First Wave Survey Results:
A Preliminary Evaluation of Chicago's Ten Year Plan to End Homelessness

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Executive Summary

This report contains preliminary information about services to homeless clients in Chicago. The information is part of a comprehensive attempt to evaluate Chicago's Ten Year Plan to End Homelessness, a plan endorsed by Chicago's Mayor in 2003 and first outlined in *Getting Housed, Staying Housed: Chicago's Ten Year Plan to End Homelessness* (Chicago Continuum of Care, 2000). In brief, the Plan calls for the implementation of a Housing First approach, under which clients are provided housing as soon as possible. Services are provided under the approach, but access to housing does not depend on the use of services.

While the homeless service system is complex, offering services ranging from outreach and engagement to transportation to housing, this report focuses on and summarizes findings from the first of a three wave survey of clients residing in the three housing options that are provided under the Plan: emergency shelters, interim housing programs, and supportive permanent housing programs. Shelters generally house clients for a night at a time and are deemed to offer temporary placements. Interim housing programs offer accommodations to clients for a period that can last up to between 90 to 120 days. These programs generally are charged with providing linkage to services needed to address client problems, assessing clients for appropriate housing options and helping clients obtain the financial resources needed to afford housing. Supportive permanent housing programs allow people to stay as long as they wish and are charged with locating wraparound services for their clients. While they may not be unprecedented, the interim and permanent supportive housing programs are innovations suggested by the Plan.

During 2009 and using a stratified, two-stage design, the first wave survey sampled a random sample of adult clients in the three types of programs. When surveying families, the head of the family was the respondent. The final sample includes 554 individuals and family heads. Of this total, 185 are from overnight shelter programs, 192 from interim housing programs and 177 from what for the purposes of this report are called permanent housing programs. The report summarizes basic findings about the surveyed clients. It analyzes the frequency with which clients evince certain traits or circumstances by the type of program. It also compares the frequencies across program types.

In general, results of the analyses suggest that there has been considerable progress toward the goals of the Ten-Year Plan. The Plan's innovative programs, that is, interim and permanent housing programs, focus on clients who have long histories of homelessness. Those programs also reportedly engage in many required activities. Respondents also rate those programs higher than they rate shelters and report that agency and city workers tend to refer the clients to the new programs rather than to the old ones. On the other hand, service provision appears to be uneven in all types of programs. At the same time, largely due to policies and funding opportunities, the programs vary in the clients they serve. Below, we highlight other key findings.

Traits of Individuals. Individuals in the sample, regardless of site, range from almost 40 to 50 years of age, on average. The majority are African American. A comparison of the characteristics of individuals in the three program groups indicates that shelters are more likely than other programs to serve single individuals and particularly single men. Families are more heavily served in interim housing programs (42.6 percent of respondents in these programs are heads of families). Indeed further analysis of the family situation of individuals in shelter indicates that about 5 percent of respondents in shelters report that they are not living with children under 18 against their wishes. The implication of this is that some families are split up due to the lack of appropriate shelter placements.

Permanent programs are clearly serving clients who report chronic problems and disabilities, including health and mental health problems. Chicago policy is to target this population and the results reported here suggest they are achieving this goal. At the same time, individuals in shelter have greater proportions of individuals with potential substance abuse problems and felony convictions. We speculate that such difficulties may act as a barrier to their accessing more permanent housing and will explore this issue in subsequent reports.

Homeless Experience. Clients report that they have considerable experience with homelessness. Typically, clients in shelters and permanent housing programs report five years of homeless experience. Interim housing program clients report slightly shorter homeless experiences, but the differences across types of programs are not statistically significant.

The reported median time clients have spent in shelters and interim housing programs is about ninety days while the reported average time, which is influenced by extremes, is one year. The difference between median and mean may occur because some individuals spend a long time in shelter. In fact, further analysis indicates that ten percent of respondents report staying at least 799 days at their current shelter. With respect to interim housing programs, 34 percent of clients report stays that are longer than 120 days. Sampled clients have stayed in permanent housing programs 777 days on average.

Residence Prior to Program Entry. Information on where individuals resided prior to entry into the program where they were interviewed indicates that relatively small proportions of individuals were on the street prior to program entry. This suggests that access to programs is occurring through routes other than direct street outreach. In fact, more than a third of those in shelter or interim housing reported they were in someone else's dwelling prior to coming to the program while 16% of those in permanent housing reported this arrangement as well. Another 12 to 14% reported being in an institutional setting.

Roughly 15% of respondents in interim housing programs report that they stayed previously in shelters. This may reflect that many families go directly into interim housing, but it also may suggest that many individuals who use shelter do not transition

into interim housing. It is possible some of those individuals are going directly into permanent housing; almost 20% of those in permanent housing reported being in an emergency shelter prior to program entry and another 15% were in interim housing. Analysis of data from follow-up interviews will help us to understand the trajectories of those in shelter and interim housing more fully.

Referral Source to the Program. In addition to looking at where individuals resided prior to program entry, we also asked specifically about their referral source to the program where they were interviewed. More than half of those in permanent housing say that they entered the program through a referral from their previous housing agency or program or from another agency or program. Another 17% came from an institutional setting. At the same time, more than one quarter reported being referred by family and friends. This suggests that some linkage between the different types of programs is taking place but that there also are important informal pathways to obtaining a permanent housing placement. Similarly, for those in interim housing, about half were referred by their previous housing agency or program or another agency or program and another 13% were referred through the city of Chicago 311 City Services, which is intended to refer individuals to housing. Almost one fifth were referred from an institution. Again, these patterns also show that agencies and officials give preference to the new options.

Of note is that referrals directly to a shelter from an institution, a previous housing agency or program or another agency or program, or the Chicago 311 City Services account for slightly less than half of all referrals among those in shelter. This suggests that shelters are still seen as a housing option by certain programs. Nonetheless, the largest single referral source to shelters was family and friends.

Service Experiences. According to frequencies summarizing scores on scales, clients rate permanent and even interim housing programs more highly than they rate shelters. The first two types of programs are rated higher on efficacy (helping clients solve their problems) and on their sense of caring. They also are rated more highly with respect to their referrals to other service programs.

As the Ten Year Plan envisions, clients report that interim housing programs usually (but not always) talk with them about finding housing and work to place them on a waiting list for housing. The programs also reportedly help the vast majority of clients obtain food stamps and help a significant minority to obtain other income supports. Permanent housing programs reportedly more fully provide or help clients obtain such other services as outpatient drug and alcohol treatment and mental health care. In contrast, these services are scarcer in shelters.

Medical care is relatively readily available at all three types of programs. The majority of clients who report being bothered about a medical problem also report receiving care in the most recent thirty-day period. To be sure, coverage is not perfect.

Job-related services appear to be a great problem, from 11.0 to 26.1 percent of the respondents report receiving these services. That percent is very low compared to the

proportion of clients reporting that the loss of a job or of job income led to their homelessness. Further, only a minority of respondents who report concern about employment problems report receiving services. These services appear to be less readily available for shelter and permanent housing clients than for clients in interim housing programs. More generally, services of many types are used by less than half of those reporting a need, suggesting that there is room for improvement.

Finally, the programs, overall, do not seem to refer clients to services very often. It is not clear if this is because they can provide the services themselves, because the services do not exist or because they are not highly integrated into the larger homeless and social service system. The lack of referrals is troubling to the extent that specialized agencies may provide superior services. Further analysis of data from an agency survey currently being conducted may help to clarify this issue.

We are now in the process of collecting additional data from individuals who took part in this first survey. Exploration of these data will cast further light on some of the issues raised here. The data also will enable us to look at how people fare over time in the various housing options. We will analyze whether clients progress to permanent housing. Future reports thus will present additional as well as revised results.

Introduction

Chicago's "point in time" studies suggest that about five thousand single individuals and members of families are homeless each night. In 2000, in order to address this homelessness problem, representatives from government, service providers, advocacy agencies, universities, foundations and consumers of homeless services joined together to release a comprehensive plan on homeless policy in Chicago. The resulting plan, *Getting Housed, Staying Housed: Chicago's Ten Year Plan to End Homelessness* (Chicago Continuum of Care, 2000) was subsequently published and became the blueprint for radically changing the service system.

The Plan outlined a bold, ambitious strategy for ending homelessness in Chicago within ten years (i.e. The Ten Year Plan or the Plan). It argues for doing away with the traditional approach for treating homelessness. Under that approach, individuals and families who were homeless were provided beds in shelters. The homeless people were expected to find services they needed to help them solve the problems (such as mental health or employment problems) that might make it difficult for them to find a permanent dwelling. Clients only were provided permanent housing when deemed ready, and they often had to search for the housing on their own.

New policy undertaken by the Plan is based on what is called a Housing First approach. As recommended by several contemporary scientific studies, Housing First calls for providing affordable housing to clients as soon as possible and then working with the clients to confront other life challenges. If not yet in permanent housing, clients are expected to be referred to such housing as soon as possible. While services are provided, housing does not depend on the use of services.

In Chicago, there are many different types of programs for homeless clients under the new plan. In general, though, the sleeping accommodations relevant to the Plan can be classified into three types.

There are **emergency shelter programs**. Ideally, clients from these programs will be quickly referred to longer-term options. These programs enroll clients daily; people usually have to leave the programs each morning and re-enter each night.

There is **interim housing**. Ideally, the interim programs act as short-term housing programs. Their staff members try to help clients obtain permanent housing and the tangible resources that are needed to sustain placements in permanent housing.

Finally, there are **supportive permanent housing programs**. These programs often subsidize client rents. They also can have their own social services or can attach people to community services. People stay in supportive permanent housing for as long as they wish.

In 2009, as part of an effort to better determine how well clients are doing under the Plan to End Homelessness, the City of Chicago and private foundations provided support to Loyola University and University of Chicago researchers to conduct an evaluation of the service system in Chicago. The evaluation is designed to help guide policy and management of Chicago's system for homeless clients. On the basis of this information, those responsible for implementing the Plan can think through whether the Plan or the operation of certain kinds of programs can be improved.

As funded, the research addresses several specific goals:

- To determine how resources have been reallocated under the Plan;
- To detail in precise terms the program models that actually have been implemented;
- To determine if there are gaps or other issues in the implemented programs;
- To trace client outcomes under service programs provided under the Plan;
- To determine if resources and programs are appropriately targeted to improve those outcomes; and
- To detail client needs.

The research is specifically linked to targeted recommendations for efficiently and effectively improving Chicago's homeless system, allowing policy makers to make a "mid-course correction" in the Plan if needed.

To accomplish these goals, the evaluation has several components, including focus groups with consumers, participant observation of homeless individuals at points of entry into the homeless service system (i.e., police stations and hospital emergency rooms), and an assessment of the city of Chicago 311 City Services. In addition, a survey of program administrators and interviews with youth in the service system are planned or underway.

A final major part of the evaluation involves a longitudinal survey of individuals who are in the 3 different types of housing programs supported by the Plan (i.e., Emergency programs, Interim programs, and Supportive Permanent housing programs.) The survey is designed to answer questions such as:

- What are the characteristics of the clients who are served in each type of program?
- How long do clients stay at the programs?
- What types of needs do clients have and how, if at all, do these differ by type of program?
- What sort of services do clients receive at the programs?
- Do clients improve over time?
- What types of clients do not improve?

Individuals agreeing to take part in the survey are being followed for a year and are asked to take part in 3 interviews during that time.

This report focuses on some of the findings from the first wave of client interviews. While analyses are preliminary, they are used to highlight findings related to questions of who is served by each program type, for how long, what are the varying client needs, and what sorts of services do clients receive from the different programs. Questions related to changes in client outcomes and client trajectories through the system will be addressed in later reports.

Methodology

Sampling

Selecting the Programs. Key to the success of evaluation was our ability to select a sample that represented individuals using the service system. In order to do this, our sampling plan included a two-staged approach of randomly selecting programs within each program type and then randomly selecting individuals within each program.

Our first step in the process was to identify the programs that belonged in each type. First, we obtained the housing inventory chart which is a chart jointly maintained by the City of Chicago and the Chicago Alliance to End Homelessness and submitted to HUD each year. It consists of a list of all programs comprising the homeless housing system. The programs on this list were divided into three broad types. Generally speaking, these types are defined as follows:

1. Overnight/Emergency Shelters – These are programs providing overnight or emergency beds to individuals. Beds are provided on a daily basis. Individuals generally leave such programs during the day, although they are allowed to remain all day in some overnight or emergency shelters for families.

2. Interim or Transitional Housing Programs – These programs were defined by the Chicago Continuum of Care (Chicago Alliance to End Homelessness, 2006), They are short term housing programs that rapidly re-house individuals who are homeless into appropriate permanent housing. Ideally, individuals remain in such programs for at most 120 days.

3. Permanent Supportive Housing Programs – These programs also were defined by the Chicago Continuum of Care (Chicago Alliance to End Homelessness, 2006). The programs include Permanent Housing with Long-Term Support based on a "housing and services model that provides a long-term housing subsidy with wrap-around supportive services; " Project-Based Permanent Supportive Housing, which are permanent apartments that include on-site supportive services for formerly homeless individuals with a disability; Scattered-Site Permanent Supportive Housing, which are "permanent

apartments dispersed within the community for people who are formerly homeless and have a disability," and Safe Haven programs, which are "open stay, no demand, and service enriched housing programs for persons with serious mental illness or dual disorders who are hard to engage in services." In addition, we included in this category Permanent Housing with Short-Term Support (PHwSS) programs. These programs, defined by the Continuum of Care, are based on a "housing and service model that provides a short-term housing subsidy (up to 2 years) with wrap-around supportive services." Below we discuss in detail this last classification decision.

In addition to obtaining the housing inventory, we tried to obtain the programs' self-definition by calling every agency listed in the inventory between June and August 2009. When the programs and the inventory agreed, we were able to easily classify a program, but there were instances where there were disagreements. Accordingly, we made some decisions related to classification which were slightly different from the housing inventory chart. First, we classified a program as "interim" if it was classified as either Interim or Transitional on the housing inventory. Domestic Violence shelters were considered to be interim sites. We also discovered that many programs identified as interim had residents who had been using the program over 120 days. We therefore extended the length of time individuals could be in the program up to 12 months since a shorter cut off eliminated many programs defined as interim in the inventory. Second, we used this 12 month cut-off to mark the difference between interim and permanent housing. If residents could stay 12 months or longer, we classified a program as permanent. As a result, programs classified as Permanent Housing with Short-Term Support, which HUD does not define as permanent were included in the Permanent housing stratum. On the other hand, at least one program that was self-described as permanent was classified as interim because the clients typically stayed only 8 to 12 months.

Based on our work, we derived the following picture of the population of programs as they existed across the three types as of the summer of 2009 (Table A):

Overnight/Emergency Shelter

- 1498 individual beds (1469 were occupied at the time of our call) in 12 programs
- 86 family units[1] in 7 programs

Interim Housing

- 861 individual beds (834 were occupied at the time of our call) in 38 programs

[1] At overnight and interim shelters, the capacity for families is often difficult to determine. Many agencies group and ungroup beds to accommodate families of various sizes. As a result, for families, we only calculated occupied family units (family units = households). If a shelter could not report the number of households currently living in a program, we assumed an average family size of three individuals: Family Beds / 3 = Family Units. We then drew our sample based on the number of occupied family units.

Table A: Population of Programs, Summer 2009

	Overnight Emergency Shelter	Interim Housing	Permanent Supportive Housing
Number of Estimated Interviews			
Individuals	272	152	221
Families	28	117	72
TOTAL	**300**	**269**	**293**
Range of Estimated Interviews per Program			
Individuals	34 to 136	1 to 8	4 to 13
Families	2 to 7	2 to 9	4 to 8

- 625 family units in 40 programs

Permanent Supportive Housing (PSH)

- 4948 individual units (4764 were occupied at the time of our call) in 124 programs
- 1399 family units (1374 were occupied at the time of our call) in 53 programs

We based our sampling on the number of *occupied* units or beds in each type of program. Our goal was to interview 185 individuals/heads of household in each (overnight shelter, interim housing, and permanent housing) for a total of 555 interviews. However, we over-sampled to account for both programs and clients that may refuse to participate or may be ineligible.

Because many agencies have multiple programs serving different types of clients and/or providing different types of housing, we sampled programs, not agencies. Some programs within an agency were combined if they were similar (i.e. if an agency had four scattered site PSH programs that were all operated in the exact same way). In addition, some small programs were grouped together before sampling, so interviews might be conducted with various numbers of clients at each site within a group. We also separately sampled programs for single individuals and for families within each type. As a result, while there are three types of programs, there technically are six sampling strata.

A breakdown of the proposed sample, the number of programs and estimated number of interviews at each program is presented in Table B.

Table B: Breakdown of Sampling Plan by Strata

	Overnight Emergency Shelter	Interim Housing	Permanent Supportive Housing
Number of Programs to be Included			
Individuals	5	23	22
Families	6	21	10
TOTAL	**11**	**44**	**32**

The final sample of individuals with whom we completed interviews was 554. Of this total, 185 were from emergency or overnight shelter programs, 192 were from Interim Housing programs and 177 were from Permanent Housing programs. We ended up having more than our goal of 185 in the Interim Housing stratum because when we reached our goal, we still had additional interviews scheduled. We did not want to cancel on individuals who had already made the time to speak with us. Table C breaks down this and other information about the final sample in more detail by stratum.

Table C: Information about the Final Sample of Homeless Adults by Strata

	Overnight/ Emergency Shelter	Interim Housing	Permanent Supportive Housing
Number of Programs Actually Part of the Final Sample			
Individuals	4	17	15
Families	1	14	6
TOTAL	**5**	**31**	**21**
Number of Completed Interviews			
Individuals	180	108	143
Families	5	84	34
TOTAL	**185**	**192**	**177**
Number of Refusals			
Individuals	1	12	36
Families	0	6	7
TOTAL	**1**	**18**	**43**
Number not Completed for Other Reasons			
Individuals	12	33	86
Families	0	14	3
TOTAL	**12**	**47**	**89**

Selecting Individuals within Programs- Overnight/Emergency Shelters. In order to select the sample from Overnight/Emergency Shelters, we set up a system where we left flyers announcing the study for each resident. Often, these were distributed by shelter staff at the time individuals checked in for the evening, but they were also left on

resident beds in some shelters. Individuals were told about the study in the flyer and also told that if they wanted to be included in the study, they should put their name on the flyer and return it to a designated staff person by a certain date, usually a few days after the flyers were left. We then collected the flyers and selected a simple random sample from the names to identify interview respondents. We did not use any cut-off dates or date-based eligibility.

The final sample from this stratum was 185, of which 180 were individuals and 5 family heads. Refusal rates were lowest for this group. Only 1 individual who was asked to take part refused. Additionally, 12 individuals, although selected into the sample, were unable to complete an interview because of either language barriers (3 individuals) or because although selected into the sample, they left the program before the interviews could be conducted. In all instances, they were replaced by other individuals who were able to complete the interview.

Interim Housing. Individuals in Interim Housing programs were selected in a slightly different manner. In contrast to overnight and emergency shelter residents, these individuals essentially opted out if they did not want to take part. Program staff would make an announcement about the study at a community meeting or flyers were provided for each resident. There would be a period where individuals could let staff know if they did not want to take part. If individuals did not opt out by a certain date (usually a few days or a week after the announcement or flyers were left), then staff would include the resident on a list of individuals who were willing to participate. Participants for the study were selected utilizing simple random sampling from this list.

A total of 192 individuals from interim housing completed interviews (108 individuals and 84 families). Refusal rates for this stratum were higher, with 12 individuals and 6 family heads refusing to take part in the interviews. Additionally, 47 individuals did not complete an interview for other reasons. Usually this was because the originally selected client left the program before we were able to begin or complete the interview. In a few instances, there were comprehension issues. In one instance, despite having begun the interview process, the agency would not help us to complete all of the interviews.

Permanent Supportive Housing (PSH). Sampling in Permanent Supportive Housing programs occurred in several ways. For some agencies, we could only obtain addresses (often without unit numbers for apartments). In these cases, we randomly selected addresses and sent recruitment letters to the addresses selected. Clients would have to respond to us to schedule an interview. In some project-based programs, we would randomly select units, go to the building, and slide flyers underneath the doors of selected clients. Individuals could then opt out if they did not want to be included in the sample. Other times, sampling occurred much like as in Interim Housing. Program staff would distribute an informational letter describing the study, give clients an opportunity to opt-out of the selection process, and then provide us with a list of all clients that did not opt-out. We would then conduct simple random sampling from that list to identify participants. Agency staff would assist us in contacting and scheduling interviews with

those selected individuals. Refusal rates are not fully accurate for this stratum, however, because there were some instances where research staff went to interview a respondent who had been selected into the sample and found the original flyer lying under the door, untouched. We assumed, in such instances, that individuals never saw the flyer and so never chose to be included or not.

Although as noted, we tried to complete the full number of interviews with individuals in this stratum, we were slightly short of our goal and interviewed a total of 177 individuals in permanent housing. We do not believe this will cause a problem in subsequent rounds of interviews since we expect this group to be the easiest to locate at Times 2 and 3, and, therefore, less likely to become smaller over time as we continue interviewing. Of this total, 143 interviews were with adult individuals and 34 with families.

A total of 21 programs were included in the final sample. In total 43 respondents who were selected into the sample clearly refused to be interviewed. An additional 89 were not completed for other reasons. In most instances, non-completion occurred because clients were sent recruitment materials but did not respond or could not be contacted. In other cases, non-completion occurred because the individual had been receiving housing at the program prior to January 1, 2003, our cut-off date for eligibility for survey participation. We used the date of January 1, 2003 as the start of the Plan to End Homelessness and, therefore, as the date by which a PSH client could have started receiving services and be eligible for inclusion in the Evaluation. In a handful of other cases, an individual was not able to complete the interview because of comprehension difficulties. In a few cases, individuals had left before the interview was scheduled.

The Survey Instrument

The client survey employed a structured questionnaire incorporating questions that were utilized in the research team's previous work (Sosin et al; 1988; 1994), other standardized instruments, and a small number of original items. The research team worked in conjunction with members of the Chicago Alliance to End Homelessness as well as other experts in the field to insure the survey included questions in all pertinent areas and that wording was relevant to the population.

The final survey includes questions about client demographic characteristics, homeless experience (including at the time of the first and most recent homeless episodes who the respondent was living with and whether or not he or she experienced various situations that may have contributed to homelessness), services received and experiences with service providers, client difficulties including health and mental health challenges and substance abuse problems, housing quality, and social support resources. Questions in the follow-up interviews ask about current homeless status and changes in housing, service needs and use, and status related to areas of client difficulty and support systems.

Specific measures incorporated into the survey and utilized in the present analysis include:

1. **Addiction Severity Index**. (McLellan et al., 1985). The Addiction Severity Index (ASI) is a highly structured, 45 minute clinical research interview which is designed to assess problem severity in seven areas that are commonly affected by alcohol and drug abuse (McLellan et al., 1985). These areas include alcohol and drug consumption, legal problems, employment problems, psychological problems, health problems and relationship problems. Data about previous and current status are collected. Ratings of problem severity can be derived. These ratings range from 1- not at all a problem to 5 –an extreme problem. In the present analysis, we assess need for service by identifying individuals who scored 3 or higher on the problem severity indices for various problems.

The ASI has excellent reliability and validity. For example, the inter-rater reliability score for all subscales (that is, all domains) is .89; test-retest reliability coefficients for severity ratings on subscales are .92 or higher (McLellan et al., 1985). The ASI has been used by this team (Sosin et al., 1994) and others to study homeless individuals with substance abuse problems (see works in Stahler & Stimmel, 1995; also Wenzel et al., 1995; Rosenheck et al., 1997). A convincing test-retest reliability study indicates kappa reliabilities for this population of .70 or more for most scales (Drake et al., 1995).

2. **Personal History Form.** Current and previous homelessness are measured by a revised version of the Personal History Form (PHF) (Barrow et al., 1985). This instrument was used in previous studies of the homeless (see works in Stahler & Stimmel, 1995) and in this team's work involving homeless individuals with substance abuse problems (Sosin et al., 1994). It has good reliability and validity, with kappas in a test-retest study tending to be over .70 (Barrow et al., 1985; Drake et al., 1995).

3. **Services Received.** A series of questions used in previous work by the research team (Sosin et al., 1994) measures receipt of various key services in the past year and past 30 days. Certain services were added for the current research. Individuals receiving the service in the past 30 days were asked if they received the service directly from the program or if they were referred. To insure that individuals were being asked about services from the program they were currently using at the time of the interview, we included only those individuals in the current program 30 days or more in the current analysis of this instrument.

4. **Perceptions about Services Received.** In addition to asking about services received, we also included a number of scales to assess various other aspects of service receipt. To look at service efficacy, we used a four item scale derived from a larger list of items used in the social service satisfaction questionnaire (Reid & Gundlach, 1983). That questionnaire is designed to capture a larger, more complex concept than efficacy, but the chosen items only focus on efficacy. Here we call the instrument the Service Helpfulness Scale. Each item on the scale is rated from 1 (low) to 5 (high), with higher scores reflecting greater feelings of efficacy. A typical item of that scale is "This program

has been very helpful for me." The alpha reliability of the scale for the current sample is .80.

Three measures were used to capture client ambiance. The central measure, here called the Caring and Service Quality Scale, averages ten, five point items designed to solicit client perception's of whether workers care about them. Several items in the scale also tap perceptions about the range of service offerings. All ten items comprised a single factor of a scale originally designed to focus on substance abuse services for homeless clients (Sosin & Durkin, 2007). Items were re-written here for generality. Typical items are "workers in this program care about their clients," and "workers in this program respect their clients." The alpha reliability of the scale in the sample is .95.

Two other measures concern ambiance of referrals to other programs. These measures are adopted from a previous study of service coordination (Mares, Greenberg & Rosenheck, 2008). The former measure, called the Service Coordination and Planning Scale, sums items originally intended to be answered by workers. The measure averages four five-point items (one item is reversed) and here has an alpha reliability of .89. The measure of ambiance of coordination between programs (four items are reversed), called the Perceived Coordination Scale, averages five items and has an alpha reliability of .62. Clients are provided the lowest possible score on the latter scale if they report that they have not been at all referred to services and thus are not asked service coordination questions.

Plan of Analysis. In all of the results to follow, characteristics of respondents to the survey are reported below separately for each of the three types of programs. Our reporting style is to first discuss findings that hold across all three types of programs and to then describe important features of the results involving each of the three types.

Tests of statistical significance are dedicated to determining whether there are differences between the traits or circumstances of respondents in permanent housing programs compared to those in each of the other two types of programs. These tests, and the reported percentages and means, are completed in ways that take into account the complex survey sampling design.

In general, missing data are very limited on all of the measures except for the measure of the total length of homelessness. Nevertheless, the exact sample size for each program type is not provided in the tables. This is because this statistic is misleading. For this research, it is based on the corrected or weighted frequencies, and weights heavily represent the clients in permanent housing. This reflects that the Chicago system includes more permanent housing units than beds in shelters or interim housing programs. In other words, the weighted sample size for the shelters and interim housing programs is much smaller than the actual unweighted sample size. From a sampling point of view, this accurately reflects the distribution of the population, but it may be confusing to the reader, thus we leave it out. We similarly do not report statistics on responses for the entire population since, when adding weights, these are swamped by the results for clients in permanent housing.

Results

This preliminary report relies on the information from the first wave only to provide selected background material on the clients who reside in the three options available under the Ten-Year Plan's housing system: overnight shelters, interim housing programs, and as they will be called here, permanent housing programs. We look at the demographic traits of sample members, here called survey "respondents, " as well as their homeless histories and the reasons they report for their homelessness. We also consider how responding clients find their way to the programs and the types of services they receive while there. The analyses pay special attention to differences among respondents who reside in each of the three types of programs. We consider whether the three types of programs tend to serve different types of clients and whether the programs engage in the types of referrals that are envisioned under the Ten-Year Plan.

Based on our understanding of the service system as described by the Continuum of Care we assume that interim housing programs will focus heavily on linking clients to needed services, including health and mental health, employment and income assistance programs. We also expect that they will assess clients for housing needs and utilize service partnerships to connect clients to housing referral and placement programs. We expect that the permanent housing programs will more fully provide wraparound services. We expect shelters to serve as emergency placements that do not provide many social services but that refer clients to other options in the system. We make this last assumption for three reasons. First, the shelters are part of the traditional system that focuses on providing a bed immediately. Second, they are called emergency shelters. Third, they serve individuals a day at a time and thus are likely to focus on meeting the needs of a client on that particular day, not long-range needs.

Demographic Traits

Table 1 reports on the demographic characteristics of sample members. The results are particularly valuable in helping to consider whether the three types of programs are differentially selective: do clients with given traits have greater chances of residing in one or another type of program? To be sure, evidence of selection can reflect many issues, such as client preferences, program availability, or intake procedures.

Table 1: Demographic Traits by Type of Program			
Trait	Shelter	Interim Housing	Permanent Supportive Housing
Mean Age	48.0	39.8**	45.1
Male (%)	79.4 * * *	44.4	49.1
Currently Married (%)	3.1	6.2	3.3
Never Married (%)	61.2	65.6	56.3
Have Children (%)	72.5	80.4**	63.3

Living with Children Under 18 Years Old (%)	7.4 *	41.8 **	19.7
% In Family Programs * (by sampling criteria	6.9 **	42.6 **	22.3
White (%)	10.4	14.8	14.3
Black (%)	86.7	76.4	84.3
Hispanic (%)	5.5	15.3**	3.2

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Overall, the results reported in Table 1 suggests that sample members on average tend to be middle aged, to have children, to be unmarried at present, and to be members of minority groups. These traits seem similar to those reported by previous studies of the homeless population of Chicago, although the high average age is notable. The high average reported age may reflect an increased entry of older adults into the homeless service system as supported in previous research by some of the same investigators (Center for Urban Research and Learning, 2008).

Also of interest is the very low proportion of respondents who report being Hispanic: from 3.2 percent to 15.3 percent across the types of programs. This low representation is a common finding in studies of public programs. It may occur because relatively few Hispanic adults become homeless. It more likely occurs because homeless people who are Hispanic reside in other locations than the public system (Link, Susser, Steuve, Phelan, Moore & Streuning, 1994).

Shelter Programs. Turning to results for each type of program, the results reported in Table 1 suggest that shelter residents are disproportionately likely to be male; males comprise 79.4 percent of the respondents in shelters but less than half of those in the other two types of programs. Further, data suggest that only 7.4 percent of the respondents in shelters reportedly live with children who are under eighteen years old. This compares to findings suggesting that about twenty to about forty percent of interviewed respondents in the other two types of programs report living with children.

In a sense, these two distinct characteristics of the surveyed shelter users follow from the distribution of the shelters. There are few shelters for families. This means that most shelters serve single individuals, and most single homeless adults are male. Similarly, the low proportion of shelter respondents who report living with children may in part reflect that most shelters do not allow residents to bring children with them. Nevertheless, further analyses suggest nuances to the findings. One is that the reported proportion of respondents in programs for single adults who are female is somewhat

higher in the other housing options than in shelters. This proportion stands at 15 percent in shelters, 30 percent in interim housing programs, and 39 percent in permanent housing programs. In other words, it is possible that single men have less of an option to use the interim housing and permanent housing programs than do single women. This may possibly reflect the rules of housing units or other personal traits of the clients.

A second finding relates to the possibility that families are being split up due to the lack of appropriate shelter placements. In response to a series of questions about children under 18, about 5 percent of respondents in shelters specifically report that they are not living with children under eighteen years old against their wishes.

Interim Housing Programs. Table 1 also suggests that residents in interim housing programs are younger and more likely to report living with children than clients in any other type of program. These findings are likely to reflect the high concentration of family units in the interim housing programs; family heads tend to be younger than other homeless adults. The slight dominance of women also is likely to reflect the representation of family heads but still demonstrates that the programs have different compositions than shelters.

Another finding is that the reported concentration of Latinos is highest in this type of program (15.3 percent). This probably reflects that there are interim housing programs specifically targeted at the Latino community.

Permanent Housing Programs. Respondents in permanent housing programs are about equally divided between men and women (49.1 percent male), which probably does not fully reflect the demographics of adults who become homeless in Chicago but may reflect the distribution of permanent housing beds. A moderate proportion of respondents (19.7 percent) report living with children. Otherwise, respondents in shelters, interim, and permanent housing appear to have relatively similar traits.

Background Traits

Table 2 reports on other background traits of sample members. In general, the results suggest that at least 64 percent of residents in each type of program have a high school degree and from 10.6 to 13.9 percent report military experience.

The reported level of personal problems and disabilities is extraordinary. From about 36 to 48 percent of sample members report a felony conviction, while from 27 to 61.2 percent report a disability. For widely different reasons, each of these two conditions must make it very difficult for the sampled adults to obtain employment.

Shelter Programs. One finding for shelters reported in Table 2 is that the rate of reported heavy use of alcohol (35.6 percent) is much higher in than it is in the other types of programs. As will be noted, differences in previous use of alcohol and drugs by type of program are not as great. These results may occur because individuals may be more

likely to stop drinking or taking drugs when in interim housing or permanent housing programs. Many programs of the latter two types forbid substance use. Clients who continue to use alcohol may leave programs other than shelters or clients in the other types of programs may misreport their behavior for fear of negative consequences.

Table 2: Selected Personal Characteristics by Program Type

Characteristic	Shelter	Interim Housing	Permanent Supportive Housing
% with Less than 12 Years of Education	35.3	35.8	30.4
% With Military Experience	13.9	10.6	13.1
% Convicted of a Felony	48.1	37.8	36.3
% Reporting Chronic Medical Condition	41.3 **	49.5	58.0
% with Diagnosed Disability	28.7***	27.0***	61.2

Characteristic	Shelter	Interim Housing	Permanent Supportive Housing
% Use of Alcohol (to the point of feeling the effects) in last 30 days from interview	35.6***	8.9*	17.7
% with Pension for Disability	4.8*	3.8***	16
% Reporting Previous Psychiatric Hospitalization	21.1 ***	28.1***	48.4

For comparison to individuals in permanent housing ** $p \leq .01$; *** $p \leq .001$

Interim Housing Programs. Table 2 finds particularly low rates of reported heavy use of alcohol for respondents in interim housing programs (8.9 percent) but otherwise shows only small differences between clients in shelters and in interim housing programs. For example, the Table suggests that the proportion of respondents reporting experience in psychiatric hospitals is in the 20 percent range in shelters and interim housing programs. That finding is in keeping with findings from other research.

Permanent Housing Programs. While disabilities are relatively high in all three types of housing, they are reported to be particularly common among residents of the permanent housing programs. Of the sampled permanent housing residents, 61.2 percent report a disability and 48.4 report a stay in a psychiatric hospital. These statistics confirm that, as generally required by their contracts, permanent supportive housing programs heavily focus on individuals who have disabilities. This policy may make it difficult for homeless adults without such problems to obtain access to the permanent housing beds (even if there are many more permanent beds than other types of beds).

Homeless History

Tables 3 reports on the residential history and length of stay of sample members. One central finding from Table 3 is that clients in all three types of programs evince considerable homelessness. Those in each type report being homeless a median of 2 times; the mean is from 4 to 7 times. At the same time, about 39 to 45 percent of individuals in each group were homeless for the first time at the time they were interviewed. Respondents also report on average from 40 to 63.5 months of total homelessness, with a median ranging from 19 to 33 months.

Shelter Programs. The reported median length of stay in shelters is about 92 days, but the average length of stay is 344 days. This suggests that there are a large number of shelter residents who have been in what are meant to be (as we understand it) short-term

emergency options for a very long time. In fact, further analyses suggest that ten percent of respondents report being in their current shelter for at least 799 days. The findings thus generally suggest that shelters serve as long-term residences for some clients, contradicting our expectation that the programs only serve as emergency placements. It also raises concern about whether clients are getting linked to the rest of the homeless service system which might provide more permanent housing or help to stabilizing them.

Interim Housing Programs. In contrast, the Table suggests that the stays in interim housing program are at only 91 days according to the median, and at almost 192 days according to the mean. Given that interim housing programs are meant to serve clients for no longer than 120 days, it is not unexpected that the average length of stay is shorter than it is in shelters.

Overall, 34 percent of respondents in these programs report (not yet completed) stays of longer than 120 days. A question to ask in the future is why they are staying so long. A hypothesis, which we will explore in future analyses, is that they have nowhere to go. That is, it is possible that there is a the lack of housing options for individuals who use interim housing programs which necessitates that many members of the population stay longer than the expected 120 days.

Results also suggest that, compared to respondents from other types of programs, those in interim housing report lower than average (39.6) total months of homelessness. This difference may be due to the fact that interim housing programs serve families, and the average length of homelessness among family heads in the interim housing programs is only 24 months. Unfortunately, it may simply be that family heads also tend to be younger than single adults who are homeless – that is, they do not have as long of a period in which to develop a homeless history. It also may be the case that it is easier for families to exit from homelessness than is the case for single adults. Further research will explore these possibilities as well.

Table 3: Homelessness and Program Tenure by Type of Program

Trait	Shelter	Interim Housing	Permanent Supportive Housing
Mean Age of First Homelessness (in years	37.9*	31.4	33.7
Mean Times Homelessness	4	4.8	7

Trait	Shelter	Interim Housing	Permanent/Supportive Housing
% Homeless for First Time Current Spell	45.0	38.7	44.7

Median Times Homeless	2	2	2
Average Total Months Homelessness	63.3	39.6	63.5
Median Total Months Homelessness	24.4	19.4	33
Mean Days in Program So Far	344.1 * *	191.9 * * *	777.2
Median Days in Program So Far	92.0	91.9	589.2

For comparison to individuals in permanent housing ** $p \leq .01$; *** $p \leq .001$

Permanent Housing Programs. Perhaps the most interesting finding on Table 3 is that there is no evidence that residents of permanent housing programs have shorter homeless histories than residents of the other types of programs. In fact, while differences are not statistically significant, the residents report the highest number of homeless episodes at 7 and the longest overall history of homelessness (63.5 months). It is possible that this relates to the concentration of adults with psychiatric difficulties who are in this housing option. The literature suggests that such individuals tend to be intermittently homeless (Sosin, 2003). Further, these results again confirm that permanent housing programs are carrying out the policy of serving disabled individuals; such individuals many have very long histories of homelessness.

Etiology of Homelessness

Table 4 reports on subjective reasons for the episode of homelessness leading to the current stay in a program. Only selected items are presented since many other items were endorsed by small proportions of respondents.

These reports are difficult to interpret. There are precipitating events leading to homelessness and longer-term conditions that some respondents may also consider to be causes of their homelessness. Some events and circumstances may be associated with the loss of a dwelling, but others can be associated with the failure of the individual to find another housing option. Multiple events and situations may occur. Nevertheless, several general patterns emerge.

Table 4: Self-Selected Reasons for Homelessness by Type of Program

%Citing	Shelter	Interim Housing	Permanent Supportive Housing

Moved to a Different City	10.8*	10.6	6.3
Lost Job or Job Income	41.9*	40.5	30.9
Increased Expenses	21.8	19.0	17.5
Evicted	21.8	22.0	25.2
Discharged from Jail or Prison	10.6	9.1	7.8
Unbearable Living Conditions	9.2	13.3	13.6
Interpersonal Conflict	27.8	27.9	37.9
Lost Tangible Support of Others	28.9	21.8*	37.8
Abuse by Others	3.5*	8.5	9.2
Physical or Mental Health Issues	13.0***	12.3***	30.4
In General, % Reported Heavy Drinking, Drug Use at time of Homelessness	36.1	28.7	42.0

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

First, the Table suggests that a sizeable minority of respondents, ranging from 30.9 to 41.9 percent, reports the precipitating event leading to homelessness to be the loss of a job or of job income. These are individuals whose homelessness seems to reflect changes in their economic conditions.

Second, the Table suggests that a smaller percent, ranging from 17.5 percent to 21.8 percent, reports increases in expenses as a cause of homelessness. These individuals may have found that they could not afford their rent as housing costs rose or as other expenses, such as medical expenses, increased.

Third, the Table suggests that a large minority of respondents attributes homelessness to family problems. From 27.8 percent to 37.9 percent blame homelessness on interpersonal conflict. From 21.8 percent to 37.8 percent suggest that they lost tangible support from their relatives.

All in all, while multiple responses are possible, and while people probably enter homelessness in complex ways, it is likely that the three patterns represent three general scenarios; some people become homeless after developing job problems; some

experience unusual, high expenses; some in the past relied on friends and relatives but no longer have that option.

Also reported in the Table are results concerning whether respondents admit to heavy drinking or drug use at the time they most recently became homeless. There are differences across the types of programs, but from 28.7 to 42 percent report having this problem when they became homeless. As will be noted below, much lower proportions are in treatment for alcohol or drug problems.

Roughly 36% of those in emergency shelter report heavy drinking and drug use at the time they most recently became homeless. This is the same percent of individuals in shelter programs who reported using alcohol to the point of feeling its effects in the 30 days before the interview in Table 2. On the other hand, the percent of individuals in interim and permanent housing reporting heavy use of alcohol or drugs at the time they became homeless is greater in Table 4 than the proportion admitting to drinking alcohol to the point of intoxication in Table 2. It is possible that this discrepancy reflects that respondents in these housing options are in some way reacting to the policies of those programs. We will discuss this issue in a bit more detail below. It is particularly notable that respondents from the permanent housing programs, who are often disabled, also report rather high use of alcohol and drugs at the time they became homeless.

Types of Programs. Table 4 does not provide a large amount of evidence of differences across types of program. If there is any pattern at all in these results, they suggest that clients in permanent housing programs compared to those in emergency shelter and interim housing tend to skew away from reasons involving employment, and are more likely to endorse reasons related to problems in relationships with others. These patterns are consistent with the finding that many surveyed clients in the permanent housing programs have disabilities: relatively few were likely to be working at the time they became homeless, and more were likely to rely on support or housing provided by relatives.

Access to Programs

How do clients find out about and gain access to programs? Do shelters and interim housing programs provide entre into the permanent housing programs? Tables 5 and 6 provide a bit of information about such issues.

Table 5 reports on sleeping arrangements of the respondents just prior to entering the program. The striking general pattern is that small proportions of respondents report sleeping on the street. Assuming that residents of programs fairly represent homeless adults, this finding suggests that access to programs is occurring through routes other than direct street outreach and that the homeless service system does a good job of connecting to homeless people in many settings and finding programs for them. Also notable is that from 12.1 percent to 13.8 percent of respondents report moving directly from an institution to a program, which suggests that certain institutions – the data do not reveal if these are prisons, jails, hospitals, or psychiatric institutions – do not fully

provide a plan that helps adults avoid homelessness.

Shelters and Interim Housing Programs. Otherwise, there are striking similarities between the reports of residents from shelters and interim housing programs, suggesting that the two draw people from similar locations. The most commonly reported entranceway to both set of programs is from someone else's dwelling. In contrast, less than 20 percent of respondents report entering the programs after living in another shelter, interim housing program, or institution. In addition, similar proportions of respondents in either setting (about 13%) report coming into programs from their own homes or apartments.

One important conclusion from these statistics is that the shelters and interim housing programs appear to be alternates to each other that are not well linked stages in a progression: relatively few surveyed interim housing clients report being referred from an emergency shelter. Apparently, clients arrive at one or another type of facility for a variety of reasons, including, perhaps, the presence of a child, chance, or previous knowledge of the programs, and remain for a considerable period. Families, of course, are more likely to go right into interim housing but we expected that for single individuals we would see a trajectory from emergency to interim housing and these data do not support that this is occurring.

Table 5: Reported Sleeping Arrangement Before Entering Program by Type of Program

%Reported Sleeping In	Shelter	Interim Housing	Permanent Supportive Housing
Emergency Shelter	11.8 (p=.0590)	14.5	19.5
Interim Housing	2.2***	9.7	15.2
On Street	11.9	6.5*	16.0
Own House or Apartment	12.6***	13.0*	5.5
Someone Else's Dwelling	37.2***	35.3**	15.7
Institution	12.9	13.8	12.1
Other	11.4	7.2 (p=.0566)	16.1

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Permanent Housing Programs. Similarly, while one might expect the systems to be linked, Table 5 suggests that only 34.7 percent of respondents from permanent housing programs report arriving from emergency shelters or interim housing programs. Again, this may reflect the policy of providing permanent supportive housing to individuals with special needs and disabilities. Only about 5 percent of respondents

report moving into a program from their own home or apartment. Many instead report that either they lived on the street, shared someone else's dwelling, were referred from an institution, or were referred from another situation.

Referral Source

Table 6 reports on the referral source to the current program. Again, respondents could provide multiple responses, however individuals who said that they were referred by their previous housing program or agency were not asked about other option.

Shelter Programs. Table 6 suggests that respondents interviewed in shelters rarely report being referred by other agencies and programs, including their previous housing program. This finding suggests that the employees of programs understand that shelters are now considered a program of last resort; program staff members in local agencies apparently tend to refer clients to interim or permanent housing programs rather than to shelters. The finding thus is consistent with the goals of the Ten-Year plan.

Table 6: Reported Referral Source to the Program by Type of Program

%Reporting	Shelter	Interim Housing	Permanent Supportive Housing
Referred by Previous Housing Agency or Program to the Present Program	2.8***	8.0	18.3
Referred by Other Agencies/Programs	19.0***	43.7	35.6
Referred by Family/Friends	37.0	18.7	28.0
Referred by Chicago 311 City Services	8.9*	13.5**	2.7
Referred by Institution	10.0	18.6	16.7
Other	28.7***	18.3	15.4

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

The Table also suggests that respondents from shelters only infrequently report being referred to their current program through the city of Chicago 311 City Services. Still, it is notable that 27.9 percent report that another program or even the Chicago 311 City Services referred them to the shelter, which suggests that staff of some programs

either are unaware of the other options, or more likely, at times find that there are not sufficient beds for the clients at the interim shelters and permanent housing programs.

The Table indicates that interviewed shelter clients predominantly report being referred to the shelter by family and friends or in other ways. Looking more closely at responses that were provided when we asked what those "other ways" were, we found that the specific responses in the "other" category often fit into the existing response categories. In future analyses, we hope to re-categorize the responses accordingly. But perhaps one-third of those in the other category claimed they self-referred to the shelter.

Interim Housing Programs. Table 6 also suggests that the referral patterns of interim housing program clients are consistent with those of an option preferred for some types of clients. Fifty-seven percent of respondents report being referred to their current program by another program or by the Chicago 311 City Services. Over 75 percent report being referred by those programs or by an institution.

These statistics imply that a relatively limited proportion reports finding the programs without help of officials. This in a way fits the system model. But it also suggests that it is not easy to find out about or perhaps to access the programs without help.

Permanent Housing Programs. The referral sources reported by respondents in permanent housing programs are not as expected. As Table 6 suggests, over a third of the respondents report being referred from programs, 16.7 percent from an institution, and 2.7 percent from the city of Chicago 311 City Services. Less than twenty percent report that they were referred by a shelter or interim housing program that is, through what we originally thought was the expected mechanism.

Further, 28 percent report being referred by family and friends. While multiple responses are possible, a cross-tabulation suggests that respondents who say that family and friends referred them to their current program rarely also report being referred by other programs, by the Chicago 311 City Services, or by an institution. In short, the results suggest that there are some relatively informal ways of gaining entry into housing programs.

Additional analyses that are not included in the table examine the people referred to permanent housing who report in an earlier question that they were last in shelter. The results of this analysis indicate that only 10% of those in shelter prior to entering permanent housing were referred to permanent housing from the shelter program. Similarly, 8.3% of those who reported they were in interim housing prior to their placement report being referred to permanent housing by that program. This suggests that some linkage between the different types of programs is taking place, but as noted above, that there also are important informal pathways for obtaining permanent housing.

Program Services

The three different types of programs are charged with providing different types of services under the Plan. While there are many types of permanent supportive housing, most programs are required to provide access to wrap-around services in addition to housing-related supports. In contrast, interim programs are charged with providing linkage to services that address client problems. Programs should assess clients for appropriate housing options, link them to programs that can provide or refer them to housing referral and placement, and help them obtain the financial resources needed to afford housing (Chicago Alliance to End Homelessness, 2006). As previously noted, shelters are emergency placements that serve individuals a day at a time and thus are likely to focus on meeting the needs of a client on that particular day, not long-range needs. Therefore, they may provide fewer services on site. On the other hand, shelters service clients for considerable periods of times and may deal with service needs.

In assessing service utilization, it is important to consider that clients can receive services not only from their program, but also due to their own efforts (including their past encounters with referral sources). Further, the services they receive may be directly provided by programs or by contracted providers who work on-site. Programs also may refer clients elsewhere. Finally, not all clients require all services.

Our survey questions are a bit complicated due to these issues. We ask respondents whether they receive services of various kinds in the last 30 days. We also ask that, if respondents receive services, whether the services were provided at the program. We do not distinguish whether a program provides a service or subcontracts to another provider who delivers the service on-site (clients would be unlikely to be able to make accurate distinctions). We also ask those who reportedly receive services, but who reportedly do not receive them from the program, whether services were obtained through a referral from the program. It is likely that our categories are accurate. For example, we do not think that individuals reporting referrals actually are reporting on-site receipt of services from a contracted agency, since these individuals specifically said that they were not served on-site. The issue of the relation of services to need is more fully addressed in Table 9.

Table 7: Reported Use of Social and Mental Health-Related Services in Last 30 Days by Type of Program for Those In Program 30 Days or More

%Report Receiving	Shelter	Interim Housing	Permanent Supportive Housing
Job Related Services	15.9	26.1**	11.0
% of those at Program	49.4 (p=.0506)	66.4	85.4
% referred by Program	0	18.4	0
Counseling Services	10.0	46.0	36.0

% of those at Program	55.8	75.8	71.5
% referred by Program	0 #	6.1	2.6
Outpatient Drug and Alcohol Services	2.5 #	15.9	21.0

%Report Receiving	Shelter	Interim Housing	Permanent Supportive Housing
% of those at Program	0 #	77.2	55.0
% referred by Program	0#	12.4	5.9
Outpatient Mental Health Services	14.6**	21.7	36.0
% of those at Program	7.2**	46.2	57.0
% referred by Program	0#	11.3#	0
Community Voicemail	2.0	8.3	6.7
% of those at Program	0#	72.8	90.0
% referred by Program	0#	7.4#	0

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$
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Social and Mental-Health-Related Services

Table 7 reports client responses concerning use of five social and mental health-related services. These services are selected from a longer list because their use may help indicate the range of offerings. Perhaps the only general finding that is apparent on the table is that only a minority of respondents report receiving any of the listed services, which suggests some level of unmet need. Below we otherwise report on findings for each type of program.

Shelter Programs. Table 7 suggests that very few respondents from shelters report receiving any of the five types of services, whether job-related services, mental health or drug abuse counseling, or any of the other listed services. The limited reported use of counseling (10.0 percent), outpatient drug and alcohol (2.5 percent) and outpatient mental health (14.6 percent) services is particularly striking in light of the previously reported findings about relatively high levels of drinking and drug use, along with a moderate level of previous psychiatric hospitalization, among the respondents. The low level of reported use of services is particularly troubling given the long length of many stays in shelters.

In general, if responding clients in shelters receive services, they seem to be as or more likely to receive them on their own as to obtain them through the shelter. For example, 15.9 percent of respondents in shelters report receiving job related services but

only 49.4 percent of these respondents report receiving the services at the program. No respondents report being referred from the shelter to these services. Only 2.5 percent of the respondents in shelters report receiving drug and alcohol services, and none reports receiving the services at the shelter. The visits we made to shelters as the interviews were set up and conducted made it clear that some shelters run treatment programs. But the data suggest that if this is so, few clients use them. Based on the low number of referrals, the data also suggest that shelter programs are not making linkages to other service systems either within the homeless or broader social service systems, particularly with respect to employment, counseling and outpatient mental health services.

Interim Housing Programs. The second column reports on use of social and health-related service use among respondents in interim housing. These respondents report substantially greater service use than do respondents in shelters, even if the statistical significance tests did not directly compare the two groups of respondents. By comparing the proportion reportedly obtaining service and the proportion being provided services by the program, it becomes apparent that the major reason that respondents from interim housing report receiving more services than respondents from shelters is that the programs provide their own services.

For example, results suggest that 26.1 percent of respondents in interim housing programs report receiving job related services. Given that 66.4 percent of these respondents report receiving the services at the interim programs, and others reportedly were referred by the interim housing programs, it appears that only about 4 percent of responding clients receive job related services on their own. That proportion is less than the proportion of respondents in shelters who, using similar reasoning, can be said to report receiving such services on their own (8 percent). Similarly, of the 15.9 percent of respondents from interim housing programs report receipt of alcohol and drug services, 77.2 percent of them report receiving them from the program and 12.4 percent report being referred by the program.

On the other hand, service use at the interim housing programs seems to be limited in absolute terms. Few respondents in interim housing programs report receiving job-related services. Fewer reportedly receive community voicemail, a service set up by programs to help clients search for jobs. This apparent limited use of services is problematic given the previously reported finding that 40.5 percent of surveyed interim housing clients reportedly became homeless due to the loss of work income.

The use of drug and alcohol services (15.9 percent) also is low compared to the proportion reporting problems in this area when they became homeless (28.7 percent). The reported use of mental health services (21.7 percent) may seem to be roughly in keeping with the proportion of clients who had experience in a psychiatric hospital, but it is notable that only a little over half of that use reportedly stems from services provided by the interim housing programs (46.2 percent) or by program referral (11.3 percent).

Indeed, the results suggest given the limited proportions of interim housing clients referred by the programs for services in these specific areas that programs relatively

rarely refer clients to any of the listed services, even if it is plausible to assume that specialized agencies may be very helpful. The majority of respondents receiving services apparently are served directly by the program. Of course, it is possible that service providers from other programs in the system may come to the programs to provide help and clients do not make this distinction. The agency survey we are currently conducting may help to clarify this issue.

Among those receiving outpatient mental health services specifically, a notable proportion of those obtaining this service apparently obtain it on their own. This is true for smaller proportions of individuals obtaining the other types of services listed here, but some clients still seem to be locating their own services.

Permanent Housing Programs. Respondents in the permanent housing programs reportedly (11.0 percent) less frequently receive employment services than do respondents in interim housing. This probably reflects that the former often have disabilities. Still, it is notable that results suggest that referrals to job-related services are highly limited at programs meant to ensure client's long-term futures, and that the proportion being served is much lower than the proportion reporting that they became homeless when job income declined (30.9 percent). Further, only 21.0 percent of the respondents in permanent housing programs report receiving alcohol and drug services, far below the 42.0 percent reporting having such problems when the homeless period began. To be sure, many clients have been housed for a long time and may no longer be troubled by their substance use problems. A relatively large 36.0 percent report receiving mental health services, but 48.4 percent report a previous psychiatric hospitalization. In short, service use seems to be lower than need.

Close to half of respondents in permanent housing who receive either drug or alcohol or mental health services do not report that their current program provides the service or referred them to the service. Apparently, the programs frequently house clients who receive services from elsewhere, perhaps because the clients have known disabilities.

Additionally, the data suggest that similar to the other two program types, clients in permanent supportive housing programs are less likely to receive a service through referral than they are to receive the service directly from the program itself at least with respect to these specific social and health-related services. This may reflect some lack of integration with the homeless and social service network and, as noted, will be explored in analysis of data from agency interviews.

. *Supportive Services.*

Table 8 reports on use of supportive services such as cash assistance, child care and help finding housing. The results suggest that one service is highly available; from 81.3 to 86.1 percent of respondents across the types of programs report receiving food stamps. Since respondents report that from 44.7 to 68.2 percent of their use is attributed to their program, it may be that most programs heavily assure that clients receive such

stamps.

Table 8: **Reported Use of Supportive Services Last 30 Days by Type of Program for Those In Program 30 Days or More**

%Report Receiving	Shelter	Interim Housing	Permanent Supportive Housing
Food Stamps	82.9	86.1	81.3
% of those at Program	44.7	68.2	51.2
% referred by Program	1.6 (p=.0551)	2.7	6.2
Medical Care	48.3*	56.8	59.6
% of those at Program	53.6	70.2*	47.8
% referred by Program	2.8	9.5*	2.6
Child Care	4.1	10.3	11.6
% of those at Program	72.1	76.0	68.3
% referred by Program	0#	6.0#	0
Cash Assistance	18.2***	30.8**	55.5
% of those at Program	26.6	84.9***	42.8
% referred by Program	0#	0#	13.9
Help Finding Housing	22.7	52.9*	18.3
% of those at Program	66.6	83.5	100.0
% referred by Program	5.1#	6.9#	0

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$
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While reported use is not as extensive, a robust 48.3 to 59.6 percent of respondents report a medical visit within the last 30 days. Given that clients do not necessarily have medical problems every month, the distribution of medical services suggests that a large proportion of clients receive the services they need. In contrast, child care, cash assistance, and help finding housing do not appear to be always available; in some types of programs less than 25 percent of respondents report receiving each service.

Shelter Programs. There is evidence of varying patterns of use of concrete services across the three types of programs. Results from Table 8 suggest that respondents in shelters are as likely as respondents in other types of programs to obtain food stamps – even if the respondents are not as likely to report being helped by the

program to obtain the stamps. Otherwise, shelter respondents evince relatively low use of concrete services. For example, only 18.2 percent of the respondents in shelters report receiving cash assistance, while only 22.7 percent report receiving help finding housing. Some of the low percentages may occur because of the population. Single men who are not disabled are not eligible for cash assistance in most cases. However, results still suggest that the programs do not heavily invest in helping clients in the long-term, particularly with respect to locating housing.

Interim Housing Programs. Interim housing programs are charged with finding resources and supports for clients. The results of an analysis of reported service use suggest that the programs do so to some degree. The results suggest that 30.8 percent of the respondents in these programs claim to receive cash assistance. We assume that because the majority of those receiving assistance report that they obtained it from the program, programs much be engaging in advocacy on behalf of clients since programs obviously do not have their own cash to provide.

Somewhat over half of the respondents report receiving help in finding housing. Reported food stamp receipt also is high. All this suggests that the housing first model is implemented to a degree among interim programs since the programs apparently make an effort to help clients obtain money, food stamps and housing.

One would expect nearly all of the respondents to report help with housing, and a further duo of question explicates the issue. In response to the two other items, 72.9 percent of respondents in interim housing programs report discussing housing with workers, and 68.0 percent of those report being on a wait list for housing. Apparently, respondents generally only report receiving help obtaining housing if they make it to a waiting list; the proportion reporting receiving housing services is close to the figure obtained by multiplying the proportion reportedly discussing housing with the proportion of those clients on waiting lists (i.e., 72.9 x 68.0=49.6% while the percent who reported obtaining help finding housing in Table 8 is close to this at 52.9%). .

Since getting on a waiting list may take some time, and the reported median length of stay in housing is only 90 days, a larger proportion of respondents than reported might eventually agree that they received help with housing. All in all, then, the results suggest that the housing first model is implemented to some degree, since clients very frequently receive some sort of help in locating housing and in obtaining income supports. But implementation does not seem to be perfect, since some respondents do not report discussions about housing while many seem to lack access to sources of income as reflected in the low percent who reported obtaining cash assistance in the past 30 days.

Permanent Housing Programs. Findings suggest that over half of respondents in permanent housing programs reportedly receive cash assistance. However, only 57.6 percent of those reporting receipt of cash also report obtaining the benefits through the program or through referral In any case, programs seem to more fully increase access to food stamps and cash benefits than they help clients obtain jobs.

Results also suggest that the permanent housing programs are about as likely as interim housing programs to locate cash assistance for clients; 56.7 percent of the 55.5 percent of respondents receiving cash assistance report obtaining help from the program or being referred by the program, while 84.5 percent of the 30.8 percent of respondents at interim housing programs who report receiving the benefits say that they obtained services through the programs. But the findings also suggest that the permanent housing programs frequently accept clients into their programs who already have cash benefits of some kind. This may reflect that help is sometimes received at interim housing programs. Still, the permanent housing programs also seem to frequently help obtain cash benefits for clients, perhaps because many clients are not referred from interim housing programs.

Needs and Services

Table 9 reports scale scores that summarize how reported service use and need interact. The questions on needs are ratings on a one to five scale of whether, during the last 30 days, respondents felt "bothered" by medical, alcohol, drug, and employment problems. While program use may limit the perception of problems, it still is useful to determine whether respondents who were bothered by problems obtained services.

Accordingly, the Table provides information concerning whether respondents providing a score of 3 (moderately bothered) or worse on the five point scale also report receiving services. This information may underestimate the extent to which programs serve some needy people (those who have a need may not report being bothered by a problem since they are being served), but it will be relatively accurate in estimating the degree of unmet, self-perceived, need.

Roughly half of all respondents in shelter and interim housing reported being at least moderately bothered by a medical problem in the past 30 days, as did 60.5% of those in interim housing. As noted above, programs seem to do a good job in responding to medical need. For all three program types, more than half of all those who reported being at least moderately bothered by a medical problem received medical treatment. Most notably, 72.7% of those in permanent housing who were bothered reportedly obtained this care as did 63% and 54% of those in interim and emergency housing, respectively.

The results in the Table suggest that very few respondents in permanent housing report being bothered by employment problems: only 21.4 percent. Roughly half of the respondents in shelters or in interim housing programs report being bothered by employment problems. However, from 15.7 to 38.3 percent of those perceiving at least being moderately bothered by employment problems report that they receive services, suggesting high levels of unmet perceived needs. Respondents in interim housing programs are the least likely to report that their needs are unmet, but large proportions of the entire population of interim housing respondents (46.3 percent multiplied by 61.7 percent, that is, multiplied by the percent not reporting receipt of services) still report being bothered by the problem and not receiving services.

The Table suggests that large proportions of respondents across the types of programs, from 31.9 to 44.6, report being at least moderately bothered by psychological problems. Of these, from 16.1 percent to 54.8 percent reports receiving relevant services. Respondents in permanent housing programs most frequently have needs met as measured in this way, while respondents from shelters least frequently have needs met.

Table 9: Ratings of Problems in Various Areas and Receipt of Services by Program Type

	Shelter	Interim Housing	Permanent Supportive Housing
Average Rating of Extent to Which Client Has Been Bothered by Medical Problems in the Last 30 Days*	2.6	2.5 (p=.0593)	2.9
% Rating Moderately to Extreme	46.2	46.8 (p=.0580)	60.5
Of These Percent Receiving Any Medical Treatment in the Last 30 days	54.0**	63.0	72.7
Average Rating of Extent to Which Client Has Been Bothered by Employment Problems in the Last 30 Days*	2.8***	2.6***	1.8
% Rating Moderately to Extreme	51.0***	46.3***	21.4
Of These Percent Receiving Any Employment Services in the Last 30 days	15.7	38.3	24.9
Average Rating of Extent to Which Client Has Been Bothered by Psychological Problems in the Last 30 Days*	2.1	2.4	2.3
% Rating Moderately to Extreme	31.9	44.6	39.3
Of These Percent Receiving Any Out Patient Mental Health Treatment	16.1***	33.5*	54.8

in the Last 30 days			
	Shelter	Interim Housing	Permanent Supportive Housing
Average Rating of Extent to Which Client Has Been Bothered by Alcohol Problems in the Last 30 Days*	1.5*	1.2	1.2
% Rating Moderately to Extreme	11.5	4.2	5.3
Of These Percent Receiving Any Out Patient Drug or Alcohol Services in the Last 30 days	0#	22.8	44.4
Average Rating of Extent to Which Client Has Been Bothered by Drug Problems in the Last 30 Days*	1.5	1.2	1.3
% Rating Moderately to Extreme	13.0	6.7	7.7
Of These Percent Receiving Any Out Patient Drug or Alcohol Services in the Last 30 days	0#	20.5	51.8

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Again, many of those at each type of program who report being bothered by problems do not report being served.

A surprisingly small proportion of respondents in any type of program admit to being bothered by either alcohol or drug problems. For alcohol problems, this percentage varies from 4.2 percent to only 11.5 percent. For drugs, this percent ranges from 6.7 to 13.0. Given how many admit drinking heavily or having drug problems when they became homeless, it is apparent that respondents underestimate their need.

Still, the Table suggests that those who express being at least moderately bothered by the problems reportedly are served less than half the time. For alcohol related-issues, the respondents in permanent housing programs receive alcohol or drug services 44.4 percent of the time they report that they are at least moderately bothered by the problem, and those in interim housing programs about a fifth of the time. Respondents in shelters who say they are bothered by the problem never report receiving services. Respondents

in interim housing programs rarely report receiving drug-related services; reported coverage of those in permanent housing who are at least moderately bothered by problems (51.8 percent) is moderate. In general, the findings suggest that shelters and interim housing programs, in particular, could improve on service provision. Some other results reported above suggest that the permanent housing programs may benefit from developing connections to other service providers.

Service Ratings

Another way to consider the nature of services is through subjective ratings. Here we focus on four scales developed for that purpose. As noted previously, the Service Coordination and Planning Scale (Mares, Greenberg and Rosenheck, 2008) consists of four, five point items. The items included in the present analysis allow respondents to rate the extent to which they were referred to other programs, for example, the extent to which clients perceived that they are told about the availability of services. The alpha reliability for the scale in the sample is .89

As also noted previously, a related scale, the Perceived Service Coordination Scale (Mares, et al., 2008), first asks respondents if they were referred to any services. Next, questions about quality are asked those reporting referrals. For example, clients are asked to rate whether information about them was appropriately exchanged. The scale has a borderline acceptable alpha reliability of .63.

The Caring and Service Quality Scale consists of ten items that concern whether respondents believe that the program treats them with dignity, cares about them, and works to meet their service needs. It was modified from a survey designed for homeless adults with alcohol or drug problems (Sosin and Durkin, 2007) and has an alpha reliability of .95.

The Service Helpfulness Scale takes four of eight five point scale items from a scale designed to consider whether clients believe that services were helpful to them (Reid and Gundlach , 1983). Its alpha reliability here is .80.

Table 10: Selected Perceptions About Program Quality by Program Type

	Shelter	Interim Housing	Permanent Supportive Housing
Mean Total Rating on Work with Other Agencies Scale (Rosenheck Items)* (Max=20)	7.35***	12.4	12.5
Median Total Rating	5	13	14
Mean Total Rating for Service Coordination Scale* (Max=25)	17.7*	16.0	15.0

Median Total Rating	17	17	16
Mean Total Rating for Worker Caring and Service Quality Scale* (Max=50)	30.2***	37.6	40.1
Median Total Rating	30	40	45
Mean Rating for Service Helpfulness Scale * (Max=20)	13.6***	16.2*	17.6
Median Total Rating	14	17	19

For comparison to individuals in permanent housing * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$
Notes: *Scale ranged from 1 (Low Rating) to 5 (High Rating) so higher ratings reflect more positive evaluations.

Shelter Programs. Table 10 reports on the mean and median scores of the scales across the three types of programs. The general finding is that scores of respondents in shelters seem to be different than scores of those in the other two types of programs. The respondents in shelters rate the Service Coordination and Planning Scale, the Caring and Service Quality Scale, and the Service Helpfulness Scale lower than do respondents in the other types of programs. The shelter respondents provide relatively high scores on the Perceived Service Coordination Scale, suggesting that the shelters follow through on referrals when they make them. Still, it must be noted that few report referrals and thus are allowed to offer a rating.

In general, the scores of respondents in shelters are low compared to the typical scores that clients provide on satisfaction scales. The Service Coordination and Planning Scale mean score is much less than half of the maximum; ratings on Caring and Service Quality and on Helpfulness stand at very close to the middle score, 3, on a five point scale. Clients typically provide higher ratings than the center of a scale. Of course, the low scores on the Service Coordination and Planning Scale follow from the low reported rate of referrals.

Interim Housing and Permanent Housing Programs. As the Table suggests, respondents in interim housing and permanent housing are not readily differentiated by their scores on the four scales. The only statistically significant difference is that respondents in permanent housing programs perceive their program somewhat more favorably on the Helpfulness Scale, probably since the program provides housing.

In general, scores for respondents in these housing programs are higher than ratings of those in shelter programs on the latter two scales, averaging somewhere near 4 on the five point scale on a typical item. Scores are slightly lower for the interim compared to permanent housing programs and thus probably are slightly lower on average than might be expected from valued programs. Scores on the Service Coordination and Planning Scale are low in both types of programs, as one might expect, given the previous finding that referrals do not occur regularly.

All in all, scores overall show adequate respondent ratings of the offered services, suggesting that the "new" components of the system are highly preferred by responding clients compared to shelters. This, again, shows that the Ten-Year Plan has dramatically altered and improved the service system. On the other hand, scores also confirm that referrals are relatively rare across the programs, which demonstrates one limit to the system. Perhaps further reforms may help to overcome the limit.

Summary and Conclusion

Demographic and Background Traits

These results suggest several preliminary conclusions. One is that all three types of programs seem to serve seriously homeless individuals and families. Surveyed clients commonly report multiple, long periods of homelessness and generally report that their homelessness occurred due to a mix of changes involving work, expenses, and family problems. Large proportions of respondents in all three types of programs also report drinking or using drugs heavily when their period of homelessness began. In short, it is difficult to argue that programs of any particular type "cream" in the sense of selecting clients with only minimal homelessness problems.

Another notable finding is that, across the three types of programs, many clients have difficult to handle problems. Particularly striking are the high rates of reports of felony which must make it very difficult for many of the clients to locate and retain employment.

Also notable is the length of stay in programs. The reported median time in the program for both shelters and interim housing programs is about ninety days. On the other hand, there is evidence that large proportions of clients remain at these programs for a considerably longer period. The reported average stay in shelters is about a year, and ten percent of respondents report staying at least 799 days at a single shelter. For respondents in interim housing programs, 34 percent report stays that are longer than 120 days. Sampled clients stay in permanent housing programs for a very long period. To be sure, cross-sectional surveys do not capture dynamics; larger proportions of clients than represented here may enter and leave programs quickly, and completed lengths of stays for some will be longer than represented here.

The results also suggest that there are group differences on several important traits. Shelters apparently primarily serve single individuals and are particularly likely to serve single men. Interim housing programs seem to focus almost as heavily on families as on single individuals. The permanent housing programs apparently focus heavily on single individuals but are somewhat more likely to serve women than men. The proportion of single clients who are women increases when moving from shelters to interim to permanent housing programs. Moreover, the permanent housing programs are intended to serve people with chronic and disabling health and mental health problems. These trends suggest that the three types of programs differ in their criteria for selecting

clients. That makes it difficult to assure that clients eventually flow from the temporary to the permanent system options. Perhaps the differences in clientele explain in part the long stays in shelters and interim housing programs.

Pathways to Programs

The results from questions concerning how clients enter the programs also help to understand the selectivity issues. Result suggest that, again in a cross-section, only a small minority of respondents in interim housing programs report that they stayed previously in shelters or institutions, while less than half of the respondents in permanent housing programs report previously residing in an emergency shelter, interim housing programs or institution. That is, the expected pathway into the program is being used, but not as heavily used we might have predicted. A fair proportion of respondents in permanent housing programs report being referred by family and friends and not from a formal agency, suggesting that there are important informal pathways.

Program Distinctions

On the other hand, the Ten-Year Plan is implemented in the sense that referral sources to the programs seem to make clear distinctions among options for homeless adults and families. Respondents in shelters report being referred by other programs, the city of Chicago 311 City Services and institutions, only about a third of the time. In contrast, the formal pathways account for perhaps three-quarters of the referrals to interim and permanent housing programs. This suggests that workers who are part of the homeless service as well as the broader social service systems prefer the newer housing programs.

Service Delivery

The clear distinctions also are apparent in the services that the programs deliver. One distinction is in average client ratings. We cannot at this point distinguish whether the ratings reflect client or program characteristics, but according to the simple frequencies, clients rate permanent housing programs and interim housing programs more highly than shelters on efficacy and also on the general sense of caring.

Further, there are distinctions in reports of the types of offered services. Particularly notable is evidence that the interim housing programs heavily, if not perfectly, talk with clients about housing and work to place clients on waiting lists for permanent housing. While financial options probably are limited, the programs also seem to help the vast majority of clients obtain food stamps and also help many clients obtain income support from government programs.

In contrast, permanent housing programs seem to more fully provide or help clients obtain other types of services, particularly outpatient drug and alcohol and mental health services. Many of their clients report access to income services, but in most cases it is likely that access occurred outside of, and probably prior to, the entry into housing.

All in all, while we believe that access to services is not close to the level of need in any type of program, the new programs are working toward some of their goals, appropriately providing some help with housing and income and some wraparound services.

Another finding is that medical care seems to be relatively readily available at all types of programs, suggesting that advocates and policy makers stressing the importance of health care for the homeless have made great progress in their efforts. The majority of respondents who report being at least moderately bothered by medical problems also report receiving care in a thirty day period. Still, coverage is not perfect.

In contrast, job-related services appear to be a great problem. From 11.0 to 26.1 percent of respondents report receiving these services. That percent is very low compared to the proportion of clients reporting that the loss of a job or of job income led to their homelessness. Further, a minority of respondents report concern about employment problem report receiving services. Services appear to be less readily available for shelter and permanent housing clients than for clients in interim housing programs.

Finally, results suggest that the programs, overall, are not highly integrated with the broader social service system in Chicago (except insofar as their own services are provided by a contracted agency). The interim housing programs and to some degree the permanent housing programs seem to help clients apply for income supports. Medical care also tends to come from resources other than the housing programs themselves. Otherwise, services that are offered tend to be provided by the program or to be obtained by clients on their own. The results are troubling to the (at this point unknown) extent to which clients benefit (in terms of the quality of services they obtain or the probability of being served) by referrals to such outside, specialized agencies as state-funded mental health, substance abuse and employment-related programs.

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