out of four mothers reported that they personally paid all the rent the household owed (table 6.8). This proportion did not change between moveout and 12 months for the sample as a whole. However, there was a good deal of shifting over time and across communities in the proportion of mothers paying all the rent. In Detroit and Cleveland, only 61 to 63 percent of mothers paid all the rent at moveout, but the proportion had increased substantially—to 86 and 79 percent, respectively—by the 12-month interview. The situation was reversed in Houston and San Diego, where 81 and 77 percent paid all the rent, respectively, at moveout, but only 61 and 50 percent, respectively, did so at the 12-month follow-up. Only in Seattle did the proportion of mothers paying all the rent remain relatively stable for the year after TH. Among mothers not paying all the rent owed by the household, about half paid nothing and the other half paid about half the rent.

Table 6.8 Proportion of Mothers Who Personally Pay All the Rent the Household Pays (percentages)

Proportion paying all...	Total—all communities	Community				
	(n = 195/176)	Cleveland	Detroit	Houston	San Diego	Seattle
At moveout	74	63	61	81	77	91
At 12-month follow-up	75	86	79	61	50	85

Source: Urban Institute analysis of family interview data.

## HOUSING HARDSHIP

As we saw in chapter 3, many families in this study had had trouble paying for rent or utilities in the year before they entered TH. At that time, 54 percent reported trouble paying for utilities, 56 percent reported trouble paying rent, and 48 percent reported trouble paying both. We asked the same series of questions during the 12-month interview and report them in table 6.9. Clearly the proportion of families facing housing hardship declined. Only 15 percent of families had trouble with both rent and utilities at 12 months post-TH—a decline of 69 percent. The proportion having trouble paying rent declined by about two-thirds, from 56 to 20 percent.

Trouble paying for utilities declined the least, from 54 to 34 percent—probably because housing subsidies took care of much of the difficulty with paying rent, but little help was available for utility bills. Table 6.9 also shows the proportion who, if they had problems paying rent or utilities, got help with making these payments. Overall about 53 percent of those who needed it got such help in the year after they left TH; the largest single category of assistance was for heating. Far fewer families received any help in Houston and San Diego than in the other three study communities.

Table 6.9: Housing Hardship at the 12-Month Follow-Up, and Receipt of Assistance (percentages)

Housing Hardship	Total—all communities	Community				
	(n = 176)	Cleveland	Detroit	Houston	San Diego	Seattle
Not able to pay utility bills (% yes)	34	37	36	25	23	43
Not able to pay rent (% yes)	20	17	29	22	15	20
Had trouble paying both rent and utilities (% yes)	15	14	14	14	15	17
Of those with problems, proportion that got help	53	63	50	25	17	71

Source: Urban Institute analysis of family interview data.

## **PATTERNS IN THE YEAR AFTER TH**

Families could have experienced stability or change along a number of dimensions in the year following TH. Interviews approached these dimensions in several ways; researchers reviewed responses to many questions about housing and household composition across all of a mother's interviews to develop summary measures of stability or change. We looked first at renewed homelessness, which was very rare. We next looked at patterns in terms of independence—whether a mother was in her own place or living in someone else's place—and cohabitants—who lived with her. We also looked at how her own children moved in and out over the year. Finally, we compare mothers' satisfaction with their housing at three time points—just before she became homeless, while in TH, and in post-TH housing.

### **HOMELESSNESS FOLLOWING TH PROGRAM EXIT**

Repeated homelessness is the most obvious sign that a TH program has failed, so we report this information first. Homelessness was so rare among the 179 families with a 12-month follow-up interview that we could not do reliable analyses on it as a dependent variable. Only four of these families became homeless within the year following TH, representing 2.1 percent of the original sample of 195 and 2.2 percent of the families with 12-month interviews. Even if we were to count as homeless all 16 of the families we failed to follow through the entire 12 months after TH, we would still have only 20 families becoming homeless, or 10.3 percent of the families with which we began. This rate of post-TH homelessness compares favorably with the 12 percent achieved by families using TH programs in Hennepin County, Minnesota (Burt, Pearson, and Montgomery 2005).

### **HOUSING STABILITY AND CHANGE**

Three in five mothers went to their own place directly from TH (including those who were able to stay in the housing they occupied while in TH) and stayed there for the entire follow-up year. This pattern was more likely to happen in Seattle than in any of the other study communities; 78 percent of Seattle mothers went directly to their own place and stayed there, tracking pretty directly with the 80 percent who left TH with a housing subsidy. In the other four communities 51 to 58 percent followed this pattern of independence and stability (table 6.10).

Table 6.10: Housing Patterns During the 12 Months After Leaving TH  
(percentages)

Pattern	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Own place, same place whole time	60	56	54	51	58	78
Own place after short stay somewhere else	4	7	11	0	0	2
Always own place, but moved one or more times	19	25	14	20	19	13
One or more moves, at least one being the family's own place and one being a place not the family's own	13	10	14	23	19	7
Never in own place	5	7	7	6	8	0
Ever homeless during 12 months post-TH	2	0	4	0	8	0

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries do not sum to 100 percent because the final three categories are not mutually exclusive.

Another 4 percent of mothers went to their own place after a short stay somewhere else, usually while waiting for a housing voucher. Once in their own place they remained there for the rest of the study period. This pattern was most common in Detroit and did not occur at all in Houston or San Diego. Nineteen percent of mothers moved at least once but were always in their own place; no differences among communities were observable. This leaves 18 percent of mothers, almost one in five, who were either never in their own place (5 percent) or moved at least once during the follow-up year to a place that was not their own. Finally, 2 percent of the families in our sample experienced homelessness at some time during the 12-month follow-up period.

### HOUSEHOLD COMPOSITION STABILITY AND CHANGE DURING THE YEAR AFTER TH

Housing stability comes in two forms—living in the same place and living with the same people. Having looked at the stability of the housing *unit* above, we next look at the stability of the people living in the household. Table 6.11 shows that 86 percent of TH families lived with the same people one year after leaving TH as they did at moveout. This pattern is more common in Seattle and Cleveland, at 93 percent for both, than in San Diego at 73 percent, but no other inter-city differences are significant.

One stable pattern, experienced by 59 percent of all study families, was the mother and one or more of her children only, without any other adults. Another stable pattern, reported by 8 percent of study mothers, involved the mother and child(ren) in TH families plus a spouse, partner, or boyfriend who was present during the whole post-TH year.

Table 6.11: Household Composition During the 12 Months After Leaving TH  
(percentages)

Composition	Total—all communities	Community				
	(n = 179)	Cleveland	Detroit	Houston	San Diego	Seattle
Lived with same people at 12 months as did at moveout	86	93	79	80	73	93
Self and child(ren) only, whole time	59	65	43	63	45	64
Spouse/partner/boyfriend present whole time	8	4	11	3	9	14
Spouse/partner/boyfriend present part of the time	7	0	14	13	0	9
Multiple adults and/or other people's children present in at least one residence since moveout	21	9	18	27	36	14

*Source:* Urban Institute analysis of family interview data. *Note:* Categories are not mutually exclusive, so cell entries may sum to more than 100 percent.

Somewhat more than one in four families experienced some changes in household composition during the year following TH exit. In 6 percent, a spouse, partner, or boyfriend was present for part of the year but not the whole. These families included some in which the mother moved out of the spouse/partner/boyfriend's place one or more times, or the spouse/partner/boyfriend came and went from the mother's place one or more times. The larger category of families with changing membership involved TH families in which children came and went, and also those in which TH families moved into extended family households or into households with a spouse, partner, or boyfriend with his own children. As we learned earlier in this chapter, 10 percent of TH mothers and their children lived in households that included other people's children as well as their own.

### CHANGES IN CHILDREN LIVING IN HOUSEHOLD BY 12 MONTHS AFTER MOVEOUT

Four out of five TH families (81 percent) did not experience any changes in the children living in the household between moveout and the 12 month follow-up. Six percent of TH families had a new baby within the year after leaving TH. Four percent had children move out, 6 percent had children move in, and 2 percent reported multiple changes (one or more children leaving and one or more other children moving in) during the year following TH exit. The final 2 percent (3 families) completed only one interview, prohibiting any assessment of change.

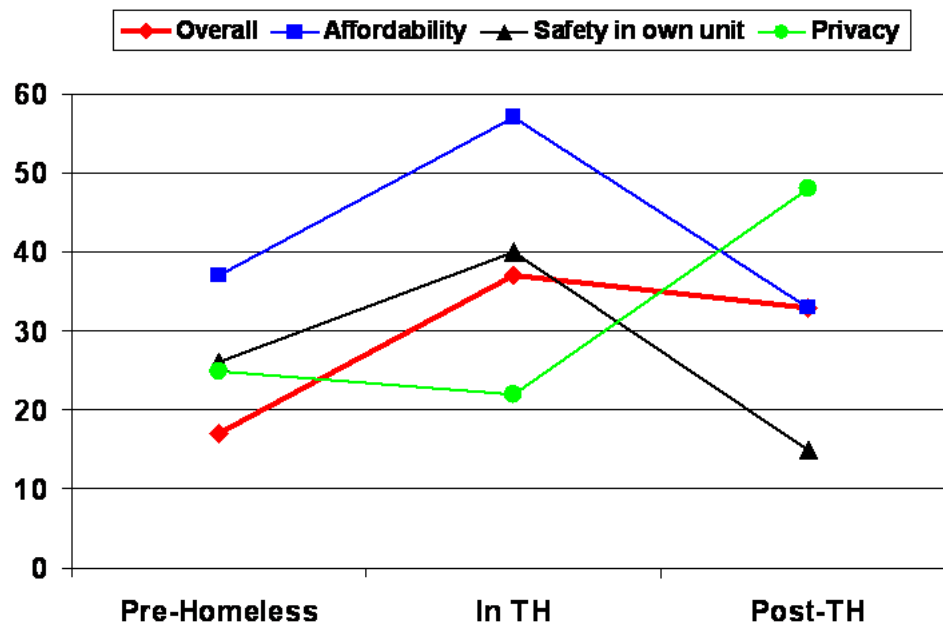
## SATISFACTION WITH HOUSING

We asked mothers how satisfied they were with various aspects of their housing situation in the period just before they became homeless, while they were in TH, and in their post-TH housing. Mothers rated their housing overall, as well as the privacy they had in housing, the state of repair of the housing, the amount of living space they had, the safety of their neighborhood and of their own housing units, their opportunities to socialize where they were living, and the affordability of their housing. Satisfaction with the state of repair of the housing and the amount of living space available changed very little, hovering between 23 to 31 percent of mothers who were very satisfied with each of the three venues. Satisfaction with neighborhood safety was highest with pre-homeless housing and dropped for both TH program housing and post-TH housing. Satisfaction with opportunities for socializing was about the same for where the mothers lived before homelessness (22 percent very satisfied) and while in TH (28 percent very satisfied), but dropped considerably, to 11 percent, for post-TH housing.

Figure 6.1 illustrates the patterns for the remaining four aspects of housing satisfaction. Overall, mothers were *least* satisfied with their housing situation just before they became homeless, and felt their TH housing situation was a substantial improvement (line marked by diamonds in figure 6.1). Privacy actually suffered with the move to TH but improved greatly in post-TH housing (line marked by circles).

Affordability was greatest in TH, largely because many TH programs do not charge mothers anything for living there; post-TH housing affordability was slightly and nonsignificantly worse than pre-homeless housing affordability, even with the housing subsidies that many mothers had. Finally, mothers' perceptions of their and their family's safety in their own place was considerably higher in TH than in their former housing, but was lowest in their post-TH housing.

Figure 6.1  
Proportion of Mothers Very Satisfied with Housing





## Chapter 7: Mothers' Education

A mother's educational level will make a big difference in her ability to earn an income adequate to support her family and keep them in housing. Not having a high school diploma usually places major limits on the types of jobs that people can get, so completion of high school is a significant step in educational attainment. Completion of further education that imparts specific job skills should increase a mother's opportunities in the labor market, whether that education occurs in community colleges, four-year colleges, vocational-technical schools, apprenticeships, or through other means.

### EDUCATION COMPLETED

We reviewed program records to learn what level of education mothers had completed at the time they entered a TH program, and asked mothers during our first interview with them (at the time of TH exit) to tell us the level of education they had completed and whether they were currently involved in further education or training. The same questions were asked at each follow-up interview, giving us a picture of changes in educational achievement during the year following exit from transitional housing. Table 7.1 presents study mothers' educational attainment at the time they entered and the time they left transitional housing.

Table 7.1: Highest Level of Education Completed at TH Entry and Exit  
(percentages)

	Total—all communities		Community									
	(n = 195)		Cleveland		Detroit		Houston		San Diego		Seattle	
Education level	entry	exit	entry	exit	entry	exit	entry	exit	entry	exit	entry	exit
Less than high school	23	23	32	29	52	43	8	11	16	19	14	13
High school diploma or GED	38	31	34	34	22	25	51	19	56	42	30	35
Some post-high school/2-year degree	25	41	31	36	22	25	24	58	16	35	25	46
4-year college degree or more	4	6	0	2	0	7	8	11	0	4	9	7
Don't know/not answered	10	0	3	0	4	0	8	0	12	0	23	0

Source: Urban Institute analysis of TH program case records for TH entry and family interview data for TH exit. Note: Cell entries may not sum to 100 percent due to rounding.

Across all study sites, almost one in four mothers (23 percent) had less than a high school education when they entered transitional housing and when they left. At entry, 38 percent had a high school diploma or a GED; one in four had some post-high school training, certification, or associate's degree; and 4 percent had a 4-year college degree or more education. Educational status program entry was not available for 10 percent of the mothers in this study.

**TH helps improve educational credentials**

- 29 percent of TH mothers had a post-secondary credential when they entered TH
- 47 percent had one when they left TH.

By the time they had finished TH, more mothers had completed post-high school educational courses of one type or another. Forty-one percent reported some post-high school degree or certificate, up from 25 percent at TH entry, and a few more mothers (6 versus 4 percent) had completed college. Educational attainment shifted upward, with slightly less than a third (31 percent) having only a high school diploma or GED. Also, at the time they left TH an additional 4 percent of mothers were still involved in GED preparation classes and 1 percent were taking classes related to learning English as a second language.

Communities differed significantly in the level of education at TH entry of study mothers and also in the amount of change in educational achievement occurring by the time mothers left TH. Mothers in Cleveland showed little change in educational attainment, but many mothers in Detroit, Houston, and San Diego took education and training courses to earn certificates or degrees. Mothers in Houston and San Diego were most likely to enter TH without a high school diploma or equivalent (more than half in each case) and to leave it with some post-high school degree or certificate. We cannot say the same with confidence for Seattle, though. While we can see that a higher proportion of mothers had some post-secondary education at TH exit than they had at entry, the large number of mothers for whom information is missing about education at program entry makes interpretation difficult.

This level of educational attainment among study mothers at TH exit is significantly higher than the education reported by parents in homeless families nationally, among whom more than half (53 percent) had less than a high school education and only 24 percent had some post-secondary education or had completed college (Burt et al. 1999, appendix tables 3.A3). These higher levels of education, some of which owe something to the assistance provided by TH programs, should pay off for study mothers in the types of jobs they are able to obtain and the wage levels they are able to command.

**CHANGES IN EDUCATION COMPLETED BY 12 MONTH FOLLOW-UP**

For 87 percent of the mothers in this study, their educational attainment had not changed between moveout and the 12 month follow-up. Among the remaining mothers, 2 percent had earned a high school diploma or GED, 4 percent had enrolled in college, 5 percent were still taking college classes, and 1 percent had completed a four-year college degree. No cross-community differences were significant.

**VOCATIONAL, TRADE, AND BUSINESS PROGRAMS**

Thirty-nine percent of mothers had completed a vocational, trade, or business program and another 12 percent were involved in vocational or business programs at the time they left transitional housing. Differences across communities were not significant. Mothers had completed or were still involved with the following types of programs at moveout:

- Medical/nursing/nurse assistant/health aide—15 percent completed, 1 percent taking classes
- Business/financial—8 percent completed, 4 percent taking classes
- Computers/information technology—6 percent completed, 2 percent taking classes
- Cosmetology—2 percent completed, 1 percent taking classes
- Counseling/social work/other human services—none completed, 3 percent taking classes
- Retail—2 percent completed, none taking classes
- Other—6 percent completed, 1 percent taking classes.

### **ADDITIONAL PROGRAMS COMPLETED BY 12 MONTH FOLLOW-UP**

In the time between moving out of transitional housing and the 12 month follow-up, 21 percent of mothers completed an additional vocational, trade, or business program. Mothers in San Diego were less likely to have done so than mothers in Cleveland, Detroit, and Houston. Six percent completed courses related to medical/nursing/nurse assistant/health aide careers, 4 percent completed courses in office administration, 3 percent completed a course related to computers and information technology, 1 percent completed English as a second language, and 7 percent completed other training courses.

At the 12 month follow-up, 31 percent of mothers were involved in ongoing training courses. The distribution of careers they were pursuing was very similar to the distribution of courses already completed at moveout and 12 month follow-up.

### **HELP FROM TH PROGRAM FOR EDUCATION AND TRAINING**

One of the primary goals of TH programs is to improve their clients' earning potential. With higher earnings, mothers are more likely to be able to keep their families in housing, as well as caring for them in other ways. As we just saw, about half the mothers in this study had only a high school diploma or GED or even less education at the *end* of their time in transitional housing. But about half of the mothers had more education than that, making them significantly better educated than the typical homeless family in the United States. Some of this educational attainment happened while mothers were in TH. Table 7.2 shows mothers' responses to questions about whether they got assistance with education or vocational training while in TH, and whether found the assistance they got to be useful.

Table 7.2: TH Program Assistance with Education and Training  
(percentages)

Education and training assistance	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Did you get help?						
No, didn't need	48	49	39	50	38	57
No, needed but didn't get	11	5	29	14	8	8
Yes, from program	19	24	11	14	46	9
Yes, on my own	16	17	11	17	8	22
Yes, both	4	3	4	6	0	4
Unknown	2	2	7	0	0	0
Of mothers receiving help, for how many was it...?						
Not at all helpful	3	4	0	0	0	6
Somewhat helpful	13	15	14	0	0	31
Very helpful	84	81	86	100	100	63

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

Across the study communities, 48 percent of mothers did not get help with educational or vocational advancement because they felt they did not need it. Another 11 percent felt they needed help in this area but they did not get it while in TH. About two in five mothers did get educational or vocational assistance; 19 percent got help from the TH program, almost as many (16 percent) got help on their own without involving the TH program, and 4 percent were aided through both channels. Mothers in San Diego were most likely to get help from their TH program and least likely to get it on their own, while mothers in Seattle reported the opposite pattern.

Virtually all mothers said that the assistance they received to further their education or training was helpful. All mothers in Houston and San Diego said the assistance they got was very helpful. Seattle mothers were the least happy with the help they received, but even there most found the TH program assistance somewhat helpful.

## Chapter 8: Mothers' Income, Employment, and Sources of Material Support

A major goal of transitional housing programs is to help families increase their income to the point where they can afford housing. This is a very ambitious goal for most of the families who use TH programs, as many mothers lack the education, training, or experience that would qualify them for jobs that pay well. As we saw in chapter 7, almost one in four (23 percent) lacked a high school diploma or equivalent at the time they left TH, and another one in three (31 percent) had only a high school diploma. While most mothers in our sample who worked made more than minimum wage, the very large majority did not bring in enough from employment to raise their families out of poverty. Most would have needed help from a variety of sources to make ends meet.

In this chapter we look at our families' sources of cash income and other forms of material support at the time they left TH and one year later. Once we understand the basics about family income and resources, we focus on employment, which is one of the two key outcomes of this study for mothers. Most TH programs list housing and employment stability as the two components of what they consider a successful exit, making the assumption that steady income from employment will help mothers keep their housing. For employment, we explore mothers' employment history and employment at TH entry, TH exit, and 12 months after leaving TH.

### INCOME, INCOME SOURCES, AND OTHER BENEFITS

In 2006, the year that covered most of the data collection for this survey, it took a regular monthly income of \$1,354 to reach the federal poverty line (FPL) of \$16,242 a year for a parent and two children. TH programs try to prepare their participants to earn enough to exceed this level.

#### THE SITUATION WHEN LEAVING TH

We measured family income by asking about *the month* before the moveout and 12-month interviews. We measured *sources* of income and non-cash assistance by looking at *the year* before the moveout and 12-month interviews. As 54 percent of mothers spent less than a full year in TH and were often interviewed up to a month after they left their TH program, the "year before the moveout interview" information will likely cover some time while they were in emergency shelters, may also cover some time before they became homeless, and will cover a short time following program exit. The year before the 12-month follow-up is also the year *after* moveout, and we will usually refer to it as such. We look first at family income levels, then at sources.

As table 8.1 reveals, at most 22 percent of the mothers in this sample brought in enough to rise above the FPL, even when one considers all sources of income combined. Mothers in Houston and San Diego were most likely to do so. Across all communities the median family income for the month before the moveout interview was \$1000, putting annual household income at \$12,000 or less for half the families in our sample.

Table 8.1: Household Income During the Month Before the Moveout Interview  
(percentages)

Past month income	Total—all communities	Community				
	(n = 190)	Cleveland	Detroit	Houston	San Diego	Seattle
\$0 to \$249	5	16	0	3	0	0
\$250 to \$499	12	16	22	0	4	15
\$500 to \$749	16	30	26	6	0	11
\$750 to \$999	15	11	11	12	15	24
\$1000 to \$1249	14	11	11	26	12	13
\$1250 to \$1499	6	2	7	3	12	11
\$1500 to \$1999	16	7	19	29	31	9
\$2000 and up	15	9	4	21	27	17
Mean	\$1194	\$808	\$954	\$1475	\$1938	\$1185
Median	\$1000	\$600	\$800	\$1480	\$1550	\$ 976

Source: Urban Institute analysis of family interview data. Note: 5 mothers said they did not know their last month's income. Cell entries may sum to more than 100 percent due to rounding.

Four out of five mothers got income from working at some time during the year before leaving TH (table 8.2). About half (53 percent) received welfare, meaning they were enrolled in their state's version of the Temporary Assistance for Needy Families program (TANF). Other sources for about a third of families were financial assistance from family and friends and child support. Houston and San Diego mothers were the least likely to report TANF but Houston mothers were the most likely to report receiving child support payments. Mothers' commitment to improving their earning power through education or training is reflected in the proportion receiving a stipend for participating in vocational training or getting financial aid to further their education.

Table 8.2: Income Sources During the 12 Months Before Moveout  
(percentages)

Sources	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Income from working	81	76	75	94	92	74
Supplemental Security Income	9	7	14	6	2	9
Disability Income (SSDI)	4	2	11	3	4	2
Social Security	2	0	0	0	4	4
TANF (welfare)	53	53	75	22	28	61
General assistance	3	0	0	3	2	2
Stipend accompanying vocational training	8	10	4	6	7	7
School/financial aid	14	10	14	22	11	11
Unemployment insurance	5	7	4	3	4	4
Savings	5	2	7	14	2	2
Alimony	1	0	0	6	0	0
Child support	29	31	4	53	24	24
Family and friends	32	47	36	25	30	30
Veterans benefits	1	0	0	3	0	0
Other	7	5	0	10	5	5

Source: Urban Institute analysis of family interview data. Note: Mothers usually identified more than one income source received, so cell entries will sum to more than 100 percent.

In addition to the sources of cash income reported in table 8.2, mothers also indicated that they received a variety of other resources by participating in noncash benefit programs such as Medicaid that served to supplement the relatively meager amount they could make from working (table 8.3). Eighty-five percent received food stamps—other than the housing subsidies that we report in chapter 6. A food stamp is the most common public resource received by these families, and the one that “feels” most like cash as it is usually accessed through the same electronic benefits card (which acts like a credit card) that states use to distribute TANF benefits. About half the families in our sample also supplemented their food supplies with WIC (the Special Supplemental Food Program for Women, Infants, and Children), which supplies nutritious food for eligible pregnant and post-partum mothers and children aged five and younger. About one in three mothers also got food from food pantries and commodities programs, meaning that they did not get enough income and other benefits to cover their families’ food needs, and had to rely on sources of food meant for emergencies.

Table 8.3: Noncash Benefits and Material Support Received  
During the 12 Months Before Moveout  
(percentages)

Sources	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Food stamps	85	93	89	75	73	85
WIC	47	56	46	39	42	43
Other food (pantries, commodities)	34	27	39	33	38	39
Child care subsidies	41	60	7	33	50	37
Medicaid	81	88	86	69	77	80
Local health program/SCHIP	29	76	11	8	12	4
Transportation	48	69	39	36	50	41
Hotel/motel voucher	4	2	0	6	4	9
Other	5	0	0	13	10	6

Source: Urban Institute analysis of family interview data. Note: Mothers usually identified more than one source of material support, so cell entries will sum to more than 100 percent.

Four out of five families were enrolled in Medicaid, and 29 percent were enrolled in a local health insurance program or their state's Children's Health Insurance Program. Thus at moveout, most families had access to medical care when they needed it, which is a much happier state of affairs than is true generally for families with incomes at or below 200 percent of the federal poverty line, among whom 33 percent did not have health insurance in 2006, including 41 percent of adults and 20 percent of children (Holahan and Cook 2007). Assistance with transportation was another area where many mothers in our sample received help.

### INCOME LEVEL AND INCOME AND BENEFIT SOURCES ONE YEAR AFTER TH

Mean and median incomes for the year after leaving TH are virtually identical to those for the year before. There was some movement in certain sites (e.g., median income was up by \$100 in Cleveland and by almost \$300 in Seattle), but in general not much changed (table 8.4).

Likewise, the most common sources of income and material support reported for the year before the moveout interview are the same as those reported for the year after moveout (tables 8.5 and 8.6). However, the proportion of mothers getting income or support from the various sources has shifted, sometimes substantially. Table 8.7 compares the pre- and post-moveout sources, assembling information from tables 8.1 through 8.6 for the most important sources of support for families in all five sites taken together.

Table 8.4: Household Income During the Month Before the 12-Month Follow-up Interview (percentages)

Past month income	Total—all communities	Community				
	(n = 178)	Cleveland	Detroit	Houston	San Diego	Seattle
\$0 to \$249	5	10	0	0	0	7
\$250 to \$499	13	23	23	7	0	7
\$500 to \$749	15	23	19	0	0	20
\$750 to \$999	13	13	19	7	14	11
\$1000 to \$1249	16	13	15	28	24	7
\$1250 to \$1499	6	4	8	7	0	9
\$1500 to \$1999	15	6	12	24	33	14
\$2000 and up	17	8	4	28	29	25
Mean	\$1204	\$851	\$935	\$1543	\$1578	\$1381
Median	\$1000	\$700	\$800	\$1500	\$1600	\$1200

Source: Urban Institute analysis of family interview data. Note: Cell entries may sum to more than 100 percent due to rounding.

Table 8.5: Income Sources During the 12 Months After Moveout (percentages)

Sources	Total—all communities	Community				
	(n = 178)	Cleveland	Detroit	Houston	San Diego	Seattle
Income from working	78	71	61	97	86	80
Supplemental Security Income	8	5	18	3	5	9
Disability Income (SSDI)	5	2	14	7	10	0
Social Security	1	0	0	0	0	2
TANF (welfare)	24	17	61	0	33	23
General assistance	2	0	4	0	0	5
Stipend accompanying vocational training	3	7	0	0	0	5
School/financial aid	10	13	4	17	10	7
Unemployment insurance	0	0	0	0	0	0
Savings	2	0	4	3	0	2
Alimony	1	0	3	0	0	0
Child support	28	36	11	30	33	23
Family and friends	19	32	25	7	0	19
Veterans benefits	1	0	0	3	0	0
Other	5	2	4	13	13	2

Source: Urban Institute analysis of family interview data. Note: Mothers usually identified more than one income source received, so cell entries will sum to more than 100 percent.

**Table 8.6: Sources of Noncash Benefits and Material Support  
During the 12 Months After Moveout**  
(percentages)

Sources	Total—all communities	Community				
	(n = 178)	Cleveland	Detroit	Houston	San Diego	Seattle
Food stamps	67	85	79	38	48	65
WIC	69	56	75	93	71	65
Other food (pantries, commodities)	23	29	32	10	0	30
Medicaid	63	85	18	38	57	84
Local health program/SCHIP	34	91	7	10	24	0
Transportation	18	18	7	10	24	28
Hotel/motel voucher	1	0	0	0	11	0
Other	3	0	0	7	14	0

Source: Urban Institute analysis of family interview data. Note: Mothers usually identified more than one source of material support, so cell entries will sum to more than 100 percent.

**Table 8.7: Comparing Income Levels and Major Sources of Income  
and Material Support Between Moveout and 12 Months Later**  
(percentages)

	Moveout	12-Month Follow-up
Income from working	81	78
Supplemental Security Income	9	8
Disability Income (SSDI)	4	5
TANF (welfare)	53	24
Stipend accompanying vocational training	8	3
School/financial aid	14	10
Child support	29	28
Family and friends	32	19
Food stamps	85	67
Medicaid	81	63
Local health program/SCHIP	29	34
Mean income, past month	\$1194	\$1204
Median income, past month	\$1000	\$1000

Source: Urban Institute analysis of family interview data. Note: Categories are not mutually exclusive so cell entries do not sum to 100 percent.

The biggest shifts observable in table 8.7 are the steep reduction in reliance on TANF and the somewhat less dramatic but still substantial drops in receipt of food stamps, Medicaid, and financial support from family and friends. Half as many families relied on TANF in the year following TH exit as did so in the year before (24 versus 53 percent). Participation in food stamps and Medicaid was down 18 percentage points, meaning that about one in five mothers lost these benefits in the year following TH exit. These changes actually left many families worse off than they had been in the year before leaving TH, as they were not making much more from employment but they lost important supports for adequate food and health care.

## EMPLOYMENT

Employment is one of the two key outcomes of this study. Most TH programs list housing and employment stability as the two components of what they consider a successful exit, making the assumption that steady income from employment will help mothers keep their housing.

In their first interview we asked mothers about their work history and current job status. If they were working we asked what type of job(s) they held, how long the job(s) had lasted, and what they made per hour. If they were not working, we asked about past jobs and about plans to look for work. At each subsequent interview we asked similar questions to determine whether they still held the same job(s) or had begun or changed employment. One mark of TH program impact is that only 18 percent of mothers were working when they entered TH compared to 61 percent who were working when they left their TH program. An even higher percentage had some income from employment during the year before leaving the program, and again at 12 months following program exit.

### Employment Increased More than Threefold During TH

- Only 18 percent of mothers were working at TH entry.
- 61 percent were working at TH exit.

## EMPLOYMENT HISTORY

All but one mother in our sample had been employed at some time in her life. Seventy percent of mothers had first worked for pay at age 16 or younger, with 9 percent starting to work at age 13 or younger. Seventeen percent had their first job when they were 17 or 18, and only 14 percent were 19 or older when they were first employed.

In response to our question, "Since you were 16, how much of your life have you had a job?", 42 percent of mothers said "all or almost all of the time" and another 22 percent said "most of the time." The remainder, 36 percent, had worked half the time or less, including 5 percent who said they had worked almost none or none of the time. Mothers in Houston were more likely than mothers in all but one other site to have worked "all or almost all" the time since they were 18.

## EMPLOYMENT AT TH EXIT AND PERSISTENCE IN EMPLOYMENT

Table 8.8 presents mothers' employment status at the time they left transitional housing as well as their employment status at the 12-month follow-up. Three out of five mothers were working at moveout (61 percent), the vast majority of whom (92 percent) held only one job. Mothers in Houston and San Diego were significantly more likely to be working at moveout (83 and 88 percent, respectively) than mothers in the other three sites, where employment levels ran from 46 to 54 percent.

Table 8.8: Employment at Moveout and 12-month Follow-up  
(percentages)

Employment status	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Working at moveout (n=119)	61	46	50	83	88	54
Of those working at moveout:						
Had 1 job at moveout	92	96	90	92	95	88
Had 2 jobs at moveout	8	4	10	8	5	12
Not working at 12 months	23	33	43	7	17	24
Working at 12 months	68	56	57	80	65	76
Unknown at 12 months <sup>a</sup>	9	11	0	13	17	0
Not working at moveout (n=76)	39	54	50	17	12	46
Of those not working at moveout:						
Not working at 12 months	47	44	64	0	67	52
Working at 12 months	45	53	36	67	0	38
Unknown at 12 months <sup>b</sup>	8	3	0	33	33	10

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

<sup>a</sup> 11 mothers lost to follow-up who did not complete a 12-month interview.

<sup>b</sup> 6 mothers lost to follow-up who did not complete a 12-month interview.

### EMPLOYMENT STATUS AT 12 MONTHS

We can also see in table 8.8 the proportion of mothers whose employment status stayed the same from moveout to 12-month follow-up and the proportion whose status changed. Sixty percent of the starting sample (195 mothers) were still in the employment status at 12 months after leaving TH that they had been in at moveout, 31 percent had changed status, and 9 percent were unknown (lost to follow-up).

Two-thirds of mothers who were working at moveout also held a job at follow-up. Of mothers not working at moveout, 47 percent were still not working at 12 months. Among mothers for whom we have both moveout and 12-month information (179 mothers), 4 percent more (7 mothers) were working at follow-up than were working at moveout. On its surface this appears to be a very small shift, but it hides a good deal of movement and change in employment status.

Still looking at the mothers for whom we have moveout and 12-month data, 1 in 4 of the 108 mothers who were working at moveout had lost her job at some time in the year after moveout and was unemployed at 12 months, while almost 1 in 2 (49 percent) of the 70 mothers not working at moveout *was* working at 12 months. Thus we see that considerably more shifting *into* employment than shifting out of employment occurred—a fact masked by the larger group of mothers who were working at moveout. Nevertheless, the data also reveal how much difficulty some of these mothers have with sustaining employment.

### Types of Jobs

A variety of jobs were listed on the interview forms to make it easy for interviewers to record common types of jobs for people leaving TH programs. These included things like health care

work (nurse's aide, home health care, adult care aide), food service work, clerical/administrative jobs, cleaning/housework, factory work, sales, management, and professional (registered nurse, accountant, teacher). There was also an "other" category, which asked for a description of the job held by the respondent if none of the standard answers applied.

We considered a number of ways to categorize jobs, and ultimately decided to use a scheme that captures the level of experience and education that a typical job requires in six categories. These are jobs for which a person needs:

1. No specific experience or education (e.g., bagging groceries, odd jobs, manual labor, cleaning/housework, basic food service, child care)
2. A high school diploma or equivalent and some (3 months) experience (e.g., farming, basic factory work, entry level sales)
3. A year of post-high school education or training and 3 to 6 months experience (e.g., cashier, clerical/administrative, any kind of health aide, substance abuse counselor)
4. Two years of post-high school education or training and 6 months or so of on-the-job training or apprenticeship (e.g., bookkeeper, various information technology jobs, laboratory technician)
5. A 4-year college degree (e.g., teacher, social worker)
6. More than a 4-year college degree.

In describing mothers' employment, we focus only on their primary job (the job they described first), since only eight mothers held a second job. Table 8.9 shows the characteristics of the jobs that mothers held as their primary work.

Table 8.9: Types of Jobs Among Mothers Who Were Working at Moveout  
(percentages)

Types of jobs	Total—all communities (n = 103)	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
1. No experience needed	21	16	40	24	11	25
2. HS diploma, some experience	7	8	10	4	11	4
3. 1-year post-HS + experience	47	56	20	40	53	50
4. 2-yrs post-HS + experience	18	12	20	28	16	17
5-8. 4-year college degree or more	6	8	10	4	11	4

Source: Urban Institute analysis of family interview data. Note: Of 119 mothers who worked at moveout, 15 completed retrospective interviews that did not supply details on the jobs they held when they left TH, and one who completed a regular moveout interview did not provide job details. Cell entries may not sum to 100 percent due to rounding.

We have descriptions of primary jobs for 100 to 103 of the 119 mothers who held jobs at moveout.<sup>20</sup> Most of these mothers (47 percent) held jobs in category 3, requiring a year of post-high school training and some experience, as shown in table 8.9. Detroit mothers are the clear exception to this generalization, with a higher proportion holding category 1 jobs; sample sizes within communities are too small for this difference to reach statistical significance. Detroit mothers were generally younger than mothers in other communities (chapter 2) and were significantly less likely to have finished high school (chapter 7). These differences most likely account for the quality of jobs they were able to obtain.

### *Types of Jobs at 12 Months*

Jobs held at 12 months show a very slight and nonsignificant shift toward ones requiring more training and experience. Ten percent of mothers held jobs requiring at least a college degree, compared to 6 percent at moveout, and 47 versus 40 percent held jobs requiring a year of post-high school education. A few more mothers held second jobs (12 mothers compared to 8 at moveout), but these closely resembled their primary jobs with respect to experience and education requirements.

### **TIME COMMITMENT OF MOTHERS' PRIMARY JOB**

Most mothers who work have regular full-time jobs (i.e., 30 or more hours a week). The lowest proportion working full time occurred in Cleveland and the highest proportion in San Diego (58 and 78 percent, respectively), but small sample sizes mean these differences are not statistically significant (table 8.10). Regular part-time work is the next most frequently mentioned time commitment. Very few mothers are working in temporary or contract positions. In no community but San Diego are a fair proportion of mothers working in paid training or internship positions. No mothers hold these positions in Detroit and Houston.

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<sup>20</sup> 78 mothers were recruited into the sample two months or more after they had left transitional housing. These mothers completed retrospective first interviews so we could learn about their situation at the time of the interview and at the time they left TH. We were able to determine employment status at moveout for all of these "retrospective" mothers, but 15 did not supply details of their jobs from that time. In addition, one or more other mothers did not provide details on one or more aspects of their job.

Table 8.10: Time Commitment of Jobs Among Mothers Who Were Working at Moveout (percentages)

Time commitment	Total—all communities	Community				
	(n = 100)	Cleveland	Detroit	Houston	San Diego	Seattle
Full time regular (30+ hrs/wk)	65	58	60	68	78	63
Full time temporary or contract (30+ hrs/wk)	2	0	4	0	0	4
Part time regular (<30 hrs/wk)	24	29	30	28	6	25
Part-time temporary/contract (<30 hrs/wk)	5	8	10	0	6	4
Paid training or internship	4	4	0	0	11	4

Source: Urban Institute analysis of family interview data. Note: Of 119 mothers who worked at moveout, 15 completed retrospective interviews that did not supply details on the jobs they held when they left TH, and four who completed a regular moveout interview did not provide job details. Cell entries may not sum to 100 percent due to rounding.

### WAGE LEVELS OF MOTHERS' PRIMARY JOB

Even working full time, if a mother works for only minimum wage or a bit above that, she will not earn enough to raise her family out of poverty or be able to afford rent in many communities. Census Bureau poverty thresholds (FPLs) for 2006 were \$13,896 for a mother and one child, \$16,242 for a mother and two children, and \$21,546 for a mother and three children. The federal minimum wage in 2006 was \$5.15. In two of our study states, Ohio and Texas, this was the minimum wage that prevailed during data collection for this study. The minimum wage set by state statute in California during 2006 was \$8.75, in Michigan it was \$8.95, and in Washington it was \$7.61. Using 35 hours as the standard work week, a full-time worker at 35 hours would work 1,820 hours a year. At the federal minimum wage this would bring in \$9,577—or only 68 percent of FPL for a mother with one child. A mother in San Diego, Detroit, and Seattle working full time at minimum wage in her state would have made \$12,285, \$12,649, and \$13,850 respectively. None of these mothers would have risen above the FPL; only mothers in Seattle would have come within a percent or two of FPL.

Fortunately most mothers in our sample held jobs that paid more than minimum wage. Table 8.11 shows the hourly wage that mothers reported for the jobs they held at the time they left transitional housing. On average, mothers made \$9.77 an hour, which translates into \$17,781 a year for full time work. The median wage was only slightly lower. With the exception of one mother in Cleveland, no one in our sample was working at less than federal minimum wage, including those who were in paid training or internships. About one in four were making \$5.15 to \$7.79 an hour; the top of this range would have been above minimum wage in all states in this study. Almost three-fourths of mothers who were working when they left TH were making at least \$7.80 an hour. Forty-two percent were making between \$7.80 and \$10.29 an hour, or between \$14,600 and \$19,000 a year. Eighteen percent were making \$12.30 an hour or more, or at least \$22,700 a year. The highest-paid mother in our sample made about \$32,000 a year.

**Table 8.11: Wage Level of Jobs Among Mothers Who Were Working at Moveout, and Mean and Median Hourly Wages at Moveout and 12 Months**  
(percentages, except for shaded rows)

Hourly wage	Total—all communities	Community				
	(n = 100)	Cleveland	Detroit	Houston	San Diego	Seattle
<\$5.15 an hour (less than minimum wage)	1	4	0	0	0	0
\$5.15 to \$7.79 an hour	26	28	56	32	22	9
\$7.80 to \$10.29 an hour	42	48	44	36	44	39
\$10.30 to \$12.89 an hour	13	8	0	16	17	17
\$12.30 an hour or more	18	12	0	16	17	35
Mean hourly wage-moveout	\$9.77	\$9.03	\$7.76	\$9.74	\$10.16	\$11.11
Median hourly wage-moveout	\$9.24	\$8.25	\$7.00	\$9.26	\$10.00	\$10.25
Mean hourly wage-at 12 months	\$10.04	\$9.42	\$8.31	\$9.62	\$12.70	\$10.76
Median hourly wage-at 12 months	\$9.00	\$8.00	\$7.00	\$9.05	\$11.20	\$10.25

Source: Urban Institute analysis of family interview data. Note: Of 119 mothers who worked at moveout, 15 completed retrospective interviews that did not supply details on the jobs they held when they left TH, and three who completed a regular moveout interview did not provide job details. Cell entries may not sum to 100 percent due to rounding.

The mean and median wages and the wage distribution differed considerably among study communities. Detroit mothers received considerably lower wages, on average (\$7.76 an hour), while Seattle mothers received the highest wages (\$11.11, on average). Hardly any Seattle mothers make *less than* \$7.80 an hour, while only 44 percent of Detroit mothers make \$7.80 or more. Second jobs, for the few who hold them, have roughly the same wage distribution.

### *Wage Levels at 12 Months*

As can be seen in the last two rows of table 8.11, hourly wages at 12 months look very similar to those at moveout—not surprising given that the types of jobs that mothers hold at 12 months are very similar to the types they held at moveout. Study communities differed quite a bit in hourly wage changes—the mean and median hourly wage jumped 25 and 12 percent, respectively, and the mean hourly wage in Detroit went up 7 percent. But overall the mean hourly wage of jobs held at 12 months was only about 3 percent higher than the mean hourly wage of jobs held at moveout.

### **DURATION OF CURRENT JOB**

About half of all mothers working at moveout had held their job for less than six months (table 8.12). Mothers in Cleveland more than mothers in any other site had been in their current jobs for this relatively short period. Another one in four mothers (26 percent) had been working for 6 to 12 months. Most of the mothers in these first two categories would have started working at their current job while in TH. It looks like mothers in Houston and San Diego were most likely to have jobs of long duration—two years or more—but the small sample sizes mean these differences are not statistically significant.

Table 8.12: Duration of Jobs Among Mothers Who Were Working at Moveout  
(percentages)

Duration	Total—all communities	Community				
	(n = 102)	Cleveland	Detroit	Houston	San Diego	Seattle
Less than 6 months	49	72	40	44	37	44
6 to 12 months	26	8	30	28	32	39
More than 1 year, up to 2 years	12	12	20	8	11	13
2 years or more	13	8	10	20	21	4

Source: Urban Institute analysis of family interview data. Note: Of 119 mothers who worked at moveout, 15 completed retrospective interviews that did not supply details on the jobs they held when they left TH, and two who completed a regular moveout interview did not provide job details. Cell entries may not sum to 100 percent due to rounding.

### Duration of Jobs at 12 Months

Given the number of mothers who were working at both moveout and the 12-month follow-up, it is not surprising that mothers had been at jobs longer at follow-up than was true at moveout. Jobs held for less than 6 months were down 10 percentage points (from 49 to 39 percent) and jobs held from 6 to 12 months were down 4 percentage points (from 26 to 21 percent). The difference was absorbed by mothers whose jobs a year after leaving TH had lasted a year or more—up to 39 percent from 25 percent.

### HEALTH INSURANCE COVERAGE

A job that includes health insurance for employees is prized, as access to health care depends in large degree upon having insurance, and staying healthy can depend on receiving health care when needed. Table 8.13 shows the extent to which the jobs mothers held at moveout gave them and their children health insurance coverage.

Table 8.13: Health Insurance Coverage in Mothers' Job at Moveout  
(percentages)

Duration	Total—all communities	Community				
	(n = 98)	Cleveland	Detroit	Houston	San Diego	Seattle
No	58	78	78	36	71	46
Yes, for mother only	10	4	11	12	18	8
Yes, for both mother and children	31	17	11	52	12	42
Don't know	1	0	0	0	0	4

Source: Urban Institute analysis of family interview data. Note: Of 119 mothers who worked at moveout, 15 completed retrospective interviews that did not supply details on the jobs they held when they left TH, and six who completed a regular moveout interview did not provide job details. Cell entries may not sum to 100 percent due to rounding.

More than half (58 percent) of all mothers employed at moveout were in jobs that did not offer coverage for themselves and their children. Only 10 percent got health insurance for themselves only. Mothers in Cleveland, Detroit, and San Diego were significantly more likely than mothers

in Houston and Seattle to *lack* employer-sponsored health insurance entirely. Conversely mothers in Houston and Seattle were most likely to have insurance coverage for both themselves and their children. Having this coverage can bring great peace of mind to mothers concerned about their children's health and may make the difference between being able to afford rent and having to make choices between paying rent and paying for medical care.

### *Health Insurance at 12 Months*

About the same number of mothers worked in jobs without health insurance at the 12-month follow-up as had done so at moveout (61 and 58 percent, respectively). Among the mothers with employer-provided health insurance, there was an unfortunate shift to coverage only for the mother, not for her children. At moveout, 31 percent of working mothers had employer-based health insurance for themselves and their children, a proportion that slipped to 16 percent at 12 months after moveout. Twenty-four percent of mothers had insurance for themselves alone, compared to 10 percent at moveout.

## **PARTICIPATION IN THE INFORMAL ECONOMY**

Many families augment income from formal employment by doing things “on the side.” Sometimes they get paid for these activities, always in cash, and sometimes they trade things they can do for things they need done for them. We asked mothers whether they participated in any aspect of this informal economy, focusing exclusively on things that are within the law. Table 8.14 shows the responses at moveout and the 12-month follow-up, for things the mothers did for cash, things they “gave in trade,” and things they “got in trade.” Mothers could name multiple activities traded or done for pay.

**Table 8.14: Participation in the Informal Economy at Moveout and 12 Months Later**  
(percentages)

	Did for cash		Gave in trade		Got in trade	
	At moveout	At 12 months	At moveout	At 12 months	At moveout	At 12 months
Child care	10	10	13	8	6	5
Adult care	3	0	0	0	0	0
Hair styling	4	4	2	1	1	2
Cleaning	6	6	2	0	0	1
Laundry	3	2	1	1	1	0
Transportation	1	0	2	0	7	4
Shopping	2	1	1	1	3	2
Cooking	3	0	2	1	1	1
At least one of above	16	16	16	12	16	12

Source: Urban Institute analysis of family interview data. Note: Mothers could identify more than one activity done for pay or traded.

Sixteen percent of mothers did one or more things for cash at moveout and likewise traded for similar things. Child care was the activity most commonly traded and done for pay. Cleaning was done for pay but not traded, and mothers seem to have received help with transportation but

not been in a position to give it, either for pay or in trade. A few mothers did more than one of these activities for pay, but most of those responding reported only one traded activity.

## MOTHERS NOT WORKING AT 12 MONTHS

Sixty-three mothers (35 percent of the mothers interviewed at 12 months) were not working at the 12-month interview. Half of these mothers had worked since last being interviewed—that is, within the past six months, or during the year after TH. Twenty percent had last worked 6 to 12 months before their 12-month interview, and thus probably during the year after TH. Thirty percent had not worked since before they left TH.

Among these 63 mothers, 35 percent were looking for work at the time of their 12-month interview. The remainder gave reasons for not working and not looking that closely resembled those given at moveout. Slightly fewer nonworking mothers mentioned job-related factors, indicating they had finished a school or training program or had otherwise acquired the training, skills, or experience to get the jobs they wanted. Access-related factors were also down a bit, especially transportation problems and unresolved child care responsibilities, although lack of child care was still an issue. On the other hand, a slightly higher proportion of mothers mentioned their own health and disability issues as reasons they were not working.

- Job-related factors—in school or other training (24 vs. 31 percent),<sup>21</sup> lack necessary schooling, training, skills, or experience (6 vs. 13 percent), jobs don't pay enough (8 vs. 13 percent), no jobs available in my line of work (5 vs. 8 percent)
- Access-related factors—need flexible hours because of children (22 vs. 29 percent), transportation problems (15 vs. 25 percent), lack child care (17 vs. 15 percent)
- Mother's illness, injury, or disability—mental or emotional problems (14 vs. 17 percent), physical disability (19 vs. 13 percent), illness (14 vs. 10 percent), injury (3 vs. 6 percent)
- Family-related matters—family responsibilities (14 vs. 15 percent), illness of family member (2 vs. 0 percent)
- Other reasons—had enough income from other sources (5 vs. 8 percent), pregnant (3 vs. 2 percent).

No one said she was not interested in working or that she could not work because she was in a substance abuse treatment program.

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<sup>21</sup> The first figure is from the 12-month interview, and is compared to the responses at moveout. Thus 24 percent of nonworking mothers gave their reason as being in school at the 12-month interview versus 31 percent who did so at moveout.

## HELP FROM TH PROGRAM FOR JOB TRAINING AND FINDING EMPLOYMENT

As we saw in chapter 7, many mothers in TH programs are or have been involved in education or training to obtain credentials for jobs that will let them support their family and afford housing. After helping mothers to get this training, TH programs often provide assistance to find employment commensurate with these new credentials and skills.

Table 8.15 shows mothers' responses to questions about whether they got assistance with job training, job finding, and job retention while in TH, and whether found the assistance they got to be useful.

Table 8.15: TH Program Assistance with Employment (percentages)						
Employment assistance	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Did you get help?						
No, didn't need	31	15	32	42	35	41
No, needed but didn't get	5	5	11	3	0	4
Yes, from program	41	71	25	28	50	15
Yes, on my own	10	2	7	11	8	22
Yes, both	12	17	22	26	4	30
Unknown	2	0	7	0	4	2
Of mothers receiving help, for how many was it...?						
Not at all helpful	6	3	0	15	0	13
Somewhat helpful	30	43	36	5	19	29
Very helpful	64	54	64	80	81	58

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

Across the study communities, 31 percent of mothers did not get help with employment because they felt they did not need it. Another 5 percent felt they needed help in this area but they did not get it while in TH. About three in five mothers (63 percent) did get assistance with job-related matters; 41 percent of these got help from the TH program only, 10 percent got help on their own without involving the TH program, and 12 percent were aided through both channels. Mothers in Cleveland and San Diego were most likely to get help just from their TH program while many mothers in the other three communities got help with employment from both their TH program and other sources.

Mothers were strongly favorable to the help they received on job-related matters. As was true with respect to education, mothers in Houston and San Diego were the most favorable, with four out of five who got this assistance saying it was very helpful.

## THE BOTTOM LINE—TH PROGRAM MOTHERS' EARNING PROSPECTS

We developed a number of variables to summarize the consistency of mothers' employment experiences in the year following their exit from transitional housing. The final table of this chapter, table 8.16, shows the results for the sample as a whole. About two mothers in five (39 percent) were employed at moveout and stayed employed for the whole year thereafter. Most remained in the same job, but 23 percent (9 percent of the sample with 12-month interviews) changed jobs during the year.

Table 8.16: Summary of Employment Experiences in the Year Between Moveout and the 12 Month Follow-Up Interview (percentages)	
Summary measures of employment	Total—all communities
	(n = 179)
Employed whole time at the same job	30
Employed whole time, more than one job	9
Periods of unemployment	<b>44</b>
Working most of the time	16
Working about half the time	16
Not working most of the time	12
Unemployed whole time	15
Working at moveout but not working at 12 months	14
Not working at moveout but working at 12 months	17
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> Categories are not mutually exclusive so cell entries do not sum to 100 percent.	

Another 44 percent of mothers with 12-month interviews experienced periods of unemployment during the year following TH. These mothers are fairly evenly divided among those who worked most of the time, about half the time, and relatively little of the time. Fifteen percent of mothers never worked during the whole 12 months after leaving TH; many of this group were not looking for work either, for a variety of reasons. Among the mothers who experienced periods of unemployment, about equal numbers were working at moveout but not at 12 months (14 percent) or vice versa (17 percent).

The income and earnings prospects of the mothers in our sample greatly resemble those of other poor and near-poor mothers in the numerous studies that have examined the impacts of welfare reform on mothers' employment. This is not surprising, as about half of the mothers in our sample were actually TANF participants at the time they left TH (the proportion varied significantly across sites at least partially as a consequence of state-level TANF policies). It is very common for these women to hold jobs for relatively short periods of time, lose them, and move on to other jobs that are also short-lived. Of the 195 mothers in our sample, 119 (69 percent) were working when they left TH. Only half of these (59 mothers, 30 percent of the whole sample) worked at the same job throughout the 12-month follow-up period. Thus slightly more than half the women we interviewed (55 percent) had periods of alternating employment and unemployment during the follow-up year and may have held two or more jobs in that 12-month period.

Welfare mothers and our mothers can and do work, but work does not usually raise them or their families out of poverty, nor does it make them able to afford housing without assistance. A period of time in a transitional housing program does not change the basic reality of poor, relatively under-educated mothers' earning power. Acs and Loprest (2007a) summarize the economic circumstances of welfare families after leaving TANF and document the persistence of poverty despite significant work effort. They also document the utility of a family's continued receipt of food stamps in its ability to avoid returning to welfare (Acs and Loprest 2007b). Yet as we noted above, about half the families in this study that received food stamps at TH program exit were off the food stamp rolls by one year later and thus unable to fall back on this important supplemental resource. Mills et al.'s 2006 report of the results of HUD's Welfare to Work Voucher Program shows the importance of housing subsidies in maintaining family housing stability. Having or not having a subsidy made much more difference to a household's ability to remain stably housed than variations in household earnings. The same will be true for the mothers in this study, as will be seen in chapter 12.

## Chapter 9: Mental and Emotional Problems

A mother's mental or emotional problems can be major barriers to functioning at a level that will allow her to maintain stable housing. There is a general perception that the parents in homeless families are not as likely as single homeless adults to experience mental illness (or addictions). The image of homeless families that advocacy is most likely to project is one of financial setbacks rather than personal characteristics that increase the vulnerability to homelessness.

Data from the National Survey of Homeless Assistance Providers and Clients (Burt et al. 1999), still the only survey to report relevant information for homeless people throughout the nation despite its age, indicate otherwise. While less likely than single adults to report mental or emotional problems, the differences are not huge. For the past month, 35 percent of parents reported at least one mental health symptom compared to 42 percent of single adults; reports for past year and lifetime are 47 versus 56 percent and 65 versus 67 percent, respectively. Twenty-five percent of parents compared to 34 percent of single adults reported enough symptoms of mental or emotional distress to score above a clinical cutoff, indicating that prompt treatment was advisable (Burt et al. 1999, appendix table 8.A1).

A mother's mental or emotional problems may even be barriers to acceptance into a transitional housing program. Twenty-eight percent of TH programs screened for this study would not take mothers with severe and persistent mental illness. The mental or emotional problems of most homeless mothers do not rise to this level of "severe and persistent," but they may still be sufficiently debilitating that they have a hard time caring for or supporting their families. This chapter examines the types of problems that mothers reported at the time they left transitional housing, as well as their past experiences with mental and emotional problems and treatment for them. It ends with changes in emotional or mental health conditions between moveout and the 12 month follow-up.<sup>22</sup>

### MOTHERS' MENTAL HEALTH CONDITIONS

The questions used to learn about mothers' mental and emotional problems came from an instrument called the Addiction Severity Index (ASI).<sup>23</sup> We inquired whether a mother had

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<sup>22</sup> Because the samples of mothers from each community in this study are small, it takes a difference of between 15 and 25 percentage points to reach statistical significance at  $p < .05$ . Comparisons between the two communities with the largest samples, Cleveland with 59 mothers and Seattle with 46, will be significant at percentage point differences of 15 to 20 percent. Comparisons between the two communities with the smallest samples, Detroit with 28 mothers and San Diego with 26, will be significant at percentage point differences of 20 to 25 percent. Comparisons at the tail ends of a distribution (e.g., 5 versus 20 or 80 versus 95 percent) are more likely to be statistically significant than comparisons in the middle that have the same percentage point difference (e.g., 40 versus 55 percent). In the text we make comparisons among communities; when differences reach statistical significance at  $p < .05$  we describe those differences as statistically significant.

<sup>23</sup> The Addiction Severity Index is an instrument developed by the National Institute on Drug Abuse (Fureman, Parikh, Bragg, and McLellan, 1990). It contains subscales to measure a client's level of problems with alcohol, drugs, and mental or emotional problems. Cutoff levels used in this report to indicate the need for clinical services are slight modifications of the means reported in Zanis, McLellan, Cnaan, and Randall (1994).

experienced any of eight conditions and, if yes, the most recent time when they occurred. The conditions were:

- Experienced serious depression
- Experienced serious anxiety or tension
- Experienced trouble understanding, concentrating or remembering
- Experienced hallucinations (hearing voices or seeing things that you could not control or that others could not hear or see)
- Experienced trouble controlling violent behavior
- Had serious thoughts of suicide
- Attempted suicide, and
- Took prescribed medication for any psychological/emotional problem

Table 9.1 shows the frequency with which mothers reported the first five conditions during their moveout interview. We present their responses within three time frames—past month, past year, and lifetime. “Past month” indicates that a mother experienced the condition within the 30 days before being interviewed for this study—usually including her last days in transitional housing. “Past year” indicates that she experienced the condition within one year of being interviewed, including the past month. “Lifetime” indicates that she experienced the condition at some time in her life, including the past month and year. Past month and past year statistics exclude 27 mothers who said “yes” to one or more conditions but did not specify a time period when these conditions happened, so we could not know whether they had occurred within the past month or past year. These 27 mothers *are* included in statistics pertaining to lifetime experiences because they clearly happened at some time during the person’s life even though we do not know exactly when. Therefore tables 9.1, 9.2, and 9.3 include a time period designated “yes, lifetime, including unspecified time.” Cell entries may not sum to 100 percent due to rounding.

Table 9.1 clearly reveals that as the time frame extends from past month to past year to lifetime, the number of mothers reporting these conditions increases, sometimes substantially. It is encouraging to note that relatively few mothers report any of these symptoms during the month before their moveout interview, despite having had far more experience with them during the previous year and especially over their lifetimes. Mothers are most likely to have experienced the first three conditions—serious depression, serious anxiety or tension, and trouble understanding, concentrating, or remembering (53, 46, and 39 percent, respectively, over their lifetime). Reports of past month experiences with these three conditions were much lower, however, ranging from 8 percent for depression to 13 percent for trouble understanding, concentrating, or remembering. We would hope and expect that mothers who just left transitional housing, having been viewed by program staff as exiting successfully, would report relatively low levels of disturbing emotional conditions.

Table 9.1: Mothers' Reports of Mental Health Conditions  
(percentages)

Condition experienced	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Serious depression						
Yes, past month	8	12	4	6	8	7
Yes, past year	30	36	15	36	19	33
Yes, lifetime, including unspecified time	53	61	57	47	50	46
Serious anxiety or tension						
Yes, past month	10	8	4	14	12	13
Yes, past year	26	27	14	33	23	26
Yes, lifetime, including unspecified time	46	49	54	42	38	43
Trouble understanding, concentrating, or remembering						
Yes, past month	13	12	7	17	12	17
Yes, past year	24	22	14	33	12	33
Yes, lifetime, including unspecified time	39	37	46	39	31	43
Hallucinations						
Yes, past month	1	0	0	0	0	2
Yes, past year	3	5	4	3	0	2
Yes, lifetime, including unspecified time	8	14	14	6	0	2
Trouble controlling violent behavior						
Yes, past month	1	2	0	3	0	0
Yes, past year	4	8	0	6	0	2
Yes, lifetime, including unspecified time	12	19	21	6	4	6

*Source:* Urban Institute analysis of family interview data. *Note:* Percentages in this table are *cumulative*, mothers reporting a symptom during the past month are included in the statistic for past year symptoms, and both are included in lifetime symptoms. Past month and past year statistics exclude 27 mothers who said "yes" to one or more conditions but did not specify a time period when they were experienced. These mothers are included in statistics pertaining to lifetime experiences. Cell entries may not sum to 100 percent due to rounding.

Mothers were very unlikely to have experienced the last two conditions shown in table 9.1—hallucinations or periods when they had trouble controlling violent behavior (8 and 12 percent, respectively, over their lifetime). Lifetime rates for these two conditions were higher among mothers in Cleveland and Detroit than they were among mothers in the other three communities, reaching statistical significance in most cases. Past month rates were very low—only 1 percent, reported by only one mother in Cleveland and another in Houston. Past year rates were also low, with 3 to 4 percent of mothers reporting these experiences within the past year. Most mothers in the study would have been in TH in the past year time frame, but some would not yet have been in a TH program.

## SUICIDAL IDEATION AND ATTEMPTS

People with severe depression are at high risk for suicide. Add to the problem of depression the condition of homelessness and you increase the risk considerably, as homeless people have made suicide attempts at rates five or six times those in the general population. In this study, 18 percent of all mothers had thought of committing suicide at some time in their life, including 4 percent who had these thoughts within the past year (table 9.2). Eleven percent had made at least one suicide attempt in their lives, with 1 percent having done so within the past year.<sup>24</sup> Suicidal ideation and attempts vary greatly by study community, with more mothers in Cleveland and Detroit reporting both thoughts and attempts than mothers in the other three communities. Seattle mothers were the least likely to report either thoughts or attempts, doing so at rates three to four times lower than mothers in Cleveland and Detroit; these differences were statistically significant.

Table 9.2: Mothers' Reports of Suicidal Ideation or Attempt  
(percentages)

Condition experienced	Total—all communities (n = 195)	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
Serious thoughts of suicide						
Yes, past month	1	0	0	3	0	0
Yes, past year	4	5	4	6	0	2
Yes, lifetime, including unspecified time	18	27	29	14	12	9
Attempted suicide						
Yes, past month	0	0	0	0	0	0
Yes, past year	1	2	0	0	0	0
Yes, lifetime, including unspecified time	11	17	21	3	7	4

*Source:* Urban Institute analysis of family interview data. *Note:* Percentages in this table are *cumulative*, mothers reporting a symptom during the past month are included in the statistic for past year symptoms, and both are included in lifetime symptoms. Past month and past year statistics exclude 27 mothers who said "yes" to one or more conditions but did not specify a time period when they were experienced. These mothers *are* included in statistics pertaining to lifetime experiences. Cell entries may not sum to 100 percent due to rounding.

## USE OF PSYCHOTROPIC MEDICATIONS

Thirty-one percent of all mothers in the study had taken prescription medications for mental or emotional problems at some time in their lives. One in 10 were currently taking such medications (past month), and 15 percent had done so during the past year. Differences among communities are again apparent. Mothers in Cleveland, Detroit, and Houston have higher lifetime psychotropic medication use than mothers in San Diego and Seattle, but do not appear so different in their current or past year use. Mothers in Detroit are the most different, with none

<sup>24</sup> In the general population of adults, about 3 percent have ever attempted suicide.

reporting past month use and only 4 percent reporting past year use, but 36 percent reporting lifetime use. However, most of this difference is likely due to the large proportion (25 percent) of Detroit mothers who did not give a time frame for their use of medications. They are counted in “lifetime” use but cannot be included in statistics showing past month or past year use. Eight percent of Cleveland and San Diego mothers did not give a time frame, while all mothers in Houston and Seattle did indicate when they took medications for mental or emotional problems.

**Table 9.3: Mothers’ Reported Use of Psychotropic Medications**  
(percentages)

Medication use	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Yes, past month	10	12	0	11	12	11
Yes, past year	15	19	4	19	15	17
Yes, lifetime, including unspecified time	31	37	36	38	27	24

*Source:* Urban Institute analysis of family interview data. *Note:* Percentages in this table are *cumulative*, mothers reporting a symptom during the past month are included in the statistic for past year symptoms, and both are included in lifetime symptoms. Past month and past year statistics exclude 27 mothers who said “yes” to use of psychotropic medications but did not specify a time period when they were experienced. These mothers are included for lifetime experiences. Cell entries may not sum to 100 percent due to rounding.

### COMBINED EXPERIENCES

Some mothers in this study reported more than one mental and emotional condition; the more such conditions a mother faces, the more likely it is that they will interfere with her ability to take care of her family and become self-sufficient. We examine this possibility by creating scales that count “1” for each of the eight mental or emotional conditions on the ASI that a mother reported for the past month, past year, and lifetime time frames. Scale values range from 0 to 8, as shown in table 9.4.

Table 9.4: Mothers' Reports of Number of Mental/Emotional Conditions Experienced in the Month and Year Before First Interview and Lifetime (percentages)

Number of conditions	Total—all communities	Community				
	(n = 193)	Cleveland	Detroit	Houston	San Diego	Seattle
Past month <sup>a</sup>						
None	74	69	84	76	74	74
1	13	20	11	3	16	13
2	5	4	5	9	5	2
3	7	6	0	12	0	9
4	2	2	0	0	5	2
5 or more	0	0	0	0	0	0
Past year <sup>a</sup>						
None	54	55	68	46	68	49
1	16	12	10	15	16	23
2	9	10	21	9	5	5
3	9	10	0	15	5	9
4	9	8	0	15	5	9
5 or more	3	6	0	0	0	5
Lifetime <sup>b</sup>						
None	36	32	35	36	42	37
1	12	12	8	11	8	17
2	11	9	12	14	8	15
3	16	12	15	19	27	11
4	12	12	12	14	11	11
5 or more	13	22	8	6	4	9

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

<sup>a</sup> Excludes 27 mothers who said "yes" to one or more conditions but did not specify a time period when they were experienced.

<sup>b</sup> Includes 27 mothers who said "yes" to one or more conditions but did not specify a time period when they were experienced.

Three out of four mothers (74 percent) did not report experiencing any of the eight mental or emotional conditions during the month before the moveout interview. The remaining 26 percent experienced one or more symptoms, with 9 percent reporting three or more conditions. Reported experiences increased for the past year time frame, with 46 percent of mothers reporting one or more conditions, including 21 percent who reported three or more conditions. Lifetime experiences were the highest, reversing the proportions for past month experiences. Three out of four mothers *did* report one or more conditions, and 41 percent reported experiencing three or more conditions during their lifetime. The proportion of mothers reporting zero or one experience in each time frame is very close to the proportion reported by NSHAPC; the mothers in the present sample may have been slightly more likely to report three or more experiences during the past year and lifetime time frames.

### THE ASI/MH INDEX

A set of questions asked of mothers form a scale called the Addiction Severity Index for mental health conditions (ASI/mh). The eight questions about mental or emotional conditions for which

we just presented results are part of the scale. In addition, any mother who reported one or more of the eight conditions within the past 30 days was asked three further questions: the number of days within the past 30 days on which they experienced any of these psychological conditions, how troubled or bothered they are by these psychological conditions, and how important it was to them to get treatment or counseling for these conditions.

Answers relevant to the past 30 days for these 11 questions (the eight “condition” questions and the three questions about number of days, level of concern, and importance of treatment) were combined following a formula provided by Fureman et al. (1990) to calculate an ASI/mh score for each client. ASI/mh scores of .25 and above were considered to indicate a current problem with mental health issues, based on analyses conducted by Zanis, McLellan, Cnaan, and Randall (1994) on a homeless population. Table 9.5 shows the ASI/mh scores of the mothers in this study at moveout. Only 14 percent scored above the .25 cutoff on the ASI/mh compared to 25 percent of parents on the NSHAPC survey, suggesting that the immediate mental health of most mothers upon leaving transitional housing was pretty good.

Table 9.5: Mothers' Scores on Addiction Severity Index/Mental Health Scale (percentages)						
Score	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
0	72	66	82	69	77	74
> 0 but ≤ 0.1	5	7	0	8	0	4
> 0.1 but ≤ 0.2	7	10	7	3	8	4
> 0.2 but ≤ 0.25	3	5	0	3	0	2
> 0.25 but ≤ 0.3	2	2	4	0	4	2
> 0.3 but ≤ 0.4	4	5	0	6	4	2
> 0.4 but ≤ 0.5	4	0	0	6	4	11
> .50	3	3	0	6	4	0
Unknown	1	2	7	0	0	0

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

## MENTAL HEALTH TREATMENT

As we saw above, about two-thirds of the mothers in this study reported times in their lives when they experienced mental or emotional conditions, including one in four who described current problems and almost half who described problems in the year before leaving transitional housing. Significantly fewer mothers indicated that they had ever received outpatient treatment or counseling for emotional or mental problems, whether from a clinic or a private doctor. Across all study communities, only 38 percent of mothers said they had received such treatment; treatment rates are very consistent across communities, as shown in table 9.6.

Table 9.6: Treatment for Mental/Emotional Conditions  
(percentages)

Type, frequency, and recency of treatment	Total—all communities	Community				
	(n = 193)	Cleveland	Detroit	Houston	San Diego	Seattle
Outpatient treatment ever	38	42	36	39	38	35
If yes (n = 73), how many times?						
Once	40	33	50	36	40	47
2 or 3	26	42	30	28	10	7
4 or more	34	25	20	36	50	47
If yes, how recently?						
Still in treatment	29	25	0	57	20	33
Within past month	5	4	10	7	0	7
1 to 6 months ago	22	33	10	7	30	20
7 to 12 months ago	8	8	0	7	20	7
A year or more ago	25	17	40	14	20	27
Unknown	11	13	20	7	10	7
Inpatient treatment ever	7	5	7	8	12	9

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

Frequency of treatment for mental or emotional conditions, among those who reported some treatment, was pretty evenly distributed across those who had been in treatment once, two or three times, or four or more times (second panel of table 9.6). By “times,” the interview was clear that we were asking about a period during which the mother went to counseling or treatment, not every appointment she kept. Twenty-nine percent of mothers who reported any treatment were still in treatment at the time they left transitional housing, but this proportion varied considerably by community. None of the Detroit mothers were in treatment at moveout compared to more than half of Houston mothers and a third of Seattle mothers who had ever received treatment.

The final row of table 9.6 reports the proportion of mothers who had ever been hospitalized for mental or emotional conditions. Hospitalization indicates a pretty high level of mental or emotional distress, as mental health practice for at least the last twenty years has been to avoid hospitalizing a person if it could in any way be avoided. Overall, 7 percent of study mothers had been hospitalized for psychiatric reasons; no differences were apparent between communities.

### HELP FROM TH PROGRAM FOR MENTAL OR EMOTIONAL CONDITIONS

Overall, 46 percent of mothers said they had experienced one or more mental or emotional conditions in the year before leaving transitional housing (i.e., in the year before their moveout interview for this study). One might expect that they would turn to their TH program for assistance with handling these problems, and almost all of them did. Forty-five percent said they got help from their program for these issues. Another 49 percent said they did not need help, and a final 4 percent said they needed such help but could not get it from their program (3 percent did not answer the question). As can be seen in table 9.7, the only real standout in terms of

community differences is San Diego, where significantly higher percentages of women needed and received help from their TH program than was true in the other communities where reported need was less.

Table 9.7: Help with Mental/Emotional Conditions from TH Program (percentages)						
Help received	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Did you get help?						
No, didn't need	49	49	54	44	27	63
No, needed but didn't get	4	0	7	6	0	6
Yes, from program	31	36	21	33	54	15
Yes, on my own	8	7	4	6	15	11
Yes, both	6	8	7	11	0	2
Unknown	3	0	7	0	4	4
Of mothers receiving help, for how many was it...?						
Not at all helpful	5	3	11	0	0	15
Somewhat helpful	16	13	18	33	6	8
Very helpful	80	83	67	67	94	77

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

Mothers who received assistance in handling mental or emotional conditions were most likely to feel that it was very helpful. Only 5 percent of mothers who got mental health services from their program found that assistance not at all helpful, while four out of five (80 percent) found it very helpful. Perceptions of helpfulness were highest in San Diego and lowest but still substantial in Detroit and Houston.

## CHANGES BETWEEN MOVEOUT AND 12 MONTH FOLLOW-UP

The last thing we look at in this chapter is whether mothers' emotional state changed between the time they left transitional housing and the 12-month follow-up. We do this for the 178 mothers who had a 12-month interview. The measure for change in "past month" conditions compares a mother's answers for the month before her moveout interview, for most of which she would still have been in TH, with her answers for the month before her 12-month interview (first panel of table 9.8). We compare a mother's ASI/mh score at moveout with her ASI/mh score at the 12-month interview (third panel of table 9.8).<sup>25</sup> The ASI/mh score reflects a person's level of concern with emotional or mental health issues in the past 30 days, and as such covers a time frame similar to the "past month" measure. The measure for change in "past year" conditions compares a mother's answers for the year before her moveout interview, during most or all of which she would have been in TH, with her answers for the year after she left TH, as recorded on her 12-month interview (second panel of table 9.8). The "past year" measure includes conditions experienced in the past month and recorded in the "past month" measure. For all three measures

<sup>25</sup> See above at table 9.5 for explanation of the ASI/mh score.

a *reduction* in the score means *fewer* emotional or mental health problems while an *increase* in the score means *more* emotional or mental health problems.

The modal finding for all three measures is that mothers' emotional or mental health status did not change between moveout and the 12-month follow-up. Sixty-five percent had no change in the number of symptoms they reported for the past month, 60 percent had no change in their ASI/mh score, and 58 percent had no change in the number of symptoms they reported for the past year. Among those whose answers did reflect a change, about equal proportions experienced more and fewer symptoms on the "past month" and ASI/mh measures, suggesting that their emotional or mental health during their last month in TH, which was also the month spanning their final TH days and their first days back in the community, was about the same as their emotional or mental health a year later.

On the measure of emotional or mental health issues during the past year, more people reported a drop in problem areas than reported an increase (27 versus 15 percent). This finding suggests that their emotional state during the year following TH exit was somewhat better than it had been during the year before they left TH. For the 36 percent of mothers whose TH stay lasted 9 or fewer months, their "past year" at moveout would also have encompassed a period of homelessness before they entered the TH program, which might have affected their answers. So it is encouraging to see that more than one-fourth of mothers had seen symptoms of depression, anxiety, and other signs of distress disappear by the end of their first year post-TH.

Table 9.8: Change in Mental/Emotional Conditions  
Between Moveout and 12 Month Follow-up  
(percentages)

Change in	Total—all communities	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
Past month conditions <sup>a</sup>						
Down 2 or more	8	6	5	12	8	8
Down 1	9	15	0	12	8	5
No change	65	60	74	73	77	59
Up 1	12	13	21	4	8	13
Up 2 or more	6	6	0	0	0	15
ASI/mh score <sup>b</sup>						
- .15 or more	11	4	4	17	14	9
- .149 to .1	5	9	0	3	0	5
- .99 to .05	2	4	0	3	0	0
no change (-.05 to + .05)	60	50	65	67	71	59
+ .99 to .05	2	4	0	3	0	0
+ .149 to .1	5	7	4	3	5	5
+ .15 or more	15	15	27	3	10	23
Past year <sup>a</sup>						
Down 2 or more	14	17	0	23	15	10
Down 1	13	11	11	19	8	15
No change	58	55	74	46	69	59
Up 1	10	13	16	8	8	5
Up 2 or more	5	4	0	4	0	10

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.  
<sup>a</sup> N=144. Excludes 27 mothers who said “yes” to one or more conditions but did not specify a time period when they were experienced and 17 mothers who did not complete a 12-month interview.  
<sup>b</sup> N=178. Includes 27 mothers who said “yes” to one or more conditions but did not specify a time period when they were experienced but excludes 17 mothers who did not complete a 12-month interview.

## CROSS-SITE COMPARISONS

Some cross-site differences exist in the two measures that reflect past month emotional status. Detroit and Seattle mothers were more likely to report an increase in emotional conditions that were problematic to them on both measures, while Houston mothers leaned more in the direction of reporting a decrease. On the “past year” measure of change, mothers in all sites but Detroit contributed to the greater proportion overall who reported improvements in their emotional state. Mothers in Detroit were about as likely to report an increase as a decrease, and also had the highest proportion with “no change”—significantly higher than in any site but San Diego.



## Chapter 10: Problems with Alcohol and Drugs

A mother's use or abuse of alcohol or illicit drugs can be a major barrier to functioning at a level that will allow her to maintain stable housing. As noted in chapter 9, the general public tends to think that parents in homeless families are not as likely as single homeless adults to experience addictions. The image of homeless families preferred by advocates is one of financial setbacks rather than personal characteristics that increase the vulnerability to homelessness.

As was true for mental and emotional problems, data from the National Survey of Homeless Assistance Providers and Clients indicate that substantial proportions of parents in homeless families have lifetime experiences of heavy drinking and regular drug use. Although these problems are not as pervasive as among homeless single adults, nevertheless 40 percent of these homeless parents said there had been times in their lives when they "drank alcohol to get drunk three or more times a week," and 46 percent said they had used illegal drugs regularly ("regularly" was defined as "three or more times a week"), a proportion only slightly lower than the 50 percent of parents who said they had used illegal drugs at all (Burt et al. 1999, appendix tables 8.A2 and 8.A4).

A mother's problems with alcohol or drugs are often barriers to acceptance into a transitional housing program. A full 89 percent of TH programs screened for this study would not take mothers who were active substance abusers, and 85 percent required mothers to be clean and sober at program entry. However, all programs expected to be dealing with substance abuse and addiction as a major challenge for their families. Their entry requirements pertained to the mother's immediate circumstances, not to her history. Equal proportions of programs—22 percent in each case—required at least 30 days, at least 90 days, and at least 180 days of sobriety. Nine percent required sobriety that had lasted a year or more. At the other extreme, 7 percent required fewer than 30 days, including 4 percent with no requirements. An additional 11 percent did not state their requirements in terms of days sober, but required either that a mother have successfully completed a drug treatment program or that she pass a drug test.

This chapter examines the types of problems that mothers reported at the time they left transitional housing, as well as their past experiences with alcohol and drug use and related treatment. It ends with alcohol and drug-related changes between moveout and the 12 month follow-up.

### MOTHERS' REPORTS OF ALCOHOL AND DRUG USE

Each time they were interviewed, mothers were asked whether during their lifetime there had been times when they drank alcohol (beer, wine, or liquor) three or more times a week, and whether they had drunk alcohol to get drunk three or more times a week. If they said "no" to both questions, they skipped the rest of the alcohol-related questions except for whether they had drunk alcohol in the past 30 days (very few had). If they said "yes" to either question they were asked if they had drunk alcohol in the past 12 months. Table 10.1 shows their answers.

Table 10.1: Alcohol and Drug Use  
(percentages)

Question	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Drank alcohol 3+ times/ week--% yes	40	49	46	25	50	35
Drank to get drunk 3" times/ week--% yes	24	39	14	11	23	20
Answered "yes" to one or both questions	44	58	46	25	54	35
Drank alcohol in past 12 months						
% asked question	44	58	46	25	54	35
% of those asked who Said "yes"	38	26	31	78	29	56
Regularly used illegal drugs--% yes	37	51	25	25	46	30
At TH, took steps to reduce negative effects of substance use						
No, no such effects	51	59	4	67	50	59
No, though had effects	25	0	79	17	8	26
Yes	22	37	7	17	42	15
Refused/unknown	3	3	11	0	0	0

*Source:* Urban Institute analysis of family interview data. *Note:* Cell entries may not sum to 100 percent due to rounding.

Overall, mothers in our sample were less likely than parents in NSHAPC families to have had periods when they regularly drank to get drunk. Only 24 percent had these periods, compared to 40 percent for parents in NSHAPC families. Mothers in Cleveland stand out as the ones most likely to have “drunk to get drunk.” Mothers in Houston were the least likely to have said “yes” to both drinking-related questions.

Thirty-seven percent of all mothers in the study reported using illegal drugs regularly at some point in their lives—13 percent more than reported heavy alcohol use. Cleveland and San Diego mothers were more likely than Detroit and Houston mothers to have done so.

All mothers, regardless of their reported problems with alcohol or drugs, were asked whether they had taken steps when they got to TH to reduce the negative effects of substance use. Half said they had not because they did not have any such effects. Another fourth said they had not taken steps, although they did not deny that they had experienced some effects from substance use. Failure to use TH to address addictions issues was by far most common among Detroit mothers and very uncommon among mothers in Cleveland and San Diego. Seattle mothers were also more likely than those in some other cities to have foregone assistance with substance abuse when they had some issues with alcohol or drugs. Twenty-two percent of study mothers said they did use TH program resources to help them address substance abuse issues—a response most common in Cleveland and San Diego.

## ALCOHOL AND DRUG-RELATED DIFFICULTIES

Moderate use of alcohol and even occasional use of some illegal drugs is probably not going to be a major cause of initial or continued homelessness. But when use escalates to the level of abuse, people begin to experience difficulties that can make it difficult for them to maintain their own housing or continue to live with family members or friends who provide housing.

We assessed the level of disruptive problems associated with alcohol or drug use that mothers in this study experienced, using questions from standard measuring instruments designed to get at these issues. Seven questions asked mothers who reported drinking alcohol about difficulties they might have experienced related to drinking.<sup>26</sup> They covered passing out, having blackouts, having tremors or shaking, having seizures or convulsions, not being able to stop drinking, being arrested related to drinking, and having problems with relatives due to drinking. The time frame for the questions was “the last 12 months,” because we wanted to learn about the level of difficulty mothers had *recently* experienced as a consequence of drinking. Table 10.2 reports the results.

Table 10.2: Alcohol or Drug Related Difficulties in 12 Months Before First Interview (percentages)						
Number of difficulties	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Alcohol-related symptoms (7)						
% asked questions	21	15	25	25	23	20
Of those asked, % reporting						
None	63	67	29	67	50	89
One	5	0	14	11	0	0
Two	10	22	0	11	0	11
Three or more	8	11	14	0	17	0
Refused/unknown	15	0	43	11	33	0
Drug-related symptoms (8)						
% asked questions	39	56	32	25	46	30
Of those asked, % reporting						
None	62	58	33	78	67	79
One	16	9	33	11	25	14
Two	0	0	0	0	0	0
Three or more	14	24	12	11	8	0
Refused/unknown	8	9	22	0	0	7
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.						

<sup>26</sup> These seven questions were selected from the 22 questions that make up the Michigan Alcohol Screening Test (MAST) on the basis of their high item-to-total score correlations. The MAST has long been one of the most widely used measures for assessing alcohol abuse. For additional information, see Selzer (1971) and Maisto, Connors, and Allen (1995).

Relatively few mothers (21 percent across all study communities) were asked the questions about alcohol-related difficulties, because so few reported heavy use of alcohol in their lifetimes or any use in the last 12 months. Among those who were asked the questions, 63 percent said that they had never experienced any of the seven difficulties, and another 15 percent refused to answer the questions. The proportion of mothers reporting no difficulties was lowest in Detroit and highest in Seattle, but the number of mothers responding to these questions was so small that even differences that appear very large are not statistically significant.<sup>27</sup>

A second set of eight questions asked mothers who reported drug use about difficulties they might have experienced related to drugs.<sup>28</sup> The questions were: using more than one drug at a time, having blackouts or flashbacks as a result of drug use, having friends or relatives know or suspect you used drugs, having lost friends because of drug use, neglecting family or missing work because of drug use, and engaging in illegal activities to obtain drugs, experienced withdrawal symptoms, or had medical problems because of drug use. As with the questions about difficulties related to drinking, the questions about drug-related difficulties focused on “the last 12 months.”

More study mothers were asked the questions about drug-related difficulties than were asked about alcohol-related difficulties, because more reported illicit drug use than reported heavy alcohol consumption. Across all study communities 39 percent of mothers were asked the questions, and 30 percent of those asked said “yes” to one or more questions, splitting about equally between those who had one “yes” response and those who had three or more “yes” responses. Anyone with three or more “yes” responses to these questions in the 12 months before being interviewed clearly has problems with drugs that are quite recent, and that might interfere with their post-transitional housing functioning and stability.

## ALCOHOL OR DRUG TREATMENT

Given the levels of heavy alcohol and especially illicit drug use among study mothers, we would expect to see that many had participated in substance abuse treatment of one type or another at some time in their lives. Many TH programs require participation in such treatment before they will accept mothers into their programs; TH programs also encourage continued participation in treatment or 12-step programs while mothers are in the program and after they leave, to help them maintain sobriety. Based on their answers about heavy alcohol use and use of illicit drugs, 86 mothers (44 percent) were asked about treatment for alcohol abuse and 77 mothers (40 percent) were asked about treatment for drug abuse. Table 10.3 gives the results.

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<sup>27</sup> Comparisons to NSHAPC results are not possible for these questions because we asked them only of mothers who reported substantial alcohol and/or drug use whereas NSHAPC asked them of everyone, so percentages would not mean the same thing in the two studies.

<sup>28</sup> These eight questions were selected from the 20 questions that make up the Drug Abuse Screening Test (DAST) on the basis of their high item-to-total score correlations. The DAST is one of the most widely used screening tests for drug abuse and addiction (Gavin, Ross, and Skinner (1989).

Table 10.3: Treatment for Alcohol or Drug Problems  
(percentages)

Type, frequency, and recency of treatment	Total—all communities	Community				
		Cleveland	Detroit	Houston	San Diego	Seattle
Ever treated for alcohol abuse—% yes <sup>a</sup>	21	38	8	11	21	0
Location of treatment (% of those ever treated):						
Alcoholics Anonymous	81	100	100	100	33	0
Other outpatient	62	55	0	100	100	0
Detox	14	16	0	100	0	0
Hospital, not detox	5	8	0	0	0	0
Residential treatment program	67	68	100	100	33	0
Alcohol abuse treatment in last 12 months—% yes, of those ever treated question	43	39	100	100	100	0
Ever treated for drug abuse—% yes <sup>b</sup>	65	73	56	56	92	36
Location of treatment (% of those ever treated):						
12-step/Narcotics Anonymous	92	100	79	98	90	58
Other outpatient	52	58	39	0	63	58
Detox	28	27	59	39	14	19
Hospital, not detox	8	8	39	0	0	0
Residential treatment Program	72	75	100	100	54	39
Drug abuse treatment in last 12 months—% yes, of those ever treated	54	62	39	59	68	39

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.  
<sup>a</sup>Asked only of people who answered "yes" to "used alcohol regularly" and/or "drank to get drunk 3 or more times a week" or who refused to answer; n=86.  
<sup>b</sup>Asked only of people who answered "yes" to having used illegal drugs or who refused to answer; n=77.

Twenty-one percent of the 86 study mothers who had a history of heavy alcohol use had been treated for alcohol abuse; of those ever treated, 43 percent participated in treatment within the 12 months before their first interview for this study. Among the 77 mothers who had used illicit drugs, 65 percent had participated in some type of drug treatment; of those ever treated, 54 percent had done so within the past 12 months.

Table 10.3 shows, for those ever treated, the location of treatment separately for alcohol and drug problems. For alcohol-related problems, most people had gone to outpatient settings, of which Alcoholics Anonymous was the most commonly used, but almost as many had been in residential treatment programs. For drug-related problems, 12-step programs were close to universal and almost three-fourths of mothers who participated in treatment had been in residential programs. The high probability that mothers who needed them had been in residential

treatment programs may be an artifact of program rules regarding sobriety, some of which require that mothers have completed such programs.

### HELP FROM TH PROGRAM FOR ALCOHOL OR DRUG PROBLEMS

Given the prevalence of problems with alcohol and drugs among study mothers, one might expect that they would turn to their TH program for assistance with handling these problems, and many of them did. Seventeen percent of study mothers got help with substance abuse issues from their TH program, and 8 percent got help on their own. There is some overlap among these mothers, with 5 percent reporting that they got help both from the program and on their own. Cleveland and San Diego mothers were most likely to indicate that they needed help with substance abuse and that they got it from the program.

Mothers who received assistance in handling substance abuse issues were overwhelmingly likely to feel that it was very helpful, and everyone felt that it helped at least somewhat. Perceptions of helpfulness were highest in San Diego and lowest but still substantial in Detroit and Houston.

Table 10.4: Help with Alcohol or Drug Problems from TH Program (percentages)						
	Total—all communities	Community				
	(n = 195)	Cleveland	Detroit	Houston	San Diego	Seattle
Did you get help?						
No, didn't need	78	59	82	86	73	96
No, needed but didn't get	1	0	4	0	0	0
Yes, from program	12	25	4	8	19	0
Yes, on my own	3	7	0	0	8	0
Yes, both	5	7	4	6	0	4
Unknown	2	2	7	0	0	0
Of mothers receiving help, for how many was it...?						
Not at all helpful	0	0	0	0	0	0
Somewhat helpful	11	14	0	0	14	0
Very helpful	89	86	100	100	86	100

Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.

### CHANGES BETWEEN MOVEOUT AND 12 MONTH FOLLOW-UP

So few mothers reported on their moveout interviews that they drank alcohol or used drugs in the past 12 months that there is very little we can report by way of change. At moveout, only 9 mothers reported sufficiently frequent alcohol use to be asked the MAST questions and 23 reported some drug use and thus were asked the DAST questions (see table 10.2 and accompanying text). At the 12-month follow-up only nine mothers said they had drunk any alcohol in the past year, and only one had drunk enough to be asked the MAST questions. Also at this follow-up only one mother reported any drug use and thus was asked the DAST questions. These response rates are much too small to support further analysis.

Despite the small numbers reporting any alcohol or drug use, we *can* track the relationship of reported alcohol or drug use at moveout and the likelihood of not completing a 12-month interview because we could not find the mother. The most likely reason for this is that the family had lost the housing where we last interviewed the mother.

Table 10.5 shows the combined responses for alcohol and drug use at moveout. Shaded cells give the number and unshaded cells the percentage of mothers for each combination of alcohol use, drug use, and missing information. Ten percent (19 mothers) used both, 26 percent had used drugs but not alcohol, and 7 percent had used alcohol but not drugs.

Table 10.5: Overlap of Alcohol and Drug Problems Reported at the Time Mothers Left Transitional Housing						
	Alcohol use, 12 months before moveout		No alcohol use, 12 months before moveout		Missing alcohol information at moveout	
	%	n	%	N	%	n
Drug use ever	10	19	26	50	2	3
No drug use ever	7	14	52	102	1	2
Missing drug information at moveout	0	0	2	3	1	2
Source: Urban Institute analysis of family interview data. Note: Cell entries may not sum to 100 percent due to rounding.						

We lost 17 mothers to follow-up (that is, we never got 12-month interviews for them), and wanted to see whether addictions might have contributed to our losing them. Using alcohol and drug involvement reported on all first interviews, we assessed whether mothers lost to follow-up were any more or less likely to have addictions issues than mothers we were able to follow for all 12 months. As there did not appear to be any differential loss, we concluded that mothers' substance abuse did not introduce bias into our ability to follow families for 12 months.



## Chapter 11: Children

Many studies have confirmed the deleterious effects of homelessness on children, as well as the ways that being homeless as a child increases the odds that one will be homeless as an adult, as Rog and Buckner (2007) summarize in their contribution to the 2007 National Symposium on Homelessness Research. A study such as this one, which concerns homeless families, provides the opportunity to learn something about children's experiences of TH and the ways that the supports available through TH may help them cope with being homeless and getting back into housing.

Some information about the children in families using transitional housing programs has appeared in a number of earlier chapters. In chapter 2 we described family size (the number of children in TH families) and briefly characterized children as pre-school or school-aged and whether they lived with their mother or not (tables 2.4 and 2.5). In chapter 3 we learned that most mothers (82 percent) had at least some of their children with them while they were homeless. For all of these analyses the *mother* or the *family* was the unit of analysis

This chapter looks in more depth at the children in families using TH programs, mostly using the *child* as the unit of analysis, not the mother. Among them our 195 mothers had 438 minor children, of whom 34 percent were preschoolers and 66 percent were school age.<sup>29</sup> We learned about the residential history of each minor child. We asked whether each child currently lived with the mother and had always done so, currently lived with her but had lived elsewhere for some period of time, or did not live with her. If there were periods of time during which the child did not live with her, we determined where the child lived, how long the child had been away from the mother, when the child rejoined the mother, and whether the TH program had aided reunification. For children not living with the mother we asked whether she was working on reunification. This information on children's living situations was determined for all 438 minor children of mothers in the sample.

In addition to questions asked about all minor children, we selected a focal child from each family about whom we asked additional questions. Constraints on the length of interviews meant we could not ask detailed questions about every child; selection of a focal child for detailed data collection is a common survey strategy for getting details—one gets the details for every family, but only for one child in each family. Focal child selection can be completely random, but most often it has purposive elements related to the information the study most wants to obtain. Such was the case with this study. As explained in chapter 1, selection of the focal child depended on residential situation and age. The first criterion was that the minor child selected be *living with the mother*. We wanted accurate information about the child and the mother was more likely to have that information about a child living with her than one who lived elsewhere. The second criterion was *school-age*, if a school-age child was living with the mother. HUD was interested in the effects of TH participation on children's engagement in school and patterns of school attendance, so we needed to maximize the number of focal children

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<sup>29</sup> The 438 include several children whose 18<sup>th</sup> birthday occurred during the study's follow-up period. We continue to count them as minors for analytic purposes.

about whom we could ask questions relevant to school. Therefore interviewers were instructed to select as the focal child the oldest minor child living with the mother at moveout. At moveout 125 focal children were school-age, defined as age 5 to 17; the remaining 70 were preschoolers, ages 0 to 4.

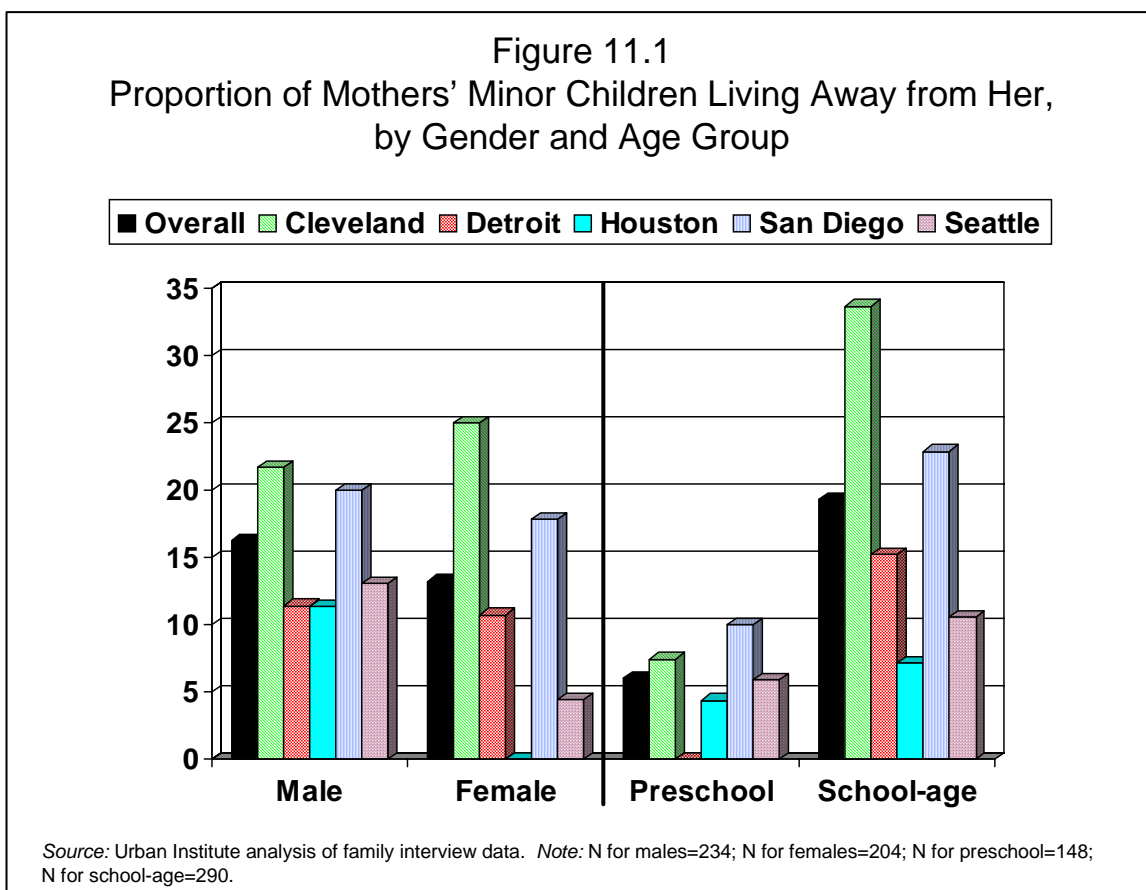
The survey asked about focal children's service receipt during and after TH. Numerous questions inquired about the focal children's relations with school—their attendance, the number of schools they had attended, and their engagement in school. A final topic of interest for focal children was their emotional health and wellbeing while homeless, while in TH, and during the year after TH. This chapter examines these last two issues—school and emotional wellbeing.

## **LIVING SITUATION—ALL MINOR CHILDREN**

At moveout, 34 percent of the 438 minor children of TH families were preschool age and 66 percent were school age. There were no significant differences in these proportions across communities. Slightly more were boys than girls (53 vs. 47 percent), again with no differences across communities. For those living with the mother we asked whether they had ever lived elsewhere and if yes, the circumstances. For those not living with the mother at moveout, we determined where they were living and how long they had been separated from their mother.

### **NOT LIVING WITH MOTHER AT MOVEOUT**

Overall, 15 percent of study mothers' minor children did not live with her at the time the family moved out of TH. This happened more in Cleveland and San Diego than in Houston, as well as more in Cleveland than in Seattle; other between-site differences did not reach significance.



Looking at living arrangements at moveout by gender (figure 11.1), male and female children are about equally likely to live away from their mother (16 and 13 percent, respectively). No differences are apparent in Cleveland, Detroit, and San Diego in the likelihood that male and female children will live elsewhere, but in Houston and Seattle mothers seem more inclined to keep their female children with them.

Figure 11.1 also displays living arrangements at moveout by age group (figure 11.1). One can see that overall, far fewer preschool age children (6 percent) than school-age children (19 percent) lived away from their mother. This was true in every study community, but communities nonetheless differed in the proportion of children living away. In Detroit, no preschool-age child lived away from their mother. The highest proportion of preschool-age children living away occurred in San Diego (10 percent). For school-age children the proportion living away was highest in Cleveland (34 percent) and San Diego (23 percent), and lowest in Houston (7 percent).

#### *Length of Separation and Living Arrangement While Separated*

Of the 65 children who were not living with their mother at moveout, 5 percent had been separated from their mother for up to six months. Another 11 percent had lived elsewhere for 7 to 12 months. Fifteen percent had lived apart for more than one year up to two years. More than half, 52 percent, had not lived with their mother for more than two years at the time the mother left TH, including 20 percent who had not lived with the mother for five years or more. Mothers

had worked on reunification for 46 percent of these children, most commonly in Cleveland, Detroit, and Seattle, but reunification efforts had not resulted in children moving back in with their mother by the time the mothers left TH. Length of separation was not reported for 17 percent of children living away from the mother at moveout.

The 65 children living away from their mother at moveout were in the following circumstances:

- 42 percent lived with their other parent
- 14 percent lived with a grandparent—either the mother’s or the father’s parent(s)
- 32 percent lived with other relatives
- 2 percent were in foster care
- The living arrangements of the remaining 9 percent were not reported.

#### **LIVING WITH MOTHER AT MOVEOUT BUT LIVED APART AT SOME EARLIER TIME**

For the 373 minor children living with their mother at the time the family left TH, 23 percent (84 children) had lived apart from the mother at some time in the past. As was true for all children in the study, among those currently living with their mother school-age children were twice as likely to have lived apart at some time in the past (28 percent) than preschool-age children (14 percent). There were no differences in the proportion of boys and girls who now lived with their mother but had once lived apart.<sup>30</sup>

Forty-six percent of children living with their mother at moveout but who had ever lived elsewhere had been separated from their mother for up to six months. Another 15 percent had lived elsewhere for 7 to 12 months. Twenty-one percent had lived apart for more than one year up to two years. For the remainder, 18 percent, at some time before leaving TH they had not lived with their mother for more than two years. When not living with their mother, these 84 children had stayed in the following circumstances:

- 27 percent had lived with their father
- 30 percent had lived with a grandparent—either the mother’s or the father’s parent(s)
- 33 percent had stayed with other relatives
- 9 percent had been in foster care.

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<sup>30</sup> Ns of children in these circumstances, living with their mother at moveout but having lived apart at some time in the past, are too small in each community to support meaningful cross-community comparisons.

### *When Returned to Live with Mother*

Among children who had lived apart from their mother but who had returned by the end of TH participation, 42 percent came back while the family was in TH. The TH site assisted with reunification for 29 of these 35 children. Nineteen percent of the children in question had already returned to the family before it became homeless and another 19 percent had returned while the family was homeless. Four percent returned after the family left TH. The timing of return to the family was not reported for 17 percent of the children living with the mother at moveout but who had lived elsewhere for some period of time.

#### **TH helps with reunification**

- 35 children (42 percent of those living apart from the mother at TH entry) rejoined the family during TH.
- The TH program helped with 29 of these reunifications.

Thus far we have tracked the whereabouts of all children in study families, seen that most of them lived with their mothers, and learned that TH programs contributed significantly to reunification with children living away from the family at the time they entered TH. We turn in the remainder of this chapter to issues for which we have information only for the focal child.

## **SCHOOL ATTENDANCE AND ENGAGEMENT**

Moving residences and changing schools can be extremely disruptive for children even when such moves have nothing to do with becoming homeless. Numerous studies, summarized by Pettit (2000), indicate that childhood moves are associated with poorer educational attainment, including getting worse marks, losing a grade, and dropping out of school. Children's sense of place and social networks of friends and acquaintances are also disrupted, leading especially for adolescents to a weakened sense of identity. These changes are associated with any move, but become especially prevalent as moves become more frequent or are associated with family breakup.

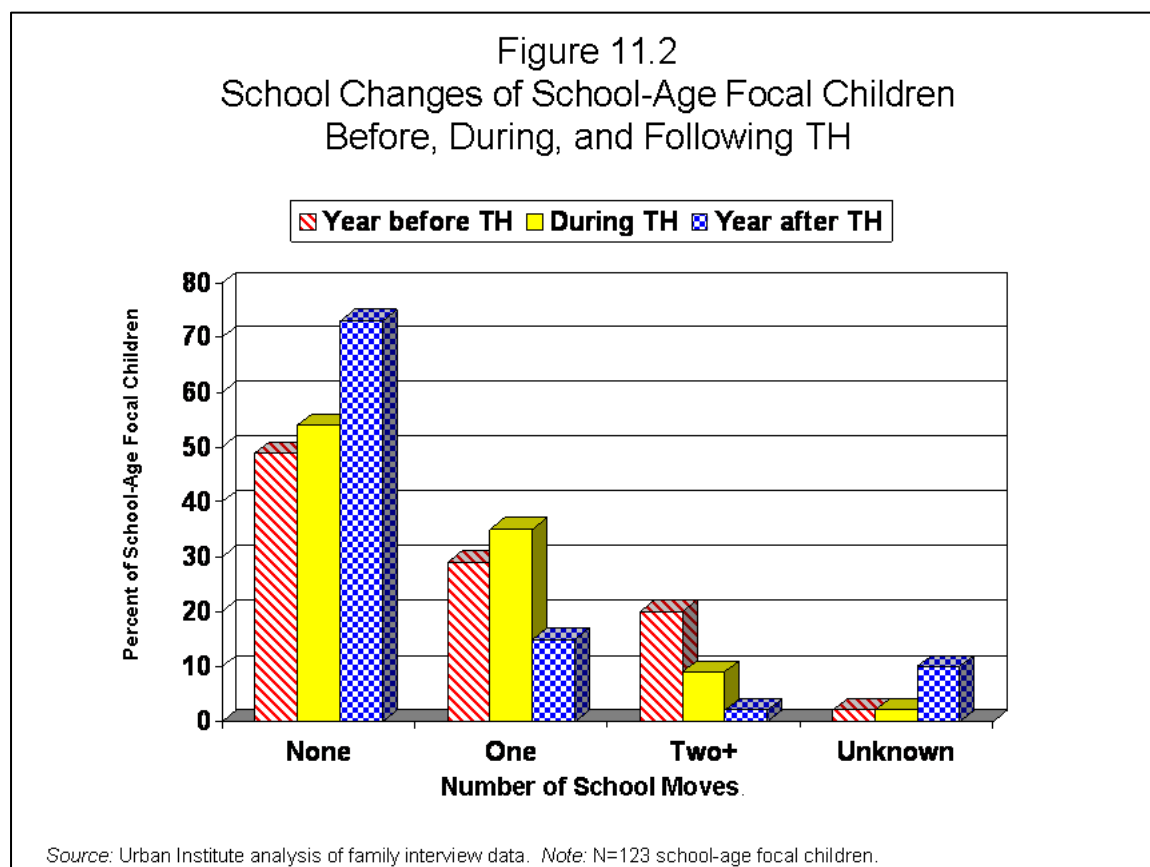
If even stably housed children from intact families experience various forms of distress during and after a residential move, the circumstances leading to becoming homeless plus the circumstances of homelessness itself must add immeasurably to potential negative outcomes for the children of homeless families. We wanted to see whether participation in TH reduced the number of children exposed to the residential moves and school changes, even knowing that moving into and out of the TH program itself may be disruptive for children. In chapter 3 we saw that 84 percent of the families in our sample had moved at least once in the 12 months before entering TH, with 21 percent moving twice, 14 percent moving three times, and 25 percent moving four or more times (table 3.4). Here we look at school changes for the 123 focal children who were of school age when they left TH.

We describe first the school changes that children in study families experienced during the year before they moved into TH, while they were in TH, and during the year after TH, as reported by their mothers. We then look at changes in school-related behaviors, including being late for school, missing whole days of school, and engagement in school. The last is a measure summarizing the degree to which school-age focal children like school, do their schoolwork, and want to perform well in school.

## CHANGING SCHOOLS

Among the 123 school-age focal children in this study, 49 percent did not experience any school changes in the 12 months before they entered TH and 54 percent did not experience any school changes while in TH. Twenty-nine per cent changed schools once in the 12 months before TH while 35 percent did so while in TH. Figure 11.2 displays these patterns. The biggest difference between the pre-TH year and the period in TH occurs among those who changed schools two or more times—20 percent of school-age focal children did so before TH but only 9 percent did so during TH. School change information is not known for 2 percent of children, for both periods.

In going from TH to their post-TH housing, 36 percent of focal children had to change schools, but half did not.<sup>31</sup> By 12 months after leaving TH, far fewer children were changing schools. Seventy-three percent had not changed at all, 15 percent had changed once, and only 2 percent had changed two or more times. School change information was not known for 10 percent of school-age focal children because their mothers had not completed the 12-month interview.



<sup>31</sup> We do not know about school changes at the point of TH exit for 14 percent of school-age focal children because our first interview with the family occurred more than two months after the family left TH.

### BEING LATE, MISSING SCHOOL, BEING SUSPENDED OR EXPELLED

One would hope that transitional housing programs would have some influence on school attendance and behavior, reducing the likelihood that focal children would be late, would miss days of school entirely, or would be suspended or expelled from school. It does not appear that much change happened on these dimensions when comparing the 12 months before a family entered TH, the time in TH, and at the 12-month post-TH mark. Table 11.1 shows the data for being late or missing school. Proportions changed very little from one time period to another. The only school-related issue that does seem to have changed somewhat is suspensions and expulsions. During the year before entering TH, 19 percent of focal children were suspended or expelled from school. This proportion was still 16 percent while families were in TH, but went down to 10 percent at 12 months post-TH.

**Table 11.1**  
Likelihood that Focal Child Was Late for or Missed School  
Before, During, and Following TH  
(percentages; n = 123)

Behavior/issue	Likelihood			
	Not at all likely	Somewhat likely	Very Likely	Unknown <sup>a</sup>
Being late for school				
12 months before TH	18	20	59	3
While in TH	14	19	64	3
At 12 months post-TH	6	18	64	13
Missing for school				
12 months before TH	18	15	63	5
While in TH	15	14	68	2
At 12 months post-TH	3	28	57	13

Source: Urban Institute analysis of family interview data.

<sup>a</sup>For 12 months post-TH we are missing information on being late for or missing school for 15 children, shown above as “unknown,” mostly because we do not have 12-month interviews from their mothers.

### ENGAGEMENT IN SCHOOL

In addition to the obvious markers of being late for or skipping school, or being suspended or expelled, we asked mothers to respond to four statements about their school-age focal child that form a scale known as “Engagement in School.” The statements were:

- FC cares about doing well in school
- FC only works on schoolwork when forced to (reverse scored)
- FC does just enough schoolwork to get by (reverse scored)
- FC always does homework.

Mothers were asked to indicate whether each statement was true of the focal child all of the time (scored 4), most of the time (scored 3), some of the time (scored 2), or none of the time (scored 1). After reversing the scored on two items and adding all the scores, we divided the sum by the number of questions answered to get an average scale score ranging from 1 to 4. A lower score means less engagement in school; a higher score means more engagement in school. We have

this information for 70 school-age focal children at the time they left TH, for 76 at three months post-TH, for 86 at 6 months post-TH, and for 106 at 12 months post-TH. Unfortunately we do not have any information about focal children's school engagement while in TH or for the period before TH, so we cannot examine what difference TH participation made in improving school engagement over the level it was during homelessness and TH enrollment. Analysis is only at the whole-study level, combining communities, as we do not have enough school-age youth to make between-communities comparisons viable.

The Engagement in School Scale was adapted from the National Survey of American Families (NSAF), where it was used in three waves of data collection, in 1997, 1999, and 2002. After the first NSAF, methodological work was done to benchmark the scale, designating an average score of 2.5 or lower indicates low engagement with school and an average score of 3.75 as high engagement (Ehrle and Moore 1999). In the first NSAF, 21 percent of school-age children were reported to have low school engagement and 43 percent were reported to have high engagement. Low engagement was the case for more children from households with incomes less than 50 and 100 percent of the federal poverty line (31 and 29 percent, respectively), those in single-parent households (29 percent), and those where the primary parent did not have a high school diploma or GED (32 percent).

As the comparison for this study, we use the low engagement benchmark for children in families with below-poverty incomes—29 percent—because that income level corresponds most closely to the incomes of study families and the greatest concern is for increasing children's school engagement. The first three columns of table 11.2 show the proportion of school-age focal children in this study with low school engagement at moveout (17 percent), at 3 months after TH (20 percent), at 6 months after TH (26 percent), and at 12 months after TH (25 percent).

<p><b>Table 11.2</b>  <b>School-Age Focal Children's Engagement in School at Moveout</b>  <b>and Throughout the Follow-Up Year</b>            (percentages)</p>						
<b>Interview timing</b>	<b>Engagement in School Scale Score</b>					
	<b>1–1.5</b>	<b>1.5–2</b>	<b>2–2.5</b>	<b>2.5–3</b>	<b>3–3.5</b>	<b>3.5–4</b>
At moveout (n=70)	1	4	12	24	22	37
At 3 months after moveout (n=76)	1	5	14	11	25	43
At 6 months after moveout (n=86)	1	11	14	14	8	52
At 12 months after moveout (n=106)	3	8	14	11	29	35
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> Percentages may not sum to 100 across rows due to rounding.						

All “low engagement” proportions in table 11.2 are lower than the national statistics for children in poor families, but it also appears that focal children's school engagement has, if anything, decreased in the year since leaving TH to bring the 6 and 12-month proportions very close to the national average. The conclusion that things changed for our focal children between moveout and 12 months post-TH is a difficult one to draw with certainty because, as is obvious from the changing Ns for each time period, a somewhat different subset of children was described at each follow-up period. Statistics for this study's focal children approach the level of NSAF's sample

of all school-age children for the 12-month follow-up, so it is possible that if we knew about the missing children at earlier periods we would not be perceiving change at all.

## EMOTIONAL WELL BEING

Emotional well being was measured in this study by asking mothers to respond to statements about their focal child that form a scale known as “Child Behavioral and Emotional Problems Scale.” We used 9 statements for school-age children and 10 statements for preschool children. Mothers were asked to respond to these statements about “the period when you were homeless or without regular housing” and for “the last 30 days.” Statements were repeated at each follow-up interview, giving us a reading on the focal child’s emotional well being at moveout and at various points in the following year as well as during the period of homelessness. The statements were:

- ...is uncooperative (preschool only)
- ...has speech problems (preschool only)
- ...has temper tantrums or a hot temper (preschool only)
- ...has trouble sleeping (both preschool and school-age)
- ...is unhappy, sad or depressed (both preschool and school-age)
- ...is nervous or high-strung (*high-strung means: easily upset, nervous, jumpy, or cries easily*) (both preschool and school-age)
- ...has trouble getting along with other kids (both preschool and school-age)
- ...has trouble concentrating or paying attention for long (both preschool and school-age)
- ...feels worthless or inferior (both preschool and school-age)
- ...acts too young for his/her age (both preschool and school-age)
- ...lies or cheats (school-age only)
- ...does poorly at schoolwork (school-age only).

Mothers were asked to indicate whether each statement was true of the focal child often (scored 3), sometimes (scored 2), or not at all (scored 1). We divided the sum by the number of questions answered to get an average scale score ranging from 1 to 3. A lower score means fewer behavioral or emotional problems; a higher score means more problems. We have this information for 179 focal children for the period of homelessness, 121 at the time they left TH, for 131 at three months post-TH, for 137 at 6 months post-TH, and for 171 at 12 months post-TH. As we have this information not just for the follow-up year but also for the family’s period of homelessness, we can examine changes from before to after TH participation in focal children’s behavioral and emotional problems. Analysis is only at the whole-study level, combining communities, as we do not have enough school-age youth to make between-communities comparisons viable.

The Child Behavioral and Emotional Problems Scale was adapted from NSAF, where it was used in three waves of data collection, in 1997, 1999, and 2002. NSAF picked six statements from a larger scale used routinely by the National Health Interview Survey, which in turn were taken from the even larger Child Behavioral Checklist (Ehrle and Moore 1999). As we took more items from the NHIS and scored the scale in the opposite direction from the NSAF approach, we cannot make direct comparisons as we did with Engagement in School. However,

we have developed equivalent cutoffs. Our scale has a range of 1 to 3; we consider a score of 1.5 or below to indicate that the focal child has few or no emotional or behavioral problems, meaning that mothers answered at least five of the statements with “not at all” and the rest with “sometimes.” A score of 2.5 or higher indicates a high level of problems, meaning that mothers answered at least five of the statements with “often” and the rest with “sometimes.” Less extreme patterns of response, producing scores between 1.51 and 2.49, indicate a moderate level of problems.

Table 11.3 displays the results. Mothers rated more than two-thirds of their preschool-age focal children as having few or no behavioral or emotional problems of the type measured by our scale. Most of the remainder were rated as having one or two problems sometimes; hardly any mothers saw their preschool age focal children as having a high level of problems. This pattern was the same regardless of the time period involved—during homelessness looks much the same as all other time

periods. The story is not quite the same for school-age children. Only half (52 percent) were seen as having few or no problems while homeless, with 9 percent being perceived by their mothers as exhibiting a high level of problems. Happily these ratings of school-age focal children had changed substantially by the time the family left TH. At moveout and throughout the follow-up year, at least three-quarters of mothers with school-age focal children rated them as having few or no behavioral or emotional problems.

Table 11.3 Focal Children's Behavioral and Emotional Problems During Homelessness, at Moveout, and Throughout the Follow-Up Year (percentages)				
Focal child age group and time period	Behavioral and Emotional Problems Scale Score			
	1–1.5	1.5–2	2–2.5	2.5–3
Preschool-age children				
While homeless (n=64)	72	22	2	5
At moveout (54)	70	28	0	2
At 3 months after moveout (n=52)	73	27	0	0
At 6 months after moveout (n=52)	69	29	2	0
At 12 months after moveout (n=60)	68	28	2	0
School-age children				
While homeless (n=115)	52	32	7	9
At moveout (n=67)	78	21	1	0
At 3 months after moveout (n=79)	77	20	3	0
At 6 months after moveout (n=85)	76	18	6	0
At 12 months after moveout (n=111)	77	18	4	2
Source: Urban Institute analysis of family interview data. Note: Percentages across rows may not sum to 100 across rows due to rounding.				

## SERVICES THAT CHILDREN RECEIVED FROM TH PROGRAMS

In addition to services for mothers in homeless families, which we described in chapter 5, TH programs offer services and supports for the children in the families they serve. Questions about well-child health care and health care while ill, child care, recreational activities, mentoring, help with mental health issues, and dealing with violence in their lives were asked about all focal children, regardless of age. Inquiries about assistance with school or schoolwork were asked only if the focal child was of school age—at least five years old. The wording of questions about

getting help with schoolwork, recreational activities, and mentoring are quite broad. We repeat the wording here so the reader may properly interpret some of the mothers' answers:

- Did [FC] participate in any recreational or fun activities such as games, sports, music or art, at an after-school, weekend, summer, or other program?
- Did [FC] have a mentor or special adult other than you who did fun things with him/her?
- Did [FC] participate in any activity to help him/her with school or schoolwork, such as tutoring or an after school or summer educational program?

Table 11.4 shows the areas that mothers said were issues for their focal child and for which the child got help while the family was enrolled in TH (column 1), needed help in a particular area but did not get it (column 2), or did not need help in an area (column 3). Table 11.4 lists service areas for all focal children at the top and those only for school-age children at the bottom.

In general, mothers reported that when their children needed the services we asked about, they got them. In five of the eight service areas, 4 percent or fewer said their child had a need that was not met with assistance from the TH program. Four out of five focal children received well-child health care and half received medical care when they were ill, with mothers saying that the large majority of the rest did not need the service while in TH. Sixty-five percent of focal children received child care, 31 percent received help with emotional or mental problems, and 19 percent received help dealing with interpersonal violence and its aftermath.

Table 11.4: Services Used by Focal Children While in TH (percentages)				
Service areas	Got help	Needed help but did not get it	Did not need help	Unknown/inappropriate
<b>Asked for all focal children</b>				
Well-child health care	80	2	17	1
Child care	65	4	29	1
Health care while ill	53	1	45	1
Recreational activities/fun things	51	10	30	10
Mentoring/special adult	49	9	33	9
Emotional/mental health	31	4	63	2
Dealing with violence	19	4	68	10
<b>Asked only for school-age focal children</b>				
Help with school or schoolwork	28	8	28	36
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> N = 195 for service areas pertinent to all focal children; N = 125 for school and schoolwork, pertinent only to school-age children. Cell entries may not sum to 100 percent due to rounding.				

Need for help in the areas of recreational activities, mentoring, and help with schoolwork prompted a slightly higher proportion of mothers (8 to 10 percent) to say their child needed the help but did not get it. Mothers of most of the focal children who did not get help in a particular area felt their child did not need it, being either too young (e.g., newborns, infants) or not affected by the problem (e.g., violence).

## DIFFERENCES ACROSS STUDY COMMUNITIES

There are fewer differences across study communities with respect to focal children's receipt of needed services than there were for their mothers. As with mothers, the small sample sizes in the different communities mean that relatively few cross-site comparisons reach the level of statistical significance. We discuss only those that do reach this level.

There are no significant differences at all across communities for four service areas affecting focal children—routine health care, child care, help with emotional or mental health problems, and help dealing with violence. Focal children in Cleveland and San Diego were more likely than those in Detroit, Houston, and Seattle to receive child care and mentoring. Otherwise, there are two or three service areas in which one or another community appears to be high or low on “no need” or “need but not get,” but these are few and far between, and without consistent pattern.

## WHERE FOCAL CHILDREN GOT SERVICES

Not all of the focal children's service receipt shown in table 11.4 came from transitional housing programs. While their families were enrolled in such programs, focal children also sometimes got services through their mother's efforts to connect with providers or sources of support other than their TH program. We asked all mothers reporting that their focal child received help for an issue area whether that help came from their TH program, other sources, or both. Table 11.5 shows the proportion of all focal children receiving help who got it from the program, from other sources, or both. The proportion getting help from any source is shown in the first column, and is the same as shown in table 11.4.

As was true for mothers, health care for focal children was most likely to come from sources other than the TH program whether the care was routine well-child care or was treatment of acute conditions. More than 70 percent of the focal children who received medical care got it outside of the TH program. TH programs were the *only* source of health care for only 10 to 12 percent of the focal children who got such help, although they were a secondary source of well-child health care for 12 percent of focal children and of care while ill for 18 percent of focal children who got care.

Table 11.5: Where Focal Children Got Help While in TH  
(percentages)

Service areas	Got help, any source	Of those who got help, proportion getting it from:		
		TH program only	Other sources	Both
<b>Asked for all focal children</b>				
Well-child health care	80	10	78	12
Child care	65	51	38	11
Health care while ill	53	12	71	18
Recreational activities/fun things	51	65	27	8
Mentoring/special adult	49	52	43	5
Emotional/mental health	31	69	23	8
Dealing with violence	19	68	21	11
<b>Asked only for school-age focal children</b>				
Help with school or schoolwork	28	68	29	4

*Source:* Urban Institute analysis of family interview data. *Note:* N = 195 for service areas pertinent to all focal children; N = 125 for school or schoolwork, pertinent only to school-age children. Cell entries may not sum to 100 percent due to rounding.

For child care and mentoring, about half of focal children who needed help got it from their TH program. For mentoring or establishing a relationship with a special adult, about half of focal children also got this support from sources outside of TH. For recreational activities, help with emotional or mental health issues, help with schoolwork, and help to deal with violence, their TH program was the only source of help for about two-thirds of focal children.

### HELPFULNESS OF ASSISTANCE FROM TH PROGRAMS

In general, mothers found the assistance their children received while in TH to be helpful, with most of them saying it was very helpful and very few saying it was not at all helpful (table 11.6). These responses do not differentiate between the help offered directly by the TH program and the help that mothers accessed on their own. Areas where the help was most highly rated (90 percent or more said it was “very helpful”) included child care, health care while ill, mentoring, and dealing with violence. Well-child health care and recreational activities were only one or two percentage points behind. Dealing with emotional and mental health problems was the service area where mothers felt the help their children received was least useful, but even in this area only 7 percent of mothers said the help was not at all useful to their child.

**Table 11.6: Mothers' Reports of How Helpful They Found the Assistance Their Children Received While in TH**  
(percentages)

Service area	Got help, any source	Of those who got help, proportion saying it was:		
		Very helpful	Somewhat helpful	Not at all helpful
<b>Asked for all focal children</b>				
Well-child health care	80	88	11	1
Child care	65	94	5	1
Health care while ill	53	91	8	1
Recreational activities/fun things	51	89	10	1
Mentoring/special adult	49	92	8	0
Emotional/mental health	31	72	12	7
Dealing with violence	19	92	8	0
<b>Asked only for school-age focal children</b>				
Help with school or schoolwork	28	85	11	4
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> N = 195 for service areas pertinent to all focal children; N = 125 for school and schoolwork, pertinent only to school-age children. Cell entries may not sum to 100 percent due to rounding.				

### EFFECTS ON CHILDREN OF PARTICIPATING IN TH PROGRAM SERVICES AND ACTIVITIES

Mothers were asked whether they thought overall that participating in services or activities while in TH had been “excellent,” “very good,” “somewhat good,” or “not at all good.” Of mothers who answered this question (43 either refused or said they didn’t know), 86 percent felt the TH program had been either excellent or very good for their focal child. Thirteen percent said it had been “somewhat good,” and only 1 percent said it had been “not at all good.”

Mothers were also asked whether they had noticed any changes in their focal child’s behavior or attitudes since the child started participating in TH programs and/or activities. If the mothers reported changes they were asked whether the changes were mostly positive, both positive and negative, or mostly negative. Of mothers who answered this question (34 mothers either refused or said they didn’t know), 40 percent did not feel their focal child had changed at all while in TH. Of those who did feel their child had changed, 81 percent felt the changes were mostly positive, 17 percent felt the changes were mixed, and 2 percent felt the changes were mostly negative.

The final questions in this series asked mothers who reported changes about specific areas in which their child’s behavior might have been affected by TH services or activities and whether the child was better or worse in those areas. In most areas mothers reported little change for the worse and some change for the better. They said the focal child:

- Got along with peers—69 percent better, 28 percent no change, 3 percent worse.
- Got along with siblings—48 percent better, 47 percent no change, 5 percent worse.

- Got along with adults—57 percent better, 39 percent no change, 4 percent worse.
- Behaves, generally—68 percent better, 29 percent no change, 3 percent worse.
- Behaves with parents—57 percent better, 35 percent no change, 8 percent worse.
- Enjoys school—63 percent better, 32 percent no change, 5 percent worse.

Areas of greatest positive change were getting along with peers, generally behaving well, and enjoying school. Interactions with siblings were the least likely to have improved, but even here almost half got along better.<sup>32</sup>

### **CHANGES IN SERVICE RECEIPT THROUGHOUT THE 12-MONTH FOLLOW-UP PERIOD**

As noted earlier in this chapter when we described mothers' service receipt over time, HUD allows transitional housing programs to use their TH resources to follow families for up to six months after program exit to offer any supports that families might need to help them get settled and stabilized in housing.

In this section we look at the service areas in which mothers said their focal child needed help at 3, 6, and 12 months after TH program exit, whether they got it and from what source, and whether they found it helpful. The number of mothers interviewed at each of these time periods after TH exit varies considerably, as noted earlier in this chapter. In addition, we have somewhat fewer focal children in some time periods than in others because some focal children stopped living with their mother during the year following TH exit. Even though some interviewers picked another focal child for the remaining interview(s), we analyzed only data from the same focal child, as far as it went, to avoid confusing outcomes for one child with those of another. We have 129 focal children for the 3-month period (1 fewer than we have mothers), 138 for the 6-month period (2 fewer than we have mothers), and 173 for 12 months after moveout (6 fewer than we have mothers).

Table 11.7 reports a summary for each follow-up time period of the number of service areas for which a focal child received help and for how many the child needed help but did not get it. Percentages in table 11.6 are based on the number of focal children at each time period; service levels for focal children at moveout are provided for comparison.

From the figures in table 11.7 it appears that during the 12 months following exit from TH, focal children continued to need and use many services, although there is a shift from using an average of 3.8 services down to using 2.6 to 3.0 services. The median number of services received in every follow-up time period is three services. Unlike the pattern for mothers, in which levels of service need and use dropped substantially from the levels received while in TH, these results indicate only a slight drop in service need and receipt for children after they leave TH. The median number of service areas in which focal children needed but did not get help remained

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<sup>32</sup> About half the focal children (46 percent) had no siblings, or no siblings in the home, so this question was not appropriate for them.

substantially unchanged at “none” throughout the entire study period, from time in TH to the 12 month follow-up.

Table 11.7: Number of Service Areas For Which Focal Children Needed Help, Time in TH Compared to 3, 6, and 12 Months After Leaving TH (percentages)				
Number of service areas in which the focal child:	While in TH Project (N=193)	3 months (N=129)	6 months (N=138)	12 months (N=173)
<b>Needed and got help</b>				
0-1	11%	19%	20%	17%
2-3	37%	46%	43%	47%
4-5	33%	32%	28%	30%
6-8	19%	4%	9%	6%
Mean number of service areas	3.8	2.9	3.0	3.0
Median number of service areas	4	3	3	3
<b>Needed but did not get help</b>				
0-1	90%	80%	87%	85%
2-3	8%	16%	9%	11%
4-5	2%	3%	3%	3%
6-8	0%	1%	1%	0%
Mean number of service areas	0.4	0.7	0.5	0.6
Median number of service areas	0	0	0	0
<i>Source:</i> Urban Institute analysis of family interview data. <i>Note:</i> Cell entries may not sum to 100 percent due to rounding.				

For reasons that are not entirely clear, far fewer mothers answered the follow-up questions about each service area (where the child got assistance and whether the service was helpful) at the 3-, 6-, and 12-month interviews than was the case for the moveout interview. On some questions in some sites as few as two or three mothers answered these questions. These low response rates coupled with the already small sample sizes mean that we have not reported results for these questions.

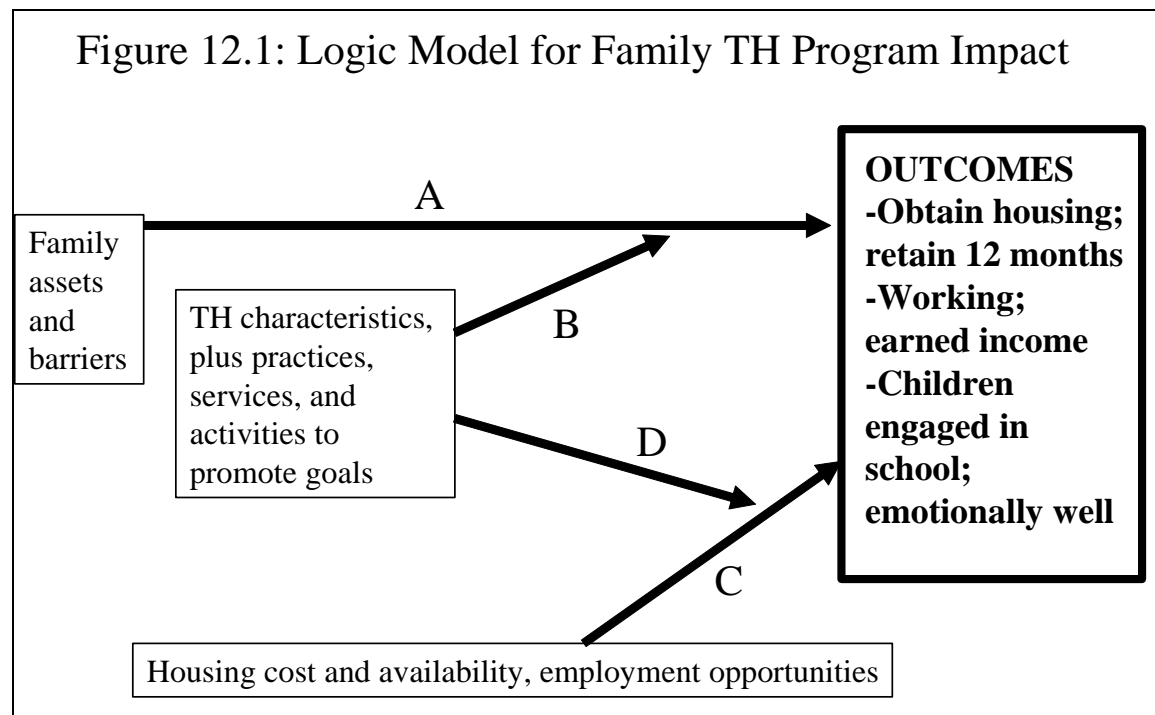
## Chapter 12: Influence of TH Programs on Family Outcomes

HUD's overriding purpose in supporting this study has been to learn more about the ways that TH programs influence the families who use them. In chapter 1 we introduced the study's major research questions:

5. How can the universe of TH programs be characterized and categorized, in relation to a program's willingness and ability to address families with different types and levels of housing barriers as well as other factors.
6. What barriers to housing do homeless families face, and can families be differentiated into those with many barriers (who may be presumed to need TH) and those with few (who may be presumed *not* to need TH)?
7. What happens to homeless families who are considered to have left transitional housing "successfully"?
8. What factors affect these families' TH outcomes, including:
  - d. Types and amounts of service from TH programs, and other program characteristics
  - e. Personal characteristics and housing barriers
  - f. Contextual factors such as employment and housing markets?

We presented a logic model of our analysis as figure 1.1 in chapter 1 to show the relationships we expected to explore among TH family outcomes, TH program characteristics, and other factors. We repeat that figure here to provide a clear picture of the associations we will be examining in this chapter (figure 12.1).

We hypothesized that the characteristics, activities, and services of TH programs would influence a homeless family's chances of obtaining and retaining housing, increasing educational attainment, and improving workforce participation, which are the primary outcomes toward which most TH programs strive. One of the ways that TH programs are designed to do this is to increase their residents' assets and most particularly reduce their barriers to housing, so we included personal factors as indicators of barriers and assets. HUD was also interested to learn whether TH program participation affected children in TH families, stabilizing their school attendance, increasing school engagement, and improving their emotional well being. We also take account of community context by introducing variables reflecting housing, employment, and benefits availability into many analyses.



## OUTCOMES IN THE ANALYSIS

Previous chapters focused on these outcomes have shown the changes experienced by many mothers and children in families leaving TH programs successfully. For this chapter we explored many specific variables that might have been used to represent the various TH program outcomes. The ones selected and described below are the ones in their outcome domains (housing, education and employment, children's outcomes) that have strong face validity for either positive or negative outcomes and also show the clearest patterns of influence in relation to predictor variables. The chart below shows the dependent (outcome) variables we used to represent family outcomes in our assessment of TH program impact, including their name, definition, and how they are coded.

<b>Dependent (Outcome) Variables Used in Analyses</b>		
<b>Variable name</b>	<b>Definition</b>	<b>Coding</b>
<b>Housing</b>		
<i>Own place</i>	Family moved to its own place at TH exit, (mother had lease)	1=yes, 0=no
<i>Moved, not always to own place</i>	Family moved at least once in 12 months post-TH, lived at least once in someone else's place	1=yes, 0=no
<i>Never own place</i>	Family never had its own place during year after TH	1=yes, 0=no
<b>Household composition</b>		
<i>Always self &amp; children only</i>	Mother lived with her own children and no one else, all year	1=yes, 0=no
<i>Same people at moveout and 12 months</i>	Household composition was the same at 12 months post-TH as it had been at moveout	1=yes, 0=no
<i>Multiple adults/children</i>	Household included multiple adults and/or children in addition to respondent's children	1=yes, 0=no
<b>Mother's Education and Employment</b>		
<i>Education at moveout</i>	Education completed by mother at TH exit	1=less than high school, 2=high school, 3= some post-high school, 4=college degree
<i>Employed at moveout</i>	Employed when left TH	1=yes, 0 = no
<i>Always employed</i>	Employed during the whole year after TH	1=yes, 0 = no
<i>Never employed</i>	Never employed during the whole year after TH	1=yes, 0 = no
<i>Wages at 12 months</i>	Hourly wages from employment reported at 12 months	Actual wages, 0 if not working
<b>Children's Outcomes</b>		
<i>School engagement at moveout</i>	School-age focal child's engagement with school at the time the family left TH	Scale, range 1-4, high=more engaged
<i>School engagement at 12 months</i>	School-age focal child's engagement with school at 12 months post-TH	Scale, range 1-4, high=more engaged
<i>Emotional problems while homeless</i>	Focal child's emotional problems while homeless	Scale, range 1-3, high=more problems
<i>Emotional problems at moveout</i>	Focal child's emotional problems at TH exit	Scale, range 1-3, high=more problems
<i>Emotional problems at 12 months</i>	Focal child's emotional problems at 12 months post-TH	Scale, range 1-3, high=more problems

Variables representing the boxes in figure 1.1 were developed from interview responses and used in multivariate analyses to assess their relationship to family outcomes. Variables were included in analyses as independent variables to represent personal characteristics of the mother, public supports received, TH program characteristics, mother's relationship to the TH program (e.g., how long the mother spent in the program, and the mother's perception of the program's helpfulness for herself and her children overall and in selected specific domains of assistance). Variables describing the policy, economic, and housing environments in the five study CoCs are included as independent variables to represent the larger context in which TH programs operated and to which families were seeking to return.

## PREDICTIVE FACTORS IN THE ANALYSIS

We present the predictive factors to be included in outcome analysis in an order reflecting the larger community environment first, personal characteristics of TH families second, and TH program characteristics third. This is the order in which we will test the various factors, letting environment and family characteristics explain what they can and then examining the effects of TH program efforts.

### COMMUNITY CHARACTERISTICS

Communities usually have policies that, in the abstract, will make it more or less difficult for families leaving TH to achieve the housing, employment, and other outcomes of TH programs. As explained in chapter 1 and illustrated in figure 1.1, we selected communities for this study to obtain five that exhibited substantial differences on key characteristics that might reasonably be expected to affect TH family outcomes. We planned to include in the analysis of TH impact these community context variables, to see whether the community environment could explain a lot about TH program outcomes or whether the programs themselves were contributing something to help families take advantage of a relatively advantageous community context or overcome an adverse one.

We chose six variables to characterize the community context; among them, three reflect the housing environment, two reflect the employment environment, and three reflect the general level of state generosity with public benefits for low-income families. Table 12.1 shows these variables and their levels for our five communities, making clear that we definitely achieved the goal of including a diverse group of communities in this study.

Table 12.1: Housing and Economic Community Context

Community Characteristic	Community				
	Cleveland	Detroit	Houston	San Diego	Seattle
Rental vacancy rate, city/urbanized area, 2005	11.4	11.4	11.0	5.1	6.1
Fair market rent, 2 BR, metro area, 2006	\$728	\$826	\$743	\$1158	\$840
Housing subsidy level, 2005	43%	28%	16%	37%	52%
Unemployment rate, county, 2006	7.2	13.7	5.3	4.0	3.9
State minimum wage, 2006	\$7.00	\$7.15	\$5.85	\$8.00	\$8.07
TANF monthly income cutoff, 2006	\$980	\$811	\$401	\$981	\$1090
Sources: 2006 county unemployment rate—Bureau of Labor Statistics ( <a href="http://www.bls.gov">www.bls.gov</a> ); 2005 city housing vacancy rate—American Community Survey statistics ( <a href="http://www.census.gov">www.census.gov</a> ); Fair Market Rent, 1 bedroom apartment, 2006—HUD ( <a href="http://www.huduser.org">www.huduser.org</a> ); state-established minimum wage effective in 2006— <a href="http://www.statemaster.com">www.statemaster.com</a> ; TANF income cutoff, 2006—welfare rules database, <a href="http://www.urban.org">www.urban.org</a> ; housing subsidy level—average proportion of TH families leaving with a subsidy, according to TH programs (reported in chapter 4).					

The rental vacancy rate for the five cities/urbanized areas in 2005 ranged from 5.1 in San Diego to 11.4 in both Cleveland and Detroit; the fair market rent for a two-bedroom apartment in 2006 ranged from \$728 in Cleveland to \$1158 in San Diego; and the housing subsidy level ranged from a low of 16 percent in Houston to a high of 52 percent in Seattle.

The annual 2006 unemployment rates for the five counties in this study ranged from 3.9 in Seattle to 13.7 in Detroit, while returns from working in the form of the minimum wage ranged

from \$5.85 in Houston (the federal minimum, meaning the state had done nothing to increase it) to \$8.07 in Seattle. The TANF income cutoff—the level of earnings above which a family is no longer eligible for Temporary Assistance to Needy Families—ranged from a low of \$401 in Houston to a high of \$1090 in Seattle. The Texas monthly income cutoff rate was less than half the level in any other community, helping to explain why so many of the Houston mothers in our sample were working.

Associations among these six community context variables are very high, as table 12.2 reveals. In communities where vacancy rates are low (i.e., not much housing is available to rent), rents are high and relatively few housing subsidies are available. Also, high unemployment, a low state-set minimum wage, high vacancies, and low rent (low FMR) go together, meaning the housing is there and it is not expensive in the abstract, but people are not working or are working at very low wages and therefore cannot afford even the lower rents associated with high vacancies. General state policy tendencies toward generous or limited public supports for low-income households are clear in the very high correlations among the housing subsidy level, the state-set minimum wage, and the TANF income cutoff (states setting high cutoff levels do so with the explicit policy intent to reward work by letting families continue to receive benefits until their earnings reach a level close to or above poverty).

Because the correlations among these community context variables are so high, we could not use them all in the regressions presented later in this chapter. To reduce multicollinearity we selected three of these six community context variables with fairly low intercorrelations for regression analysis. Two of these come from the domain of housing—the Fair Market Rent for 2006 and the housing subsidy level—and one from the domain of employment—the 2006 annual average unemployment rate. The lowest correlation among these three variables is .112 and the highest is -.314.

Table 12.2: Associations Among Community Context Variables

	Vacancy rate	FMR, 2 bedroom	Housing subsidy level	Unemployment rate	State minimum wage	TANF income cutoff
Rental vacancy rate, city/urbanized area, 2005	--					
Fair market rent, 2 BR, metro area, 2006	-.768	--				
Housing subsidy level, 2005	-.498	.112	--			
Unemployment rate, county, 2006	.649	-.276	-.314	--		
State minimum wage, 2006	-.792	.603	.817	-.237	--	
TANF income cutoff, 2006	-.499	.289	.953	-.138	.891	--
<i>Sources:</i> See table 12.2. All correlations are significant at $p < .001$ except the two that are shown in unshaded cells.						

## FAMILY CHARACTERISTICS AND BARRIERS

Previous chapters have described many characteristics of TH families. For the outcomes analysis to be presented below, we explored the associations of a wide range of family

characteristics with family outcomes to assess which ones would be most useful to include. We selected 11 family characteristics for further exploration in conjunction with community context and TH program variables.<sup>33</sup> These 11, described in the chart below, were the variables describing family characteristics that were most strongly associated with one or more outcome variables and thus appeared most likely to contribute to the outcomes analyses.

<b>Family Characteristics Used in Analyses</b>		
<b>Variable name</b>	<b>Definition</b>	<b>Coding</b>
<i>Age</i>	Mother's age at moveout, in years	range=18 to 60
<i>Nonwhite</i>	Mother is a member of a racial or ethnic minority	1=yes, 0=no
<i>Never married</i>	Mother never married	1=yes, 0=no
<i>Employed at TH entry</i>	Mother was one of the 18 percent employed at the time she entered TH	1=yes, 0=no
<i>Ever own lease</i>	Mother had at least one lease in her own name before TH	1=yes, 0=no
<i>Length of homelessness</i>	Number of months mother was homeless during the episode she experienced just before entering TH	range=less than 1 to 72 months
<i>Times homeless</i>	Number of times mother was homeless before entering TH	range=1 to 11+
<i>Addictions</i>	Addictions played a role in mother becoming homeless	1=yes, 0=no
<i>Mental health problems, lifetime</i>	Number of mental health symptoms mother reported experiencing in her lifetime, from ASI/mh	range=0 to 8
<i>Domestic violence</i>	Domestic violence played a role in mother becoming homeless	1=yes, 0=no
<i>Jail</i>	Mother had been in jail at some time before entering TH	1=yes, 0=no

### *Family Barriers Index*

Because there might be an intensifying or interactive effect of having many as opposed to few or no family barriers, we created an index of 15 family barriers, adding 1 to the index for each barrier in a family's history. Many of these are the same barriers just discussed, but some are different as they were selected for the index to balance those that might be expected to affect housing, employment, and children's outcomes:

- Any child ever in foster care
- Large family (4 or more kids)
- Less than hs education
- Since age 16, worked half of the time or less
- Never was a primary tenant
- Ever been evicted = 1 (0 if not asked the question)
- In 12 months before entering th, moved 4 or more times
- Addictions were among reasons for homelessness
- History of regularly drinking to get drunk
- History of using illegal drugs regularly
- Reported one or more mental health symptoms in lifetime

<sup>33</sup> It would have been desirable to include a measure of education at program entry, in addition to employment. However, this information was not available for 13 percent of the mothers and missing data was seriously biased in terms of one community, so we decided not to use the variable.

- History of incarceration before homelessness
- Has a felony conviction
- Domestic violence a factor in becoming homeless
- Mother was a teenager at time of TH exit – 18 or 19.

This index has a potential range of 0 to 15 but in reality the highest score on the index was 8. Four percent of mothers scored 0, 10 percent scored 1, 19 percent scored 2, 17 percent scored 3, 22 percent scored 4, 10 percent scored 5, 8 percent scored 6, 6 percent scored 7, and 4 percent scored 8.

For the first time in this report, we gather these important family characteristics together and look at their associations. Table 12.3 displays the results. Age is associated with quite a few other family characteristics. Being older is associated with a greater likelihood of having been married and having had a lease in one's own name, but also with having not worked in a long time, having addiction and mental health problems, and having more family barriers to stable reentry into the community. Nonwhite mothers are more likely never to have married but are less likely to have reported mental health or domestic violence problems or to have a high number of family barriers. Length of homelessness is associated with many barriers (addictions, mental health, jail) but not with age, race/ethnicity, or recent employment. The number of significant associations with the variable "family barriers" is high but expected since many of the other variables in table 12.3 contribute to the "family barriers" composite measure.

Table 12.3: Associations Among Selected TH Family Characteristics

Characteristic	Age	Nonwhite	Never married	Employed at entry	Own lease	How long homeless	Times homeless	Addictions	Mental health prob	Domestic violence	Jail
Age, in years	--										
Nonwhite <sup>a</sup>	-.107	--									
Never married <sup>a</sup>	-.509	.208	--								
Employed at TH entry <sup>a</sup>	.068	-.052	-.066	--							
Has had lease in own name <sup>a</sup>	.232	-.068	-.150	-.045	--						
Length of homelessness, in months	-.058	-.079	.063	-.009	.078	--					
Times homeless	-.027	-.111	.025	-.096	.024	.164	--				
Addictions problems <sup>a</sup>	.189	.019	-.000	.125	.029	.302	.033	--			
Mental health problems, lifetime	.169	-.156	-.065	-.081	.081	.253	.340	.152	--		
Domestic violence an issue <sup>a</sup>	.116	-.181	-.215	-.094	.078	.093	.222	-.130	.144	--	
Has been in jail <sup>a</sup>	.029	-.021	-.021	.133	.019	.189	.059	.388	.030	-.117	--
Number of family barriers (0-15)	.143	-.173	-.016	-.008	-.049	.361	.388	.519	.440	.208	.332

Source: Urban Institute analysis of TH family interview data. Note: N=195. Correlations in shaded cells are significant at  $p < .05$ .

<sup>a</sup>Dummy variable, for which 1 = true and 0 = not true.

We used the family barriers index in regression analyses, and also used variables representing each barrier separately. In all cases, however, the family barriers index did not contribute as much to the various models or contributed less than one or more variables representing individual barriers. With one exception, we felt we gained more understanding of the factors

affecting outcomes from including just the few individual barriers that were significant, the family barriers index appears in only one of the regression analyses reported below. We also used it to create two *program characteristic* variables indicating a program's proclivity to take mostly high or mostly low-barrier families. We discuss these two measures at the end of the next section, after describing the variables we use to characterize TH programs.

## PROGRAM FACTORS

The variables we use to characterize TH programs were described in chapter 4, along with their associations with each other (table 4.6). We do not repeat these analyses here, but list the program descriptors to refresh readers' memories

- **Program size**—the number of family units in the TH program
- **Scattered-site housing model**—1 if scattered, 0 if facility-based
- **Does not take people with serious mental illness**—1 if does not take, 0 if does
- **Does not take active substance abusers**—1 if does not take, 0 if does take
- **Requires 6+ months sobriety**—1 if yes, 0 if no
- **Is a domestic violence program**—1 if yes, 0 if no
- **Is a maternity-focused program**—1 if yes, 0 if no
- **Maximum length of stay**—the maximum number of months the TH program allows
- **Typical length of stay for successful leavers**—the number of months that families leaving successfully typically stay
- **Staff-to-family ratio on weekdays**—the actual ratio, ranging from .05 of a staff person per family to more than 1.1 staff people per family
- **Staffed 24/7 weekdays**—1 if yes, 0 if no
- **Staffed on weekends**—1 if yes, 0 if no
- **Proportion of families leaving with a housing subsidy**—the program's experience of success in obtaining a housing subsidy for families leaving the year before this study.

We included program size in all analyses, to see how important program size is to family outcomes. The TH programs from which we recruited families for this study are not very typical of family TH programs nationally, as we explained in chapter 4. They are all from urban areas, and large urban areas at that, while 30 percent of all TH programs reported to HUD are in nonmetropolitan areas. They also tend to be much larger than the typical family TH program for reasons having to do with practical data collection issues. We think of the program size variable as both a predictor and a control—if we discover that program size does not make a difference for many analyses, then the biases in our program selection may not be a serious hindrance to drawing conclusions for the larger universe of family TH programs. If program size *is* an important predictor, then we will know to limit interpretations of this study's results to programs similar to those we included in the study.

In addition to the program descriptors above, we included several variables summarizing what the mothers in our sample said about the services they received. Some of these were considered for all outcomes, although they were not ultimately included if they did not prove to be important predictors. These include a measure indicating the total number of areas in which a mother got help (out of 14) and the mother's average rating of the helpfulness of the services she received.

Other service variables were included only if they were relevant to the outcome being examined. For instance, a mother's report that the program helped her get housing was used as a program variable in analyses to assess influences on housing outcomes, while help with employment and education were used as program variables in analyses to assess influences on employment and education outcomes, respectively. These variables were described in chapter 5, where we also presented the associations among them and between-community differences in service receipt patterns.

### *High and Low Risk Programs*

We used the family barrier index described above to create a variable indicating a TH program's propensity to take families with more or fewer barriers. We created a mean for each of the 36 programs from which we recruited families, based on the family barrier index scores of the families in our sample from that program. These program means ranged from 1.875 to 6.00, and were distributed as follows:

- |                  |             |
|------------------|-------------|
| • 2.5 or lower   | 8 programs  |
| • 2.51 to 3.00   | 5 programs  |
| • 3.01 to 3.99   | 11 programs |
| • 4.01 to 4.49   | 5 programs  |
| • 4.50 to 4.99   | 2 programs  |
| • 5.00 or higher | 5 programs  |

Based on these program means, we created two variables to indicate the risk level of the families that different programs take, on average. One dummy variable was coded 1 if the mean family barriers score of a program was 4.50 or higher (high risk program) and 0 otherwise. Seven programs focused on families with high risk (barrier) levels. The second variable was coded 1 if the mean family barriers score of a program was 2.50 or lower (low risk program) and 0 otherwise. Eight programs focused on families with low risk (barrier) levels. The 21 programs with mean family barrier scores between 2.51 and 4.49 were coded 0 on both of these variables. We used these program risk level variables in the analyses reported below.

The variable "low risk program" was not correlated significantly with any family outcome, but the variable "high risk program" did show significant correlations with outcomes variables related to housing stability and household composition. We discuss these associations further when we present the results for those outcomes.

## **FACTORS AFFECTING TH FAMILY OUTCOMES**

Finally we come to the analyses that are the whole point of this study—whether some aspects of TH programs make a difference for family outcomes. We also look at what other factors influence the same outcomes, alone or in combination with TH program characteristics and families' use of TH services. Analyses of mothers' outcomes were done using logistic regression for binary dependent variables (i.e., their format is yes/no, or 1/0); ordinary least

squares (OLS) regression for educational attainment, and tobit<sup>34</sup> analysis for the children's variables, which are all scales with a limited range, and for wages at 12 months, which has quite a number of zero values as we assigned these to mothers who were not working at the 12-month interview. Before we start, the reader should know that we used program size, the family barriers index, and high risk/low risk program variables in initial analyses for every dependent variable. They were dropped from most final models because they added little or no explanatory value—a point to which we return in a later section on program restrictiveness or creaming.

### INTERPRETING ODDS RATIOS FROM LOGISTICAL REGRESSIONS VERSUS COEFFICIENTS FROM OLS OR TOBIT REGRESSIONS

We report odds ratios (OR) for logistic regression models and coefficients for OLS regression and tobit models. Because ORs and coefficients look similar but must be interpreted quite differently, we provide the following guidance before discussing the actual results.

- **Odds ratios:** Odds ratios range from 0.00 to infinity, with 1.00 as the point at which the odds are considered equal (i.e., the variable has no effect). When looking at a logistic regression analysis, for which odds ratios are reported, the reader should know that an OR greater than 1 (e.g., 1.605) means the independent variable is *positively* associated with the dependent variable, and the *bigger* the OR, the stronger the association. Conversely, an OR less than 1 (e.g., .853) means the independent variable is *negatively* associated with the dependent variable and the *smaller* the OR the stronger the association. Thus an OR of 6.00 is stronger than an OR of 2.00, but an OR of .200 is stronger than an OR of .800.
- **OLS/tobit coefficients:** OLS/tobit coefficients range from negative infinity to positive infinity, with 0.00 as the midpoint and the point at which an independent variable is presumed to have zero effect. When looking at an OLS or tobit analysis, for which coefficients are reported, the reader should know that a coefficient greater than 0.00 (e.g., 0.456) means the independent variable is *positively* associated with the dependent variable and a coefficient less than 0.000 (e.g., -0.456) means the independent variable is *negatively* associated with the dependent variable. For both positive and negative coefficients, the *bigger* the coefficient the stronger the association. Thus a coefficient of 0.800 is stronger than a coefficient of 0.200 *and* a coefficient of -0.800 is stronger than a coefficient of -0.200.

### HOMELESSNESS FOLLOWING TH PROGRAM EXIT

Repeated homelessness is the most obvious sign that a TH program has failed, so we report this information first. Homelessness was so rare among the 179 families with a 12-month follow-up interview that we could not do reliable analyses on it as a dependent variable. Only four of these families became homeless within the year following TH, representing 2.1 percent of the original

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<sup>34</sup> Tobit is a regression procedure especially designed for distributions that are truncated on one or both ends—that is, they cannot assume a value lower or higher than a specified value, as happens with wages (one cannot make less than zero an hour) or scales (values on our school attachment scale cannot be less than 1 or more than 4). Tobit analysis provides unbiased estimates under these circumstances.

sample of 195 and 2.2 percent of the families with 12-month interviews. Even if we were to count as homeless all 16 of the families we failed to follow through the entire 12 months after TH, we would still have only 20 families becoming homeless, or 10.3 percent of the families with which we began. This rate of homelessness in the 12 months following TH exit compares favorably with the 12 percent achieved by families using TH programs in Hennepin County, Minnesota (Burt, Pearson, and Montgomery 2005).

## HOUSING OUTCOMES

The three dependent variables we used for housing outcomes are moving into one's own place at the time one left TH (*own place*), moving at least once in the post-TH year including of which at least one move was to someone else's place (*not always own place*), and never having had a place of one's own during the entire post-TH year (*never own place*). Logistical regression results for these three variables appear in table 12.4. The first panel of the table shows the community context, the second panel shows mothers' personal characteristics, the third panel shows program characteristics, and the fourth panel shows the types of help that mothers reported getting for themselves or their children from TH programs. The final table row shows whether the family had a housing subsidy when it left TH. Below the predictor variables is a panel showing the statistical significance and variance explained of each equation taken as a whole.

### *Moving to Own Place at TH Exit*

Looking first at *own place* (first column of table 12.4), one can see that having a housing subsidy makes it more than six times more likely that a family will move from TH directly to its own place (OR=6.192,  $p < .001$ ). The five variables in the equation other than "has a subsidy," account for 10.8 percent of the variance, while an equation containing all six variables reported in table 12.4 accounts for 19.9 percent of the variance in *own place* (Pseudo  $R^2$ , at bottom of table, = .199, LR  $\chi^2 = 31.21$ ,  $p < .000$ ). Thus "having a subsidy" adds 9.1 percent to the explained variance.

Community context variables did not significantly affect *own place*, but two personal characteristics were associated and a third had a marginal effect. Having never married and being homeless longer before TH made it less likely that a mother would have her own place at TH exit, while being nonwhite made it marginally more likely that she would. No program characteristic significantly affected *own place*, but mothers who remained in TH longer *were* marginally more likely to move into their own place at program exit. In all likelihood a longer stay in TH allows the time needed for public housing authorities to make a rental subsidy voucher available to the TH family.

### *Not Always Having One's Own Place*

No community context variable affected this outcome. Two personal characteristics had the greatest effect, but in opposite directions. Having had mental health problems in one's lifetime made *not always own place* more likely, while having a history of domestic violence that contributed to one's homelessness made this outcome less likely. Having a housing subsidy made it marginally less likely that a family would have to move, and sometimes to live in a place that belonged to someone else. The six variables in the final equation for *not always own place*

accounted for 13.6 percent of the variance, of which having a subsidy contributed 2.6 percent (Pseudo  $R^2 = .136$ , LR  $\chi^2 = 19.24$   $p < .004$ ).

#### *Never Having One's Own Place for Entire Post-TH Year*

For *never own place* (third column of table 12.4), the predictors included in the final equation account for 37.6 percent of the variance (Pseudo  $R^2 = .376$ , LR  $\chi^2 = 26.85$   $p < .000$ ). For this variable the local unemployment rate made a difference; the higher the unemployment rate, the more likely it was that families leaving TH never had their own place for the whole post-TH year. Local housing costs were not related to any of the three housing outcomes.

The longer mothers had been homeless before TH, the more likely they were to go for the whole post-TH year without ever having their own place. Also, the longer a mother was in TH, the *less* likely she was to go a whole year without having her own place—the opposite, and complementary, finding to the effect of longer TH stays on *own place*. Having a housing subsidy, the most important single predictor for *own place*, remains in the final equation for *never own place* but is not significant. The only program characteristic related to *own place* was program size; the larger the program the more likely a family was to go a whole year after leaving without its own place.

To sum up our findings related to selected housing outcomes:

- Our models explain 20 percent of the variance in having one's own place at moveout, about 14 percent of the variance in moving during the post-TH year to someone else's place, and 38 percent of the variance in never having had one's own place during the entire 12-month follow-up period.
- **Having a housing subsidy** makes the single biggest difference toward explaining *own place*, while the **time spent in TH** is the variable most consistently associated with all three housing outcomes—probably because spending more time in TH makes having a housing subsidy at TH exit more likely.
- One community context factor shows a relationship to never having had one's own place. A higher local unemployment rate increases the odds of never having one's own place. Housing costs and subsidy levels are not related to these housing outcomes.
- Among personal characteristics only length of homelessness makes a statistically significant difference, for *never own place*, for which it increases the odds; it is marginally negatively relating to having one's own place at TH exit. One other personal characteristic, having never married, is negatively related to *own place*. Having mental health problems and experiencing domestic violence affect housing *instability* as measured by *not always own place*.
- Among program characteristics, the bigger the program the less likely families are to move to their own place at TH exit and the more likely they are never to have had their own place.

**Table 12.4**  
**Housing Outcomes**  
 (logistic regressions)

Predictor variables	Dependent Variables					
	Family had own place at moveout		Family moved at least once in 12 months post-TH, lived at least once in someone else's place		Family never had own place all 12 months	
	Odds ratio	p <	Odds ratio	p <	Odds ratio	p <
<b>City context</b>						
Unemployment rate 06					1.318	0.050
<b>Mother's personal characteristic</b>						
Age						
Nonwhite	2.439	0.109	.425	0.110		
Never married	.259	0.016				
Employed at entry						
Ever own lease						
Length HL, months	.963	0.051			1.094	0.024
Times homeless						
Addictions						
MH problems, lifetime			1.286	0.034		
Domestic violence			.335	0.051		
Jail						
<b>Program characteristic</b>						
Number of units	.983	0.315			1.095	0.016
Scattered-site						
Restricted SPMI						
No active substance use						
Sobriety 6+ months						
DV program						
Maternity program						
Typical LOS						
Staff/family ratio						
High risk program focus			.245	0.094		
<b>Program use</b>						
Time in TH, months	1.068	0.058	1.039	0.149	.732	0.009
# service areas used						
Housing help						
<b>Has subsidy</b>	6.192	0.001	.394	0.062	.264	0.152
LR Chi <sup>2</sup>		31.21		19.24		26.85
Probability > Chi <sup>2</sup>		0.000		0.004		0.000
Pseudo R <sup>2</sup>		0.199		0.136		0.376
Number of observations		195		179		179

Source: Urban Institute analysis of study data.

## HOUSEHOLD COMPOSITION OUTCOMES

In addition to examining the type and stability of the actual housing that TH families occupied after leaving TH, we looked at the stability of the households of which they were a part. We use three variables to represent this stability or instability. The first is the situation of a mother and her children living together for the whole time, with no one else in the household and no changes (*always self and children only*). The second variable indicates that the same people lived in the household at moveout and one year later, however many that might have been (*same people beginning and end*). People in addition to the mother and children were most likely a spouse, partner, or boyfriend, but could have been the mother's mother, other relatives, or other people. The last variable indicates a situation of relatively high complexity—in the 12-month period following TH exit, the family lived with other adults (sometimes partners, sometimes sisters, uncles, or nonfamily members) and children other than the mother's were present in the household (*complex composition*). Some of these arrangements exhibited instability in household composition as well, with adults, children, or both moving in or out. Table 12.5 presents the results.

### *Mother and Child(ren) Only, Whole Time*

Looking first at *always self and children only* (first column of table 12.5), one can see that taken together, the predictors included in the final equation account for 14.8 percent of the variance (Pseudo  $R^2 = 0.148$ , LR  $\chi^2 = 35.41$ ,  $p < .000$ ). Having a housing subsidy makes this type of household significantly more likely, contributing 3.3 percent of the variance explained. A number of personal characteristics also make a significant difference—being older, nonwhite, never having married, and being a victim of domestic violence make this housing configuration more likely. This configuration is also marginally more likely among families with shorter rather than longer homeless spells. Finally, a lower local unemployment rate was marginally associated with this housing outcome, and a lower fair market rent came very close to being associated.

### *Same Household Members, Beginning and End*

The final model for *same people beginning and end* (second column, table 12.5) accounts for 6.4 percent of the variance (Pseudo  $R^2 = .064$ , LR  $\chi^2 = 13.06$ ,  $p < .023$ ). No local economic or housing conditions were associated with this variable, nor did having a housing subsidy make a difference. Having problems with addiction made this outcome significantly less likely, and having mental health problems in one's lifetime made it marginally less likely. The strongest predictor for this outcome is a TH program characteristic—being a program that focuses on families with many barriers to ending their homelessness. Most interesting is that programs that take on the hardest-to-serve families appear able to help these families maintain households with stable composition once they leave TH.

### *Complex Household Composition*

The third variable in table 12.5 indicates the situation of families leaving TH who live in complex and sometimes changing households, in which the mothers who participated in TH may not have much autonomy or control. A high community unemployment rate made it more likely that TH families would live in households of this type while higher housing costs (reflected in higher fair market rents) also made this type of household marginally more likely.

**Table 12.5**  
**Household Composition Outcomes**  
 (logistic regressions)

Predictor variables	Dependent Variables					
	Household was mother and same child(ren) only, all 12 months		Household was same people at moveout and one year later		Household included multiple adults and/or children in addition to respondent's	
	Odds ratio	p <	Odds ratio	p <	Odds ratio	p <
<b>City context</b>						
Unemployment rate 06	.905	0.072			1.158	0.011
FMR '06 2 BR	.998	0.104			1.002	0.109
<b>Mother's personal characteristic</b>						
Age	1.046	0.028				
Nonwhite	2.340	0.059				
Never married	2.397	0.039				
Employed at entry					2.385	0.049
Ever own lease						
Length HL, months						
Times homeless	.753	0.093	.853	0.330		
Addictions			.265	0.015		
MH problems, lifetime			.846	0.082		
Domestic violence	2.397	0.032				
Jail						
<b>Program characteristic</b>						
Number of units						
Scattered-site						
Restricted SPMI						
No active substance use						
Sobriety 6+ months						
DV program						
Maternity program						
Typical LOS						
Staff/family ratio			.181	0.082		
High risk program focus	1.880	0.205	5.806	0.009		
<b>Program use</b>						
Time in TH, months						
# service areas used						
Average helpfulness rating			1.101	0.158	2.840	0.125
Housing help						
<b>Has subsidy</b>	2.634	.006			.341	0.007
<b>LR Chi<sup>2</sup></b>		35.41		13.06		23.53
<b>Probability &gt; Chi<sup>2</sup></b>		0.000		0.023		0.000
<b>Pseudo R<sup>2</sup></b>		0.148		0.064		0.124
<b>Number of observations</b>		179		179		179

Source: Urban Institute analysis of study data.

\*Having a housing subsidy at TH exit and receiving help with housing from a TH program perfectly predict *not* experiencing these household changes; they are obviously important but cannot be included in the predictive model because there is no variance.

Among personal characteristics, only having been employed at the time a family entered TH is positively associated. Having a housing voucher makes it significantly *less* likely that a TH family will find itself in this situation. In an equation explaining 12.4 percent of the variance in *complex composition* (Pseudo  $R^2 = .124$ , LR  $\chi^2 = 23.53$ ,  $p < .000$ ), “having a subsidy” contributes 4 percent of the explained variance. No program characteristics or program use variables are significantly related to *complex composition*.

To sum up our findings related to selected household composition outcomes:

- Our models explain 15 percent of the variance in *always mother and children only*, 6 percent of the variance in *always same people*, and 12 percent of the variance in *complex composition*.
- **Having a housing subsidy** makes a significant, and substantial, difference in household stability, as measured by a mother living only with her own children all year as well as *not* living in a household with complex composition.
- One community context factor showed a relationship to two household composition outcomes. A lower local unemployment rate increased the odds that a mother would live only with her own children for the whole post-TH year, and decreased the odds that she would live in a complex household. Housing costs remained in both of these equations but just failed to be marginally significant.
- No personal characteristic was consistently associated with household composition outcomes. Age, race/ethnicity, marital status, and a history of domestic violence affected the first variable, having mental health and/or addictions problems affected the second, and being employed at TH program entry increased the likelihood of living in a complex household.
- Among program characteristics only being a program focused on families with many barriers made a difference, with families participating in such programs being *more likely* to live with the same people for the full post-TH year. Program helpfulness remained in the equations for the second and third household composition outcomes, but did not reach significance.

## EDUCATIONAL AND EMPLOYMENT OUTCOMES

Helping families achieve economic stability is a major goal of TH programs, equal to helping them achieve housing stability. Indeed, economic stability and ultimately self-sufficiency is the best way to assure that families will be able to get and keep housing. An associated outcome is improved educational attainment, including training in specific skills and acquisition of certificates or credentials that will help mothers gain employment. Only 18 percent of mothers in this sample were working when they entered TH but far more (61 percent) were working at TH exit. Many mothers completed educational degrees, courses, or certificates while in TH or were still pursuing these courses when they left and finished them during the next year. Far more changed for mothers with respect to education and employment *during* their time in TH than during the following year; it is only fair to credit TH programs with helping TH mothers reach these accomplishments.

We look at five outcomes with respect to education and employment. We first examine the level of education a mother had completed (*education at moveout*) and whether or not she was working (*employed at moveout*) at the time she left TH. We have this information for all 195 mothers in our sample. At 12 months post-TH we look at mothers who worked for the entire post-TH year (*always worked*), mothers who never worked during the whole post-TH year (*never worked*), and wages at 12 months, assigning a wage of \$0 to mothers who were not working at 12 months post-TH (*12-month wages*). We have these post-TH outcomes for the 179 mothers who completed a 12-month interview. Table 12.6 displays the results.

### *Educational Attainment at Moveout*

Educational attainment is not influenced by any community context variables but it is affected by several personal characteristics. Educational attainment at TH exit is associated with having been employed at entry and having had one's own lease at some time before entering TH. Mothers participating in larger programs have higher levels of education at exit, probably as a result of staying in TH longer and using services in more domains. However, receiving help specifically with education and training is associated with a *lower* level of attainment at TH exit, possibly because these were the mothers who had very little education when they entered TH so that, even with what they gained in the program, they remained relatively less educated than other mothers. The final model for *education at moveout* (first column of table 12.6) accounts for 23.5 percent of the variance ( $F = 7.16$ , Adjusted  $R^2 = .235$ ,  $p < .000$ ).

### *Employed at Moveout*

The final model for *employed at moveout* (second column of table 12.6) accounts for 18.5 percent of the variance (Pseudo  $R^2 = .185$ , LR  $\chi^2 = 48.27$ ,  $p < .000$ ). Two community context variables make a difference for this outcome, but oddly enough neither is the local unemployment rate. Mothers living in communities with slightly lower odds that mothers received housing subsidies and slightly higher FMRs for a two-bedroom apartment were more likely to be employed when they left TH. Spending more time in a TH program and having completed a higher level of education by TH exit appear to result in a greater likelihood of working at the time mothers left TH. In addition, programs that were *less* successful at getting their families a housing subsidy at program exit appeared to have mothers who were *more* likely to be employed at exit.

### *Employed All 12 Months After TH*

For *always worked* (third column of table 12.6), we can account for 44.1 percent of the variance (Pseudo  $R^2 = .441$ , LR  $\chi^2 = 106.37$ ,  $p < .000$ ). The strongest predictor for this outcome is the previous dependent variable (OR 36.285,  $p < .000$ )—mothers who were employed at TH exit were more likely to be employed all year, or conversely, mothers who were not employed at TH exit could not have been employed for all of the post-TH year. Two community context variables also make a difference for this outcome. A lower local unemployment rate is associated with a greater likelihood that mothers worked during the whole post-TH year, as is a lower availability of housing subsidies locally. In addition, mothers for whom domestic violence played a role in their homelessness were much less likely to have worked all year, while mothers who received help from their TH program in more areas and who specifically received help with education and training were marginally more likely to have done so.

**Table 12.6**  
**Education and Employment Outcomes**

Predictor variables	Dependent Variables									
	Educational attainment at moveout (OLS regression)		Employed at moveout (logistic regression)		Employed all 12 months post-TH (logistic regression)		Not working all 12 months post-TH (logistic regression)		Wages at 12 months (not working = \$0) (tobit analysis)	
	Coeff.	p <	Odds ratio	p <	Odds ratio	p <	Odds ratio	p <	Coeff.	p <
<b>City context</b>										
Unemployment rate 06					.852	0.037	1.466	0.002	-.788	0.000
Housing subsidy level			.966	0.014	.946	0.005	1.118	0.019	-.141	0.004
FMR '06 2 BR			1.004	0.015						
<b>Mother's personal characteristic</b>										
Age							1.069	0.004		
Nonwhite	-.225	0.113					.339	0.048		
Never married					.412	0.049				
Employed at entry	.287	0.055					.472	0.287	4.152	0.003
Ever own lease	.611	0.000								
Length HL, months									-.097	0.079
Times homeless			.774	0.101	.721	0.164	1.740	0.005	-1.667	0.002
Addictions										
MH problems, lifetime										
Domestic violence					.289	0.015				
Jail			3.125	0.128						
<b>Program characteristic</b>										
Number of units	.010	0.010								
Scattered-site										
Restricted SPMI										
No active substance use										
Sobriety 6+ months										
DV program										
Maternity program										
Typical LOS									.240	0.028
Staff/family ratio									3.949	0.130
Avg % leaving w subsidy			.981	0.002						
<b>Program use</b>										
Time in TH, months	.014	0.066	1.065	0.003	1.052	0.069				
# service areas used	.050	0.037								
Average helpfulness rating										
Employment help							.488	0.128		
Educ/training help	-.391	0.012			2.601	0.083			2.301	0.072
Education at moveout			1.477	0.049						
Employed at moveout					36.285	0.000				
<b>Constant</b>	1.190	0.000							13.507	0.000
<b>LR Chi<sup>2</sup> or F</b>		7.16		48.27		106.37		42.01		52.51
<b>Probability &gt; Chi<sup>2</sup> or F</b>		0.000		0.000		0.000		0.000		0.000
<b>Pseudo or adjusted R<sup>2</sup></b>		0.235		0.185		0.441		0.260		0.056
<b>Number of observations</b>		195		195		179		179		179

Source: Urban Institute analysis of study data.

### Not Working All 12 Months After TH

For *never worked* (fourth column of table 12.6), we can explain 26 percent of the variance ( $Pseudo R^2 = .260$ ,  $LR Chi^2 = 42.01$ ,  $p < .000$ ). The same two community context variables make a difference for this outcome as they did for *always worked*, but in the opposite direction. A higher local unemployment rate is associated with a higher likelihood that mothers did not work during the whole post-TH year, as is a higher availability of housing subsidies locally. In addition, three personal characteristics affect this variable. Being older, homeless more times,

and white rather than nonwhite are associated with higher odds of not having worked for the whole follow-up year.

### *Wages 12 Months After TH*

For this variable we use the hourly wages that mothers completing 12-month interviews reported to us, or assigned a value of \$0 to those who were not working. For 14 mothers who *were* working but did not report an hourly wage, we assigned the mean wage, \$10, reported by other mothers working at 12 months post-TH. We used tobit analysis rather than OLS regression because it is designed to provide unbiased estimates for situations in which the value of the dependent variable cannot go below or above a certain value. In our case, wages cannot go below zero, and we have a large number of zeros because 63 mothers were not working at 12 months. The final model for *12-month wages* (last column of table 12.6) accounts for 5.6 percent of the variance (Pseudo  $R^2 = .056$ , LR  $\chi^2 = 52.51$ ,  $p < .000$ ). Once again the two community context variables make a difference for this outcome. A lower local unemployment rate is associated with higher wages, as is a lower availability of housing subsidies locally. In addition, having being employed at entry and having received assistance from a TH program with education and training goes with higher wages at 12 months, while being homeless more times or for more months are associated with lower wages.

Summing up our findings related to education and employment outcomes:

- Our models explain between 6 and 44 percent of the variance in education and employment outcomes. Some of these variables also help explain each other—educational level at moveout is related to being employed at moveout, and working at moveout is related to being employed all 12 months following TH.
- Community context factors affected all employment outcomes, but not education at moveout. The lower the unemployment rate the more likely mothers were to have worked all 12 months, the less likely they were to have never worked during the follow-up year, and the higher their wages were at 12 months. Lower housing subsidy levels showed the same pattern of effects.
- Different personal characteristics affected different education and employment outcomes, but only one, being employed at TH entry, appeared in three of the education and employment models and was a significant influence in two. The number of times a mother had been homeless appeared in models of all four employment outcomes as was significant in two of them.
- No program characteristics consistently affected education and employment outcomes. However, family patterns of using TH programs and services did make a difference. More time spent in a TH program was associated with better education and employment outcomes, while receiving assistance with education and training affected education level at TH exit and made it marginally more likely that mothers would be employed all year post-TH and have higher wages at 12 months.

## CHILDREN'S OUTCOMES

In addition to outcomes reflecting the whole family's living situation and the mother's employment, HUD was interested in what TH programs did for the children in participating families. One focus of HUD's interest was on school engagement, which we can examine for the 123 school-age focal children in the study. We looked at this variable at the time families left TH and again at 12 months (*school engagement* and *school engagement 12*). We also examined the mother's reports of the focal child's emotional problems while homeless, at moveout, and at the 12-month follow-up (*problems-homeless*, *problems-moveout*, and *problems-12*). This information is available for all 195 focal children at moveout and for the 179 focal children whose mothers completed a 12-month interview. As the reader may remember from chapter 11, all of these variables are scales comprised of the average of answers to several variables. For school engagement, scores range from 1 to 4, with higher values indicating the good outcome of more school engagement. For emotional problems, scores range from 1 to 3, with *lower* values indicating the good outcome of fewer or no problems.

### *School Engagement at Moveout*

We can account for 7.5 percent of the variance in *school engagement* (Pseudo  $R^2 = .075$ , LR  $\chi^2 = 17.46$ ,  $p < .002$ ) at the time school-age focal children left TH. No community context variable affected this or any other variable reflecting children's outcomes, but after trying several combinations of dummy variables representing the five cities in this study, the variable representing Houston compared to all other cities did have an effect on two of these variables. For school attachment at moveout, Houston mothers reported that their school-age focal child was significantly more engaged in school than was true for mothers in other study cities. A higher staff-to-family ratio and having a mother who had been in jail were also associated with more school engagement at moveout. The mother's need for and receipt of help with parenting was marginally negatively related to this outcome.

### *School Engagement at 12 Months*

We can account for 11 percent of the variance in *school engagement-12* (Pseudo  $R^2 = .109$ , LR  $\chi^2 = 34.01$ ,  $p < .000$ ), with the increase in explanatory power due largely to including *school engagement at moveout* in the equation. By itself, school engagement at moveout accounts for 15 percent of the variance in *school engagement-12*, with the remaining variables in the model accounting for a little less than 7 percent. Only one personal characteristic and one program characteristic are significant in this model. Participation in programs that require mothers to have at least six months of sobriety at entry appears to be associated with more school engagement at 12 months, while longer spells of homelessness have the opposite effect.

### *FC's Emotional Problems While Homeless*

We can account for 17.9 percent of the variance in *problems-homeless* (Pseudo  $R^2 = .179$ , LR  $\chi^2 = 62.61$ ,  $p < .000$ ). Houston mothers were less likely to report such problems while homeless for their focal child. Ever-married mothers, those with more mental health problems themselves, and those participating in a TH program specializing in domestic violence reported more emotional problems while homeless for their focal child. It is safe to say that children in families using domestic violence programs were exposed to many negative influences before they got to TH that may or may not have been exacerbated by their mothers' own emotional problems. This is the only outcome analyzed for which the family barriers index has a

**Table 12.7**  
**Focal Child School Engagement and Emotional Problems**  
**(tobit analyses)**

Predictor variables	Dependent Variables									
	School engagement at moveout (school-age focal children only)		School engagement at 12 months post-TH (school-age focal children only)		Emotional problems while homeless		Emotional problems at moveout		Emotional problems at 12 months post-TH	
	Coeff.	p <	Coeff.	p <	Coeff.	p <	Coeff.	p <	Coeff.	p <
<b>Same variable, earlier time</b>										
School engagement, mo			.656	0.000						
Emotional problems, hl							.110	0.013		
Emotional problems, mo									.633	0.000
<b>City context</b>										
Houston	.481	0.001			-.293	0.005	.076	0.140		
<b>Mother's personal characteristic</b>										
Age										
Nonwhite										
Never married			-.244	0.126	-.167	0.026				
Employed at entry										
Ever own lease										
Length HL, months			-.024	0.005					-.003	0.142
Times homeless										
Addictions			.388	0.055						
MH problems, lifetime					.042	0.029			.054	0.000
Domestic violence									-.084	0.138
Jail	.473	0.028								
Family barriers index					.072	0.001				
<b>Program characteristic</b>										
Number of units										
Scattered-site										
Restricted SPMI										
No active substance use										
Sobriety 6+ months			.279	0.121						
DV program					.290	0.018				
Maternity program										
Typical LOS										
Staff/family ratio	.449	0.036								
Avg % leaving w subsidy					-.004	0.003				
<b>Program use</b>										
Time in TH, months									.008	0.014
# service areas used					.031	0.025				
Average helpfulness rating									-.129	0.023
Parenting help for mother	-.183	0.078								
School help, focal child										
Emotional help, focal child							.056	0.241	-.119	0.057
<b>Constant</b>	3.120	0.000	1.252	0.012	1.133	0.000	1.128	0.000	.651	0.003
<b>LR Chi<sup>2</sup></b>		17.46		34.01		62.61		10.64		68.87
<b>Probability &gt; Chi<sup>2</sup></b>		0.002		0.000		0.000		0.014		0.000
<b>Pseudo R<sup>2</sup></b>		0.075		0.109		0.179		0.095		0.304
<b>Number of observations</b>		123		123		195		195		179

Source: Urban Institute analysis of study data.

significant impact over and above the effects of two of its component parts (never married and mother's lifetime mental health problems). The more barriers the family has, the more problems the mother reports for the focal child during homelessness. In addition, mothers who rated their children as having more emotional problems while homeless used more different types of services while in TH.

### *FC's Emotional Problems at Moveout*

We can account for 9.5 percent of the variance in *problems-moveout* (Pseudo  $R^2 = .095$ , LR  $\chi^2 = 10.64$ ,  $p < .014$ ). Emotional problems while homeless account for 6 percent of the variance in this outcome and nothing else is significantly related, suggesting that participation in TH may have smoothed out a lot of issues for children.

### *FC's Emotional Problems at 12 Months*

Our ability to account for the variance in *problems-12* (Pseudo  $R^2 = .304$ , LR  $\chi^2 = 68.87$ ,  $p < .000$ ) is a lot greater than it was for *problems-moveout*. A bit more than half of this is due to the effect of *problems-moveout* on *problems-12*, accounting for 16 percent of the variance and clearly showing far greater continuity in emotional status than was true in the transition from homelessness to the immediate post-TH period. Mothers' own mental health problems are a significant predictor (more mother's problems, more child's problems). Two variables reflecting program use are also significant—spending more time in TH and the mother's rating of the helpfulness of TH services. A measure of help the focal child received for emotional problems while in TH is negatively related (more help, worse *problems-12*), which may suggest that the families who got help had particularly troubled children and that the troubles had not completely disappeared by 12 months post-TH.

Summing up our findings related to children's outcomes:

- Our models explain between 7.5 and 30 percent of the variance in children's outcomes. Inclusion of variable values at moveout in equations predicting 12-month outcomes help account for some of the higher adjusted  $R^2$ s.
- Community context factors had no effect on these children's outcomes, but a dummy variable representing Houston compared to the other four cities did play a role in three of the five final models.
- Among personal characteristics, longer periods of homelessness were associated with lower school engagement at 12 months, mother's mental health problems in her lifetime affected focal children's emotional problems while homeless and at 12 months, having a mother who had been married was associated with more emotional problems while homeless, and having a mother who had been in jail was associated with greater school attachment at moveout. The effects of the mother's personal characteristics on children's outcomes tend to be inconsistent, with only marital status and mother's lifetime mental health problems influencing two of the five children's outcomes
- No program characteristics consistently affected these children's outcomes. However, emotional help received by focal children affects one or two outcomes.

## **SUMMARY AND IMPLICATIONS**

Throughout the chapters of this report we have described many aspects of mothers and children in families that used TH. Most of these analyses have been reported overall and for each community, showing that while community context sometimes makes a difference, about equally often it does not. In this final chapter we selected six variables representing housing and household stability outcomes, five representing education and employment outcomes, and five

representing children's outcomes to use in analyses assessing the effects of TH program characteristics, TH program use, and other factors.

Ultimately, what HUD wanted to learn from this project was whether TH programs made a difference in the lives of the families they served. This study cannot provide definitive answers to that question because it does not have a control group of similar families that did not receive TH services, nor does it have a sample large enough to support detailed analyses of subgroups or even of equations containing more than about 10 variables. Nevertheless, we can say something about TH program impact based on the data we do have, including what aspects of TH programs appear *not* to make much difference to family outcomes. Reversing the order of discussion used for most of this chapter, we look first at the effects of TH program characteristics and patterns of use, then at other groups of variables.

### PROGRAM SIZE

As the reader may remember from chapter 4, the TH programs from which we drew our sample of families were very different from TH programs in urban areas nationwide in containing proportionally far more large programs and far fewer very small programs. For that reason we used "number of family units" as a variable in all of the regression analyses reported in this chapter, until it became very clear that program size did not matter for a particular outcome. The outcomes for which program size *was* an issue are:

- Never having one's own place. Participants in larger programs were less likely to have lived in their own place at any time during the year following TH exit.
- Educational attainment at moveout. For this variable, larger programs did better.
- No other outcome was associated with program size—families participating in small, medium, and large programs had equivalent outcomes for employment, children's outcomes, and most household composition outcomes.

### PROGRAM RESTRICTIVENESS OR CREAMING

We included a number of program characteristic variables to represent selective or excluding behavior on the part of programs, or targeting toward families with very specific issues. Selective behavior included screening out mothers with severe and persistent mental illness, those with active substance abuse, or those without a long period of sobriety. Specific family issues included domestic violence and pregnancy. In addition, we created two variables that generally characterized programs as targeting high risk or low risk families and a third variable to indicate that a family had been homeless for no more than 24 hours (and sometimes not at all) when they enrolled in a TH program.

For the most part these variables did not make a difference for the outcomes we examined. Families using programs that placed restrictions and programs that did not do so seemed to do equally well on most outcomes; only for one children's outcome were any of these indicators of restrictiveness significant. The same is true for the global characteristics of being a "low risk program" or a "high risk program" and for families experiencing little or no homelessness before entering TH. These latter families definitely had fewer barriers than families with a longer homeless spell; nevertheless they used TH programs for just as long, on average, as families with many more barriers and did not have significantly better or worse outcomes.

The lesson one could draw from this lack of impact of family barriers at the program level and for the most part also at the individual level is that if some TH programs can help clients with multiple barriers succeed, perhaps more should be trying to do so, engaging in relevant staff training, institutional culture change efforts, and the like to shift their programs toward families facing more challenges.

### **PATTERNS OF PROGRAM USE**

How families *use* a TH program appears to have had more influence on family outcomes than program characteristics or selectivity *per se*. It is interesting to note that education, employment, and to a lesser extent children's outcomes rather than housing stability or household composition are the domains where that influence appears strongest. Families spending more months in TH had higher levels of educational attainment and employment at moveout and were more likely to have been employed for the entire follow-up period. They were also significantly less likely to go for a whole year after leaving TH without having a place of their own, and their children enjoyed better mental health a year after leaving TH. This finding, which corresponds to findings of a Wisconsin study of TH programs and families (Karpinski and Smith 2008), is not likely to be a function of family barriers that needed to be overcome, as variables representing those barriers were included in the same equations that identified time in TH as an important predictor variable. This pattern might suggest that very short programs—we had some with typical lengths of stay around four months, and families who stayed in TH less than three months—may be long enough to accomplish a goal such as learning to care for a newborn or overcoming the immediate impacts of domestic violence, but are not long enough to tackle the issues of human and social capital development that these mothers need for the long haul.

In addition to time in TH, receipt of help for some specific issues was associated with better outcomes. For instance, mothers who got help with education and training were marginally more likely to be employed at 12 months and to have higher wages at that time. They also appear to have a lower educational level at moveout than mothers who did not get this help, but that may be because they started lower. Also, focal children who got help with emotional problems may have had fewer emotional problems a year after TH exit. Thus TH programs appear to contribute most to the more malleable aspects of family life such as employment and mental health, for which they offer specific assistance to help families make their own opportunities, while being less able to influence the hard realities of housing cost and availability in the local economy.

### **OTHER INFLUENCES—COMMUNITY CONTEXT AND PERSONAL CHARACTERISTICS**

Independent of anything that programs could do, the local unemployment rate and cost of housing had some effects on family outcomes. It would have been remarkable if they had not; even under adverse conditions, though, TH programs may have smoothed out some of the barriers that homeless families face in trying to get back on their feet. As noted above, we created an index of 15 family barriers, high scores on which indicate that a family would be considered hard to serve or higher risk while low scores would indicate families that are easier to serve or lower risk. But when we used that index by itself, without including in the analyses many of its component personal characteristics, it never did as well nor was it as informative, with one exception, as dropping the index, keeping the separate characteristics in the analysis, and seeing which ones bore the brunt of any observed effects. We were frequently struck by *how*

*few* personal characteristics of mothers in the sample *consistently* made a difference for the outcomes we examined (which may be a reason the index proved relatively unhelpful). Of the 11 personal characteristics included in the analyses, only four made a difference on more than one of the six housing variables. Never having been married made it less likely that a mother would have her own place after TH exit, but more likely that she would live with only her children for the full year after leaving TH. Spending more time homeless before TH made it more likely that a mother would never have her own place during the post-TH year, and marginally less likely that she would move into her own place at TH exit. Having a history of mental health problems increased the odds that a family would move at least once in the post-TH year and decreased the odds that a mother would live with the same people for the whole year. Having a history of domestic violence also affected housing outcomes, increasing the likelihood that a mother lived only with her own children for the year after TH and marginally decreasing the odds of moving or living with the same people at TH exit and 12 months later. Personal characteristics of the mother were mostly unrelated to outcomes for focal children also. Only the mother's lifetime mental health problems were significantly associated with two of these outcomes—the focal child's emotional problems while homeless and at 12 months after leaving TH.

Personal characteristics played a greater role in education and employment outcomes. Here the number of homeless episodes took its toll, increasing the odds of not working at all during the follow-up year and of having lower wages at 12 months if one did work. More homeless episodes also had a marginally negative effect on being employed at moveout. Having been employed at TH program entry increased the level of reported wages at 12 months and was marginally related to higher educational attainment at TH program exit.

### **HAVING A RENT SUBSIDY**

Having a rent subsidy is of paramount importance for several outcomes—having one's own place at TH exit, living just with one's own children all year, and *not* living in a complex household. It also has marginally significant effects on reducing moves in the post-TH year and on assuring that the household members living with the mother remain the same throughout the year. That is where its influence stops, however. It has no measurable effect on education or employment outcomes or on children's outcomes. Nor does it have an impact indirectly, as there is little or no relationship between having one's own place and children's outcomes, for instance. These findings are compatible with other studies exploring the same issues (Mills et al. 2006; Rog and Buckner 2007; Schroder 2002; Stojanovic et al. 1999).

### **THE BOTTOM LINE**

TH programs appear to help the families who use them to achieve some important goals—most specifically, helping families change something about themselves as individuals or collectively such as education, employment, or personal interactions. We cannot tell with the data available whether the families would have achieved these same goals without the programs—surely some of them would have done so. But equally surely some of them would not. Programs that explicitly seek to serve multi-barrier families do not appear to achieve any worse outcomes than programs that screen out those same families. The important thing is to get these programs to target their considerable resources more on the families that would not have been able to accomplish as much on their own.

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## Appendix A: Acronyms Used in This Report

AHAR	Annual Homeless Assessment Report—a report that HUD must submit to Congress every year, documenting changes in the homeless population and homeless services
ASI/mh	Addiction Severity Index mental health scale—a standardized measure of a person’s current and past emotional and mental health problems
CoC	Continuum of Care—an organization comprised of cities, counties, and sometimes whole states that is the entity through which HUD transitional housing and other homeless resources flow
DAST	Drug Abuse Screening Test—a standardized measure of a person’s current or past symptoms related to drug abuse
FC	Focal Child—for this study’s family surveys, the oldest child living with the mother who was 17 or younger at the time the family left transitional housing
FPL	Federal Poverty Level or Federal Poverty Line—the income level below which a household is officially “poor” in the United States
GED	General Equivalency Degree—for those without a high school diploma, a GED may be earned by taking a test to demonstrate proficiency in basic educational skills
HIC	Housing Inventory Chart—a list included in CoCs’ annual submissions to HUD for funding for homeless programs that identifies all emergency, transitional, and permanent supportive housing resources in a CoC.
HUD	The U.S. Department of Housing and Urban Development
MAST	Michigan Alcohol Screening Test—a standardized measure of a person’s current or past symptoms related to alcoholism and alcohol abuse
NSHAPC	National Survey of Homeless Assistance Providers and Clients—second, and last, national survey of homeless people, conducted in 1996
NSAF	National Survey of American Families—survey conducted to assess the effects of welfare reform in the domains of income, employment, health and health insurance, child care, child welfare, child support, housing, and other areas. Three waves were conducted, in 1997, 1999, and 2002, with samples of about 45,000 families, oversampling for low-income families (below 200 percent of poverty).
OR	Odds Ratio—in the tables in chapter 12, these are the figures presented for every logistical regression model. They indicate the odds that a family with a given characteristic will experience a particular outcome.

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SHP	Supportive Housing Program—the HUD funding source for transitional housing, administered by HUD’s Office of Special Needs Assistance Programs and Services.
TANF	Temporary Assistance to Needy Families—the federal welfare program for poor households with children
TH	Transitional Housing

## Appendix B: Study Methods

### SAMPLING STRATEGY

The research team used a three-stage strategy to sample families leaving transitional housing programs. Because community characteristics may affect successful outcomes of TH programs at least as much as any efforts the programs or families make themselves, Stage 1 involved selecting communities, because we wanted to assure variation in community characteristics as well as in TH program and client characteristics. We used Continuums of Care as our “communities,” regardless of the types of jurisdictions they include. In Stage 2 we selected TH programs operating within the CoCs. In Stage 3 we recruited families leaving TH from the sampled TH programs, interviewed them at moveout or as close to moveout as we could get, and followed them until 12 months after their TH program exit.

#### STAGE 1: SELECTING CONTINUUMS OF CARE

We sought between 5 and 10 CoCs that met three criteria:

- Enough TH capacity to allow us to reach the family recruitment goal for each CoC of 60 families leaving TH “successfully” within a three-month moveout window and a three-month retrospective window;
- With high HMIS coverage for their family emergency shelters. We wanted CoCs with a functioning HMIS for two purposes—to be able to check for return to homelessness once families leave TH, and to locate families for interviewing who have returned to the homeless assistance system when we cannot find them at their last residence.
- Variation in housing and employment markets—especially seeking housing markets that have some availability for affordable housing.

With respect to the first criterion, based on assumptions about rates of exit and the proportion of those that would be “successful” exits, we calculated that we would need communities with at least 350 family transitional housing beds (about 120 family units) to meet recruitment goals, and 500 to 700 or more beds would have been preferable. Information on bed counts for the 80 counties participating in the Annual Homeless Assessment Report (AHAR) was available from HUD contractors at Abt Associates and QED, Inc. These communities include the nation’s largest cities, plus a random sample of all other counties. Abt/QED staff also recommended several other CoCs with high bed counts and good HMIS coverage for possible inclusion in our study.

The Abt/QED information indicated that the bed count criterion limited us to about 25 CoCs, as most CoCs have far fewer family TH units. Abt/QED staff also provided data on HMIS coverage for the same AHAR counties. When we added the criterion of HMIS coverage of family emergency shelter beds to the bed count criterion, the choices shrank even further, to 14.

To determine variation in housing opportunities, we assessed the level of housing affordability in these 14 CoCs against the criteria in *Up Against A Wall: Housing Affordability for Renters*, a

publication of the National Low Income Housing Coalition (2004) that analyzes data from the 2003 American Community Housing Survey. The 14 CoCs identified as the ones to be canvassed for possible participation represented a range of housing affordability according to the index developed in this publication. To determine variation in employment opportunities, we examined 2005 average unemployment rates provided on the Department of Labor's Bureau of Labor Statistics website. The 14 CoCs represented a range of housing affordability for renters and employment opportunities, as required by our third criterion for CoC selection.

### *Screening and Final Selection*

A final criterion for selection was that the CoC had to be willing to participate—someone with community-wide organizing responsibilities had to be interested, the organization managing the HMIS (if different from the CoC organizer) had to be interested, and a substantial number of the family TH providers had to be interested in and willing to refer families to us and allow us access to their client records (after receiving client permission to do so).

We attempted to complete screening calls with key informants in these 14 potential CoCs. We eliminated three CoCs from consideration because we learned that they did not have enough family TH units for study purposes. We eliminated another four CoCs because we never got a response or had other interested CoCs with the same community-level characteristics. We followed up with the remaining seven CoCs, in three cases visiting the CoC and meeting with TH providers to explain the study and gain cooperation once the CoC organizers expressed strong interest.

Through this screening process we selected the final five CoCs:

- Cleveland/Cuyahoga County CoC,
- Detroit CoC (includes the Wayne County cities of Hamtramck and Highland Park, but not the rest of Wayne County),
- Houston CoC (includes Harris and Fort Bend Counties),
- San Diego City and County,
- Seattle/King County.

This combination of CoCs gave us two Midwest industrial cities; two Sunbelt cities, one in the South and one in the West, and a Northwest city. It included CoCs with highly varying rates of available housing, public resources committed to housing subsidies, other public benefits and supports for poor families, and employment opportunities, as the data in table 12.1 made clear. It also promised to provide a sample of families with varying racial and ethnic backgrounds.

## **STAGE 2: SELECTING TH PROGRAMS FOR FAMILY RECRUITMENT**

Our goal was to select 5 to 7 family TH programs from each of the 5 CoCs in this study (25 to 35 TH programs total). To arrive at that number, we conducted screening interviews with up to 15 family TH programs per CoC. We had the further criterion of program size—we did not screen or select programs with 10 or fewer beds (i.e., 1 to 3 families in residence at a time), because they would not have produced enough opportunity for recruitment to make inclusion worthwhile. For the four CoCs that had 15 or fewer family TH programs with at least 11 beds, we screened all of them for potential inclusion in the study. In the fifth CoC we stratified the programs by size and location (city vs. county) and randomly selected programs from each stratum for

screening interviews. Ultimately, 36 TH programs contributed one or more families to the study sample.

### *The Meaning of “A Program” in This Sample*

Because “program” means different things in different contexts, it is important for the reader to know what “a program” means for this study’s sample. We used the Housing Inventory Chart (HIC) from each CoC’s 2005 application to HUD for SHP funds as the first stage of program sampling—defining the program universe. As these charts are done for HUD, the relevant funding issue is the type of funding received (e.g., Supportive Housing Program, Housing Opportunities for People with AIDS, Shelter Plus Care), and the first year of the grant. Thus, an agency may have received two or more HUD grants, in different years, to do essentially the same thing with the same staff, but for more people. Thus the agency adds either facility-based or scattered-site units with the second grant, but still uses the same staff to assess eligibility, against the same eligibility criteria, and simply houses a family in the first available opening.

For purposes of *this* study, we treated these two “programs” as one program, because for family recruitment purposes we needed to go to the same people to find out what was happening with the families. Thus, the 53 program interviews we completed cover more than 53 “programs” in the HIC sense, including:

- 8 in Cleveland covering 8 HIC programs
- 7 in Detroit covering 9 HIC programs
- 12 in Houston covering 12 HIC programs
- 13 in San Diego covering 15 HIC programs, and
- 13 in Seattle covering 16 HIC programs.

Other discrepancies that exist between our interview sample and the programs listed under transitional housing in the HICs stem from misclassifications in the HICs. In four of the five CoCs, we pre-screened every program with 11 or more beds listed on the HIC as family transitional housing; in the fifth site we checked all listed programs of 11+ beds with the CoC convener and then conducted pre-screening calls with more than 20 programs. We also cross-checked our results with the CoC convener for the community and sometimes other knowledgeable people. After double- and triple-checking the nature of each program, we dropped the following types of programs from our list as not complying with the meaning of family transitional housing in HUD’s sense: 90-day substance abuse treatment programs, programs listed as “family” that turned out to be just for single women, programs that were essentially emergency shelters (less than three months expected length of stay with most people leaving sooner, little or no screening for families with intensive service needs, and relatively little by way of intensive services or supports), programs whose typical leaver went on to another TH program, programs strictly for refugees and asylum seekers, and, for obvious practical reasons, programs that had closed and programs that were not yet open.

### *Collecting Data Describing Programs*

To gather the information we needed to describe family TH programs, we conducted screening interviews by telephone with the directors of all the programs in our sample. The program screener covered the following topics.

- The housing configuration (single site, clustered scattered, completely scattered),
- Whether families need to move (transition in place vs. needing to move to another place),
- Intake/screening criteria for families (do eligibility criteria include: sobriety or active substance abuse, serious mental illness or not, co-occurring disorders or not, HIV/AIDS, work history, housing history, housing barriers such as criminal record or multiple evictions, number/ages/gender of children, or domestic violence),
- The proportion of families with successful exits,
- The meaning of successful exit,
- Who leaves without graduating, and why,
- Length of stay information (the maximum allowed, the average for successful leavers, the average for others),
- Supportive services while in TH,
- Follow-up services information (official duration, average actual duration, attrition, what is offered), and
- Housing and other outcomes known to the program.

An earlier report described the 53 TH programs we screened (Burt 2006). A condensed version of this report is provided as appendix F of the present report. Chapter 4 of the present report describes the 36 TH programs that contributed families to the survey on the program variables used in the analyses reported in chapter 12.

The study provided monetary compensation to programs participating in family recruitment for this study for the time and effort it took to assure successful family recruitment.

### **STAGE 3: FAMILY RECRUITMENT AND INTERVIEWING**

We recruited local liaisons for each of the participating CoCs to work with TH programs, recruit families, conduct the family interviews, and enter the interview data for computerized analysis. In three CoCs the liaisons were associated with university research centers, while in two CoCs the liaisons were independent contractors.

Liaisons came to the Urban Institute in Washington, DC for two days of training on study goals, TH program and family recruitment approaches and techniques, and administering the family interviews. They also received lists of TH programs that had been screened and were willing to participate, along with the relevant contact information. Upon returning to their home communities they approached these TH programs and worked out family recruitment techniques and structures. Four liaisons hired interviewers in addition to themselves to do a share of the actual family interviews. Those who hired interviewers conducted trainings for them on interviewing techniques and on the contents and special issues of the study's interview protocols. Liaisons also set up tracking systems to assure that follow-up interviews happened at appropriate times and that needed contact information was available for all families.

#### *Recruitment Procedures*

This study went through a full review by the Urban Institute's Internal Review Board to assure that the procedures we would follow gave mothers adequate information about the study and obtained their informed consent to participate. The study also compensated mothers a total of \$100 for their participation in four interviews—moveout and 3-, 6-, and 12-month follow-ups.

Before a family could be referred to the study, the study had to be explained to her and her informed consent obtained for program staff to pass her name along to the liaisons. This work fell mostly on TH program staff because liaisons could not contact a mother until she had given her consent to participate. Liaisons were able to work out procedures with some programs to hold general recruitment sessions with several families about to leave TH, but this was not common. In such cases, the liaisons were able to explain the study and do the recruitment themselves, obtaining informed consent and then interviewing mothers *before* they left TH. This arrangement was not common, however.

### *Recruitment Goals and Schedule*

The study design called for recruiting 300 families leaving TH successfully—60 from each study community. Because none of the communities, as large as they were, had masses of families leaving TH in a short period of time, we designed recruitment to go “backward” as well as forward, in what began as a six-month recruitment window. Recruitment began on November 1, 2005. Liaisons were expected to pick up families leaving TH for the next three months (through February 28, 2006) and also to pick up families *retrospectively* that had left TH during the three months between August 1 and October 31, 2005.

Early in 2006 it was easy to see that we would not meet or even come close to our recruitment goals if we stopped recruiting according to the original plan. In consultation with the liaisons, who knew the pace of TH exit by then, we extended the prospective recruitment period until June 30, 2006, giving us a final recruitment period of 11 months. Liaisons also renewed their efforts to work

with TH programs to increase referrals and sought the participation of additional TH programs to compensate for insufficient referrals from some programs

CoC	Total N	Moveout (incl. partials & retrospectives)	3-month	6-month	9-month	12-month
Cleveland	59	59	38	36	18	55
Detroit	28	28	17	23	7	28
Houston	36	36	28	28	6	30
San Diego	26	26	14	15	6	22
Seattle	46	46	33	38	6	44
<b>Total</b>	<b>195</b>	<b>195</b>	<b>130</b>	<b>140</b>	<b>43</b>	<b>179</b>
<b>Rate</b>	<b>100%</b>	<b>100%</b>	<b>67%</b>	<b>72%</b>	<b>22%</b>	<b>92%</b>

that had agreed to participate originally. These efforts yielded increased referrals of prospective families (those just leaving TH whom we would follow for a year) and also produced some additional retrospective families (those who had left TH after August 1, 2005 but who had not been referred earlier). Even with these efforts we were only able to recruit 195 families for the study, or about two-thirds of our goal. The table above shows the number of families recruited per CoC in the study, as well as the interviews they completed.

### *Interviewing Schedules*

The most complicated aspect of family recruitment and interviewing involved the first interview with a family. We had three different forms for this first interview:

- **Partial:** If a family was referred to the study before it left TH, interviewers could conduct the first interview before moveout. When this happened, interviewers used a form of the

moveout interview we labeled “partial,” which asked about the housing situation the mother *anticipated* having once she and her family left the program, as they were not actually *in* their post-TH housing situation at the time of the first interview. Interviewers then checked at the first follow-up interview to see whether the anticipated housing was what the family actually moved to. Questions about all domains other than housing were the same as on the regular moveout interview. The first interviews for 23 families were partials.

- **Moveout:** This is the “standard” type of first interview, conducted with 94 families. It occurred shortly after the mother moved from TH into post-TH housing, or, for mothers who stayed in the same housing post-TH, when she officially exited the TH program.
- **Retrospective:** For the 78 mothers who had left TH two or more months before study interviewers were able to contact and interview them, we used an interview form we labeled “retrospective.” The retrospective interview protocol asked about the family’s situation at the time of the interview, *and also* asked about the situation on several critical variables (housing, household composition), at the time the family left TH. However, we could not ask about everything twice (once for the current time and once for right after TH) or the interview would have been twice as long, so for some variables we are missing information about the immediate post-TH period for these retrospective families.

Once a first interview was completed, of any type, interviewers were committed to obtaining follow-up interviews according to a schedule tied to the date of TH exit (*not* the date of the first interview). Thus, if they interviewed someone for the first time at three months post-TH, they were expected to conduct two more interviews, at six and 12 months post-TH. If they interviewed someone for the first time at six months post-TH, they would have conducted only one more interview, at 12 months. This strategy was designed to give us a full year post-TH to analyze with a consistent time frame, rather than following families for a year from when we first interviewed them regardless of the relationship of that first interview to TH exit.

It was not uncommon for us to be missing one or more interviews for a family, but still to have information about the time of TH exit and 12 months later. Only 52 percent of the sample has four interviews at the times called for in the design. The rest either started later, with a retrospective interview, or missed one or more interviews between moveout and 12 months. The study design did not call for an interview nine months after TH exit, but we have 43 9-month interviews. This happened for two reasons. First, some families were referred to the study a very long time after they left TH, so their first interview, a retrospective one, took place at about nine months after TH exit and was followed three months later with a 12-month follow-up interview to correspond with the family’s full first year after TH. Second, some families had their first, retrospective, interview at six months post-TH and interviewers, thinking they were supposed to do a follow-up interview three months after their first interview, conducted interviews at nine months. Something similar happened for a few people whose first interviews were at three months post-TH; interviewers thought they were supposed to do four interviews per family, and thus conducted 9-month interviews.

## ANALYSIS STRATEGY

### THE MOVEOUT MOMENT DATA SET

Once data were entered and partially cleaned, we had to create a Moveout Moment data set that would merge relevant information from the regular moveout, partial moveout, and retrospective first interviews into a single file for analysis (these all came to us from data entry as separate data sets). We started with the structure of the regular moveout interview and made adjustments for partial and retrospective interviews.

The partial interview was easiest to accommodate, as its structure was most similar to the moveout interview and it occurred within a few days before TH exit so the information was very pertinent to the moveout period. Responses to all questions from a partial moveout interview that corresponded to those on the moveout interview (90+ percent of questions) were brought into the Moveout Moment data set as they were. For the housing and household composition questions that were anticipatory, answers were coded into the Moveout Moment data set after checking that the mother's plans for moveout had actually happened. If something happened to change those plans, the information about what actually happened was captured on the first follow-up interview. This correct information was coded into the Moveout Moment data set instead of the information from the partial moveout interview.

Retrospective interviews were coded in several ways:

- Current information reflected the point in time post-TH when the interview was actually done, and was coded as a 3-, 6-, or 9-month interview depending on the time post-TH.
- Information that was identical to that on the regular moveout interview protocol was coded into the Moveout Moment data set; examples include homeless history and pathways to TH.
- Information from questions on the retrospective interview protocol that explicitly asked whether something was the same as at TH exit and if not, what the actual situation was at TH exit contributed data to the Moveout Moment data set that was accurate for the time of TH exit.
- With respect to including data in the Moveout Moment data set, the most difficult retrospective interview protocol questions to handle were the ones that referred to the present but did not ask whether the situation was the same at TH exit. For these we read through the interview and determined whether we had enough information to code something in the Moveout Moment or not. For example, if on a retrospective interview taking place at six months post-TH a mother said she was not working now but her last job ended three months ago and it had lasted six months, we coded her as working at TH exit. If she said she was working now and the job had lasted 10 months, we coded her as working at TH exit. If, however, she said she was working now but the job had only lasted three months, she was not asked whether she was working at TH exit and thus we had to code that variable as missing in the Moveout Moment data set.

## FOLLOW-UP DATA AND CREATING A SINGLE MERGED FILE

After creating the Moveout Moment data set, we merged the data from all follow-up interviews into a Final data set. Every family has one record in this Final data set, which contains information from every follow-up interview the family completed.<sup>35</sup>

We also merged other information into this Final data set:

- Characteristics of the five study communities (described in chapter 12)
- Program characteristics that we wanted to test for their potential impact on family outcomes (described in chapter 12)
- Two questions from the chart reviews—employed or not at TH *entry*, and educational attainment at TH *entry*.
- New variables representing reasons for homelessness, housing, household composition, employment, and children's outcomes. For most of these we had to read each family's whole file, in hard copy, and make a coding decision about how to characterize the family. Examples include “the family had its own place after TH and lived there for the whole 12 months after TH exit,” “the household composition stayed the same for the whole 12 months after TH exit,” the mother worked the whole time in the post-TH year at the same job,” and the like. To code reasons for homelessness we examined responses to seven or eight questions including responses to the open-ended question “what happened?” in the housing and homeless history section of moveout and retrospective interviews, put together as complete a picture as possible, and coded all relevant factors. Children's outcomes, which were all scales, were calculated from variables already in the data set. Findings for these new variables are described in chapters 4, 6, 8, and 11. Fifteen of the new variables are used as dependent variables in the regression analyses reported in chapter 12.

## FREQUENCY AND CROSS-TABULATION ANALYSES

Most chapters of the report contain tables showing responses on survey questions or new variables for the sample as a whole and also by study community. Because of the small sample size overall (195) and the very small samples in some study communities (as low as 28 in Detroit), even seemingly large between-community differences may not be statistically significant. Usually it takes a difference of 19 or 20 percentage points to reach statistical significance in a comparison of one community to another, especially if the two communities being compared are ones with relatively few families. If the topic being presented is one that cuts the sample even further—for example, describing wages for mothers who are working—statistical significance is even more elusive. Our practice in the text of the report has been to describe only differences that *are* significant and to focus most on the results for the sample as a whole.

---

<sup>35</sup> Because this Final data set is so huge, for purposes of the public use file we split it in two, making a Moveout Moment file and a Follow-Up file.

**REGRESSION ANALYSES**

Most decisions about variables to include in these analyses, and the analyses themselves, have been described in chapter 12. We used mean substitution for variables used in regression analyses because many variables had missing values for two or three cases which, in combination, would have reduced the usable sample size to an unacceptably small level.

## **Appendix C: Family Moveout Interview**

This is the interview administered to every family that was interviewed shortly after leaving transitional housing. Slight modifications of this interview were used with families interviewed shortly *before* they left TH or more than two months after they left. We do not include appendixes for these modifications as the questions were similarly structured and the basic moveout interview contains the most complete set of questions and answer categories.

## **Appendix D: Family Follow-Up Interview**

This interview protocol was used for 3- 6- and 12-month follow-up interviews.

## Appendix E: Chart Review

This form was used to gather information from TH program client case records. It had two purposes—(1) to obtain information about a family’s status at TH *entry* on critical variables such as education and employment, and (2) to gather information on the same issues at TH *exit* to provide independent verification of answers given by interview respondents. We were able to get information on education and employment at entry for most families, but were not able to use the chart reviews for anything else because the amount of data missing from the charts was too great.

## **Appendix F: Characteristics Of Transitional Housing For Homeless Families: Condensed Version**

This appendix provides a condensed version of a report on characteristics of family transitional housing programs that was completed in 2006 as an early product of this study. It includes the full introductory chapter, most of the tables from the original report but less text describing the results in the tables, and no summary chapter.

The full 53-page report may be found at <http://www.urban.org/url.cfm?ID=411369>.

# **Characteristics of Transitional Housing for Homeless Families**

## **Final Report**

**By**

**Martha R. Burt**

September 7, 2006

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The contents of this report are the views of the authors and do not necessarily reflect the views or policies of the Office of Program Development and Research, Department of Housing and Urban Development, of Planmatics, Inc., or of the Urban Institute, its trustees, or funders.

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## CHAPTER 1: INTRODUCTION AND METHODS

### INTRODUCTION

The concept of transitional housing has a long history in the fields of mental health and corrections, predating its application to the homeless arena by decades. State and local public mental health and corrections departments developed these residential programs to ease the transition back into regular housing for people leaving mental hospitals or prisons. Stevens (2005) describes the history of halfway houses for people leaving correctional settings, and their transition quite recently into community residential centers. To use one state as an example, in 1974 Ohio had 22 certified halfway houses for people leaving prison (Ohio Adult Parole Authority 2005). Policy makers in the mental health arena were also focusing on community-based residential and nonresidential services during the 1970s and early 1980s (Biegel and Naparstek 1982). In 1982 an American Psychiatric Association task force published its report, *A Typology of Community Residential Services* (APA 1984), which sought to establish a common nomenclature for residential programs serving people with serious mental illness located throughout the country. The task force had spent four years identifying, cataloging, and attempting to classify the many such programs in existence at that time.

These community-based transitional programs were developed for many reasons, including a desire to avoid the high cost of institutional versus community-based care and a desire or legal obligation to maintain some intermediate level of supervision over people being released from institutions. One of the historical motivations for developing transitional community residential settings comes closest to the one driving the growth of transitional housing programs for homeless people. Officials running state agencies and institutions saw people fail in the community and return to institutions when they did not have the skills, connections, or supports that would help them establish themselves independently. Transitional programs were developed to increase the likelihood that those released from institutions would, once reinforced by the learning and development acquired during a period in a transitional program, be able to sustain independent living in the community.

### TRANSITIONAL HOUSING FOR HOMELESS HOUSEHOLDS

When homelessness first impressed itself on the national consciousness in the early 1980s, there was no such thing as transitional housing for homeless people. Even emergency shelters were few and far between, being run mostly by missions in run-down areas of big cities and accommodating mostly single men. The first expansion of homeless assistance took the form of more emergency shelter capacity. Only after several years of experience with people using emergency shelters did it become obvious that for some people emergency shelter would not be enough to help them leave homelessness for good. This recognition led to application of transitional and permanent supportive housing concepts to the field of homelessness.

Most transitional housing programs for homeless people that exist today specialize in serving households with serious enough barriers to getting or keeping housing that a period of stabilization, learning, and planning appear needed if they are ultimately to leave homelessness and stay housed. These households may already have some history of leaving homelessness for housing but not being able to maintain the housing, or they may have characteristics that are known to lower the probability of being able to maintain housing without supports.

Federal legislation to support the development of transitional housing programs for homeless people was first introduced in 1986, and ultimately incorporated into the first Stewart B. McKinney Homeless Assistance Act in 1987 as part of the Supportive Housing Program (SHP). After a couple of years during which different SHP components authorized by the legislation were administered in different HUD offices, HUD created the Office of Special Needs Assistance Programs (SNAPS) in the division of Community Planning and Development to consolidate the pieces and manage and direct an integrated program.

### **EVOLUTION OF TRANSITIONAL HOUSING WITHIN THE SHP**

When the SHP was first conceived and enacted, both transitional housing (TH) and permanent supportive housing (PSH) were established as *demonstration* programs with a focus on serving people with chronic disabilities. Among other target populations, the first transitional housing programs served people with serious mental illness or possibly long-standing substance abuse. The original name of the permanent housing component of the SHP reflects this intent—“permanent housing for the handicapped homeless.”

Annual competitions for SHP funds were nationwide, with each provider agency applying for and receiving grants based on its own ability to write applications and justify local need for the projects it wanted to develop. Some sophisticated providers did very well in these competitions. These tended to work in central cities, and their requests tended to be for programs to serve single homeless adults with disabilities, according to the original SHP concept. The process was not one that assured most communities of receiving funds for SHP projects, or even that funded projects were the highest priority use of additional resources for the communities that did receive grants.

The expectation underlying the SHP’s demonstration nature was that HUD would fund projects that would demonstrate their value to local communities, which would then assume responsibility for ongoing funding. As the years went on, it became clear that local funding was not going to replace federal funding. In 1992, Congress transformed the program from a demonstration to a permanent discretionary grants program and the SHP gradually took on the burden of renewal funding.

The statute governing the SHP in this form provides great flexibility as to how communities can conceptualize and implement transitional housing. One of the few statutory limitations placed on TH is that it cannot provide housing for more than 24 months. Another requirement is that TH programs offer supportive services designed to help clients make the transition to regular housing, including the option that supportive services continue for up to six months after official program exit.

HUD has allowed the form of housing offered by TH programs, the populations served, and the structure and array of supportive services to vary widely. The housing can be project-based (in a single building or complex of buildings) or tenant-based (scattered-site), and since shortly after the program was enacted HUD has allowed “transition in place” formats that let clients stay in their program units and eventually take over the lease, with supportive services being gradually withdrawn. TH projects can serve a variety of homeless populations, including single adults with a variety of disabilities, families, domestic violence victims, and women seeking to regain custody of their children. TH projects may provide a wide array of services, depending on the

needs of the population being served. Service configurations are flexible, including on-site by program staff, on-site by partner agencies, off-site at other agencies, off-site at client homes, multi-agency teams, and other approaches. Program administration ranges from simple to extremely complex. Some agencies manage all aspects of their TH programs, from capital development (if relevant) to building maintenance and operations, to services and supports. At the other extreme, some TH projects involve multiple organizations—for instance, a community development corporation could have renovated the building, a for-profit management company could do the maintenance and operations, the agency that “officially” runs the TH could do the case management, and one or more other agencies could have partnering agreements to provide on-site services such as health care, child care, or after-school activities.

With the shift to a discretionary grants program, SNAPS staff began to think about how they could promote a more balanced distribution of funds to communities that the national form of competition had left unfunded. On an experimental basis beginning in 1994, HUD developed the concept of a Continuum of Care (CoC), under which SHP applications would come from whole communities and be prioritized through community-wide assessment and planning processes that considered overall community needs. In 1996 HUD began *requiring* this CoC form of SHP application, coupling the requirement with an incentive—the *pro rata share* of SHP funds that would go to each community in the United States if it wrote a qualifying application. HUD published the pro rata shares in the *Federal Register*, allowing each community to see how much it *could* get if it submitted a qualifying application, and how much would go to some other community if it did not apply. Gradually most communities in the country formed CoCs or joined existing ones. In 2005, HUD received applications from 475 CoCs. The number of CoCs applying in 2006 was 454, reflecting some degree of consolidation of smaller CoCs into larger ones.

A deliberate consequence of the CoC approach has been that smaller cities, suburban counties, and rural communities are as likely as central cities to apply for SHP funds, and to receive them if their application scores in the competitive range. Since a core principle of the CoC approach is that communities set their own priorities about how to use SHP resources, HUD began to see more applications for transitional housing for families and for domestic violence victims, who characterized suburban and rural homelessness much more than the single adult long-term homeless populations for which central cities are known. As of 2005, about half of all transitional housing beds are designated to serve single adults and half are designated to serve families, including families fleeing domestic violence and families homeless for other reasons.

### **GROWTH OF TRANSITIONAL HOUSING**

It took several years for communities to obtain funding for transitional housing programs and then to develop and open them for business. By 1996, about eight years after the Supportive Housing Program first became law, transitional housing programs were a fact of life in many U.S. communities. The National Survey of Homeless Assistance Providers and Clients estimated that 4,400 transitional housing programs were open and operating in February 1996, offering about 160,000 beds. About one-third of these programs served families exclusively, while another one-third served families among other types of clients (Burt et al. 1999, chapter 15).

The number of transitional housing programs has continued to expand. Over 7,000 transitional housing programs existed in 2004, according to the 495 CoCs that applied for HUD funding in

that year. This number represents an increase of about 60 percent since 1996. These programs were reported to offer 220,000 beds, an expansion of about 38 percent in capacity. The expansion in programs being so much greater than the expansion in capacity suggests that many of the newer programs are relatively small. About 53 percent of the beds reported in 2004 are designated for families, creating a capacity to serve about 40,000 three-person families at a time in transitional housing units.

## **NEED FOR RESEARCH**

In the early years of the SHP, HUD commissioned some basic research to describe the programs being created with SHP funding. Results indicated that in 1992 TH programs were serving over 10,000 households a year, of whom almost half were families with children. Programs also seemed to be having some impact—families who completed their TH program were twice as likely to move to stable housing as families who left TH early (Matulef et al., 1995). Further, the proportion employed had doubled by the time of program exit, and receipt of most types of public assistance had declined somewhat.

Since that early research, HUD has used information from Annual Progress Reports (APRs) to gain more understanding of the clients served by SHP programs and the outcomes they achieve. Given the great flexibility and growth in the transitional housing component of the SHP, HUD decided to conduct additional research to more carefully assess TH dynamics and performance. A more formal assessment was needed to capture the culture and context of transitional housing projects for families. This research was also needed to assess the value of transitional housing as a housing model. Given limited resources to provide housing for homeless persons, it is important to determine the efficacy of transitional housing as a housing model. If it were determined that permanent supportive housing (PSH) were a more effective housing approach, communities might choose to convert some HUD-funded TH units to PSH.<sup>36</sup>

Finally, there is a practical reason to explore the universe of transitional housing programs. The assumption underlying the development of TH is that some homeless people need more assistance than is available through emergency shelters before they will be able to sustain housing on their own. From this assumption follows the expectation that the households receiving TH should have significantly more barriers to getting and keeping housing than the average household coming through emergency shelters. “Just” being homeless should not be a sufficient criterion for TH eligibility. The household should also have issues for which it needs the intensive supports offered by TH programs. These issues might include, alone or in combination, recovery from addictions, reunification with children and assumption of appropriate parental roles, or stabilization of mental illness. The assumption behind TH programs is that if households get help with these issues before entering permanent housing, they might be expected to have better long-term housing outcomes. We need to know how many TH programs resemble this concept of TH, and how many differ from it and in what ways.

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<sup>36</sup> Current statutory requirements clearly limit such a conversion strategy at present, however, since people do not have to be disabled to participate in transitional housing, but having a disability is a requirement to access PSH. Transitional housing allows a family to be housed and receive needed services until permanent housing units become available; once the family moves on, the transitional unit is freed up to house and support another family.

## THIS STUDY AND THIS REPORT

This report was written in preparation for a larger study sponsored by HUD's Office of Policy Development and Research, to examine the effects of transitional housing on homeless families. The larger study involves following a sample of homeless families for one year after they leave transitional housing, to understand what happens to them and the ways in which TH program participation may have helped them retain housing. Preparation for this work included surveys of transitional housing programs in five communities, to gather the information that would let us describe TH program elements. Characterizations of TH programs will be used as part of the ultimate analyses of this project—to determine their effects on family outcomes.

Among the other uses of this program information, paramount is gaining a basic understanding of TH programs, residents, and outcomes as seen from the perspective of program directors.<sup>37</sup> This report provides the relevant information. It answers the first research questions of this project:

1. How can the universe of TH programs be categorized, or at least understood, in relation to a program's willingness to address families with different types and levels of housing barriers? What proportion of programs takes only the most housing-ready families, and what proportion work with families with many barriers?
2. How can TH programs be categorized in relation to their service offerings? What is the expected length of time needed to "complete" the program? What is the range of maximum lengths of stay? What services are available? What must families do to stay in the program?

## METHODS

To select transitional housing programs to interview and ultimately from which to select families to follow, we used a three-stage sampling design. In Stage 1, we selected CoCs. During Stage 2, we screened and then selected TH programs within CoCs. In Stage 3, we recruited clients from the selected TH programs. This report presents what we learned as a result of the first two stages.

### STAGE 1 SAMPLING DESIGN: SELECTING COMMUNITIES (CoCs)

We began at the CoC level for the practical reason that doing so grouped the programs and the families to be interviewed within a few limited geographical areas, making it possible to establish interviewing capabilities without prohibitive expense. We could thus recruit five or six TH programs per community and have five local liaisons responsible for interviewing, rather than spreading the same 25 or 30 programs and resources around 25 or 30 communities. We also wanted to begin at the CoC level so we could pick communities that together represented geographical diversity, a range of cultural and ethnic groups, economic expansion or contraction, and some variation in the housing markets.

We looked for CoCs that met three criteria:

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<sup>37</sup> The final report will address the same issues based on interview responses from former TH program clients.

- Enough TH capacity to allow us to reach our family recruitment goal for each CoC of 60 families leaving TH within our recruitment period.
- With high coverage for their family emergency shelters in their homeless management information system (HMIS). We wanted CoCs with a functioning HMIS for two purposes—to be able to check for return to homelessness once families leave TH, and to locate families for interviewing who have returned to the homeless assistance system when we cannot find them at their last residence. Also, if HMIS coverage of TH programs is high enough, we will be able to compare our sample to the universe of family TH users. Doing so will either increase our confidence that we had a representative sample of TH program families or let us know what biases exist in our sample.
- Variation in housing and employment markets—especially seeking housing markets that have some affordable housing available, or that make housing affordable through housing subsidies.

By making a series of assumptions about average lengths of stay, proportion of families that leave TH programs “successfully,” and the number of beds in the average TH family unit, we determined how many family TH beds a CoC would need to have for us to make our recruitment goals. That total was between 400 and 700 beds, depending on a number of other assumptions.

Next we needed a source of information about communities and the number of their family TH beds, coupled with information about their HMIS. We turned to the database being maintained by the staff of Abt Associates working on the Annual Homeless Assistance Report (AHAR) project. For the AHAR, Abt staff had selected a random sample of 80 cities and counties representative of the whole country, and were in the process of assisting them with their HMIS and getting an accurate picture of their homeless assistance providers and beds. In fall and winter 2004, Abt staff had just updated their database on emergency, transitional, and permanent supportive housing beds, for singles and families, in these 80 communities, and obtained an estimate of HMIS coverage.

Abt staff have generously shared the resulting spreadsheet, giving us the first two pieces of information we needed about each county— (1) the number of emergency, TH, and PSH beds in the county (or possibly in the whole CoC), separately for individuals and families; and (2) how many of the beds in each category are currently covered by the HMIS. Thirteen counties had no providers at all; our attention focused on the remaining 67 counties, plus several communities with high HMIS coverage recommended to us by Abt staff.

We identified 15 or 16 communities with potentially enough family TH and reasonably high HMIS coverage, and interviewed representatives to determine how feasible it would be to conduct family recruitment from their TH programs. If the initial discussions with CoC conveners or other knowledgeable people elicited enthusiasm, we scheduled in person or conference call meetings to explore further. Attending these meetings were CoC conveners or other contact people in the community, plus as many directors of TH programs as we could get to participate. We used these meetings and calls to describe the project, assess provider enthusiasm to cooperate, get a better handle on client flow and turnover, try to understand the

concept of “graduation” or “successful exit” as it applied locally, and answer any questions that providers or other CoC representatives might have.

The result of these efforts was selection of five CoCs to participate in the study that as a group met our criteria for geographical, racial/ethnic, and economic diversity, and gave us the opportunity to include suburban as well as central city programs. All five CoCs also appeared to have an adequate number of family TH programs and projected client flow to meet the project’s family recruitment goals. The five CoCs are:

- Cleveland and Cuyahoga County, Ohio;
- Detroit and parts of Wayne County, Michigan;
- Houston and Harris County, Texas;
- San Diego City and County, California;
- Seattle and King County, Washington.

## **STAGE 2: SAMPLING DESIGN FOR SELECTING TH PROGRAMS FROM WHICH TO RECRUIT EXITING FAMILIES**

Our goal was to select five to seven family TH programs from each of the 5 CoCs in this study (25 to 35 TH programs total). To arrive at that number, we conducted screening interviews with up to 15 family TH programs per CoC. We had the further criterion of program size—we did not screen or select programs with 10 or fewer beds (i.e., one to three families in residence at a time), because they would not have produced enough opportunity for recruitment to make inclusion worthwhile. For the four CoCs that had 15 or fewer family TH programs with at least 11 beds, we screened all of them for potential inclusion in the study. In the fifth CoC we stratified the programs by size and location (city vs. county) and randomly selected programs from each stratum for screening interviews.

### *The Meaning of “A Program” in This Sample*

Because “program” means different things in different contexts, it is important for the reader to know what “a program” means for this project’s sample. The Housing Activity Charts we used as the first pass at our sampling frame most often list programs in relation to funding. As these charts are done for HUD, the relevant funding issue is the type of funding received (e.g., Supportive Housing Program, Housing Opportunities for People with AIDS, Shelter +Care), and the first year of the grant. Thus, an agency may have received two or more HUD grants, in different years, to do essentially the same thing with the same staff, but for more people. Thus the agency adds either facility-based or scattered-site units with the second grant, but still uses the same staff to assess eligibility, against the same eligibility criteria, and simply houses a family in the first available opening.

For purposes of *this* study, we treated these two “programs” as one program, because for family recruitment purposes we needed to go to the same people to find out what was happening with the families. Thus, the 53 program interviews we completed cover more than 53 “programs” in the Housing Activity Chart sense, including:

- 8 in Cleveland covering 8 Housing Activity Chart programs
- 7 in Detroit covering 9 Housing Activity Chart programs

- 12 in Houston covering 12 Housing Activity Chart programs
- 13 in San Diego covering 15 Housing Activity Chart programs, and
- 13 in Seattle covering 16 Housing Activity Chart programs.

Other discrepancies that exist between our interview sample and the programs listed under transitional housing in the Housing Activity Charts stem from misclassifications in the Housing Activity Charts. In four of our five CoCs, we pre-screened every program with 11 or more beds listed as family transitional housing on the Housing Activity Charts; in the fifth site we checked all listed programs of 11+ beds with the CoC convener, and then conducted pre-screening calls with more than 20 programs. We also cross-checked our results with the CoC convener for the community and sometimes other knowledgeable people. After double- and triple-checking the nature of each program, we dropped the following types of programs from our list as not complying with the meaning of family transitional housing in HUD's sense: 90-day substance abuse treatment programs, programs listed as "family" that turned out to be just for single women, programs that were essentially emergency shelters (less than three months expected length of stay with most people leaving sooner, little or no screening for families with intensive service needs, and relatively little by way of intensive services or supports), programs whose typical leaver went on to another TH program, programs strictly for refugees and asylum seekers, and, for obvious practical reasons, programs that had closed and programs that were not yet open.

#### *Collecting Data Describing Programs*

To gather the information we needed to describe family TH programs, we conducted screening interviews by telephone with the directors of all the programs in our sample. The program interview covered the following topics (Appendix A provides the full Screener):

- The housing configuration (single site, clustered scattered, completely scattered),
- Whether families need to move (transition in place vs. needing to move to another place),
- Intake/screening criteria for families (do eligibility criteria include: sobriety or active substance abuse, serious mental illness or not, co-occurring disorders or not, HIV/AIDS, work history, housing history, housing barriers such as criminal record or multiple evictions, number/ages/gender of children, or domestic violence),
- The proportion of families with successful exits,
- The meaning of successful exit,
- Who leaves without graduating, and why,
- Length of stay information (the maximum allowed, the average for successful leavers, the average for others),
- Supportive services while in TH,
- Follow-up services information (official duration, average actual duration, attrition, what is offered), and
- Housing and other outcomes known to the program.

The remainder of this report presents our findings with respect to these topics.

## CHAPTER 2: PROGRAM CHARACTERISTICS

This chapter presents survey results for program characteristics. We first review basic characteristics such as program size, configuration (single facility, scattered site, mixed model, other), the need for a family to move once it has completed TH program offerings, how long the program has been open, staffing levels and patterns, and maximum and average lengths of stay. We then turn to the program entry process, including referral sources, entry requirements, and the likelihood that an applicant family will be accepted into the program.

### BASIC PROGRAM CHARACTERISTICS

#### YEAR PROGRAM OPENED

The family transitional housing programs in our sample are mostly experienced programs with five or more years of experience serving families. One-fourth opened in 1990 or earlier, another one-fourth opened between 1991 and 1995, about one-third opened between 1996 and 1999, and one in five opened in 2000 or later. The largest programs—those with 40 or more units, appear to be either quite new (38 percent opened in 2000 or later), or quite old (50 percent were open by 1990). Opening dates for programs of other sizes are more evenly distributed over the time frame we examined, without any particular relationship between program size and opening year.

#### PROGRAM SIZE

The most basic program characteristic is size—how many families the program is able to serve at one time.

This is also the only program characteristic for which we can compare our sample to national data, using information from the 2004 CoC application Housing Activity Charts. We can therefore assess how representative our sample of family TH programs is of all family TH programs in the United States. Table 2.1 shows

the relevant data, comparing the national distribution of family TH programs by size, as reported on Housing Activity charts, and the distribution of the 53 programs with screening interviews.

Table 2.1: Family TH Program Size National Statistics Compared to Research Sample of TH Programs		
Program size, in number of family units	National distribution of TH programs reported to HUD in 2004 (n ~ 7,000)	Programs with screening interviews for this research (n = 53)
3–9 units	57%	17%
10–19 units	26%	38%
20–29 units	9%	23%
30–39 units	3%	7%
40+ units	5%	15%
	100%	100%

Nationally, more than half of family TH programs are very small, containing three to nine units (table 2.1, first column). Assuming three beds per unit, on average, these programs can serve between 9 to 27 people at a time. Only 5 percent of family TH programs across the nation have 40 or more units. Among programs screened to be included in this research, however, 15 percent have 40 or more units and only 17 percent are very small.

As a practical matter this project needed bigger projects to be able to meet our family recruitment goals, so we did not screen very small projects—those with 10 or fewer beds (three or fewer units). As table 2.1 shows, the distribution of screened programs has, by design, far fewer very small programs and significantly more programs with 10 or more units than is true nationally

## PROGRAM CONFIGURATION AND NEED TO MOVE

Transitional housing programs for families can assume a variety of housing configurations. They can be “single-site,” with one program facility dedicated to transitional housing and containing all the units that families in the program occupy. They can be “scattered-site,” with families living in apartments in whatever area or neighborhood they can find a place to stay, and with supportive services being offered either at a central program location, at their own home, or both. Some programs are “clustered-scattered,” with the program controlling a number of multi-unit buildings, usually of two to six units, on different blocks or in different neighborhoods, in which it houses families. Among the programs screened for this project, almost three in five (58 percent) are single site, about one in four (26 percent) are scattered site, and 15 percent operate in the clustered-scattered configuration. Among programs screened for this project, 23 percent offer the option of transitioning in place. Program size is not systematically associated with either program configuration or the need to move at the end of program participation.

## STAFFING LEVELS AND PATTERNS

Staffing levels and patterns are essential characteristics of any program. In TH, staff are often what makes “the difference” for a family in sustaining a commitment to do what it takes to leave homelessness. On average, the TH programs in our sample have 6.9 full-time staff, 2.4 part-time staff, and 7.6 full-time equivalents. They have 5.2 staff on duty during regular weekday hours, 1.8 staff on duty on weekday evenings, and 1.4 staff on duty on weekends.

Staffing ratios for all programs combined were about two FTE per five family units. On average, during weekdays one staff person was on duty for every three units in the program. That proportion went down to 1 staff person for every 10 units for weekdays after hours, and 1 staff person for every 12 units on weekends.

Bigger programs had more staff but not more staff per family. There is, in fact, a strong systematic *negative* relationship between program size and staffing ratio for every staffing measure—FTEs, day, evening, and weekend coverage. The *smaller* the program, the *higher* the staff-to-family ratio. Using weekend staffing ratios as an example, the average for all programs is 1 staff to 12 units. The ratio for the smallest programs, with 3 to 9 units, is 1 staff to 7 units; for programs with 10 to 19 units, 20 to 39 units, and 40 or more units, the ratios are 1:12, 1:14, and 1:20, respectively. Single-site programs have the highest staffing ratios regardless of which measure one uses, clustered-scattered configurations have the next-highest ratios in most categories, and completely scattered-site programs have the lowest ratios of all, although daytime coverage for the two scattered-site models is about the same.

## MAXIMUM AND AVERAGE LENGTH OF STAY

HUD rules allow TH programs to offer stays of up to 24 months. We asked program representatives how long their program allowed clients to stay—that is, their maximum length of stay. Table 2.3 shows their answers. The average maximum length of stay is 21 months (bottom row). Two-thirds of family TH programs allow the HUD maximum of 24 months, 11 percent allow between 19 and 23 months, and 21 percent have maximums of 12 or fewer months. No program has an official maximum between 13 and 18 months.

Table 2.3: Maximum Length of Stay that Family TH Programs Allow (n = 53)	
Maximum length of stay, in months	Percent of family TH programs allowing:
12 or fewer months	21%
13–18 months	0%
19–23 months	11%
24 months	68%
Mean number of months	21

Table 2.4: Length of Stay in Family TH Programs (n = 53)	
Leaving within...	Proportion of families
1–3 months	15%
4–6 months	17%
7–9 months	11%
10–12 months	19%
13–18 months	23%
19–23 months	14%
24 months	2%
Mean number of months	12

We also asked programs how long their families actually stay. Relatively few families take advantage of TH programs' potential lengths of stay, as table 2.4 shows. The mean length of stay across programs is 12 months (bottom row of table 2.4). On average across programs, 15 percent of families leave within 1 to 3 months, 17 percent leave within 4 to 6 months, 11 percent leave within 7 to 9 months, and 19 percent leave within 10 to 12 months, totaling 62 percent of all families who leave

TH programs within one year. Twenty-three percent leave after 13 to 18 months, 14 percent stay 19 to 23 months, and, on average across the TH programs in our sample, only 2 percent stay the full 24 months that HUD allows.

Some families accepted into TH programs never settle in and leave quickly. Some programs have quite a lot of these families—in one program out of six, more than 25 percent of families leave within one to three months of program entry (not shown in table). One thing we hope to learn from the family interviews being done for this study is whether these short stays satisfy the families' needs and leave them able to find and keep housing, or whether some important needs go unmet when stays are this short. Most programs retain most of their families beyond this point, with 42 percent of programs having fewer than 5 percent of their families leave that quickly (not shown). Program size is definitely related to average length of stay. In the smaller programs—those with 19 or fewer units—more than half the families leave in less than 12 months, while in the larger programs the modal length of stay is in the 13 to 18 month range.

## PROGRAM ENTRY PROCEDURES AND REQUIREMENTS

### MOST COMMON REFERRAL SOURCES

To get an idea of how TH families get to their programs, we asked providers to name the three most common sources of referral. At 89 and 79 percent respectively, shelters and community service providers are by far the most common sources that refer families to the TH programs in

our sample. Only two other sources were named by at least one in four programs—outreach workers (25 percent) and family or friends (28 percent). The survey specifically inquired about seven other potential referral sources—drop-in centers, soup kitchens/meal programs, police, clergy, criminal justice system sources, health care sources, and mental health care sources. No program said that soup kitchens were one of their top three referral sources. Between 2 and 9 percent of programs named one of the remaining potential sources as one of their most common links to potential new clients. Program size did not make a difference for referral sources.

### **PROPORTION OF APPLICANTS ACCEPTED**

We asked programs to tell us what proportion they accept of the families who approach or are referred to their program to see if they are eligible. One in four programs (25 percent) accept all or almost all referrals. This may be somewhat of an exaggeration, because some programs only consider families who have been prescreened by emergency shelters, so they are only approached by families they are likely to accept. At the other extreme, about twice as many programs (47 percent) accept only one-third or fewer of potential applicants. In between, 16 percent of programs accept about three in every four referrals, and 12 percent of programs accept about half of the families who seek to participate.

### **CHARACTERISTICS PROGRAMS REQUIRE, WILL ACCEPT, OR WILL REJECT**

One of the biggest decisions that any program serving homeless people makes is which people they will accept and which people they will refuse to serve. Some programs specialize, and will recruit and train staff with specific skills to be able to serve clients with specific characteristics. This is not to say that programs will reject families with the “harder” characteristics—in fact, some programs specialize in helping people with co-occurring mental illness and substance abuse disorders, or who have histories of being either victims or perpetrators of violence. As it is important to learn which family characteristics are acceptable to programs and which are highly likely to result in a rejected application, we asked program respondents to tell us which of a long list of characteristics are required by their program, acceptable but not required, or not acceptable (would result in rejection if known at entry). Table 2.5 presents the results.

#### *Sobriety Requirements*

Eighty-five percent of family TH programs require parents to be clean and sober at entry, and 89 percent will reject active substance abusers. However, all programs expected to be dealing with substance abuse and addiction as a major challenge for their families. Their entry requirements pertain to the parent’s immediate circumstances, not to their history. Program representatives who indicated requirements related to sobriety were asked to describe their program’s policy on the length of sobriety required for acceptance. As treatment programs tend to operate in month-long increments, the answers were mostly phrased in terms of “30 days,” 90 days,” and so on. Equal proportions of programs—22 percent in each case—require at least 30 days, at least 90 days, and at least 180 days of sobriety. Nine percent require a year or more. At the other extreme, 7 percent require fewer than 30 days, including 4 percent with no requirements. An additional 11 percent do not state their requirements in terms of days sober. Rather, they require either that the person have successfully completed a drug treatment program or that she pass a drug test.

**Table 2.5: Criteria for Selecting Program Clients**

(n = 53; percent of programs; rows add to 100%)

<b>Criterion:</b>	<b>Required</b>	<b>Acceptable</b>	<b>Not acceptable</b>
18 or older	87	11	2
Reside in city/county where program located	23	77	0
Homeless (Living in a shelter or in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station)	91	9	0
Diagnosis of severe and persistent mental illness (SPMI)	0	72	28
SPMI plus a co-occurring diagnosis (substance abuse or major medical)	0	68	32
Active substance abuser	0	11	89
Clean and sober at program entry	85	15	0
Has HIV/AIDS	2	96	2
Has felony criminal record	0	89	11
Has sexual offender criminal record	0	28	72
Has history that includes own violence against or abuse of children or adults	2	47	51
Able to participate in developing and carrying out an appropriate treatment plan	91	9	0
Has poor rental history, multiple evictions	100	0	0
Physical disabilities requiring accommodation (e.g., wheelchairs, ramps, sign language interpretation)	0	89	13
Some history of working for pay	2	98	0
No history of working for pay	0	96	4
Restrictions based on number/ages/gender of children	62	38	0
History of victimization by domestic or sexual violence	21	79	0

*Restrictions Related to Children's Number, Ages, and Gender*

About three programs in five have restrictions related to the number, ages, and gender of children. Such restrictions vary greatly. Some have to do with the sheer size of the available housing units and the number of bedrooms each contains—examples include “no more than six children,” “no more than two children of each sex,” “two or three children,” and even “one child.” Other restrictions have to do with children’s ages. Some of these specify necessary ages, such as “one must be an infant” or “at least one under 14,” while others specify the ages they exclude, such as “none over age seven” or “no adult children—i.e., no child 18 or older.” Of the 36 programs describing restrictions related to children’s characteristics, none described a strict criterion such as “only female children.” But eight programs (15 percent of all programs in the survey) mentioned restrictions for male children of certain ages.

*The Most Common Reasons for Rejection*

After going through the list of possible criteria shown in table 2.5 for accepting or rejecting clients, the survey asked respondents an open-ended question—to name the three top reasons for rejecting families applying to their program. Most responses fell into seven major categories:

1. Availability—the program had no units available at the time, or no units that would have fit the family applying.
2. Unwillingness to commit to the participation requirements—families wanted the housing, but not the expectations for setting and working toward goals.
3. Incomplete applications—families do not complete the application process, do not bring in the necessary papers, do not show up for appointments.
4. Not fitting the type of program—not being homeless, for any of the programs, and not meeting specific criteria of specialized programs –not having children, not being a DV victim or still being involved with the abuser, not being a teenager, not being pregnant, having too many children or the wrong age children, and so on.
5. Not fitting employment/self-sufficiency criteria—not working or being ready to work, not having an income or an expectation of one.
6. Drug-related—failed drug tests, recent use, not completing drug treatment programs.
7. If mentally ill, not stabilized on medications.

## CHAPTER 3: CHARACTERISTICS OF TENANT FAMILIES

### LENGTH OF HOMELESSNESS

Programs were asked about how long their families had been homeless, for the spell of homelessness they were in when they came to the TH program and in terms of their lifetime, if the program knew. Table 3.1 displays the results, first for current spells and then for all homeless spells taken together, including the current spell. Current spells of homelessness for most TH program families tend to be short. On average, programs report that 81 percent of their families had been homeless for less than a year when they came to the TH program. Another 11 percent had been homeless between 13 and 24 months. Conversely, only 2 percent of families were in spells that had already lasted more than 60 months (five years)—a very long time for parent and children to be homeless. Programs did not know the pre-program length of the current homeless spell for 4 percent of the families they were serving. Lifetime homelessness was not known for many more families (30 percent).

**Table 3.1: Length of Current and Lifetime Homelessness of Families in TH Programs**

(n = 52)

Spell length	Average for all TH program families
<b>Current spell, up to enrollment in TH program</b>	
0–12 months	81%
13–24 months	11%
25–60 months	2%
More than 60 months	2%
Don't know	4%
<b>Lifetime, all spells including current spell</b>	
0–12 months	45%
13–24 months	16%
25–60 months	6%
More than 60 months	4%
Don't know	30%

A definite relationship exists between program size and client families' length of homelessness. The smaller programs tend not to have any families whose homelessness at program entry has extended more than 24 months, and the norm is for spells of 12 or fewer months. The larger programs accommodate families who have been homeless longer, although even for them, families with spell lengths greater than 24 months are a relatively small proportion of the population they serve.

### WHERE FAMILIES WERE BEFORE TH

Program representatives were asked how many of their current families had been staying in various locations just before entering their program. Locations asked about included "the streets," which included nonshelter referral sources such as drop-in, day, resource, or warming centers for homeless people; emergency shelters, safe havens (a phrase that has various meanings in different communities, often not corresponding to HUD's Safe Haven programs), other TH programs, and "somewhere else." Table 3.2 displays their answers.

Looking first at the average proportion that entered TH programs from each source (bottom row of table 3.2), we can see that 57 percent of TH families, on average, came from emergency shelters. However, that leaves almost half of all families that come from other places, of which the most common after shelters is institutions, substance abuse or mental health treatment programs, and even regular housing. Thus a significant proportion of families entering TH are not coming in a lock-step pattern directly from emergency shelters.

Emergency shelters are clearly the major source of families entering TH, with 17 percent of programs saying that all their families come from this source and only 8 percent saying that none of their families were in emergency shelter before coming to their

<b>Table 3.2: Where Families Were Staying Just Before Entering TH</b>					
(n = 53, percentage of programs; columns sum to ~100 percent)					
<b>Proportion of program families entering from:</b>	<b><i>Streets, including drop-in and day centers</i></b>	<b>Emergency shelters</b>	<b>Safe havens</b>	<b>Other TH programs</b>	<b>Somewhere else*</b>
None	58	8	70	60	34
1–25%	38	23	21	28	36
26–50%	2	13	6	9	13
51–75%	2	17	4	0	11
76–99%	0	23	0	0	6
100%	0	17	0	2	0
Average proportion from each source	6	57	7	8	22
* E.g., institutions, conventional dwellings					

program. "Somewhere else" is a surprisingly common sending source for TH families. Probably the most common such senders are substance abuse treatment programs, as quite a number of TH programs indicated that completing such programs was a prerequisite to entering their program. Also, for the approximately 9 percent of families that were not literally homeless just before entering TH, some may have come from conventional dwellings (i.e., from family or friends), or from institutions such as jails or hospitals.

## INCOME AND BENEFITS

Program representatives were first asked what proportion of their current families has no cash income from any source. In 47 percent of the TH programs in this sample, all families have at least some cash income. The largest programs—those with 40 or more family units—were least likely to be in this group. However, among the 53 percent of programs in which some families had no income, the proportion of families with no income was not related to program size.

### INCOME FROM WORKING

One of the primary goals of transitional housing programs is to help families move toward self-sufficiency through employment. Although we did not include it as a specific eligibility criterion in our survey, many programs mentioned work-readiness as one of the things they look for in prospective families. One of the major reasons that programs give for rejecting an applicant is that a family does not meet the program's work-ready standards, including at a minimum an interest in and willingness to seek work. We asked program representatives what proportion of their current families are actually employed. As can be seen in table 3.3, some considerable proportion of parents in TH families are working—34 percent full time and 21 percent part time, on average.

**Table 3.3: Involvement of TH Program Families in Work**

(n = 53, percentage of programs; within panels, columns sum to ~100 percent)

Proportion of program families working for pay	<i>Full-time employment</i>	Part-time employment	Other work for pay
None	13	23	87
1–25%	26	43	13
26–50%	40	21	0
51% or more	21	11	0
Mean proportion	34	21	1

### INCOME OR CASH

#### EQUIVALENTS FROM PUBLIC PROGRAMS

When families have no income from working, programs usually try to help them qualify for public benefits. Many families arrive at TH programs already enrolled in public programs, as this is one of the tasks usually associated with emergency shelters. We asked whether families in TH programs received a variety of cash and noncash public benefits. Table 3.4 shows the proportion of TH program families that receive each of these benefits.

It is clear from the data in table 3.4 that TH families rely mostly on TANF (or GA, but mostly TANF), food stamps, and Medicaid. On average across programs, 68 percent of families get food stamps, 56 percent are Medicaid beneficiaries, and 40 percent are enrolled in TANF. The relatively lower proportion of programs with all their families on TANF compared to those on food stamps and Medicaid (roughly half) probably reflects the work effort of many TH families combined with their ability to retain Medicaid benefits even after leaving TANF, and to access food stamps whether or not they are TANF beneficiaries. Only a handful of programs have less than 25 percent of their families on food stamps, and 70 percent have half or more of their families on these important benefits.

**Table 3.4: Public Income and Benefits Sources of Families in TH Programs**

(n = 53, percentage of programs; within panels, columns sum to ~100 percent)

Proportion of program families with income from:	Cash income sources				Noncash benefits		
	TANF or GA	SSI	DI	Veterans Benefits	Food Stamps	Medicaid	Medicare
None	23	38	75	89	8	23	87
1–10%	8	38	21	8	0	2	6
11–25%	11	21	4	4	4	6	4
26–50%	24	4	0	0	19	9	0
51–75%	15	0	0	0	17	17	0
76–99%	8	0	0	0	32	15	2
100%	11	0	0	0	21	25	2
Mean proportion	40	7	1	1	68	56	4
* E.g., institutions, conventional dwellings							

Low rates of DI participation reflect the relatively poor work histories of TH families, and low Medicare participation rates have more to do with benefit program eligibility rules than with TH program success in helping families to qualify. Further, the significant level of disability within these families is reflected in the 7 percent of households that already have SSI and another 5 percent, on average, had applied.

## HEALTH ISSUES OF PARENTS IN TH FAMILIES

Health issues can be major barriers on the road to stable housing and self-sufficiency for homeless families. We will know more about families' health issues and disability levels once we have data from interviews directly with families. Currently we are able to report information from TH program representatives pertinent to the major illness-related subpopulation categories that HUD routinely asks about in its Continuum of Care applications. We look first at physical disabilities and HIV/AIDS, then at mental illnesses and emotional problems, and finally at alcohol and drug abuse issues.

Families in the TH programs in our sample are relatively unlikely to have physical disabilities—4 percent, on average. Forty-five percent of programs reported that none of their current families had physical disabilities. Another 42 percent of programs reported that 1 to 10 percent of their families had physical disabilities, and 13 percent said that between 11 and 25 percent had physical disabilities. No further information is available as to the nature of these disabilities. HIV/AIDS is even less common among TH families than physical disabilities.

## MENTAL HEALTH ISSUES

On average, programs report that 16 percent of their families are currently affected by mental illness (table 3.5). Thirty-eight percent of family TH programs said that none of their current families had active mental health problems. About one third of the remaining programs said that 10 percent or fewer families had mental health problems, another third gave a proportion between 11 and 25 percent, and the final third reported higher proportions, ranging from 26 to 99 percent. On average, 13 percent of families in TH programs have co-occurring mental health and substance abuse problems.

**Table 3.5: Mental Health Issues of Families in TH Programs**

(n = 53, percentage of programs)

Proportion of program families:	Proportion:			
	<i>Currently affected by mental illness</i>	Currently affected by co-occurring mental illness and substance abuse	Currently taking medications for mental or emotional problems	Ever hospitalized for mental illness
None	38	49	13	38
1–10%	19	9	15	30
11–25%	23	23	30	11
26–50%	9	13	25	6
51–75%	9	4	9	2
76–99%	2	0	0	2
100%	0	0	0	0
Don't know	0	2	8	11
Mean proportion	16	13	24	9
<i>Note:</i> Columns sum to ~100 percent, but responses to second column (co-occurring) include people reported in first column (mental illness).				

**SUBSTANCE ABUSE ISSUES**

Abuse of alcohol, drugs, or both is a common antecedent of homelessness for single adults and families alike, as is continued use while homeless. The pervasiveness of substance abuse issues can be seen in table 3.6, which shows that 39 percent of TH program families, on average, have a history of substance abuse and every program has some of these families. Proportions are spread across the entire spectrum from 10 percent or fewer up to 100 percent.

**Table 3.6: Substance Abuse Issues of Families in TH Programs**

(n = 53, percentage of programs)

Proportion of program families:	Proportion:							
	Have history, but not now active	Currently affected by:			Ever in residential treatment for substance abuse			
		Alcohol Abuse	Drug Abuse	Co-occurring substance abuse and mental illness	Never	Once	2–3 times	4+ times
None	0	36	32	49	19	30	30	47
1–10%	30	15	15	9	2	11	8	6
11–25%	17	19	17	23	0	13	15	2
26–50%	19	21	17	13	8	4	2	2
51–75%	11	2	9	4	6	0	6	2
76–99%	13	2	6	0	11	0	0	2
100%	6	0	4	0	15	2	0	0
Don't know	4	2	0	2	40	40	40	40
Mean proportion	39	16	25	13	--	--	--	--

*Note:* Columns sum to ~100 percent (excluding means), but responses to third column (co-occurring) include people reported in first and second columns (alcohol abuse, drug abuse).

At least one-fourth and possibly as many as two in five TH families are still struggling with recovery from substance abuse. Substance abuse issues appear from these data to be more prevalent among TH families than mental illness (the “co-occurring” column appears in both tables and shows the same data). Programs appear to have a good deal less knowledge about their families’ history of treatment for substance abuse than they do about current or past problems.

## CHAPTER 4: PROGRAM SERVICES AND POLICIES

This chapter describes the services offered by family TH programs, and certain policies that affect the daily lives of participants. These include expectations for how tenants will spend their money, program rules about allowable and restricted behaviors, and criteria for dismissal.

### SERVICES OFFERED BY FAMILY TH PROGRAMS

Supportive services are what make the difference between a transitional housing program and simple affordable housing. We asked program representatives about a broad range of supportive services that family TH programs might offer. We were particularly interested in how these services were organized and the implications of that organization for ease of access to the services and to staff who could assist with the more intensive services. We asked about three types of organization: 1) services offered at the program site, whether by program staff or staff of other organizations or agencies that come to the site to work with families; 2) services provided or available off-site, for which the off-site agency has a clear commitment to work with families from the program and has developed a smooth and speedy way to assure that families get what

they need; and 3) services available only by referral, where there is no prior agreement of the receiving agency to work with the TH program's clients and no special route for those clients to take as they navigate the referral agency's procedures. It is our belief that only the first two ways to organize service delivery comprise a "program" that includes the organized services. Any service just available by referral cannot be considered a part of the "TH program."

Table 4.1 shows the proportion of TH programs that offer the various services on our list, and how they organize these services. Services shaded in gray are ones that at least 75 percent of the TH programs in our sample offer on site—services that should probably be considered the programs' "core" service component. The two services offered nearly universally on site are case management and budgeting/money management. Other services that at least 75 percent of programs offer on site include tenant stabilization, building support systems, help to access housing and entitlements, and daily living and conflict resolution skills.

Services shaded in dark gray with white lettering are ones that at least 50 percent of TH programs offer only by referral. These include several health care services, veterans services, and representative payee services. We conclude that TH programs consider these services peripheral to the needs of their clients, or at least to the vast majority of their clients.

Services with no shading are in between. Sometimes the pattern favors a combination of off-site but committed providers and referral only sources, as can be seen for several of the substance abuse services. Sometimes the pattern is a combination of on site and off site with commitment, as tends to be the case for children's services and services related to family violence. Occasionally service access is pretty evenly spread over all three arrangements, as we see for legal services or preventing substance abuse relapses.

<b>Table 4.1: Services Available At or Through Family TH Programs</b> (n = 53 programs; rows sum to ~ 100 percent)			
<b>Service Type</b>	<b>At program site</b>	<b>Off site, but clear commitment</b>	<b>By referral ONLY</b>
Case management- -including referrals, assistance obtaining benefits, "whatever it takes"	96	4	0
Tenant Stabilization- helps tenants learn to live in housing, do ADLs, get along with fellow tenants and the landlord, etc.	87	4	9
Build Support Systems- help tenants create and participate in community within project, find supports externally	89	9	2
Basic Needs- food, clothing	75	17	8
Mental Health- outpatient counseling, therapy, medications and meds management	34	49	17
Medications monitoring and dispensing	21	19	60
General Health Care- for acute & chronic physical health conditions	15	32	53
HIV/AIDS- specialized health care	10	30	60
Substance Abuse- self-help options, harm reduction services	28	42	30
Substance Abuse- 12-step oriented treatment services	17	47	36
Relapse prevention and crisis intervention—substance abuse	28	42	30
Relapse prevention and crisis intervention—mental illness and emotional problems	30	49	21
Employment related- assistance in job placement	60	28	11
Employment related- vocational training	19	51	30

**Table 4.1: Services Available At or Through Family TH Programs**

(n = 53 programs; rows sum to ~ 100 percent)

<b>Service Type</b>	<b>At program site</b>	<b>Off site, but clear commitment</b>	<b>By referral ONLY</b>
Legal Services- related to civil (rent arrears, family law, uncollected benefits) or criminal (warrants, minor infractions, etc.) matters	25	43	32
Assistance in accessing housing (the actual housing unit)	79	9	11
Assistance in accessing entitlements (including housing subsidies)	75	15	9
Veterans Services	4	25	72
Assistance in reuniting with family	60	15	25
Daily living skills training	89	9	2
Conflict resolution training	75	17	8
Budgeting and money management training	96	4	0
Representative payee services	4	23	74
Children related- Tutoring, after-school, school-support	55	30	15
Children related- Child care	47	32	21
Family related- DV, PTSD, Trauma-related	55	34	11

### SERVICE DENSITY

Seventeen percent of programs offer 9 or fewer services on site, 21 percent offer between 10 and 13 services, 28 percent offer 14 to 17 services, and 15 percent of programs offer more than 17 services on site. None of the largest programs, those with 40 or more units, offer as few as 9 services on site, while at least some programs in every other size category offer this few on-site services. Doing the same analysis for a combination of on-site and off-site-with-commitment services, we find that 21 percent of the programs offer 16 or fewer services, 26 percent offer between 17 and 20 services, and 53 percent offer 21 or more services.

### THREE TOP AGENCIES

Obviously, with off-site services contributing so much to family TH program offerings, it is important to know which other agencies these programs work with most. Respondents gave us agency names, but also described the types of agencies so we could integrate the results across sites and also know what services were being accessed from multi-service agencies. The most commonly identified partner agencies are those that offer:

- Public benefits programs (welfare, food stamps, Medicaid, SSI);
- Counseling and assistance with mental health and substance abuse problems, including medications;
- Assistance with legal problems; and
- Case management.

### SERVICES THAT FAMILIES USE MOST

We asked family TH providers to name the services they thought families used most, both while in the program and during the follow-up period after they leave the program. Case management is the hands-down winner for services while in the program. In these family TH programs, case management usually involves the case manager and parent sitting down to develop a program plan with two or more goals to be achieved and steps needed to achieve them, followed by

regular meetings to assess progress, modify plans as needed, and develop strategies for barriers and bottlenecks. Other high-demand services include counseling of many types; employment-related services; and life skills training including budgeting and money management, crisis management, scheduling, and daily living skills.

### **IMPORTANT ASPECTS OF PROGRAM PHILOSOPHY**

We asked program representatives what they thought were the most important things about their program that contributed to their ability to help families leave homelessness for good. This was an open-ended question and responses were highly variable. Some focused on very pragmatic things and others described things that related more to attitude and atmosphere. Among the pragmatic things that program representatives think are most useful are their training with respect to life skills, budgeting, money management, and planning.

Linking parents to employment opportunities and supports is also high on the list, as are helping parents resolve legal issues and getting them on the rolls of relevant public benefits programs. Given the many challenges that TH families face if they are to achieve self-sufficiency, these links and supports are very important. Even if services are present in most communities, it is difficult for families to thread their way through all the steps needed to access them. TH case managers have this as one of their most important functions.

With respect to the less concrete aspects of their programs, quite a number of respondents cited “empowerment” in a number of ways. Some just said “empowerment,” while others elaborated by describing their approach to helping parents take responsibility for themselves, stand up for themselves, identify problems and take control of solving them, and tailoring case plans to fit the individual family. Practice mechanisms that would promote empowerment included good and trusting relationships between staff and parents, high staff-to-family ratio so people could get to know one another well and appreciate individual differences, and wrap-around case management.

### **PROGRAM RULES AND POLICIES**

We were interested in learning something about what life is like for a family in a TH program, so we asked several questions about what the housing is like, program rules, how families handle their money and expectations for them to contribute, and what would lead the program to dismiss a family. Two-thirds of family TH programs (68 percent) have common space where family members can hang out, have meetings, and talk casually with each other or staff. These spaces include living rooms, TV rooms, and sometimes on-site cafes.

In 47 percent of family TH programs, families have a key to their own room. In 94 percent of programs, families and programs work out a written agreement stating their right to stay for a specified period and their obligations related to that stay (e.g., paying the rent, participating in a service plan). These documents could be a signed service plan, a lease, or some other form of agreement.

Programs also have policies related to money. It is not uncommon for programs to charge families something for their residency. For instance, 47 percent of programs charge tenants 30 percent of their income as rent; the smallest programs are more likely to do this than programs of

any other size. Another 13 percent of programs charge tenants 30 percent of their income as a service fee. In 6 percent of programs, tenants are expected to pay back rent once their benefits begin or they get a job. Finally, 32 percent of programs encourage tenants to save at least 30 percent of their monthly income against future needs. Regardless of these provisions, however, all tenants manage their own money in 83 percent of programs, and only 8 percent of programs ask some tenants to have a representative payee. No program makes all tenants have a representative payee. Money management, especially paying rent and other required fees, is important to family TH programs; 67 percent will dismiss a family for persistent nonpayment.

### **POLICIES ABOUT ALCOHOL, DRUGS, AND CRIMINAL ACTIVITIES**

Virtually all programs have rules banning the use of alcohol and drugs on their premises, and most also do not want their tenants doing these things when away from the program. In many but not all instances, violating these rules is grounds for dismissal from the program. Table 4.2 shows these patterns. Of eight rule types pertaining to substance use and crime, 62 percent of programs had rules prohibiting all eight; no program had fewer than five such prohibitions.

<b>Table 4.2: Family TH Program Rules Related to Alcohol, Drugs, and Crime</b>				
<b>Activity</b>	<i><b>On program premises</b></i>		<i><b>Off program premises</b></i>	
	<b>% with rule against</b>	<b>% dismissing if rule violated</b>	<b>% with rule against</b>	<b>% dismissing if rule violated</b>
Use alcohol	81	75	63	60
Use illegal substances	100	92	98	81
Illegal/criminal activity	100	94	96	73

Many programs give people multiple chances to break rules as long as they return and appear to be sincere in continuing to work on their case plan. But multiple violations and obvious indifference to participating in program activities and working toward plan goals will ultimately get families dismissed. Ninety-six percent of programs say they dismiss families for repeated noncompliance with service requirements and showing no interest in program participation.

Programs also have rules to control verbal and physical abuse and disruptive or aggressive behavior. Every family TH program in our sample has rules against verbal abuse, physical abuse, and violence against staff or other tenants. Ninety-six percent of family TH programs will dismiss a family for disruptive or aggressive behavior toward staff, 92 percent will dismiss for the same behavior toward other tenants, and 65 percent will dismiss for the same behavior toward oneself. In addition, 87 percent of programs will dismiss a family for destroying property in the program building or in the family's own unit, whether part of a program facility or a scattered-site apartment.

We asked about 13 behaviors that might get a family evicted from a TH program. No program reported a policy of acting on all 13, but 37 percent say they would act on 10 or more such behaviors, and another 38 percent say they would act on 8 or 9 such behaviors. Expulsion appears to be most likely when tenant families break prohibitions against violence and criminal behavior.

## CHAPTER 5: PROGRAM OUTCOMES AND INDICATORS OF SUCCESS

Most programs responding to our survey receive funding through HUD's Supportive Housing Program, and thus are subject to the goals it sets and the outcomes and indicators it requires them to track. These include obtaining and retaining permanent housing; acquiring adequate income through employment, benefits, or both; increased self-determination; and achieving the maximum self-sufficiency possible. Programs also set their own goals and develop variations on HUD goals.

### “SUCCESSFUL” PROGRAM EXITS

When asked what they consider to be a successful outcome for their families, TH providers usually give minor variations on “stable housing and a stable income source, preferably from employment.”

- Virtually all programs identify “have permanent housing” or “move into permanent housing” as either their entire definition of success or the most important element.
- The two elements most commonly mentioned along with permanent housing are having a stable income and completing the family's program plan.
  - Income was usually specified as income from employment, but the occasional program also mentioned income from appropriate public benefit programs.
  - Most programs that referred to the family's plan specified that it be completed, but several programs specified “complete at least 80 percent of the plan,” while one program specified completion of 2 out of 3 plan goals, and another specified 50 percent completion.
- Additional elements mentioned by some programs as part of their definition of success include staying clean and sober, addressing their mental illness, improved parenting (children better behaved), establishing credit and having savings, and making better decisions. Domestic violence programs identified staying away from the abuser or living violence-free as success.
- About 10 percent of programs define success as only knowable *after* the family has left the program, requiring housing and other types of stability for six months or one year before considering the family a program success.

These responses make it clear that family TH programs state goals that line up very well with HUD expectations, but it is also clear that many adopt as their own goals that go beyond the ones specified by HUD.

## TIME TO EXIT

Figures on time to exit shown in table 2.4 include all families the program serves—those who leave before the program thinks they are ready and who would not be considered successes as well as those who “graduate.” Table 5.1 shows what programs report as the average time in the program for the families that exited successfully. On average this time is 13 months, slightly higher than the overall average time for all families ever enrolled. In 4 percent of programs, the average time to successful exit is three months or less; for 16 percent of programs it is 4 to 6 months, for six percent of programs it is 7 to 9 months, and for 27 percent of programs it is 10 to 12 months. Thirty-one percent of programs say the average length of time in the program for families leaving successfully is between 13 and 18 months. Only 16 percent of programs report an average length of stay longer than 18 months for successful exits.

**Table 5.1: Average Time to a Successful Exit in Family TH Programs**

(n = 51, percentage of programs)

Length of time:	Proportion of programs reporting various average times to exit, for families leaving successfully
1–3 months	4%
4–6 months	16%
7–9 months	6%
10–12 months	27%
13–18 months	31%
More than 18 months	16%
Average number of months to successful exit	13

When asked what proportion of their families succeed, the average is 77 percent—very close to the 70 percent figure reported by TH programs in 1992 (Matulef 1995). Two out of three programs say that more than 70 percent succeed. Nine percent of programs report that 90 percent of their families exit successfully; 36 percent have between 81 and 90 percent successful exits, and 23 percent have 71 to 80 percent of families exit successfully. The remaining 32 percent of programs report success rates between 50 and 70 percent, with three-quarters of those being between 60 and 69 percent. There is a definite relationship between program size, with the smaller programs being more likely to say that 90 percent or more of their families succeed and the larger programs reporting success rates more in the 80-89 percent range. No larger programs reported 90+ percent success rates.

## MEASURING PROGRAM EFFECTIVENESS

HUD has been pushing more and more for the programs it funds to document their ability to produce the outcomes they are designed to produce. In the case of transitional housing programs for families, HUD is in substantial agreement with program goals—the outcomes of greatest interest are whether families move to permanent housing, whether they are able to stay in that housing, and whether they have income from employment.

### INDICATORS OF EFFECTIVENESS

If they have HUD funding, family TH programs have some responsibility to offer follow-up services to families once they leave the program; with or without the stimulus of funding requirements, most programs would do some follow-up on their own. Forty-three percent of the family TH programs in our survey follow families for 6 to 12 months after exit, both to offer supportive services as needed and to track outcomes. Another 36 percent track families for 4 to 6

months after program exit, and 9 percent track for only 1 to 3 months. The remaining 11 percent track for 18 or 24 months, or tracking time depends on the family and its needs. Thus 54 percent of programs have the ability to document the extent of housing *stability* for at least six months following program exit—a more rigorous criterion of success than housing status at exit.

The four most commonly tracked indicators of program effectiveness, all requested by HUD, are:

- 98%—Where families go when they leave your program;
- 89%—Whether families obtained a stable income source, if they did not have it at entry;
- 85%—Whether families are still stable in housing a significant length of time after leaving the program;
- 83%—Resources used by families to access permanent housing.

About one-third to about three-quarters of family TH programs track other outcomes, depending on the goal:

- 72%—Engagement with the program, such as tracking progress on case plans, involvement with case management, or other ways the program defines engagement;
- 64%—Reasons why families are unable to access permanent housing;
- 47%—Reduced or ended substance abuse;
- 47%—Supportive reconnections with family or friends;
- 36%—Stabilized on psychotropic medications for mental or emotional problems;
- 32%—Keeping the types of people who usually drop out within the first month engaged enough to stay in the program for at least six months.

## HOUSING OUTCOMES

The topic of greatest interest for family TH programs is—“Does homelessness end?” Table 5.2 shows the destinations of families at program exit according to TH program records. The final row of the table gives the mean proportion of TH families with each of the housing outcomes we measured. On average, 70 percent of families went to permanent housing, with or without subsidies and supports (first three rows of table 5.2). The largest proportion of these (36 percent on average) went to conventional dwellings for which they did not have a rent subsidy and that were not permanent supportive housing (PSH—a program that offers both subsidy and supports). Twenty-two percent were lucky enough to receive a rent subsidy and to find regular housing in the community. A smaller proportion (13 percent) went to PSH.

**Table 5.2: Destinations of Families in TH Programs at Program Exit**

(n = 52)

Proportion of program families exiting to:	Affordable permanent housing:			Reunite with family	Health institution (hospital, MH facility)	Criminal justice institution	Back to homelessness
	Without subsidy or supports	With subsidy, without supports	With subsidy and supports*				
None	17	27	51	24	88	78	50
1–10%	10	24	20	33	10	22	42
11–25%	17	18	12	43	0	0	6
26–50%	31	20	8	0	2	0	2
51–75%	12	10	10	0	0	0	0
76–100%	13	2	0	0	0	0	0
Mean:	35	22	13	13	1	1	4

\* This category may include permanent supportive housing in the HUD sense, but it mostly refers to people who leave TH programs with a rent subsidy *and* continue to receive support from the program.

**Table 5.3: Destinations of Families in TH Programs at Program Exit, by Community**

(mean proportion of families)

Study community	Mean Proportion of Program Families Exiting to:						
	Affordable permanent housing:			Reunite with family	Health institution (hospital, MH facility)	Criminal justice institution	Back to homelessness
	Without subsidy or supports	With subsidy, without supports	With subsidy and supports*				
All sites combined	35	22	13	13	1	1	4
Cleveland/Cuyahoga County	21	14	19	16	1	2	7
Detroit	39	21	5	22	4	<1	6
Houston/Harris County	54	12	4	14	<1	2	4
San Diego City and County	35	28	14	10	<1	0	2
Seattle/King County	27	32	19	6	<1	<1	4

\* This category may include permanent supportive housing in the HUD sense, but it mostly refers to people who leave TH programs with a rent subsidy *and* continue to receive support from the program.

We just saw that, on average, 35 percent of the families leaving TH are assisted to do so by receiving a rent subsidy, which makes their housing affordable. The availability of rent subsidies in a local community is the major factor that is likely to affect this proportion—a factor that is known to vary widely among communities. Obtaining variability on housing affordability was one of the primary reasons why this study sought very distinctive communities from which to draw its family TH programs. One way to influence housing affordability is to make rent

subsidies available to needy households from public sources. Table 5.3 shows the various destinations and subsidy levels for families in different study communities.

### EXITS TO SOMEWHERE OTHER THAN PERMANENT HOUSING

Program respondents were asked to identify the main reasons that their families are unable to move into permanent housing. We asked specifically about five different possible reasons, and programs also offered other reasons:

- 74%—Lack of subsidies to make housing affordable (i.e., housing units are available, if the family could afford them);
- 58%—Lack of housing that would be affordable, even if subsidies were available;
- 40%—Tenants' condition remains too unstable;
- 32%—Lack of housing with the appropriate supports; and
- 25%—Tenants' continued substance abuse.

Among the reasons mentioned by programs spontaneously, lack of income is the most common. Respondents either said simply “lack of income,” or explained that a parent did not have the education or training to get a job paying enough to afford housing, or simply that the parent could not earn enough to pay for housing. Sometimes the response included the idea that had the parent stayed with the program longer she would not have faced such an extreme situation. Other reasons included people going back to their batterer, having *really* bad credit or criminal record so no landlord would accept them, and having too big a family for available units.

### TYPE OF HOUSING SUBSIDY

The proportion of families leaving TH programs with a housing subsidy varies by a factor of

**Table 5.4: Types of Subsidies Obtained by Families Leaving TH Programs, by Community**

(mean proportion of families. N = 49-51, depending on column)

Study community	Mean Proportion of Program Families Exiting to:				
	Regular Section 8*	Section 8—special homeless set-aside	Shelter Plus Care	State/local housing subsidy	Other**
All sites combined	14	4	4	4	7
Cleveland/Cuyahoga County	13	5	16	2	2
Detroit	8	10	7	7	7
Houston/Harris County	6	<1	1	1	9
San Diego City and County	12	7	0	3	11
Seattle/King County	26	1	<1	5	3

\*Includes tenant-based and project-based assistance, and an occasional unit in public housing.  
 \*\* Includes moves to housing created to be affordable to very low income renters, and some subsidies available through TH programs.

three across the five communities in this study, from a low of 16 percent in Houston/Harris

County to a high of 51 percent in Seattle/King County. On average across all communities, 14 percent of families leave with a regular Section 8 voucher,<sup>38</sup> 4 percent leave with a Section 8 set-aside voucher, 4 percent leave with a S+C voucher, and 4 percent leave with a housing subsidy from state or local sources. An additional 7 percent leave with “other” subsidies, which include moving into housing created to be affordable to very low income households, and may also include some types of temporary assistance from TH programs. For housing subsidies, the community where a TH program is located makes a big difference, as table 5.4 shows.

### UNSUCCESSFUL EXITS

In the TH programs in our sample, on average 23 percent of families do not have successful exits. About half of these families leave on their own, and the other half are asked to leave. The average length of stay of these 23 percent of families is about 6 months.

We asked program representatives about the most common reasons that families leave on their own accord, and the most common reasons that the program asks them to leave. Only one reason overlaps the two groups—not wanting to comply with program requirements, or repeated failure to comply and general disinterest in the program. Some respondents said that families will leave “voluntarily” when it becomes clear that they are about to be asked to leave.

Other reasons for voluntary departure are that the family got a job with sufficient income to afford housing, got a rent subsidy that meant they could afford housing, or reunited with family. The first two of these reasons for early departure seem like the same events that characterize successful exits and are desirable program outcomes. If these programs consider families leaving under these circumstances to be “failures,” they must have expectations for what families need to accomplish that go beyond these two basics. “Reuniting with family” sometimes means moving in with a mother or sister, but also means going back to a batterer—clearly not a good outcome.

There are relatively few reasons that family TH programs ask families to leave, but these few are widespread. The most commonly mentioned reasons are repeated noncompliance with program requirements, relapse into active substance abuse, and violence or threats of violence toward other tenants or staff. Often all of these will pertain at once to the family asked to leave.

## CHAPTER 6: SUMMARY AND CONCLUSIONS

*Whole summary chapter omitted.*

The full 53-page report may be found at <http://www.urban.org/url.cfm?ID=411369>.

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<sup>38</sup> This category includes project-based and tenant-based vouchers, and may also include some public housing units