
The Minnesota Transitional Housing Program:
Structuring a Study of its Effectiveness

A Report for the Minnesota Coalition for the Homeless

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Coalition Board Members are being given this copy of the Transitional Housing Study Report prior to its release. Please review. If you have any comments, please call or write the Coalition office by June 17.

CURA RESOURCE COLLECTION

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I. INTRODUCTION AND BACKGROUND

Introduction

Minnesotans have consistently led the nation in developing innovative solutions to social problems. Our transitional housing programs are an excellent example of this innovation. In 1984, with the legislative passage of the Temporary Housing Demonstration Program, Minnesota became one of the first states to advocate transitional housing as a solution to homelessness. The program was subsequently renamed the Minnesota Transitional Housing Program in 1989, granting the program permanence.¹

At this tenth year anniversary of transitional housing programs, the Minnesota Coalition for the Homeless (MCH) and the Center for Urban and Regional Affairs (CURA) at the University of Minnesota have sponsored this transitional housing study to look seriously at the effectiveness of the Minnesota Transitional Housing Program. The five objectives of the study were:

- working with providers, residents, representatives of the Department of Economic Security (DES, formerly the Department of Jobs and Training), the Minnesota Housing Finance Agency (MHFA), and a research consultant to identify issues, definitions, and variables to evaluate for a study of transitional housing;
- reviewing current research and related studies through a literature search and phone interviews;
- establishing a basis for a study of transitional housing, including developing study protocol, criteria for evaluation, and critical success factors;
- assessing data collection and analysis needs by determining what data is available through DES, and identifying data that DES will need to gather for a long-range study; and
- reviewing the adequacy of the Minnesota statute regarding data collection for the annual DES evaluation of transitional housing.

¹ Leary, p. 1.

These objectives can best be captured through an examination of the components of a program evaluation. Such an evaluation of the effectiveness of transitional housing programs requires the consideration of four elements:

- establishing goals and objectives that determine criteria for "success";
- collecting program data that measures variables related to this definition of success, on both current transitional housing clients and for a control or comparison group;
- gathering data measuring whether the initial success is maintained after leaving the program; and
- quantifying the costs of operating transitional housing programs and providing supportive services to their residents.

I divided this study into sections paralleling the four elements listed above. The section following this introduction and background examines the multiple criteria individual projects and programs use to evaluate the "success" of their work. The third section examines the data that the DES is currently collecting on transitional housing programs (THPs) and their analyses of this data. Also included are recommendations for new data that should be collected and analyses that should be conducted using the existing and future data. Section four addresses the significant lack of evidence concerning the long-range effectiveness of state-funded programs. Either individual THPs themselves or an independent agency should conduct follow-up studies to see if the skills that project graduates acquired in the program were sufficient to meet their future needs. And finally, I conclude with suggestions for additional information that the state should collect to examine the cost-effectiveness of THPs.

For this report, I have relied on three documents. First, in September 1991, the United States Government Accounting Office (GAO) published a report on the effectiveness of the Department of Housing and Urban Development's (HUD) transitional housing program. Second, Patrick Leary, Food and Shelter Program

Manager of the Minnesota Department of Economic Security, wrote his masters thesis in Public Affairs titled "Evaluating the Minnesota Transitional Housing Program," which has been extremely helpful. Finally, James Hoben at HUD in Washington, D.C. shared a draft of the "Supportive Housing Demonstration Program National Evaluation," a program evaluation tool HUD is developing.

Background

The legislative intent of the Minnesota Transitional Housing Program is to assist homeless families and individuals move towards independent housing by providing them with necessary support services.² Through a variety of program designs, THPs located throughout the state work with clients to address their particular economic and personal barriers to attaining permanent housing. THPs have been held to the following minimum standards in order to be eligible for state and federal funding:

- they must serve homeless individuals and families and be designed for independent living;
- the maximum allowable client stay is 24 months;
- residents must pay between 25 and 30% of their monthly income for rent;
- residents must work with case managers to develop strategies to meet personal goals; and
- residents must have access to support services to acquire the possessions and skills necessary to return to permanent housing.

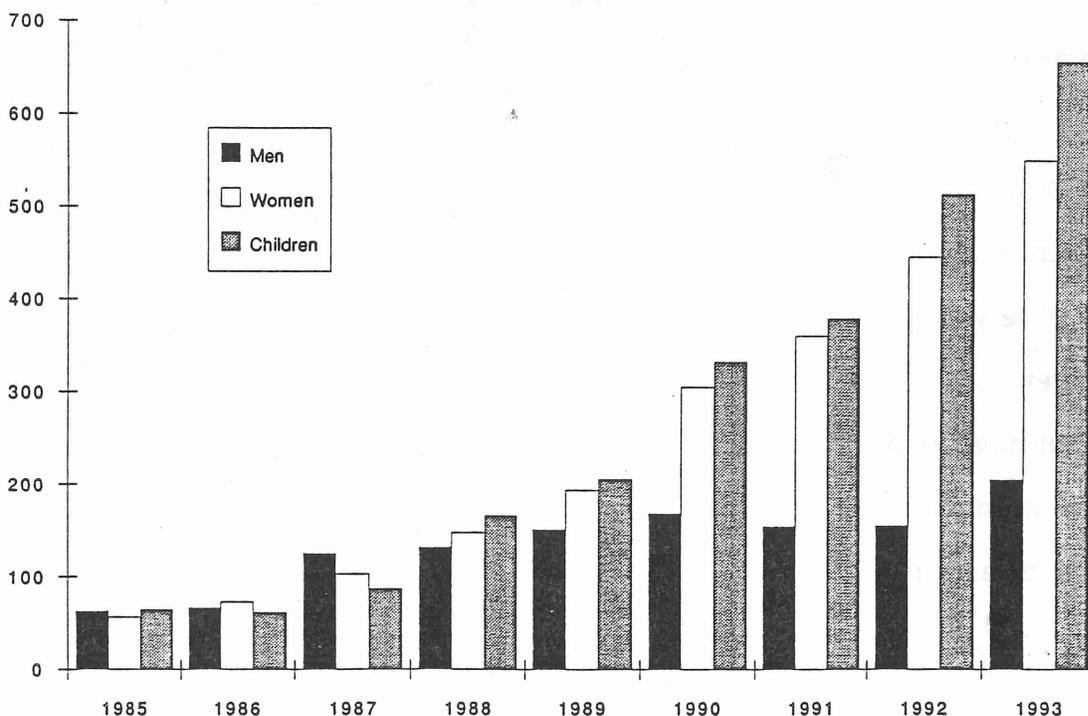
The data used in the study are valid through the end of fiscal year 1993. In 1993, the Minnesota DES funded 43 of the 71 THPs in Minnesota at a total cost of \$420,000. The DES estimates that there will be 85 programs operating during the 1994 state fiscal year, with state funding of \$880,000.

² Leary, p. 10.

Figure One shows that there has been an enormous increase in the number of people using transitional housing facilities on an average night since 1985. While the mix of men, women, and children using facilities was proportional the first several years, this balance no longer exists. Table One shows that between 1985 and 1993, the use of THPs grew by 36%, 184% and 218% for men, women and children respectively.

While the total number of people using transitional housing on an average night has swollen by 667% since 1985 (due primarily to increased capacity), Minnesota THP funding has increased at a much smaller rate. State spending is currently only 51% more than it was in 1985. The bottom two lines of Figure Two demonstrate the

Figure One
 Number of Transitional Housing Residents on an Average Night in Minnesota
 1985 - 1993



diverging trends of state assistance and the total transitional housing population served. State support per person has dropped by 80% since 1985, from \$1,505 to a little under \$300 per person per year in 1993.

Table 1

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1985-93	1989-93
Average Number of Individuals Using Emergency Shelters on a Single Night										% Change over time	
Men	509	660	879	962	932	882	961	1,043	1,213	138%	30%
Women	265	315	390	465	497	382	430	438	439	66%	-12%
Children	259	302	416	591	572	523	640	676	667	158%	17%
Total	1,033	1,277	1,685	2,018	2,001	1,787	2,031	2,157	2,319	124%	16%
Average Number of Individuals Using Transitional Housing on a Single Night										% Change over time	
Men	63	67	126	133	152	170	156	157	207	229%	36%
Women	57	74	104	149	195	307	362	448	553	870%	184%
Children	65	62	88	167	207	334	381	516	659	914%	218%
Total	185	203	318	449	554	811	899	1,121	1,419	667%	156%
State funding for the Minnesota Transitional Housing Program (\$1000)										% Change over time	
	278.5	170.0	222.0	217.0	182.5	230.0	220.0	420.0	420.0	51%	130%
Dollars per person (In transitional housing programs)										% Change over time	
	1,505	837	698	483	329	284	245	375	296	-80%	-10%

Figure Two
Number of Shelter and Transitional Housing Residents on an Average Night in Minnesota
State funding for Transitional Housing Projects in \$1000
1985 - 1993

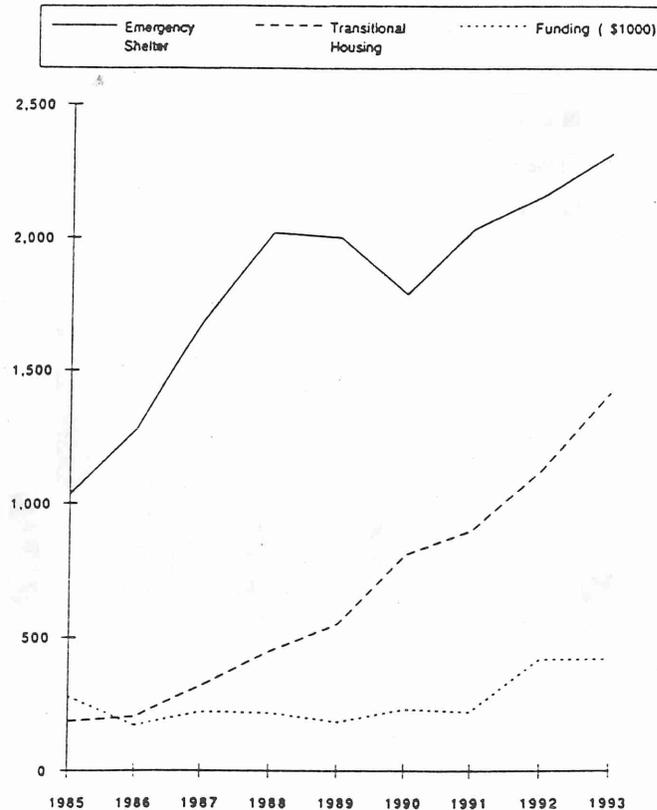


Figure Two also demonstrates that transitional housing capacity is increasing at a one-for-one pace with that of emergency shelters. Both have also increased the number of clients served by about 1250 people per night since 1985.

II. SUCCESS CRITERIA

To evaluate a program, the program needs to have a clear goal, purpose, or objective. An evaluation seeks to answer the question, "did the program achieve what it set out to achieve?" Because there are many divergent program outcomes that are difficult to measure, and because neither national nor state legislation has identified goals or objectives, this is a difficult question for the Minnesota Transitional Housing program managers to answer. However, they are not alone. The GAO report noted that even HUD still has no clear definition of "success" for its transitional housing programs.³

GAO's report defined as successful those clients "who left the program with housing and a stable source of income."⁴ While self-sufficiency and permanent housing are the most obvious goals, they are not a clear definition of "success." What constitutes adequate housing? Some housing options are obviously desirable such as a family renting or owning their own apartment. Other options are not as clearly desirable. Would moving into an overcrowded house with relatives, while potentially "permanent," be acceptable? How long must a family maintain "adequate" housing for the program to be a success?

Similar questions could be examined with respect to the income criteria. What constitutes "stable" income? Would any employment for the client determine success? What if the wage was inadequate to support the family? Does "success" mean financial independence from government assistance?

³ GAO, p. 46.

⁴ GAO, p. 20.

While permanent shelter and income criteria are problematic, they do have the advantage of being easily quantifiable. One can use these values to compare a person to a fixed standard. While these absolute measures are acceptable for homogenous populations, they cause problems when people with different backgrounds and needs enter programs that offer different services. To compare agencies serving heterogeneous or diversified populations, relative improvement in client capabilities should also be included in the success criteria.

“Some programs serve the temporarily displaced worker, while others serve the chronically mentally ill, or long term public assistance recipient. Success for these differing populations should be measured by the amount of progress each individual makes toward independence relative to their starting point upon entrance to the program rather than by some absolute measure of success. While home ownership may be a viable goal for one program participant, developing the skills to live in a group home may be the ultimate goal for another.”⁵

Thus, we may want to measure whether the person has more money or self-esteem, than he or she did at entry. But how much improvement is necessary to consider the program a success for this client?

Other criteria, while just as valuable, do not have the advantage of being easily quantified. Self-esteem, job skills, access to resources, community involvement, increased physical well-being, and happiness are all important program objectives, but their definitions and measurement are very difficult to pinpoint. For example, a frequently cited goal of THPs is to assist clients to obtain “independent living,” but this requires defining independence.⁶

Other success criteria that have not been regularly collected are ones relating to long-term effectiveness. While the progress made when one is in a program should be

⁵ Leary, p. 16.

⁶ Leary, p. 15.

measured, real success occurs when the former resident is able to successfully apply his/her new skills over time and not return to the ranks of the homeless. However, because of the financial limitations of the programs and the logistical difficulties of maintaining contact with program graduates, transitional housing programs in Minnesota do not regularly evaluate the long-term effectiveness of their work.

In an attempt to address this problem, the DES awarded five grants in 1990 to programs to measure the long-range success of their programs. Only one grantee had a significant number of responses from past clients allowing it to get a good measurement. This THP defined program success as "having (clients) achieve two of the three program goals of: (1) maintaining a personal recovery plan, (2) involvement in a process for reunification with children, (3) involvement in efforts to find/move into permanent housing." The program reported a success rate of 85%.⁷ However, this raises the point that, in order to be statistically meaningful, there must be a comparison group. While 85% is a laudable rate, it would diminish if, for example, 80% of emergency shelter residents had achieved success by the same definition.

Finding a comparison group or creating a control group is difficult for scientific, logistical, and ethical reasons. In order to be scientifically meaningful, this group must possess similar characteristics and backgrounds of those participating in THPs, the only difference being that they are not receiving THP services. At a meeting with Wilder Research Center, DES, MHFA, and the Minnesota Coalition for the Homeless we identified three options for this control group. The first idea was simply to explicitly deny people access to THP services and follow their progress in absence of the services. However, this raises ethical questions of how to choose the

⁷ Leary, p. 36.

lucky recipients and how to justify denying assistance to someone because they were in the wrong place at the wrong time. A second idea we discussed was to use those individuals who are currently on the waiting list to get into THPs. While this would be fine for a short-term comparison, eventually, wait-listed people will enter THPs and any long-term comparability is lost. Third, we considered following emergency shelter users. The problem with this option is that not every shelter user would necessarily qualify for transitional housing services. Unfortunately, there are no easy solutions to this problem, yet it is important if the State is to know how much THPs contribute to the improvement of peoples' lives.

The preceding criteria for success are all from the perspective of case managers and clients. Success could also be defined from the perspective of State administrators since the Minnesota Transitional Housing Program is composed of many small programs across the state. These "larger" administrative criteria include:

- the distribution of state funds in a timely, equitable, and efficient manner;
- monitoring program performance and stream-lining reporting methods;
- encouraging interagency program coordination, information sharing, and duplication of effective program models; and
- ensuring continuance of services.

A fiscal manager would define success in terms of program efficiency and cost-effectiveness. In other words, a successful program gets the most output for the least money. However, there is a danger in applying this criteria to the Minnesota Transitional Housing Programs. Because each program does not serve the same group of people, we should not expect them to be directly comparable. If "the most clients served with the fewest dollars" became the new criteria for state funding, it would not be unreasonable for THPs to avoid serving the more expensive and

difficult populations. Using cost-effectiveness standards is hazardous because programs will have an incentive to "cream" or take "easier" clients.

Finally, should we look at the success of a program in terms of how well it serves the clients it admits, or at which populations are not being served? This question introduces another objective: equity. Do all potential clients have equal access to THPs? The state should identify populations that are being under-served in relation to their presence in emergency shelters or other wider population measures. An informal examination of the data indicates that men and African-Americans may be under-represented among THP clients.

A solid definition of transitional housing will provide the foundation for determining success criteria. Thus, step one in the evaluation process is to identify what THPs want to achieve. Greg Owen of Wilder Research Center suggests creating a definition with a few universal goals that all programs should attempt to attain, such as exiting to permanent housing, followed by a list of other primary service components and self-care skills that clients and case managers can choose from to focus on together such as finding employment, getting children into school, or gaining parenting skills. (See Appendix G) This definition will then define the program data that DES collects.

III CURRENT DATA COLLECTION AND ANALYSIS

The Data Collection Form

The DES currently collects data on a monthly basis from the projects it funds. Client data is collected twice by each program, at intake and exit. In accordance with Minnesota Statute Chapter 268.38, programs report the following information for each household: number of persons in age range 18+, 6-17, and under 5; race and sex of head(s) of household; current sources of income; current monthly income; reasons for seeking assistance; previous housing status; previous place of residence; support services needed; sources of income at discharge; monthly income at discharge; reason for discharge; housing status at discharge; support services accessed; and the number of days in the program. (The table is attached in Appendix D.) DES has coded a list of responses on a worksheet to facilitate tabulation. (The lists are included as Appendix E.) For example, "current sources of income" has 23 coded answers, including : full-time employment, part-time employment, General Assistance, AFDC, etc. The following comments are related to these coded lists.

The coded list of responses should begin with a definition of "household" as found in Appendix A. Since households are the unit of analysis, it is critical that programs work from a common definition.

I would recommend the following modifications in the coded list of responses:

Under "Race" of client:

- change "Asian" to "Asian/Pacific Islander."

For clients' "Current Sources of Income-entering":

- differentiate "Social Security" as either Social Security Retirement Income or Social Security Disability Income;
- clarify what "Sheltered Workshop" means; and
- differentiate between permanent part-time and temporary/seasonal work.

In recording "Reasons for Seeking Assistance":

- clearly separate family friction and spousal abuse by changing "Family friction" to "Family friction (non-abusive)" and "Fleeing abuse" to "Fleeing abuse/domestic violence."

In classifying "Previous Housing Status":

- for consistency, the options should all be places;
- change "Owner occupant" to "Owner-occupied housing";
- change "Hospitalized-physical problem" to "Medical Hospital"; and
- change "Incarcerated" to "Jail, prison, or state incarceration facility."

For "Previous Place of Residence-entering":

- clarify the wording. Instead of "List the area the household lived in one year prior to entering your program", use "List the city and state the household lived on this date one year ago."

Identifying the city or state the person came from will allow state planners to develop future transitional housing construction projects in those targeted cities that have a large outmigration of people in search of affordable housing.

In determining "Support Services Needed-entering"

- define "support services" (see Appendix A for a suggested definition);
- distinguish between "Job training" and "Vocational Rehabilitation";
- delete "Section 8/subsidized housing" (it is a goal not a service);
- change "Deposit assistance" to include deposit insurance;
- change "Not applicable" to "No additional services needed"; and
- consider incorporating other support services. (See Appendix F for other ideas.)

The form instructions currently say not to record services the household already receives. However, this data should be collected in order to identify all the services THP clients need. Noting only the services THP clients have not yet accessed undervalues the overall need for these services.

In recording "Reason for Discharge":

- be more specific than "Completed goal plan." Maybe change it to "moved into permanent housing"; and
- list other reasons for departure. (See Appendix F for other ideas.)

In defining "Housing Status at Discharge":

- separate "Section 8/publicly subsidized housing" into unsubsidized permanent housing without services, section 8, public housing, and other subsidized housing;
- differentiate between "Institutional Care" and "Treatment"; and
- add "Hospitalization" to the list

"Housing status at discharge" should be divided into two sections with a place for the case manager to record whether the housing is adequate or inadequate in his/her opinion. With this data, analysts will be able to better distinguish between, for example, moving back to a crowded arrangement with relatives versus moving with relatives into a satisfactory dwelling unit.

A section for explaining "other" responses to any question should be incorporated so that future surveys can be more precise.

Finally, in the "number of persons requesting assistance" at the top of the form, programs are currently instructed to record the number of persons requesting assistance, but not those who were inappropriate for the particular program. These people should be counted and it should be noted why they were denied admission. This will indicate the need to establish THPs serving different sectors of the population. For example, if a battered women's shelter THP turns away several men with children for its program, these would not be reported in the statistics. However, this would be important to know so that a THP serving male-headed families could be established in the area.

The DES Annual Report to the Legislature of Changes and Recommendations for the Minnesota Transitional Housing Program.

This report, published annually in March, is a comprehensive analysis of the data currently collected from the DES-funded THPs in Minnesota. The following are recommendations for changing the way DES analyzes this data.

The report is organized by the variables as they appear on the data intake form discussed above. The analysis currently takes each variable and analyzes it for the broad THP population. The data can also be broken down to identify particular characteristics of sub-populations within the larger group. Before proceeding with the analyses, the report should start out with a description of each of these subpopulations. For example, DES could examine the following questions: What is the racial composition of _____ (single men, single women, families) in transitional housing projects? What is the average age of the household head(s)? It could also address questions like: What is the average family size for families with children? What percentage of African-American clients are women with children?

This should be followed by analyses for each of the variables. Questions could include the following: In addition to identifying how many people came from out of state, which groups are the more migratory populations? Which groups are most likely to become homeless because of domestic violence? Are minorities more vulnerable to certain causes of homelessness and Caucasians others? Are there particular services African-American women need that are different from white women? Does any group appear to be more successful than another in moving into permanent housing?

DES also needs to be careful when calculating percentages of variables where multiple responses were possible. In this case the percentage should be based on the total number of households, not the total number of responses. For example, if there were only two households in the survey and both needed counseling while one of the two needed job training, we should *not* say that 66% needed counseling and 33% needed job training. Rather, 100% need counseling and 50% need job training. Also, it needs to be noted at the top of tables like these that multiple answers were acceptable.

In the report, the table discussing sources of income, could be better organized to identify how clients' sources of income changed while they were in the program. For example, how many people got off AFDC and how many were made aware of their eligibility and got assistance? How many people found jobs?

Columns in this table should include:

- A. source of income at entrance;
- B. (A) expressed as a % of the total;
- C. whether or not it was still income at exit;
- D. (C) expressed as a percentage of (A) $(C) / (A) * 100\%$;
- E. new sources of income (in exit column and not in entrance); and
- F. (E) expressed as a % of the total.

When measuring whether or not a person receives AFDC, food stamps or WIC, the DES must not assume blanket eligibility. Programs should indicate whether or not the household is eligible. Considering everybody as eligible will result in a regular undervaluation of the true percentages.

The table discussing services needed and accessed could be strengthened by examining the cases where a person needs services A, B, and C but accesses B, C, D, and E. An analysis of this sort would allow programs to identify unmet needs and

needs that were initially unidentified, but were met. To facilitate this analysis, I would recommend creating the following table:

- A. service listing;
- B. services the THP identified at intake as needed by the client;
- C. actual need (Sum of (B) plus those who didn't identify the service, but accessed it while in the program.);
- D. met needs (i.e., services accessed);
- E. percent of actual need met $(D)/(C)$; and
- F. Unmet needs (services listed in B but not D.)

Examination of columns C, D, and F would allow DES to better identify what services are difficult for THPs to access, and which therefore require refocused attention, and second to identify services that were regularly overlooked at intake, yet needed by the program clients. Breaking this down into sub-populations would help THPs serving those specialized groups target the most important services to provide in their program. Another question that is not addressed in this section is the average number of services requested per household.

With the income data that will be collected starting in 1994, not only should DES identify how many households fall into which income brackets, but if possible examine the distribution of households as a percentage of the poverty rate. With this analysis, DES could determine how many families (children) were raised above the poverty line while participating in the program.

A section discussing length of stay could be added if DES knew the maximum length of stay allowed by each program. When this data is obtained, I suggest grouping the households by program maxima to see how many households stayed for the maximum time allowed. If clients in programs of short duration stayed the maximum period, while people in medium length programs "successfully" moved out earlier, this will assist the state in setting appropriate ranges for allowed length

of stay in state funded programs. As it stands now, there is only a Federally-imposed maximum limit of 24 months; there is no minimum limit to differentiate THPs from emergency shelters.

Finally, once there is general agreement on a definition of success, DES could formulate a model and run a statistical regression to examine the relationship between "success" and variables such as: the number of services accessed, cause of homelessness, length of stay in the program, percent change in income, race, family type, change in AFDC status, change in job status, etc. With this analysis, project managers could target their efforts on outcomes that are the most successful for that group.

IV. ASSESSING LONG-RANGE OUTCOMES

In its report on HUD, GAO identified four characteristics that have significant impacts on the eventual success of a THP for a client: the time spent in the program, the number of support services accessed, the family structure and presence of substance abuse or mental illness in the household, and the cause of homelessness.⁸ Again, success is defined as permanent housing and a stable source of income upon exit. The report notes however, that “by not determining actual client success in either the short or long term, this approach will not provide the type of information needed to reach definitive conclusions as to the effectiveness of the Transitional Housing Program.”⁹ Thus, there is a growing call at the national level for comprehensive long-term data collection. Success should not simply be measured at the point of exit from the transitional housing unit, it should also be measured over a client’s lifetime.

To examine the long-range measurement question, I spent several hours talking with people across the United States attempting to locate THPs that have developed systems to follow-up on project graduates. I spoke with 20 people, representing national organizations, regional Council offices, and directors of small shelters in Texas, Massachusetts, and California. While some organizations maintain informal contact with their former clients, the only formal follow-up structure I found anywhere in the United States was the twelve month follow-up of formerly homeless people in Minnesota who were in programs receiving Supplemental Assistance for Facilities to assist the Homeless (SAFAH) funding from HUD.

⁸ GAO, pp. 27-31.

⁹ GAO, p. 44.

The objective of the few programs that work informally with their graduates is primarily to provide ongoing services. None indicated that they attempt to formally gather data similar to that collected at an intake or exit interview. Rather, it is through informal conversation that the case workers identify persistent needs and measure relative well-being. Many organizations cited financial and personnel constraints as the factors inhibiting formal follow-up. In addition, many expressed concern about the need to be sensitive to formerly homeless individuals who would rather put their experience of homelessness behind them.

If Minnesota can develop an effective long-range evaluation tool for examining the success of all THPs, I believe it will be the first state in the nation to do so. To maintain consistency with the data already collected, the follow-up survey should use the same questions on the intake and exit forms. These should include: current monthly income, sources of income, current housing status, support services still accessed, and changes to family structure. Second, the survey should be expanded, adding questions that focus on specific program goals in order to gauge the "success" of the client with respect to the criteria established in the definition. Finally, it should consider the following questions: Are you living in the same place as when you moved out of transitional housing? If not, what happened? What services did you find most helpful when you were at the transitional housing program? What other services would have been useful, in retrospect? What services could you use right now? What difficulties are you having in your life?

To implement this, THPs need to get the agreement of the family to participate and collect the names and phone numbers of at least three friends or family members. The follow-up should begin very shortly after the client leaves and continue for at least a year, preferably two.

V. IDENTIFICATION OF PROGRAM CHARACTERISTICS AND COSTS

Finally, Minnesota should collect information about each of the programs it funds in order to evaluate its own administrative successes. This information could be collected when programs request funding. These questions should seek to address the following questions: Which programs are serving which populations? Are the programs serving specialized populations distributed evenly across the state? Are the programs serving similar populations equally cost-effective? Are program limits on maximum stay appropriate?

General information that should be included:

- What are the primary program goals? How does the THP director judge the success of his/her program?
- Age of the program.
- Type of organization: state government, county government, non-profit, religious.
- How are residents referred to the project? Self, emergency shelter, referral center, detox/substance abuse treatment facility, psychiatric facility, hotline, police, emergency room, transitional housing, public housing authority.
- What screening criteria is used to determine eligibility for the THP?
- What populations are served: battered women, pregnant women, runaway or abandoned youth, veterans, severely mentally ill persons, developmentally disabled persons, physically disabled persons, alcohol or drug abusers (including recovering substance abusers), dually diagnosed persons (both SMI and substance abuser), persons with AIDS or who are HIV positive, ex-offenders (convicted of a felony), elderly persons, homeless families with children.
- Are there limits on the age and number of children in a household? What is the average household size?
- Other programs run at the site (for example, a shelter).
- What supportive services are provided on site? What services are contracted for? Are there any services that are in high demand but are difficult to access? Identify those services that a majority of the clients receive.

Capacity

- Number of people on the waiting list to join the program.
- Number of households, number of beds.
- Number of people/households who entered the project within the last 12 months.
- Number of people/households who left the project within the last 12 months: number who completed the program, number who left voluntarily, number who were asked to leave.
- What is the maximum length of stay allowed at the project? Typical length of stay at project.

Buildings/neighborhood

- Type of neighborhood is the project in: residential only, mixed residential and retail, commercial or industrial.
- Kinds of buildings make up this project: single-family detached house(s), townhouse or rowhouse(s), two or three unit buildings, apartment building(s) of 4 or more units, single room occupancy building(s), mobile home or trailer home(s).
- Are there separate cooking facilities for each household?
- Percentage of income that clients pay to live at the THP.
- Previous use of the project's site: privately owned housing, public housing, hospital or other care institution, school, convent or monastery, industrial property or warehouse.
- Are there plans to expand the number of dwelling units?

Cost effectiveness

Cost effectiveness analyses require accurate measurement of program expenditures. Previous attempts to gather this data by the Minnesota Coalition for the Homeless resulted in large disparities in average cost per client. Therefore, a more detailed questionnaire should be distributed to THPs to account for all easily calculated costs. (In true cost-effectiveness studies, one should look beyond the visible costs of the budget to hidden costs such as depreciation or amortization.) The analysis can be broken down into four sections: personnel, facilities, materials and equipment, and other expenses. For each of the budget items, the THP should indicate the percentage that goes towards their transitional housing program, if they run more than one type of social service activity.

Personnel costs

- Staff salaries/benefits (from budget).
- Number of full time volunteers (Full time = 35 hours/week) should be valued at the wage the person could receive if she/he were working for pay or minimum wage, whichever is larger.

Some supportive services are provided by case managers and are therefore already counted in their salaries and benefits, however for services that are contracted out, their values should be included in this section.

Facilities

- Does the program rent or own their building(s)? The buildings should be valued at either the rent actually paid, or what they would cost to rent elsewhere if they were not donated.
- Property management and maintenance costs, again valued at actual cost or estimated value of the work.
- Overhead costs, utilities.

Materials and equipment

- Office supplies.
- Direct costs which directly benefit the clients (food, clothing, transportation).
- Furnishings for the transitional housing units. Even donated items should be included.

These values can be added together to get the approximate cost of running the program. Again, the cost-effectiveness evaluation should be done cautiously. Analysts must recognize that THPs are not homogeneous and thus their expenditures per client will vary widely. If this is not kept in mind, programs serving a less "demanding" clientele will be rewarded and this will create an incentive for THPs to avoid the more difficult or more needy populations.

VI. CONCLUSION

Evaluation is the foundation for program improvement. "Although numerous anecdotal success stories support the conclusion that the (transitional housing) program is successful, no formal comprehensive evaluation of the program has been performed."¹⁰ A comprehensive evaluation is necessary for three groups of people. First, the evaluation will allow THPs identify what works and what does not so that they can improve their service. On a wider administrative level, the evaluation will permit the DES and the Minnesota Coalition for the Homeless to better identify state-wide needs in order to better coordinate the equitable provision of services across Minnesota and across sub-populations. Finally, it will provide more persuasive evidence to the legislature regarding the debate over future funding of affordable housing programs. This study is an important beginning to the process of evaluation.

A discussion about what constitutes success from the perspective of the Minnesota Legislature, DES, MHFA, the Minnesota Coalition for the Homeless, professional data analysts, THPs, and homeless individuals themselves is the first step in the evaluation process. The evaluation process hinges on the goals and objectives which form the standards against which outcomes are measured. Vague notions of helping individuals and households improve their lives by giving them skills to live independently are socially laudable goals, but ineffective for evaluation criteria. The second step is to use this discussion to discover new variables measuring success which can be incorporated into the DES data. Third, we must persuade the legislature that there should be increased funding that will allow for follow-up on the long-term benefits of the program. This funding should enable transitional

¹⁰ Leary, p. 1.

housing programs to undertake the research themselves or be allocated to the Department of Economic Security to hire an outside consultant. Finally, there needs to be increased information gathered from individual programs about their operations.

It is my hope that this report can serve the transitional housing programs in Minnesota. I would like to thank Val Baertlein of the Minnesota Coalition for the Homeless, Pat Leary of the Department of Economic Security, Denise Rogers of the Minnesota Housing Finance Agency, Greg Owen and June Heineman of Wilder Research Center, and the Board of Directors of the Minnesota Coalition for the Homeless for their guidance and assistance.

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APPENDIX A: DEFINITIONS

Each of the following definitions is taken verbatim from the source listed in the footnote. There are multiple definitions under some headings.

Transitional housing

Housing designed for independent living and provided to a homeless person or family at a rental rate of at least 25% of the family income for a period of up to 24 months... where residents can be responsible for their own meals and other daily needs.¹¹

Housing that will facilitate the movement of homeless individuals and families to permanent housing within 24 months, or within a longer period as described in 583.300(j) "Limitation of stay in transitional housing." A homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living. However, HUD may discontinue assistance for a transitional housing project if more than half of the homeless individuals or families remain in that project longer than 24 months.¹²

The provision of supportive services in addition to housing is the key feature of (the transitional housing) program that separates it from emergency programs. Homeless people usually have personal, social, and economic problems that prevent them from maintaining permanent housing. These problems could include mental illness, lack of income or employment, alcohol or drug abuse, or domestic violence. The Transitional Housing Program provides supportive services that are designed to help them overcome these problems. Supportive services include assistance in obtaining benefits, medical care, budget and psychological counseling, employment assistance, housing placement, job training, legal assistance, child care, and transportation to and from work sites.¹³

Case management

This comprises a diverse set of activities consisting of service needs and developing an individualized service plan often with the involvement of the participant and other service providers; arranging services and benefits, including referring individuals for entitlement benefits and coordinating with other service agencies; monitoring and following up on services working with individuals on skills development, including money management and household management; making routine visits and calls; responding to emergency service needs; advocating for the individuals; providing transportation; receiving consultation and supervision.¹⁴

¹¹ Leary, pg. 1.

¹² Federal Supportive Housing Regulations.

¹³ GAO.

¹⁴ HUD, Supportive Housing Demonstration Program.

Crisis intervention

Information or services that are provided in response to an emergency situation. These may include respite services, arranging for an individual to receive emergency care for treatment of a medical or psychiatric crisis, or transporting an intoxicated individual to a detoxification program.¹⁵

Detoxification

Services that are provided in a supervised setting to ensure that an individual safely reduces his/her level of alcohol or other drug intoxication to zero. The supervision may be provided by medically trained staff and may include the use of medication to control withdrawal.¹⁶

Developmental disability

Any mental and/or physical disability that has an onset before age 22 and may continue indefinitely. It can limit major life activities. Includes individuals with mental retardation, cerebral palsy, autism, epilepsy, sensory impairments, congenital disabilities, traumatic accidents, or conditions caused by disease (polio, muscular dystrophy, etc.).¹⁷

Dwelling unit

A standard measure of physical housing stock. Dwelling units may have more than one bedroom. Examples of dwelling units include: an apartment, a single-family home, one-half of a duplex, a townhouse or semi-detached home, a trailer or mobile home. In most cases, a complete dwelling unit consists of living, sleeping, food preparation, and bathroom facilities. There are two exceptions:

- Single room occupancy or SRO unit. Typically an SRO dwelling consists of private living sleeping rooms and shared kitchen and bathroom facilities for each resident. One or two adults may occupy an SRO unit. Each living/sleeping room is considered one dwelling unit.
- Dormitory unit. Dormitories are dwellings with bedrooms that sleep three or more persons who are not considered part of the same household. An apartment or single-family home is considered a dormitory if sleeping rooms are occupied by three or more unaccompanied and unrelated persons. Each sleeping room with three or more unaccompanied persons should be counted as a separate dwelling unit.¹⁸

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

Homeless person

An individual or family who lacks a fixed, regular and adequate nighttime residence.¹⁹

People staying outside, in shelters, inappropriately doubled-up, inappropriately institutionalized, in abusive situations, or other substandard living situations.²⁰

Persons or families without a fixed, regular, and adequate nighttime residence; or individuals or families that have a primary nighttime residency that is:

- (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or
- (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State law.²¹

Homeless family with children

A homeless family that includes at least one parent or guardian and one child under the age of 18, a homeless pregnant woman, or a homeless individual in the process of securing legal custody of any person who has not attained the age of 18 years.²²

Household

A household can consist of several persons or just one person- such as:

- (1) a family: two or more persons related by blood or marriage;
- (2) a single individual living without parent, partner, or children; or
- (3) two or more unrelated persons who functioned like a family before coming to the project.

For example, a family with one parent and two children = three persons and one household. A single adult with no children or partner = one person and one household²³

Housing independence

The degree to which a person's ultimate capacity to live independently is attained.²⁴

¹⁹ McKinney Act Definition.

²⁰ DJT.

²¹ Supportive Housing Demonstration Program.

²² Federal Supportive Housing Regulations.

²³ Supportive Housing Demonstration Program.

²⁴ Leary, pg. iii.

Independent living

Creating self-sufficiency plans through which life skills are taught and services and resources are accessed.²⁵

Supportive Services

An assessment service that identifies the needs of individuals for independent living and arranges or provides for the appropriate educational, social, legal, advocacy, child care, employment, financial, health care, or information and referral services to meet these needs.²⁶

Includes case management, life skills training, employment training, education, day care, medical care, and mental health care. Outside supportive services include outlays to contractors or outside businesses or agencies which provide supportive services.²⁷

Services which may be designed by the recipient or program participants, designed to address the special needs of the homeless persons to be served by the project. Supportive services include: (1) establishing and operating a child care services program for homeless families; (2) establishing and operating an employment assistance program; (3) providing outpatient health services, food, and case management; (4) providing assistance in obtaining permanent housing, employment counseling, and nutritional counseling; (5) providing security arrangements necessary for the protection of residents of supportive housing and for homeless persons using the housing or services; (6) providing assistance in obtaining other Federal, State, and local assistance available for such residents including mental health benefits, employment counseling, Veterans' benefits, medical assistance, but not including major medical equipment, and income support assistance, such as Supplemental Security Income benefits, AFDC, GA, and food Stamps; and (7) other services as appropriate.²⁸

²⁵ DJT.

²⁶ Statute Definition, Chapter 268.38

²⁷ Supportive Housing Demonstration Program.

²⁸ Federal Supportive Housing Regulations.

APPENDIX B INFORMATION SOURCES FOR THIS REPORT

National Coalition for the Homeless	Karen Slausberg	202-775-1322
HUD:	Mark Johnston	202-708-4300
	Jim Hoben	202-708-0574
Council of State Community Development Agencies:		
	Vickie Watson	202-393-6435
National Alliance to End Homeless	Michael Mehr	202-638-1526
National Law Center for Homelessness and Poverty:		
	Laurel Weir	202-638-2535
Interagency Council on the Homeless:		202-708-1480
Boston Office	Amarilis Amoros	617-565-5238
New York Office	Jack Johnson	212-264-1738
Philadelphia Office	Patrick Mulligan	215-597-0519
Atlanta Office	Gus Clay	404-331-4113
Chicago Office	Ray Willis	312-353-6980
Dallas Office	Nancy Mattox	817-885-5483
Kansas City	Marcia Presley	913-551-5484
Denver Office	Donna Jacobsen	303-672-5443
San Francisco Office	Jimmy Prader	415-556-8214
Seattle Office	Lee Desta	206-220-5107
Women's Institute for Housing	Jean Kluver	617-423-2296
Homes for the Homeless	Paige Bartells	212-529-5252
Texas Homeless Network	Andrew Short	512-478-9971
Corpus Christi Shelter	Dan Scott	512-887-0151
Pomona Inland Valley Council of Churches	Joyce Ewen	909-623-1031
Project Hope	Sister Margaret	617-445-7512
Beyond Shelter	Natalie Profant	213-252-0772
Wellsprings	Nancy Schwoyer	508-281-3221

Three people were particularly helpful.

James Hoben of HUD works in the program evaluation division. He sent me drafts of two studies that have been commissioned by HUD. The first, "Supportive Housing Demonstration Program National Evaluation" is an elaborate 61 page questionnaire that requests information about the type of program and clients served, the services provided, the program budget, resident characteristics, and characteristics of the dwelling units. This will be useful for the elaboration or reconstruction of the current Minnesota DJT form, but it is not useful for long range strategic follow up. The second study is the Participant Outcomes Monitoring System (POMS) for the Shelter Plus Care Program. While this program is for single, disabled individuals who require permanent care, this study could be useful in developing questions to measure the success of programs from the perspective of client feelings rather than with more easily measured variables such as income or housing acquired. Mr. Hoben recognized the need for an evaluation of the long-term effectiveness of Transitional Housing Programs and was pleased to hear that the Minnesota Coalition for the Homeless was developing this study.

The second person that proved helpful was Paige Bartells from a New York City organization called Homes for the Homeless. They serve 540 families at four sites and have provided follow-up services since 1988. Their "Practical Living Useful Skills In New Communities" (PLUS INC) program is a series of six weeks of workshops teaching topics including budgeting, child nutrition, and AIDS prevention. When a family leaves the program, they are evaluated on eleven critical factors and placed into one of three groups. One group has 3-6 months of follow up, another 6-9 months, and the last is encouraged to maintain contact with the program for 12-18 months. Their PLUS INC workshops allow the staff to build a rapport with clients that facilitates continued contact.

Finally, Sister Margaret at Project HOPE in Boston told me how they use ongoing activities to maintain contact with former clients. Sister Margaret is on a committee that is doing work that may be useful in our examination of definitions. They will forward this information to the Minnesota Coalition for the Homeless when it is complete.

APPENDIX C RECOMMENDED MINNESOTA STATUTE REVISIONS

To correspond with reality, Minnesota Statutes, DJT Chapter 268.38 Transitional Housing Programs, should be edited as follows.

Subdivision 1

The statute should be revised to add definitions of household, and homeless person, as well as improving its definition of transitional housing.

Subdivision 8

Delete (2) "listed by age"

Add:

- (8) characteristics of the population broken down by age, sex, and educational background
- (9) sources of income and monthly amount,
- (10) previous housing status
- (11) housing status at discharge

APPENDIX E: CODED LIST OF RESPONSES FOR THE DES INTAKE FORM

KEY FOR FILLING OUT TRANSITIONAL HOUSING REPORTING FORM

FORWARD

Transitional Housing grantees must complete and return a copy of the Transitional Housing Monthly Reporting Form to the Minnesota Department of Jobs and Training (MDJT)/Community Based Services Division (CBSD) for each month of the grant period. **This report is due within thirty days of the end of each grant month.**

Information from these reports will be compiled to fulfill legislative requirements, for public education, and for needs assessment.

INSTRUCTIONS

The reporting form requires information on each household admitted and discharged from your transitional housing program during the report month. The columns for "Persons Entering Transitional Housing" should be completed during the intake interview; and the columns for "Persons Exiting Transitional Housing" completed upon discharge. Be sure the client number you record is the same for both the entry and exit reports on the household.

Do not report on clients who do not enter or leave your program during the month you are reporting.

New grantees: Please complete the columns for "Persons Entering Transitional Housing" for all residents who were already in your program at the beginning of the grant period. This is not a requirement, but it will reflect a more accurate picture of the people provided with services throughout the grant period.

NUMBER OF PERSONS REQUESTING ASSISTANCE

Count the number of persons, adults and children, requesting entry into your program. Include persons who are admitted and those who are turned away.

Do not include persons who inquire who are inappropriate for your program.

CLIENT NUMBER

Assign each household (individual or family unit – family unit means any individuals who enter the program together as a household) a client number of your choice, preferably four digits starting with 1000. Do not fill out separate lines for each child; fill out only one line per household.

Do not reuse a client number after a household has exited the program, unless that household reenters the program at a later date.

NUMBER OF PERSONS IN AGE RANGE

Mark the number of people in each household who belong in each of the three age categories. Example: if you are serving a one-person household and that person is 22 years old, you would place a one (1) in the first box. If you are serving a two-parent family with two children under the age of six, you would place a two (2) in the first column and a two (2) in the third column.

HEADS OF HOUSEHOLD: RACE AND SEX

List the race and sex of each adult member in the household (if there are two adults in the family unit, provide this information for both in the one box).

RACE

- C Caucasian
- A African-American
- H Hispanic
- N Native American
- S Asian
- O Other

SEX

- M Male
- F Female

CURRENT SOURCES OF INCOME - ENTERING

List all sources of income the household has when they enter your program.

- A. Full-time employment
- B. Part-time employment
- C. General Assistance
- D. AFDC
- E. Disability payment
- F. Veterans benefits
- G. Social Security
- H. Supplemental Security Income (SSI)
- I. Unemployment Compensation
- J. Pension
- K. Alimony
- L. Child support
- M. Sheltered workshop
- N. Student grant/scholarship
- O. MSA
- P. Savings
- Q. Loans or assistance, family or friends
- R. Food stamps
- S. WIC
- T. Vocational Rehabilitation
- U. Workers Compensation
- V. Other
- X. No Income

CURRENT MONTHLY INCOME - ENTERING

List the total amount of net monthly income the household has from the sources listed in the previous column.

REASON(S) FOR SEEKING ASSISTANCE - ENTERING

List all reasons why the household is seeking assistance and entering your program.

- A. Stranded in area
- B. Relocating in area
- C. Fleeing abuse
- D. Family friction
- E. Friction with friends or roommates
- F. Loss of job
- G. Loss of benefits
- H. Over-crowding
- I. Disaster (fire, flood, or displacement, etc.)
- J. Eviction-nonpayment
- K. Eviction-other reasons
- L. Utility shut-off
- M. Condemnation
- N. Rent increase
- O. Substandard housing
- P. Chemical dependency problems
- Q. Legal restraining order
- R. Mental health problems
- S. Leaving correctional facility
- T. Leaving state hospital
- U. Ran away from home
- V. Asked/told to leave home
- W. Leaving VA Medical Center
- X. Other
- Y. Physical illness
- Z. Couldn't locate affordable housing

PREVIOUS HOUSING STATUS - ENTERING

List the last place the household stayed immediately prior to entering your program.

- A. Rental - private market
- B. Section 8, public housing or other subsidized housing
- C. Temporarily staying with friends/relatives
- D. Permanently staying with friends/relatives
- E. Owner-occupant
- F. Emergency shelter
- G. Transitional housing
- H. MI/CD/MR Treatment Program
- I. MI/CD/MR Halfway house or SLR
- J. Hospitalized-physical problem
- K. Incarcerated
- L. NPA - vehicle not intended for housing
- M. NPA - outside/streets
- O. NPA - nightly arrangements
- P. Foster home
- Q. Other

PREVIOUS PLACE OF RESIDENCE - ENTERING

List the area the household lived in **one year prior** to entering your program.

- A. Same city or area as program
- B. Outside of city or area but within state
- C. Outside of state

SUPPORT SERVICES NEEDED - ENTERING

List the support services the household needs when they enter your program but are not currently accessing. Do not include services the household already receives.

- | | |
|-----------------------------------|---|
| A. Medical Assistance | L. Financial assistance |
| B. Counseling | M. Deposit assistance |
| C. Job training | N. Legal assistance |
| D. Food | O. Section 8/subsidized housing |
| E. Clothing | P. Child care |
| F. Employment | Q. Post-secondary education |
| G. Education (high school or GED) | R. Sobriety support |
| H. Utility assistance | S. Head Start |
| I. Furniture | T. Rehabilitation (Chemical,
Physical, Vocational) |
| J. Moving Assistance | U. Other |
| K. Social services agency | X. Not applicable |

SOURCES OF INCOME AT DISCHARGE - EXITING

List all sources of income the household has when they leave your program.

Use the same codes as given for sources of income when entering your program.

MONTHLY INCOME AT DISCHARGE - EXITING

List the total amount of net monthly income the household has from the sources listed in the previous column.

REASON FOR DISCHARGE - EXITING

List the reason why the household left your program. List only one code for this column.

- | | |
|---|------------------------------|
| A. Completed goal plan | E. Inappropriate for program |
| B. Stayed as long as policy allows/
goal plan not completed | F. Unknown - household just |
| C. Were dissatisfied with program | G. Other |
| D. Were asked to leave (destruction of
property, violence, drug/alcohol use,
other criminal activity) | |

HOUSING STATUS AT DISCHARGE - EXITING

List the type of housing the household moved into when they left your program. **List only one code for this column.**

- | | |
|--|-------------------------------|
| A. Section 8/publicly subsidized housing | G. Emergency Shelter |
| B. Rental - private market | H. Other transitional housing |
| C. Owner occupant | I. No housing secured |
| D. Institutional Care | J. Unknown |
| E. Treatment | K. Other |
| F. Went to live with friends/relatives | |

SUPPORT SERVICES ACCESSED - EXITING

List all services the household accessed while they were in your program.

Use the same codes as listed for support services needed when entering.

DAYS IN PROGRAM - EXITING

Report the **total** number of days the household was in your program. This is from the time they moved in to the time they moved out of your program.

APPENDIX F: ADDITIONS TO CODED LIST OF RESPONSES

Below are options to add to the DJT coded list of responses in Appendix E.

Reasons for leaving the Transitional Housing Program

acquired private housing	substance abuse relapse
nonpayment of rent	recurrence of psychological or emotional problem
criminal behavior	job opportunity outside community
violation house rules	other lease or participation agreement violation
asked to leave	stayed as long as policy allows
treatment	dissatisfied with the program
institutional care	change in family composition or size

Services accessed

Housing Location Assistance: housing counseling, housing listings, security deposit, first month's rent, last month's rent, utility deposits, furnishings/practical support, arrearage payments, housing placement, Section 8 certificate

Family and Children's Services: day/evening care, immunization and screening, educational programs for both parents and children, case management

Substance Abuse (SA): Individual SA counseling; group SA counseling; mental health, support groups, AA, NA, or other help groups; sobriety support; detoxification

Mental Health: crisis intervention, medication monitoring, psychosocial rehabilitation, counseling for abused children, individual or group psychological counseling, psychiatric treatment, peer group/self help

Physical Health: primary care, physical rehabilitation care/physical therapy, prenatal care, medical screening

Life Skills: money management, transportation usage, household management, Parenting classes/groups, home health care, counseling

Education: Head Start, ESL, basic literacy, high school Diploma/GED, some post-high school, college classes, 4 year college degree plus

Employment/Vocational: pre-vocational training like appropriate appearance and punctuality, transitional employment/paid internship, training for specific jobs, vocational rehabilitation, vocational counseling, job placement, on-the-job training, vocational/job counseling, other

Other: food shelf, clothing, benefits assistance, information and referral, advocacy, legal assistance, transportation assistance

APPENDIX G MEMORANDUM FROM GREG OWEN

April 29, 1994

TO: Pat Leary
 Paul Stern
 Val Baertlein
 James Solem
 Denise Rogers
 June Heineman

FROM: Greg Owen

SUBJECT: Statewide evaluation of transitional housing programs.

This memorandum includes some ideas I discussed at a recent meeting with Pat Leary, Paul Stern, and June Heineman, regarding the evaluation of transitional housing. These are intended to stimulate our thinking about an evaluation and provide some possible directions for carrying out a statewide study.

1. Critical to the evaluation of transitional housing is a decision about an operational definition. This means a definition which clearly describes the service elements of transitional housing and a method for measuring outcomes.

At the meeting, I defined transitional housing as:

A service program that has a primary mission of providing time-limited housing in combination with services intended to help residents:

- A. Care adequately for self and children
- B. Gain knowledge and skills that help residents to effectively parent children
- C. Gain knowledge and skills that help residents perform jobs
- D. Gain job seeking skills including help in preparing a resume and/or participating in a job interview
- E. Gain a job (or a source of income)
- F. Gain permanent shelter (or the opportunity to live as independently as possible)

We agreed that while transitional programs often contain several of these elements, they rarely contain all of them.

Paul added to this definition, based on his literature review, that transitional housing residents typically pay a proportion of their income for housing and typically have a 24-month maximum stay. In addition, transitional housing usually means some form of independent living with independent cooking facilities, not barracks or other group quarters. Finally, he suggested adding a seventh service to the above list which discusses the acquisition of material goods and access to services to facilitate a comfortable transition to independent living.

2. Although we did not discuss this, I would like to add four areas in which I believe residents have resources to help move themselves toward these goals. They are:
 - A. The desire to improve their living circumstances
 - B. A desire to provide nurturance and opportunities for themselves and their children
 - C. A desire to perform productive work and/or be otherwise useful to the community in which they live
 - D. The desire to live as independently as possible
3. We also discussed a way of examining the effectiveness of transitional housing, acknowledging that one of the primary outcome measures across all transitional programs is the idea that a person using transitional housing services would, upon twelve-month follow-up, be living more independently or have more stable housing than at the time he or she entered transitional housing.

With regard to the other goals listed in item one above, it may be necessary to have each transitional program identify the goals and services specific to their program and hold each program accountable to a subset of specific goals and outcome measures based on the focus of their services. This might mean for example, that a transitional program which includes a child activities program, a parent education program, and a job-seeking skills program, would have outcomes identified for that program specific to those services.

Given the great diversity of transitional programs today, it is probably unrealistic to think that we could identify a single set of goals and outcome measures that would apply across all programs. Other than the goal of moving toward more stable or independent housing, it is unlikely that we will be able to line up any

two transitional housing programs in exactly the same way regarding other possible goals and outcomes.

With regard to this, we suggested that perhaps the fifty-one transitional programs funded by the Department of Jobs and Training might be asked to identify, from a list of services provided, the specific services unique to their program. This could serve as the basis for building an evaluation that focused clearly on the objectives each program intends to achieve.

I appreciate the literature review and background work that Paul Stern has done in order to take our discussion closer to an evaluation design. I hope these thoughts are useful as we deliberate the design. We look forward to working on this project with you.