



# Interim Report

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## FAMILY OPTIONS STUDY



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# Interim Report

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## FAMILY OPTIONS STUDY

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March 2013

## Acknowledgments

The Family Options Study began in 2008. The authors of this report gratefully acknowledge the efforts of many individuals who have assisted in carrying out this work. We wish particularly to thank the Government Technical Reviewer, Anne Fletcher, for her ongoing guidance and insight and her support throughout all phases of the research. Other staff members of HUD's Office of Policy Development and Research have also provided valuable guidance and technical oversight for the study. In particular, we wish to thank Paul Dorman, the study's former GTR, and Mark Shroder. HUD's Office of Community Planning and Development and Special Needs Assistance Programs have been active partners throughout the design and implementation of the Family Options Study, and the Abt research team is grateful for the support and assistance these staff have provided.

The study would not be possible without the enthusiasm and dedication of local service providers, Continua of Care leaders, and public housing agencies in the 12 participating communities: Alameda County, California; Atlanta, Georgia; Baltimore, Maryland; Boston, Massachusetts; New Haven and Bridgeport regions, Connecticut; Denver, Colorado; Honolulu, Hawaii; Kansas City, Missouri; Louisville, Kentucky; Minneapolis, Minnesota; Phoenix, Arizona; and Salt Lake City, Utah. The study team is grateful for the contributions of local service providers and study champions to the design and execution of this study and sustained commitment over the study design and enrollment period.

Many staff at Abt Associates and within our team of partners have contributed to this research effort. The study's co-principal investigators, Stephen Bell of Abt Associates and Marybeth Shinn of Vanderbilt University, have guided the study design and analysis with attention to both the methodological rigor required in a random assignment evaluation and grounding in operational realities of the homeless assistance service delivery system. The intervention design, site recruitment, participant enrollment, and program data collection activities were enhanced by the contributions of the senior staff who serve as research liaisons for each of the participating communities: Martha Burt, Dennis Culhane (University of Pennsylvania), Marybeth Shinn (Vanderbilt University), Brooke Spellman and Matt White (Abt Associates), Suzanne Zerger and Wendy Vaulton (Center For Social Innovation), and Donald Chamberlin. Lauren Dunton, Nichole Fiore, Scott Brown, and Meghan Henry of Abt Associates served as study team site liaisons, contacting participating providers for updates on families enrolled in each intervention.

Baseline data collection and random assignment were conducted by local field interviewers under the supervision of AbtSRBI. Brenda Rodriguez is the study's survey director and Debi McInnis of Abt Associates coordinated efforts of the field team with the site liaisons.

A number of individuals have played important roles in developing the design of the study interventions; selecting and recruiting participating sites; collecting, analyzing, and interpreting the data; and writing this report. We are particularly grateful for the constructive and thoughtful input and feedback on earlier versions of this report provided by Project Quality Advisors Jill Khadduri and Jacob Klerman. The team is also grateful for the contributions of Jennifer Bagnell Stuart and Ruby Jennings, who assembled program data from the participating providers, and Katherine Buck who assisted with proofreading. Abt Creative Services provided production and graphic design support for this report.

## **Disclaimer**

The contents of this report are the views of the authors and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.

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## Executive Summary

This report presents results from the early implementation of the study of the Impact of Housing and Services Interventions for Homeless Families, referred to here as the Family Options Study. The Family Options Study is being sponsored by the U.S. Department of Housing and Urban Development (HUD) to measure the relative impacts of four interventions commonly employed within local communities to help families experiencing homelessness. The study compares the impacts of: *community-based rapid re-housing* (CBRR), *project-based transitional housing* (PBTH), *permanent housing subsidies* (SUB), and the *usual care* (UC) emergency shelter system in 12 communities.<sup>1</sup>

The Family Options Study provides an unprecedented opportunity for HUD to understand the relative effects of four different interventions designed to help families experiencing homelessness. From September 2010 through January 2012, 2,307 families enrolled in the Family Options Study in 12 communities across the country. These families entered the study after spending at least seven days in emergency shelter. After providing informed consent and completing a baseline survey, the families were randomly assigned to one of four distinct housing and services interventions—distinguished by the duration of housing assistance and type and intensity of social services offered in conjunction with housing assistance. The goal of the study is to determine what interventions work best to promote housing stability, family preservation, self-sufficiency, and adult and child well-being.

This interim report describes the baseline characteristics of the families enrolled in the study and the housing and services interventions the families were offered. The report also describes the study's design and implementation and provides preliminary information about the extent to which families have enrolled in the assigned interventions. A subsequent document (in 2014) will report on the impacts of the four interventions and their relative costs. The impact analysis will use data collected from a survey of families 18 months after random assignment as well as administrative data measuring receipt of HUD assistance and data on returns to shelter from local Homeless Management Information Systems (HMIS). The 18-month follow-up survey began in July 2012 and will continue through September 2013. The research team will also prepare a series of short issue briefs to discuss additional findings that may be relevant to policymakers, practitioners, and researchers.

### Study interventions

The study examines four interventions. The research team collaborated closely with HUD to determine which types of interventions to examine and to define the distinguishing features. Each intervention starts with emergency shelter. That is because families were enrolled in the study from shelters in which they had already spent at least seven days. Families also spent at least a nominal period of time in shelter following random assignment. The four interventions are:

- ***Community-based rapid re-housing (CBRR)***. CBRR provides temporary rental assistance for 2–6 months (potentially renewable for periods up to 18 months) paired with limited, housing-focused services to help families' rent conventional, private-market housing.

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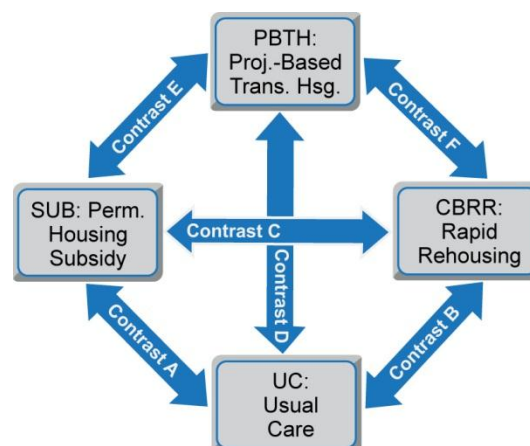
<sup>1</sup> The 12 communities participating in the study are Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT.

- **Project-based transitional housing (PBTH).** PBTH is temporary housing (up to 24 months, with average expected stays of 6–12 months) in agency-controlled buildings or apartment units paired with intensive supportive services.
- **Subsidy (SUB).** SUB is a permanent housing subsidy (usually a housing choice voucher), with possible housing placement assistance but no other targeted services after placement.
- **Usual care (UC).** UC is the emergency shelter from which families were recruited and any housing or services that people would normally access from shelter in the absence of the first three interventions.

Among the interventions studied, CBRR and SUB provide rental subsidies for private market apartments or single-family homes, whereas PBTH provides temporary housing in project-based facilities. The expected length of assistance differs across interventions. Most UC shelters provide very short-term assistance; the median expected length of stay for families in UC shelters is 30–90 days. The median expected length of assistance for families referred to CBRR programs is 4–6 months; whereas the median expected length of stay for families referred to PBTH is 13–18 months. Finally, SUB assistance is indefinite, as long as tenants abide by the terms of the assistance—for example, cooperate with annual recertification of income used to determine the tenant’s share of the rent and continue to live in standard quality housing. In terms of supportive services, SUB provides only very limited housing placement services, CBRR provides case management focused primarily on housing and income growth, and UC shelters and PBTH both provide comprehensive assessments with intensive case management and formal linkages to internal agency and external services to address identified needs.

To compare the effects of the four interventions, the research team will analyze all six possible pairwise comparisons for the four outcomes, shown in Exhibit ES-1.

**Exhibit ES-1: Six possible pairwise comparisons for the four outcomes**



**Random assignment design**

The Family Options Study was conducted as a randomized experiment. To be eligible for the study, families had to have stayed in emergency shelter for seven or more days and had to include at least one child 15 years old or younger staying with the family. Each family that gave informed consent to participate in the study was randomly assigned to one of the available interventions. In an effort to maximize the likelihood that families randomly assigned to the study interventions could actually receive the assigned intervention, the research team established conditions that had to be met for random assignment to proceed.

- Intervention slots had to be available at the time of random assignment or anticipated within 30 days. Although providers of the interventions in the 12 communities that participated in the study had committed program resources to the study, program slots were not always available at the same time that the family was ready for random assignment.
- Families had to meet program eligibility criteria for at least one available slot in two or more interventions. Providers of the interventions were not asked to modify their eligibility criteria. Instead, families ready for random assignment were asked questions intended to determine whether they would likely be eligible for a program. If their answers suggested that they would not be eligible for any of the local programs providing one of the interventions, they were not given a chance to be randomly assigned to that intervention.

The cumulative result of program availability and family eligibility was that most study families could not be considered for all four interventions at the time of random assignment. Of the 2,307 families enrolled in the study, 477 (21 percent) had all four assignment options available to them at random assignment. Another 1,565 (68 percent) families had three assignment options, and 265 (11 percent) families had two assignment options. UC was always one of the available interventions, as the family was already in the emergency shelter. PBTH was the intervention most likely to not be available at the time a family was ready for random assignment and also the program type most likely to have eligibility requirements that families were deemed unlikely to meet.

In comparing the interventions, a family will be included only in the pairwise comparisons of its assigned intervention with other interventions that were available and for which the family was eligible—that is, other interventions that were randomization options.

### **Baseline characteristics**

To understand how the families in the study compare to the national homeless population, we compared them to two national estimates of family homelessness—HUD’s *2010 Annual Homelessness Assessment Report (AHAR)* and the 1996 National Survey of Homeless Providers and Clients (NSHAPC) and to other studies of homeless families in particular communities.

### **Family composition**

A typical family in the study consists of an adult female, about 29 years old, who has one or two children with her in the shelter. Thirty-one percent of families had more than one adult present at baseline. In most cases (27 percent of all families), families with two adults present were headed by couples.

A plurality of families (44 percent) had just one child under 18 with them in the shelter, and another 30 percent had two children present, and 26 percent had three or more children present. Half of the families had a child under the age of three in the shelter, and 10 percent of adult respondents reported that they were pregnant.

The average size of families in the study is 3.29 persons. This is quite similar to the average size of families with children in emergency shelters and transitional housing nationally (3.37 persons) found in the AHAR data on families in 2010.

### **Housing stability and history of homelessness**

For nearly two-thirds of the sample, this was not their first episode of homelessness. About 63 percent of adult respondents in the study had experienced homelessness at some other point in their lifetime, with

16 percent of adult respondents having experienced homelessness as a child. For adult respondents with a history of homelessness, the median length of lifetime homelessness was six months.

Twenty-seven percent of adult respondents in this study's sample had lived in foster care, group homes, or some institutional setting as a child, and 85 percent indicated that they were doubled up at some point as an adult, defined as "staying with family or friends because you couldn't find or afford a place of your own." NSHAPC showed very similar patterns of childhood housing instability among people who subsequently became homeless in 1996, with about 25 percent of the adults in homeless families reporting that they had been in foster care, a group home, or another institutional setting as a child.

### *Employment and other sources of income*

Study information on employment, income, and program participation of families in the study provide insight into the severity of income barriers currently faced by families in emergency shelters. Most adult respondents in the study were not working at the time of enrollment (83 percent), and more than half had not worked for pay in the previous six months. For the 17 percent who were working at the time of enrollment, median hours at their main job were 30 hours a week, and median annualized earnings were about \$12,000 per year. The median household income of all families in this study was \$7,440 at the baseline interview.

Most families in the study receive some form of public assistance. Eighty-eight percent of families in the study reported receiving assistance from the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), 10 percent receive Supplemental Security Income (SSI) for someone in the family, and 41 percent receive Temporary Assistance to Needy Families (TANF). Most families in the study receive some combination of Medicaid benefits, state health insurance benefits, and State Children's Health Insurance. Fourteen percent of families do not receive any of these types of health insurance benefits.

### *Other barriers to increasing income or finding housing*

A history of drug use within the past year was reported by 14 percent of the adult respondents, and 11 percent responded to survey questions in a way that suggested alcohol abuse within the past year.<sup>2</sup> Approximately 22 percent of adult respondents gave survey responses that indicate symptoms of post-traumatic stress disorder (PTSD), 22 percent reported symptoms of serious psychological distress, and 30 percent reported evidence of one or the other.

The baseline survey asked families explicitly about factors that would affect their ability to find a place to live. Many reported that they either had a poor rental history (26 percent had been evicted) or that they had never been a leaseholder at all (35 percent). Some families (14 percent) reported that at least one adult in the family had been convicted of a felony for drugs or other offenses. In 11 percent of families, the adult respondent had a felony conviction.

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<sup>2</sup> The baseline survey asked the four items in the Rapid Alcohol Problem Screen-4 (RAPS-4; Cherpitel, 2000). An affirmative answer to any of the four items indicates an alcohol problem. The baseline survey also asked seven items regarding use of illegal drugs, six of which are included in the Drug Abuse Screening Tool (Skinner, 1982). An affirmative answer to any of these seven items indicates a drug problem.

### Intervention take-up

Not all families who are assigned to an intervention end up receiving the housing and other services associated with the intervention. Families assigned to CBRR, PBTH, or SUB while in shelter had to take a next step—contacting the provider of the assistance and enrolling in the program. Those whose enrollment in CBRR or SUB constitutes an offer of rental assistance to be used in private market housing must also find a housing unit with a willing landlord and lease the housing. For families assigned to PBTH and for a few families for whom the SUB offer was public housing or project-based assisted housing, enrolling in the program is close to synonymous with moving in. Not all families take these further steps, so the “take-up” of the intervention is less than 100 percent.

The study has already collected data from the providers of the interventions showing which families enrolled in each program and which families moved in. In the future, the study will also use data from tracking and follow-up surveys on where they families report they live, as well as HUD administrative data (for SUB), and HMIS data (for PBTH) to document participation in each intervention. The information on take-up presented in this report draws upon the enrollment verification data only, through June 15, 2012.

Families assigned to UC all have received their assigned intervention, as they are already in the shelter. As expected, the other three interventions—CBRR, PBTH, and SUB—have take-up rates considerably below 100 percent. As of September 1, 2012, SUB has the highest take-up rate, at about 64 percent, reflecting its desirability as a *permanent* subsidy that usually allows for having one’s own place in a location of one’s choice. (Most of the SUB units offered to families in the study were housing choice vouchers.) The take-up rate for CBRR was about 46 percent, and the take-up rate for PBTH was 29 percent. Some families assigned to SUB may take more than six months after random assignment to move in to a rental unit. It is possible that some families who have not yet enrolled will end up pursuing and receiving their assigned intervention; the final take-up rates may change slightly from those presented in this report.

The lease-up “success rate” for housing vouchers for families in this study is higher than that found in other studies of vouchers. The lease-up success rate is the percentage of families who enroll in the program and are provided vouchers and ultimately lease a housing unit subsidized by the program. This rate differs from the take-up rate for SUB in that the take-up rate includes all families assigned to the SUB intervention in its denominator, including those who never enroll in the program. When the lease-up success rate is calculated for those families in this study who were issued vouchers, we find that the rate is about 94 percent.

### Implications of program availability, eligibility, and take-up

An analysis of the impacts of alternative interventions for homeless families will not be available until 2014, by which time the 18-month follow-up survey will be completed and the results will have been analyzed. However, the process of implementing this random assignment study already provides some insights about how homeless assistance is currently delivered relative to the needs of families who become homeless.

- Homeless system resources are highly constrained, and project-based models present in communities do not have the flexibility to shift resources to either accommodate surges in demand or conserve resources during declines in demand.

- Homeless programs have imposed eligibility criteria that exclude many of the families in shelter who need the assistance.
- Families who are homeless do not always take up the program that is offered to them, which suggests that programs do not always deliver assistance that families perceive as more valuable than their other options.
- Families who are homeless are highly motivated to pursue opportunities for permanent housing subsidies and are successful in navigating the application processes and rules associated with them.

PBTH enrollment was constrained by availability, eligibility, and family choice. Thus, while project-based transitional housing is a model commonly employed across the country, it does not seem to be accessible or attractive to a high proportion of families residing in shelter for more than seven days who are presumably among those who need assistance the most.

In contrast, the SUB intervention, usually a housing choice voucher, was the most accessible model *in the communities in which the study succeeded in gaining commitments from public housing agencies (PHAs) to provide permanent housing subsidies for families in the study*. When given the opportunity to use a permanent housing subsidy, most of the study families were able to pass the subsidy program's eligibility criteria, and a high percentage of families enrolled in the program and were able to use the subsidy.

### Summary

The platform in place for this study provides a strong basis for further research on homelessness and highly vulnerable families, a population that has not been studied to this extent previously and is not readily found in other studies of low-income families. The participant baseline, tracking, and follow-up surveys will provide rich longitudinal data about a wide range of characteristics for families who enrolled in the study, including the children present and those not accompanying their parents at the time of enrollment. Supplemental funding from the *Eunice Kennedy Shriver* National Institute for Child Health and Human Development (NICHD) promises to yield important information about children's outcomes that is unavailable from other sources.

We acknowledge that sample size and early indications of take-up rates may affect our ability to detect impacts for some of the pairwise comparisons. At the same time, the random assignment design was implemented successfully, yielding well balanced groups for estimation of impacts, and presents the best opportunity to date to understand the effects of the interventions being studied.



## Chapter 1: Introduction

This report presents results from the early implementation of the study of the Impact of Housing and Services Interventions for Homeless Families, referred to here as the Family Options Study. The Family Options Study is being sponsored by the U.S. Department of Housing and Urban Development (HUD) to measure the relative impacts of four interventions commonly employed within local communities to help families experiencing homelessness. The study compares the impacts of *community-based rapid re-housing* (CBRR), *project-based transitional housing* (PBTH), *permanent housing subsidies* (SUB), and the *usual care* (UC) emergency shelter system in 12 communities.<sup>3</sup>

The report describes the study sites, the features of the housing and services interventions studied, and the study implementation. The report also presents findings on the baseline characteristics of the 2,307 families enrolled in the study. The purpose of the report is to describe the study sample for future reference, to provide context for interpreting later findings on intervention impacts, and to compare and contrast the interventions being studied. The report also provides some early information about the take-up of the interventions by families in the study.

### 1.1 Background

The objective of the Family Options Study is to provide research evidence to help federal policymakers, community planners, and local practitioners make sound decisions about the best ways to address homelessness among families. The ultimate goal of the study is to determine what interventions work best to promote housing stability, family preservation, self-sufficiency, and adult and child well-being for families who are homeless. The study has been conducted as a rigorous, multi-site experiment in which eligible families who consented to participate were randomly assigned to one of CBRR, PBTH, SUB, and UC. Within the limits of statistical power, the study will also analyze what types of families benefit most from each intervention.

Families were invited to participate in the study if they had been in emergency shelter for at least seven days. For the study, families were defined as households with at least one adult accompanied by at least one child age 15 or under. Families were referred to the study team by emergency shelter case managers. Although the study aimed to invite all eligible families in shelter to enroll in the study, some families may not have been referred by case managers and a small number (13 families altogether) indicated that they were not interested in enrolling and declined to do so. If case managers determined that a family would be appropriate for permanent supportive housing, which is not one of the four interventions, and if permanent supportive housing was available in the community, case managers were asked to refer families directly to permanent supportive housing rather than to the study.

The Family Options Study began in October 2008. During the first year of the study, the research team developed specifications for the interventions and the study methodology. In 2009, the research team developed site selection criteria and began recruiting 12 communities to participate in the study. Site recruitment was completed in 2010 and family enrollment began in September of that year. Enrollment continued until the end of January 2012. Altogether, 2,307 families enrolled in the study. The research

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<sup>3</sup> The 12 communities participating in the study are Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT.

team administered a baseline survey when the families enrolled, and since enrollment, the team has attempted to contact families every three months to maintain contact information. Every six months, the research team administers a short interview to collect information about the families' housing situations and family composition and to update contact information.

This document—the second in a series of reports about the study—focuses on study implementation and baseline characteristics of the research sample. An earlier report described the research design and analysis plan<sup>4</sup> for estimating impacts of the four interventions compared to one another. A final report will document findings from the impact analysis, and a series of short issue briefs will be produced to highlight additional findings that may be particularly relevant to policymakers, practitioners, or researchers.

This report is organized as follows. This chapter provides a brief overview of the study, including the research questions, study sites, interventions, random assignment process, and enrollment results. Chapter 2 discusses the characteristics of the four interventions actually offered to study families in the sites. These descriptions focus on key features of the housing assistance, assessments, case management, and services offered to families in the programs that provide each of the interventions. Chapter 3 discusses implementation of the study, approaches used to recruit study families and to randomly assign them to the study interventions, and challenges encountered in implementation. The chapter also includes a discussion of eligibility requirements in place for the interventions and how availability of interventions and family eligibility affected random assignment in the sites. Chapter 4 presents descriptive statistics about the families enrolled in the study, taken from the baseline survey conducted at the time of random assignment. The chapter also discusses tests to ensure that random assignment worked as intended to provide well-matched groups of families based on baseline characteristics. Chapter 5 discusses the extent to which families have enrolled in the interventions to which they were assigned. Chapter 6 is a summary and presents some insights about how the homeless services system for families works, based on the early implementation of the study. Several appendices support the report. Appendix A is a listing, by site, of all homeless programs involved in the study. Appendix B provides detailed information about the housing and services programs that participated in the study. Appendix C provides information about random assignment probabilities. Appendix D presents supplemental tables showing baseline characteristics of the study families for each of the pairwise comparisons that will be analyzed.

## 1.2 Research questions

The study seeks to answer six questions:

1. What is the relative effectiveness of homeless interventions in ensuring housing stability of homeless families?
2. Are the same interventions that are effective for short-term stability of homeless families effective for longer-term stability as well?
3. What is the relative effectiveness of homeless interventions in ensuring the well-being of homeless parents and self-sufficiency of homeless families?

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<sup>4</sup> Gubits, D., et al. (2012), *Family options study: Revised data collection and analysis plan*. Prepared for the U.S. Department of Housing and Urban Development and Research. Bethesda, MD: Abt Associates Inc.

4. Do some interventions promote family preservation and benefit children’s well-being more than other interventions?
5. Are different homeless interventions more effective for some categories of homeless families than for others?
6. What features of housing and services explain the effectiveness (or lack thereof) of various homelessness interventions?

### 1.3 Interventions studied

The study examines four interventions. The research team collaborated closely with HUD to decide what types of interventions should be studied and to define the distinguishing features. Each intervention starts with emergency shelter, since families were enrolled in the study from shelters in which they had already spent at least seven days, and even after enrollment, the family would spend at least a nominal period of time in shelter following random assignment. The four interventions are:

- **Community-based rapid re-housing (CBRR).** CBRR provided temporary rental assistance for 2–6 months (potentially renewable for periods up to 18 months) paired with limited, housing-focused services to help families rent conventional, private-market housing.
- **Project-based transitional housing (PBTH).** PBTH involved temporary housing (up to 24 months, with average expected stays of 6–12 months) in agency-controlled buildings or apartment units paired with intensive supportive services.
- **Subsidy (SUB).** The SUB intervention is a permanent housing subsidy, usually a Housing Choice Voucher, with possible housing placement assistance, but no other targeted services after placement.
- **Usual care (UC).** Emergency shelter from which families were recruited and any housing or services that people would normally access on their own from shelter in the absence of the first three interventions.

Chapter 2 provides detailed descriptions of the interventions and compares their key features.

### 1.4 Site selection

After defining the distinguishing features of the study interventions, the research team had to recruit sites in which to conduct the study. To select and recruit the sites, the research team canvassed a large group of communities across the country to locate cities, counties, and metropolitan areas in which the number of families entering emergency shelter was considered sufficient to achieve enrollment goals and where the intervention models defined for the study were present. The homeless assistance program providers in selected communities had to be willing to implement a random assignment evaluation. Participating in the study meant that programs had to agree to commit program slots to families in the study and to comply with random assignment as the method of determining which families would be referred to their programs from participating emergency shelters. The team worked closely with the Continuum of Care (CoC) and local homeless system leaders to collect information about the homeless assistance system and then

negotiated with program providers to determine if a sufficient number of program slots in each intervention were available in the site to make the study viable in the community.<sup>5</sup>

By definition, all sites were assumed to have UC. The study team initially sought to select sites that had all three of the other defined interventions (CBRR, PBTH, and SUB) available. Later, in collaboration with HUD, we agreed that in the interest of securing sufficient numbers of families for the study, it would be acceptable to include some sites in which only two of the other defined interventions were available. Appendix A lists the names of the programs providing the interventions in each study site.

The research team recruited 12 sites to conduct the study. Exhibit 1-1 lists the 12 sites and the number of families assigned to each intervention in each site.

**Exhibit 1-1: Study sites—interventions available and participant enrollment by intervention by site**

Site	CBRR	PBTH	SUB	UC	Total enrolled participants
Alameda County	57	50	77	78	262
Atlanta	74	42		75	191
Baltimore	20	17		21	58
Boston	53		64	64	181
Connecticut	73	18	47	76	214
Denver	8	23	76	65	172
Honolulu	46	66	44	65	221
Kansas City	30	42	54	53	179
Louisville	19	24	32	35	110
Minneapolis	52	4	62	64	182
Phoenix	63	65	72	81	281
Salt Lake City	83	20	76	77	256
TOTAL	578	371	604	754	2,307

Source: Random assignment records

As indicated in the exhibit, all four interventions were offered in nine sites. Two sites, Atlanta and Baltimore, did not offer SUB. In Boston, PBTH was not offered at all, and in Minneapolis, PBTH was so limited that only four families could be assigned to it. In Denver, the CBRR intervention was not widely available and, therefore, only eight families were assigned to this intervention.

Part of the site recruitment process involved confirming that all programs included in the study were good representatives of their assigned intervention. The research team started by defining the distinguishing features of the interventions along dimensions of the housing assistance (subsidy duration and level) and presence of dedicated services linked to the housing assistance. The challenge in this endeavor was that shorthand terms used by practitioners and researchers, such as “transitional housing” or “supportive housing,” do not reflect uniform approaches. In reality, as Rog and Randolph (2002) note, even when programs of a particular “type” are specifically chosen for study, their characteristics can overlap considerably with other programs that nominally use an approach labeled in a different way. Therefore,

<sup>5</sup> The Connecticut site includes the cities of Bridgeport and New Haven, as well as providers in some of the surrounding cities and towns that participated in the local CoCs.

during initial site selection, the team visited potential study programs (and interviewed some by phone), collected data on their operations, and completed an assessment for each candidate program. We selected programs that fit our definitions of the interventions based on our assessments, rather than based on programs' self-descriptions. Exhibit 1-2 shows the number of providers that agreed to participate in the study at each site.

**Exhibit 1-2: Study sites—number of programs by site and intervention**

Site	CBRR	PBTH	SUB	UC
Alameda County	1	7	3	9
Atlanta	4	7		4
Baltimore	2	5		3
Boston	2		1	8
Connecticut	2	3	3	10
Denver	1	3	2	5
Honolulu	6	7	2	6
Kansas City	5	3	1	3
Louisville	1	4	1	3
Minneapolis	1	2	1	1
Phoenix	1	4	2	4
Salt Lake City	1	1	2	1
TOTAL	27	46	18	57

Source: Site recruitment data and program data

During enrollment, the research team also visited all programs in which at least five study families participated to collect additional information about program features and operations. Chapter 2 describes and contrasts the interventions that participating families received.

## 1.5 Characteristics of participating sites

The 12 study sites represent a diverse range of geographic locations, size, population, and housing and labor market characteristics. To provide context for the impact analysis, the exhibits in this section display descriptive information about the study sites, including the population of families experiencing homelessness and the demographic, economic, and housing market conditions present in the communities at the time study enrollment began in 2010.<sup>6</sup> Although not a randomly selected sample of communities, the sites are varied in geography and conditions that are related to homelessness. The sites are located in all five of the Census Bureau-designated regions in the country. Exhibit 1-3 displays the geographic coverage of the sites.

<sup>6</sup> Ten of the study sites began enrollment in the fall of 2010; two sites (Baltimore and Louisville) began enrolling families in the study during spring 2011.

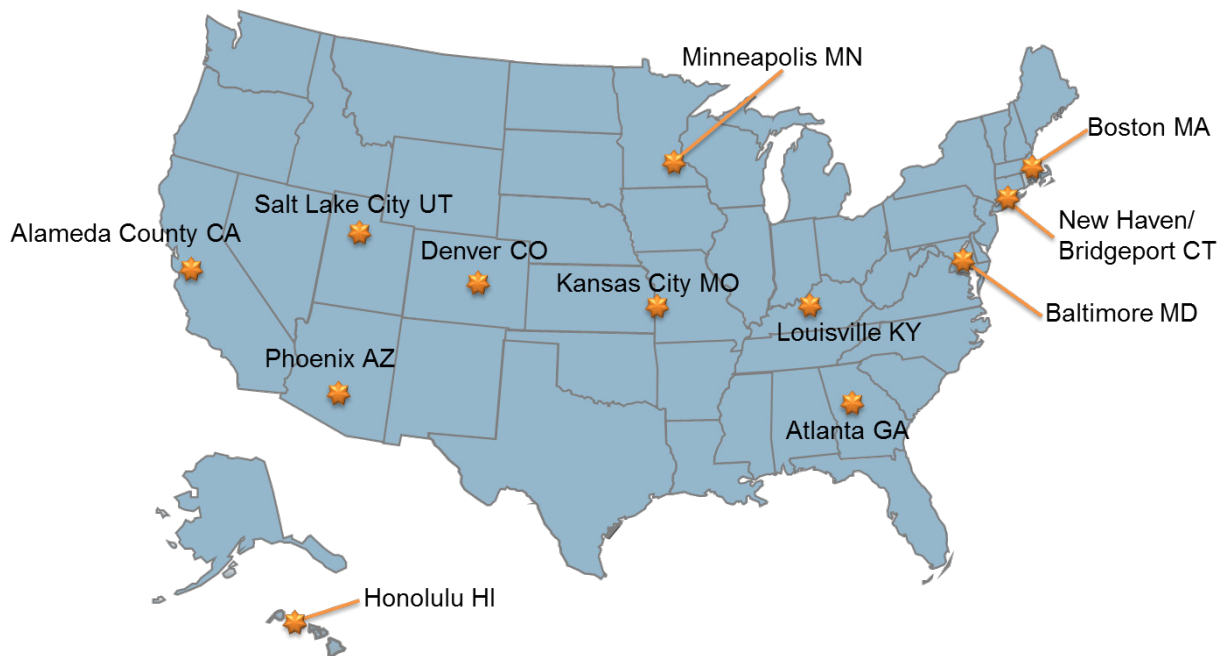
**Exhibit 1-3: Location of study sites**

Exhibit 1-4 provides the 2010 U.S. Census population data, as well as poverty rates and median income for each site. Study sites include large metropolitan regions such as Phoenix (Maricopa County) with more than 3.8 million residents, and Alameda County and Minneapolis/surrounding Hennepin County, with more than 1.1 million residents each. Smaller metropolitan regions included in the study were Salt Lake City (1.02 million), Louisville (741,096), and Kansas City (674,158). Other city study sites with populations of between 420,000 and 621,000 included Atlanta, Baltimore, Boston, and Denver. Honolulu (337,256) and the combined site of Bridgeport and New Haven (274,008) were the sites with the smallest populations.

Poverty rates varied among study sites. The Bridgeport–New Haven, Connecticut site had the highest poverty rate, with 26.4 percent of the population living in poverty in 2010. Atlanta had a similarly high rate of 26.1 percent. Five sites—Baltimore, Boston, Denver, Kansas City, and Louisville—had poverty rates between 17 and 26 percent, above the national average of 15.3 percent. Only three sites, Alameda County, Minneapolis/Hennepin County, and Salt Lake City and County, had poverty rates lower than the national average. Honolulu and Phoenix had poverty rates close to the national average of 15.3 percent. Median household incomes ranged from \$67,169 in Alameda County to \$37,021 in the Connecticut site. Five sites—Atlanta, Boston, Denver, Kansas City, and Louisville—had median household incomes between \$40,000 and \$50,000. At four sites—Honolulu, Minneapolis, Phoenix, and Salt Lake City—the median household income fell between \$50,000 and \$60,000.

**Exhibit 1-4: Demographic, economic, and housing market characteristics of study sites**

Site	Total population (2010)	Percent of pop. in poverty (2010)	Median household income (2010)	Rental vacancy rate (2010)	Median gross rent (2010)	Annual unemployment rate, 2010	Annual unemployment rate, 2011
Alameda County*	1,510,271	13.5%	\$67,169	5.6%	\$1,198	10.3	9.4
Atlanta	420,003	26.1%	\$41,631	16.4%	\$892	10.2	9.6
Baltimore	620,961	25.6%	\$38,346	7.5%	\$874	8.3	7.5
Boston	617,594	23.3%	\$49,893	5.4%	\$1,233	7.6	6.6
Connecticut <sup>1</sup>	274,008	26.4%	\$37,021	12.3%	\$1,047	9.5**	9.2**
Denver	600,158	21.6%	\$45,074	5.5%	\$811	9.0	8.3
Honolulu	337,256	11.3%	\$54,828	6.1%	\$1,171	5.8	5.7
Kansas City*	674,158	17.1%	\$44,502	13.8%	\$738	8.9	8.1
Louisville*	741,096	17.2%	\$42,305	9.2%	\$670	10.2	9.7
Minneapolis*	1,152,425	13.8%	\$59,236	6.1%	\$861	7.3	6.3
Phoenix*	3,817,117	16.5%	\$50,410	11.7%	\$884	9.8	8.6
Salt Lake City*	1,029,655	13.5%	\$56,711	7.5%	\$832	7.8	6.5
United States	308,745,538	15.3%	\$50,046	8.2%	\$855	9.6	8.9

Source: 2010 American Community Service 1-Year Estimates, U.S. Census Bureau and 2010 Decennial Census (total population figures); Bureau of Labor Statistics, Local Area Unemployment Statistics, Unemployment Rates for Metropolitan Areas

<sup>1</sup> This represents the cities of Bridgeport and New Haven, CT, with averages between the two sites where appropriate.

\* Since these sites operated at the county level, the data presented are for the county where the study site is located.

\*\* This represents the unemployment rate for New Haven, CT.

Housing market characteristics offer insight into the conditions for obtaining housing in each of the 12 study sites (also shown in Exhibit 1-4). The rental vacancy rate serves as an indicator of how difficult it may be for a family to obtain rental housing. Areas with lower rental vacancy rates are considered less likely to have affordable rental housing and are assumed to be harder areas in which to use Housing Choice Vouchers or the short-term rental subsidy provided by CBRR. In 2010, the nationwide rental vacancy rate was 8.2 percent. Among the study sites, Boston had the lowest rental vacancy rate (5.4 percent), while Atlanta had the highest rental vacancy rate (16.4 percent). Six other sites—Alameda County, Baltimore, Denver, Honolulu, Minneapolis, and Salt Lake City—had vacancy rates between 5 and 8 percent.

In 2010, the national median gross rent was \$855. Six study sites—Atlanta, Baltimore, Denver, Minneapolis, Phoenix, and Salt Lake City—had median gross rents between \$800 and \$900, fairly similar to the national rate. Two sites—Kansas City and Louisville—had rates lower than the national average. Four sites—Alameda County, Boston, Connecticut, and Honolulu—had median gross rents above \$1,000 and well above the national average. Boston had the highest gross median rent of all 12 sites, estimated at \$1,233.

The labor market characteristics offer additional context for understanding the issue of homelessness in each of the study sites. It may be more difficult for families to maintain housing or overcome homelessness in regions where there are fewer employment opportunities. Enrollment of homeless families into the study began in fall 2010, with the exceptions of Baltimore and Louisville, where enrollment began in spring 2011. Exhibit 1-4 presents the annual unemployment rates in 2010 and 2011 for each of the 12 study sites.<sup>7</sup> In 2010, four of the study sites—Alameda County, Atlanta, Louisville, and Phoenix—had unemployment rates higher than the national average of 9.6 percent. Three sites—Boston, Honolulu, and Minneapolis—had unemployment rates at least 2 percent lower than the national average. Again in 2011, four sites—Alameda County, Atlanta, Connecticut, and Louisville—had unemployment rates above the national average of 8.9 percent. Consistent with national patterns of declining unemployment in the period 2010–2011, all 12 study sites experienced a decline in unemployment rates during the course of family recruitment for this study, and two sites—Phoenix and Salt Lake City—had a decrease in their unemployment rates of greater than 1 percent between 2010 and 2011.

The prevalence of family homelessness also differed among the 12 study sites. To give a sense of the extent of homelessness from one study site to another, Exhibit 1-5 shows the proportion of the population that was homeless (whether in families or as individuals) as reported in each study site for the point-in-time counts conducted in January 2011<sup>8</sup> relative to the 2010 U.S. Census population for each study site. Honolulu had the highest rate of homelessness (1.26 percent of the population), while Phoenix had the lowest (0.15 percent of the population). Of the 12 study sites, nine had a higher incidence of homelessness than the national rate of 0.2 percent. The exhibit also shows the number of homeless families and the number of persons in these households. Boston had the highest number of homeless families (987 families) and Louisville had the lowest (134 families) reported. It is important to note that

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<sup>7</sup> The unemployment rates are calculated for the entire metropolitan statistical area (MSA), which in some instances is a larger geographic area than encompassed with the individual study sites.

<sup>8</sup> The homeless data is reported by CoC and thus does not always align precisely with the geography of the study site.



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Massachusetts has a “right to shelter” policy for homeless families, meaning that all families that apply for shelter and lack alternative housing options and whose income does not exceed 115 percent of the federal poverty line are entitled to shelter.<sup>9</sup>

Exhibit 1-5 also shows the number of emergency shelter and transitional housing beds<sup>10</sup> that are dedicated to assisting homeless families, as reported to HUD during the 2011 housing inventory. While the housing inventory does not include a comprehensive count of rapid re-housing subsidies, these figures provide an indication of the local homeless service system’s size and the relative prevalence of emergency shelter and transitional housing in each community’s system for families. One-third of the sites had excess emergency shelter and transitional housing capacity on the night of the count, whereas the other two-thirds were using overflow capacity or had families who were unsheltered, meaning that they had to stay in cars, on the streets, or in other locations unfit for human habitation. Whereas nationally, there are roughly equal numbers of emergency shelter beds and transitional housing beds for homeless families, 9 of the 12 study sites have more transitional housing beds than emergency shelter beds.

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<sup>9</sup> Institute for Children and Poverty, “National Survey of Programs and Services for Homeless Families.”

<sup>10</sup> The housing inventory includes project-based and scattered-site, transition-in-place transitional housing beds, whereas the study only referred families to project-based transitional housing in which the transitional housing operator maintained control of the housing, requiring families to move out of the assisted unit into other housing at the completion of the program.

Exhibit 1-5: Homeless population in study sites

Site	U.S. Census population	Percentage of total population homeless (based on 2011 total point-in-time person count)	Total number of homeless families (2011 point-in-time count)	Total number of homeless persons in families (2011 point-in-time count)	Number of emergency shelter beds dedicated to homeless families (2011)	Number of transitional housing beds dedicated to homeless families (2011)
Alameda County	1,510,271	0.28%	376	1,136	447	852
Atlanta <sup>1</sup>	1,612,474	0.42%	365	1,073	484	1,489
Baltimore	620,961	0.66%	323	934	164	448
Boston	617,594	0.89%	987	2,926	2,648	435
Connecticut <sup>2</sup>	274,008	0.16%	165	498	410	248
Denver	600,158	0.80%	924	2,609	727	1,635
Honolulu	337,256	1.26%	558	2,235	675	1,733
Kansas City	674,258	0.41%	407	1,548	494	663
Louisville*	741,096	0.22%	134	386	178	275
Minneapolis*	1,152,425	0.27%	467	1,572	1,279	823
Phoenix*	3,817,117	0.15%	683	2,238	1,130	1,381
Salt Lake City*	1,029,655	0.20%	241	827	322	479
United States	308,745,538	0.20%	76,653	234,079	110,679	110,364

Source: 2011 CoC Housing Inventory Chart and Homeless Populations and Subpopulations Data, HUD

\* Since these sites operated more at the county level, the data presented is for the county where the study site is located.

<sup>1</sup> This represents the population of DeKalb and Fulton Counties, because CoC GA-500 includes this larger geography including Atlanta.

<sup>2</sup> This represents the population of New Haven and Fairfield County, while the CoC data represents the four CoCs that participated in the study: CT-501 New Haven; CT-503 Bridgeport; CT-506 Norwalk-Fairfield; and CT-508 Stamford/Greenwich.

## 1.6 Data sources for this report

This report uses data from three sources: baseline survey of families; program information about participating programs; and random assignment enrollment data. Each is discussed in this section.

### Baseline survey

All adult respondents who agreed to participate in the study completed a baseline survey during the enrollment session conducted at the emergency shelter, prior to random assignment. The baseline survey was conducted in person using Computer-Assisted Personal Interviewing (CAPI) software. The baseline survey topics include housing history, homelessness, barriers to obtaining housing, employment status at baseline, family composition, income and income sources, adult physical health, adult behavioral health, substance use, demographic characteristics, and contact information. These data are used to describe the families in the study sample for the current report and to provide contact information for participant tracking and locating for the follow-up survey. The baseline data will be used in the future to provide covariates in the impact analyses, to help adjust for non-response on the follow-up surveys, and, to the extent feasible, to form subgroups for separate analysis.

### Program information

The project team collected data from program providers who participated in the study. This program information is the basis for Chapter 2. Senior members of the research team (the site leads) visited each site several times during participant enrollment. Near the conclusion of enrollment, site leads conducted interviews with staff at programs to which five or more families had been referred (or from which families were recruited, in the case of emergency shelters) to collect information about the provider, housing assistance offered to families, and the assessment, case management, and services provided by the program or through referrals to other organization. The semi-structured interviews followed a standard protocol and also included information about staffing and sources of program cost data.

### Random assignment enrollment data

To support the process of enrolling families in the study, the research team created a secure website to operate random assignment. Chapter 3 provides additional details about this process, which included cataloging program eligibility questions, monitoring program availability, screening families for available programs, and conducting real-time random assignment based on the results. Members of the research team maintained close communication with participating programs throughout the enrollment period to track availability and to ensure that families were aware of and pursuing their assigned referrals.

The database created by the random assignment website contains comprehensive data of program availability, eligibility questions, family screening, random assignment results, and the status of referrals. The random assignment database is another key data source for this report.

## Chapter 2: Understanding the housing and service features of the study interventions

Families enrolled in the study were randomly assigned to community-based rapid re-housing (CBRR), project-based transitional housing (PBTH), subsidy (SUB), and usual care (UC). To better understand what families received when assigned to a given intervention, this chapter describes and compares the primary housing and service features of each of the four interventions.

This description of study interventions is based on data collected from participating programs. Research staff visited each site and conducted interviews with program staff to collect information about programs that provided each of the four interventions. Altogether, we have collected program data for 16 providers of CBRR; 31 PBTH programs; 18 subsidy providers; and 51 emergency shelters. These are not all of the programs to which study families were referred, as we focused data collection efforts on programs that served at least five families.<sup>11</sup>

Prior to selecting programs to participate in the study, we identified minimum requirements for each intervention. Selecting programs that met these requirements assured that families assigned to the study would receive comparable levels of housing assistance and service support within an intervention regardless of site differences, allowing us to test the outcomes associated with distinct interventions. The minimum requirements are discussed as part of each intervention's description in this chapter. Overall, the data collected from the participating programs confirm that the interventions are distinct from each other in the ways intended by the study's design.

### 2.1 General comparison of the study interventions

Among the interventions studied, CBRR and SUB both place and subsidize families in private market apartments or single-family homes, whereas PBTH and UC shelters primarily provide temporary housing assistance in project-based facilities. The median expected length of assistance differs across interventions. Most UC shelters provide very short-term assistance. The median expected length of stay for families in UC shelters is 30–90 days. The median expected length of assistance for families referred to CBRR programs is 4–6 months; whereas the median expected length of stay for families referred to PBTH is 13–18 months. Finally, SUB provides rental assistance for years, as long as tenants abide by the terms of their assistance—for example, cooperate with the annual recertification of income used to determine the tenant's share of the rents and continue to live in standard quality housing. In terms of supportive services, SUB provides only very limited housing placement services, CBRR provides case management focused primarily on housing and income growth, and UC shelters and PBTH both provide comprehensive assessments with intensive case management and formal linkages to internal agency and

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<sup>11</sup> In this case, *served* is used loosely to describe the number of study families who were potentially served by the program. We determined whether a program met the “five family” threshold for program data collection by considering the number of referrals to the program less the number of study families rejected by the program. If a study site had three or more programs within a single intervention type (e.g., PBTH, UC), we attempted to interview at least three programs in each intervention category, even if three did not meet the “five family” threshold. In the latter situation, we included the programs with the largest number of enrollments (referrals minus rejections).

external services to address identified needs. Exhibit 2-1 summarizes the key features of the interventions being studied.

**Exhibit 2-1: Key features of each intervention studied**

	<b>CBRR</b>	<b>PBTH</b>	<b>SUB</b>	<b>UC</b>
<b>Housing subsidy type</b>	Deep rent subsidy, sometimes decreasing over time	Deep subsidy (in some cases, zero rent)	Deep rent subsidy	No subsidy provided*
<b>Housing setting</b>	Community-based housing	Primarily separate apartments clustered in a single facility, but some offered separate bedrooms with shared bathrooms and kitchen space	Primarily community-based housing, with a few project-based vouchers and units in public housing projects	Primarily congregate dorms or bedrooms with shared bathrooms and kitchen space, some provided separate apartments
<b>Housing duration</b>	Temporary: median expected assistance for 4–6 months, maximum of 18 months	Temporary: median expected stay of 13–18 months, maximum of 2 years	Permanent: housing assistance offered indefinitely	Temporary: median expected shelter stays of less than 90 days
<b>Service type</b>	Housing-focused assessment and case management  Case management focuses almost exclusively on housing placement and increasing incomes and self-sufficiency  Families allowed to access mainstream services	Assessment of all family members  Case management focuses on housing, but addresses a wide range of self-sufficiency and psychosocial needs based on each family's assessment and individual priorities  Most programs provided or arranged for a broad range of services	Services limited to housing search, placement and move-in assistance, as typically provided for voucher holders by the PHA or (for homeless families) by the emergency shelter  No dedicated case management or supportive services  Families allowed to access mainstream services	Assessment of all family members  Case management focuses on crises that contributed to family homelessness, individualized based on each family's assessment and priorities; focus on housing, but not at the exclusion of other goals
<b>Service intensity</b>	Average caseloads of 36 families  Case managers typically meet with families monthly	Average caseloads of 19 families  Case managers typically meet with families weekly or biweekly	Very limited assistance provided during the time of housing placement	Average caseloads of 16 families  Case managers typically meet with families weekly or semi-weekly

\* Families remain in shelter with no active referrals to housing subsidies or homeless programs beyond what is ordinarily done; families may apply for such housing assistance on their own.

The remainder of this chapter describes each of the intervention types individually, starting with CBRR, then PBTH and SUB, and concluding with UC. For each, we describe the number of families assigned to the intervention within the study, the primary housing and service features of the intervention, and any common eligibility criteria or program rules associated with programs in that intervention. To the extent that features vary among programs within the intervention, they are described based on the proportion of families referred to programs with each type of feature rather than the raw count of programs with each feature, as the number of families referred more accurately conveys the influence of the feature for families assigned to that intervention in this study.

## 2.2 Community-based rapid re-housing intervention

The CBRR intervention provides program participants with temporary rental assistance and limited services focused on housing and basic service coordination. A total of 578 families were referred to 27 CBRR programs across the 12 sites, ranging from as few as 8 families in Denver to as many as 83 families in Salt Lake City. A total of 16 CBRR programs, representing 528 of the families referred to the CBRR intervention, provided the program data used in this report to describe the CBRR intervention. More detail about specific CBRR programs is provided in Appendices A and B.

CBRR was funded by the rapid re-housing component of the Homelessness Prevention and Rapid Rehousing Program (HPRP) in all of the sites except Boston.<sup>12</sup> The HPRP rapid re-housing program can be used to provide rental assistance (from one-time to 18 months), security deposits, utility deposits and payments, help with moving costs, and hotel and motel vouchers. HPRP also can fund case management for participating families. Any rental assistance paid for with HPRP funds must meet rent reasonableness standards, and units must pass a habitability inspection. The inspection requirements are slightly less stringent than the housing quality standards that must be met for the Housing Choice Voucher (HCV) form of SUB. In Minneapolis, the CBRR intervention was supplemented with funding from the State of Minnesota. In Boston, the CBRR intervention was provided through the Flex Funds program and later the Homebase program, both funded by the Massachusetts Department of Housing and Community Development (DHCD). The Boston programs offered assistance very similar to HPRP, although rental assistance could be provided for longer periods. In Salt Lake City, the CBRR provider also used TANF emergency assistance funds available through the American Reinvestment and Recovery Act of 2009 (ARRA), which offered up to four months of rental assistance.

### Housing assistance in CBRR

CBRR was included in the study as a short-term temporary rental assistance intervention to enable participating families to rent conventional housing that is not owned or leased by the program. Information from the programs confirms this feature of the intervention, although in some cases the program was a co-signer on the lease for an interim period. In all programs, the intention was that, even after the period of rental assistance ended, the participants would remain in the unit that they obtained with the CBRR assistance.

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<sup>12</sup> HPRP was authorized in 2009 through the American Recovery and Reinvestment Act of 2009 (ARRA). Across the nation, communities received \$1.5 billion in HPRP funding, a one-time funding stream available for three years from program inception, to provide both homelessness prevention and rapid re-housing assistance to individuals and families facing homelessness.

HPRP programs were allowed to provide up to 18 months of assistance according to the HPRP regulations, but HUD encouraged programs to provide the least amount of rental assistance needed to stabilize families in housing. Accordingly, HPRP regulations required CBRR programs to recertify families for income-eligibility and need every three months.<sup>13</sup> Some programs also provided assistance with payment of arrears (either rental arrears or back payments owed on utilities) or assistance with start-up costs such as security deposits, utility set-up costs, and moving expenses.

### *Duration and type of CBRR housing assistance*

Exhibit 2-2 shows the different packages of assistance provided across CBRR programs and their relative prevalence based on the proportion of families referred to programs with each combination. The median expected length of assistance was 4–6 months of rental assistance, with 68 percent of families being referred to programs that provide an average of 4–6 months of rental assistance. Most of these programs also provide assistance with paying for arrears and start-up costs, such as security deposits and moving expenses. Roughly one-fifth of families were referred to CBRR programs that provide 7–12 months of rental assistance on average, with access to support for start-up costs but not arrears, and 11 percent of families were referred to programs that provided more than 12 months (some with start-up assistance, some without).

**Exhibit 2-2: Type of housing assistance provided through CBRR intervention**

Duration of rental assistance provided by CBRR programs	Other assistance provided		Percent of families referred to CBRR with this combination of assistance (n=528)	Percent of families referred to CBRR with this duration of assistance (n=528)
	Payment of arrears	Payment for start-up costs		
4–6 months	♦	♦	36	68
		♦	22	
			10	
7–12 months		♦	19	21
	♦	♦	2	
13–18 months			2	2
More than 18 months		♦	5	10
			5	

Source: Program data and random assignment records

Note: Payment of arrears included rent and sometimes utility arrears, and payment for start-up costs included security deposits and moving costs. The 10 percent of families referred to CBRR that was expected to last more than 18 months were all located in Boston, which used a State-funded CBRR program that was not time-limited like the HPRP-funded programs.

Since HPRP was statutorily funded through ARRA for only three years, many CBRR programs were beginning to run out of funds toward the end of study enrollment. Some programs began to reduce the length of time for which a family could receive assistance or reduced the amount of each family's subsidy. These programs sometimes adjusted their eligibility criteria accordingly to limit enrollment to families who would be likely to remain stably housed even with shorter periods or lower levels of rental assistance.

<sup>13</sup> U.S. Department of Housing and Urban Development (2009), *Notice of allocations, application procedures, and requirements for homelessness prevention and rapid re-housing program grantees under the American Recovery and Reinvestment Act of 2009*.

### *Depth of CBRR housing assistance*

The subsidy provided through CBRR represents a substantial fraction of monthly rent; however, the subsidy in CBRR is rarely determined based on participant contribution of a fixed percentage of income, as is the case in the HCV program. More than half of families were referred to CBRR programs that calculate subsidy as a fixed monthly amount. The fixed monthly amount is typically determined by CBRR case managers based on data collected through the client assessment, considering a standard set of criteria, such as family income, debt, size, and local housing costs. For another 19 percent of families, the initial subsidy is set at the discretion of the program, based on what the program staff determine is needed to get the family into housing, and then the ongoing subsidy is based on a formula. Rental assistance for the remaining 27 percent of families is calculated by formula, most often as a percentage of the contract rent but sometimes based on the contract rent less the participant's rental contribution. In one of the sites, the CBRR program paid the full monthly rent. Some programs establish caps on the total amount of subsidy paid to a given family. Exhibit 2-3 summarizes the methods used by CBRR providers to calculate subsidies for families in the study.

**Exhibit 2-3: Methods used to calculate CBRR subsidy amounts**

CBRR subsidy calculation	Percent of families assigned to CBRR programs with each type of subsidy calculation (n=528)
Subsidy amount is set by case managers on a case-by-case basis	55%
Combination (initial subsidy not determined by formula, then formula based on family contribution to rent)	19
Subsidy amount is a percentage of rent	23
Subsidy amount is difference between rent and participant contribution of a % of income	4

Source: Program data and random assignment records

### **Assessment of family needs in CBRR**

All 16 CBRR programs indicate that they conduct a formal assessment of study families at the beginning of the program. In addition, all programs report that they reassess family needs as part of the three-month program recertification. The assessments typically examine family needs related to housing, self-sufficiency, and employment, but three-quarters of families were referred to CBRR programs that also indicate they explore health, mental health, and substance abuse issues. Just over half of families were referred to CBRR programs that assessed for children's needs; other domains, such as parenting and life skills were only formally incorporated into a handful of programs' assessments. In all 16 programs, the assessments result in a formal service plan with goals for the adults in the household designed to help families obtain and remain in stable housing and to guide subsequent case management and referrals to other service programs. Thirty percent of families were referred to CBRR programs that also work with families to develop goals for the children.

### **Supportive services provided in CBRR**

Consistent with the minimum requirements established for CBRR programs, participating CBRR programs provide limited case management with linkages to other programs for additional support. CBRR services are heavily focused on housing and self-sufficiency. Most families were referred to CBRR programs in which the CBRR case manager takes primary responsibility for providing housing search and placement assistance; one program (representing 8 percent of family referrals) has a housing specialist to provide that function instead. Three-quarters of CBRR referrals were to programs in which



case managers address self-sufficiency, and a small proportion of families were referred to programs that address self-sufficiency needs through other internal or external program linkages in addition to case management. No other topics were addressed to the same extent. Just over one-third of families were referred to programs that provided employment training support; other service areas were explicitly offered at even fewer programs. Exhibit 2-4 shows the array of services offered in CBRR programs, and the extent to which the service is provided through case management, by other program or agency staff beyond the case manager, or through a dedicated linkage with an external agency that was guaranteed to provide the service because of CBRR enrollment. Some programs address a particular type of service through only one method; others use multiple methods. The second column shows the unduplicated percentage of families referred to programs that offer each type of service. The subsequent columns report separately the percentage of families referred to programs that provide that service type through that specific means.

**Exhibit 2-4: Types of supportive services offered in CBRR programs and how they are delivered**

Types of supportive services	Percent of families referred to CBRR that offer these services (n=528)	Percent of families referred to CBRR programs that offer services of this type:		
		Through case Management	By other program or agency staff	Through dedicated linkages with other agencies
Housing search and placement assistance	100%	92%	8%	0%
Self-sufficiency (e.g., financial literacy, money management, help obtaining public benefits, education, transportation, childcare, and after-school care)	78	78	6	3
Employment training	37	25	12	12
Life skills	30	30	0	0
Physical health care	23	23	0	0
Child advocacy	18	18	0	0
Parenting skills	16	16	0	0
Mental health care	2	2	0	0

Source: Program data and random assignment records

### **Case management in CBRR**

Almost all of the participating CBRR programs provide case management or service coordination to families. The average case management ratio<sup>14</sup> for CBRR programs in the study is 36 families per case manager, roughly double the average caseloads of PBTH and emergency shelter case managers. Exhibit 2-5 shows the relative intensity of case management for CBRR families in the study. Almost half

<sup>14</sup> The average case management ratio is calculated as the weighted average of program's typical point-in-time caseloads (collected in interviews with program staff), where the weights are the number of families referred to the programs. Thus, the average case management ratio in CBRR was derived by first multiplying each program's case management ratio by the number of people referred to that program, then summing the products, and dividing the sum by the total number of families referred to CBRR.

of clients were referred to programs in which a case manager works with more than 30 families at a time, most meeting at least quarterly and sometimes monthly. (Some programs indicate that case managers meet more frequently up front to support families as they search for and move into housing, meeting less frequently once the family is housed.) About one-fifth of families were referred to programs with 11–20 clients per case manager, meeting weekly to monthly, 11 percent of families were referred to programs with active caseloads of 10 or fewer families, and 18 percent of families were referred to programs with variable sized caseloads. Intensity can also be measured by the amount of time that case managers spend with families at each visit. Programs reported variable length of times, but visits of approximately one hour are fairly typical for CBRR programs. Specific details are reported about each program’s case management in Appendix B-3. Case management typically ends at the same time as the completion of the rental assistance aspect of the CBRR program.

**Exhibit 2-5: Case management intensity (ratio and frequency)**

Percentage of families referred to CBRR programs that offer case management in each of the following packages (n=471)		Frequency of case management (in percents)					Total
		Weekly	Biweekly	Monthly	Quarterly	Variable	
Average number of clients per case manager	10 or fewer clients	0%	0%	11%	0%	0%	11%
	11–20 clients	4	4	0	0	11	20%
	21–30 clients	3	0	3	0	0	3%
	More than 30 clients	0	3	30	13	0	46%
	Variable	0	0	18	0	0	18%
Total		7	7	61	13	11	100%

Source: Program data and random assignment records.

Note: Two CBRR programs (representing 57 families referred) did not provide information on case management ratios or frequency and have been excluded from this exhibit.

### Eligibility criteria for CBRR

Similar to SUB programs (described later in the chapter), HPRP-funded rapid re-housing programs had statutory eligibility criteria. Families had to be literally homeless, at or below 50 percent of the area median income, and without financial resources and support networks to obtain and remain in housing—none of which were impediments for the homeless families enrolled in the study. However, many of the CBRR programs had additional eligibility criteria related to families’ ability to lease units in the private market or the likelihood that they would be able to sustain the rent on their own once CBRR rent subsidies ended. Thirty percent of the 1,924 families considered for CBRR programs had to meet screening criteria regarding minimum work or income requirements; 17 percent had to meet screening criteria related to sobriety, drug testing, or treatment requirements; and 15 percent had to meet screening criteria regarding their criminal backgrounds. Exhibit 2-11 provides more detail on the types of questions used to screen for CBRR program eligibility, in comparison with PBTH and SUB eligibility criteria.

### Program rules in CBRR

Per statutory guidelines, families must continue to meet income recertification requirements in order to continue to receive assistance for the period offered by the CBRR program. Some CBRR programs also imposed additional program requirements with which families had to comply in order to maintain

eligibility for assistance, such as working with a case manager to achieve employment or increase earned income.

### 2.3 Project-based transitional housing intervention

The PBTH intervention provides time-limited housing assistance coupled with a wide array of services. Services include, at a minimum, assessment of family needs, case management, and provision of, or linkage to, a wide range of services to meet identified needs. PBTH was offered to study families in all of the sites except Boston; however, it was extremely limited in Minneapolis.<sup>15</sup> A total of 371 families were randomly assigned to this intervention (ranging from 4 in Minneapolis to 66 in Honolulu) and referred to a total of 46 programs. Of these, 31 PBTH programs (representing 295 of the families referred to PBTH) provided the program data used in this report to describe the PBTH intervention.<sup>16</sup> Details about each of these programs are provided in Appendices A and B.

For this study, we selected transitional housing programs that provide housing in project-based facilities, a common model in the field but not the only model of transitional housing implemented. Some communities offer transitional housing in scattered site settings. At the completion of a scattered site program, families may be able to transition in place and eventually take over the lease for the unit.<sup>17</sup> Transition-in-place programs share many of the same characteristics of CBRR, so we excluded them from this study to provide a stronger contrast between the PBTH and CBRR interventions.

Project-based transitional housing programs are often funded with federal Supportive Housing Program (SHP) grants, which results in some consistency across PBTH programs. For instance, the SHP grant limits transitional housing assistance to 24 months, funds a broad range of supportive services, and sets parameters for the way in which programs must calculate participant rent contributions when they choose to require them. However, not all the PBTH programs in the study are funded by SHP grants. Most have a wide range of funding sources, including private foundation grants and local fundraising proceeds. Some programs are faith-based; often these are completely privately funded.

For purposes of the study, we required that PBTH provide only temporary housing assistance. We allowed any time limit on tenure but specifically sought programs that offered at least 6 months of assistance. (Exhibit 2-7 illustrates that we were successful in achieving this goal.) Referrals to permanent housing assistance at the end of the transitional housing period are permitted, but permanent assistance cannot be guaranteed as part of the intervention.

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<sup>15</sup> Three PBTH programs agreed to participate in the study in Minneapolis, and four families were randomly assigned to PBTH and referred to two of these programs.

<sup>16</sup> Families were referred to 15 additional PBTH programs. However, fewer than five families were referred to each of these 15 programs, so the research team did not collect information about their program characteristics. The research team established a threshold for program data collection, focusing on programs to which five or more families were referred through the study.

<sup>17</sup> A few of the PBTH programs included in this study offer transitional housing in standalone apartment units or small single-family homes, but we have considered them PBTH for purposes of this study since the agency maintains control of the unit at the completion of the program and requires the family to relocate to other housing.

### Housing assistance in PBTH

By design, all the PBTH programs included in the study provide project-based assistance. In a few instances, programs placed families in separate scattered site units, but in all cases families had to leave the unit at the conclusion of the program and had to transition to other permanent housing. Programs offer housing assistance in varied physical environments. As shown in Exhibit 2-6, almost three-quarters of families were referred to PBTH programs that house families in individual apartments or occasionally single-family houses. One-quarter were referred to programs that provide private rooms but shared kitchens or bathrooms.

**Exhibit 2-6: PBTH housing settings**

Type of project-based transitional housing	Percent of families assigned to PBTH programs with housing units of this type (n=295)
Separate apartment with private kitchen, bathroom	73%
Private room but shared kitchen and/or bathroom	27%

Source: Program data and random assignment records

### Duration of PBTH housing assistance

As shown in the top half of Exhibit 2-7, most families (91 percent) were referred to PBTH programs that offered housing assistance for a maximum of 2 years, with 8 percent of families getting referred to programs offering longer assistance. However, the expected length of stay in PBTH is shorter than the maximum time allowed. The median expected length of stay for the families referred to PBTH programs in the study was 13–18 months. As the bottom half of the exhibit shows, all programs expected families to stay at least 6 months. Forty-four percent of families were referred to programs with expected lengths of stay 6–12 months, 8 percent referred to programs with expected stays of 13–18 months, and 46 percent expected stays longer than 18 months.

**Exhibit 2-7: Duration of PBTH housing assistance**

Program features	Percent of families referred to PBTH programs offering this length of assistance (n=295)
Maximum length of stay for study families	
12 months	1%
24 months	91
More than 24 months	8
Expected length of stay for study families	
Less than 6 months	0
6–12 months	44
13–18 months	8
Longer than 18 months	46
Unclear	2%
Average length of stay (weighted by referrals)	17 months

Source: Program data and random assignment records

### Family rent contributions and savings requirements in PBTH

Most families (93 percent) were referred to PBTH programs that require a program fee or rent contribution from program participants, based on 30 percent of their income (80 percent of those charged a fee) or other factors such as family or unit size (20 percent of those charged a fee; see

Exhibit 2-8). More than half of the families were referred to PBTH programs that required them to save money while in the program.

**Exhibit 2-8: Family rent contributions and savings requirements in PBTH**

PBTH program features	Percent of families referred to PBTH programs with these characteristics (n=295)
Are families required to pay a program fee or rent?	
Yes	93%
No	7
(If yes) How is the program fee/rent determined?	
Percentage of income	80%
Flat amount based on family or unit size	20
Does the program require families to save money while in the program?	
Yes	55%
No	45
Who is responsible for food for participating families?	
Families provide own food	74%
Program provides food	10
Both	16

Source: Program data and random assignment records

Families in PBTH usually live fairly independently while enrolled in the program. For example, 74 percent of families referred to PBTH programs are responsible for providing their own food while living in PBTH. The agency provides food in three programs (representing 10 percent of PBTH families), for which the housing facilities are former hotels where families do not have private kitchen facilities, and 16 percent of families assigned to PBTH were referred to programs that provide some but not all of families' food. Some agencies commented that if families remain responsible for at least one meal per day, then they are still eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.

### Assessment of family needs in PBTH

All PBTH programs indicated that the program conducts a formal assessment of study families at the beginning of the program.<sup>18</sup> The program staff universally reported that the assessments cover a broad range of topics, exploring family needs related to housing; self-sufficiency; employment; health, mental health, and substance abuse; child-specific needs; parenting; and family life skills. A few programs included other assessment domains such as domestic violence, trauma, debt burden, and cultural needs, but these were not widespread areas of assessment. The assessments all result in a formal service plan (or equivalent) with goals for the adults in the household, designed to help families address their needs. Fifty-eight percent of families were referred to programs that develop goals specifically for the children, as

<sup>18</sup> As part of program data collection, the research team asked program staff whether they conducted an assessment of families, when it occurred, which domains were addressed as part of the assessment, whether a standardized tool was used to ensure that assessments were conducted and reported systematically across program staff, and the extent to which assessments resulted in goal setting and service plans for family members.

compared with 30 percent in CBRR, another illustration of the way in which PBTH programs offer a more holistic assessment perspective than CBRR programs.

### Supportive services provided in PBTH

Consistent with the minimum requirements established for PBTH programs, participating PBTH programs provided comprehensive case management, direct provision of many supportive services, and linkage to mainstream programs or other programs to meet additional family needs. While all PBTH programs focused on ending a family's homelessness through placement in permanent housing, more than 90 percent of families were referred to programs that also provided services related to self-sufficiency and employment training. Exhibit 2-9 shows the wide array of services offered in PBTH programs and the extent to which the service is provided through case management, by other program or agency staff beyond the case manager, or through a dedicated linkage with an external agency that was guaranteed to provide the service because of PBTH enrollment. Some programs address a particular type of service through only one method while others use multiple methods. The second column of the exhibit shows the unduplicated percentage of families referred to programs that offer each type of service. The subsequent columns report separately the percentage of families referred to programs that provide that service type through that specific means. In some cases, addressing a service through case management meant provision of direct assistance by the case managers, whereas in other cases, addressing a service through case management means that the case managers provide referrals to other programs, advocate on behalf of the family to access care, help remove barriers to care, and coach or support a family as it attempts to complete its goals related to that service need.

The scope of needs addressed in PBTH differs substantially from the limited focus of CBRR on housing and self-sufficiency. More than 75 percent of PBTH families were referred to programs that provide services to address employment training, life skills, mental health care, parenting needs, physical health care, and approximately two-thirds of PBTH families were referred to programs that provide child advocacy and care related to substance abuse through one of the three services approaches.

**Exhibit 2-9: Types of supportive services offered in PBTH programs and how they are delivered**

Types of supportive services	Percent of families referred to PBTH that offer these services (n=295)	Percent of families referred to PBTH programs that offer services of this type:		
		Through case management	By other program or agency staff	Through dedicated linkages with other agencies
Housing search and placement assistance	100%	100%	16%	4%
Self-sufficiency (overall)	92	92	NA	NA
Childcare/after-school care			23	13
Financial management			8	14
Help obtaining public benefits			3	2
Transportation			0	0
Employment training	92	88	14	14
Life skills	82	82	10	2
Mental health care	82	82	19	5

Types of supportive services	Percent of families referred to PBTH that offer these services (n=295)	Percent of families referred to PBTH programs that offer services of this type:		
		Through case management	By other program or agency staff	Through dedicated linkages with other agencies
Parenting skills	82	75	14	8
Physical health care	81	77	6	12
Child advocacy	67	67	0	0
Substance abuse	62	58	9	5
Family reunification	29	23	6	0

Source: Program data and random assignment records

### Case management in PBTH

All PBTH programs provide case management and consider it a core part of their intervention. This may be even more of a focus of their intervention than the direct housing the program provides. Case management varies among the participating PBTH programs, with the average case management ratio for PBTH programs of 20 families per PBTH case manager. Exhibit 2-10 shows that almost three-fifths of families were referred to programs in which a case manager works with 20 or fewer families at a time, meeting with families weekly if not more often. The other two-fifths were referred to programs with lower-intensity case management, in which case managers have active caseloads of more than 20 families but generally fewer than 30. These programs still often meet with families weekly, though some only meet on a biweekly or monthly basis. Intensity can also be measured by the amount of time that case managers spend with families at each visit. Reported visit times varied from 15 to 90 minutes, with programs reporting one-hour case management sessions most frequently. Specific details are reported about each program's case management in Appendix B-5.

**Exhibit 2-10: PBTH case management intensity (ratio and frequency)**

Percentage of families referred to PBTH programs that offer case management in each of the following packages (n=287)		Frequency of case management				Total
		Weekly or more often	Biweekly	Monthly	Quarterly	
Average number of clients per case manager	10 or fewer Clients	13%	0%	0%	0%	13%
	11 to 20 clients	42	3	0	0	45
	21 to 30 clients	15	6	7	0	28
	More than 30 clients	6	8	0	0	14
TOTAL		76	17	7	0	100

Source: Program data and random assignment records

Note: One provider (representing eight family referrals) did not provide information on case management ratios and was excluded from this exhibit.

Case management is often offered for up to six months after families move out of the PBTH program, but program staff generally describes post-exit supportive contact as an open-door policy rather than regular contact.

### ***Other supportive services in PBTH***

The core of PBTH programs is its case management, but most PBTH programs offer direct services beyond case management. As was shown in Exhibit 2-9, additional services are sometimes provided by other staff within the agency and sometimes are secured through a dedicated linkage with another agency. The type of services offered vary significantly across PBTH programs, but child care, life skills training, employment training, mental health care, and parenting were provided most frequently. In addition to the services offered directly by the program or a formal partner, families are also routinely given suggestions of other places to contact to address their needs.

### **Eligibility criteria for PBTH**

While PBTH programs do not have statutory eligibility criteria in the same way that CBRR programs do, many of the PBTH programs established eligibility criteria to limit admissions to the types of families they deemed appropriate for PBTH assistance. PBTH programs were fairly restrictive in terms of whom they targeted. As part of recruiting families for this study, research staff screened candidates to see which program they would qualify for. Each program participating in the study was asked what would cause it to reject a family for enrollment, and screening questions were developed to identify these factors and prevent study staff from referring a family to an agency at which it would almost certainly be rejected.

The major categories of screening questions and their relative use in screening study families for available PBTH, CBRR, and SUB openings are shown in Exhibit 2-11. Of the 1,564 families considered for random assignment to an available PBTH unit, nearly three-quarters were screened for sobriety or willingness to engage in substance abuse treatment, as compared with only 17 percent of those considered for CBRR and none of those considered for SUB. More than two-thirds of families considered for PBTH were screened for minimum incomes or employment, compared with 30 percent in CBRR and only 8 percent in SUB.<sup>19 20</sup> PBTH is less restrictive than SUB only in relation to the statutory criteria required for SUB: criminal convictions, citizenship or legal status, and money owed to a housing authority.

Two categories of questions are unique to PBTH as compared to most of the SUB programs and to CBRR: unit size and family composition. Unit size criteria are an artifact of the project-based nature of PBTH and of the project-based forms of SUB to which a few families were assigned. Just over half of the families screened for PBTH were asked questions to determine whether their households were the correct size for the available transitional housing unit. For example, if a two-bedroom unit was available, a family had to have the right number of persons and right mix of ages and genders to be considered for the unit in order to avoid overcrowding or underutilization. In contrast, only 1 percent of families considered for SUB (those considered for project-based vouchers in Bridgeport) and none of the families considered for CBRR were screened for unit size. Family composition criteria limited enrollment for families based on the types of people who were part of their household. For instance, some programs excluded adult males, male children over 13 years, or any children of either gender over a certain age. Family composition

<sup>19</sup> In two SUB programs, both in Honolulu, the programs requested that the research team ask screening questions to confirm that families had a consistent source of income.

<sup>20</sup> Many PBTH programs (with 68 percent of families referred) required families to have sufficient income to be able to pay their own rent in coming months. The programs thus asked the research team to limit referrals to families who indicated (in responses to screening questions) having some type of income, participating in TANF, or being willing and able to obtain employment shortly after enrolling in the program.



criteria sometimes reflected the challenges of housing families in congregate settings and sometimes reflected program goals and design. None of the families considered for SUB or CBRR were screened for family composition.

**Exhibit 2-11: Types of program eligibility criteria and relative applicability to PBTH, CBRR and SUB**

Eligibility question type (At intake, participants must meet or agree to requirements related to...)	Percent of families screened for CBRR (n=1,924)	Percent of families screened for PBTH (n=1,564)	Percent of families screened for SUB (n=1,810)
Sobriety, drug testing, or participation in treatment	17%	72%	0%
Minimum income or employment	30	68	8
No specified criminal convictions <sup>a</sup>	15	59	90 <sup>d</sup>
Appropriate in family size for available unit	0	51	1
Appropriate family composition	0	43	0
Adequate credit or housing history	6	39	21 <sup>e</sup>
Citizenship or legal status	13	37	52 <sup>d</sup>
Mandatory service or activity participation	0	34	0
Required rent or move-in fees	7	18	6 <sup>f</sup>
Designated geographic catchment area	13	13	20
Health screening <sup>b</sup>	5	10	0
Documented disability or history of addiction	0	7	0
Adequate education or work experience	5	6	0
Maximum income threshold <sup>c</sup>	0	6	4
No housing authority arrears	2	2	36 <sup>d</sup>
Housing stability requirements	11	0	0

Source: Random assignment records

- <sup>a</sup> Families were screened for criminal convictions as specified by programs. The most common screening questions related to: a history of sexual offenses, violent crimes, or drug use; felony convictions; and operation of methamphetamine laboratories
- <sup>b</sup> Health screening procedures included tuberculosis screenings and bed bug screenings.
- <sup>c</sup> For several programs, families had to earn less than 50 percent of the area median income or less than \$36,000 per year to qualify.
- <sup>d</sup> These percentages reflect the percent of families considered for random assignment to SUB who were screened for these criteria. In fact, these are statutory eligibility requirements for SUB programs. The fact that these criteria are reported for fewer than 100 percent of families means that that public housing agency (PHA) did not ask the research team to screen on that basis, either due to unintentional omission or because they did not believe the criteria would be a barrier for families in shelter. Presumably each PHA subsequently screened for them at the time for formal intake.
- <sup>e</sup> These criteria represent screening questions such as whether the family had previously been evicted from a federally funded housing program (for SUB programs) or whether the family had an acceptable level of credit to obtain housing.
- <sup>f</sup> One SUB program that provided public housing assistance required screening questions to confirm that families would be able to pay the program's required \$1,000 security deposit.

### Program rules in PBTH

Once enrolled in a PBTH program, families remain eligible for assistance (up to the maximum length of stay) as long as they comply with program rules. As shown in Exhibit 2-12, 52 percent of PBTH families were referred to programs that impose curfews, and 42 percent of PBTH families were referred to programs that limit overnight visitors, even though most PBTH is provided in private apartment settings. Eighty-seven percent of families were referred to programs that explicitly required participation in

services or activities in order to remain in the program. For instance, PBTH programs often required participants to work with a case manager to develop goals and to identify and pursue actions needed to achieve them. Some programs also required participation in services such as a money management class, substance abuse assessment, or group counseling session.

**Exhibit 2-12: Types of program rules in PBTH**

Types of program rules	Percent of families referred to PBTH programs with these types of rules (n=295)
Weekday curfew	52%
Weekend curfew	10
Limit on daytime visitors	9
Limit on overnight visitors	42
Compliance with mandatory service requirements	87

Source: Program data and random assignment records

## 2.4 Permanent housing subsidy intervention

The SUB intervention provides indefinite rental assistance, typically in a community-based housing setting, with possible housing placement assistance, but without ongoing dedicated services. SUB was available in 10 of the 12 study sites, provided by 17 public housing agencies (PHAs) and one city housing agency. A total of 604 families were assigned to the subsidy intervention, ranging from 32 in Louisville to 77 in Alameda County. All 18 programs provided program data used to describe the SUB intervention in this report. The specific program names, number of families referred to each, and type of housing assistance administered are listed in Appendices A and B.

### Housing assistance in SUB

In 8 of the 10 sites (comprising 92 percent of family referrals), the subsidy intervention was in the form of a tenant-based voucher provided by one or more local PHAs through the HCV program, as shown in Exhibit 2-13. One of the sites offered permanent housing subsidies through public housing (6 percent of family referrals), and another offered project-based vouchers (2 percent of family referrals).

**Exhibit 2-13: Subsidy type provided by site**

Type of subsidy	Number of participating subsidy programs with this type of subsidy	Percent of families assigned to subsidy intervention of this type (n=604)
Tenant-based voucher	16	92%
Project-based voucher	1	2
Public housing	1	6

Source: Program data and random assignment records.

The HCV program is the federal government's largest housing assistance program, providing rental subsidies to more than 2 million households across the country.<sup>21</sup> Participants in the study who were assigned to the subsidy intervention and who were accepted by the PHA and issued a voucher were free to use the HCV to rent a housing unit of their choice in the private rental market as long as it met HUD's

<sup>21</sup> HUD Fiscal Year 2013 Budget, Justifications for Estimates. Accessed July 26, 2012 at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/cfo/reports/2013/main\\_toc](http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/reports/2013/main_toc)

Housing Quality Standards (HQS) and had a rent that was reasonable compared with the rents of unassisted units in the same housing market. The voucher assistance subsidized the monthly rent for the unit, and the value of the subsidy is the payment standard established by the PHA (or the unit's actual rent, if lower) minus 30 percent of the family's adjusted monthly income.<sup>22</sup>

In some sites, PHAs have residency requirements for the HCV program, so families who receive a voucher must use it in a designated jurisdiction for a specified period of time. For example, voucher recipients in the Oakland Housing Authority's program can only use the voucher in the city of Oakland for the first year of assistance. After that time participants can port, or move, the voucher to another PHA jurisdiction.

In Honolulu, the subsidy intervention included 39 units of public housing provided by the State PHA and 5 units of tenant-based rental assistance provided by the city. Public housing units are owned and managed by the PHA. Like voucher program participants, tenants in public housing pay 30 percent of adjusted monthly income for rent. The city's tenant-based rental assistance program operates much like the HCV program, but was funded with federal HOME Program dollars rather than HCV funds.

In Bridgeport, Connecticut, the subsidy intervention was provided through 15 units of project-based vouchers. Under the project-based voucher program, PHAs can use up to 20 percent of their housing choice vouchers for project-based assistance. Under the project-based program, a PHA enters into an assistance contract with a property owner for specified units and for a specified term. The PHA refers families from its waiting list to the owner to fill vacancies. Recipients of this type of assistance also pay 30 percent of monthly income for rent, with the remainder subsidized. Because the assistance is linked to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance. However, they may be eligible for a tenant-based voucher when one becomes available. Instead of finding units of their choice, families are restricted to the units provided in the assisted household project.

All the housing included in the SUB intervention is considered permanent. That is, families can continue receiving housing assistance as long as they follow program rules such as living in housing that passes a housing quality inspection. In all sites, recipients of the subsidy were subject to annual recertification of income to determine the tenant's share of the rent.

### **Supportive services in SUB**

The permanent subsidy intervention was intentionally selected to provide an intervention without ongoing, designated, intensive supportive services; however, up-front housing placement assistance was allowed. Of the 18 participating subsidy providers, eight PHAs (to which 177 study families were referred) indicated they conduct an assessment of family needs, but only two of the smallest programs—Honolulu's public housing program and Bridgeport's project-based voucher program—indicated they provide any case management services. These two represented only 4 percent of the study referrals. Only 20 percent of families were referred to PHAs that indicate that they help applicants locate qualified housing units, 20 percent of families were referred to PHAs that provide assistance resolving conflicts with landlords, and an even smaller percentage were referred to programs that provide moving assistance or help in learning how to maintain the unit. PHAs did not alter their usual practices for providing help to study families, but some did partner with other agencies to help families obtain funds that were not

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<sup>22</sup> Payment standards are adjusted for the number of bedrooms in the unit. The actual rent includes an estimate of the cost of utilities paid for by the tenant.

offered to typical voucher holders for paying PHA arrearages or required move-in costs. Families that receive voucher assistance can, of course, access any available services in the community on their own.

### Eligibility criteria for SUB

All the PHA-administered subsidy programs have statutory eligibility criteria that required prospective families to be able to document U.S. citizenship or legal status, absence of drug-related criminal convictions, lack of previous evictions from a federally funded housing program, and absence of arrearages to the PHA.<sup>23</sup> In some cases, SUB programs asked the research team to add eligibility screening criteria beyond those statutorily required, such as a question related to whether the family had a consistent source of income (two SUB programs required this); willingness to reside within the PHA's jurisdiction (two SUB programs required this); and ability to pay security deposits and other start-up costs (one SUB program required this). See Exhibit 2-11 for information on the percentage of families referred to SUB programs with these requirements. Thus, the subsidy programs are designed to serve families who are able to lease units in the private market and those Congress has deemed appropriate to serve on an indefinite basis—citizens and legal residents, and previous program participants who left the program on good terms.

### Program rules in SUB

Once enrolled in a SUB program, tenants remain eligible for the subsidy assistance as long as their incomes are low enough to qualify them for a subsidy amount greater than zero, they pay their share of the rent, they follow other program rules, and they cooperate with annual recertification requirements.

## 2.5 Usual care intervention

The final intervention included in the study is usual care (UC). All families were recruited for the study from emergency shelters. Since families assigned to UC were not explicitly provided other assistance, all UC families remained in emergency shelter until they navigated their way out with or without the assistance of the emergency shelter staff, or until they reached length of stay limits. A total of 754 families across all 12 study sites were randomly assigned to the UC intervention from 57 emergency shelters.

For the families assigned to UC, emergency shelters may have been the families' only interaction with the homeless assistance system, or families may have found their way to other homeless programs, including CBRR or PBTH, or even a permanent subsidy if they managed to secure a voucher through the normal application process and the waiting list maintained by the PHA. From baseline data, it is impossible to know what combination of housing programs UC families will receive. This section describes the emergency shelter part of UC, referred to here as UC shelters, which all UC families received.<sup>24</sup> Later stages of the study, including data from the tracking and follow-up surveys and from HUD administrative data, will enable the study to describe what other housing assistance UC families receive. Additional information describing the experience of UC will be included in later reports when follow-up survey data are available.

<sup>23</sup> Although all SUB programs had these eligibility criteria, not all SUB programs asked us to screen for them, thus the discrepancy in Exhibit 2-11 and this statement.

<sup>24</sup> Families assigned to other interventions also spent time in UC shelters for at least seven days.

Unlike the other three interventions, the study did not place explicit restrictions on emergency shelter programs. Instead, the research team tried to recruit from all emergency shelters that the community described as “entry points” into the homeless system for each site. Some programs call themselves emergency shelters but only recruit families from other shelters and therefore function more like transitional housing programs. We excluded these types of programs for purposes of recruiting families. We also avoided emergency shelters that exclusively provide domestic violence assistance, as most victim service providers did not feel that random assignment to non-specialized homeless assistance programs was appropriate for their clients. Thus, UC includes the gateway shelters, or primary entry points, into each site’s homeless system.

The number of UC shelters in each site reflects the organization of that community’s homeless system. For instance, we recruited from the single primary shelter in Salt Lake City, which has a largely centralized homeless system, whereas in Alameda, we recruited from nine shelters, reflecting the large geographic area covered by the county, the many cities and towns, and the homeless system’s general decentralization. Many UC shelters were part of agencies that operate other homeless programs. Outside of this study, these multi-service agencies would normally refer many families in shelter to their internal programs instead of referring them to externally operated programs.

Because of the way HUD prioritizes its funding for homeless assistance, very little HUD funding is used to support emergency shelters. As a result, emergency shelters typically rely on a broad range of other local private and public sources, and shelters do not have the same type of universal funding-related characteristics and requirements that CBRR, SUB, and, to some extent, PBTH programs have. Nonetheless, we found a great deal of similarity across communities in the types of assistance provided in emergency shelters, and there are many similarities between UC shelters and PBTH programs, except in relation to program eligibility criteria.

We were able to collect program information—the basis of the information reported in this section on UC shelters—from 51 of the 57 emergency shelter programs representing 739 families enrolled in the study. Details about each of these shelters are provided in Appendices A and B.

### Housing assistance in UC shelters

As shown in Exhibit 2-14, more than 80 percent of UC shelters provide housing assistance to families in congregate settings: dorm settings (35 percent of families), group living environments in which families have a private bedroom with shared bathrooms and kitchens (26 percent), and private bedrooms with bathrooms (23 percent) but shared kitchens and other common space. Thirteen percent of families stayed in various apartment-based settings, with 4 percent staying in other settings.

**Exhibit 2-14: Type of emergency shelter housing**

Type of housing	Percent of families in shelters with this setting (n=720)
Congregate dorms (shared bedrooms or sleeping space)	35%
Group homes (families have a private rooms but not private kitchen or bathroom)	26
Facilities (e.g., motels)—families have rooms and bathrooms but not kitchens	23
Facility-based apartments in complex reserved for program	8
Apartments clustered in larger building not owned or controlled by the program	5
Other settings	4

Source: Program data forms and random assignment records

Note: One provider (representing 19 study families) did not provide information on the housing setting and was excluded from this exhibit.

### *Duration of UC housing assistance*

The maximum length of stay allowed in shelter programs varies by program. Forty-four percent of families were in shelters that limited stays to 90 days or less; another 17 percent were in shelters that limited stays to 6 months or less. Thirty percent were in shelters with unlimited stays. However, when asked about the expected length of stay in the program, program staff estimated that stays were typically shorter than the maximum allowed. The median expected length of stay for families in UC shelters was 30–90 days. Almost 70 percent of families were in shelters with expected lengths of stay of 90 days or less; another 15 percent were in shelters with expected stays of 3–6 months; and the remainder were in shelters with stays expected up to a year. None of the programs thought families would stay longer than a year. Exhibit 2-15 shows the distribution of families staying in shelters with maximum and expected lengths of stay.

**Exhibit 2-15: Duration of UC housing assistance**

<b>Program features</b>	<b>Percent of families referred to UC shelters with these maximum lengths of stay (n=726)</b>	<b>Percent of families referred to UC shelters with these expected lengths of stay (n=726)</b>
Less than 30 days	1	6
30–90 days	43	65
More than 90 days, less than 6 months	9	11
6 months	8	2
7–12 months	6	14
More than 12 months	3	0
No limit/no maximum	30	2

Source: Program data forms and random assignment records

Note: Two providers (representing 13 families) did not provide information on length of stay and were excluded from this exhibit.

### *Family rent contributions and savings requirements in UC shelters*

As shown in Exhibit 2-16, three-quarters of families were in shelters that allow families to stay in shelter without paying rent or a program fee, but more than half are in shelters that require them to save money while they are enrolled in the program. Of one-quarter that are required to pay a fee during their stay, most families (85 percent) are in shelters that require them to pay a flat amount (e.g., \$7 per day), and 15 percent are in programs that determine the amount based on a percentage of a family's income. UC programs typically provide food for families, but one-third of families were in programs that do not provide any food, and 16 percent of families were in programs that require them to provide at least some of their own food. Some program staff indicated that families receiving SNAP had to contribute a portion of their SNAP benefits to offset the cost of the food provided by the program.

**Exhibit 2-16: Family rent contributions and savings requirements in UC shelters**

UC shelter program features	Percent of families referred to UC programs with these characteristics (n=737)
Are families required to pay a program fee or rent?	
Yes	24%
No	76
(If Yes) How is the program fee/rent determined?	
Percentage of income	15%
Flat amount based on family or unit size	85
Does the program require families to save money while in the program?	
Yes	59%
No	41
Who is responsible for food for participating families?	
Families provide own food	32%
Program provides food	52
Both	16

Source: Program data forms and random assignment records

Note: One program (representing two families) did not provide this information and was excluded from this exhibit.

### Assessment of families in UC shelters

All 51 shelter programs indicate that they conduct a formal assessment of study families at the beginning of the program. The assessments are comprehensive. Almost all families assigned to UC were recruited from shelters that assess family needs related to housing, self-sufficiency, employment, health, mental health, substance abuse, and child-specific needs, and 50 percent of families assigned to UC were recruited from programs that indicated that they also assess life skills and 44 percent for parenting. Assessments typically result in a formal service plan (or equivalent) with goals for the adults in the household, designed to help families address their needs. Forty-two percent of families assigned to UC were in shelters that also work with families to develop goals for the children—a similar proportion to PBTH.

### Supportive services in UC shelters

In their role as the entry point to the homeless system, all the UC shelters offered families comprehensive client assessments, case management, direct provision of many supportive services, and referrals to mainstream programs or other programs to meet additional family needs. In many ways, the array of case management and services provided mirrors those offered in PBTH, with even lower case management ratios. While shelter programs indicated that case management emphasized placement in permanent housing, staff also indicated that case management is about more than housing—that it is about meeting client needs however clients define them. As a result, case managers appear to provide support and referrals to address a wide range of issues related to housing, employment, health, mental health, substance abuse, parenting, and children.

Exhibit 2-17 shows the array of services offered in UC shelters and the extent to which the service is provided through case management, by other program or agency staff beyond the case manager, or through a dedicated linkage with an external agency that was guaranteed to provide the service because of shelter enrollment. Some programs address a particular service through only one method while others use multiple methods. The second column of the exhibit shows the unduplicated percentage of families

referred to programs that offer each type of service. The subsequent columns report separately the percentage of families referred to programs that provide that service type through that specific means. In some cases, addressing a service through case management means provision of direct assistance by the case manager, whereas in other cases, addressing a service through case management means that the case managers provide referrals to other programs, advocate on behalf of the family to access care, help remove barriers to care, and coach or support a family as it attempts to complete its goals related to that service need.

The scope of needs addressed in UC shelters is very similar to those addressed in PBTH, although some services were slightly more prevalent in PBTH than in UC shelters. Essentially all of the shelter case managers worked with families on housing search and placement and self-sufficiency issues. In addition, case management was supplemented with other direct services in almost all programs. Eighty-seven percent of UC families were in shelters that provide access to physical health care, 77 percent in shelters that provide employment training, 76 percent in shelters offering child advocacy, 75 percent in shelters offering life skills, and almost as many were in shelters that offer access to mental health care and parenting services.

**Exhibit 2-17: Types of supportive services offered in UC shelters and how they are delivered**

Types of supportive services	Percent of families referred to UC shelters that offer these services (n=737)	Percent of families in UC shelters that offer services of this type:		
		Through case management	By other program or agency staff	Through dedicated linkages with other agencies
Housing search and placement assistance	100%	99%	13%	0%
Self-sufficiency (overall)	95	91	NA	NA
Childcare/after-school care			12	13
Financial management			5	6
Transportation			5	0
Help obtaining public benefits			1	0
Physical health care	87	73	7	40
Employment training	77	73	21	10
Child advocacy	76	76	2	0
Life skills	75	65	0	10
Mental health care	71	66	3	24
Parenting skills	66	66	5	14
Substance abuse	48	46	2	8
Family reunification	24	24	1	0

Source: Program data and random assignment records

Note: One program (representing two families) did not provide information on services and was excluded from this exhibit.

### *Case management in UC shelters*

Case management is viewed as a core part of emergency shelter and the primary means of helping families to resolve the crises that resulted in homelessness. All but one shelter in this study provides case management to families. (The one shelter that does not is a crisis center that provides other direct supportive services and links families to other programs with case management.) Case management varies widely among the participating shelter programs, as shown in Exhibit 2-18, but the average case management ratio is 16 families per shelter case manager.



**Exhibit 2-18: Case management intensity (ratio and frequency)**

Percentage of families in UC shelters reporting (n=708)		Frequency of case management (in percents)				Total
		Daily	Weekly or more often	Biweekly	Monthly	
Average number of clients per case	10 or fewer clients	3%	34%	0%	0	37%
	11–20 clients	4	33	0	0	37
	21–30 clients	0	24	0	0	24
	More than 30 clients	0	0	3	0	3
TOTAL		7	90	3	0	100

Source: Program data forms and random assignment records

Note: Four UC shelters (representing 31 families) did not provide complete information on case management intensity and were excluded from this exhibit. Some row and column totals may not equal sum of individual cells due to rounding.

More than one-third of UC families (37 percent) were in shelters with case managers who work with 10 or fewer families at a time, meeting with families weekly, if not daily. The same percentage of UC families was in shelters with case manager caseloads between 11 and 20 families, while just under one-quarter of families were in shelters with caseloads of more than 20 families. Ninety-eight percent of families were in shelters in which the case managers met weekly or more often (7 percent daily), and even in the programs with higher caseloads, case managers met with families biweekly. Families in emergency shelter most often met with their case managers for 30–45 minutes. Specific details are reported about each emergency shelter's case management in Appendix B-7.

Case management is rarely offered after families move out of shelters. While some case managers keep an open door and may stay in touch with some families, most programs do not appear to provide a significant level of assistance after program participation.

### **Other supportive services in UC shelters**

The primary service provided in shelter is case management, but shelters offer other direct services, by other staff within the program, by another program within the agency, or through dedicated linkages with other agencies. Exhibit 2-17 shows that the type of services offered varies from shelter to shelter, and that there are no services that are offered as universally as case management. The most common services offered outside of case management are physical health care, mental health care, employment training, childcare, and parenting classes. Almost half of the UC families were in shelters that offer direct health care services, most often through an on-site clinic operated by another agency or through a dedicated linkage to an outside clinic. Other types of services were formally offered at UC programs serving fewer than one-quarter of UC families. In addition to the services offered directly by the program or a formal partner, families are also routinely referred to other agencies to receive other types of services needed to address their needs.

### **Eligibility criteria for UC shelters**

In many cases, UC shelters have eligibility criteria that limit the types of families served by the program. Since all families in the study had to meet these criteria in order to be in shelter and recruited for the study in the first place, these criteria are explained in Chapter 4 as part of the baseline description of the families enrolled in the study.

### **Program rules in UC shelters**

Families in UC had to comply with shelter rules in order to remain in shelter. As shown in Exhibit 2-19, 93 percent of UC families were in shelters with a curfew, 96 percent were in programs that limited

overnight visitors, 70 percent were in programs that limited daytime visitors, and 87 percent were in programs that explicitly required participation in services or activities in order to remain in the shelter. While more stringent in terms of curfews and visitors, the rules for families in shelter parallel the rules identified for PBTH programs.

**Exhibit 2-19: Types of program rules in UC shelters**

Types of program rules	Percent of families in UC shelters with these types of rules (n=737)
Weekday curfew	93
Weekend curfew	22
Limit on daytime visitors	70
Limit on overnight visitors	96
Compliance with mandatory service requirements	87

Source: Program data and random assignment records

Note: One program (representing two families) did not report information on program rules and was excluded from this exhibit.

## 2.6 Summary of the study interventions

This chapter describes each of the four interventions studied and the key differences between them. Although this study is not a demonstration project in which interventions were required to show fidelity to a specified program model, the data collected from the participating programs confirm that the interventions are distinct from each other in the ways intended by the study's design, particularly in relation to the intensity of the housing assistance provided and the intensity of the services provided. Exhibit 2-20 provides a simple illustration of the comparisons expected through this study. The programs represent the types of programs that are available to homeless families across the 12 study sites. As a result, findings about their relative impacts are anticipated to be relevant to policymakers, practitioners, and researchers.

**Exhibit 2-20: Summary of intervention features that will be compared through the Family Options Study**

	No/low service intensity	Medium/high service intensity
<b>Short-term housing assistance</b>	CBRR	UC shelters
<b>Medium-term/long-term housing assistance</b>	SUB	PBTH

CBRR and SUB both place and subsidize families in community-based apartments or single-family homes, whereas PBTH and UC shelters primarily provide temporary housing assistance in project-based facilities. On average, UC shelters provided the shortest housing assistance (two-thirds of shelters estimated that families leave shelter within 90 days), followed by CBRR, for which 3–6 months of assistance is typical. PBTH is next, with a median expected stay of 13–18 months. Finally, SUB provides rental assistance for years, as long as tenants abide by the terms of their assistance. In terms of supportive services, SUB provides only very limited housing placement services and CBRR provides limited case management focused primarily on housing and income growth, with large family-to-case manager ratios. UC shelters and PBTH both provide comprehensive assessments with intensive case management and a wide array of direct services provided directly by agency staff or through formal linkages to external partners.

The research team also identified key differences in terms of how each of these intervention types selected families. PBTH programs impose the most restrictive eligibility requirements, whereas SUB programs have the least. Chapter 3 describes the implementation of the study and the implications of

these criteria for random assignment, and Chapter 6 includes some observations by the research team related to the effect of these criteria on the accessibility and responsiveness of these programs for homeless families.

## Chapter 3: Implementing the study

This chapter describes the study's implementation. It includes a description of the processes for recruiting and enrolling families in the study and for referring families to the assigned intervention after random assignment. Finally, the chapter discusses the conditions established for conducting random assignment to ensure that families would be assigned to available interventions for which the family appeared eligible. Throughout, the chapter highlights lessons that were learned about implementing a rigorous research study in the homeless assistance service setting.

### 3.1 Study design

The Family Options Study is conducted as a randomized experiment. From September 2010 through January 2012, the research team enrolled 2,307 homeless families into the study in 12 sites. Each family was randomly assigned to one of two, three, or four interventions.

In an effort to maximize the likelihood that families randomly assigned to the study interventions could actually receive the assigned intervention, the research team established conditions that had to be met for random assignment to proceed:

1. Families had to meet the basic eligibility requirements for participation in the study and had to consent to enroll in the study.
2. Intervention slots<sup>25</sup> had to be available at the time of random assignment or anticipated within 30 days.
3. Families had to meet program eligibility criteria for at least one available slot in two or more interventions.<sup>26</sup>

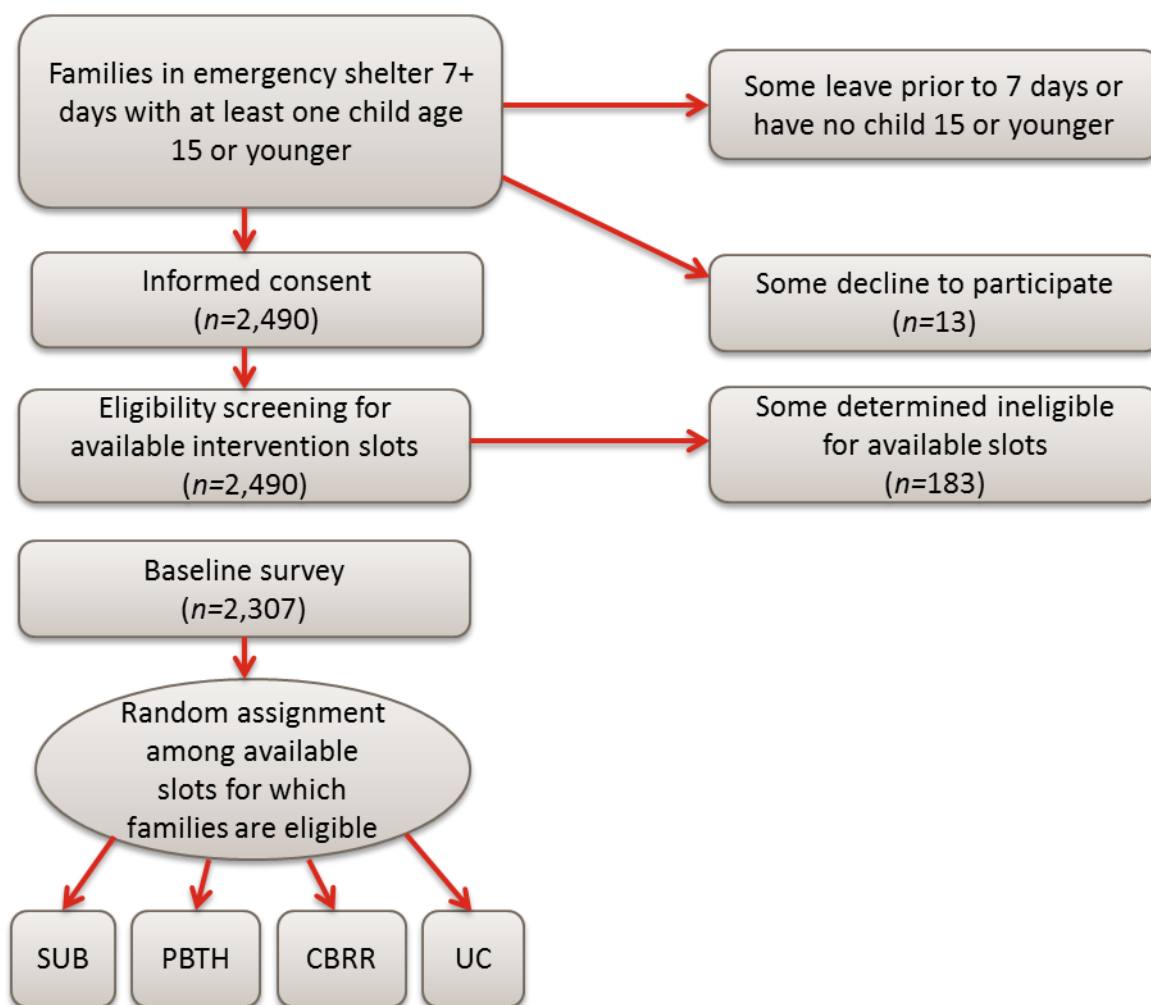
Enrollment in the study and conducting random assignment was a multi-step process, as shown in Exhibit 3-1.

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<sup>25</sup> Throughout this report we use the term *slot* to refer to opportunities for placement in a study intervention. For SUB intervention, a slot refers to a housing choice voucher or a unit in a public housing or project-based assisted development. For the PBTH intervention, a slot refers to a family's housing unit or space at a transitional housing facility. For the CBRR intervention, a slot refers to rental assistance provided to the family to subsidize the rent of a housing unit in the community. When we refer to an intervention slot as available, we mean that there was an open space or opportunity for a family to be placed in that study intervention.

<sup>26</sup> Initially, random assignment was contingent upon family eligibility for slots in at least three of the four interventions, but this condition was relaxed to two of the four interventions in August 2011 to maximize enrollment. Families were always assumed to be eligible for UC, so in practice this condition means that families initially had to meet eligibility screening for at least two of the three interventions beyond UC. This was later relaxed to one other intervention beyond UC.

Exhibit 3-1: Random assignment design



### Eligibility for the study

To be considered for the study, families had to stay in a participating emergency shelter for seven days and include at least one child age 15 or younger living with the family. We excluded from the study families who left shelter after fewer than seven days because the more intensive interventions considered in this study may not be necessary for families who can resolve a housing crisis that quickly. During those first seven days, we expected shelters to continue to provide all services and referrals they ordinarily provide to help families leave shelter. The study population was further restricted to families who had at least one child 15 or younger. This requirement was imposed because measuring child outcomes is an important goal of the study and we wanted to make sure that the family would still have a child under the age of 18 at the time of follow-up data collection, 18 months after random assignment. Once deemed eligible for the study, program staff referred willing families to local site interviewers, who were part of the study team. The site interviewers met each family to explain how the study and random assignment

worked. Those who agreed to enroll provided informed consent.<sup>27</sup> After obtaining informed consent, program staff determined whether the family was eligible for available intervention slots, and if so, administered the baseline survey. In families with only one adult present, that individual was interviewed. For families headed by couples, the research team interviewed women by preference, for two reasons. Some homeless assistance programs exclude men, and in cases of family separations the children are more likely to remain with the mother. In addition, some outcome measures such as psychological distress have different distributions for men and women in the population at large, so having greater homogeneity in the sample is desirable.

### **Availability of intervention slots**

The research team contacted providers of programs participating in the study each week to ascertain current availability of intervention slots. The purpose of this regular monitoring of intervention availability was to ensure that families were randomly assigned to an intervention only when it would be possible for the family to enroll in that intervention. The UC intervention was always available in all sites, but other interventions were not always available. For example, PBTH was only available when a participating provider had a vacant unit that matched the size of the family. In some sites, CBRR was not always available because of funding limitations. PHAs that provided the SUB intervention through turnover in their regular voucher program only had a designated number of subsidy slots available each month. As a result, at some times vouchers were not available. Without weekly monitoring of availability, the team might have assigned families to interventions for which it would have taken several months for a slot to become open.

The PBTH intervention and, in some sites, the CBRR and the SUB interventions had multiple service providers in each site. An intervention was deemed “available” if at least one slot at one provider of that intervention in the site was currently available. Three of the 12 sites never were able to provide more than three of the four interventions.<sup>28</sup> Section 3.2 discusses other implications of program availability for the study implementation and random assignment.

### **Eligibility of families for available slots**

In an attempt to maximize the likelihood that families assigned to one of the interventions would be accepted by the intervention provider, the random assignment design was also conditioned on the specific eligibility requirements of each participating provider. Each provider of CBRR, PBTH, and SUB had its own eligibility requirements, with some providers having more stringent requirements than others.<sup>29</sup> The study team collected the eligibility requirements of each participating provider, compiled them, and developed 100 separate eligibility screening questions. Families who consented to participate in the study were asked these eligibility screening questions to assess their eligibility for programs within their site.

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<sup>27</sup> The research team did not record information in the random assignment database about families who declined to provide informed consent. Across the 12 sites, 13 families declined to participate after hearing the explanation of the study. We do not have information about the characteristics of those who declined to participate because absent informed consent the team could not collect any information about these families.

<sup>28</sup> Atlanta and Baltimore did not have subsidies (SUB) available for families in the study and Boston did not have providers of PBTH.

<sup>29</sup> It was not necessary to screen for eligibility for UC since all families enrolled in the study were eligible for UC by definition (having stayed seven or more days in emergency shelter).

The household head was asked only the eligibility questions relevant to the providers that currently had slots available. Thus, eligibility for interventions and programs that did not have currently available slots was not assessed. A family was considered “eligible” for a particular intervention if the household head’s responses to the eligibility questions showed that the family met the eligibility requirements for at least one provider of that intervention that currently had an available slot.<sup>30</sup> This process allowed families to understand the requirements of available programs and to remove themselves from consideration for programs for which they would likely not be eligible.

This pre-random assignment eligibility screening was not a formal eligibility determination process. Instead, the families’ reported responses to questions were used to indicate apparent satisfaction with specific eligibility requirements of the participating programs. An example of the type of question asked related to requirements for sobriety is:

*Some programs will only accept families in which the head of household is clean and sober and who can demonstrate at least 30 days of sobriety. Would you like to be considered for programs with this requirement?*

Upon random assignment to an intervention and referral to an intervention provider, families had to complete the program’s regular eligibility determination process, including, in some cases, criminal background checks, drug testing, and income verification. We found that in some cases families were determined ineligible for the program after completing the program’s eligibility determination process, despite having passed the pre-random assignment eligibility screening specific to the program (see Chapter 5 for more information about the experiences of families in enrolling in the assigned interventions).

### Eligibility screening questions

The 100 eligibility screening questions can be grouped into 18 categories, including minimum income requirements, maximum income limits, and credit history to family composition, criminal history, and willingness to comply with mandatory service participation requirements. Exhibit 3-2 displays the categories of eligibility criteria the providers asked the research team to include in the pre-random assignment screenings and examples of the requirements. Typically, programs imposed eligibility requirements in multiple categories.

**Exhibit 3-2: Categories of eligibility screening questions**

Categories of eligibility requirements	Some programs only allowed families...
Minimum income	<ul style="list-style-type: none"> <li>• With a reliable and consistent source of income</li> <li>• With incomes higher than minimum thresholds (e.g., \$500, \$1,000, \$1,200, \$2,000)</li> <li>• With at least one employed adult</li> <li>• Willing and able to work</li> </ul>
Maximum income	<ul style="list-style-type: none"> <li>• With demonstrated substantial loss of income in the past 12 months</li> </ul>
Required to pay some rent or program fee	<ul style="list-style-type: none"> <li>• Who agreed to pay a monthly fee or rent</li> </ul>

<sup>30</sup> The random assignment algorithm accessed through the website prompted the interviewer to ask only the questions relevant for each family at the time of random assignment, depending on programs with availability.

Categories of eligibility requirements	Some programs only allowed families...
Credit and housing history	<ul style="list-style-type: none"> <li>• Who met minimum credit requirements</li> <li>• Who were able to secure utilities (no prior arrears and able to pay deposit if required)</li> </ul> <p><b>Some programs did <i>not</i> allow families:</b></p> <ul style="list-style-type: none"> <li>○ With a history of evictions</li> <li>○ With an eviction from a federally assisted housing program</li> </ul>
Debt owed to housing authority	<ul style="list-style-type: none"> <li>• Who either did not owe arrears to a housing authority or who could pay any debt immediately</li> </ul>
Education or work experience	<ul style="list-style-type: none"> <li>• In which an adult member of the household had a high school diploma or GED or is pursuing further education or training</li> </ul>
Family composition	<ul style="list-style-type: none"> <li>• With single parent households</li> <li>• With children under a specific age threshold</li> <li>• With parents with demonstrated legal custody for children staying with them</li> </ul> <p><b>Some programs did <i>not</i> allow families:</b></p> <ul style="list-style-type: none"> <li>○ With male household members over 18</li> <li>○ With adolescent boys</li> <li>○ With female heads of household under 21 years of age</li> </ul>
Unit size	<ul style="list-style-type: none"> <li>• In which the number of persons in the household can be accommodated in the available unit</li> </ul>
Health screening requirement	<ul style="list-style-type: none"> <li>• Who pass a TB test</li> <li>• Who participate in a bed bug screening</li> </ul>
Domestic violence	<ul style="list-style-type: none"> <li>• Who are (or are not) victims of domestic violence</li> </ul>
Disability requirement	<ul style="list-style-type: none"> <li>• With a documented disability</li> <li>• With a woman in recovery from substance use</li> </ul>
Sobriety or treatment	<ul style="list-style-type: none"> <li>• With a period of sobriety before entry</li> <li>• That can demonstrate sobriety through drug and alcohol testing</li> </ul>
Criminal history	<ul style="list-style-type: none"> <li>• In which adult members of the household pass criminal background check</li> </ul> <p><b>Some programs did <i>not</i> allow families:</b></p> <ul style="list-style-type: none"> <li>○ With an adult conviction for violent crime or sexual offense</li> <li>○ With a family member conviction for drug felony or sale or manufacturing of drugs</li> </ul>
Citizenship status	<ul style="list-style-type: none"> <li>• With proof of legal residency or citizenship</li> <li>• With state or federal-issued identification and Social Security cards for all members of the household</li> </ul>
Mandatory service participation	<ul style="list-style-type: none"> <li>• Who agreed to participate in case management</li> <li>• In which all children are enrolled in school or with appropriate child care</li> </ul>
Geographic location	<ul style="list-style-type: none"> <li>• Whose residence prior to emergency shelter was within city or municipal limits</li> <li>• Who have a previous connection (employment, family, or prior residence) in area where program located</li> </ul>
Housing stability history	<ul style="list-style-type: none"> <li>• Who first became homeless in the past 12 months</li> </ul> <p><b>Some programs did <i>not</i> allow families:</b></p> <ul style="list-style-type: none"> <li>○ Who have been homeless multiple times or for extended periods of time</li> </ul>

Source: Eligibility requirements self-reported by study participating programs



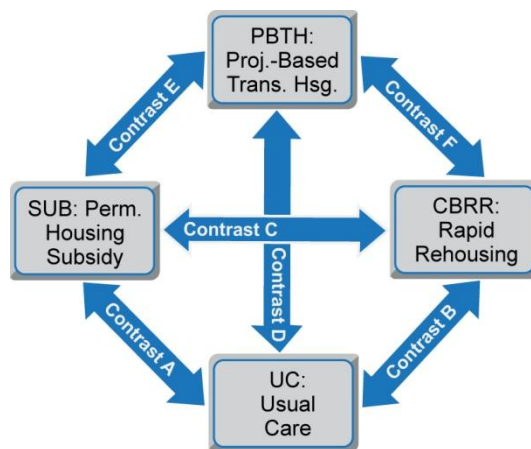
### Random assignment

The study will generate separate impact estimates for each pairwise comparison, including the six pairwise comparisons of a single intervention compared to another intervention, plus additional comparisons of pooled interventions compared to a single intervention. The details of the analysis are provided in the Revised Data Collection and Analysis Plan.<sup>31</sup>

The six pairwise comparisons that will be measured through this design are diagrammed in Exhibit 3-3 and can be stated as the following questions:

1. What is the impact of PBTH assistance for homeless families compared to UC offered in the community?
2. What is the impact of SUB assistance for homeless families compared to UC offered in the community?
3. What is the impact of CBRR assistance for homeless families compared to UC offered in the community?
4. What is the impact of PBTH assistance for homeless families compared to SUB assistance?
5. What is the impact of PBTH assistance for homeless families compared to CBRR assistance?
6. What is the impact of SUB assistance for homeless families compared to CBRR assistance?

**Exhibit 3-3: Contrasts among experimental interventions**



The approach to random assignment for this study—conditioned on intervention availability and family eligibility—means that each family falls into a “randomization set.” This is the group of interventions to which it was possible for a family to be assigned based on the assessed eligibility of the family for at least one available program within an intervention. In the study, each family can be part of one of seven randomization sets. These sets are {CBRR, PBTH, SUB, and UC}, {PBTH, SUB, UC}, {CBRR, PBTH, UC}, {CBRR, SUB, UC}, {PBTH, UC}, {SUB, UC}, and {CBRR, UC}.

The randomization set of each family is important to the analysis because it determines the pairwise comparisons in which the family will be included (this is discussed further in Chapter 6).

<sup>31</sup> Gubits et al. (2012), *Family options study: Revised data collection and analysis plan*.

The cumulative result of program availability and family eligibility is that most study families could not be considered for all four interventions at the time of random assignment. In other words, most families are in a randomization set with fewer than four interventions. Of the 2,307 families enrolled in the study, 477 had all four assignment options available to them at random assignment. Another 1,565 families had three assignment options, and 265 families had two assignment options (see Exhibit 3-4). In Section 3.2 we examine in more detail the role that program availability and family eligibility played in determining the random assignment options for families.

**Exhibit 3-4: Number of families in each randomization circumstance**

Randomization circumstance	Number of families	Percent of families enrolled
Total number of families screened for random assignment	2,490	
Total number of families determined ineligible for random assignment (because not eligible for available interventions) <sup>a</sup>	183	
Assignment among four interventions	477	21%
Assignment among three interventions	1,565	68%
Assignment among two interventions	265	11%
Total number of families enrolled	2,307	

Source: Random assignment records

<sup>a</sup> Families who after responding to provider-specific eligibility questions were assessed as eligible for only two (initially three) interventions available to them were not enrolled in the study. In total, 183 families were not enrolled in the study for this reason.

Using randomization sets as a basis for the impact analysis ensures that comparisons are internally valid—that is, they use appropriately matched groups across interventions and, in expectation, any observed differences in outcomes are caused by the differential treatment families receive and not by any pre-existing differences among the families. An analysis of the equivalence of baseline characteristics in pairwise comparisons is provided in Chapter 4.

## 3.2 Role of program availability and family eligibility on the randomization options for families

Exhibit 3-5 displays the number of families enrolled in the study who were randomly assigned to one of four, three, or two interventions. This section explores further the extent to which program and intervention availability and family eligibility limited the randomization options available to the enrolled participants.

Ideally, all enrolled study participants would have had the opportunity to be randomized to any one of the four interventions. This was not possible because intervention slots were not always available and families were not always eligible for the available intervention slots. As shown in Exhibit 3-5, only 477 families had the opportunity to be randomized to any of the four interventions. The remaining 1,830 families in the study were randomly assigned to one of two or three interventions.

The bottom panel of Exhibit 3-5 shows the total effect of program availability and family eligibility on random assignment. Family eligibility restricted random assignment options for 463 families who enrolled in the study (20 percent). Family eligibility restrictions were most commonly associated with ineligibility for available PBTH programs. Indeed, nearly three-quarters of random assignment options that were lost due to eligibility (356 families) were prevented from assignment to PBTH. Corresponding numbers were 86 families for CBRR and 30 families for SUB.

Exhibit 3-5: Effect of program availability and family eligibility on random assignment options

Random assignment circumstance	Lost an intervention due to availability (in a site where the intervention was permanently unavailable)—number of families	Lost an intervention due to availability (in a site where the intervention was generally available, but not at time of RA)—number of families	Lost an intervention due to eligibility—number of families	Total (percent of total enrollment)
Assigned among four interventions	0	0	0	477 (21%)
Assigned among three interventions: Lost one intervention	318	951	296	1,565 (68%)
Assigned among two interventions: Lost two interventions, solely due to program availability <sup>a</sup>	34	98		98 (4%)
Assigned among two interventions: Lost two interventions, solely due to family eligibility			9	9 (0%)
Assigned among two interventions: Lost one intervention due to program availability and one due to family eligibility	78	80	158	158 (7%)
Total effect on randomization	430 (19%)	1,129 (47%)	463 (20%)	2,307 (100%)
	1,559 (68%)			
Relative proportion of interventions lost	<sup>b</sup> PBTH 743 (46% of RA options lost to availability) CBRR 383 (24% of RA options lost to availability ) SUB 497 (31% of RA options lost to availability)		<sup>c</sup> PBTH 356 (75% of RA options lost to eligibility) CBRR 86 (18% of RA options lost to eligibility) SUB 30 (6% of RA options lost to eligibility)	

Source: Random assignment records

<sup>a</sup> Note: Of the families who lost two interventions to program availability, 34 lost one intervention because it was permanently unavailable in the site and one because it was not available at the time of random assignment (but generally available in the site). Sixty-four families lost two interventions because neither was available at the time of random assignment (but both were generally available in the site).

<sup>b</sup> Note: This cell reports the number of random assignment options lost because of program unavailability. The 98 families who lost two interventions because of program availability are counted here in each of the interventions that were not included in their options for random assignment.

<sup>c</sup> Note: This cell reports the number of random assignment options lost because of family ineligibility. The nine families who lost two interventions because of family ineligibility are counted in each of the interventions that were not included in their options for random assignment.

Altogether, program availability limited the random assignment options for more than half of families who enrolled in the study (1,559, or 68 percent). Of those, 1,129 (47 percent of families enrolled) had random assignment options limited because the intervention was not available at the time of random assignment. A total of 430 families (19 percent of those enrolled) were restricted in their random assignment options because an intervention was not available at all in a site. Similar to eligibility, program unavailability was most common for PBTH programs (see final row of Exhibit 3-5). Altogether, 46 percent of families whose random assignment options were restricted due to program availability were unable to be assigned to the PBTH intervention. Restrictions in availability of SUB affected 31 percent of families unable to access an intervention for availability, and nearly one-quarter of families affected by program availability were unable to be considered for CBRR.

Using information about the specific screening questions posed to families and their responses, we can explore the types of eligibility requirements that were most prevalent in restricting families' eligibility for PBTH programs.

The eligibility requirements that most frequently eliminated families from consideration for PBTH were:

- Family was not eligible for the unit size available.
- Family did not meet minimum income or employment requirements.
- Family composition did not match program requirements.

The eligibility requirement that most frequently eliminated families from consideration for CBRR was:

- Family did not meet minimum income requirement.

The requirements that most frequently eliminated families from consideration for SUB were:

- Family owed arrears to a PHA or had previous evictions from a SUB program.
- Family did not meet criminal background requirements.

As stated previously, the purpose of the pre-random assignment eligibility screening was to maximize the likelihood that families assigned to an intervention would be accepted by the intervention provider. The pre-random assignment eligibility screening was not foolproof, however. When some families contacted the provider to which they had been referred, the providers conducted their regular formal eligibility determination. Some families found out at that point that they were ineligible to receive assistance from the provider for one reason or another. The study collected information on these reasons why some families were deemed ineligible by providers (though this information is not available for all families). Chapter 5 discusses what these incomplete data show were the most common reasons that some families were found ineligible in provider screening and finds that they are consistent with the most common reasons found in the pre-random assignment eligibility screening.

Comparing the number of families that were not considered for an intervention, we see that intervention availability was more prevalent than family eligibility in preventing families from being randomly assigned to one of the four interventions.

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### **3.3 Random assignment algorithm**

The site interviewer conducted random assignment via a secure random assignment website, designed specifically for this study to manage information on program availability, eligibility questions, and family responses relative to the program eligibility. Using an algorithm that determined which interventions the family should be considered for, the website automatically assigned families at random to one of those interventions. The research team established random assignment probabilities at the outset of the study based on the estimated number of slots in each intervention and estimated take-up rates. The team monitored the probabilities over time and made adjustments when indicated. More information about the random assignment probabilities and adjustments made is provided in Appendix C.

### **3.4 Referral to the assigned intervention**

After random assignment, families were referred to one of the providers in the assigned intervention among those with availability and for which the family appeared to be eligible. Although assignment to intervention types was at random, families were not assigned to service providers within that intervention type at random. If there was more than one option within the assigned intervention (given availability and eligibility), the study team referred families to programs by rotating through the list of available programs in the assigned interventions, unless the family indicated a preference for a specific location.

## Chapter 4: Baseline characteristics of the study sample

This chapter describes the families that are participating in the Family Options Study. The information presented in this chapter was collected from study families in the baseline survey at the time of their enrollment into the study. The first section of the chapter reviews the eligibility rules in place at the emergency shelters where families were recruited into the study and suggests how those rules may have affected the characteristics of the study sample. The second section describes the characteristics of the families enrolled in the study and compares them to the characteristics of homeless families found in national estimates and other research. The third section presents the results of statistical tests performed to verify that families are well-matched on important characteristics in the six pairwise impact comparisons of the study.

### 4.1 Selection of the study sample

Families had to stay in a participating emergency shelter for seven days before being considered for enrollment in the study. Therefore, any eligibility requirements that emergency shelters placed on shelter entry also served to shape the sample of families that were included in the study. Most emergency shelter programs did have some eligibility requirements, as is common across the homeless services system nationally. Thus, this sample reflects the characteristics of sheltered homeless families, not of unsheltered homeless families or families in crisis who are unable to enter shelter.

The most common restrictions, implemented by emergency shelter programs in 9 of the 12 study sites, related to the composition of the family entering emergency shelter. Some programs were not able to accommodate adult men or married couples in their program because the shelters provided congregate living situations. Other programs served only families with children under the age of five or did not accept adolescent-aged children. Collectively, these eligibility requirements served to limit the number of men, couples, and older children in study families below what they might have been without the restrictions.

The second most common type of eligibility requirement, observed in emergency shelters in eight of the study sites, related to sobriety and recovery. Some emergency shelter programs required adults with a history of substance abuse to have a specified period of sobriety before program admittance. In other programs, adults had to pass a drug and alcohol screening as part of the application process. A subset of emergency shelter programs was designed to assist families facing substance abuse issues and thus targeted their services to families with this need. The presence of both restrictions and targeting related to substance abuse leaves us unsure as to whether the eligibility requirements for the emergency shelters from which we recruited the study sample led to a higher or a lower number of families with substance abuse problems than what we might have seen without these requirements.

A third type of eligibility requirement related to domestic violence. Some emergency shelter programs would not accept families facing domestic violence, as they had concerns about their ability to protect families from their abusers. We would expect that these requirements led to a lower number of families facing domestic violence at baseline than otherwise might have been the case. We did not attempt to recruit shelters that specialize in serving victims of domestic violence into the study if they were not part of the homeless service system. Those shelters are typically part of a separate system of care.

## 4.2 Characteristics of the study sample

To understand how the families in this study compare with the national homeless family population, we compare our sample with two national estimates of family homelessness. The best current source of that information is HUD's *Annual Homelessness Assessment Report (AHAR)*, which uses administrative data collected locally to produce national estimates of the number and characteristics of sheltered homeless families, as well as people who are in shelter as individuals. The most recent AHAR describes families in shelter in 2010.<sup>32</sup> An older source of information on homeless families is the National Survey of Homeless Providers and Clients (NSHAPC.)<sup>33</sup> Although less current, NSHAPC provides survey-based, nationally representative information that is not available in the AHAR on the characteristics and life histories of homeless families. NSHAPC also includes information on both sheltered and unsheltered families. We also attempt to compare some of the characteristics of our study sample with those of samples from studies that were not national in scope but provide additional information about some of the characteristics and experiences of homeless families.

According to the AHAR, in 2010 about 430,000 adults and children in 122,000 families used emergency shelter services across the country.<sup>34</sup> When comparing the 2,307 families in this study with the national population of homeless families that use emergency shelters, it is important to consider that to enter our sample a family must have spent at least seven days in shelter, and that roughly 25 percent of families using emergency shelters nationally do so for fewer than seven days.<sup>35</sup> The families who use shelter for less than seven days may have social supports or financial resources that help them to exit homelessness quickly. The families in the study, by comparison, had lived in emergency shelter for at least seven days and may have had fewer financial resources and current social supports. That could mean that the study sample's characteristics differ from those found for all sheltered homeless families in the AHAR. However, with limited exceptions, the observed characteristics of the study families are very similar to those of all sheltered homeless families.

### Family composition

Exhibits 4-1 through 4-6 provide information about many characteristics of the families in the study. As mentioned in Chapter 3, in families with one adult, that individual was interviewed as the adult respondent. For families headed by couples, women were interviewed by preference. As shown in Exhibit 4-1, a typical family in the study consists of a female adult about 29 years old who has one or two children with her in the shelter. Thirty percent of families had more than one adult present at baseline. In most cases (27 percent of all families), a second adult was the spouse or partner of the adult respondent.

<sup>32</sup> U.S. Department of Housing and Urban Development (2011), *The annual homeless assessment report to Congress*, Washington, DC.

<sup>33</sup> Burt et al. (2009), *Homelessness: Programs and the people they serve: Summary report*. Washington, DC: Urban Institute.

<sup>34</sup> The number of adults and children in emergency shelters (433,243) is from U.S. Department of Housing and Urban Development (2011), Appendix D-5. The number of families (121,601) is from unpublished data collected for *The Annual Homeless Assessment Report to Congress*.

<sup>35</sup> U.S. Department of Housing and Urban Development (2011), *The annual homeless assessment report to Congress*, Appendix D-12.

In most of the families where a spouse or partner was present, the spouse or partner was the second parent (in addition to the adult respondent) of at least one child with the family in shelter.

About half of adult respondents reported that they had never been married, more than one-quarter (28 percent) said that they were married or living in a marriage-like situation,<sup>36</sup> and one-fifth were separated, divorced, or widowed. The NSHAPC found similar patterns: 41 percent of adults in families reported that they had never been married, and 23 percent reported that they were married at the time of the survey.<sup>37</sup>

**Exhibit 4-1: Family composition**

<b>Family characteristic</b>	<b>Percent of adult respondents/ Percent of families</b>
<b>Family composition</b>	
Adults	
Adult respondent is female	91.6%
Average age of adult respondent	31.0 years
Median age of adult respondent	29.0 years
Adult respondent 24 or younger	27.1%
Male adult respondent with no female wife/partner present	3.9%
Two or more adults present in shelter	29.7%
2nd adult: spouse or partner	27.4%
Spouse/partner is parent of (at least one) child with family	22.7%
2nd adult: adult child (age 18 or over)	1.4%
Age of adult respondent at RA	
Less than 21 years old	8.1%
21–24 years	19.0%
25–29 years	23.7%
30–34 years	18.3%
35–44 years	22.5%
45 years and older	8.3%
Number of adults present in shelter	
1 adult	70.3%
2 adults	28.9%
3 or more adults	0.8%

<sup>36</sup> There was some inconsistency among responses to survey items that asked about marital status and family composition. In response to the marital status item, 28 percent of adult respondents said they were married or “living in a marriage-like situation.” In responses to items about adults in the family who were currently with or not with the family in shelter, 37 percent of adult respondents stated they had a spouse or a “lover or partner” in their family either currently with or not with the family. Survey respondents may have interpreted “marriage-like” more narrowly (for example, to mean a common-law marriage) in answer to the survey question about their marital status than when they responded “lover or partner” to questions about adults who were either with them in shelter or who were part of the family but not present in the shelter.

<sup>37</sup> Burt et al., 1999, Table 2.1, p. 14.



<b>Family characteristic</b>	<b>Percent of adult respondents/ Percent of families</b>
Marital status of adult respondent	
Never married	51.7%
Married or marriage-like situation	28.0%
Separated/divorced/widowed	20.4%
Number of children present in shelter	
1 child	43.7%
2 children	30.0%
3 children	15.2%
4 or more children	11.1%
At least one child under 3	49.9%
Mother is pregnant	9.7%

Source: Family Options baseline survey

A plurality of families (44 percent) had just one child under 18 present, and another 30 percent had two children with them in the shelter. Half of families included a child under the age of three, and nearly 10 percent of adult respondents reported that they were pregnant at baseline.

Based on a comparison to AHAR data on families in 2010, the size of study families is virtually identical to the size of families in emergency shelter and transitional housing nationally. In the study, about 32 percent of families are made up of two people (one adult and one child) and approximately 32 percent of study families are made up of three people (either two adults and one child or one adult and two children). The remaining 36 percent of study families have four or more members. The average size of families in the study is 3.29 persons. This is very close to the average size of families with children in emergency shelters and transitional housing nationally (3.37 persons).<sup>38</sup>

The AHAR has shown that homeless families tend to be smaller than other poor families.<sup>39</sup> Earlier research has shown that homeless mothers are often separated from some of their children, both in shelter and after leaving shelter.<sup>40</sup> The baseline survey for this study asked detailed questions on each person the respondent (usually the mother) considered to be part of the family, and whether or not the person was present in the shelter. Exhibit 4-2 shows that in approximately one-quarter of families in the study at least one child was separated from the family (i.e., living with other relatives, friends, in foster care, or in another living situation). Compared with the findings of other studies, fewer of the missing children were reported to have been placed in foster care. Only 1 percent of families in this study's sample reported a child in foster care, whereas Park et al., in a study of homeless children in emergency shelters in New

<sup>38</sup> National figures are calculations based on counts from the 2010 AHAR, Appendix D-1. Although AHAR data allow for a calculation of average family size of families in both emergency shelters and transitional housing together, they do not permit a separate calculation of family size of families in emergency shelter only.

<sup>39</sup> U.S. Department of Housing and Urban Development (2011). *The annual homeless assessment report to Congress*, Exhibit 3-5, p. 21.

<sup>40</sup> See Cowal, K., et al. (October 2002), Mother-child separations among homeless and housed families receiving public assistance in New York City, *American Journal of Community Psychology*, 30:5, and Park, J. M., et al., *Child welfare involvement among children in homeless families*, Departmental Papers, University of Pennsylvania, School of Social Policy and Practice, 2004.

York City, found that about 6 percent of children had had some involvement with the child welfare system (either placed in out-of-home care or received preventive services without out-of-home placement) prior to their first shelter stay.<sup>41</sup> Some of the difference may reflect differences in child welfare systems across jurisdictions. NSHAPC data suggest that perhaps as many as 9 percent of children of homeless women are in foster care while their parent is homeless.<sup>42</sup>

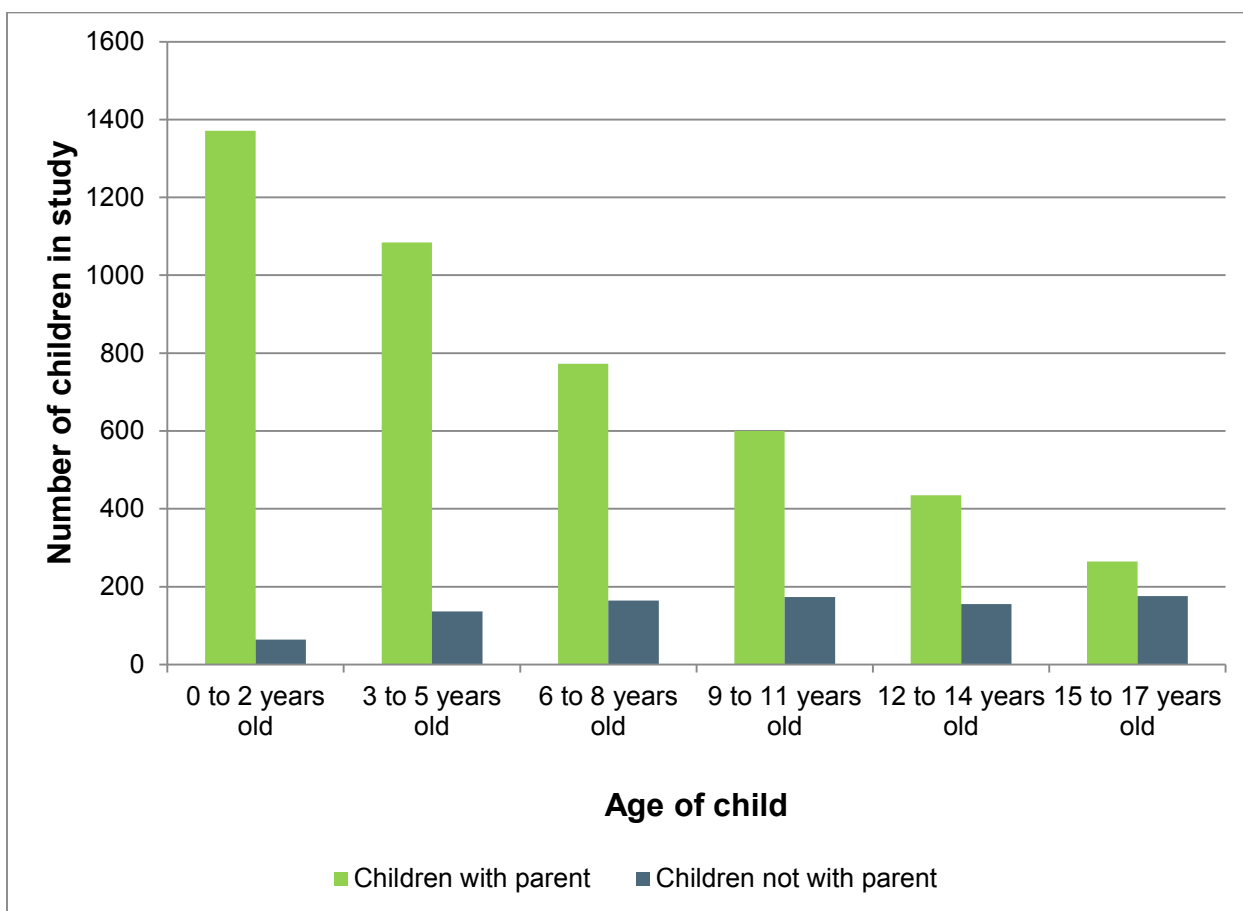
Exhibit 4-3 shows that older children are more likely than younger children to be separated from their parent in emergency shelter. This exhibit also shows the high number of children under age 6 with families in the study.

**Exhibit 4-2: Family separation**

<b>Family characteristic</b>	<b>Percent of adult respondents</b>
<b>Family separation—members not with the adult respondent in the emergency shelter</b>	
<b>Child separations</b>	
At least one child is not present	23.9%
Two or more children are not present	9.9%
A child younger than 3 is not present	2.5%
A child aged 3–6 is not present	7.2%
A child aged 7–12 is not present	10.7%
At least one child is in foster care	0.7%
<b>Adult separations</b>	
An adult partner is not present	10.1%

<sup>41</sup> Park, et al., 2004.

<sup>42</sup> Burt, M., Aron, L. Y., & Lee, E. E., with Valente, J. (2001). *Helping America's homeless: Emergency shelter or affordable housing?* Washington, DC: Urban Institute Press. Table 5.3, p. 146.

**Exhibit 4-3: Number of children with and not with the family in shelter, by age**

Across all 12 study sites, the racial characteristics of families in the study sample are similar to those of homeless families nationally, with an overrepresentation of African-Americans when compared with the poverty population overall.<sup>43</sup> Approximately 41 percent of study families are African American and not Hispanic or Latino, and 20 percent are Hispanic or Latino (all races). White families are slightly underrepresented among the study cohort compared to homeless families in emergency shelter nationally. About 21 percent of the study families identified as white, non-Hispanic/non-Latino, compared with 31 percent of people in families in emergency shelters nationwide.<sup>44</sup> Racial characteristics of families varied widely among sites, however, as shown in Exhibit 4-4. For example, the percentage identifying themselves as African-American and not Hispanic ranges widely—86 percent in Atlanta, 41 percent in Boston, 25 percent in Phoenix, and 1 percent in Honolulu.

<sup>43</sup> U.S. Department of Housing and Urban Development (2011), *The annual homeless assessment report to Congress*, Exhibit 3-1, p. 16.

<sup>44</sup> *Ibid*, Appendix D-5. Calculation is based on the 91 percent of families for whom race and ethnicity information was available.

Exhibit 4-4: Family race/ethnicity, by site

	Number of families in study sample	% Hispanic, all races	% White, non-Hispanic	% African-American, non-Hispanic	% Asian/Pacific Islander, non-Hispanic	% Mixed race, non-Hispanic, and other
All sites	2307	20%	21%	41%	7%	11%
Alameda County	262	19%	12%	56%	5%	8%
Atlanta	191	6%	3%	86%	0%	4%
Baltimore	58	0%	10%	79%	2%	9%
Boston	181	43%	10%	41%	1%	6%
Connecticut	214	30%	13%	47%	0%	10%
Denver	172	38%	25%	26%	1%	9%
Honolulu	221	10%	4%	1%	61%	24%
Kansas City	179	6%	35%	54%	1%	5%
Louisville	110	5%	27%	55%	1%	13%
Minneapolis	182	5%	12%	64%	2%	17%
Phoenix	281	27%	33%	25%	1%	14%
Salt Lake City	256	28%	52%	6%	4%	11%

Source: Family Options baseline survey

### Housing stability and history of homelessness

As shown in Exhibit 4-5, most families in the study were not homeless just prior to entering the shelter from which they were recruited into the study. Only 21 percent described their pre-shelter living situation in a way that would be defined by HUD as homelessness.<sup>45</sup> This rate is similar to the national rate of 24 percent.<sup>46</sup> Most families in the study entered shelter from housing—either their own housing unit or that of a friend or family member. About 26 percent rented or owned their own housing, identical to the national rate; 46 percent were living with family or friends, compared with 48 percent nationally.<sup>47</sup>

**Exhibit 4-5: Housing stability and history of homelessness**

<b>Family characteristic</b>	<b>Percent of adult respondents</b>
<b>Housing instability and history of homelessness</b>	
Housing just prior to shelter stay	
Owned or rented house or apartment	26.1%
With friends or relatives, not paying rent	24.7%
With friends or relatives, paying rent	20.9%
Homeless <sup>a</sup>	20.5%
Hotel or motel, paid by self	4.1%
Partner's place	3.0%
Treatment or permanent housing program	1.0%
Homeless history	
Time since last had regular housing	median: 7 days
Prior episode of homelessness	62.8%
Total homelessness in life	median: 6 months
Doubled up history	
Doubled up as adult because couldn't pay rent	84.6%
Time doubled up last five years <sup>b</sup>	median: 1 year
Childhood instability	
Homeless as child	15.9%
Foster care, group home, or institution as child	27.1%

Source: *Family Options baseline survey*

<sup>a</sup> Living situations included in the definition of *homeless* are other emergency shelter (6.8%), voucher hotel or motel (4.0%), car or vehicle (3.1%), transitional housing (2.8%), domestic violence shelter (1.9%), anywhere outside (1.6%), and abandoned building (0.2%).

<sup>b</sup> Time doubled up in last five years or time doubled up since age 18 for those ages 18–22.

<sup>45</sup> Living situations considered literally homeless are emergency shelters, voucher hotel or motels, car or vehicle, transitional housing, domestic violence shelter, anywhere outside, and abandoned buildings. This is consistent with the current HUD definition of homelessness, which includes living in emergency shelters, transitional housing, or places not meant for human habitation.

<sup>46</sup> *Ibid*, Exhibit 3-8, p. 23.

<sup>47</sup> *Ibid*, Appendix D-9. Percentages reported here are based on the 94 percent of families for whom prior living situation information was available.

Some of those who had been staying with family or friends had been paying part of the rent, but about 25 percent of study families said their previous living situation was living with family or friends and not paying rent. No national comparison statistic is available, as the administrative data used in the AHAR do not include information about rent payments by families in doubled-up situations.

For nearly two-thirds of the sample, this was not their first episode of homelessness. About 63 percent of adult respondents in the study had experienced homelessness at some other point in their lifetime, with about 16 percent of adult respondents having experienced homelessness as a child. For adult respondents with a history of homelessness, the median length of lifetime homelessness was six months. The rate of prior homelessness in the sample is greater than the rate for homeless adult respondent interviewed for NSHAPC, which was 50 percent.<sup>48</sup> Part of the difference may be explained by the fact that the NSHAPC survey was conducted about 15 years earlier than this study's baseline enrollment period. Many of the adults surveyed in NSHAPC had come of age at a time when homelessness was less common.

Twenty-seven percent of adult respondents in this study's sample had lived in foster care, group homes, or some institutional setting as a child, and 85 percent indicated that they were doubled up at some point as an adult, defined as "staying with family or friends because you couldn't find or afford a place of your own."

NSHAPC showed very similar patterns of childhood housing instability among people who subsequently became homeless, with about 25 percent of the adults in homeless families reporting that they had been in foster care, a group home, or another institutional setting as a child.<sup>49</sup>

### **Income stability and disability**

Study information on employment, income, and program participation of families in the study provide insight into the severity of income barriers currently faced by families in emergency shelters. As shown in Exhibit 4-6, most adult respondents in the study were not working at the time of enrollment (83 percent), and more than half had not worked for pay in the previous six months. Approximately 45 percent had not worked in more than a year, and 30 percent had not worked in the past two years. For the 17 percent that were working at the time of enrollment, median hours at their main job were 30 hours a week, and median annualized earnings were about \$12,000 per year. Looking at the employment of all adults in the family, about 22 percent of families had one adult working (either the adult respondent or another adult family member), and about 2 additional percent of families had two adults working. The median household income of all families in this study was \$7,440 at the baseline interview. Approximately one-fifth had incomes at or less than \$2,880 per year and one-fifth had incomes at or greater than \$15,000 per year. Data collected by NSHAPC some 15 years earlier show an average income for homeless families of \$8,172 (in 2011 dollars)<sup>50</sup> and that 71 percent had not worked in the previous month.<sup>51</sup>

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<sup>48</sup> Burt et al., 1999, Table 2.7, p. 31.

<sup>49</sup> Burt et al., 2001, Table 3.8, p. 90.

<sup>50</sup> The average income of NSHAPC homeless families in 1996 dollars is \$5,700. This amount is adjusted to 2011 dollars using the Consumer Price Index for All Urban Consumers (CPI-U), [ftp://ftp.bls.gov/pub/special.requests/cpi/cpiiai.txt](http://ftp.bls.gov/pub/special.requests/cpi/cpiiai.txt) (accessed July 25, 2012).

<sup>51</sup> Burt et al., 1999, Table 2.6, p. 29.

**Exhibit 4-6: Income stability and disability**

<b>Family characteristic</b>	<b>Percent of adult respondents/ Percent of families</b>
<b>Income stability and disability</b>	
Employment history of adult respondents	
No work past week	82.8%
No work past 6 months	57.0%
No work past 1 year	45.0%
No work past 2 years	30.4%
Job characteristics for 17% of adult respondents who are working	
Earnings at main job	median: \$11,856
Hours per week at main job	median: 30.0 hours
Employment of adults in family	
One adult working for pay	22.4%
Two adults working for pay	2.1%
Current family income	
20th percentile	\$2,880
50th percentile (median)	\$7,440
80th percentile	\$15,000
Annual family income categories	
Less than \$5,000	32.0%
\$5,000–\$9,999	29.7%
\$10,000–\$14,999	17.6%
\$15,000–\$19,999	9.1%
\$20,000–\$24,999	5.5%
\$25,000 or more	6.1%
Public program participation	
SNAP (food stamps) receipt	87.8%
TANF Receipt	41.2%
SSI receipt	9.6%
UI receipt	7.3%
Child support receipt	14.2%
WIC receipt	35.8%
Medicaid receipt	60.0%
State health insurance receipt	22.6%
State children's health insurance (SCHIP) receipt	32.2%
At least one of Medicaid, state health insurance, or SCHIP	86.1%
Disability status	
Disability and/or disabled family member	38.8%
Adult respondent has disability that limits/prevents work	21.4%
Non-head age 15+ has disability that limits/prevents work	7.1%
Child under age 15 has disability	17.0%
Educational attainment	
Less than high school diploma	36.5%
High school diploma/GED	36.6%
Greater than high school diploma	26.9%

Source: Family Options baseline survey

Most families in the study receive some form of public assistance. Eighty-eight percent of families in the study receive SNAP, and 10 percent receive Supplemental Security Income (SSI) for someone in the family. The percentage (41 percent) of families receiving Temporary Assistance to Needy Families (TANF) is somewhat higher than the national take-up rate for TANF of 36 percent.<sup>52</sup> Many families in the study receive Medicaid benefits (60 percent), state health insurance benefits (23 percent), or State Children's Health Insurance (32 percent). About 86 percent of families participated in at least one of these health insurance programs. Rates of receipt of SNAP were somewhat lower for adults in families interviewed for NSHAPC (71 percent), about the same for SSI (11 percent) and for Medicaid (61 percent), and higher for welfare (52 percent; at that time, Aid to Families with Dependent Children was still available).<sup>53</sup>

Families in this study have a high rate of self-reported disability. Thirty-nine percent of families have at least one family member with a self-reported disability. About 21 percent of adult respondents said that they have a disability that would limit or prevent them working, and 7 percent of families have a family member age 15 or older with a disability that limits or prevents him or her from working. Some 17 percent of families have at least one member of the family age 14 or younger who has a disability. Of adult respondents without a disability, about 7 percent said that caring for another disabled family member (adult or child) limited their ability to work. National health data show that only 4.5 percent of adults ages 18–44 and 11.3 percent of adults ages 45–64 have a disability that limits their ability to work at a job or business.<sup>54</sup> National homeless data report on the disability status of adults in homeless families. Approximately 14 percent of families in emergency shelter identify an adult family member with a disability.<sup>55</sup> The higher rate of disability among study families could be associated with disadvantages that cause them to stay in shelter for seven days or more or it could simply reflect the way in which disability status is collected for this study compared with the administrative data used for the AHAR.

### **Other barriers to increasing income or finding housing**

Data on homeless survivors of domestic violence is both sensitive and uneven. Often emergency shelters serving families fleeing domestic violence do not identify as serving a homeless population or are not a part of the local Homeless Management Information System (HMIS) reporting on emergency shelter usage. As shown in Exhibit 4-7, 49 percent of adult respondents in this study reported that they have experienced physical abuse or been threatened with violence by a spouse or partner. Other studies have shown even higher rates of domestic violence. For example, Bassuk et al. (1996) report results of a study of homeless and housed mothers receiving public assistance in Worcester, Massachusetts, indicating that 63 percent of homeless mothers, and almost as high a percentage of those who had not become homeless

<sup>52</sup> In 2007, the most recent year available, 36 percent of families eligible for TANF received TANF assistance. Loprest, P. (2012). *How has the TANF caseload changed over time?* Urban Institute Research Brief #08, p. 2.

<sup>53</sup> Burt et al., 1999, Table 2.6, p. 29.

<sup>54</sup> Survey of Income and Program Participation (SIPP), Prevalence and most common causes of disability among adults—United States, 2005, *Morbidity and Mortality Weekly Report*, May 1, 2009, 58. (16), 421-426.

<sup>55</sup> U.S. Department of Housing and Urban Development (2011), *The annual homeless assessment report to Congress*, Appendix D-5. Percentage reported here is based on the 96 percent of families for whom disability information was available.



(58 percent), reported that they had been severely physically assaulted by an intimate partner as adults.<sup>56</sup> The Worcester study asked a detailed series of questions about such incidents as being slapped repeatedly, hit with a fist, hit with an object, or threatened with a knife or gun, whereas the baseline survey for this study asked only one general question about physical abuse or threats of violence.

**Exhibit 4-7: Barriers to increasing income or finding housing**

<b>Family characteristic</b>	<b>Percent of adult respondents/ Percent of families</b>
<b>Barriers to increasing income or finding housing</b>	
Exposure to violence and mental health	
DV by spouse or partner	48.9%
PTSD symptoms	21.6%
Psychological distress	22.0%
<b>Prior housing history—problems finding housing</b>	
History of eviction <sup>a</sup>	25.9% big or small problem
Never a leaseholder <sup>a</sup>	34.6% big or small problem
<b>Other barriers to housing</b>	
Felony conviction of at least one adult family member	14.1%
Felony conviction of adult respondent	11.2%
Felony conviction of non-head family member	4.7%
Drug abuse	14.1%
Alcohol abuse	11.2%

Source: Family Options baseline survey

<sup>a</sup> Information was only collected on history of eviction and never having been a leaseholder if the respondent thought these presented a problem in finding a place to live.

Mental health and substance use issues are frequently identified as barriers faced by people experiencing homelessness. These issues are more prevalent among homeless individuals than they are among homeless families. Employment status and broader economic challenges are more often identified as the central cause of family homelessness.<sup>57</sup>

A history of drug use within the past year was identified by 14 percent of the adult respondents, and 11 percent responded to survey questions in a way that suggested alcohol abuse within the past year.<sup>58</sup> These are substantially lower rates than reported by homeless adults in families to NSHAPC (38 percent

<sup>56</sup> Bassuk, E. L., et al., The characteristics and needs of sheltered homeless and low-income housed mothers, *American Journal of the American Medical Association*, 276, 1996, Table 3, p. 643.

<sup>57</sup> Rog, D. J., & Buckner, J. C., Homeless families and children, in *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation and U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 2007.

<sup>58</sup> The baseline survey asked the four items in the Rapid Alcohol Problem Screen-4 (RAPS-4; Cherpitel 2000). An affirmative answer to any of the four items indicates an alcohol problem. The baseline survey also asked seven items regarding use of illegal drugs, six of which are included in the Drug Abuse Screening Tool (Skinner, 1982). An affirmative answer to any of these seven items indicates a drug problem.

for drug use problems and 18 percent for alcohol use problems within the past year).<sup>59</sup> In another study of homeless families, Rog et al. report that 12 percent of adult respondents had used illicit drugs in the past year.<sup>60</sup>

Approximately 22 percent of adult respondents gave survey responses that indicate symptoms of post-traumatic stress disorder (PTSD), 22 percent reported symptoms of serious psychological distress, and 30 percent reported evidence of one or the other.<sup>61</sup> Bassuk et al. report similar rates of current PTSD symptoms for both the homeless families (18 percent) and the housed welfare families (16 percent) in the Worcester study.<sup>62</sup> The rates of PTSD and serious psychological distress for homeless families are substantially higher than national rates of PTSD (5.2 percent for women and 1.8 percent for men)<sup>63</sup> and serious psychological distress (3.9 percent for women and 2.9 percent for men).<sup>64</sup>

The baseline survey asked families explicitly about factors that would affect their ability to find a place to live. Many reported that they either had a poor rental history (26 percent had been evicted) or that they had never been a leaseholder at all (35 percent).<sup>65</sup> Some families (14 percent) reported that at least one adult in the family had been convicted of a felony for drugs or other offenses. In 11 percent of families, the adult respondent had a felony conviction.

### 4.3 Baseline equivalency testing

When random assignment is properly implemented, the families assigned to one intervention should not differ systematically from families assigned to other interventions in their background characteristics. In order to verify the integrity of the random assignment process, we conducted statistical tests on family background characteristics at random assignment for each pair of interventions to ensure that there were no systematic differences in family characteristics by intervention group.

<sup>59</sup> Burt et al., 2001, Table 2.4, 24.

<sup>60</sup> Debra Rog and John C. Buckner, 2007, 5-9.

<sup>61</sup> About 14 percent of adult respondent have both PTSD symptoms and high psychological distress.

<sup>62</sup> Bassuk et al., 1996, Table 4, 644.

<sup>63</sup> The statistic for PTSD is the national 12-month prevalence rate as measured in the National Comorbidity Survey–Replication (NCS-R), which was fielded in 2001–2002. The NCSR used a different instrument to measure PTSD than the Family Options Study. National Comorbidity Survey–Replication (NCS-R). (2005). [http://www.hcp.med.harvard.edu/ncs/ftpd/NCS-R\\_12-month\\_Prevalence\\_Estimates.pdf](http://www.hcp.med.harvard.edu/ncs/ftpd/NCS-R_12-month_Prevalence_Estimates.pdf). Accessed July 16, 2012.

<sup>64</sup> The statistic for national rate of serious psychological distress is from the 2011 National Health Interview Survey. This survey used the same measure of psychological distress as used in the Family Options Study. Centers for Disease Control and Prevention (2012), *2011 national health interview survey*. [http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206\\_13.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206_13.pdf). Accessed July 20, 2012.

<sup>65</sup> These percentages are the percentages of respondents who reported that a past eviction or no rent history at all presented a “big” or “small” problem for them in finding a place to live. The survey items did not capture whether a respondent had a past eviction or had no rent history at all if the respondent did not think these were problems in finding a place to live. Therefore, these percentages are lower bounds on the proportions of the respondent sample who had a history of eviction and who had never been a leaseholder.

As discussed in Chapter 3, issues involving the availability of interventions and eligibility of families for interventions meant that many families in the study had a chance of being assigned to only three or two of the interventions rather than having a chance of assignment to any of the four interventions. These issues reduced the sample sizes that will be used in each pairwise impact comparison. A family will be included in a particular pairwise comparison if that family had a chance (i.e., a non-zero probability) of being assigned to each of the interventions in the pair and was actually assigned to one of the interventions in the pair. For instance, a family that had a chance of being assigned to any of the four interventions and was assigned to PBTH will be included in the pairwise comparisons of PBTH vs. UC, PBTH vs. SUB, and PBTH vs. CBRR. A family that had a chance of being assigned to SUB, CBRR, or UC and was assigned to SUB will be included in the pairwise comparisons of SUB vs. UC and SUB vs. CBRR. This family will not be included in the pairwise comparison of PBTH vs. SUB because it did not have a chance of being assigned to PBTH. Exhibit 4-8 shows the number of families that will be included in each pairwise impact comparison once restricted random assignment possibilities are reflected.

**Exhibit 4-8: Sample sizes for six pairwise impact comparisons (number of families)**

Pairwise impact comparison	Sample size of first intervention group	Sample size of second intervention group
PBTH vs. UC	371	343
SUB vs. UC	604	548
CBRR vs. UC	578	580
PBTH vs. SUB	241	258
PBTH vs. CBRR	241	236
SUB vs. CBRR	439	387

Source: Random assignment records

Each pairwise baseline comparison examined the set of 15 characteristics listed in Exhibit 4-9. These characteristics were chosen because they are either major demographic characteristics or they are baseline measures in the study's five outcome domains.<sup>66</sup>

<sup>66</sup> The study's five outcome domains are housing stability, self-sufficiency, adult well-being, child well-being, and family preservation.

**Exhibit 4-9: Characteristics examined in baseline equivalency testing**

<b>Baseline characteristic at the time of random assignment</b>
• Age of household head
• Gender
• Marital status
• Race/ethnicity
• Educational attainment
• Number of adults in family
• Number of children in family
• Worked for pay in last week
• Previously convicted of a felony
• Family annual income
• Previously homeless (before current spell)
• Previously lived in doubled-up housing
• Number of barriers in finding housing <sup>67</sup>
• Household head has a child under 18 living elsewhere
• Number of major life challenges faced <sup>68</sup>

Source: Family Options baseline survey

For each of these characteristics in each of the six comparisons, a statistical test was performed to determine if the two groups being compared differ on the characteristic. Then, for each of the six comparisons, we performed an omnibus statistical test of the null hypothesis that the two groups are the same on all 15 of the characteristics. This was done by estimating a regression model that predicts sample membership (e.g., PBTH vs. UC) using the 15 characteristics above as predictors. The F-test on the joint significance of all the regressors serves as our omnibus statistical test for differences between the two groups; rejection of the null means that the joint distributions of the 15 characteristics for the two groups differ in a manner that has no more than a 10 percent probability of occurring by chance.

<sup>67</sup> Barriers to finding housing were reported by adult respondent as “big problems” in finding housing. The maximum number of barriers is 19. The 19 possible barriers are: not having enough income to pay rent, inability to pay a security deposit or first/last month’s rent, lack of transportation to look for housing, poor credit history, racial discrimination, not being currently employed, no rent history at all, recently moved to community and no local rent history, no reference from past landlords, a past eviction, problems with past landlords, past lease violations, having problems with police, having a criminal record or background, having a felony drug record, having three or more children in the household, having teenagers in the household, someone in the household under 21 years old, and someone in the household who has a disability.

<sup>68</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), self-reported medical condition, and substance abuse.

All of these test results are shown in Appendix D. In three of the six comparisons, we observed exactly one characteristic on which the two groups differed to a statistically significant degree (with  $\alpha = 0.10$ ), of the 15 tested. In the remaining three comparisons, none of the 15 characteristics differed to a statistically significant degree.

**Exhibit 4-10: Equivalency comparisons**

Pairwise impact comparison	Number of characteristics with significant differences (out of 15; $\alpha = .10$ )	Characteristic with significant difference	$p$ -Value of omnibus $F$ -test
PBTH vs. UC	0	None	0.302
SUB vs. UC	1	Educational attainment	0.537
CBRR vs. UC	1	Educational attainment	0.045
PBTH vs. SUB	0	None	0.604
PBTH vs. CBRR	1	Age of household head	0.811
SUB vs. CBRR	0	None	0.818

Source: Family Options baseline survey

The most important statistical tests are the omnibus tests of all 15 characteristics at once. For five of the six pairwise comparisons, the differences between the joint distributions of these characteristics are far from being statistically significant. However, for the CBRR vs. UC comparison, the distributions differ significantly at the 5 percent level ( $p$ -value = 0.045). That is, the probability that differences as extreme as those observed would occur by chance is less than 5 percent. We interpret this result as indicating that we had an “unlucky” division of families into the CBRR and UC interventions for those families that could have been randomly assigned to either group. We note that, although the statistical test reveals an overall statistically significant difference, differences in means and percentage for the individual variables are not substantively large. Indeed, only one of the 15 characteristics (educational attainment) shows a statistically significant difference when the characteristics are considered separately. Based on this evidence, we conclude that random assignment was performed in a valid manner and can serve as a firm basis for the Family Options Study evaluation.

## Chapter 5: Early information about intervention take-up

This chapter describes what has been learned to date about families' participation in the interventions to which the random assignment process assigned them, referred to as "take-up." Technically, the random assignment process provides each study family with an offer of a particular type of housing assistance. Each intervention is voluntary, however, so there is no guarantee that a family will ultimately receive the housing assistance that it has been offered. As it is expected that only the receipt of housing assistance, rather than the offer by itself, will have an effect on families, the families' take-up of the interventions, and our accounting for it, is crucial to the evaluation.<sup>69</sup>

It is important to examine the take-up of interventions: (1) to help interpret the impact results, and (2) to provide insight into how homeless service systems work. The research team will use the take-up information presented here, combined with other data sources described in the next section, to guide the impact analysis.<sup>70</sup> We expect that the evaluation will produce stronger evidence about the impacts of an intervention when the percentage of families assigned to the intervention who actually receive it is high.

The information on take-up presented here may also provide a glimpse into how homeless services systems serve families. Choices made by families not to take up the interventions to which they have been assigned (i.e., the housing assistance they were offered) reflect the desirability of these interventions as seen by homeless families compared to other options available to them. Also, the study provides an "optimum" environment for families to be connected to housing assistance programs in the sense that referrals were only supposed to be made to a provider if a service slot was available; the family was likely eligible to be served by that provider; and the provider, by participating in the study and notifying researchers that the slot was open, was willing to take an eligible family from the study. Therefore, any difficulties that families had in navigating the system can be viewed as a lower bound on difficulties a family might have in navigating the system outside the context of the study.

### 5.1 Study data collection about intervention take-up

The study is collecting several types of information about take-up of the interventions to which families were assigned (and to which they were not assigned),<sup>71</sup> including enrollment verification data, HUD administrative data, the tracking and follow-up surveys, and HMIS data. The information on take-up presented in this chapter draws upon the enrollment verification data only. In the future, more complete information about intervention take-up will be available.

<sup>69</sup> The main set of impact results from the study will include all families in a pairwise comparison sample (shown in Exhibit 4-3) regardless of whether they have received housing assistance. Dropping families who have chosen not to receive their assigned intervention from the main analysis would introduce selection bias into the results.

<sup>70</sup> A discussion of how take-up information will be used in the impact analysis can be found in Daniel Gubits et al. 2012, Chapter 3.

<sup>71</sup> To detect instances when families "cross over" to interventions different from the one to which they were assigned, information will be collected about each family's participation in *any* of the interventions.

To gather enrollment verification data, study team members made follow-up phone calls to service providers about every family assigned to one of the CBRR, SUB, or PBTH groups.<sup>72</sup> These calls ascertain whether families contacted the provider to which they were referred; whether the family enrolled in the program was offered short-term rental assistance (CBRR) or was issued a voucher (SUB)<sup>73</sup>; whether families actually “moved in” (i.e., used the housing assistance); and various reasons why families did not move in. A small number of families who have not yet used the interventions to which they have been assigned may still do so. The study final report will draw upon survey and administrative data to report on final move-in rates.

Using housing assistance is a two-part process: first, the family must enroll in the program;<sup>74</sup> then the family must use the assistance or “move in.” Fall off in participation can occur at either stage. For PBTH, using the housing assistance meant moving into the transitional housing unit provided by the program and usually was synonymous with enrollment. For SUB and CBRR, using the housing assistance meant moving into the housing unit for which they would receive a subsidy, which usually was not synonymous with enrollment in the program. For the voucher form of SUB and for CBRR, the family must take further action to find the housing and move into it—commonly referred to as “leasing up.”

The main purpose of the enrollment verification data collection was to track which families ultimately used the housing assistance of the intervention to which they had been assigned. It was not intended to collect extensive information about families who did not end up using the assistance. A limitation of the verification data is that they do not always identify the point at which the family dropped out of the program—before or after enrollment—and, therefore, do not permit distinct counts of families who decided not to pursue their assigned assistance (“dropped out of program”) *before* enrolling vs. families who dropped out after contacting the program and enrolling. Instead, these two groups of families are combined into a single group that decided not to pursue assistance. Another limitation of the data is that explanations for why families chose not to take up an intervention were only collected for about 30 percent of the families who made this decision.

## 5.2 Take-up rates by intervention

Exhibit 5-1 shows the take-up rates according to the enrollment verification data as of September 1, 2012. The first row includes all families from the entire study, including those families assigned to UC. Families assigned to UC are considered to have received their assigned intervention by definition. As seen in the bottom three rows of the exhibit, the CBRR, PBTH, and SUB interventions have take-up rates considerably below 100 percent. Of these three, SUB has the highest take-up rate, at about 72 percent,

<sup>72</sup> As of September 1, 2012, 93 percent of the families assigned to CBRR, PBTH, and SUB have had enrollment verification completed.

<sup>73</sup> Thirty-four families were offered a public housing unit in Honolulu, and 15 families in Bridgeport, Connecticut, were offered a project-based assisted housing unit. All other families assigned to SUB were offered a voucher.

<sup>74</sup> “Enrolling” signifies different events in the PBTH, SUB, and CBRR interventions. For PBTH, it means that the transitional housing provider has accepted the family into its program after a face-to-face meeting. For SUB, “enrolling in the program” means that a voucher has been issued to the family (or the family has been accepted into public housing in the case of one provider in Honolulu or project-based assisted housing in the case of Bridgeport). For CBRR, it means that the family has become an official client of the rapid re-housing program.

perhaps reflecting its desirability as a permanent subsidy that allowed a family to have its own place usually in a location of its own choice.

The take-up rate for the CBRR intervention, about 46 percent, is substantially less than that for the SUB intervention. Given that CBRR assistance is temporary while SUB assistance is permanent, we might hypothesize that SUB assistance is considerably more desirable than CBRR assistance from the families' perspective. This is what was found through qualitative interviews of a sub-sample of 80 study families conducted by Abt Associates and analyzed by researchers at Vanderbilt University.<sup>75</sup>

PBTH's take-up rate of 29 percent is considerably lower than both SUB and CBRR. The qualitative interviews show that the possibility of having one's own place was an important consideration for families and it may explain at least some of the discrepancy in take-up rates between PBTH, on the one hand, and SUB and CBRR, on the other. Some families interviewed in the qualitative sub-study said that another important consideration for them was the location of housing relative to support networks, employment, transportation, and children's schooling. SUB and CBRR assistance allow for some choice on the part of families as to where they will live, while families receiving PBTH assistance were locked in to the locations of the PBTH providers. Some families in the qualitative sample also mentioned that they decided not to accept PBTH services to which they were assigned because they viewed some of the neighborhoods where transitional housing units were located as undesirable.

**Exhibit 5-1: Intervention take-up rates as of September 1, 2012**

Sample	Number of families assigned	Number of families who have received assigned intervention	Take-up (move-in) rate
Full sample (CBRR, PBTH, SUB, and UC)	2,307	1,556 <sup>a</sup>	67.4% <sup>a</sup>
CBRR, PBTH, SUB combined	1,553	802	51.6%
CBRR	578	263	45.5%
PBTH	371	106	28.6%
SUB	604	433	71.7%

Source: Enrollment verification data

<sup>a</sup> All families assigned to UC are considered to have received the UC intervention.

<sup>75</sup> Mayberry, L. S. (2012), Family processes in the context of housing instability and intensive service use: Implications for parenting and caregiver well-being. PhD dissert. Vanderbilt University, 2012.



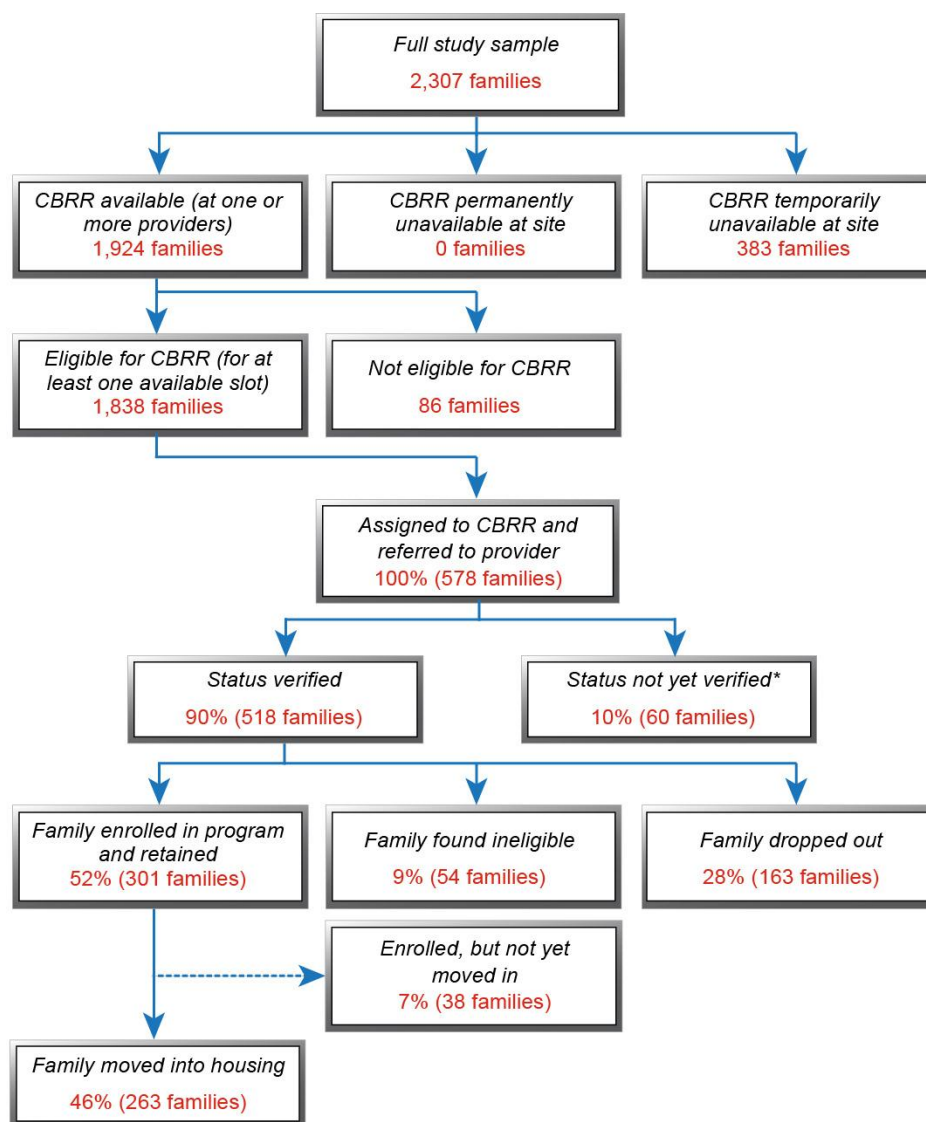
### 5.3 Take-up status of study families

Exhibits 5-2 through 5-4 provide additional detail about families' statuses, as recorded in the random assignment records and the enrollment verification data. The random assignment records capture the interventions that were available at study enrollment and for which families appeared to be eligible in baseline eligibility screening. The enrollment verification data enables us to classify families as either "family enrolled in program and retained," "family found ineligible," or "family dropped out." Families who dropped out either before or after enrolling in the program are included in the "family dropped out" box while, those who enrolled in the program and have *not* subsequently dropped out are included in the "family enrolled in program and retained" box. The families included in the "family found ineligible" box are families who did not enroll for reasons that were not in their control.<sup>76</sup> As discussed in Chapter 3, the study only made a referral to a provider if a service slot was currently available with that provider and the family was likely eligible for service at that provider. An ideal referral procedure would have resulted in no families being found ineligible during the provider eligibility screening. Thus, the existence of the category "family found ineligible" is evidence that the study's referral procedure did not always work as planned and sometimes that the program had eligibility criteria that it had not fully articulated to the researchers. The finding of program ineligibility after families were deemed eligible at random assignment must have occurred either because the study baseline eligibility screen did not include all applicable eligibility criteria for a provider<sup>77</sup> or because families did not respond in a completely truthful manner to the baseline eligibility screen.

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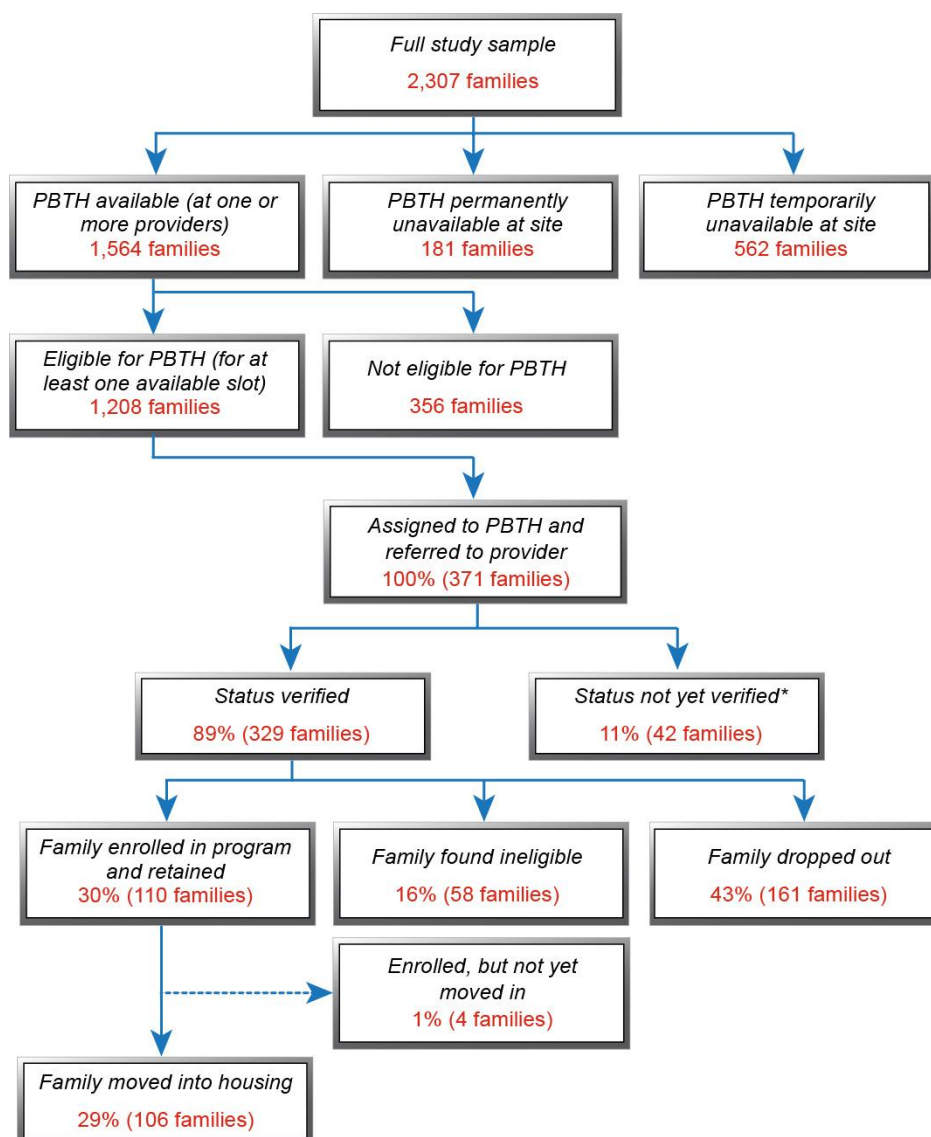
<sup>76</sup> About 4 percent of families included in the "family is ineligible" box were not, in fact, ineligible, but rather the provider did not have the promised service slot available. This was the case for two families in PBTH, three families in SUB, and two families in CBRR. These families are included in the "family is ineligible" box because the unavailability, like ineligibility, was a reason for non-enrollment outside the control of the family.

<sup>77</sup> Throughout the entire study enrollment period, questions were added to the screeners in many communities to include criteria that had that had not been specified initially but had resulted in program rejection of families the study thought should be eligible—for example, discrepancies between unit size and family size.

**Exhibit 5-2: Status of families assigned to CBRR from enrollment verification data**

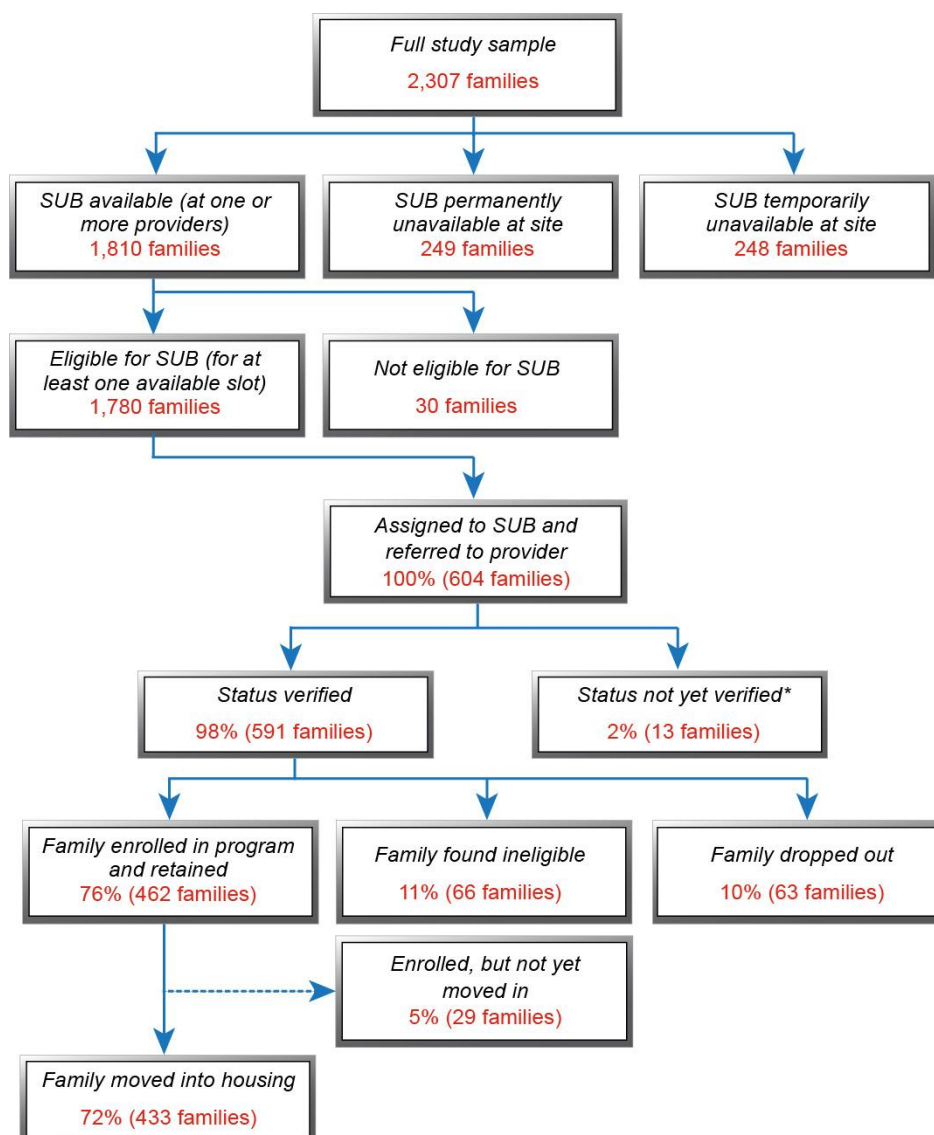
Source: Enrollment verification phone calls made by study team members to intervention providers.

\* Enrollment status is not verified as of September 1, 2012.

**Exhibit 5-3: Status of families assigned to PBTH from enrollment verification data**

Source: Enrollment verification phone calls made by study team members to intervention providers.

\* Enrollment status is not verified as of September 1, 2012.

**Exhibit 5-4: Status of families assigned to SUB from enrollment verification data**

Source: Enrollment verification phone calls made by study team members to intervention providers.

\* Enrollment status is not verified as of September 1, 2012.

The families included in the “family dropped out” box are those who made a decision not to pursue the housing assistance of the intervention to which they were assigned. We do not know the reasons why most of the “dropped out” families decided not to pursue their assigned intervention. For about 30 percent of the families who dropped out (of CBRR, PBTH, and SUB), however, providers relayed to us the reasons that families gave about why they decided not to pursue assistance.<sup>78 79</sup> We list these reasons in the discussion below.

In some cases, the distinction between “family found ineligible” and “family dropped out” was blurred. For example, on learning that a provider with a sobriety requirement includes a drug test as part of the application process, the adult respondent might break off contact (e.g., she knew she would not pass), resulting in a “family dropped out” classification. However, the adult respondent could alternatively choose to take the test, and on the expected failure would then be counted as “family found ineligible.” Thus, the limited nature of the information collected in the enrollment verification process creates some difficulty in fully understanding participant take-up, particularly for families who did not take up the intervention. The follow-up tracking interviews should allow for a more in-depth exploration of participant take-up. Despite this ambiguity, the additional detail provided by the verification is informative.

The families who are included in the “family enrolled in program” box are further categorized as either “family moved into housing” or “enrolled, but not yet moved in.” Those families in the “enrolled, but not yet moved in” category will either eventually be included in the “family moved into housing” box (if they move into program-assisted housing) or be included in the “family dropped out” box (if they decide not to move into program-assisted housing).

Once a family is enrolled into a program, the family can complete the take-up process by moving into housing, but a small percentage of families do not do so. For CBRR and SUB programs, participants must find housing within a specified period of time once they have been accepted into a rapid re-housing program or the public housing agency has issued them a voucher, and some participants do not succeed in doing so. For CBRR, a few participants were initially accepted into programs but violated program requirements—for example, requirements related to seeking employment—and left the program before moving into housing.

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<sup>78</sup> The 30 percent of “dropped out” families for whom we have a reason for not pursuing their assigned intervention likely systematically differ from the 70 percent of “dropped out” families for whom we have no reason. This is because, generally, those families for whom we have a reason had some contact with the provider (and thus we were able to collect a reason), while those families for whom we have no reason had no contact with the provider at all.

<sup>79</sup> Among the specific reasons collected in the enrollment verification data is anecdotal evidence of a small amount of “cross over,” meaning a family was assigned to one intervention but actually enrolled in another—for instance by being assigned to PBTH but being high up on the voucher waiting list and receiving a voucher before PBTH enrollment. The amount of cross over suggested in the data is on the order of about 2 percent of the families assigned to PBTH, SUB, and CBRR.

The top levels of Exhibits 5-2 through 5-4 show how intervention availability and baseline eligibility affected how many families had the opportunity to be randomly assigned to CBRR, PBTH, and SUB. As discussed in Chapter 3, the availability of program slots was an issue for all three non-UC interventions and was most limiting for the PBTH intervention. The pre-random assignment eligibility screening was also most limiting for the PBTH intervention, screening out four times as many families from PBTH as from CBRR, and 12 times as many families as from SUB.

The lower levels of Exhibits 5-2 through 5-4 show the statuses of families assigned to CBRR, PBTH, and SUB. In addition to the differences in the proportions of families that moved into housing noted in Section 5.2, differences in the proportions that enrolled in programs are apparent. SUB has the highest enrollment percentage at 76 percent, followed by CBRR at 52 percent and PBTH at 30 percent. As seen in Exhibit 5-3, enrollment and move-in are almost synonymous for PBTH, in contrast with SUB and CBRR where families need to locate appropriate rental housing before they can move in.

Chapter 3 discusses the pre-random assignment eligibility screening conducted by the study to maximize the likelihood that families assigned to an intervention would be accepted by the intervention provider. It also lists the most common reasons why some families were found ineligible in this screening conducted by the study. This chapter discusses the later eligibility screening conducted by providers themselves. The enrollment verification calls collected data on the reasons why most ineligible families were deemed ineligible by providers.<sup>80</sup> These data suggest that the most common reasons why some families were found ineligible in provider screening (listed below) are consistent with the most common reasons found in the pre-random assignment eligibility screening.

The PBTH intervention has both the highest proportion of families found ineligible (16 percent) and the highest proportion of families who drop out (43 percent). Some of the reasons that families were found ineligible for PBTH include a mismatch between unit size and family size and failure to meet minimum income or employment requirements. We collected explanations for non-participation for 60 of the 161 “dropped out” families in PBTH. Some of the reasons for not pursuing PBTH as stated by these families (and relayed by providers) include enrollment in another program, finding their own housing, and moving out of town.

The SUB and CBRR interventions have almost equal proportions of families who were not enrolled in programs because of ineligibility, 11 percent and 9 percent. The most common reason that providers found families ineligible for SUB was having a criminal record. The most common reason that CBRR providers found families ineligible was that families failed to meet minimum income or employment requirements and so were deemed to have insufficient income for self-sufficiency to be a realistic option at the end of the temporary subsidy.<sup>81</sup>

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<sup>80</sup> The study collected explanations from providers for 78 percent of the CBRR, PBTH, and SUB families found ineligible by providers. In CBRR, we collected reasons for 85 percent of these families. The corresponding figures for PBTH and SUB are 79 percent and 70 percent.

<sup>81</sup> This reason was especially prevalent in the Connecticut and Phoenix sites, where 30 of the 52 families found ineligible lived.

The proportion of families who dropped out of SUB (10 percent) was substantially lower than for CBRR (28 percent). This suggests that on average families viewed SUB as more desirable assistance than CBRR. The most common reason (from the 45 out of 163 “dropped out” families for whom a reason was collected) that families gave for not pursuing the CBRR intervention was enrollment in another program.

### Voucher take-up and lease-up success rates

It is possible to compare the take-up rate for the SUB intervention with the take-up rate in other studies of housing vouchers. We might hypothesize that the take-up rate would be higher in this study because homeless families are in more desperate circumstances on average than the families in other studies and because homeless families do not have the option of staying where they currently are. On the other hand, we might hypothesize that the take-up rate would be lower in this study because homeless families on average may have more difficulty navigating the private rental market given the instability of their current situations than do families in other studies. Also, as pointed out in Chapter 4, more than one-third of the families in this study had never before been leaseholders.

The take-up rate for vouchers of 71 percent appears higher than in other experimental studies.<sup>82</sup> For example, the study of the Effects of Housing Vouchers on Welfare Families found a 62 percent take-up rate after 15 months among families randomly assigned to receive a voucher<sup>83</sup>; and the group assigned a voucher without geographic restrictions (the “Section 8” group) in the Moving to Opportunity Demonstration had a 60 percent take-up rate.<sup>84</sup> Jacob and Ludwig found a 50 percent take-up rate for families in the voucher treatment group in a study of the Chicago voucher lottery.<sup>85</sup>

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<sup>82</sup> We calculate the take-up rate for vouchers only (rather than for all of SUB) by excluding families assigned to the Bridgeport Housing Authority, which offered project-based Section 8 vouchers, and the Hawaii Public Housing Authority in Honolulu, which offered public housing units. The enrollment verification shows that out of 555 families offered vouchers in the study, 396 have leased-up.

<sup>83</sup> Mill, G., et al. (2006). *Effects of housing vouchers on welfare families: Final report*. Prepared for the U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Cambridge, MA: Abt Associates Inc. Exhibit 2.5, p. 44.

<sup>84</sup> Orr, L., et al. (2003). *Moving to opportunity interim impacts evaluation: Final report*. Cambridge, MA: Abt Associates Inc. and National Bureau of Economic Research, p. 25.

<sup>85</sup> Jacob, B. A., & Ludwig, J. (2002). The effects of housing assistance on labor supply: Evidence from a voucher lottery, *American Economic Review*, 102(1). 272–304, Table 2, p. 288. The somewhat lower take-up rate in this study may be partially explained by the fact that vouchers were issued to families over a six-year period.

Upon close inspection, the lease-up “success rate” for housing vouchers appears higher than in other studies of vouchers. As defined in Finkel and Buron (2001), the lease-up success rate is the “percentage of families who are provided vouchers and lease a housing unit that meets all program requirements within the time the PHA provides for search.”<sup>86</sup> This rate differs from the take-up rate presented in Exhibits 5-1 and 5-4 for SUB in that the take-up rate includes all families assigned to the SUB intervention in its denominator, rather than restricting the denominator to only those families who have been issued a voucher. When the lease-up success rate is calculated for those families in this study who were issued vouchers,<sup>87</sup> we find that the rate is about 94 percent. This is higher than both the 69 percent success rate found by Finkel and Buron for all households across the 48 sites in a study that focused explicitly on voucher success or lease-up rates. It also is higher than the 60 percent success rate for households in the Finkel and Buron study who received a voucher under a housing authority preference for serving homeless households.<sup>88</sup> The take-up rates in the Effects of Housing Vouchers on Welfare Families and Moving to Opportunity studies mentioned above may also be considered lease-up success rates as essentially all families in the treatment groups were issued vouchers. The 94 percent success rate in this study is substantially higher than both the 62 percent rate at 15 months in the Effects of Housing Vouchers on Welfare Families study and the 60 percent rate for the “Section 8” group in the Moving to Opportunity Study.

Given the high lease-up success rate in this study, it is quite plausible that families were highly motivated to use the vouchers because of the difficult situations they were in at baseline and because of the temporary nature of emergency shelter housing. Anecdotal evidence suggests that another factor contributing to the high lease-up success rate may have been assistance and encouragement from emergency shelter caseworkers for families to pursue and utilize the housing vouchers.

#### 5.4 Take-up over time

Exhibit 5-5 shows the percentage of families who have taken up housing assistance by weeks since random assignment for the SUB, CBRR, and PBTH interventions. Families assigned to CBRR and PBTH receive housing assistance somewhat faster than those assigned to SUB, and almost all assigned to CBRR and PBTH have moved in by 20 weeks after random assignment. In contrast, some families assigned to

<sup>86</sup> Finkel, M., and Buron, L. (2001), *Study on Section 8 voucher success rates: Vol. 1—Quantitative study of success rates in metropolitan areas*. Washington, DC: Report prepared by Abt Associates, Inc. for the U.S. Department of Housing and Urban Development, p. 2-1.

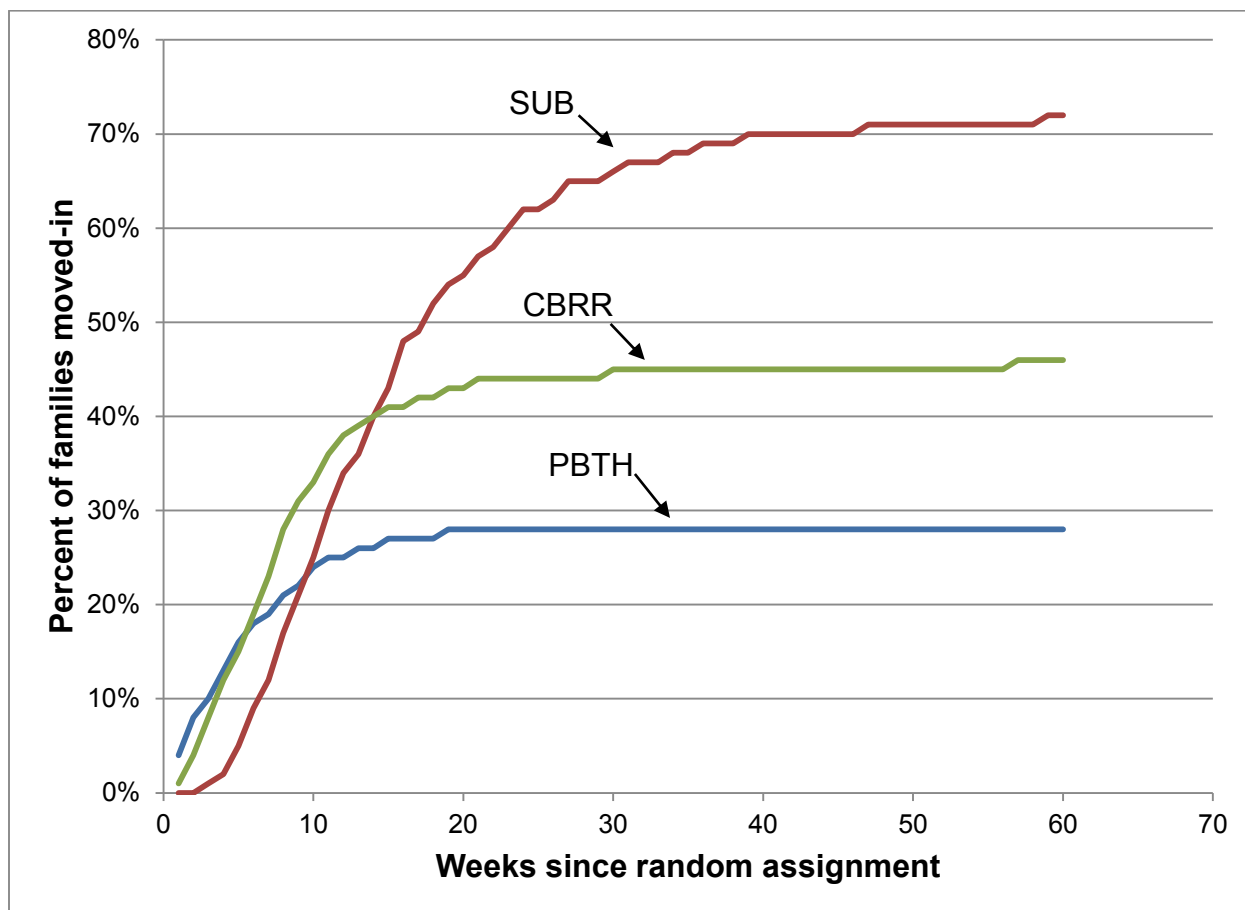
<sup>87</sup> We calculate this lease-up success rate by first excluding families assigned to the Bridgeport Housing Authority, which offered project-based Section 8 vouchers, and the Hawaii Public Housing Authority in Honolulu, which offered public housing units. We also exclude 36 of the 57 families who have dropped out of the interventions because it is clear from enrollment verification notes that these families were never issued a voucher. The other 21 families who have dropped out of the intervention may have been issued a voucher so they remain in the denominator along with the families in the “enrolled in program” box. The families in the “found ineligible or unit is not available” box are not included in the denominator of the lease-up success rate, as these families were never issued a voucher.

<sup>88</sup> Some housing authorities gave priority to families who were homeless, resulting in shorter wait times for a voucher for these families. Administrative records identified the families who were issued a voucher under these preferences for homeless families.



SUB may take more than six months after random assignment to move into a rental unit. The final time-paths may change slightly from those presented here.

**Exhibit 5-5: Percentage of families moved in, by weeks, since random assignment, by assignment group**



Source: Enrollment verification phone calls made by study team members to intervention providers

## Chapter 6: Summary and next steps

The Family Options Study provides an unprecedented opportunity for HUD to understand the relative effects of four different interventions designed to help families experiencing homelessness.

From September 2010 through January 2012, 2,307 families were enrolled in the Family Options Study in 12 communities across the country. These families entered the study after spending at least seven days in emergency shelter. After providing informed consent and completing a baseline survey, the families were randomly assigned to one of four different housing and services interventions—distinguished by the duration of housing assistance and the type and intensity of social services offered in conjunction with housing assistance.

### 6.1 Summary

The platform in place for this study provides a strong basis for further research on homelessness and about highly vulnerable families, a population that has not been studied to this extent previously and is not readily found in other studies of low-income families. The participant baseline, tracking, and follow-up surveys will provide rich longitudinal data about a wide range of characteristics for families who enrolled in the study, including the children present and those not accompanying their parents at the time of enrollment. Supplemental funding from NICHD promises to yield important information about children's outcomes that is unavailable from other sources.

We acknowledge that we will face challenges for the impact analysis—sample size and early indications of take-up rates—which may affect our ability to detect impacts for some of the pairwise comparisons, (especially those involving PBTH). At the same time, the random assignment design was implemented successfully, yielding well balanced groups for estimation of impacts, and presents the best opportunity to date to understand the effects of the interventions being studied.

These implementation challenges also point to early insights about how homeless assistance is currently delivered, relative to the needs of those who seek assistance.

1. Homeless system resources are highly constrained and are frequently unavailable to meet the demand from the families in shelter. There are occasions when the system has excess capacity, yet systems do not have a ready way to conserve those resources for a time when there are surges in demand. Project-based program models exacerbate these issues. They have fixed costs even when vacant and fixed capacity that requires turnover to accommodate additional placement.
2. Homeless programs have imposed eligibility criteria that hamper their ability to serve the very families in shelter who need the assistance. Even when homeless programs have space available, the programs often screen out the families in shelter due to eligibility criteria such as insufficient income, substance use, criminal histories, and other factors that presumably contributed to the families' homelessness. Project-based program models add another layer of screening related to the constraints of unit size, as they are only able to house families whose size is compatible with the number of rooms in the available units.
3. Families who are homeless do not always pursue the programs that are offered to them, which suggests that programs do not always deliver assistance that families perceive as more valuable than other options available to them.

4. Families who are homeless are very interested in pursuing opportunities for permanent housing subsidies and are successful in navigating the application processes and rules associated with them.

The more limited opportunities to learn about the effects of project-based transitional housing reflect the fact that PBTH enrollment was constrained due to availability, eligibility, and family choice. Thus, while project-based transitional housing is a model commonly employed across the country, it does not seem to be accessible or attractive to families residing in shelter for more than seven days, who presumably are among those who need assistance the most. PBTH appears likely to screen out those families who have the highest needs and the greatest barriers to housing stability. Furthermore, families who are not screened out often do not appear willing to enroll in transitional housing, perhaps reflecting concerns about the location of the units, disinterest in the rules associated with PBTH, uncertainty about the PBTH model, or availability of other opportunities.

In contrast, permanent housing subsidy programs, usually a housing choice voucher, was the most accessible model. While the availability of the SUB intervention was an artifact of the study (the study negotiated access to SUB resources that homeless families would not ordinarily have access to), when SUB was presented as an option, a high percentage of families enrolled in the program and were able to use it.

## 6.2 Next steps

The study will continue to track the participating families within each of the interventions, and an 18-month follow-up survey will collect data on outcomes on participating families. The research team will use the data on family outcomes to estimate the impacts of the four interventions on five types of family outcomes:

- Housing stability
- Self-sufficiency
- Family preservation
- Adult well-being
- Child well-being

When comparing effects of two interventions, only families considered for both interventions at the time of random assignment will be included in the pair-wise comparison. The impact analysis will rely on four types of data:

- Surveys of participating families at several points
- Random assignment records established at enrollment
- Information about the intervention programs (structure, rules, characteristics of the housing and services interventions provided to families, and program costs)
- Administrative records from homeless assistance providers and HUD

As described in Chapter 1, this report is based on data from the survey of families conducted at baseline prior to random assignment, which documented family composition and characteristics, as well as information collected to support the process of implementing random assignment, such as data on

program availability, program eligibility criteria, and family eligibility for programs available at the time of random assignment. The report also presents data collected by the study team through on-site interviews with program staff to collect information about program structures and rules and on the characteristics of the housing assistance and services provided to participating families.

The impact analysis will rely on these sources as well as other survey and administrative data about families and program cost information. Surveys of participating families are being conducted at 6, 12, and 18 months after random assignment. The interviews conducted 6 and 12 months after random assignment are brief tracking interviews that collect updated contact information and information about family composition and housing situation; the survey conducted 18 months after random assignment is a much more comprehensive survey of families. In the 18-month survey, adult respondents provide information about the family as a whole and details for up to two focal children, including children who do not reside with the family. As part of the 18-month survey, the research team is also conducting assessments of children aged 3 to 8 and interviews with children between 8 and 17 years of age.<sup>89</sup> The 18-month follow-up survey began in July 2012 and will continue through September 2013.

The two primary sources of administrative data that will support the impact analysis are (1) Homeless Management Information System (HMIS) records maintained by homeless assistance service providers will be used to measure housing stability and return to shelter, and (2) HUD records from the Public Housing Information Center (PIC) system and the Tenant Rental Certification System (TRACS) will measure receipt of housing assistance.<sup>90</sup> HMIS and HUD data will be collected in 2012 and 2013. The site team will also interview program staff and review program records to collect program cost data in late 2012 and early 2013.

The research team will conduct the 18-month impact analysis in 2014 and will report on impacts and program costs in late 2014. The Revised Data Collection and Analysis Plan<sup>91</sup> provides details about the impact analysis planned and how each data source will be employed. In addition to the 18-month impact report in late 2014, the team will also work closely with HUD to develop separate policy briefs on special topics. Since the research platform in place for the study provides a strong basis for continued study, the research team is also exploring options for continued data collection after the 18-month follow-up period. The primary options under consideration are a longer-term follow-up survey 36 months after random assignment and collection of additional sources of administrative data. This would allow for analysis of outcomes over a longer period of time.

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<sup>89</sup> The child data collection activities are supported with funding from NICHD.

<sup>90</sup> HMIS data will supplement the participant surveys to measure returns to shelter. HUD administrative data will measure receipt of housing assistance to indicate take up of assigned intervention for those assigned to SUB and the extent to which families assigned to other interventions end up receiving HUD assistance.

<sup>91</sup> Gubits et al. (2012), *Family options study: Revised data collection and analysis plan*.

## Appendix A: Programs operating in study sites

Exhibit A: Programs operating in study sites

Community-based Rapid Re-housing (CBRR)	Project-based Transitional housing (PBTH)	Subsidy (SUB)	Usual Care (UC)
<b>Alameda County</b>			
Abode Services Rapid Re-housing	Anka Behavioral Health, Inc., Henry Robinson Multiservice	Housing Authority of Alameda County	Building Futures with Women & Children, Midway
	Alameda Point Collaborative	Berkley Housing Authority	Building Futures with Women & Children, Sister Me
	East Oakland Transitional Housing, Matilda Cleveland	Oakland Housing Authority	Building Futures with Women & Children, San Leandro
	Berkley Food & Housing, Independence House		East Oakland Community Project, Crossroads Emergency Shelter
	Building Futures with Women and Children, Bessie Coleman		Emergency Shelter Program
	Building Opportunities for Self-Sufficiency (BOSS), McKinley House and Sankofa House		Adobe Services, Sunrise Village
	FESCO, Third Street Transitional Apartments and Banyon House Street		FESCO Emergency Shelter
	Adobe Services Transitional Housing		Building Opportunities for Self Sufficiency, Harrison House
			Berkley Food and Housing Shelter for Women and Children
<b>Atlanta</b>			
Salvation Army, Rapid Re-Housing	City of Refuge, Eden Village		Gateway Homeless Services Center, Women and Children's Assessment Center
Project Community Connections, Inc., Rapid Re-housing Program	Decatur Cooperative Ministry, Family Transitional Housing		Salvation Army Red Shield Lodge

Community-based Rapid Re-housing (CBRR)	Project-based Transitional housing (PBTH)	Subsidy (SUB)	Usual Care (UC)
Rockdale–State of Georgia, HPRP	Nicholas House		Decatur Cooperative Ministry, Hagar's House
Gateway Homeless Services Center, Rapid Re-housing	SHARE House Transitional Housing		Share House Emergency Shelter
	Sound Landing Transitional Housing		
	Salvation Army Transitional Housing		
	HOPE Atlanta		
	Odyssey III		
<b>Baltimore</b>			
St. Vincent's de Paul, Front Door Rapid Re-housing	Volunteers of America, Pratt House		Baltimore Outreach Services, Christ Lutheran Place
Catholic Charities of Baltimore, My Sister's Place Rapid Re-housing	YWCA, Druid Heights Transitional Housing		Salvation Army, Booth House Emergency Shelter
	Salvation Army, Booth House Transitional Housing		St. Vincent de Paul, Sarah's Hope
	Supportive Housing Group, Lanvale Institute		
	Dayspring Programs, Inc., Dayspring Village		
	Marian House		
	St. Vincent de Paul, Cottage Avenue		
<b>Boston</b>			
Homebase		Boston Housing Authority	Crossroads Family Shelter
Flex Funds			Little Sisters of the Assumption, Project Hope
			St. Mary's Emergency Shelter

Community-based Rapid Re-housing (CBRR)	Project-based Transitional housing (PBTH)	Subsidy (SUB)	Usual Care (UC)
			Action for Boston Community Development (ABCD)
			Children's Service of Roxbury
			Crittendon Women's Union
			Heading Home
			YMCA of Greater Boston
<b>Connecticut</b>			
State of Connecticut Department of Social Services Rapid Re-housing	St. Luke's Lifeworks, New Beginnings Transitional Housing	Housing Authority of the City of Bridgeport	St. Luke's Lifeworks – New Beginnings Emergency Shelter
New Haven Home Recovery HPRP	Central Connecticut Coast YMCA, Alpha Community Services, Jean Wallace Program	State of Connecticut Department of Social Services	Central Connecticut Coast YMCA, Alpha Community Services (Brooks Street and Clinton Avenue)
	Christian Community Action, Stepping Stone Transitional Housing Program	New Haven Housing Authority	Domestic Violence Crisis Center, Norwalk and Stamford Safe Houses
			Homes with Hope/Interfaith Housing Association, Bacharach Community
			Operation Hope, Family Shelter Readiness Program
			Open Door Shelter
			Life Haven, Inc.
			New Haven Home Recovery, Martha's Place and CareWays Shelter
			Christian Community Action, Hillside Family Shelter
<b>Denver</b>			
The Family Tree Rapid Re-housing–HPRP	Colorado Coalition, Transitional Housing	Denver Housing Authority	Samaritan House

Community-based Rapid Re-housing (CBRR)	Project-based Transitional housing (PBTH)	Subsidy (SUB)	Usual Care (UC)
Colorado Coalition, Rapid Re-housing	The Family Tree, Brookview House	Lakewood Housing Authority	Family Tree, House of Hope
	Warren Village		Colorado Coalition Family Support Services
			Access Housing
			Interfaith Hospitality Network of Greater Denver, Emergency Shelter
<b>Honolulu</b>			
Catholic Charities of Hawaii, Rapid Re-housing	HSI, Loliana	City and County of Honolulu, Department of Community and Social Services	Family Promise of Hawaii, Windward
Institute for Human Services, Rapid Re-housing	HSI, Vancouver House	Hawaii Public Housing Authority	Family Promise of Hawaii, Honolulu
Helping Hands of Hawaii, Rapid Re-housing	KOHOW Transitional Shelter		H-5 Hawaii, Next Step Shelter
Kalihi-Palama Health Center, Rapid Re-housing	Onemalu Transitional Housing (Holomua Nā 'Ohana)		IHS – Ka'ahi Women and Families Shelter
Waikiki Health Center, Care a Van Program Rapid Re-housing	Weinberg Village Waimanalo (Holomua Nā 'Ohana)		Waianae Civic Center
Waianae Coast Comprehensive Health Center, Rapid Re-housing	ASI, Village of Ma'ili		Waianae Community Outreach
	Catholic Charities of Hawaii, Ma'ili Land		
<b>Kansas City</b>			
Don Bosco Rapid Re-housing	Community LINC	Housing Authority of Kansas City	Salvation Army, Crossroads Emergency Shelter
Community LINC	Sheffield Place		reStart, Inc. Emergency Shelter
Salvation Army, Northland, Rapid Re-housing	reStart, Inc., Transitional Living		City Union Mission, Family Shelter
NCSD Rapid Re-housing			
reStart, Inc. Rapid Re-housing			



Community-based Rapid Re-housing (CBRR)	Project-based Transitional housing (PBTH)	Subsidy (SUB)	Usual Care (UC)
<b>Louisville</b>			
Louisville HPRP	Salvation Army Transitional Housing	Louisville Metro Housing Authority	Salvation Army Emergency Shelter
	Volunteers of America, Transitional Housing Program		Volunteers of America Emergency Shelter
	Wayside Christian Mission Transitional Housing		Wayside Christian Mission Emergency Shelter
	New Directions Transitional Housing		
<b>Minneapolis</b>			
Hennepin County Rapid Exit	Simpson Housing Services, Passage Community	Minneapolis Public Housing Authority	People Serving People Emergency Shelter
	Perspectives, Inc.		
	Elim Transitional Housing, Inc.		
<b>Phoenix</b>			
City of Phoenix, HPRP	Homeward Bound Transitional Housing	City of Phoenix Housing Authority	UMOM
	Labor's Community Service Agency, Transitional Housing	Maricopa County Housing Authority	Central Arizona Shelter Services, Vista Colina
	UMOM Transitional Housing		New Leaf, La Mesita Emergency Shelter
	Save the Family		Salvation Army, Kaiser Family Center
			Watkins
<b>Salt Lake City</b>			
The Road Home Rapid Re-housing	The Road Home Transitional Shelter	Salt Lake City Housing Authority	The Road Home Emergency Shelter
		Housing Authority of Salt Lake County	

## Appendix B: Participating program characteristics

This appendix provides information about the programs that operated the interventions in the study sites and that provided program to the research team during site visits to each participating community.

**Exhibit B-1: Permanent housing subsidy (SUB) intervention: Subsidy type provided, by site**

Site name	Provider(s) of subsidy	Number of families referred to program	Type of subsidy
Alameda County	Housing Authority of Alameda County	12	Tenant-based voucher
	Berkley Housing Authority	16	Tenant-based voucher
	Oakland Housing Authority	49	Tenant-based voucher
Atlanta			
Baltimore			
Boston	Boston Housing Authority	64	Tenant-based voucher
Connecticut	Housing Authority of the City of Bridgeport	15	Project-based voucher
	New Haven Housing Authority	17	Tenant-based voucher
	State of Connecticut Department of Social Services	15	Tenant-based voucher
Denver	Denver Housing Authority	62	Tenant-based voucher
	Lakewood Housing Authority	14	Tenant-based voucher
Honolulu	City and County of Honolulu, Department of Community and Social Services	10	Tenant-based voucher
	Hawaii Public Housing Authority	34	Public housing
Kansas City	Housing Authority of Kansas City	54	Tenant-based voucher
Louisville	Louisville Metro Housing Authority	32	Tenant-based voucher
Minneapolis	Minneapolis Public Housing Authority	62	Tenant-based voucher
Phoenix	City of Phoenix Housing Authority	26	Tenant-based voucher
	Maricopa County Housing Authority	46	Tenant-based voucher
Salt Lake City	Salt Lake City Housing Authority	41	Tenant-based voucher
	Housing Authority of Salt Lake County	35	Tenant-based voucher

Source: Program data

## Community-based rapid re-housing (CBRR) intervention

Exhibit B-2: Type of housing assistance provided through CBRR intervention

CBRR program name	Number of families referred to the program	Type of assistance			Subsidy calculation
		Rental assistance	Payment of arrears	Start-up costs	
<b>Alameda County</b>					
Abode Services Rapid Re-housing	57	6–12 months	♦ (including some utilities)	♦ (including moving costs)	Formula: subsidy is percent of rent
<b>Atlanta</b>					
Rockdale, State of Georgia HPRP	52	6–12 months			Combination: full subsidy for 3 months then formula based on tenant contribution of 30% income
Salvation Army Rapid Re-housing	15	4–6 months		♦	Fixed monthly subsidy (not formula)
<b>Baltimore</b>					
St. Vincent de Paul, Front Door Rapid Re-housing	13	6–12 months	♦		Fixed monthly subsidy (not formula)
<b>Boston</b>					
Flex Funds	29	18+ months			Fixed monthly subsidy (not formula)
Homebase	24	18+ months		♦	Fixed monthly subsidy (not formula)
<b>Connecticut</b>					
State of Connecticut Department of Social Services Rapid Re-housing	32	4–6 months		♦ (security deposit)	Fixed monthly subsidy (not formula)

CBRR program name	Number of families referred to the program	Type of assistance			Subsidy calculation
		Rental assistance	Payment of arrears	Start-up costs	
New Haven Home Recovery HPRP	41	6–12 months		♦	Combination: For some families assistance is calculated by formula based on tenant contribution of 30% of income. But in some cases subsidy is adjusted if income is very low or utilities are high.
<b>Denver</b>					
The Family Tree Rapid Re-housing–HPRP	8	6–18 months			Combination: For some families assistance is calculated by formula based on tenant contribution of 30% of income. But in some cases subsidy is adjusted if income is very low or utilities are high.
<b>Honolulu</b>					
Catholic Charities of Hawaii, Rapid Re-housing	16	4–6 months		♦	Fixed monthly subsidy (not formula)
<b>Kansas City</b>					
Community LINC	12	Up to 12 months	♦ (rent only)	♦ (security deposit only)	Fixed monthly subsidy (not formula)
Don Bosco Rapid Re-housing	12	6–12 months	♦ (rent only)	♦ (security deposit only)	Fixed monthly subsidy (not formula)
<b>Louisville</b>					
Louisville HPRP	19	6 months	♦ (utilities only)		Fixed subsidy (lump sum payment based on household size)
<b>Minneapolis</b>					

CBRR program name	Number of families referred to the program	Type of assistance			Subsidy calculation
		Rental assistance	Payment of arrears	Start-up costs	
Hennepin County Rapid Exit	52	3–6 months		♦	Fixed monthly subsidy (not formula)
<b>Phoenix</b>					
City of Phoenix, HPRP	63	6–12 months	♦	♦	Fixed monthly subsidy (not formula); full rent is subsidized
<b>Salt Lake City</b>					
The Road Home Rapid Re-housing	83	< 6 months (half of families); > 6 months (half of families)	♦	♦	Fixed monthly subsidy (not formula)

Source: Program data

**Exhibit B-3: CBRR case management characteristics—ratio, frequency, and duration**

Program name	Caseload size (number of families per case manager)	Frequency of case management	Length of case management meeting
<b>Alameda County</b>			
Abode Services Rapid Re-housing	40	Monthly	1 hour
<b>Atlanta</b>			
Rockdale, State of Georgia HPRP	17	Variable	Variable
Salvation Army, Rapid Re-housing	100	Biweekly	4–5 hours per month, scaled down over time
<b>Baltimore</b>			
St. Vincent's de Paul, Front Door Rapid Re-housing	15	Weekly or more often	1 hour
<b>Boston</b>			
Flex Funds	Varies	Monthly	45 minutes
Homebase	Varies	Monthly	Less than 15 minutes
<b>Connecticut</b>			
State of Connecticut, Department of Social Services Rapid Re-housing	Unknown	Monthly	1 hour initially
New Haven Home Recovery HPRP	–	–	–
<b>Denver</b>			
The Family Tree Rapid Re-housing–HPRP	20	Weekly or more often	1 hour
<b>Honolulu</b>			
Catholic Charities of Hawaii, Rapid Re-housing	–	Weekly or more often	45 minutes
<b>Kansas City</b>			
Community LINC	25	Weekly or more often	At least 1 hour
Don Bosco Rapid Re-housing	25	Weekly or more often	1 hour

Program name	Caseload size (number of families per case manager)	Frequency of case management	Length of case management meeting
<b>Louisville</b>			
Louisville HPRP	20	Bi-weekly	Less than 15 minutes
<b>Minneapolis</b>			
Hennepin County Rapid Exit	8	Monthly	30–60 minutes
<b>Phoenix</b>			
City of Phoenix, HPRP	40	Quarterly	More than 1 hour
<b>Salt Lake City</b>			
The Road Home Rapid Re-housing	60	Monthly	1 hour

Source: Program data

## Project-based transitional housing (PBTH) intervention

### Exhibit B-4: Housing features of PBTH programs

Program name	Number of study families referred to the program	Number of units for families	Type of units	Expected length of stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Alameda County</b>							
Anka Behavioral Health, Inc., Henry Robinson Multiservice	17	77	Private room, shared bathroom or kitchen	13–18 months	◆	◆	Program
Alameda Point Collaborative	11	22	Apartment	18–24 months	◆		Family
East Oakland Transitional Housing, Matilda Cleveland	7	14	Private room, shared bathroom or kitchen	13–18 months	◆	◆	Program
<b>Atlanta</b>							
Decatur Cooperative Ministry, Family Transitional Housing	2	9	Apartment	6–12 months		◆	Family
Sound Landing Transitional Housing	3	2	Apartment	6–12 months		◆	Family
Salvation Army Transitional Housing	0	20	Private room and bathroom, shared kitchen	6–12 months	◆		Both
<b>Baltimore</b>							
Volunteers of America, Pratt House	5	35	Apartment	18–24 months	◆	◆	Both
YWCA, Druid Heights Transitional Housing	5	23	Apartment	Unknown	◆	◆	Family
Dayspring Programs, Inc., Dayspring Village	4	18	Apartment	6–12 months	◆	◆	Family



Program name	Number of study families referred to the program	Number of units for families	Type of units	Expected length of stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Connecticut</b>							
St. Luke's Lifeworks, New Beginnings Transitional Housing	5	28	Private room, shared bathroom or kitchen	6–12 months	♦		Family
Christian Community Action, Stepping Stone Transitional Housing Program	8	18	Apartment	18–24 months	♦	♦	Both
<b>Denver</b>							
Colorado Coalition, Transitional Housing	16	110	Apartment	18–24 months	♦		Family
The Family Tree, Brookview House	1	16	Apartment	18–24 months	♦		Family
Warren Village	6	93	Apartment	18–24 months	♦		Family
<b>Honolulu</b>							
HSI, Loliana	12	42	Apartment	18–24 months	♦	♦	Family
HSI, Vancouver House	11	33	Apartment	18–24 months	♦	♦	Family
KOHOW Transitional Shelter	12	48	Apartment	18–24 months	♦	♦	Both
Onemalu Transitional Housing (Holomua Nā 'Ohana)	9	42	Private room, shared bathroom or kitchen	18–24 months	♦		Family
Weinberg Village Waimanalo (Holomua Nā 'Ohana)	10	30	Apartment	18–24 months	♦		Both

Program name	Number of study families referred to the program	Number of units for families	Type of units	Expected length of stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Kansas City</b>							
Community LINC	11	24	Private room, shared bathroom or kitchen	6–12 months		♦	Family
Sheffield Place	8	14	Apartment	6–12 months	♦	♦	Family
reStart, Inc., Transitional Living	23	34	24 units with rooms and shared kitchens; 10 apartments	6–12 months	♦		Family
<b>Louisville</b>							
Salvation Army Transitional Housing	11	16	Apartment	18–24 months	♦		Both
Volunteers of America, Transitional Housing	5	9	Seven units have shared bathroom and kitchen; two units are apartments	6–12 months	♦	♦	Family
Wayside Christian Mission Transitional Housing	6	28	Private room, shared bathroom or kitchen	6–12 months		♦	Program
New Directions Transitional Housing	2	12	Apartment	18–24 months	♦	♦	Family
<b>Phoenix</b>							
Homeward Bound Transitional Housing	21	80	Apartment	18–24 months	♦		Family
Labor's Community Service Agency, Transitional Housing	22	48	Apartment	6–12 months	♦	♦	Family

Program name	Number of study families referred to the program	Number of units for families	Type of units	Expected length of stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
UMOM Transitional Housing	13	46	Apartment	6–12 months	♦	♦	Family
Save the Family	9	71	Apartment	6–12 months	♦	♦	Family
<b>Salt Lake City</b>							
The Road Home	20	13	Apartment	6–12 months	♦		Family

Source: Program data

**Exhibit B-5: Case management characteristics for PBTH—ratio, frequency, and duration**

<b>Program name</b>	<b>Caseload size (number of families per case manager)</b>	<b>Frequency of case management</b>	<b>Length of case management meeting</b>
<b>Alameda County</b>			
Anka Behavioral Health, Inc., Henry Robinson Multiservice	15	Weekly or more often	1 hour
Alameda Point Collaborative	30	Biweekly	60–90 minutes
East Oakland Transitional Housing, Matilda Cleveland	12	Weekly or more often	1 hour
<b>Atlanta</b>			
Decatur Cooperative Ministry, Family Transitional Housing	9	Weekly or more often	1 hour
Sound Landing Transitional Housing	2	Weekly or more often	15–30 minutes
Salvation Army Transitional Housing	12	Weekly of more often	15–30 minutes
<b>Baltimore</b>			
Volunteers of America, Pratt House	27	Weekly of more often	30–60 minutes
YWCA, Druid Heights Transitional Housing	23	Biweekly	15–30 minutes
Dayspring Programs, Inc., Dayspring Village	18	Weekly or more often	45 minutes
<b>Boston</b>			
<b>Connecticut</b>			
St. Luke's Lifeworks, New Beginnings Transitional Housing	10	Weekly or more often	45 minutes

Program name	Caseload size (number of families per case manager)	Frequency of case management	Length of case management meeting
Christian Community Action, Stepping Stone Transitional Housing Program	–	Weekly or more often	1 hour
<b>Denver</b>			
Colorado Coalition, Transitional Housing	20	Weekly or more often	1 hour
The Family Tree, Brookview House	16	Quarterly	1 hour
Warren Village	32	Weekly or more often	30–60 minutes
<b>Honolulu</b>			
HSI, Loliana	43	Biweekly	15–30 minutes
HSI, Vancouver House	33	Biweekly	15–30 minutes
KOHOW Transitional Shelter	24	Weekly or more often	1 hour
Onemalu Transitional Housing (Holomua Nā 'Ohana)	15	Weekly or more often	45 minutes
Weinberg Village Waimanalo (Holomua Nā 'Ohana)	15	Weekly or more often	45 minutes
<b>Kansas City</b>			
Community LINC	12	Biweekly	1 hour
Sheffield Place	14	Weekly or more often	1 hour
reStart, Inc., Transitional Living	8	Weekly or more often	1 hour
<b>Louisville</b>			
Salvation Army Transitional Housing	16	Weekly or more often	1 hour

Program name	Caseload size (number of families per case manager)	Frequency of case management	Length of case management meeting
Volunteers of America, Transitional Housing	6	Weekly or more often	45–60 minutes
Wayside Christian Mission Transitional Housing	25 to 28	Weekly or more often	15–30 minutes
New Directions Transitional Housing	12	Weekly or more often	30–45 minutes
<b>Minneapolis</b>			
<b>Phoenix</b>			
Homeward Bound Transitional Housing	25	Monthly	More than 1 hour
Labor's Community Service Agency, Transitional Housing	16	Weekly or more often	More than 1 hour
UMOM Transitional Housing	18	Weekly or more often	45 minutes
Save the Family	17	Biweekly	1 hour
<b>Salt Lake City</b>			
The Road Home	25	Weekly or twice a week	2 hours a week

Source: Program data

## Usual care (UC) emergency shelter intervention

### Exhibit B-6: Housing features of UC programs

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Alameda County</b>								
Building Futures with Women & Children, Midway	38	15	Congregate dorms	6 months	30—90 days	No	Yes	Agency
Building Futures with Women & Children, Sister Me	16	3	Congregate dorms	6 months	30–90 days	No	Yes	Agency
Building Futures with Women & Children, San Leandro	31	10	Congregate dorms	6 months	30–90 days	No	Yes	Agency
East Oakland Community Project, Crossroads Emergency Shelter	26	7	Facilities with rooms and bathrooms, but not kitchen	6 months	30–90 days	No	Yes	Agency
Emergency Shelter Program	39	7	Group homes	6 months	30–90 days	No	Yes	Resident
Adobe Services, Sunrise Village	44	16	Facilities with rooms and bathrooms, but not kitchen	30–90 days	30–90 days	No	Yes	Agency
FESCO Emergency Shelter	32	7	Congregate dorms	30–90 days	30–90 days	No	Yes	Agency
Berkley Food and Housing Shelter for Women and Children	13	6	Congregate dorms	6 months	30–90 days	No	Yes	Agency

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
Building Opportunities for Self Sufficiency, Harrison House	23	7	Congregate dorms	More than 12 months	6 months	Yes	Yes	Resident and Agency
<b>Atlanta</b>								
Gateway Homeless Services Center, Women and Children's Assessment Center	84	35	Congregate dorms	No limit/ no maximum	Less than 30 days	No	No	Agency
Salvation Army Red Shield Lodge	74	26	Facilities with rooms and bathrooms, but not kitchen	30 days	30 days	No	No	Resident and Agency
Decatur Cooperative Ministry, Hagar's House	26	12	Congregate dorms	30-90 days	30-90 days	No	No	Resident and Agency
<b>Baltimore</b>								
Baltimore Outreach Services, Christ Lutheran Place	22	10	Congregate dorms	30-90 days	7-12 months	Yes	No	Agency
Salvation Army, Booth House Emergency Shelter	11	2	Facilities with rooms and bathrooms, but not kitchen	30-90 days	30-90 days	No	Yes	Agency
St. Vincent de Paul, Sarah's Hope	25	9	Congregate dorms	6 months	More than 90 days, less than 6 months	Yes	No	Agency



Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Boston</b>								
Crossroads Family Shelter	19	8	Group homes	No limit/ no maximum	More than 90 days, less than 6 months	No	Yes	Resident and Agency
Little Sisters of the Assumption, Project Hope	5	1	Group homes	7–12 months	No limit/ no maximum	No	Yes	Agency
St. Mary's Emergency Shelter	33	11	Group homes	7–12 months	No limit/ no maximum	No	Yes	Agency
Action for Boston Community Development (ABCD)	44	20	Apartments clustered in a larger building or complex	More than 90 days, less than 6 months	No limit/ no maximum	No	Yes	Resident
Children's Service of Roxbury	24	8	Facilities with rooms and bathrooms, but not kitchen	More than 90 days, less than 6 months	No limit/ no maximum	No	Yes	Resident
Heading Home	48	13	Apartments clustered in a larger building or complex	7–12 months	No limit/ no maximum	No	Yes	Resident
<b>Connecticut</b>								
St. Luke's Lifeworks, New Beginnings Emergency Shelter	33	12	Group homes	30–90 days	30–90 days	Yes	Yes	Resident and Agency
Central Connecticut Coast YMCA, Alpha Community Services (Brooks Street and Clinton Avenue)	31	6	Group homes	30–90 days	30–90 days	Yes	No	Resident and Agency

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
Domestic Violence Crisis Center, Norwalk and Stamford Safe Houses	12	5	Group homes	30–90 days	30–90 days	No	No	Resident
Open Door Shelter	11	1	Congregate dorms	7–12 months	7–12 months	Yes	Yes	Agency
Life Haven, Inc.	38	19	Group homes	30–90 days	30–90 days	No	Yes	Resident
New Haven Home Recovery, Martha's Place and CareWays Shelter	49	19	Group homes	30–90 days	30–90 days	No	Yes	Resident and Agency
Christian Community Action, Hillside Family Shelter	35	12	Facility based apartments in a building or complex	30–90 days	30–90 days	No	Yes	Resident
<b>Denver</b>								
Samaritan House	43	16	Group homes	More than 90 days, less than 6 months	More than 90 days, less than 6 months	No	Yes	Agency
Family Tree, House of Hope	44	15	Group homes	No limit/no maximum	90 days	No	Yes	Agency
Colorado Coalition Family Support Services	37	17	—	No limit/no maximum	No limit/no maximum	No	No	Resident
Access Housing	24	6	Facility based apartments in a building or complex	30–90 days	30–90 days	No	Yes	Resident

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
Interfaith Hospitality Network of Greater Denver, Emergency Shelter	24	11	Church basements	30–90 days	30–90 days	Yes	Yes	Agency
<b>Honolulu</b>								
Family Promise of Hawaii, Honolulu and Windward	41	1	Church basements	More than 90 days, less than 6 months	More than 90 days, less than 6 months	No	Yes	Agency
H-5 Hawaii, Next Step Shelter	31	11	Congregate dorms			Yes	Yes	Resident and Agency
HSI, Ka'ahi Women and Families Shelter	29	8	Congregate dorms	No limit/no maximum	6 months	Yes	Yes	Agency
Waianae Civic Center	63	17	Modular cubicles	More than 12 months	7–12 months	Yes	Yes	Resident and Agency
Waianae Community Outreach	57	18	Group homes	7–12 months	7–12 months	Yes	Yes	Resident
<b>Kansas City</b>								
Salvation Army, Crossroads Emergency Shelter	45	16	Congregate dorms	30–90 days	30–90 days	No	No	Agency
reStart, Inc. Emergency Shelter	43	9	Group homes	Less than 30 days	Less than 30 days	No	No	Agency
City Union Mission, Family Shelter	91	28	Group homes	7–12 months	7–12 months	No	Yes	Agency

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
<b>Louisville</b>								
Salvation Army Emergency Shelter	24	8	Congregate dorms	30–90 days	30–90 days	No	Yes	Agency
Volunteers of America Emergency Shelter	36	11	Group homes	30–90 days	30–90 days	No	No	Agency
Wayside Christian Mission Emergency Shelter	50	16	Congregate dorms	No limit/no maximum	More than 90 days, less than 6 months	No	Yes	Agency
<b>Minneapolis</b>								
People Serving People Emergency Shelter	182	64	Facilities with rooms and bathrooms, but not kitchen	No limit/no maximum	30–90 days	Yes	No	Agency
<b>Phoenix</b>								
UMOM	143	38	Facilities with rooms and bathrooms, but not kitchen	More than 90 days, less than 6 months	30–90 days	No	Yes	Agency
Central Arizona Shelter Services, Vista Colina	100	31	Facility based apartments in a building or complex	30–90 days	30–90 days	No	Yes	Resident
New Leaf, La Mesita Emergency Shelter	10	5	Facility based apartments in a building or complex	30–90 days	30–90 days	No	No	Resident

Program name	Number of study families enrolled from this program	Number of families referred to UC at this program	Type of housing	Maximum length of stay	Expected length of Stay	Program requires family to pay monthly program fee or rent	Program requires families to save money while in the program	Who is responsible for family's food while in the program?
Salvation Army, Kaiser Family Center	28	7	Facilities with rooms and bathrooms, but not kitchen	More than 90 days, less than 6 months	30–90 days	No	Yes	Agency
Watkins	0	0	Congregate dorms	Less than 30 days	Less than 30 days	No	No	Agency
<b>Salt Lake City</b>								
The Road Home Emergency Shelter	256	77	Congregate dorms	30–90 days	30–90 days	No	No	Resident

Source: Program data

**Exhibit B-7: Case management characteristics in usual care—ratio, frequency, and duration**

Program name	Caseload (number of families per case manager)	Frequency of case management	Length of case management meeting
<b>Alameda County</b>			
Building Futures with Women & Children, Midway	13	Weekly or more often	60–90 minutes
Building Futures with Women & Children, Sister Me	22	Weekly or more often	60–90 minutes
Building Futures with Women & Children, San Leandro	14	Weekly or more often	60–90 minutes
East Oakland Community Project, Crossroads Emergency Shelter	5	Weekly or more often	45 minutes
Emergency Shelter Program	9	Weekly or more often	45 minutes
Adobe Services, Sunrise Village	10	Weekly or more often	45 minutes
FESCO Emergency Shelter	2 (including assistant case managers)	Daily	One hour a week
Berkley Food and Housing Shelter for Women and Children	14	Weekly or more often	45 minutes
Building Opportunities for Self Sufficiency, Harrison House	9	Weekly or more often	One hour
<b>Atlanta</b>			
Gateway Homeless Services Center, Women and Children's Assessment Center	10	Weekly or more often	15–30 minutes
Salvation Army Red Shield Lodge	12	Weekly or more often	15–30 minutes
Decatur Cooperative Ministry, Hagar's House	7	Daily	15–45 minutes
<b>Baltimore</b>			
Baltimore Outreach Services, Christ Lutheran Place	11	Weekly or more often	15–30 minutes
Salvation Army, Booth House Emergency Shelter	12	Weekly or more often	15–30 minutes
St. Vincent de Paul, Sarah's Hope	32	Bi-weekly	30–45 minutes
<b>Boston</b>			
Crossroads Family Shelter	30	Weekly or more often	One hour

Program name	Caseload (number of families per case manager)	Frequency of case management	Length of case management meeting
Little Sisters of the Assumption, Project Hope	11	Weekly or more often	One hour
St. Mary's Emergency Shelter	10	Weekly or more often	One hour
Action for Boston Community Development (ABCD)	17	Weekly or more often	One hour
Children's Service of Roxbury	8	Weekly or more often	One hour
Heading Home	10	Weekly or more often	One hour
<b>Connecticut</b>			
St. Luke's Lifeworks, New Beginnings Emergency Shelter	10	Weekly or more often	45 minutes
Central Connecticut Coast YMCA, Alpha Community Services (Brooks Street and Clinton Avenue)	–	Weekly or more often	45 minutes
Domestic Violence Crisis Center, Norwalk and Stamford Safe Houses	–	–	–
Open Door Shelter	8	Weekly or more often	One hour
Life Haven, Inc.	20	Weekly or more often	30 minutes
New Haven Home Recovery, Martha's Place and CareWays Shelter	10	Weekly or more often	One hour
Christian Community Action, Hillside Family Shelter	8	Weekly or more often	One hour
<b>Denver</b>			
Samaritan House	9	Weekly or more often	15–30 minutes
Family Tree, House of Hope	4	Weekly or more often	45 minutes
Colorado Coalition Family Support Services	10	Weekly or more often	45 minutes
Access Housing	8	Weekly or more often	15–30 minutes
Interfaith Hospitality Network of Greater Denver, Emergency Shelter	10	Weekly or more often	One hour
<b>Honolulu</b>			
Family Promise of Hawaii, Honolulu and Windward	2	Weekly or more often	15–30 minutes
H-5 Hawaii Next Step Shelter	60	Biweekly	15–30 minutes

Program name	Caseload (number of families per case manager)	Frequency of case management	Length of case management meeting
HIS, Ka'ahi Women and Families Shelter	11	Weekly or more often	One hour
Waianae Civic Center	21	Weekly or more often	45 minutes
Waianae Community Outreach		Daily	One hour
<b>Kansas City</b>			
Salvation Army, Crossroads Independence Emergency Shelter	15	Weekly or more often	30 minutes
reStart, Inc. Emergency Shelter	14	Weekly or more often	One hour
City Union Mission, Family Shelter	13	Daily	30 minutes
<b>Louisville</b>			
Salvation Army Emergency Shelter	10	Weekly or more often	15 minutes
Volunteers of America Emergency Shelter	6	Weekly or more often	45 minutes
Wayside Christian Mission Emergency Shelter	12	Weekly or more often	15–30 minutes
<b>Minneapolis</b>			
People Serving People Emergency Shelter	28	Weekly or more often	15–30 minutes
<b>Phoenix</b>			
UMOM	18	Weekly or more often	45 minutes
Central Arizona Shelter Services, Vista Colina	11	Weekly or more often	15–30 minutes
New Leaf, La Mesita Emergency Shelter	15	Weekly or more often	15–30 minutes
Salvation Army, Kaiser Family Center	6	Weekly or more often	15–30 minutes
Watkins	6	Weekly or more often	45 minutes
<b>Salt Lake City</b>			
The Road Home Emergency Shelter	25	Weekly or more often	One hour

Source: Program data



**Exhibit B-8: Number of emergency shelters by site**

Site	Number of ES providers per site	Number of families enrolled in the study from this program	Number of families assigned to UC at this program
<b>Alameda County</b>	9	262	78
<b>Atlanta</b>	3	191	75
<b>Baltimore</b>	3	58	21
<b>Boston</b>	6	181	64
<b>Connecticut</b>	7	214	76
<b>Denver</b>	5	172	65
<b>Honolulu</b>	5	221	65
<b>Kansas City</b>	3	179	53
<b>Louisville</b>	3	110	35
<b>Minneapolis</b>	1	182	64
<b>Phoenix</b>	5	281	81
<b>Salt Lake City</b>	1	256	77

Source: Program data and random assignment records

## Appendix C: Random assignment probabilities

Exhibit C-1: Random assignment probabilities, by site

Site	Date of first random assignment	Date of last random assignment	Probability of being assigned to:			
			CBRR	PBTH	SUB	UC
Alameda County	9/29/2010	1/6/2012	0.250	0.250	0.250	0.250
Atlanta	10/8/2010	1/27/2012	0.333	0.333	0.000	0.333
Baltimore	3/24/2011	1/26/2012	0.333	0.333	0.000	0.333
Boston	2/24/2011	1/11/2012	0.333	0.000	0.333	0.333
Connecticut	10/18/2010	12/31/2011	0.250	0.250	0.250	0.250
Denver	1/20/2011	1/31/2012	0.033	0.267	0.433	0.267
Honolulu	10/19/2010	2/1/2012	0.250	0.250	0.250	0.250
Kansas City	10/8/2010	1/28/2012	0.250	0.250	0.250	0.250
Louisville <sup>b</sup>	4/7/2011	7/21/2011	0.074	0.309	0.309	0.309
Louisville <sup>b</sup>	7/22/2011	1/31/2012	0.250	0.250	0.250	0.250
Minneapolis	11/17/2010	1/12/2012	0.250	0.250	0.250	0.250
Phoenix	10/20/2010	12/5/2011	0.250	0.250	0.250	0.250
Salt Lake City <sup>c</sup>	9/30/2010	6/18/2011	0.300	0.150	0.300	0.250
Salt Lake City <sup>c</sup>	6/22/2011	10/25/2011	0.250	0.250	0.250	0.250

Source: Random assignment records

- a Random assignment probabilities are the probabilities that applied to a family if all of the interventions offered by the site were available at the time the family was randomly assigned and if the family passed the baseline eligibility screen for at least one provider in each available intervention. When interventions were taken out of consideration for random assignment due to unavailability of slots or baseline ineligibility, probabilities were rescaled to omit the interventions taken out of consideration. For instance, if a site had equal probabilities of 0.250 to each of the four interventions, then when one intervention was removed from consideration because of unavailability or ineligibility, the probabilities of the remaining three interventions would be 0.333 each.
- b The random assignment probabilities were altered for Louisville on July 22, 2011. There were 37 families assigned under the first set of probabilities and 73 families assigned under the second set of probabilities.
- c The random assignment probabilities were altered for Salt Lake City on June 21, 2011. There were 213 families assigned under the first set of probabilities and 43 families assigned under the second set of probabilities.

## Appendix D: Equivalency of baseline characteristics

Exhibit D-1: Family Options Study—baseline equivalency check, PBTH vs. UC

Characteristic	PBTH	UC	Difference	Significance level	Stars
<b>Number of families</b>	<b>371</b>	<b>343</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.09	0.06	0.03	0.388	
21–24 years	0.15	0.17	-0.02		
25–29 years	0.25	0.22	0.03		
30–34 years	0.21	0.19	0.02		
35–44 years	0.21	0.25	-0.04		
45 years and older	0.09	0.10	-0.01		
Mean age (years)	31.05	32.25	-1.19	0.631	
<b>Gender (percent)</b>					
Female	0.89	0.92	-0.03	0.246	
Male	0.11	0.08	0.026		
<b>Marital status (percent)</b>					
Single (never married/wid./sep./div.)	0.67	0.67	0.01	0.780	
Married or marriage-like situation	0.33	0.33	-0.006		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.40	0.40	0.00	0.996	
White, not Hispanic	0.20	0.20	0.01		
Hispanic	0.15	0.16	0.00		
Other	0.25	0.25	0.00		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.36	0.43	-0.07	0.173	
High school diploma/GED	0.36	0.31	0.05		
More than high school diploma	0.27	0.25	0.02		

Characteristic	PBTH	UC	Difference	Significance level	Stars
<b>Number of adults in family (percent)</b>					
1 adult	0.63	0.62	0.02	0.505	
2 adult	0.28	0.27	0.02		
3 or more adults	0.08	0.11	-0.02		
<b>Number of children in family (percent)</b>					
1 child	0.40	0.42	-0.01	0.968	
2 children	0.29	0.28	0.00		
3 children	0.19	0.18	0.01		
4 children or more	0.12	0.11	0.01		
Worked for pay last week (percent)	0.19	0.21	-0.02	0.536	
Ever convicted of a felony (percent)	0.12	0.14	-0.02	0.323	
<b>Family annual income (percent)</b>					
Less than \$5,000	0.29	0.31	-0.02	0.622	
\$5,000–9,999	0.26	0.24	0.01		
\$10,000–14,999	0.18	0.16	0.02		
\$15,000–19,999	0.12	0.10	0.02		
\$20,000–24,999	0.06	0.07	-0.02		
\$25,000 or more	0.05	0.07	-0.02		
Ever been homeless before (percent)	0.60	0.62	-0.02	0.664	
Ever been doubled up before (percent)	0.82	0.84	-0.01	0.598	
Number of barriers to finding housing <sup>1</sup>	4.22	4.27	-0.06	0.97	
Child under 18 living elsewhere (percent)	0.24	0.24	0.01	0.84	
Number of major life challenges <sup>2</sup>	2.07	2.08	-0.01	0.77	
F-test on all characteristics except site	F value =	1.112	F-test p-value =	0.302	

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. *t*-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.

Exhibit D-2: Family Options Study—baseline equivalency check, SUB vs. UC

Characteristic	SUB	UC	Difference	Significance level	Stars
<b>Number of families</b>	<b>604</b>	<b>548</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.08	0.08	0.00	0.781	
21–24 years	0.21	0.21	0.00		
25–29 years	0.23	0.25	-0.02		
30–34 years	0.19	0.16	0.03		
35–44 years	0.20	0.22	-0.01		
45 years and older	0.08	0.09	0.00		
Mean age (years)	30.57	30.97	-0.40	0.574	
<b>Gender (percent)</b>					
Female	0.93	0.92	0.00	0.801	
Male	0.07	0.08	-0.004		
<b>Marital status (percent)</b>					
Single (never married/wid./sep./div.)	0.74	0.70	0.04	0.154	
Married or marriage-like situation	0.26	0.30	-0.038		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.35	0.37	-0.02	0.530	
White, not Hispanic	0.22	0.23	-0.01		
Hispanic	0.24	0.23	0.00		
Other	0.19	0.16	0.03		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.35	0.42	-0.06	0.084	*
High school diploma/GED	0.39	0.34	0.05		
More than high school diploma	0.26	0.24	0.01		
<b>Number of adults in family (percent)</b>					
1 adult	0.71	0.67	0.04	0.343	
2 adult	0.26	0.29	-0.03		
3 or more adults	0.03	0.04	-0.01		
<b>Number of children in family (percent)</b>					

Characteristic	SUB	UC	Difference	Significance level	Stars
1 child	0.45	0.43	0.02	0.847	
2 children	0.30	0.32	-0.01		
3 children	0.15	0.15	0.00		
4 children or more	0.09	0.10	-0.01		
Worked for pay last week (percent)	0.13	0.16	-0.02	0.312	
Ever convicted of a felony (percent)	0.11	0.11	0.01	0.645	
<b>Family annual income (percent)</b>					
Less than \$5,000	0.32	0.35	-0.03	0.767	
\$5,000–9,999	0.31	0.30	0.02		
\$10,000–14,999	0.16	0.17	-0.01		
\$15,000–19,999	0.07	0.08	-0.01		
\$20,000–24,999	0.05	0.04	0.01		
\$25,000 or more	0.05	0.05	0.01		
Ever been homeless before (percent)	0.61	0.63	-0.02	0.737	
Ever been doubled up before (percent)	0.84	0.86	-0.02	0.364	
Number of barriers to finding housing <sup>1</sup>	4.41	4.26	0.15	0.496	
Child under 18 living elsewhere (percent)	0.25	0.23	0.02	0.432	
Number of major life challenges <sup>2</sup>	2.13	2.12	0.02	0.818	
F-test on all characteristics except site	F value =	0.958	F-test p-value =	0.541	

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. *t*-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.

Exhibit D-3: Family Options Study—baseline equivalency check, CBRR vs. UC

Characteristic	CBRR	UC	Difference	Significance level	Stars
<b>Number of families</b>	<b>578</b>	<b>580</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.09	0.08	0.01	0.103	
21–24 years	0.19	0.20	-0.02		
25–29 years	0.23	0.23	-0.01		
30–34 years	0.19	0.15	0.04		
35–44 years	0.25	0.23	0.01		
45 years and older	0.06	0.10	-0.04		
Mean age (years)	30.79	31.34	-0.54	0.414	
<b>Gender (percent)</b>					
Female	0.91	0.93	-0.02	0.222	
Male	0.09	0.07	0.019		
<b>Marital Status (percent)</b>					
Single (never married/wid./sep./div.)	0.74	0.73	0.00	0.830	
Married or marriage-like situation	0.26	0.27	-0.004		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.46	0.43	0.03	0.486	
White, not Hispanic	0.19	0.21	-0.01		
Hispanic	0.18	0.21	-0.03		
Other	0.16	0.15	0.01		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.33	0.39	-0.06	0.063	*
High school diploma/GED	0.39	0.33	0.06		
More than high school diploma	0.28	0.28	0.00		
<b>Number of adults in family (percent)</b>					
1 adult	0.69	0.70	-0.01	0.802	
2 adult	0.25	0.24	0.01		
3 or more adults	0.06	0.05	0.01		

Characteristic	CBRR	UC	Difference	Significance level	Stars
<b>Number of children in family (percent)</b>					
1 child	0.43	0.43	0.00	0.292	
2 children	0.30	0.30	0.00		
3 children	0.13	0.16	-0.03		
4 children or more	0.13	0.10	0.03		
Worked for pay last week (percent)	0.19	0.19	-0.01	0.785	
Ever convicted of a felony (percent)	0.11	0.10	0.01	0.617	
<b>Family annual income (percent)</b>					
Less than \$5,000	0.29	0.32	-0.03	0.150	
\$5,000–9,999	0.31	0.25	0.06		
\$10,000–14,999	0.18	0.16	0.02		
\$15,000–19,999	0.09	0.10	-0.01		
\$20,000–24,999	0.04	0.06	-0.02		
\$25,000 or more	0.07	0.08	-0.01		
Ever been homeless before (percent)	0.63	0.62	0.01	0.697	
Ever been doubled up before (percent)	0.86	0.86	0.00	0.952	
Number of barriers to finding housing <sup>1</sup>	4.24	4.41	-0.18	0.448	
Child under 18 living elsewhere (percent)	0.23	0.24	-0.01	0.763	
Number of major life challenges <sup>2</sup>	2.04	2.17	-0.12	0.367	
F-test on all characteristics except site	F value =	1.446	F-test p-value =	0.038	**

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. t-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.



Exhibit D-4: Family Options Study—baseline equivalency check, PBTH vs. SUB

Characteristic	PBTH	SUB	Difference	Significance level	Stars
<b>Number of families</b>	<b>241</b>	<b>258</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.08	0.07	0.02	0.303	
21–24 years	0.17	0.24	-0.07		
25–29 years	0.27	0.21	0.06		
30–34 years	0.21	0.19	0.02		
35–44 years	0.18	0.20	-0.02		
45 years and older	0.08	0.10	-0.02		
Mean age (years)	30.50	30.80	-0.30	0.660	
<b>Gender (percent)</b>					
Female	0.88	0.92	-0.04	0.144	
Male	0.12	0.08	0.039		
<b>Marital status (percent)</b>					
Single (never married/wid./sep./div.)	0.68	0.70	-0.02	0.660	
Married or marriage-like situation	0.32	0.30	0.021		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.34	0.32	0.02	0.386	
White, not Hispanic	0.25	0.22	0.03		
Hispanic	0.15	0.21	-0.06		
Other	0.25	0.24	0.01		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.32	0.31	0.00	0.913	
High school diploma/GED	0.40	0.41	-0.02		
More than high school diploma	0.29	0.27	0.01		
<b>Number of adults in family (percent)</b>					
1 adult	0.64	0.64	0.00	0.880	
2 adult	0.31	0.29	0.02		
3 or more adults	0.05	0.06	-0.01		

Characteristic	PBTH	SUB	Difference	Significance level	Stars
<b>Number of children in family (percent)</b>					
1 child	0.40	0.43	-0.04	0.398	
2 children	0.30	0.32	-0.02		
3 children	0.20	0.17	0.03		
4 children or more	0.10	0.07	0.03		
Worked for pay last week (percent)	0.16	0.18	-0.02	0.626	
Ever convicted of a felony (percent)	0.12	0.13	-0.01	0.689	
<b>Family Annual income (percent)</b>					
Less than \$5,000	0.30	0.31	-0.01	0.181	
\$5,000–9,999	0.27	0.31	-0.04		
\$10,000–14,999	0.18	0.16	0.02		
\$15,000–19,999	0.12	0.06	0.06		
\$20,000–24,999	0.06	0.06	0.00		
\$25,000 or more	0.03	0.05	-0.02		
Ever been homeless before (percent)	0.60	0.62	-0.02	0.537	
Ever been doubled up before (percent)	0.81	0.85	-0.04	0.290	
Number of barriers to finding housing <sup>1</sup>	4.27	4.18	0.08	0.762	
Child under 18 living elsewhere (percent)	0.22	0.27	-0.05	0.179	
Number of major life challenges <sup>2</sup>	2.15	2.10	0.04	0.886	
F-test on all characteristics except site	F value =	0.911	F-test p-value =	0.619	

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. *t*-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.

Exhibit D-5: Family Options Study—baseline equivalency check, PBTH vs. CBRR

Characteristic	PBTH	CBRR	Difference	Significance level	Stars
<b>Number of families</b>	<b>241</b>	<b>236</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.08	0.05	0.03	0.399	
21–24 years	0.14	0.16	-0.02		
25–29 years	0.24	0.27	-0.03		
30–34 years	0.23	0.21	0.02		
35–44 years	0.22	0.25	-0.03		
45 years and older	0.09	0.06	0.03		
Mean age (years)	31.59	31.16	0.43	0.067	*
<b>Gender (percent)</b>					
Female	0.89	0.89	0.00	0.936	
Male	0.11	0.11	-0.002		
<b>Marital status (percent)</b>					
Single (never married/wid./sep./div.)	0.71	0.65	0.06	0.158	
Married or marriage-like situation	0.29	0.35	-0.057		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.43	0.44	0.00	0.904	
White, not Hispanic	0.20	0.17	0.02		
Hispanic	0.14	0.13	0.01		
Other	0.24	0.26	-0.02		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.39	0.32	0.07	0.137	
High school diploma/GED	0.31	0.39	-0.08		
More than high school diploma	0.30	0.30	0.01		
<b>Number of adults in family (percent)</b>					
1 adult	0.66	0.58	0.08	0.240	
2 adult	0.24	0.28	-0.04		
3 or more adults	0.10	0.13	-0.03		

Characteristic	PBTH	CBRR	Difference	Significance level	Stars
<b>Number of children in family (percent)</b>					
1 child	0.41	0.42	0.00	0.879	
2 children	0.28	0.30	-0.02		
3 children	0.17	0.14	0.03		
4 children or more	0.14	0.14	0.00		
Worked for pay last week (percent)	0.22	0.25	-0.03	0.375	
Ever convicted of a felony (percent)	0.12	0.11	0.01	0.726	
<b>Family annual income (percent)</b>					
Less than \$5,000	0.25	0.26	-0.01	0.958	
\$5,000–9,999	0.27	0.29	-0.02		
\$10,000–14,999	0.19	0.19	0.00		
\$15,000–19,999	0.13	0.11	0.02		
\$20,000–24,999	0.06	0.06	0.00		
\$25,000 or more	0.06	0.07	-0.01		
Ever been homeless before (percent)	0.59	0.61	-0.02	0.632	
Ever been doubled up before (percent)	0.84	0.86	-0.03	0.417	
Number of barriers to finding housing <sup>1</sup>	4.17	3.92	0.26	0.443	
Child under 18 living elsewhere (percent)	0.24	0.28	-0.04	0.329	
Number of major life challenges <sup>2</sup>	2.02	1.85	0.17	0.073*	
F-test on all characteristics except site	F value =	0.786	F-test p-value =	0.803	

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. *t*-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.

Exhibit D-6: Family Options Study—baseline equivalency check, SUB vs. CBRR

Characteristic	SUB	CBRR	Difference	Significance level	Stars
<b>Number of families</b>	<b>439</b>	<b>387</b>			
<b>Age of household head at RA (percent)</b>					
Less than 21 years old	0.08	0.11	-0.03	0.388	
21–24 years	0.20	0.18	0.01		
25–29 years	0.24	0.22	0.02		
30–34 years	0.20	0.20	0.00		
35–44 years	0.19	0.22	-0.03		
45 years and older	0.09	0.06	0.03		
Mean age (years)	30.70	30.39	0.32	0.263	
<b>Gender (percent)</b>					
Female	0.93	0.91	0.02	0.184	
Male	0.07	0.09	-0.025		
<b>Marital status (percent)</b>					
Single (never married/wid./sep./div.)	0.74	0.73	0.01	0.697	
Married or marriage-like situation	0.26	0.27	-0.014		
<b>Race/ethnicity (percent)</b>					
Black/African American, not Hispanic	0.37	0.40	-0.02	0.815	
White, not Hispanic	0.23	0.24	-0.01		
Hispanic	0.23	0.20	0.02		
Other	0.17	0.16	0.01		
<b>Educational attainment (percent)</b>					
Less than high school diploma	0.36	0.35	0.02	0.882	
High school diploma/GED	0.39	0.40	-0.01		
More than high school diploma	0.24	0.25	-0.01		
<b>Number of adults in family (percent)</b>					
1 adult	0.72	0.69	0.03	0.280	
2 adult	0.26	0.26	0.00		
3 or more adults	0.02	0.04	-0.02		

Characteristic	SUB	CBRR	Difference	Significance level	Stars
<b>Number of children in family (percent)</b>					
1 child	0.46	0.45	0.01	0.226	
2 children	0.31	0.30	0.00		
3 children	0.13	0.11	0.03		
4 children or more	0.09	0.13	-0.04		
<b>Worked for pay last week (percent)</b>					
Worked for pay last week (percent)	0.13	0.16	-0.03	0.174	
<b>Ever convicted of a felony (percent)</b>					
Ever convicted of a felony (percent)	0.12	0.12	0.00	0.994	
<b>Family annual income (percent)</b>					
Less than \$5,000	0.34	0.31	0.03	0.451	
\$5,000–9,999	0.30	0.32	-0.01		
\$10,000–14,999	0.17	0.18	-0.01		
\$15,000–19,999	0.06	0.08	-0.02		
\$20,000–24,999	0.06	0.04	0.02		
\$25,000 or more	0.06	0.06	0.00		
<b>Ever been homeless before (percent)</b>					
Ever been homeless before (percent)	0.62	0.65	-0.03	0.438	
<b>Ever been doubled up before (percent)</b>					
Ever been doubled up before (percent)	0.84	0.86	-0.02	0.358	
<b>Number of barriers to finding housing<sup>1</sup></b>					
Number of barriers to finding housing <sup>1</sup>	4.50	4.32	0.18	0.711	
<b>Child under 18 living elsewhere (percent)</b>					
Child under 18 living elsewhere (percent)	0.26	0.22	0.04	0.183	
<b>Number of major life challenges<sup>2</sup></b>					
Number of major life challenges <sup>2</sup>	2.14	2.07	0.06	0.098	
F-test on all characteristics except site	F value = 0.785		F-test p-value = 0.818		

Note: Chi-square tests used to test the difference between groups for all characteristics except mean age. *t*-test used for mean age.

\* =0.10 level, \*\*=0.05 level, \*\*\*=0.01 level

<sup>1</sup> Barriers to finding housing were reported by adult respondents as “big problems” in finding housing. The maximum number of barriers is 19.

<sup>2</sup> The seven major life challenges measured are: psychological distress, PTSD, felony conviction, experience of domestic violence, childhood separation (foster care, group home, or institutionalization), medical condition, and substance abuse.

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U.S. Department of Housing and Urban Development  
Office of Policy Development and Research  
Washington, DC 20410-6000



March 2013