Help in Time:

An Evaluation of the Philadelphia City's

Community-Based Homelessness Prevention Program

Yin-Ling Irene Wong
Meg Koppel
Dennis P. Culhane
Stephen Metraux
David E. Eldridge
Amy Hillier
Helen R. Lee

University of Pennsylvania
School of Social Work

December 10, 1999

Acknowledgments

Many persons contributed valuable information to this evaluation. We recognize the disruption caused to the daily work efforts of all called on for assistance during the process of being evaluated and thank all involved for their time and effort in producing numbers, documents and answers to our many questions. This report could not have been completed without: John Kromer, Director, Philadelphia City Office of Housing and Community Development (OHCD); Dainette Minz, Director of Special Needs Housing, Philadelphia City OHCD; Emily Camp, Housing Program Analyst, Philadelphia City OHCD; Laura Taylor, Contract Officer, Philadelphia City OHCD; Alan McIntyre, Director of Housing Counseling Services, Philadelphia City OHCD; Mike Nardone, Director, Office of Emergency Shelter and Services; Matt Berg and Bernard Jackson of the Office of Emergency Shelter and Services; Joye Presson, Acting Executive Director of the Tenants Action Group; Natalie Jackson, Director of Emergency Services, Tenants Action Group; Eva Anderson, Emergency Assistance Specialist, Tenant Action Group; Dorthea Burnett, Emergency Assistance Specialist, Tenants Action Group; Jackie Dixon, Emergency Assistance Specialist, Tenants Action Group; Sharon Thompson, Emergency Assistance Specialist, Tenants Action Group; Beverly Johnson, Intake Counselor, Tenants Action Group; Jamilah Wise, Intake Counselor and Housing Counselor, Tenants Action Group; George Fernandez, Job Developer, Tenants Action Group; Terry Dautcher, Chief Operating Officer, Metropolitan Career Center; Danielle Magnum, Counseling Services, Metropolitan Career Center; Lieutenant Lopez, Executive Director, Salvation Army at Allegheny and Mascher; Liz Robinson, Executive Director, Energy Coordinating Agency; John Rowe, Director of REACH, Energy Coordinating Agency (now Executive Director of the Tenants Action Group); Diane Grimes, Director Of Self-Help, Dixon House; Lisa Glenn, Case Manager, Dixon House; Angie Johnson, Case Manager, Dixon House; Daryl Jones, Executive Director, South Lehigh Action Council; Sheila Austin, Case Manager, South Lehigh Action Council; Craig Johnson, Case Manager, South Lehigh Action Council; Donna Henry, Executive Director, Southwest Community Development Corporation; Stacy Harmon Norman, Program Coordinator for REACH, Southwest Community Development Corporation; Bob Collier, Housing Counselor, Southwest Community Development Corporation; Walter Boatwright, Job Developer, Energy Coordinating Agency; Elizabeth Kimbell, Job Developer, Energy Coordinating Agency; and all the staff at the Energy Coordinating Agency and their REACH sites and the Tenants Action Group whose work was interrupted during the evaluation process.

We would also like to thank Elliot Prescod at Tenants Action Group and Daniel Paul at the Energy Coordinating Agency for their delivery of and assistance with the program data for PHPP and REACH. The evaluation also depended on the candor of all the program participants from REACH and PHPP who consented to be interviewed and all the other social service agencies whose personnel responded to our requests for information on their interaction with the Philadelphia City's Community-Based Homelessness Prevention Program. Last but not the least, we would like to acknowledge the professional efforts of our research assistants: David Dunbeck, Gerard Choucroun, and Dixie Palmer, Master of Social Work Class of 1999, University of Pennsylvania.

Table of Contents

Title Page i

Acknowledgments ii

Table of Contents iii

Section I. Executive Summary and Recommendation

Executive Summary 1

Recommendations 6

Section II. Program Description and Program Data Summary

A. Program Description 12

B. Program Data Summary 32

Section III. Evaluation of PCHPP's Program Model

A. The Strategic Location of the PCHPP Sites within Various City Neighborhoods 50

B. Collaboration and Coordination with Existing Community-Based Agencies 65

C. Program Processes and Procedures 73

D. Effectiveness of Core Program Elements 78

E. Effectiveness of PCHPP as Evidenced through Behavioral Changes of Program Participants 84

Section IV. Other Homelessness Prevention Programs

A. The Concept and Practice of Homelessness Prevention 96

B. Literature Review on Homelessness Prevention Programs 98

C. Selection of Homelessness Prevention Programs 99

D. Findings of Key Informant Interviews 99

References 120

Section I

Executive Summary and Recommendations

Executive Summary

A. Program Description

Philadelphia's Community-Based Homelessness Prevention Program (PCHPP) is directed by the Special Needs Housing Unit within the Office of Housing and Community Development (OHCD). The program served over 2,700 households in the evaluation period of December 1, 1997 to November 30, 1998. The goal of the program is to divert households from the homeless shelter system, thus reducing costs to the City, and to keep these families and individuals connected with their communities by stabilizing their housing and income. The program combines financial support with case management. The intention of this two-pronged approach is to help clients to cope with their immediate situation and then to address the complicating factors that led to the crisis.

Services provided under the program include a maximum grant of $1,200 per household and six months of case management, employment support services if appropriate, and referral to other social services as needed for the particular situation. The average payment is $750 and only 30% of the total possible payment, $350, may be paid towards future utility bills. Cash assistance may be provided for:

- Rent arrearage
- Forward rent
- Mortgage arrearage
- Forward mortgage payments
- Security deposits
- Utility arrearages
- Future utility payments
- Job search expenses such as: tokens, GED tuition, certificates, licenses, application fees, and other directly related job placement costs

All payments are paid directly to the landlord, mortgage holder, utility company, or employment/training provider. Payments may be spread over a six-month period to encourage cooperation with the case management plan.

Case management services focus upon:

- Securing stable income through employment or through entitlements if the client is unemployable
- Securing affordable housing
- Budget counseling
- Energy assistance through low-income utility assistance programs

- Assessment of, referral to, and advocacy for needed social or health services including mental health services, domestic violence services, and addiction treatment
- Referrals to literacy training to improve self-esteem and job opportunities
- Tenants' rights education for those clients with a Court Notice of Eviction
- Referrals to job training and job placement services (Scope of Services, Contract #9920629 and Contract #9920704, fiscal year 1999)

Funding for the Community Based Homelessness Prevention Program has been $2,000,000 per year for the past two fiscal years (1998 and 1999) from City General Funds. The two administering agencies are expected to take full advantage of other social service and cash assistance resources available to the program participants to maximize both the number of clients served and the effect of the funds expended.

OHCD currently contracts with two service providers for administration of the Community-Based Homelessness Prevention Program: the Energy Coordinating Agency of Philadelphia (ECA) and the Tenant's Rental Assistance Corporation (TRAC), the social service provider arm of the Tenant's Action Group (TAG). Each agency received $1,000,000 in funds for fiscal year 1999. The six geographic sites were split evenly between the two central administering agencies and correspond to neighborhoods with high rates of entry into shelter. In addition, TAG uses its central office as a program site.

Intake screening and orientation are completed at designated program sites. Case managers (or emergency assistance specialists at PHPP)[1] interact directly with the client to build a case management plan that is intended to address the problem underlying the immediate presenting crisis of an applicant. We found that clients' stories about their problems as written by the case managers usually centered on:

- Employment problems
- Income problems
- Family problems
- Housing problems

Case managers recorded employment problems for a majority (57%) of their clients.

B. Program Participants

The TAG database included information about 1,048 households that received some type of assistance under PHPP. The applying person in the households was on average 36.7 years old at intake; of Black race in 83% of the households; and had at least a high school diploma or a GED 70% of the time. Among the PHPP households, 28% were one-person, adult households, and of these, 64% were women. Conversely, 67% of all PHPP households contained children. Of these households with children, 86% contained only one adult in the

[1] TAG's program is called the Philadelphia Homelessness Prevention Program (PHPP), while ECA's program is called Resources, Employment, Advocacy, Case Management, and Housing (REACH).

household and in 82% of all households with children, the single adult was female. The mean number of persons in the assisted-household was 2.7 and 83% of the persons who applied were female.

While average monthly housing costs for PHPP-assisted households are $401, the average amount of total arrears—for back rents ($1,077) and mortgage arrears ($1,206)—is fairly close to the maximum allowable assistance level of $1,200. The mean monthly household income is $743. In 44% of the households, wages accounted for at least part of this income. Public assistance, primarily from Temporary Assistance to Needy Families (TANF) and General Assistance (GA), was an income source for 35% of the households. As a rule, case management services were provided to almost everyone.

The ECA database had 1,675 households that received REACH services between December 1997 and November 1998. The applying person in the households was on average 37.1 years old at intake; of Black race in 92% of the households; and had at least a high school diploma or a GED 65% of the time. Among the REACH-assisted households, 28% were one-person, adult households, and of these, 68% were women. Conversely, 67% of all REACH-assisted households contained children. Of those households with children, 78% contained only one adult in the household, and in 75% of all households with children, the single adult was female. The mean number of persons was 2.8 and 85% of the persons who applied were female.

Slightly over half of all REACH-assisted households reported cash income, at a monthly average of $678. Based on 686 households with available information, the monthly average mortgage or rent was $350. Nearly equal proportions of households (about two-thirds) obtained cash assistance for housing or utility costs, case management, and budget counseling. One-half of households obtained energy counseling. The proportion of households receiving employment assistance is unknown due to missing data.

C. Program Utilization, Satisfaction, and Effectiveness

Using PCHPP clients' address data, homeless shelter users' address data, service providers' address data, and the 1990 Census data, the effectiveness of the strategic location of PCHPP sites within various City neighborhoods was assessed using Geographic Information Systems (GIS). The GIS analysis highlights that PCHPP clients tend to come from neighborhoods in North, South, and West Philadelphia. In particular, neighborhoods including Point Breeze, Callowhill, Schuylkill, and South West Center City have several times the citywide rate for PCHPP clients. The neighborhoods with high clustering of PCHPP clients, to a certain extent, match well with neighborhoods with high poverty rates. The lack of correspondence between the clustering of PCHPP clients and some high poverty level areas reflects the Program's policy that Philadelphia Housing Authority project-based residents are not eligible for participation in the program. PCHPP client clustering <u>is</u> associated with the distribution of prior addresses of public shelter users.

Overall, 49% of individuals seeking homelessness prevention went to the site to which their zip code area is assigned. The percentages of clients who sought services from individual program sites to which they were supposedly assigned (by zip code) vary from 12% to 65%. The percentages of clients who lived within the same zip code areas assigned to the program site range from 37% to 97%. The differential patterns of clustering of clients by program site may reflect the extent of success in outreach efforts launched by various program sites, although client preferences and other factors that have nothing to do with outreach efforts (e.g. lack of direct public transportation from clients' homes to the assigned program sites or referral by utility companies) may explain part of the variation. The GIS analysis indicates that there was a substantial increase in program utilization in a number of neighborhoods since the PCHPP expanded from 2 to 7 program sites. The expansion of the Program also contributed to greater fidelity to the neighborhood-based prevention model for the two pilot sites.

Information collected from a provider survey and in-depth interviews with providers and clients suggests that the referral network of the homelessness prevention programs and the coordination between PCHPP program sites and other community-based social service agencies are quite limited. The largest obstacle seems to be the poor understanding by other social service agencies about the services provided by PHPP and REACH. This suggests that whether a client is given a referral by a case manager to another agency or whether the client receives a referral to REACH and PHPP, coordination of services is lacking. Despite these concerns, agencies that had worked directly with PCHPP program site staff had very positive comments regarding the program. From the perspective of PCHPP case managers, motivating clients to follow through on referrals and to sustain case management remains a challenge.

Information collected from face-to-face interviews with 48 clients suggests a high level of client satisfaction towards the PCHPP. Nearly all (96%) were satisfied with their experience with their program and the majority of clients rated their case managers as putting a lot or a moderate amount of effort into resolving their housing, income, employment, personal and interpersonal problems. Overall, clients' perception of outcomes of different program elements are very favorable—ranging from 63% of clients who thought the program has helped with their budget to 96% who thought the program has helped resolve their housing crises. Nearly three-quarters of the respondents saw their experience with PCHPP as helping them with future housing problems.

D. Behavioral Change Outcomes

Case managers' ratings for a program cohort who entered the PCHPP in May and June of 1998 and follow-up interviews with a subsample of the cohort suggest some consistencies in the perception of case managers and program clients about the extent to which the program objectives were achieved. In general, the responses of case managers and clients were both positive with regard to the resolution of the presenting housing crisis, maintenance of timely payments, and development of household budgets. Reports from case managers and clients concur on the small percentage of clients who experienced personal and interpersonal problems that needed intervention. Despite these consistencies, client self-reports indicate

that very few received employment or educational assistance, a finding that is inconsistent with data tabulated from the outcome questionnaires completed by case managers. More important, despite the positive appraisal of the outcomes pertaining to the presenting crisis, a large proportion of clients interviewed (15 out of 20) reported experiencing another housing crisis since coming to the PCHPP.

Overall, 2.8% of PCHPP clients experienced a stay in the Philadelphia's public shelter in the six-month period following program intake. This is considerably lower than the 5.5% rate that Culhane and Metraux (1999) found among the overall poverty population. Further analysis based on the ECA client data reveals that both receiving utility assistance and reporting wage income substantially and significantly reduce the odds of shelter use. Prior history of homelessness, receipt of public assistance benefits, and staying with family or friends at, or just prior to, ECA intake all substantially (and, again, significantly) increase the odds of a subsequent shelter stay.

E. Other Homelessness Prevention Programs

The research team conducted key-informant interviews with 14 government (state and local) and nonprofit program administrators of homelessness prevention programs nationwide to document the variety of prevention approaches in operation. State and local program administrators generally articulated broader program goals than nonprofit administrators. Some variation emerges in regard to program eligibility. In general, government programs have wider coverage of target populations, while nonprofit programs have more restrictive program eligibility. Many programs target their assistance to individuals who are considered to have a reasonable prospect of becoming economically independent, retaining housing, or resuming payment after program intervention.

While there is a wide variety in funding sources, there is heavy reliance on federal funds. Indeed, 8 of the 14 programs rely for at least half of their funds on federal dollars. Most commonly used federal programs include Emergency Shelter Grants (ESG), Federal Emergency Management Agency (FEMA) grants, Community Development Block Grant (CDBG) funds, Temporary Assistance to Needy Families (TANF) grants, and Housing Opportunities for People With AIDS (HOPWA) grants. The programs also vary a great deal in the ways outcome data have been collected. Some funders require agencies to assess outcome goals of their clients either at 3-, 6- and/or 12-month follow-up periods. Other kinds of program data include agency-level needs assessment to track changing patterns of homelessness, case plans to document client's achievement of goals, client satisfaction surveys, and management information systems (MIS). Overall, three programs that use outcome measurements reported that the percentage of their clients who became homeless in spite of their services is 5% or under.

The configuration of services provided by the informants' programs—including housing (cash) assistance, case management services, referral services, employment assistance, and budget counseling—bears close resemblance to that of the PCHPP. While only one program is currently conducting a formal discharge planning program, a great deal

of information was collected about this homelessness prevention strategy. Discharge planning can be seen as a kind of highly formal referral system among institutions that serve the same clientele, including hospitals, jails, and prisons. Other programs indicated that they provide discharge planning to domestic violence shelters and with mental health facilities to serve clients at-risk of losing their homes.

Recommendations

A. Recommendations to strengthen overall program coordination and collaborative efforts, in particular with requirements placed on participants who receive TANF

- Information collected from provider interviews suggests that a limited referral network exists between PCHPP program sites and other community-based social service agencies. Outreach efforts targeting existing health, education, social service, human service, and employment assistance programs should be expanded and improved. Outreach should include details of the eligibility requirements, the procedures to apply, and, most importantly, the purpose of and services provided by PHPP and REACH. Information sessions should be held with these agencies to inform them of the program, and to discuss the best way to coordinate efforts to better serve the clients. Overall, the PCHPP should conduct a comprehensive review of its behavioral health services linkages in order to assure that appropriate referrals are being made and followed.

- The research team has identified inconsistencies in the delivery of services by site as well as by the time of the year during the evaluation period. Given the case management requirements, it is important that the program be as consistent and equitable with applicants as possible. OHCD should make every effort to coordinate the funding streams with ECA and TAG so that there will be no periods of delayed cash assistance or rapid spending as the budget year draws to a close. An advisory group comprising neighborhood and client representatives, related social service providers, city officials, housing and homeless advocates and the directors of the two programs may be instrumental for monitoring the coordination, equitability, and consistency in the implementation of the program.

- Case managers from several program sites, including those coordinated by PHPP and REACH, reported success in assisting TANF clients rewrite and renegotiate their Agreement of Mutual Responsibility (AMR), especially in the area of literacy, training, and job readiness services. The AMR is designed as a dynamic document to facilitate clients' transition from welfare to work. To expedite this process for PCHPP clients, case managers and emergency assistance specialists should receive training on the type and timing of such negotiable changes, as well as on the range of eligible services for their TANF clients. Such training could be given by case managers at an agency experienced in negotiating the AMR, such as Metropolitan Career Center (one of the program sites), in conjunction with Department of Public Assistance (DPA).

- TANF participants in the PHPP and REACH programs may have several contacts at the DPA, including a caseworker for financial assistance and an employment caseworker. The research team found interactions with DPA staff are very difficult because of the volume of clients they each serve, although some district offices are easier to contact than others. PHPP and REACH staff often use the client as the sole information source. If this is the case, the clients should be required (as some case managers currently require) to bring in their AMR very shortly after their entrance into the program.

- DPA staff noted that there might be confidentiality issues for sharing information between the TANF program and the Community-Based Homelessness Prevention Programs. OHCD and the program directors of PHPP and REACH should meet to settle what information might be shared. Then a form may be created for the allowable information which may be presented by the client and filled-out and faxed or mailed by the DPA staff member. Similarly, DPA could also receive information from the PHPP and REACH programs using the same process.

- The City should review its use of ESG funds, and consider making maximum use of these funds (up to 30% is permitted) for homelessness prevention purposes. Nationally, this is the primary source of funding for homelessness prevention programs. However, eligibility criteria should be carefully reviewed before use. Other jurisdictions have also been able to tap FEMA, CDBG, TANF and HOPWA funds, as well as state funds, to support homelessness prevention, and these might be considered as future funding sources, thus reducing dependence on City General Funds.

B. Recommendations to modify existing or implement additional program processes and procedures

- Analysis of the program data suggests that some program participants may not be in danger of imminent homelessness, based on the risk factors found in studies of the homeless and at-risk population (refer to Section III.E). It is important that the PCHPP establishes a mechanism for monitoring the characteristics of service users so as to insure better program targeting. The PCHPP should consider targeting its clientele for individuals in households at high risk of homelessness, rather than for <u>all</u> low-income households in crisis. Alternatively, the PCHPP may consider targeting different packages of services for clients with varying levels of risk, based on assessment of individual cases. In both cases, a redesign or refinement of the existing assessment protocol is critical to enable the case manager to conduct an in-depth examination of personal and interpersonal factors to recommend the type and intensity of assistance to be provided.

- The GIS analysis clearly shows that program participants use services from a site in or near their neighborhood and that the seven program sites are variably effective in delivering services to clients living within the assigned zip code areas or closest to

their home. Program sites should seek to improve their neighborhood outreach efforts. TAG may consider revising its procedure for assigning clients so that its clients are assigned to the program site nearest to their home, unless they choose otherwise.

- This evaluation has shown that the GIS analysis is a useful method for exploring the service use patterns among various City neighborhoods and for assessing the extent to which the PCHPP has achieved fidelity to the community-based model. GIS analysis integrating program data and other administrative and publicly accessible data should be performed periodically to identify the shifting patterns of homelessness prevention needs and service utilization within various City neighborhoods.

- Case management files represent an important source of documentation about the client and program intervention. Details on contacts with and for the client should be summarized in the case files. As much as possible, uniform indicators of the type of contact (telephone, face-to-face, written, faxes), purpose of contact, and any results arising from the contact should be maintained by PHPP and REACH. Exit interview forms also need revision. These should be labeled "Final Contact Form" and should spell out at what point the client concluded participation in the group (after how many case management sessions, after completing six months, and so on), the status of housing and work at the time of last contact, whether family issues are still unresolved (childcare, intimate violence, and mental health or substance abuse problems), and the amount of assistance paid.

- Although most respondents in the client-level survey expressed satisfaction toward the PCHPP, a number of concerns have been identified in the helping process and in the case manager/client relationship. The administering agencies should improve the efficiency of the intake process in terms of case managers' communication with clients over the phone, the dissemination of knowledge about the variety of services available to clients, and the waiting time for processing paper work in order to obtain assistance. Also, orientations to the program should be conducted as expeditiously as possible while emphasizing the realities of welfare policy changes, the reduced amount of subsidized housing, and the purpose of case management. Furthermore, walk-in times or expedited arrangements should be made and advertised for those applicants in an immediate crisis. Procedures for clients with emergency crises should be spelled out. These should include methods of retaining clients after providing cash assistance.

- The evaluation found a number of major problems in data quality including a significant amount of missing data and lack of standard definitions across the two administering agencies. These problems need to be addressed for monitoring program performance. Unless steps are taken to work towards complete coverage, meaning that data are entered for all applicant households and for all data fields, the value of maintaining automated databases will be seriously compromised. Furthermore, in conjunction with improving data coverage, an evaluation of the type of information

collected in an automated database should be conducted. To address the last point, the research team has come up with the following recommendations:

* Basic socio-demographic characteristics of the household: age, gender, race/ethnicity, education, living arrangement (whether the applying household is doubled up with relatives or friends), residential mobility, history of homelessness, and social network and support
* Total and type of income, housing status (homeless or otherwise) and tenure (rented or owned), employment status, and family composition at intake and at last contact
* Neighborhood where the household is located at intake and at last contact
* Total amount cash assistance obtained from the program with breakdown into assistance type, as well as amount of matching funds provided by the client
* Ratio of housing/utility expenses to income at intake and at last contact
* Individual and interpersonal problems (childcare responsibility, intimate violence, mental health issues, physical health issues) experienced at intake and at last contact
* Number of case management sessions and number of other contacts (beside scheduled case management meetings) between the client and case manager
* Number, type, and outcome of referral and number of case management contacts with other social service agencies
* Unresolved problems at last contact (income, housing, employment, personal, and interpersonal)

- Most of the analyses performed in this evaluation involve looking at the distributions of client characteristics. It should be possible to perform such data analyses periodically within the agencies so that results can be disseminated more effectively and timely so as to monitor program performance. For the purpose of future evaluations, data summaries, instead of raw data, may be provided.

- The Philadelphia program's emphasis on cash assistance, with customized case management, is consistent with other homelessness prevention programs nationwide. Periodic reviews should be undertaken to ensure that the program emphasis is consistent with the needs of the targeted clientele, while the program is flexible enough to match people to the program elements they need without requiring a "one size fits all" approach.

C. Recommendations to modify existing or implement additional program elements to prevent homelessness

- Referrals of clients to other social service agencies should be followed-up as much as possible given the limited staff resources of the program. Given the difficulties many of the clients face in their family relationships, more referrals should be made to mental health services.

- Despite some resistance from clients for budget counseling, both case managers and program clients perceived budget counseling as a critical component of the services provided by the PCHPP. Budgets should be completed with clients as early in the helping process as possible, with updates whenever the financial situation in the household changes. Even clients waiting to move into new housing should have a budget completed to help them identify funds for future use. A checklist of budget issues should be completed by the case manager at each budget counseling session. These would include indicators of: expenses exceed income; unnecessary expenditures; budgets well; pays bills in a timely fashion, and fails to pay bills in a timely fashion.

- Although employment assistance is conceived as one of the key components of the PCHPP, available program data give little evidence supporting the overall effectiveness of employment services. Only 13% (217) of REACH clients received employment assistance services provided by the program's job developers during the evaluation period; and of these 217 recipients, 42%, are known to have found employment. No comparative statistics were provided by PHPP; PHPP has devoted fewer resources to employment assistance (one half-time job developer working 15 hours a week) than the REACH program (2 full-time job developers). These findings raise some concerns since both the client-level interviews and case managers' files reveal that for over half of the clients, one major underlying problem that caused the housing crisis was related to employment. The PCHPP should consider leveraging additional resources to strengthen employment assistance services of PHPP and REACH. It should be noted that given the barriers to employment that many program clients are experiencing, employment assistance will be a resource-intensive service to deliver. The PCHPP should also consider designing a systematic database to track the types of employment assistance delivered by job developers and service outcomes.

- The program data suggest that Latino and Asian clients were underrepresented in the program. The administering agencies should increase their outreach efforts to these minority communities. The agencies could better recognize the importance of culturally sensitive practices by hiring bilingual personnel for the delivery of services.

- Despite the avowed goal of PCHPP to divert households from the homeless shelter system, coordination between the PCHPP and OESS did not constitute a key feature of the program until recently. There is clearly a need for strengthening the programmatic link between the PCHPP and the OESS admission screening procedures. OESS caseworkers should more actively identify and refer shelter requesters who may benefit the most from services offered by PCHPP. PCHPP case managers should put more efforts into helping clients who report a prior shelter stay. A single hotline service that triages clients experiencing housing emergencies to homeless services or prevention services depending on their needs may be considered as an additional component of the Homelessness Prevention Program.

- The City of Philadelphia may want to consider expanding into the area of discharge planning. This is an emerging area in the field of homelessness prevention. It is a

very different approach from the current model, which favors households with forward income and a greater probability for economic independence. As similar programs in other communities indicate, discharge-planning programs may be made the responsibility of a particular provider, or managed within the behavioral health system and the criminal justice system. These systems may represent important and valuable partners in developing shelter diversion resources for persons exiting institutions. The City may consider discharge planning as an independent program to be developed or as an additional component of the existing homelessness prevention programs. It may be worthwhile to consider convening potential stakeholders in the field of discharge planning to discuss possible strategies for reducing the placement in shelters of people exiting institutions.

D. Recommendations to modify existing or implement additional behavioral change (outcome) measures

- The assessment of measurable and behavioral outcomes of program clients should become an ongoing feature of program implementation and evaluation. The OHCD, in conjunction with the administering agencies, should consider incorporating the outcome questionnaires as an integral part of the automated program data (including intake, assessment, service use, and exit data).

- The existing outcome questionnaire should be revised to give a comprehensive assessment of clients' needs as well as detailed information about case managers' appraisal of clients' progress with regard to measurable behavioral goals. Measures should be taken to ensure optimal record keeping so as to minimize the amount of missing information from these questionnaires.

- Follow-up interviews with clients who have completed or dropped out of the program should be conducted to ascertain the extent to which the program goals are maintained. The research team proposes a six-month follow-up period, which appears to be most commonly adopted by other homelessness prevention programs. The client's overall satisfaction with the program should be included as an outcome measure. Clients' perception of the process and procedures of the program can provide critical information to improve the PCHPP.

- Employment, income, and housing (including homelessness) status <u>subsequent</u> to program participation should be collected as outcome measurements from follow-up interviews. The post-program data on these areas, when compared with intake data, should give an assessment of whether the program works for the particular client as well as the risk for a recurring housing crisis and future program participation. Questions including whether or not the client has experienced another housing crisis, problems with budgeting, as well as personal and interpersonal problems may provide direct evidence as to the extent to which the PCHPP has achieved its long-term program goals.

Section II

Program Description and Program Data Summary

A. Program Description

Philadelphia City's Community-Based Homelessness Prevention Program (PCHPP) is directed by the Special Needs Housing Unit within the Office of Housing and Community Development (OHCD). The program was initially designed in 1994 as a pilot program providing services through two community-based sites to address state welfare reform that targeted adults over the age of 45. The PCHPP expanded in July 1997 to six sites and provided services to all types of low-income individuals and families at-risk of imminent homelessness. The program served over 2,700 households in the evaluation period of December 1, 1997 to November 30, 1998.

The Climate of Welfare Reform

In the first two years of the pilot program, welfare reform in Pennsylvania focused on the reduction of General Assistance benefits by eliminating a whole class of eligible recipients (those age 45 or older who have no disability). On March 3, 1997 Pennsylvania enacted the provisions of the new federal block grant for time-limited cash assistance. Act 35 would become Pennsylvania's version of the new program Temporary Assistance for Needy Families (TANF) ending the federal entitlement program Aid to Families with Dependent Children (AFDC). In the TANF program, needy families are eligible for a limit of five years of assistance in a lifetime. After 24 months of assistance, recipients must work, do community service, or attend an approved activity for 20 hours a week. Those resisting the requirement or without an exemption would be sanctioned.

The approach toward securing employment within Pennsylvania's new welfare system is rapid labor force attachment. Recipients of TANF must initially, and then periodically, complete eight-week job searches. If a job is not secured, TANF participants may pursue other job readiness or short-term training programs. The goals set for each recipient are written in an Agreement of Mutual Responsibility (AMR). This document is to be revised as needed to address the progress made by the recipient through the TANF system (F. Bostwick, June 1999).

Many concerns have been raised over the new system. TANF families must report to their caseworkers periodically to demonstrate their compliance with program requirements. However, caseworkers are often difficult to contact (*Philadelphia Inquirer*, November 22, 1998, B1). A recent study by the Center on Urban and Metropolitan Policy at the Brookings Institute found concentration of welfare recipients in large urban areas is increasing. Philadelphia has a very slow-growing economy at a time when most of the country is in the midst of an economic boom (*New York Times*, June 6, 1999, A26). In 1999, about 34,000 TANF recipients in Philadelphia will be required to meet the 20 hour-a-week work requirement (*Inquirer Magazine*, February 28, 1999, p. 22).

In this time of welfare reform, other changes in assistance to low-income families are especially concerning. Despite the high ratio of housing costs to income among poor populations, the number of public housing slots and HUD Section 8 certificates are grossly inadequate to meet the demand. Subsidies for housing are not easily available for homeless families through the shelter system. Philadelphia lacks macro-structural policies for building and renovating housing for very low-income households in arrangements that allow less stressful living for extended families and for shared living. The PCHPP is in place at a time when an increasing number of low-income families may find themselves short of resources to address a housing or income crisis.

Philadelphia City's Design for the Community-Based Homelessness Prevention Program

In the request for proposals for fiscal year 1998, OHCD identified the PCHPP as a "key component of Philadelphia's Homeless Assistance Continuum of Care system" (RFP, April 17, 1997). The goal of the program is to divert households from the homeless shelter system and to keep these families and individuals connected with their communities by stabilizing their housing and income. The program combines financial support with case management. The intention of this two-pronged approach is to help clients deal with their immediate situation, while addressing the complicated factors that led to the crisis, thus avoiding shelter use during the current crisis and in the future. Thus, the program is intended to be cost-effective by using diversion strategies of near-homeless families rather than increasing costly shelter resources. Sites are defined as community-based to both keep households connected to their communities and to "collaborate and coordinate" with other community-based health, educational, and social service agencies. The locations of the six sites were chosen to match the highest concentrations of intake addresses for shelter applicants as recorded by the Office of Emergency Shelter Services (OESS). These six geographic areas were: North Philadelphia west of Broad Street; North Philadelphia east of Broad Street; South Philadelphia west of Broad Street; West Philadelphia; Germantown; and West Oak Lane.

Eligible applicants to the program must be homeless or near homeless and have a household income equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines as defined for Philadelphia City. Eligible applicants include:

- Homeless applicants who reside in a group shelter, hotel or motel paid for with public or charitable funds; a mental health, drug, or alcohol facility; jail; hospital; or living in a home, but due to domestic violence, need a safe place to reside
- Homeless applicants who have received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement
- Homeless applicants who are living in a "doubled-up" arrangement on a temporary basis
- Homeless applicants who are living in a condemned building

- Homeless applicants who are living in housing in which the physical plant presents life and/or health threatening conditions; i.e., having dangerous structural defects or lacking plumbing, heat, or utilities
- Homeless applicants who are living on the streets, in cars, doorways, etc.
- Near homeless applicants who are facing eviction from rental properties
- Near homeless applicants with mortgage arrears
- Near homeless applicants with imminent utility shut-off

Applicants are required to provide documentation of their situation such as: a court ordered eviction notice; an eviction notice or notice to vacate a rental property; written notice from a family member or friends with proof of shared residency and failure to provide a proportional share of housing costs; statements confirming mortgage arrearages, and/or a shut-off notice from a utility provider. In addition, providers of the program have the option to deny services if an applicant can demonstrate sufficient income to meet basic necessary living expenses or if they refuse to participate in "appropriate" support services such as employment placement services.

Ineligible applicants include current residents of Philadelphia Housing Authority housing, Section 8 housing (except for newly granted certificates where a grant towards the security deposit may be made), Tenants' Rental Assistance Corporation (TRAC) Transitional Housing or any other transitional housing program with subsidized rent. In addition, applicants may not receive services more than once in a twelve month period from any of the providers of the PCHPP or from Salvation Army's homelessness prevention program. All applicants must be residents of Philadelphia.

Services provided under the program include a maximum grant of $1,200 for a household and six months of case management, employment support services if appropriate and referral to other social services as needed for the particular situation. The average payment is $750 and only 30% of the total possible payment, $350, may be paid towards future utility bills. Cash assistance may be provided for:

- Rent arrearage
- Forward rent
- Mortgage arrearage
- Forward mortgage payments
- Security deposits
- Utility arrearages
- Future utility payments
- Job search expenses such as: tokens, GED tuition, certificates, licenses, application fees, and other directly related job placement costs

All payments are paid directly to the landlord, mortgage holder, utility company, or employment/training provider. Payments may be spread over a six-month period to encourage cooperation with the case management plan.

Case management services focus on:

- Securing stable income through employment or through entitlements if the client is unemployable
- Securing affordable housing
- Budget counseling
- Energy assistance through low-income utility assistance programs
- Assessment, referral and advocacy to needed social or health services including mental health services, domestic violence services, and addiction treatment.
- Referrals to literacy training to improve self-esteem and job opportunities
- Tenant's rights education for those clients with a Court Notice of Eviction
- Referrals to job training and job placement services (Scope of Services, Contract #9920629 and Contract #9920704, fiscal year 1999)

In principle, case managers meet with clients at least once a month for six months. Program participants may be removed from the program and denied cash assistance if they fail to follow the case management plan.

Funding for the Community Based Homelessness Prevention Program was set at $2,000,000 per year for the past two fiscal years, 1998 and 1999. OHCD originally intended the funds to come from three sources: City General Funds ($761,000), federal Community Development Block Grant (CDBG) ($200,000) and Pennsylvania Homeless Assistance Program (HAP) ($1,039,000). However, restrictions on federal and Commonwealth funds precluded their use for some program elements. Most significantly, the HAP funds were not to be used for assisting households with no income or for forward payments of rent, utility use or mortgage. Hence, the funds have been supplied solely from City General Funds during these past two fiscal years.

Current changes in the restrictions on HAP funds may allow these monies to be used for most program elements in future years. The following changes have been made in the use of HAP funds:

- Households with no income are now eligible for assistance if they have a "reasonable expectation for sufficient income in 90 days"
- Near-homeless households are eligible with "written or verbal notification" of eviction—an eviction notice is no longer required
- Programs may require case management in order to receive assistance
- Some job development and employment assistance may now be included under case management assistance and some limited expenses for job search or expenses for starting a new job are permitted
- Incremental payments may be made on arrears (though it is not yet certain if these payments may include forward payments)
- Households may not receive the maximum assistance of $1,000 for individuals or $1,500 for families more than once every 24 months (reducing the one year

maximum assistance of $1,200 now in place) (Internal memorandums from Emily Camp, April 17,1998 and June 18, 1998, OHCD, Philadelphia, PA)

In principle, the model of a community-based program with cash assistance linked to employment and other strategies to stabilize household income matches well with the approach of state policy towards residents with very low-income. That is, the goal of the program is not only to address immediate crises, but also to promote self-sufficiency. Program services are meant as temporary assistance. The emphasis in employment assistance lies on job placement and job readiness for those with a high school diploma or GED, and on literacy for those without basic skills and education, not on long-term training or education. The intent of the program to reduce costly expenditures associated with the emergency shelter system directly addresses the concern of efficient use of government funds.

In practice, employment services provided by the program depend on a number of factors. The type and form of services depend on:

- Whether the client is able to work or should seek income support from a government program
- Whether the client has a basic level of literacy
- Whether the client has a recent work experience
- Whether the client has the orientation necessary to search for a job and to retain the job once one is secured
- Whether the client has an Agreement of Mutual Responsibility (AMR) with the Pennsylvania Department of Public Assistance as part of their participation in Temporary Assistance for Needy Families (TANF) that directs the process for the job search and any education or training

Applicants with an AMR are eligible for employment services through the resources devoted to recipients of income support from DPA. It is not the intention of the PCHPP to duplicate the job search and employment services provided under TANF, but to serve those outside these resources. Thus the PCHPP must coordinate services to clients receiving assistance from TANF with the requirements of both programs.

OHCD currently contracts with two service providers for administration of the PCHPP, the Energy Coordinating Agency of Philadelphia (ECA) and the Tenant's Rental Assistance Corporation (TRAC), the social service provider arm of the Tenant's Action Group (TAG). Each agency received $1,000,000 in funds for fiscal year 1999. The six geographic sites were split three and three between the two providers. Both central administering agencies were required to use established neighborhood-based agencies for their program sites. No capital development funds were supplied. Program funds were split between administrative costs and program costs. Program costs include the emergency payments. Emergency payments comprised about 60% of all program costs. It is OHCD's intention that the majority of funds should go to emergency assistance.

When the contract was awarded to the two agencies in 1997, they created two separate geographic service areas delineated by the neighborhoods served by each of their sites. Zip codes were initially used to determine eligibility for either ECA's program or TRAC's program. This seemed the most workable solution to the two providers. It was, however, never the intention of OHCD to restrict the choice of site for applicants. Later in the program, the choice of site for service became less attached to the zip code assignments of service areas.

The two service providers, ECA and TRAC, use different organizational structures to deliver services through the Citywide program. These different structures lead to separate processes for clients in the program. The two provider programs are detailed, each in turn. The descriptions are based on the evaluation period of December 1, 1997 to November 30, 1998 with updates as appropriate.

The REACH program provided by ECA

The REACH program (Resources, Employment, Advocacy, Case Management, Housing) is administered through the Energy Coordinating Agency of Philadelphia (ECA). ECA contracts with three of its existing Neighborhood Energy Centers (NECs) for community-based delivery of services: Dixon House; South Lehigh Action Council (SLAC); and Southwest Community Development Corporation (Southwest CDC). Dixon House serves neighborhoods south of Market Street; SLAC serves neighborhoods north of Market Street, west of Broad Street, and below Germantown; and Southwest CDC serves all of West Philadelphia residents. Each of these three sites operates a number of social service programs and is well established and well known in its community.

ECA, the central administering agency.—ECA is a nonprofit corporation that embraces community-based efforts to address the energy problems of low-income households through coordination of resources, improvement of low-income energy conservation, energy education, research and planning, and advocacy. Their associated seven NECs serve as "one-stop shops for energy problems" (Proposal for Community-Based Homelessness Prevention, Year 23/Fiscal Year 1998, May 1997). Past research has shown a positive relationship between number of utility shut-offs in neighborhoods and rates of shelter use among the residents (Culhane, Lee, & Wachter, 1997). Thus, the expansion of services by the neighborhood centers to stabilize housing and income of this population seems logical. ECA served as the central administrator of the three-year pilot program of the PCHPP using two of the current sites, Dixon House and SLAC.

Coordination of the program by ECA involves: financial administration of funds to the neighborhood centers; compilation of program data and statistics and delivery of these to OHCD; coordination between the three centers to assure consistency of service delivery; advocacy for the centers with OHCD and other city departments; outreach; and management of the emergency funds. ECA meets with staff members regularly from all three sites to discuss procedural issues, changes in the service environment, difficult cases, and documentation of the REACH program. This approach has worked well to improve

and target services to the more needy applicants, coordinate approaches among the agencies, discuss the use and timing of payments from the emergency fund, and raise concerns over the amount of resources needed by the sites.

The Philadelphia Committee to End Homelessness (PCH) has been involved in outreach and advocacy for the REACH program since its pilot phase. PCH continues to advise ECA about REACH. PCH operated the Homelessness Prevention Hotline until it was disconnected when the additional site stretched REACH phone resources. PCH has also been part of the task force working to alter the restrictions on the HAP funds.

During the first two years of the pilot program, an oversight task force convened by two City Council members gave insights and helped define the direction of the program. Most often discussed were the target populations, uses of the emergency funds, and the political environment. This task force stopped meeting in the third year of the pilot program, thus reducing the direct access of PCHPP providers to City Council and to other related service providers.

ECA formalized their approach by creating an Operations Manual in 1998 to detail the mission and procedures of the REACH program. In the Operations Manual, the goals of REACH are to:

1) Divert homeless and imminently homeless individuals and families from the shelter system;
2) Increase the stability and self-sufficiency of those individuals and families, and;
3) Yield a financial savings to the City through reduced shelter and related costs.

To achieve these goals, REACH focuses on behaviors and conditions that put people at risk of homelessness. Case management, provided at neighborhood centers, is a central source of support and information. Financial assistance, to go towards housing costs, is intended only to alleviate the immediate crisis and enable clients to focus on living within their budget, obtaining suitable employment, and resolving personal issues.

In principle, the REACH program requires matching funds for any grant, if at all possible. Cash assistance is not rendered until clients have completed two months of case management. During this time, case managers negotiate with landlords and utility companies to allow clients to remain in their housing and/or avoid shut-off of utility services. REACH has restrictions on cash assistance that may be exceeded only if the director of the program at ECA grants an exemption. Maximum amounts for specific types of assistance are:

- $750 for back rent
- $205 a month for up to six months of forward rent or forward mortgage payments
- $125 a month for up to six months if the recipient is living with and paying rent to family

- $750 in mortgage arrears
- $750 towards a security deposit
- $750 in utility arrears

Budget and use of program funds.—ECA split their subcontracted costs equally between the sites until the last fiscal year. Currently, sites are reimbursed on the number of clients served. The distribution of REACH program budget from July 1, 1998 through June 30, 1999 is:

$ 91,955	9%	Central administrative costs
$ 301,320	30%	Subcontracted program costs
$ 606,725	61%	Emergency funds
$1,000,000	100%	Budget Total

In addition, ECA has secured a two-year grant, $100,000 from the Pew Charitable Trusts to fund two job developers during fiscal years 1998 and 1999. ECA strives to spend the emergency funds as equally as possible in each quarter throughout a contract year. ECA expects to exhaust their program budget by the end of the fiscal year.

The three sites use their funds to support the program within their own structures. Although there are guidelines from ECA that specify the distribution of funds within program site (e.g. number of case managers, supervision, data entry, support services), each site determines the use of the funds. All three sites subsidize the administration of program services through the use of other personnel including volunteers, Americorps participants, and other staff when free from their energy assistance work. The most common assignments of supplementary staff include phone calls to confirm case management appointments, intake information, and budget counseling. All three sites' directors expressed concern over the amount of supplementary resources needed to run a high quality program. They felt as a group that the program had inadequate funding to be self-supporting (D. Grimes, D. Jones, and D. Harris, December 1998).

Population served by the REACH program.— The three REACH sites collectively served 1,675 participants in the PCHPP during the evaluation year. Despite permission to serve clients with incomes up to 150% of the poverty level, ECA uses 100% of the poverty level as the income guideline for the REACH program. This directly effects who the program may serve. Demand for services far exceeds the capacity of the sites. The availability of limited emergency funds as well as case management resources lead the REACH staff to provide services to those considered most in need. Eligible applicants who are not perceived to be in immediate crisis are referred to other resources.

Dixon House.—Dixon House is located at 1920 S. 20th Street, north of a South Philadelphia working class neighborhood and south of a very low-income neighborhood. Part of Diversified Services, a South Philadelphia social service provider, Dixon House is the largest of the three REACH sites and the longest established. Diversified Community Services (DCS) provides an array of services including childcare; youth programs for life

skills and individual improvement; services to enhance family functioning; community development; senior services; energy services; homelessness prevention; first-time home buyers housing counseling; information and referrals to job training; and a food cupboard.

The REACH program uses NEC intake staff to determine program eligibility. REACH has two case managers, supervised by the Director of Self-Help. The Director takes a hands-on approach to the program, interacting with her staff throughout the day to answer questions and concerns and providing the interface with ECA whenever needed. She also sees clients herself when special circumstances arise.

Dixon House focuses on educating clients about changing public programs, how to use resources in their neighborhoods, money management, and how to improve their education and employment skills. A 20-minute REACH workshop is held four days a week for about 30 to 40 applicants during walk-in hours from 9:00 to 11:00 a.m. This workshop explains the eligibility requirements, necessity for documentation of the applicant's situation, and the premise of case management. Applicants complete intake forms the day they come in for the workshop. Case managers try to schedule eligible applicants who are in immediate crisis for an interview in the next three-week period within a week of their application. For those applicants in dire emergencies, case management is provided within a few days. Applicants who could be helped with other resources are directed to energy services or other appropriate services. This strategy in effect denies assistance to those who are eligible under the program guidelines, but whose situation is less urgent. Exhibit II.1 (p. 21) is the REACH program flowchart for Dixon House.

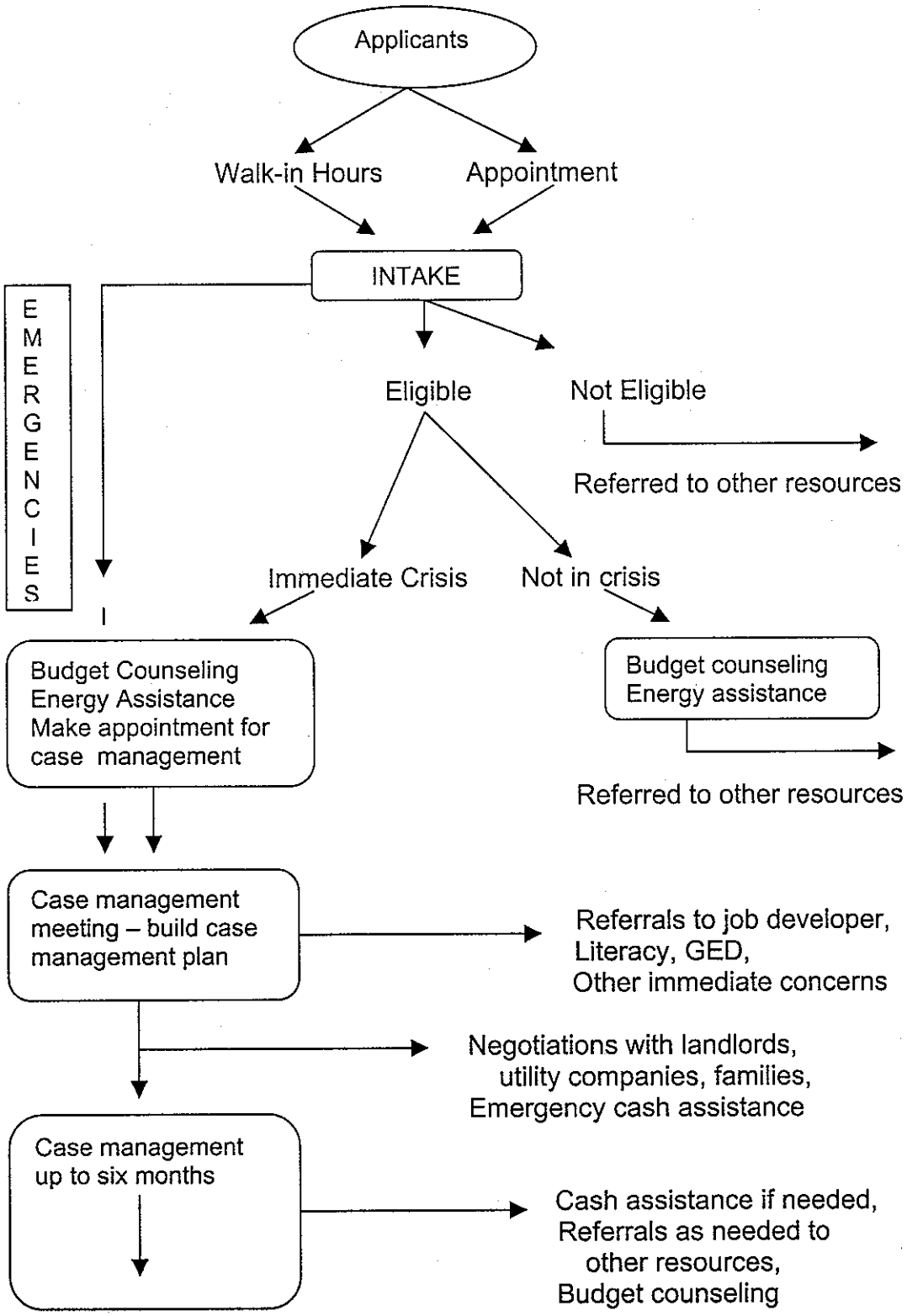
South Lehigh Action Council.—SLAC is located at 2213 W. Sergeant Street on a residential block south of the west Lehigh shopping area, a low-income African American neighborhood. Founded in October 1978, SLAC serves the community through energy assistance, homelessness prevention, housing counseling for first-time homebuyers, community liaison, and a food bank. In addition, SLAC provides part-time employment for senior workers and has Americorp members to assist with energy conservation education and other outreach efforts. Most of the staff at SLAC live in the surrounding neighborhood. This intimate knowledge of the community helps staff to better serve their clients (S. Alston, January 1999).

SLAC uses a dedicated phone line to take incoming calls to the REACH program. One senior staff returns all calls during the afternoon, determines if the applicant may be appropriate for the program, and schedules appointments. Applicants are usually scheduled for an appointment within a week of their calls. Emergency cases may be scheduled as early as the same day. SLAC does not have walk-in hours.

The Executive Director of SLAC, serving as the program director, provides oversight to the program, resolves any controversial cases, requests exceptions from ECA, and makes final approval on all cash assistance. SLAC takes a flexible approach towards assigning clients to case managers. Clients are permitted to move between case managers

Exhibit II.1

Dixon House Flowchart - REACH



so long as they are following the case management plan. Case managers work as a team in assisting applicants.

SLAC requires that their REACH clients attend two half-an-hour workshops on budget management and on energy conservation. Both workshops are hands-on, interactive discussions that seek to educate and inform clients about ways to reduce costs and manage their expenses. Attendance is usually not more than ten clients. Like the Dixon House, SLAC does not release cash assistance to clients until they have attended at least two case management sessions, except for emergency situations (S. Alston and C. Johnson, January 1999 and March 1999). Exhibit II.2 (p. 23) is the REACH program flowchart for SLAC.

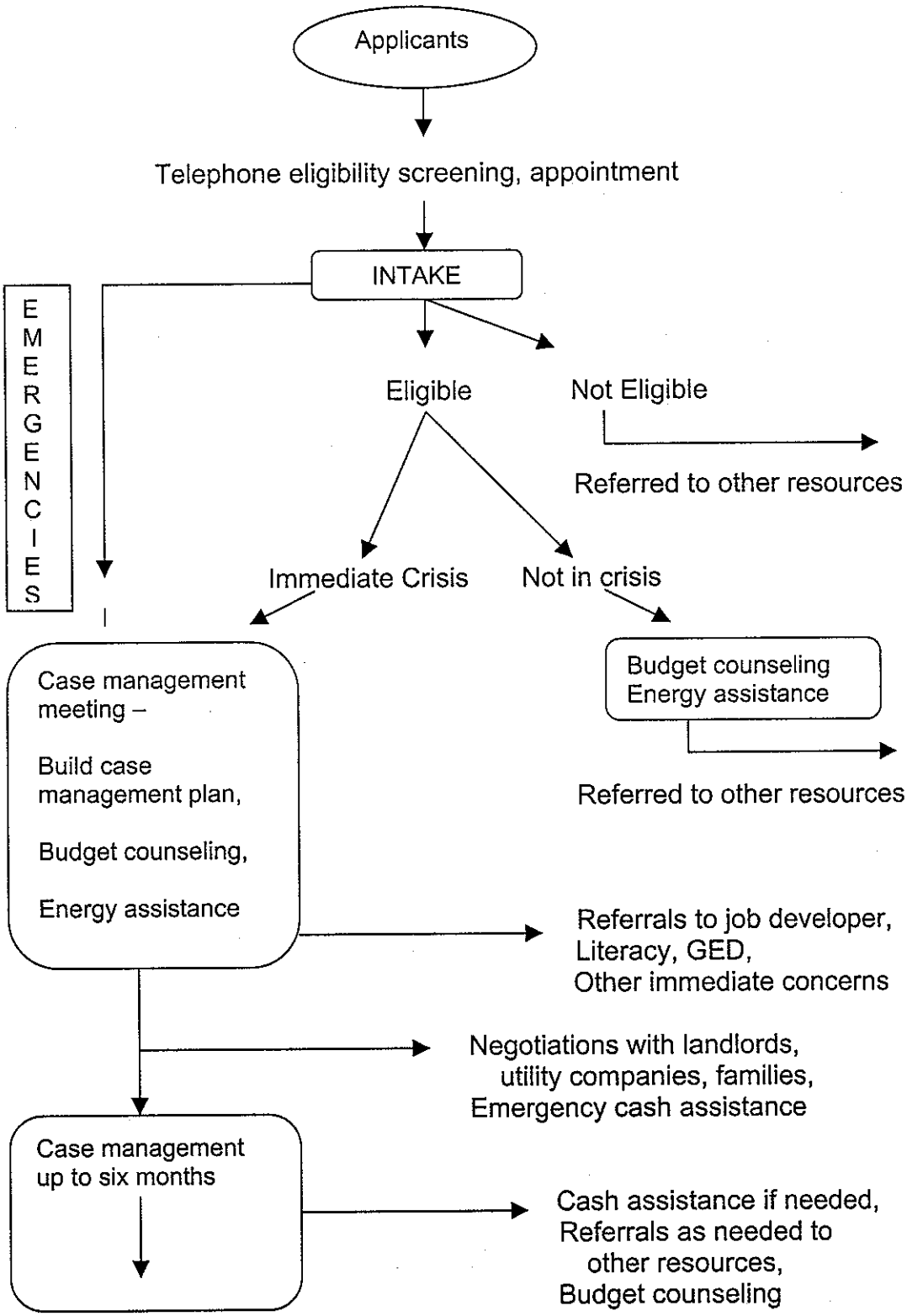
Southwest CDC.—Southwest CDC is located at 6400 Woodland Avenue, one door off the main thoroughfare in this neighborhood. The neighborhood is diverse, with African-American, White, and Asian (mostly Vietnamese and Cambodian) residents. The community has high mobility, with families moving in and out of the area regularly. Southwest CDC offers energy assistance, homelessness prevention, first time homebuyers program, and referral services. Through a partnership with Intercultural Family Services, Inc., they have an Asian-American outreach worker to encourage the Asian community to seek energy assistance services. The William Penn Foundation has recently granted the agency funds to assist TANF clients one-on-one to maintain available benefits such as health and child care, avoiding sanctions, and make informed decisions about work activity (Community Newsletter, Spring 1999). Southwest CDC also coordinates the Neighborhood Advisory Committee (NAC) for Southwest Philadelphia to address housing problems and to promote community education, community beautification and neighborhood pride.

The Executive Director of Southwest CDC oversees the REACH program and is easily accessible to the program staff during the day. There is one program coordinator for REACH, who, with a program assistant, provides case management and directs the day-to-day processes of the program. At times, housing counselors and NEC intake workers assist with budget counseling and other case management tasks.

Experience through the pilot program allowed ECA to export an intact model of the REACH program to Southwest CDC. However, startup of the program was still trying. Southwest CDC had difficulty convincing clients to move away from the model of cash assistance without reciprocal responsibility on the part of the client. After an initial period, Southwest CDC began redirecting their efforts to reduce the caseload to a manageable number of eight to ten new clients each week. The focus became quality case management. The agency has walk-in hours for applicants: Monday through Thursday from 9:00 to 11:00. The first 25 clients are seen if they have a documentation of the emergency, social security cards for everyone in the household, proof of income for the last 30 days, monthly household bills, and a picture ID for the head of household. The intake process seeks to divert the majority of the families and individuals to other

Exhibit II.2

SLAC Flowchart - REACH



resources and focus REACH resources on those with most urgent needs. Exhibit II.3 (p. 25) is the REACH flowchart for Southwest CDC.

The ECA job developer.—ECA has had a full-time job developer associated with the REACH program since April 1996. The job development service was expanded to two staff persons in fiscal years 1998 and 1999. In past years, the sole job developer worked out of the Private Industry Council's (PIC's) office at 1617 JFK Boulevard, in which REACH clients were given access to Job Match software, classroom space, fax machines, computers, and telephones. Currently, REACH job development activities are split between the PIC office on JFK and ECA's offices. Services provided by the job developers include: job readiness training (punctuality, conflict resolution, professional attitude, appropriate dress); preparation for job interviews; resume preparation and updates; job search skills; job leads; and referrals to literacy training

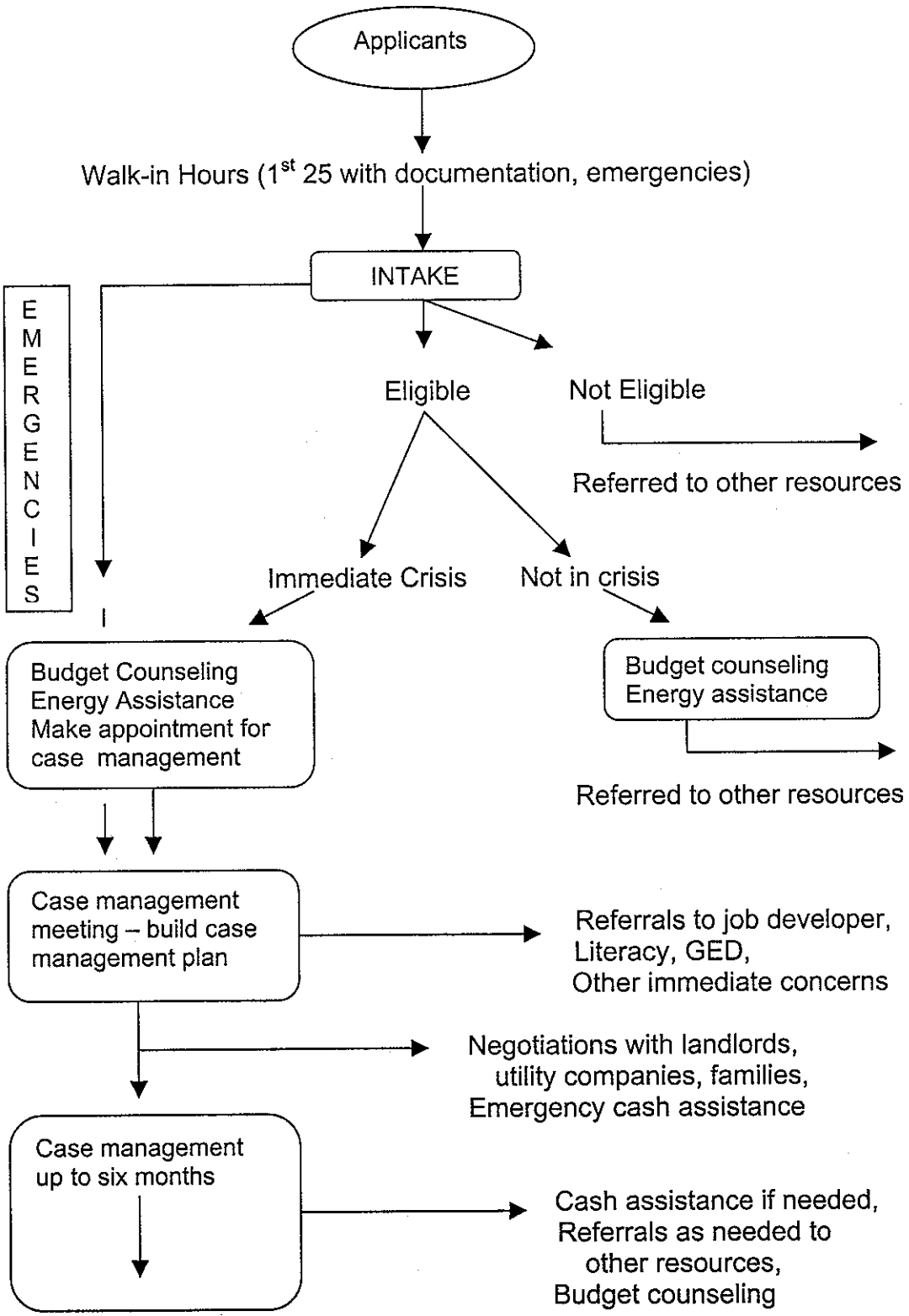
Job developers stay in touch with case managers at the ECA sites especially if the client has special needs or if more information is required. Case managers also spot-check to see if clients have reported to the job developer. The number of clients referred for job placement and job readiness training has declined in the past two years. Many clients are part of the TANF program and are receiving resources from welfare-to-work programs. While some sites still refer TANF clients to the ECA job developer, the majority of these clients are reluctant. Other REACH clients referred to the job developers in the past two years have more barriers to finding and maintaining employment, compared to those who received services in 1996 and 1997. Those recently referred often lack a high school diploma or GED and often face family and emotional issues that make employment difficult. From January, 1998 through December, 1998, of the 217 REACH clients who received services from a job developer, 92 (42%) are known to have found employment. In the period January 1,1999 to May 1, 1999, job developers assisted 55 clients, of whom 22 (40%) are known to be working. It should be noted that clients might fail to report their outcomes to the job developers (W. Boatwright, May 1999).

OESS diversion: a pilot effort with REACH.—In early 1999, the Office of Emergency Shelter and Services (OESS) began a pilot effort with REACH to divert families and individuals who are considered capable of maintaining housing in the community from seeking emergency shelter. OESS intake workers refer these individuals to the REACH site nearest to their current address. As this effort to divert "at the door" continues to evolve, the REACH staff and OESS intake workers have been working on procedures to improve coordination between the two programs. At this time, OESS workers call or fax information about the referred person to one of the REACH sites. All three REACH sites have begun to develop standard documentation for these potential applicants so they may count "no-shows" as well as the outcome for those who come to the site.

To date, over 70 households have been referred by OESS to a REACH site. More than 50% of these households have yet to contact the designated REACH site. Some families make appointments weeks after being referred. Altogether, 23 households

Exhibit II.3

Southwest CDC Flowchart - REACH



participated or are currently participating in the REACH program. Several of these households had incomes that exceeded the eligibility requirement for REACH. Program outcomes for the diverted OESS clients are: placed in transitional housing; entered the first-time homebuyers program; seeking housing; moved; and paid their own security deposit to move in different housing.

Shared issues among the sites.—Case managers and supervisors of the three ECA sites identified the following issues that might complicate the effective delivery of services to REACH clients and the reporting of program information.

1. The computer software at the sites used to input program data is not user-friendly for data entry. During several site visits, staff had difficulty keying in data and used written summaries. Data entry lagged behind other documentation tasks and accuracy suffered.
2. Cash assistance from the REACH program is not always a smooth process. Some clients experience pressure from their landlords when payments fail to arrive within a three-month period. Case managers are at a loss to explain why some payments take such a long time.
3. While all three sites agree on the goals and objectives of the REACH program, there is no one procedure defining how to choose the clients most in need of and most likely to benefit from the REACH program when applications exceed the resources available for services.
4. Varying resources available at the REACH program sites mean the scope and intensity of case management assistance also varies.
5. There is no one common filing system for the information contained in the current case files or when cases are closed.

The Philadelphia Homelessness Prevention Program provided by TRAC

The Philadelphia Homelessness Prevention Program (PHPP) is administered by Tenant's Rental Assistance Corporation (TRAC), the social service nonprofit corporation within the advocacy agency, Tenant's Action Group (TAG). In the City, PHPP is loosely defined as TAG's program; the acronym TRAC is not used. In keeping with this convention, TAG will be used as the name of the provider of PHPP.

TAG administers PHPP using in-house staff. Contracts were established to provide office space in three community agencies along with reciprocal referrals and access to employment services. Location selection for the PHPP program was limited to sites that matched the geographic locations assigned by their contract with OHCD. Sites are chosen on the premise that they can provide employment and job placement supports for PHPP clients. During the evaluation period of December 1, 1997 to November 30, 1998, TAG had case management services available at: Metropolitan Career Center (MCC), the Job Center at Ogontz Avenue Revitalization Corporation (OARC), and the Salvation Army at Allegheny Avenue (SA). TAG sites cover communities north of Market Street and east of Broad Streets (North Philadelphia, Ogontz, East Oak Lane, and the Northeast), from

Germantown north and west of Broad Street (Chestnut Hill, Manyunk, Roxborough, Germantown, Mt Airy, and West Oak Lane).

TAG, the administering agency.—TAG's central mission is "to advance and defend the rights and interests of tenants and homeless people" (TAG information sheet). Programs at TAG include a tenant hotline, individualized tenant counseling, tenant self-help classes, tenant organizing, a Fair Housing Action Center, an elderly program, childhood lead poisoning prevention, homelessness prevention, transitional housing, and special needs housing focussed on low-income people with HIV/AIDS. PHPP is part of the Emergency Services Unit. The purpose of the PHPP program is to "prevent individuals and families from becoming homeless by providing supportive services, job training/placement, and emergency grants for back rent, security deposits, utility assistance, and mortgage" (PHPP Flyer).

TAG began start-up of PHPP in October 1997 after funding delays. Differences in the program requirements for PHPP and the defunct PHAP program made educating applicants about the case management side of PHPP very crucial. Start-up took time, with efforts going into designing program documentation and processes of intake and case management. At the start of the evaluation period, November 1997, PHPP had only begun operations. As the close of the first fiscal year approached, the City pressed TAG to speed up the PHPP intake processes and to spend more of the emergency program funds. To address this concern, the PHPP staff developed two new program strategies to enroll applicants into the program in an expeditious manner. These include the development of a group orientation for applicants and Fast Track services. Fast Track services are limited case management along with cash assistance for those applicants on fixed incomes or those with stable income and a sudden income crisis.

Administration of PHPP involves all central functions such as financial control, program data collection and compilation for reporting purposes, contracts with off-site locations, coordination with the REACH program and City offices, outreach for PHPP, as well as staff services to program participants. Emergency Assistance Specialists are the staff assigned to deliver case management services. Emergency Assistance Specialists spend three days delivering case management services at their assigned community-based site and two days at the central offices at 21 S. 12th Street. During their two days in the main offices, Emergency Assistance Specialists participate in orientations for the PHPP, address Fast Track applicants, complete paper work, and coordinate service procedures with one another. This weekly contact provides opportunities for feedback and revision of the program processes. It also allows the Emergency Assistance Specialists to gain immediate access to the program director.

Procedures for the program are structured through the required paper work. PHPP staff members jointly developed forms for the program. The *Description of Forms Utilized in the Philadelphia Homelessness Prevention Program* describes and explains the use of each of the forms. The approach of the program toward clients is not spelled out in print. It is intended that weekly interaction among staff members and presentation of information

about the program in the orientations would help increase the uniformity of program philosophy.

Budget and use of program funds.—In fiscal years 1998 and 1999, the PHPP program paid $15,000 to each of their neighborhood-based agencies where case management takes place Monday through Wednesday. The rest of the budget is split between administrative costs and program costs.

$ 45,000	4.5%	Neighborhood agencies
$ 606,000	60.6%	Emergency funds
$ 349,000	34.9%	Personnel and administrative costs
$1,000,000	100%	Budget Total

PHPP program personnel included the program director (the Director of the Emergency Services Unit serves this role), a part-time job developer, a scheduler, three Emergency Assistance Specialists, and two Housing Counselors. The program is actively seeking a bilingual staff member to provide support to the program. Salary levels are consistent across job titles reflecting the unionized structure of the agency.

Population served by the PHPP program.—The PHPP program served 1,048 households in the PCHPP during the evaluation period. Applicants with incomes up to 150% of poverty income are eligible to participate in PHPP. The program eligibility guidelines follow those structured by the City except that PHPP requires tenants to live in buildings where the landlord has secured a rental license. This limits access to the program for some applicants. The requirement is necessary for the program to remain consistent with the larger organizational mission of tenant advocacy. The PHPP staff make every effort to help applicants understand the process for getting a copy of the rental license or to have the landlord apply for a license.

Intake procedures for PHPP also affect for whom the program may serve. The majority of applicants must call the central switchboard of TAG and then are routed to a receptionist for PHPP. The receptionist first checks the zip code to see what geographic region the caller lives in and then the income eligibility and the type of crisis of the client. Eligible applicants with immediate crises are scheduled to attend an orientation session. Those callers with less desperate situations are referred to other resources. Receptionists handle about 150 calls per day (B. Johnson, February, 1999). Orientations are often scheduled for 20 days after a client calls and is found to be eligible. Those with emergency situations are scheduled as soon as possible, often with the Director of the Emergency Services Unit. Sometimes applicants have difficulty getting through on the phone. There are periods when a recording deflects all calls until a later period. PHPP staff stop taking intake calls if scheduling begins to exceed 20 days. This keeps the time period between the intake call and the scheduled date of the orientation from drifting further and further apart. The usual delay in going to an orientation also reduces the probability that an applicant will participate in the program.

The other path to intake is through a PHPP staff member. Emergency Assistance Specialists can help applicants bypass the main switchboard by calling intake staff members directly on the phone. Some agencies, which refer clients in emergency situations, have a direct relationship with the program director. Just over half of the clients scheduled for an orientation will attend. PHPP does not have walk-in hours. Exhibit II.4 (p.30) shows the PHPP program flowchart.

Orientation meetings for PHPP are held every Thursday morning at TAG's downtown offices, in which about 20 to 25 applicants attend. During the sessions, program staff educate applicants about changes in welfare programs, resources available, the structure of the PHPP, and the reciprocal nature of the case management process. The orientation is also a call to become empowered in one's life. The PHPP job developer explains his approach to job search and his role in the program. PHPP staff also hand out the required paper work at the occasion so that clients may come to their first case management session with the needed documentation. Before the end of the session, applicants are assigned to one of the Emergency Assistance Specialists for case management. Assignments are made based on the zip code of the client, or whether the client regularly attends a program at one of the community sites, or with the consideration of keeping the case load even across program staff.

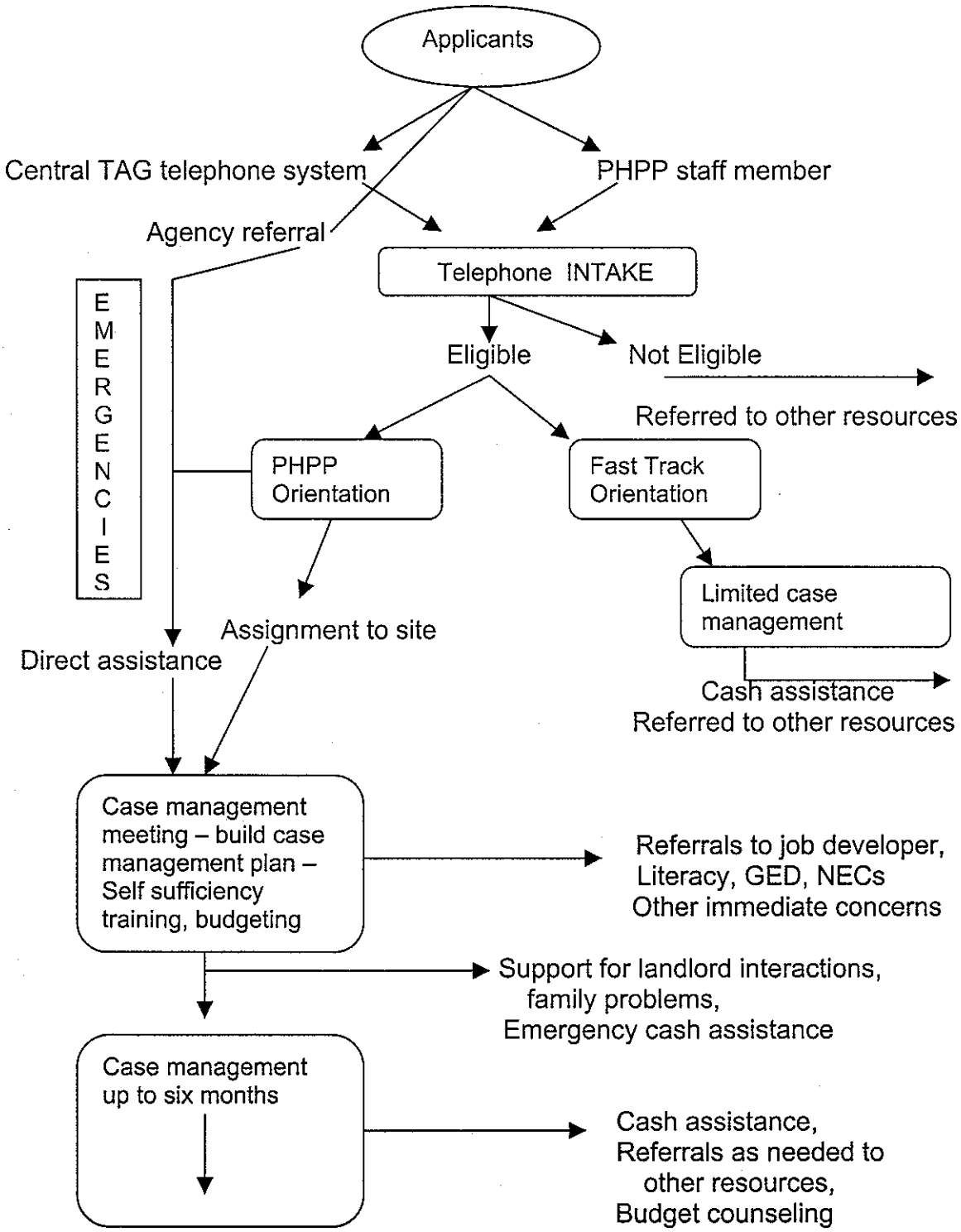
The Emergency Assistance Specialists provide case management services for PHPP. The process of case management varies across staff members. Some case managers may delay budget counseling to the second meeting. Some approach the client in a very structured way, creating a clear case management plan at the first visit. All Emergency Assistance Specialists agree on the importance of encouraging clients to make decisions for themselves and act responsibly. Given the caseload of each of the Emergency Assistance Specialists, clients are scheduled for case management once a month. Clients may drop off forms and other documentation between case management sessions.

The three community agencies each provide the PHPP staff with an office and receptionist support for neighborhood-based case management sessions. TAG also uses their central office as a fourth site.

Metropolitan Career Center.—MCC is located at 162 West Chelten Avenue in Germantown, two blocks west of Germantown Avenue. Their mission is to "enable economically and educationally disadvantaged Philadelphians to achieve self-sufficiency and long-term employment." Fifty-three percent of the clients served in fiscal year 1998 entered with no high school diploma or GED (MCC Fact Sheet). MCC programs include the LINK program, a 14 week quick attachment to the workforce program for those with less than seventh grade levels of skills in math and reading; the Basic Office Skills Program for entry-level positions in business; a GED program; an associates degree in computer technology; and job readiness and placement.

Exhibit II.4

PHPP Flowchart



The PHPP Emergency Assistance Specialist supplies counselors at MCC with a referral form to PHPP. Information is easily exchanged between PHPP and MCC programs. To date, both TAG and MCC administrators are somewhat disappointed in the lack of reciprocal referrals that developed over time. While MCC counselors often have clients appropriate for the PHPP program, most of the PHPP clients are not easily referred to MCC programs. Either they are restricted by their AMR in choice of location and timing of employment services or need services out of sync with the start of the program schedule (J. Presson, March 1999; T. Dautcher, May 1999).

Ogontz Avenue Revitalization Corporation.—The emergency housing specialist was located in the Job Center at OARC, 7175 West Ogontz Avenue in West Oak Lane during the evaluation period. OARC is a community development organization whose mission is to improve the quality of life in the neighborhood through the development of commercial and residential properties. The Job Center has access to the Job Club, which provided employment search resources for a nominal one-dollar fee. In late April, 1999, OARC chose to close the Job Center and redesign the services and the space. The Job Center should be reopened in September, 1999. It is doubtful whether PHPP will return to OARC as a neighborhood-based site. Like the situation at MCC, referrals were not reciprocal and PHPP received the majority of referrals. Similar restrictions on the PHPP clients' freedoms of choice and timing limited the use of the services at OARC.

The Salvation Army on Allegheny and Mascher.—The Salvation Army (SA), located on the corner of East Allegheny Street and Mascher Street, is based in the Hispanic community. This branch of the Salvation Army has only been in the present building for less than a year-and-a-half. Services offered include food distribution, a senior center, an after-school program, a social service office with rental assistance, and a food cupboard. The PHPP job developer spends ten hours a week at the Salvation Army working with clients who want to pursue employment.

The interaction between the SA staff and the Emergency Assistance Specialist is cordial. The director of this SA branch is pleased with the match of services offered through PHPP and his own agency. There are occasions when language may be a barrier. However, the agency is eager to have more TAG outreach on site to educate the families using any of the services about welfare changes and about resources they might need.

The PHPP Job Developer.—The PHPP job developer works 15 hours for the program. His time is divided between the orientation sessions and direct contact with clients at the Salvation Army site. At the orientation, he invites applicants interested in pursuing job placement to make an appointment with him. He focuses his efforts with clients on job readiness (dress for success, preparation for interviews, being on time), work orientation (conflict resolution, reliability), and job placement.

Many clients seeking help have emotional crises that interfere with their ability to maintain employment. Often, given his limited time for PHPP and the nature of job

placement, the job developer does not know the outcomes of clients' efforts at securing employment (G. Fernandez, June 1999).

Locating sites.—PHPP's two-year experience with delivering services for the PCHPP has led to a reassessment of sites most appropriate for neighborhood-based services. The situation at the Salvation Army site has been considered the most satisfactory. Maintaining a presence downtown where clients can easily reach via public transportation is also very important. With the loss of OARC as a site, TAG has an opportunity to examine their objectives when locating a neighborhood site. OHCD criteria restricted earlier selections of sites to those with available employment services. However, this criterion has not been proven to be the most advantageous way of selecting sites. Agencies with a variety of social service programs such as counseling, food cupboards, and outreach programs for disadvantaged groups may be more appropriate alternatives. These corresponding services may enhance and strengthen the resource base of the program on location.

Funding Flow for PHPP and REACH

One difficulty in administering the PCHPP is the uneven release of funds. Delays in securing funds through OHCD place much stress on agency financial resources. During the evaluation period, TAG was in the process of learning how to use their funds more evenly across contract periods. ECA was slow to bill at one time for services rendered. With the probability of more complex funding streams in the future as HAP and other funds are applied to the program, OHCD and the two providers need to ascertain that quality of program delivery does not suffer because of issues arising from funding flow.

Capacity Building for PHPP and REACH

The PCHPP operates out of six neighborhood sites and a downtown location. As REACH and PHPP refine the delivery of services for the program, they face the challenge of stretching resources to maximize the impact of their efforts. The REACH experience suggests that the addition of a new site would not occur without some initial difficulty. Both TAG and ECA program administrative resources are pushed to the limit. Expansion of homelessness prevention services clearly requires increase in administrative support for supervision of emergency funds, quality case management services, and program documentation.

B. Program Data Summary

The following summaries of assisted households and services rendered by PHPP and REACH come from analysis of their administrative data records. Both TAG and ECA had compiled computerized databases for record-keeping purposes. These databases are valuable in providing information about the performance of each agency in the PCHPP.

PHPP Data

Demographic Characteristics.— The PHPP dataset had 1,199 entries for 1,048 separate households that received some type of assistance during the evaluation period. Exhibit II.5 (p. 34) contains head of household demographics and household composition characteristics for the assisted households at intake into the program. The applying person in the households was on average 36.7 years old at intake; of Black race in 83% of the households; and had at least a high school diploma or a GED 70% of the time. Among the PHPP-assisted households, 28% were one-person, adult households and of these, 64% were women. Conversely, 67% (two-thirds) of all PHPP-assisted households contained children. Of those households with children, 86% contained only one adult in the household and in 82% of all households with children, the single adult was female. Of the total households, the mean number of persons was 2.7 and 83% of the persons who applied on the basis of their households were female.

Presenting Problems.—Exhibit II.6 (p. 35) shows data related to income and housing costs.[1] The mean income per household is $743. In 44% of the households, wages accounted for at least part of this income. Public assistance, from Temporary Assistance to Needy Families (TANF) and General Assistance (GA), was an income source for 35% of the households. "Other Fixed Income," a category that includes Social Security retirement benefits and various disability benefits such as Supplemental Security Income (SSI) and Social Security Disability Income (SSDI), was present in 23% of the households. Nine percent of the households participating in the PHPP received income from other sources. Finally, less than 3% of the households disclosed receiving no income over the past month, while all the others received at least $100 in reported income. Almost 10% of households reported receiving income from more than one source.

Comparing income to poverty guidelines shows that 40% of the households served fall into the top half of the poverty income bracket, while 37% and 23%, respectively, fall in the bottom half of the poverty income bracket and just over the poverty income guidelines. As the program data indicate, a majority of the households have monthly housing costs that amount to over half of their monthly income, and almost one-third of the households reported housing costs that exceed 75% of their income. Consistent with the rent to income ratios, the average monthly housing cost, $401, is over half of the average monthly income, $743.

While these average monthly housing cost are relatively low, the average amounts of total arrears for back rents ($1077) and mortgage payments ($1206)[2] are close to the maximum PHPP assistance level of $1,200. Determining the amount of arrears on a security deposit is not attempted, as first and last month's rent expenses are often also due

[1] No other complete or useful data was available on any other aspect of presenting problems.
[2] Computed by taking the mean of each household's monthly housing cost multiplied by the number of months in arrears.

Exhibit II.5 - Head of Household Demographics and Household Characteristics at PHPP Intake: Dec. 1997 through November 1998

Variable		N
Head of Household		
Age (mean in years)	36.7	1009
% Female Applicants	83.0%	1043
Race		1048
Black (%)	82.6%	
White (%)	9.1%	
Other (%)	8.3%	
Highest Level of School Completed		1048
No HS Dip/GED (%)	30.2%	
HS Dip/GED (%)	50.8%	
Some college or above (%)	19.0%	
Household Composition		
Household Size (mean)	2.7	1048
% of Single Person Households	28.2%	1048
One-Person Adult Households		296
Female-Headed Single Person Household (%)	63.9%	
% with Children (Under 21)	66.8%	1048
Households with Children		700
Households with Children that Contain Single Adult (%)	85.6%	
Female-Headed Single Adult Household with Children (%)	82.0%	

Exhibit II.6 - Presenting Problems of Households at PHPP Intake: Dec. 1997 through November 1998

Variable		N
Income		
Monthly Total Income (mean)	$ 742.99	1048
Income Source		1046
Wage Income (%)	43.7%	
Public Assistance (%)	34.5%	
Other Fixed Income (%)	22.7%	
Other Income (%)	8.9%	
No Income at Intake (%)	2.5%	
Poverty Guidelines		1048
0-49% of Poverty Income (%)	36.8%	
50-99% of Poverty Income (%)	40.1%	
100-149% of Poverty Income (%)	22.5%	
150+% of Poverty Income (%)	0.6%	
Housing Expenses		
Monthly Mortgage/Rent (mean)	$ 401.33	954
% with Mortgage Debt	6.4%	1048
Monthly Mortgage Payment (mean)	$ 371.40	66
Amount of Mortgage Debt (mean)	$ 1,206.21	65
% with Rent Debt	35.9%	1048
Monthly Rent Payment (mean)	$ 413.92	334
Amount of Rent Debt (mean)	$ 1,076.95	334
% requesting Security Deposit Assistance	29.9%	1048
% with Utility Debt	31.0%	1048
Amount of Utility Debt (mean)	$ 1,915.22	325
Percentage Housing Costs to Income		
No Rent/Mortgage	8.3%	
0-30%	9.3%	
31-50%	23.7%	
50-75%	27.4%	
75-100%	20.1%	
>100%	9.7%	
No Income, Pays No Housing Costs	1.6%	

with the security deposit. The average amount of utility arrears owed by households requesting utility assistance is $1,915,[3] considerably higher than the maximum amount of assistance available to a household. It should be noted, however, that large outlying amounts of arrears, either for housing costs or for utilities, would disproportionately raise the means for these categories. Only 2.3% of PHPP-assisted households requested both utility and housing assistance.

Case Management-related Services Provided.—Exhibit II.7 (p. 37) summarizes the case management services administered by the PHPP program. The first section of the table shows that 73% of recipient households received both case-management and financial assistance. Another 27% received either case management or financial assistance, while a small remainder, 0.2%, showed no type of assistance received. Data on the specific types of case management services received are difficult to interpret because of large amounts of missing data. One exception to this was tenants' rights classes, which were attended by 85% of the households (not shown on table). Also worth mentioning is that only 9.4% of all households had a record of receiving an exit interview. The median number of interviews received by a household was 2, and ranged from 0 to 18.

Exhibit II.7 also breaks down monthly intake during the evaluation period, the proportion of monthly intakes that subsequently received case management services, and the median number of interviews provided for each group of monthly intakes.[4] There is an uneven distribution of clients served, with 72% of the households receiving intake in the five middle months of the program, March through July. Just under 30% (323 households) applied in July alone, while the number of applications dropped to 18 (1.5%) in the following month. As a rule, case management services were provided to almost everyone in most of the months, with nine of the program months featuring over 90% coverage for case management services. Two glaring exceptions are June and July, two heavy demand months, during which the proportions of households receiving case management fall to 75% and 39%, respectively. The number of interviews, one measure of the intensity of case management services, appears to be greatest for those households who applied either in the early months or in low demand months.

Financial Assistance Services.—The provision of PHPP financial assistance is summarized in Exhibit II.8 (p. 38).[5] Most of the units of assistance provided went to

---

[3] The average amount of utility arrears is determined by averaging the total amount of assistance for which households are eligible.

[4] Median is used instead of mean because, given the small number of client households in many months, the mean can be easily skewed by outliers.

[5] Incomplete and/or inconsistent data hampered the results of this table, such as in instances when the total amount of assistance does not always match up to the amounts of assistance listed as given to the individual vendors, (i.e., utilities, mortgage companies, and landlords), and when assistance is listed as being provided but without a date stating when the assistance was approved or sent to the vendor. This analysis adjusted to these data problems through modest interpolations in the first four sections and through omitting missing data for the final two sections (Days from Application; Assistance by Month). While the interpolations were minor and should not affect the summaries much, adjusting for the missing data resulted in removing 15% of the observations from the analysis set.

Exhibit II.7 - Case Management-Related Services Provided Through PHPP: Dec. 1997 through November 1998 (total of 1,199 assistance cases)

Case Management by Cash Assistance Received		
	% Assisted	No Assist
Received CM	72.5%	3.2%
No, NA, or Missing	24.1%	0.2%

Total Interviews -- Median 2 int.; Mean 2.7 int. (2.1 SD); Range 0-18; Missing 128

Case Management Related Services Broken Down by Intake Months			
Month of Intake	Cases	% Case Managed	Interviews (Med. Amt.)
During/Before December 1997	101	97.0%	4
January 1998	41	87.8%	4
February 1998	65	92.3%	3
March 1998	131	93.1%	1
April 1998	119	92.4%	1
May 1998	160	90.0%	2
June 1998	100	75.0%	2
July 1998	353	39.1%	2
August 1998	18	100.0%	3
September 1998	21	100.0%	4
October 1998	59	96.6%	2
November 1998	31	93.6%	2
Total	1199	75.7%	2

Exhibit II.8 - Financial Assistance Provided to PHPP Households

Units of Assistance Provided (n=1199)	
Type	Number
Rent	413
Mortgage	82
Security Deposit	320
Utilities	427

Several households received multiple units of assistance.

Amount of Assistance Provided (n=1199)		
Amount	Number	%
$0	41	3.4%
$1-400	116	9.7%
$401-700	213	17.8%
$701-1000	656	54.7%
$1001-1200	173	14.4%

median assistance amount - $750

Amount of Matching Funds to Supplement Assistance Matched by Client Household		
Amount	Number	%
$0	624	52.0%
$1-100	147	12.3%
$101-200	101	8.4%
$201-400	158	13.2%
$401-600	99	8.3%
$601-2400	70	5.8%
Total	1199	

Percentage of Housing Costs/Utilities Covered by Assistance and Matches		
Percent	Number	Percent
100%	759	63.3%
75-99%	119	9.9%
50-74%	146	12.2%
25-49%	81	6.8%
1-24%	53	4.4%
0%	41	3.4%
Total	1199	

Days from Application to Entry Date (n=981)		
Time	Number	Percent
0-7 Days	383	39.0%
8-14 Days	153	15.6%
15-28 Days	156	15.9%
29-90 Days	233	23.8%
90+ Days	56	5.7%

Assistance Broken Down by Month Received				
Month of Assistance	Cases	Assist Units: Cases	Mean Amt. Assistance	% 29+ Day Wait
During/Before Dec. 1997	39	1.10	$ 690.88	23.1%
January 1998	15	1.00	$ 733.33	46.7%
February 1998	38	0.97	$ 690.46	47.4%
March 1998	56	1.00	$ 694.91	25.0%
April 1998	100	1.06	$ 620.39	31.0%
May 1998	88	1.08	$ 695.31	45.5%
June 1998	102	1.18	$ 768.08	48.0%
July 1998	382	1.05	$ 837.62	13.4%
August 1998	7	1.14	$ 599.71	85.7%
September 1998	27	1.07	$ 567.76	55.6%
October 1998	54	1.09	$ 633.34	40.7%
During/After Nov. 1998	73	1.12	$ 689.36	37.0%
Total	981	1.07	$ 742.80	29.4%

utility, rent, and security deposit payments (in that order). Seven percent of the households received assistance for both housing expenses and utilities. The median and mean amounts of assistance are very similar, and fall well short of the mean amount of arrears for any of the four types of assistance (see Exhibit II.6). Nonetheless, once the resources available to the recipient households from other sources were factored in, 73% of households got assistance that covered three-quarters or more of the arrears they presented to PHPP. Due to the record keeping practices of the program, it is difficult to breakdown the amounts of financial assistance paid to different vendors, as the assistance for each household was paid as one lump sum, despite instances where more than one vendor was paid.

In the breakdown of cases by month, an uneven distribution of assistance over the program months is apparent. The mean levels of assistance were highest in the month of July, while the wait for assistance (from date of application) was lowest. It should be noted that July is also the month with the highest number of program participants (see Exhibit II.7).

Sub-Group Analyses.—Sub-group analyses were performed to highlight differences by family type, public assistance status, and housing tenure. The first sub-group analysis compares public assistance recipients and non-public assistance recipients in their receipt of PHPP services. This analysis, summarized in Exhibit II.9 (p. 40), is further broken down by whether or not the households contained children. Twenty-five percent of the 639 households without children were on public assistance, compared to 45% of the 560 households with children.[6] In both household types, there are significant differences in mean income levels, financial need, cash assistance received, and proportions of households referred to case management based on the household's public assistance status. As would be expected, households (both with and without children) on public assistance had lower incomes but also presented lower amounts of arrears. The assistance levels received by public assistance households were also lower.

Another sub-group analysis (results not shown) compares assistance received by mortgage-holding households to those of renting households. While the average monthly mortgage payment was lower than the average level of rent, the level of arrears presented by mortgage holders, in contrast, was higher (refer to Exhibit II.6). This is reflected in the level of assistance provided to the two groups. Mortgage holders are given more assistance than renters, with a mean $816, compared to $745 (statistically significant at $p<.05$). The average waiting time for mortgage holders to get assistance (20 days) was also substantially, and significantly, shorter than that for renters (28 days).

Conclusion.—Through analysis of management information system data, we are able to identify issues and trends that are pertinent to assess the effectiveness of the PHPP program.

[6] Includes duplicated households.

Exhibit II.9 - Public Assistance Income and PHPP Assistance Received

Households Without Children					
	Number	Income*	Arrears*	Assistance*	Case Management*
On Public Assistance	163	$406.02	$921.16	$651.88	80.3%
Other Income Sources	476	$701.62	$1,187.48	$734.75	70.6%

Households With Children					
	Number	Income*	Arrears*	Assistance*	Case Management*
On Public Assistance	251	$560.72	$1,245.23	$702.44	88.8%
Other Income Sources	309	$1,033.26	$1,593.61	$753.50	70.6%

* indicates statistically significant ($p < .05$) difference between PA and non-PA groups

The adults in the households assisted by PHPP can be characterized as overwhelmingly Black and female. Among households with children, a large majority are headed by single women. These demographic patterns are represented among groups who are at disproportionate risk of poverty, as well as among homeless families in Philadelphia shelters. Among single adults, the population in Philadelphia shelters is predominantly male, in contrast to the overrepresentation of females among PHPP participants who are not currently living with their children.

Although the households served by the PHPP reported low income, most were not extremely poor (i.e., have income under 50% of poverty guidelines), and over one-fifth of the households reported income that exceed the poverty guidelines. Despite the low income, it is interesting to note that 40% of recipient households have housing costs that appear manageable (less than 50% of income), albeit by no means ideal.

PHPP households reported, on average, high amounts of arrears as compared to the maximum allowable amount of assistance afforded by PHPP. Although only 2.3% of PHPP-assisted households requested both utility and housing assistance, it is not clear whether a higher proportion of the households would have used both benefits if they were available due to the absence of complete housing and utility arrearage data. Nonetheless, as pointed out earlier, PHPP caseworkers and households appeared to be effective in leveraging additional resources to cover the presenting arrears, which could not otherwise be covered by PHPP. Thus, it seems that for most recipient households, cash assistance provided through the PHPP may be instrumental in at least postponing eviction, foreclosure, or utility termination, if not eliminating these threats altogether.

Case management is the most difficult to evaluate, given the somewhat intangible nature of the service and the substantial missing information in the database. Three quarters of the households going through PHPP did receive case management services, although there is a great variation in the number of case manager/participant contacts. The very small percentage of households that received exit interviews significantly hampers the research team's effort in assessing the impact of case management on recipients' outcomes.

Another significant issue is inconsistencies in the pattern of service provision by program months. The number of services provided, the average amount of financial assistance, the wait for services, and the proportion of households that receive case management fluctuate widely throughout the evaluation period. The reasons for these inconsistencies are not clear, and may well have to do with the availability of funds or other matters outside the control of PHPP. Nonetheless, the possible effect on the availability of assistance, both financial and case management, is of concern, and corrective measures should be considered to safeguard the consistent delivery of services in the future.

Two sub-group analyses suggest that there are differences in presenting problems and services provision by public assistance status and housing tenure. What these

differences mean, and whether or not the differences are desirable, deserve further evaluation. All that can be concluded is that renters and public assistance recipients are two groups that appear poorer and receive less assistance than their respective counterparts.

Finally, the quality of the data bears mentioning. Partially missing data compromise the development of a comprehensive understanding of PHPP's program operation and effectiveness. Moreover, data elements permitting the breakdown of funds distributed to individual vendors, if they were available, would enable the research team to estimate the amount of City's funds that had gone to specific utility companies and other vendors. In view of the shortcomings of the data system in generating valid information for evaluation purpose, TAG may consider enlisting outside consultation to develop ways to better integrate automated record-keeping into program procedures. Should an analysis similar to this one be performed in the future, more complete and accurate data will be invaluable in assessing program performance.

REACH Data

Demographic Characteristics.—The REACH dataset had 1,688 entries for 1,675 separate households who received REACH services between December 1997 and November 1998. Exhibit II.10 (p. 43) summarizes head of household demographics and household composition characteristics for unduplicated REACH households at intake. The applying person in the households was on average 37.1 years old at intake; of Black race in 92% of the households; and had at least a high school diploma or a GED 65% of the time. Among the REACH-assisted households, 28% were one-person, adult households and of these, 68% were women. Conversely, 67% of all REACH-assisted households contained children. Of those households with children, 78% contained only one adult in the household and in 75% of all households with children, the single adult was female. Of the total households, the mean number of persons was 2.8 and 85% of the persons who applied on behalf of their households were female.

Housing and Income.—Exhibit II.11 (p. 44) shows financial and housing circumstances of the REACH households upon intake. Slightly over half of all households reported to be receiving income, at a monthly average of $678. Seventeen percent of households had wage income, while 22% reported to be employed at intake, indicating either missing data for wage income or that approximately 5% of the households have yet to receive income from their job. Average monthly wage among wage-earning households was $661 and average hourly wage, from those who reported, was $7.38.[7] Cash benefits (including TANF, Social Security benefits, and General Assistance) were reported by 46%

[7] While this 22% figure is low compared to the 44% among the TAG recipients listed as working, it is consistent with the proportion of the REACH households stated to be working in the Homeless Pilot Project evaluation (Culhane, Koppel, Metraux, and Wong 1997). Likewise, $7.38 as the mean hourly wage is consistent with what was reported in the Culhane et al. (1997) report.

Exhibit II.10 - Demographics of REACH Households at Intake: Dec. 1997 through November 1998

Variable		N
Age (mean in years)	37.1	1675
Female Applicants(%)	84.9%	1675
Race		1662
Black (%)	91.6%	
White (%)	5.1%	
Other (%)	3.3%	
Household Size (mean)	2.8	1675
One Person Households - % Female	67.7%	462
% Single Person Household	27.6%	1675
Highest Level of School Completed		1675
No HS Dip/GED (%)	35.0%	
HS Dip/GED (%)	60.2%	
Some college or above (%)	4.8%	
% with Children Under 18	66.6%	1675
% Households with Children & Single Parent	77.7%	1116
% HH with Children & Single Female Parent	75.1%	1116

Exhibit II.11 - Income and Housing of REACH Households at Intake: Dec. 1997 through November 1998

Variable		N
Income		
% With Any Income at Intake (wage & cash ben.)	52.6%	1675
Monthly Total Income (wage & cash ben.)	$ 678.45	882
Wages:		
% with Wage Income	17.1%	1675
Monthly Income: Wage (mean)	$ 660.90	287
% Currently Employed at Assessment	22.3%	1228
Currently Hourly Wage (mean)	$ 7.38	226
Public Assistance Benefits:		
% with Income from Cash Benefits	45.9%	1675
Monthly Income: Cash Benefits (mean)	$ 480.02	770
% with Income from Non-Cash Benefits	29.4%	1675
Monthly Income: Non-Cash Benefits (mean)	$ 255.54	493
Housing		
Monthly Mortgage/Rent (mean)	$ 350.16	686
Rent:		
% Who Had a Signed Lease	35.2%	1675
% with Rent Debt	26.5%	1675
Amt. Rent Debt (mean)	$ 1,041.48	444
Mortgage:		
% with Mortgage Debt	5.6%	1675
Amt. Mortgage Debt (mean)	$ 1,037.75	94
Utilities		
% with Utility Debt	16.5%	1675
Amt. Utility Debt (mean)	$ 1,602.23	277
Other Debt:		
% with Other Debt	2.4%	1675
Amt. Other Debt (mean)	$ 905.07	40
Number of Places Lived Over the Past 5 Years	1.6	1669

of households, at an average amount of $480. REACH also reports information for monthly non-cash benefits (presumably consisting mainly of food stamps, and not considered income) for 29% of households at an average amount of $256.

The average monthly mortgage or rent is $350. This is based on 686 households, indicating substantial missing data, as at least 1,009 households report renting or owning/buying their homes. Based on households whose information on arrears is available, the average amount of rental and mortgage arrears are both a little over $1,000, and utility arrears are $1,600. "Other debt," which includes requests for security deposits, averages $905 among those who reported it. The average household reported living in 1.6 places over the previous five years, indicating a fairly residentially stable population.

It must be noted that the validity of the housing and the income data is questionable due to the large amounts of missing data. For example, almost half of the REACH households either had income data missing or were reported to have no income; one cannot tell which circumstance applies to a given case from the data. At least 71% of REACH-assisted households, drawn from a target population under the poverty income guidelines, reported as not receiving food stamps. The discrepancy between the percentage of those reported to be employed and those for whom wage income is reported indicates that missing data is a problem for another key income variable. As for housing assistance, it appears that arrears and costs are reported for only a fraction of all households for all the cost components. Thus, it is impossible to draw any valid conclusions about income or housing costs for the REACH households.

Case Management and Financial Assistance Services.—Exhibit II.12 (p. 46) reports services provided by REACH to client households either through case management or financial assistance. About two-thirds of REACH households received case management services, which were divided into three components: needs assessment, formulating a case management plan, and budget counseling. The large majority of those receiving case management received all three components; almost all of the households receiving more than one component received them on the same day, and presumably during the same session. The data also show that REACH households were also regularly evaluated and, when appropriate, referred for NEC services.

Exhibit II.12 summarizes the financial assistance provided. Housing assistance was received by a much larger percentage of households (48%) than utility assistance (19%). The most frequent type of assistance was rental assistance, received by one quarter of all households. Sixty-five percent of all households have a record of receiving any financial assistance and very few (1.7%) received both housing and utility assistance. The reason why over one third of the total dataset has no record of receiving financial assistance is unclear. Data on the amount of financial assistance provided, and whether this assistance covered arrears or forward payments, is not contained in the data.

Exhibit II.12 - Services Provided To REACH Households
Dec. 1997 through November 1998

Variable		N
Case Management		1688
Needs assessment (%)	69.7%	
Case management plan (%)	69.0%	
Budget counseling (%)	68.9%	
Any case management service	64.6%	
NEC Services		1688
NEC intake (%)	70.4%	
Budget counseling (%)	67.4%	
Energy counseling (%)	49.7%	
Financial Services		
Housing		1688
Mortgage assistance (%)	8.7%	
Rental assistance (%)	25.5%	
Security deposit assistance (%)	17.7%	
Any of the above (%)	47.7%	
Utilities		1688
Gas utility assistance (%)	11.0%	
Electric utility assistance (%)	8.9%	
Water utility assistance (%)	0.7%	
Any of the above (%)	19.3%	
Any Financial Assistance (Util. or Housing)	65.3%	1688

Assistance Broken Down by Month and Site.—The results of sub-group analyses on the REACH data are found in Exhibit II.13 (p. 48), in which REACH assistance is broken down both by month and by site where the assistance is provided. The number of households applying for assistance at REACH is relatively steady when broken down by month. The three months during which the proportion of assistance recorded in household records is lowest, June through August, are also among the months that saw the highest number of applications. The extent to which the declines in proportions over these months may reflect more households being turned away without any assistance, as opposed to assistance being received but not being recorded, is unknown.

When broken down by site, over half of the household records come from the Southwest CDC. This is in contrast to the substantially greater proportions of households receiving assistance at the other two sites. At SLAC and at Dixon House, all households recorded as receiving assistance also were recorded as receiving case management, which was not the case at Southwest CDC. Whether this disparity between sites arises from differences in data management or in actual services delivered is unclear and requires further investigation.

Conclusions.—The conclusions that can be drawn from the REACH data are somewhat limited, due to various shortcomings of the data available. In the data that are most complete, it is obvious that the demographic profile of the REACH households is similar to that of PHPP. The adults in the households are overwhelmingly Black and female, and, among households with children, in a large majority of cases the household head was single and female.

Data on household income and housing is difficult to assess, due to missing data. The households for which data are available appear to be poorer, on average, and have a lower incidence of employment than PHPP-assisted households. Nevertheless, it is unclear whether this difference comes from biases in the data or reflects actual trends. Similarly, the housing data are roughly comparable to results reported from PHPP, but, again, due to missing data, one cannot assure that valid conclusions may be drawn at all. Similar data problems exist with regard to records on services provided. Adding to the problem of missing data is the lack of information on the amount of assistance provided. Therefore, unlike the PHPP data, one can draw no conclusion as to the extent that cash assistance provided would cover eligible arrears.

Intakes and assistance appear to be evenly distributed across the program year, despite some disparities by site. This calls for further examination on whether these differences represent inconsistencies in service provision or inconsistencies in recording such services.

Finally, problems with the quality of data management, which have been discussed in relation to the PHPP database, are applicable to the REACH program. As already mentioned, large amounts of missing data across data fields have severely compromised the REACH analysis. In the evaluators' view, the data presented here are inadequate for

Exhibit II.13 - Breakdown of REACH Assistance by Month and Site: Dec. 1997 through November 1998

Month of Intake Date	% Receiving Financial (Fin.) Assistance	% Receiving Case Mgt. (CM) Assistance	% Receiving Fin. & CM Assistance	Households Applying for REACH	Percent of Total Households
Dec. 97	63.4%	71.8%	62.7%	142	8.4%
Jan. 98	62.6%	72.9%	60.7%	107	6.3%
Feb. 98	64.3%	83.0%	64.3%	112	6.6%
March 98	75.7%	82.7%	75.1%	173	10.2%
April 98	72.8%	80.4%	72.2%	158	9.4%
May 98	77.5%	79.7%	77.5%	138	8.2%
June 98	52.0%	53.1%	52.0%	175	10.4%
July 98	49.2%	51.3%	49.2%	197	11.7%
Aug. 98	54.8%	58.4%	54.8%	166	9.8%
Sept. 98	71.4%	76.6%	70.8%	154	9.1%
Oct. 98	75.0%	86.4%	75.0%	88	5.2%
Nov. 98	83.3%	91.0%	83.3%	78	4.6%
Total	65.3%	71.6%	64.9%	1688	100%

Site of Intake Date	% Receiving Financial (Fin.) Assistance	% Receiving Case Mgt. (CM) Assistance	% Receiving Fin. & CM Assistance	Households Applying for REACH	Percent of Total Households
SLAC	85.1%	89.4%	85.1%	502	29.7%
Dixon House	80.4%	88.6%	80.4%	316	18.7%
Southwest CDC	48.4%	55.2%	47.7%	870	51.5%
Total	65.3%	71.6%	64.9%	1688	100.0%

program evaluation and for record keeping and producing reports for monitoring program performance. There is an urgent need for the redesigning of the data system, the revamping of procedures whereby records are entered into the database, and the rethinking of the purposes and use of this database.

SECTION III

EVALUATION OF PCHPP'S PROGRAM MODEL

This section provides an assessment of the effectiveness of the Philadelphia Community-Based Homelessness Prevention Program (PCHPP) in stabilizing near-homeless households in their homes or in alternative permanent housing, and in providing case management and referrals to supportive services to increase households' ability to maintain independent housing. The effectiveness of the program model is assessed through analysis of information and data from a variety of sources. The specific objectives of the evaluation include the following:

- The effectiveness of the strategic location of PCHPP sites within various City neighborhoods
- The effectiveness of collaboration and coordination with existing community-based health, education, social service, human service, and employment assistance programs operated by public and private sector organizations
- The effectiveness of the program processes and procedures in achieving program objectives
- The effectiveness of core program elements, including emergency cash assistance, case management, and employment assistance in achieving program objectives
- The effectiveness of PCHPP as evidenced through behavioral changes of program participants

For each of the five objectives, key findings are described and interpreted, accompanied by maps and data tables. Methods of data collection and analysis are briefly mentioned. Based on integration of the major findings, an assessment of the overall effectiveness of the program model is summarized.

A. The Strategic Location of the PCHPP Sites within Various City Neighborhoods

Geographic Information Systems (GIS) technology was used as an analytic tool for evaluating the strategic location of the PCHPP sites within various neighborhoods of Philadelphia. Geography is an important consideration for PCHPP, as the concept and practice of neighborhood-based prevention centers is central to the program model (Culhane, Lee, & Wachter, 1997; Kromer's remarks at the March, 1999 focus group). The use of seven different sites (including TAG's central office) spread out across the city demonstrates a commitment to serving clients in or near their own neighborhoods. Using GIS, it is possible to identify patterns in where clients live in relation to each other and to the sites where they receive services. Also, through layered maps, it is possible to visually correlate clusters of clients with various neighborhood characteristics.

Evaluation Questions

To evaluate the strategic location of the PCHPP sites, the GIS analysis seeks to address the following questions.

- What is the geographic distribution of PCHPP clients?
- Is there a relationship between neighborhood characteristics and the number of people seeking PCHPP services in a given area?
- To what extent are the PCHPP program sites serving the intended clients?
- To what extent has the clientele changed—in terms of geographic distribution—from the pilot phase to the evaluation phase?

Data and Methods

Description of databases.— We obtained PCHPP participant data for both the evaluation period (December 1, 1997 to November 30, 1998) and the pilot period (January 2, 1995 to February 25, 1997). ECA provided information about 985 clients and TAG provided information about 958 clients who received case management during the evaluation period. Addresses for clients who received services from program staff of Dixon House (674) and SLAC (676) during the pilot phase, regardless of their case management status, were provided by ECA.

Information about clients who stayed in the City's homeless shelters between November 30, 1997 to December 1, 1998 was obtained from OESS. The data include prior addresses of clients and intake dates. Computerized address data on social service agencies complied by the United Way, addresses of 20 housing counseling agencies funded by OHCD, and addresses of 46 public shelters funded by OESS were combined to show the density of social services in the City. Neighborhood-level information about poverty rate and housing vacancy came from the 1990 U.S. Census.

Control variable: population density.—One critical issue that may confound our analysis is that program use patterns may reflect the population density of a neighborhood, rather than the propensity of residents living in that neighborhood to seek services. To address this problem, location quotients were used to control for population density by comparing the local rate of service use (a ratio of the total number of service users to the total population for a given area) to the citywide rate.

Methods of analysis.—The maps and analyses in this section were generated through ArcView GIS version 3.1. For methodological details, refer to Appendix C.

Findings of the GIS Analysis

The geographic distribution of PCHPP clients.—The most basic question that GIS analysis can address relates to clustering: What parts of the city did clients come from and to what extent did they come from the same areas?

Exhibit III.1 (p. 53), *Total Number of PCHPP Clients by Neighborhood*, shows that clients tend to come from neighborhoods in North, South, and West Philadelphia. Thirty percent of all PCHPP clients came from the six most serviced neighborhoods. In descending order, PCHPP clients came from Point Breeze (137), Elmwood/Upper South West (90), South Philadelphia (90), North Central (87), Tioga/Nicetown (79), and Strawberry Mansion (76). Three of these neighborhoods—Elmwood/Upper South West, Strawberry Mansion, and South Philadelphia—had PCHPP sites located within their boundaries.

Since variations in population density may explain some of the clustering within neighborhoods, a location quotient was used to control for neighborhood population density. As Exhibit III.2 (p. 54), *Location Quotient for PCHPP Clients by Neighborhood*, shows, Elmwood/Upper South West and South Philadelphia no longer stand out after adjusting for population density. In contrast, Point Breeze had four and a half times the city rate of clients receiving services while Strawberry Mansion and Tioga/Nicetown still show substantial clustering, with between 2 and 4 times the city rate for PCHPP clients. Southwest Germantown, Logan, Allegheny West, Broad & Susquehanna, Cecil B. Moore, Northern Liberties, West Kensington, and Walnut Hill fall in this category as well. Callowhill, Schuylkill, and South West Center City show even more clustering, with between 4 and 7 times the city rate for PCHPP clients.

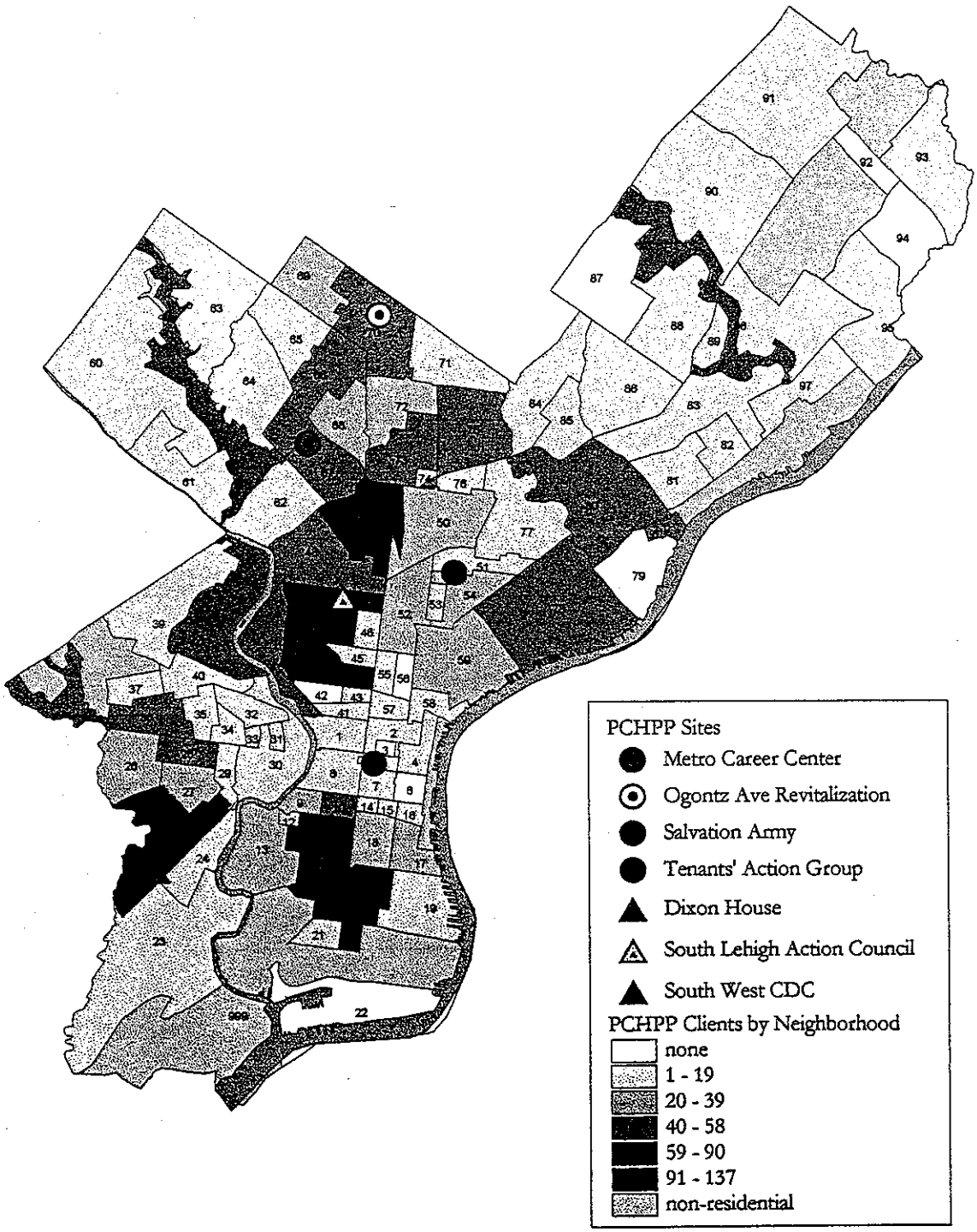
Relationship of neighborhood characteristics and the number of people seeking PCHPP services in a given area.—To determine the association between number of clients coming from a certain neighborhood and neighborhood characteristics, layered maps were developed. By using small points to represent the addresses of clients and different shades of the same color to represent different values of a neighborhood characteristic, it is possible to visualize the associations.

Exhibit III.3 (p. 55), *PCHPP Clients and Percent Poverty by Neighborhood,* shows that neighborhoods with the highest numbers and rates of PCHPP clients—including Strawberry Mansion, Cecil B. Moore, Broad & Susquehanna, and South West Center City—also have high poverty rates (between 40% and 63% of individuals living below the federal poverty line). Several other neighborhoods in this top poverty category, however, do not have high numbers or rates of PCHPP clients. This may be explained by the dominance of project-based public housing in or near neighborhoods including Hawthorne, Mill Creek, Hunting Park, St. Hughes, and Fairhill/Hartranft. As mentioned in Section II A, households living in Philadelphia Housing Authority project-based subsidized housing units were not eligible for participation in PCHPP.

Exhibit III.4 (p. 56), *PCHPP Clients and Vacant Housing by Neighborhood,* shows that number of PCHPP clients does not appear to correlate with housing vacancy to the same extent that poverty does. Only neighborhoods in North Philadelphia, including North Central, Cecil B. Moore, and Broad & Susquehanna, have high numbers of PCHPP clients as well as vacant housing. The amount of housing vacancy in one's neighborhood, then, does not seem to explain the need or choice to seek homelessness prevention services.

Exhibit III.1

Total Number of PCHPP Clients by Neighborhood



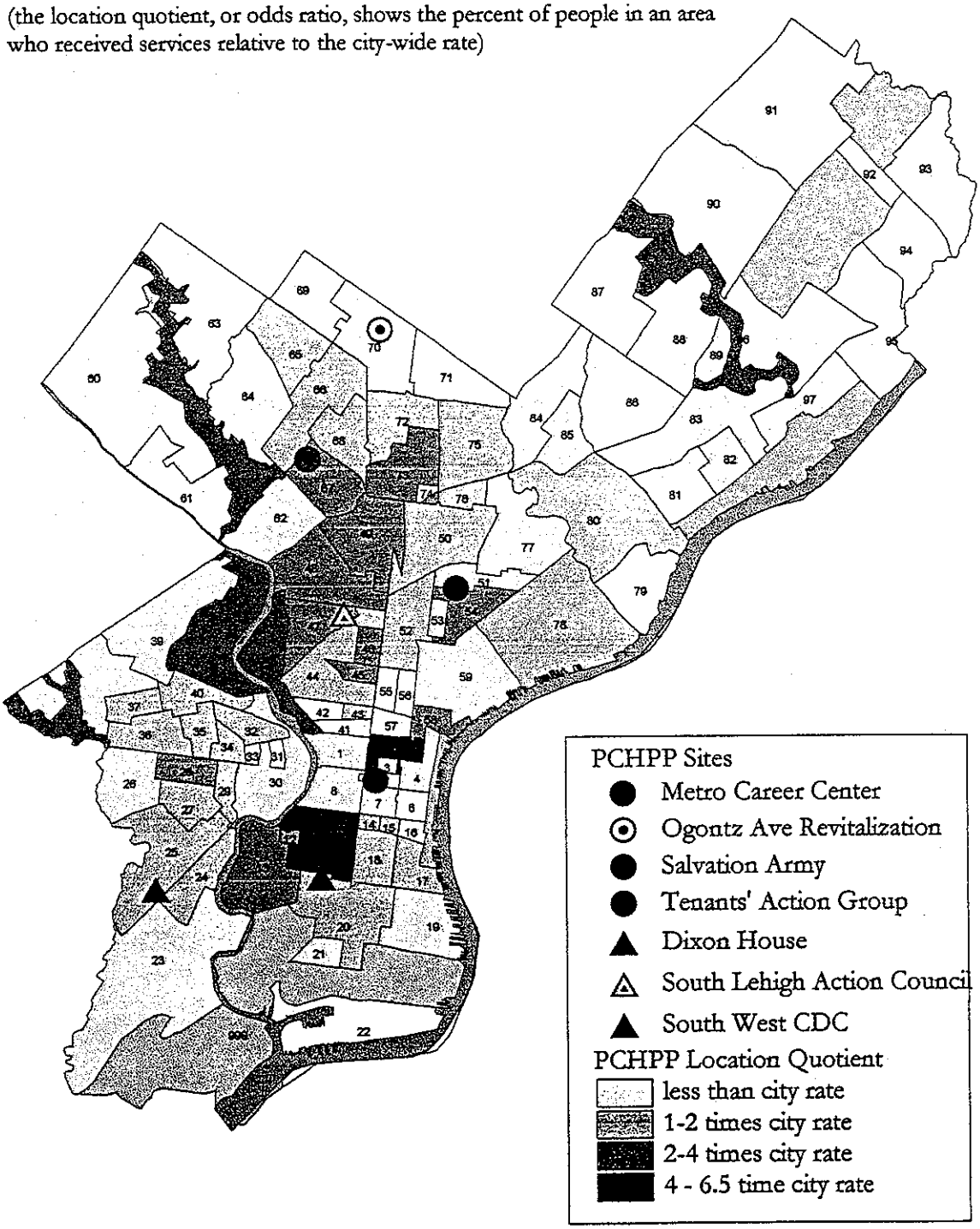
1 0 1 2 3 4 Miles

Data sources: ECA, TAG, and OHCD neighborhood map

Exhibit III.2

Location Quotient for PCHPP Clients by Neighborhood

(the location quotient, or odds ratio, shows the percent of people in an area who received services relative to the city-wide rate)

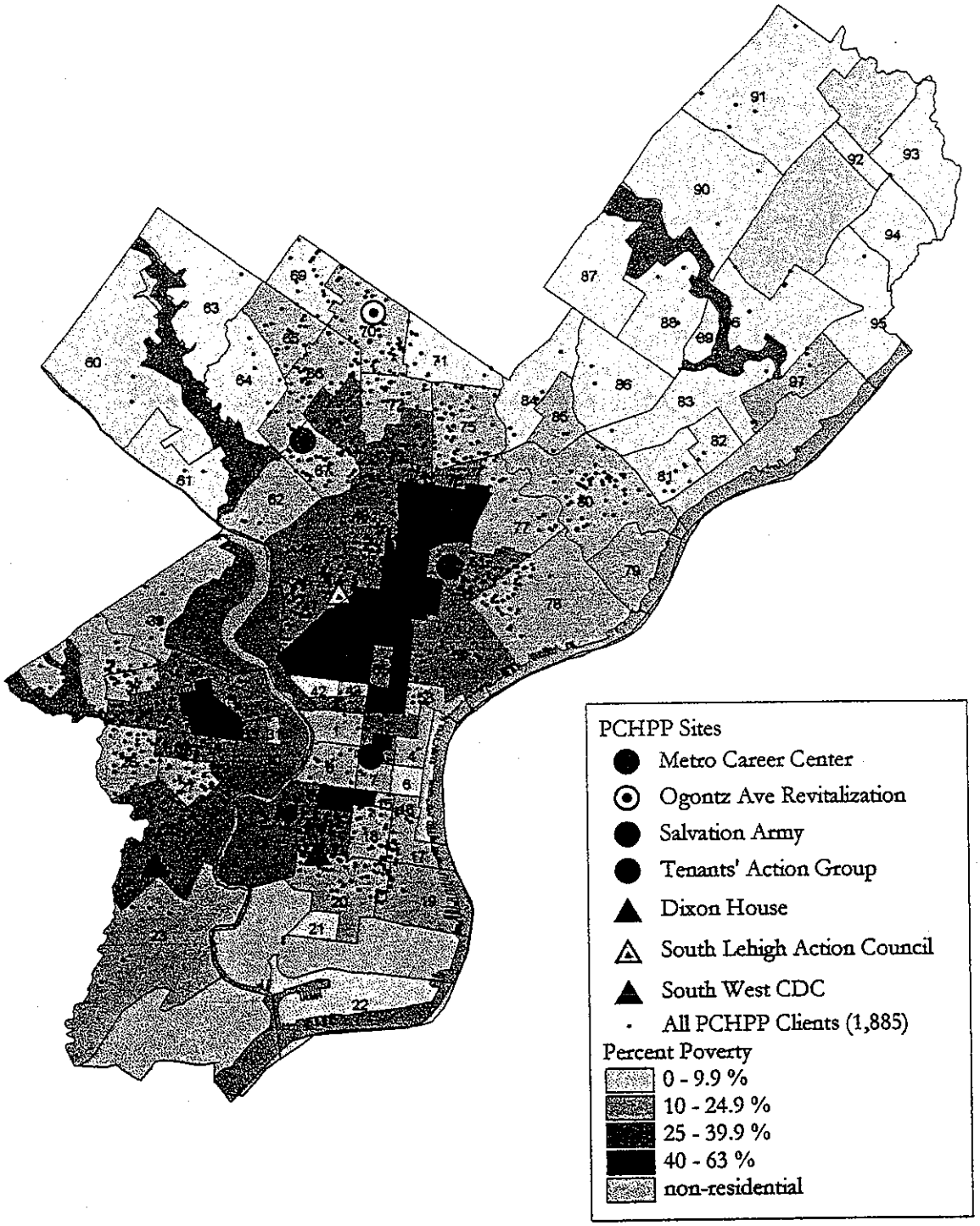


1 0 1 2 3 4 Miles

Data source: 1990 U.S. Census, ECA and TAG

Exhibit III.3

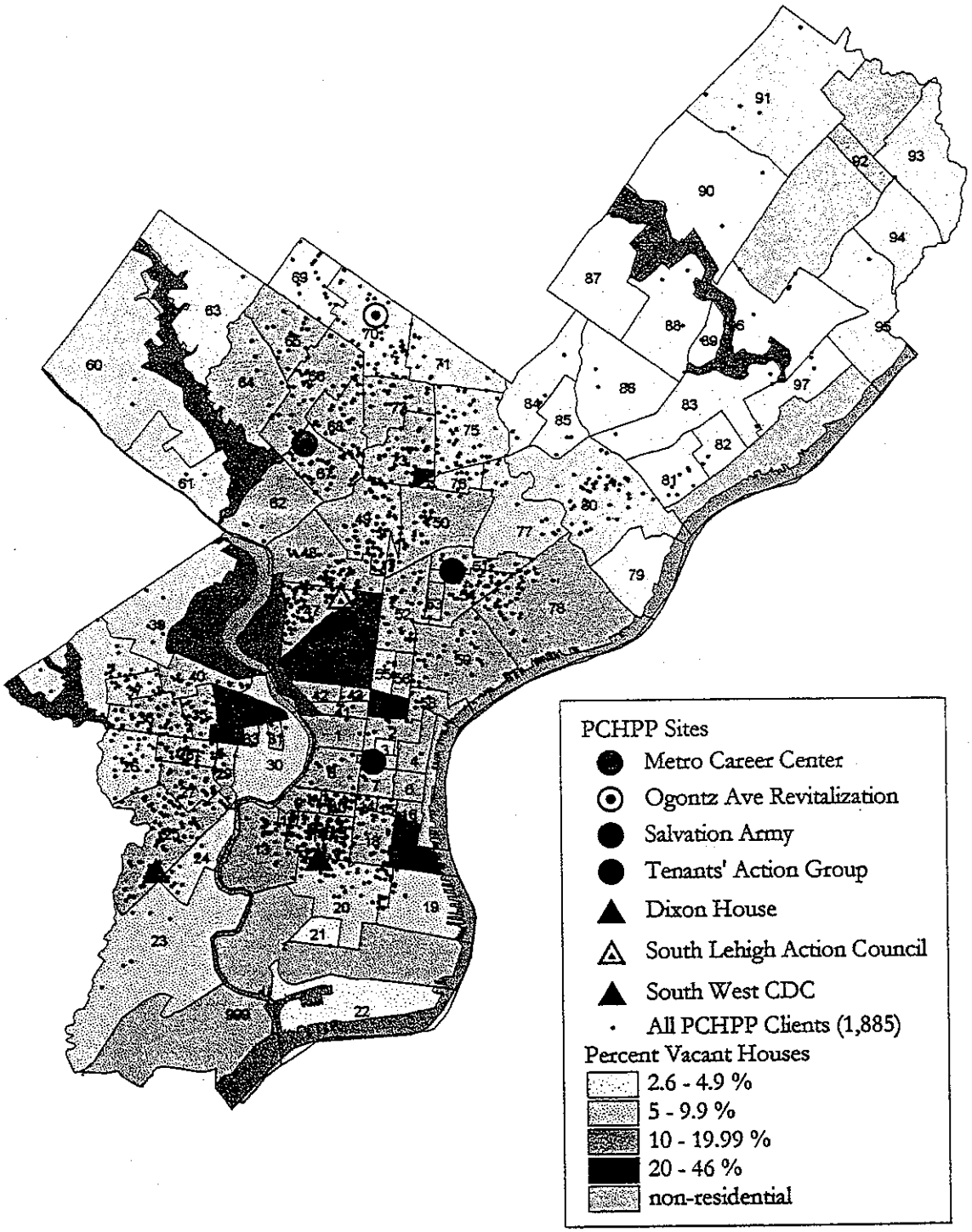
PCHPP Clients and Percent Poverty by Neighborhood



Data source: 1990 U.S. Census, ECA, TAG, and OHCD (neighborhood map)

Exhibit III.4

PCHPP Clients and Vacant Housing by Neighborhood



1 0 1 2 3 4 Miles

Data source: 1990 U.S. Census, ECA, TAG, and OHCD (neighborhood map)

Exhibit III.5 (p. 58), *PCHPP Clients and Prior Addresses of People Staying in Homeless Shelters by Neighborhood,* indicates that several neighborhoods with high concentration of PCHPP clients also have large numbers of people who stayed in city homeless shelters. Exhibit III.6 (p. 59), *Location Quotient for OESS Clients by Neighborhood,* indicates that when controlling for population density, neighborhoods including Belmont, Cecil B. Moore, Broad & Susquehanna, South West Center City, Hawthorne, and Callowhill have four to seven times the citywide rate of shelter use. The correlation between OESS rates and PCHPP rates, as suggested by the two maps, though high, is far from perfect. In particular, Point Breeze does not have nearly the same rate of OESS clients as PCHPP clients.

As Exhibit III.7 (p. 60), *PCHPP Clients and Concentration of Social Services,* shows, clusters of clients and density of social service agencies do not seem to correlate closely. Social service agencies are located disproportionately in Center City where almost no PCHPP clients live. The map shows that two of the seven PCHPP sites, TAG and MCC, are in areas of high social service agency density. The Salvation Army and Dixon House are at the edges of high concentrations, while Southwest CDC, OARC, and SLAC are all in areas with relatively few other social service agencies. There is a substantial clustering of social service agencies in West Philadelphia, near and just south of Market Street. There is, however, no PCHPP site along this corridor.

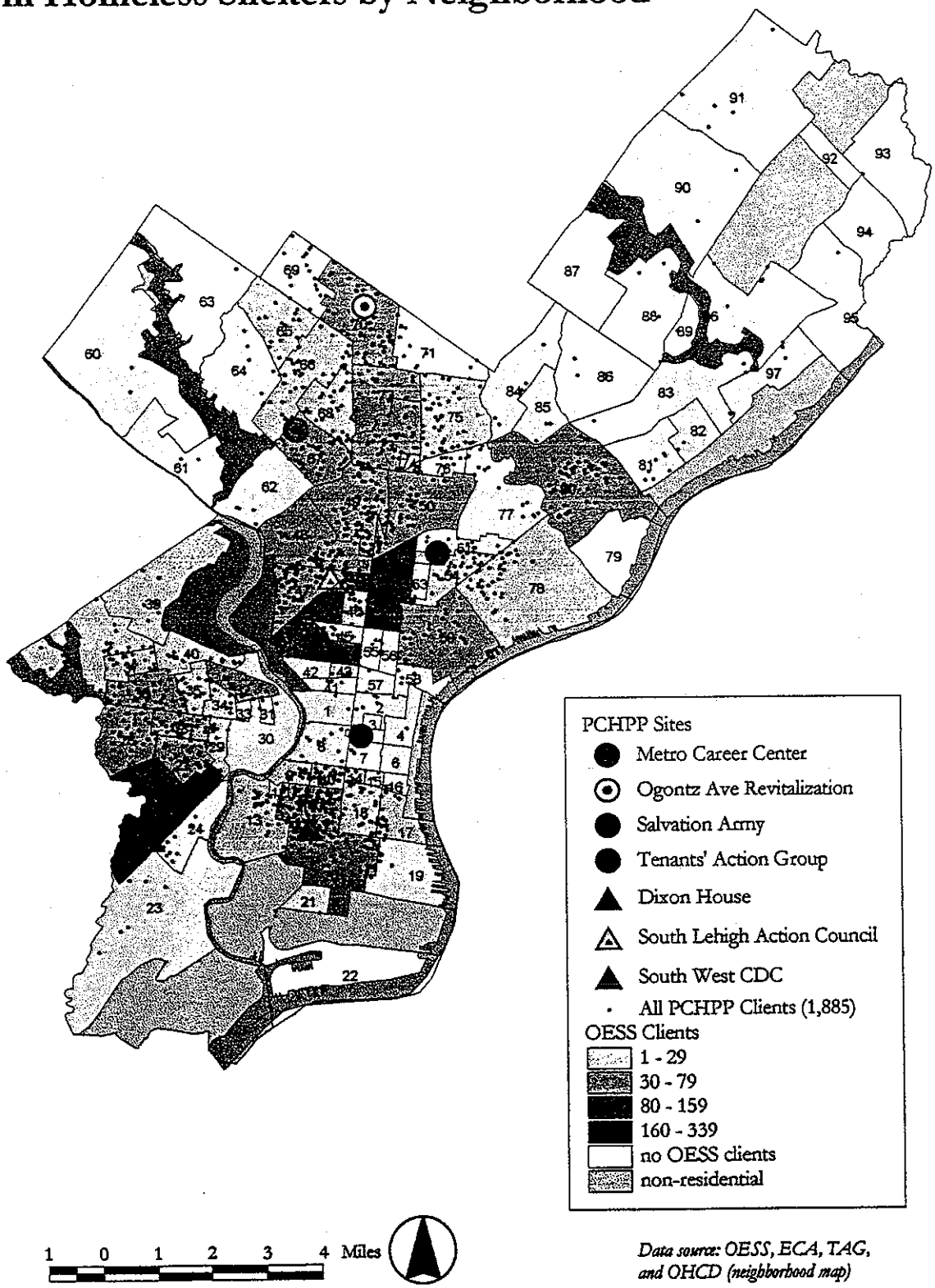
Pattern of service use by program sites.—Clients do not necessarily seek services from an agency to which their area is assigned or from an agency that is closest to their home. Overall, only 49% of individuals seeking homelessness prevention services go to the site to which their zip code area is assigned and 46% of clients go to the site that is closest to their home.

Different neighborhoods based on zip codes are assigned to 7 PCHPP sites (see Exhibit III.8 (p. 61), *Zip Code Assignments with Clients by Site*). These assignments were not intended to be absolute, and some agencies may follow the zip code assignments more consistently than others. Accompanying descriptive data to Exhibit III.8 (Exhibit III.9 (p. 62), *PCHPP Agencies and Clients Based on Zip Code Areas*) show that Southwest CDC has the highest proportion of clients within its zip code area (97%), but these individuals only represent 65% of the total number of PCHPP clients who live in that area. Alternatively, 86% of Dixon House clients live within its zip code area and nearly the same proportion of clients in the zip code area (84%) receive services there.

The zip code assignments do not always correspond to the closest site for clients. Just one agency, Dixon House, consistently serves the clients who live closest to that site (refer to Exhibit III.10 (p. 63), *Distance-Based Service Areas and Clients by Site* and Exhibit III.11 (p. 64), *PCHPP Agencies and Clients Based on Proximity*). In contrast, MCC, and Salvation Army each only serve 13% of clients closest to them. Southwest CDC has the highest proportion of clients who are living closest to the program site, while the majority of MCC, OARC, and TAG clients seek services from sites that are not the closest.

Exhibit III.5

PCHPP Clients and Prior Addresses of People Staying in Homeless Shelters by Neighborhood

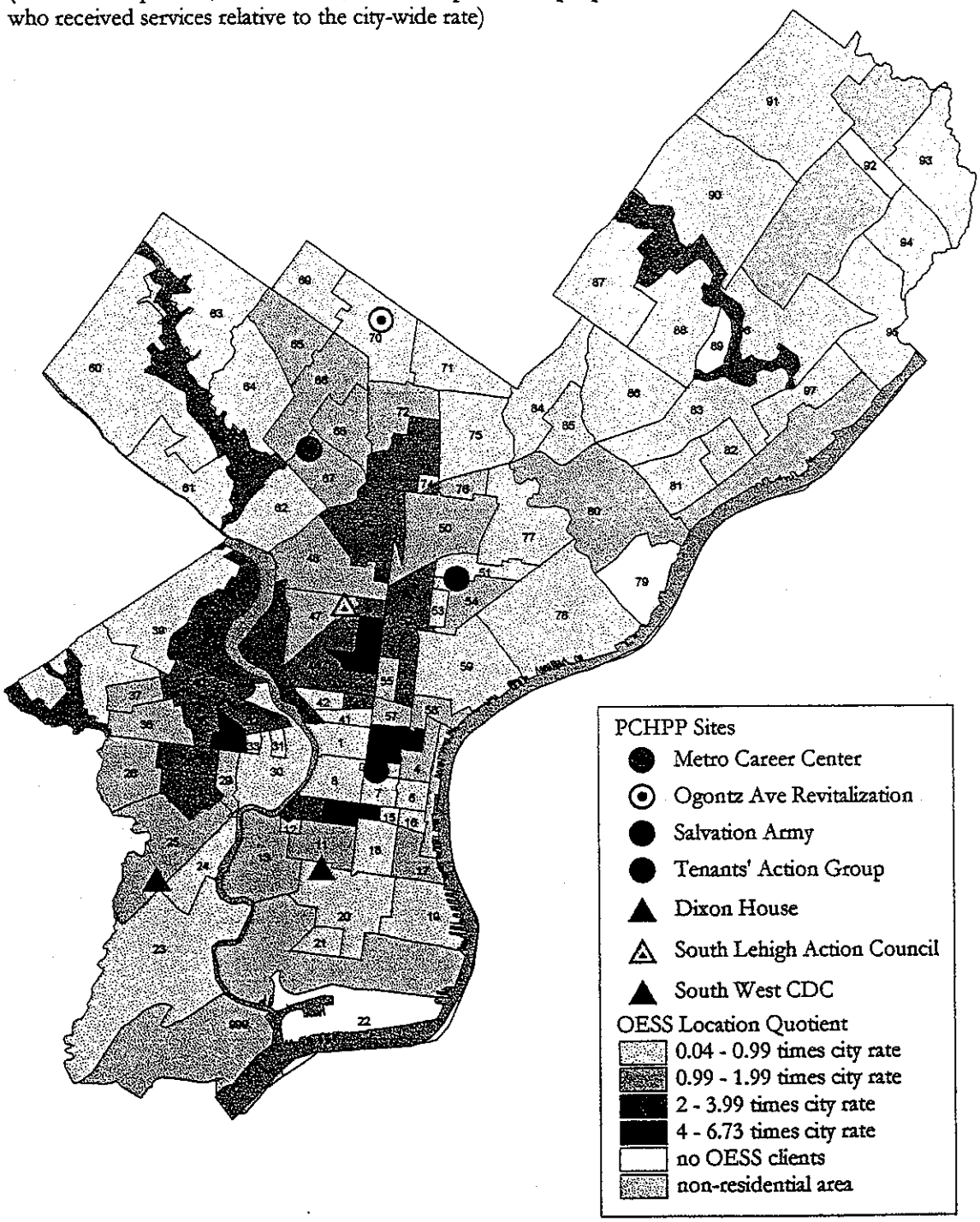


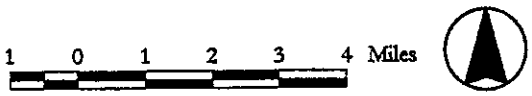
Data source: OESS, ECA, TAG, and OHCD (neighborhood map)

Exhibit III.6

Location Quotient for OESS Clients by Neighborhood

(the location quotient, or odds ratio, shows the percent of people in an area who received services relative to the city-wide rate)

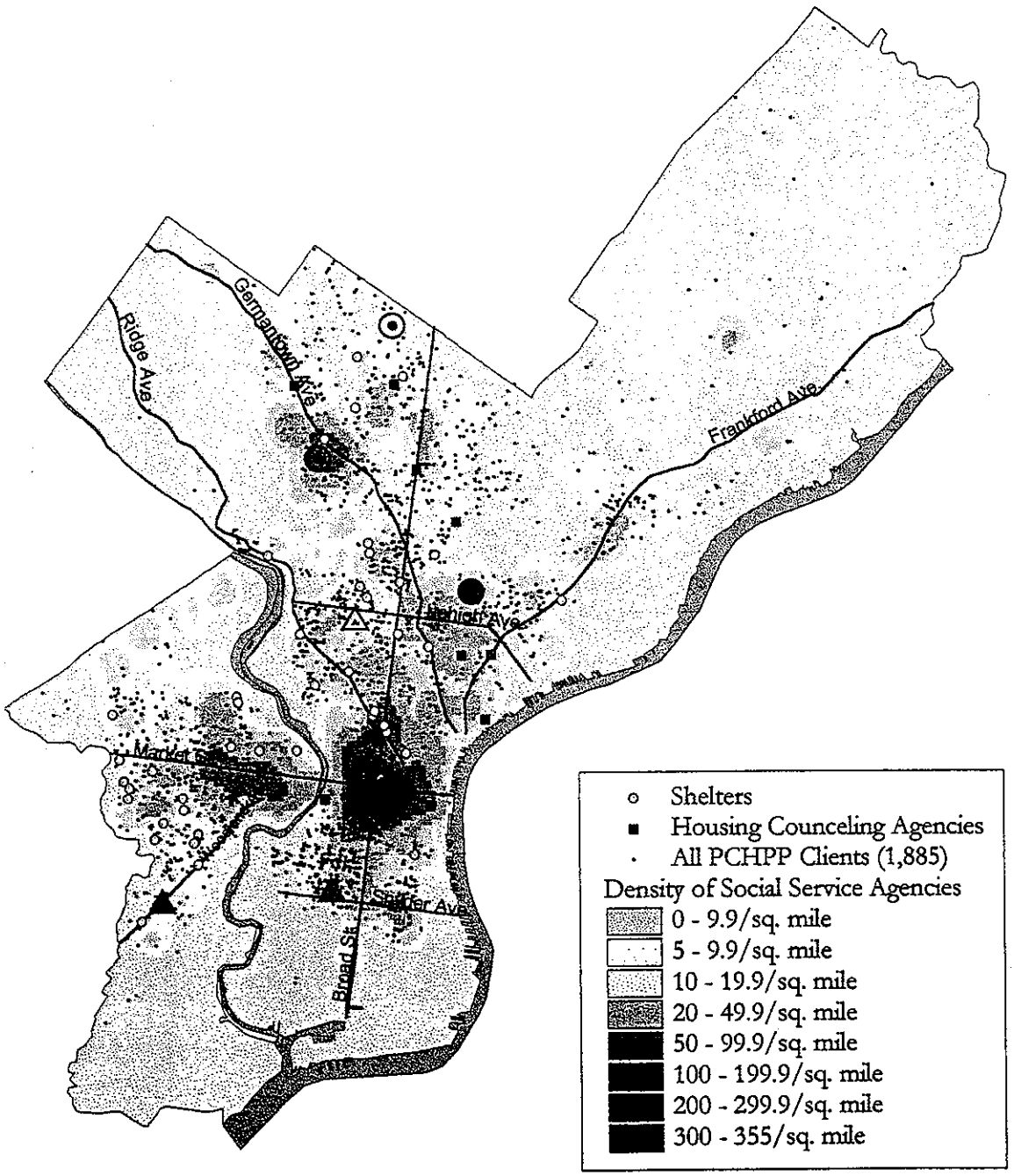




Data sources: OESS and OHCD (neighborhood map)

Exhibit III.7

PCHPP Clients and Concentration of Social Service Agencies



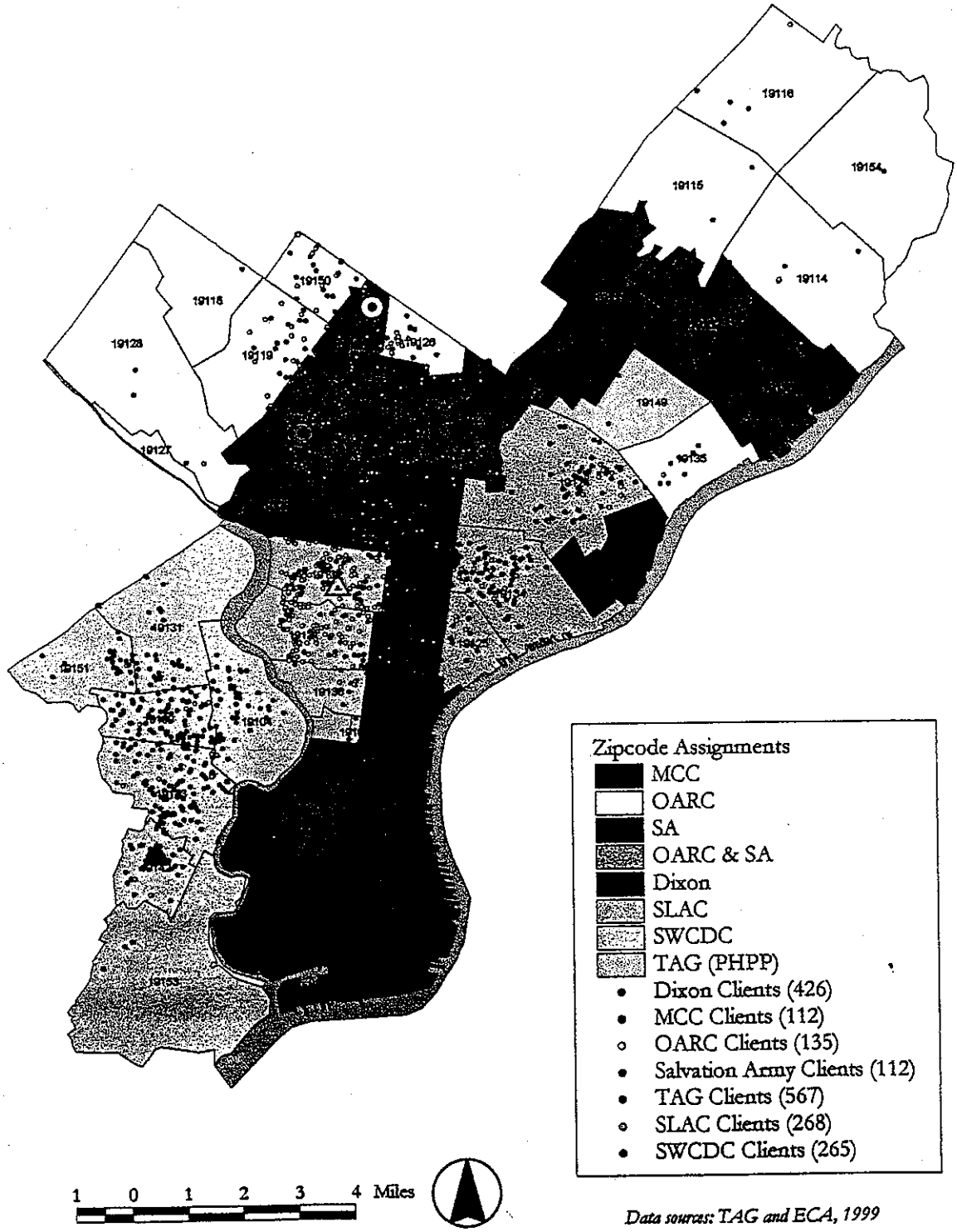
1 0 1 2 3 4 Miles

Data source: United Way First Call for Help

Exhibit III.8

Zip Code Assignments and Clients by Site

(Center City zipcodes--19102, 19103, 19106, and19107, were each split in half along Market Street)



Data sources: TAG and ECA, 1999

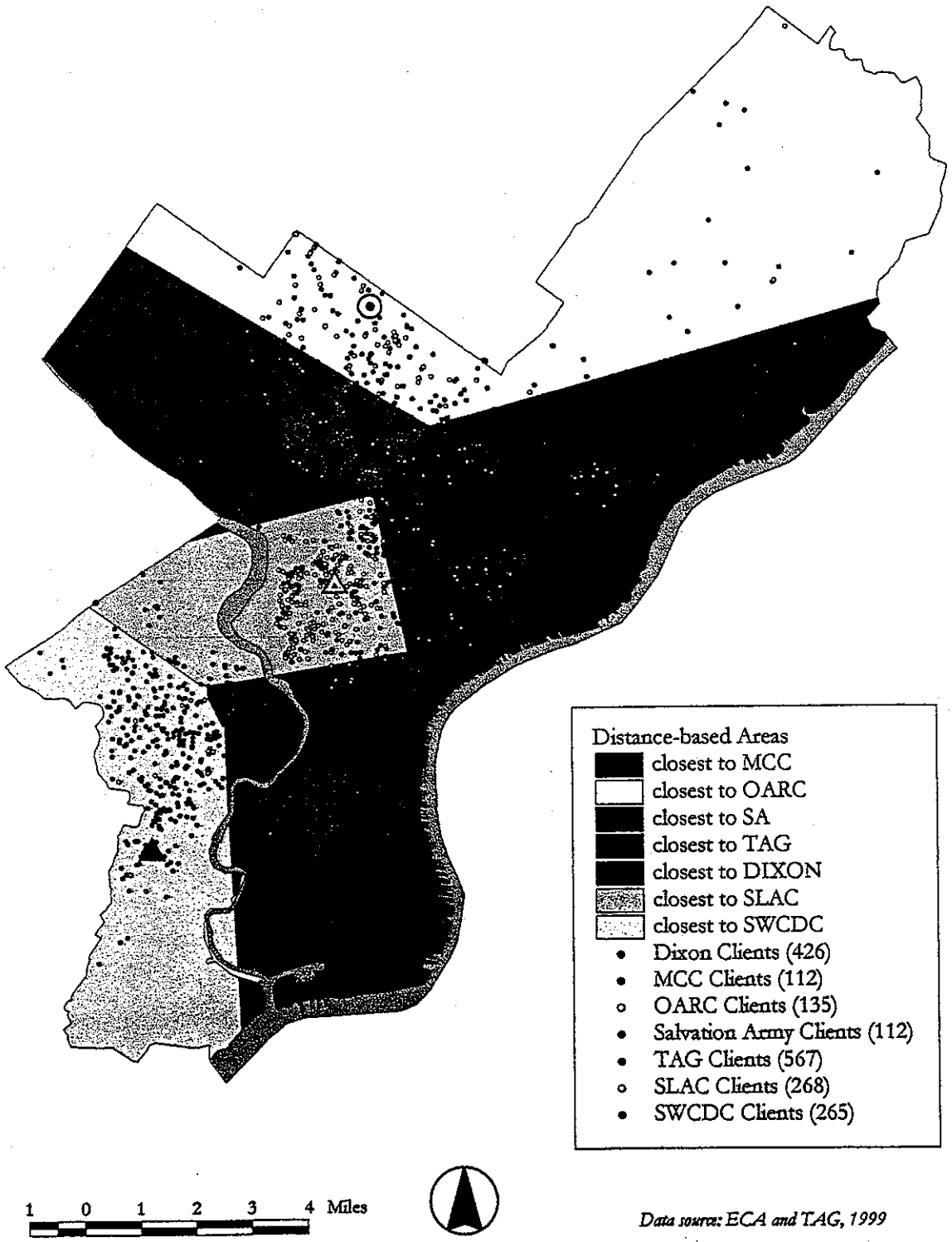
Exhibit III.9. PCHPP Agencies and Clients Based on Zip Code Areas

AGENCY	ZIP CODES	% CLIENTS THAT ARE IN AREA	% in AREA THAT ARE CLIENTS
MCC	19111, 20, 29, 36, 38, 41, 44, 52	38 %	14 %
OARC	19115, 16, 17, 18, 19, 26, 27, 28, 50, 14, 15, 16, 24, 25, 34, 35, 54	39 %	24 %
SA	19122, 23, 33, 37, 40	37 %	12 %
DIXON	19102 (south), 03 (south), 06, 07, 12, 45, 46, 47, 48	86 %	84 %
TAG	None	not relevant	not relevant
SLAC	19102 (north), 03 (north), 21, 30, 32	65 %	65 %
SWCDC	19104, 31, 39, 42, 43, 51, 53	97 %	65 %
SA and OARC	19124, 25, 34	19 % of SA clients 19 % of OARC clients	30 % (at SA or OARC)

Exhibit III.10

Distance-based Service Areas and Clients by Site

(the colored areas correspond to the closest site based on euclidian distance, as the "crow flies.")



Data source: ECA and TAG, 1999

Exhibit III.11. PCHPP Agencies and Clients Based on Proximity

AGENCY	% CLIENTS THAT ARE WITHIN CLOSEST AREA	% in CLOSEST AREA THAT ARE CLIENTS
MCC	21 %	13 %
OARC	28 %	20 %
SA	38 %	13 %
DIXON	73 %	86 %
TAG	9 %	33 %
SLAC	65 %	52 %
SWCDC	84 %	66 %

Exhibit III.12 (p. 66), *Distance Traveled by Clients by Program Site*, shows that clients seeking services at TAG on average travel the longest distance by far, with 74% traveling more than 3 miles. Clients traveling to Dixon House tend to make the shortest journey. (Refer to Exhibits C1 – C7 of the Appendix C for the *Distance Traveled by Clients* maps for the seven program sites).

Change in geographic distribution of clients since the Pilot phase.—Comparing the clustering of clients during the pilot (refer to Exhibit III.13 (p. 67), *PCHPP Clients During Pilot Phase by Neighborhood*) and evaluation phase (Exhibit III.1) shows some difference in the distribution of clients served by SLAC and Dixon House during the pilot phase and those served by the 7 sites during the evaluation period. Although the identity of neighborhoods with the highest density of PCHPP clients is largely unchanged for the pilot and evaluation phase, a number of neighborhoods, including Walnut Hill, Haddington/Dunlap, Central/Eastern Germantown, Southwest Germantown, West Oak Lane, Olney, Richmond, and Frankford, display substantially higher density of program utilization during the evaluation phase as compared to the pilot phase.

Moreover, comparing the maps displaying the distance traveled by SLAC and Dixon House clients during the pilot and evaluation phase (Exhibit A.8 compared to Exhibit A.5 for SLAC and Exhibit A.9 compared to Exhibit A.6 for Dixon House) clearly shows that the two pilot program sites have served clients closer to their sites subsequent to the expansion of the PCHPP. The shift of utilization pattern for the two pilot program sites is further supported by the increased percentage of clients who lived within 1, 2, and 3 miles from the agencies (compare Exhibit III.14 to Exhibit III.12). Therefore, the program utilization pattern derived from the client address data suggests that the addition of four program sites (including the TAG central office) has increased the fidelity to the neighborhood-based prevention model for the two pilot sites, while at the same time contributed to an expanded utilization of prevention services by residents from more neighborhoods in the City.

B. Collaboration and Coordination with Existing Community-Based Agencies

The PCHPP sites are expected to develop collaborative relationships with other community-based social service and government agencies to which they refer clients and which may in turn refer clients back to the Homelessness Prevention Program. This serves the purpose of maintaining clients' attachments to their neighborhood, providing a more intimate collaborative relationship with other agencies, and facilitating the coordination of neighborhood strategies (OHCD Request for Proposals, Community-Based Homelessness Prevention Program, April, 1997).

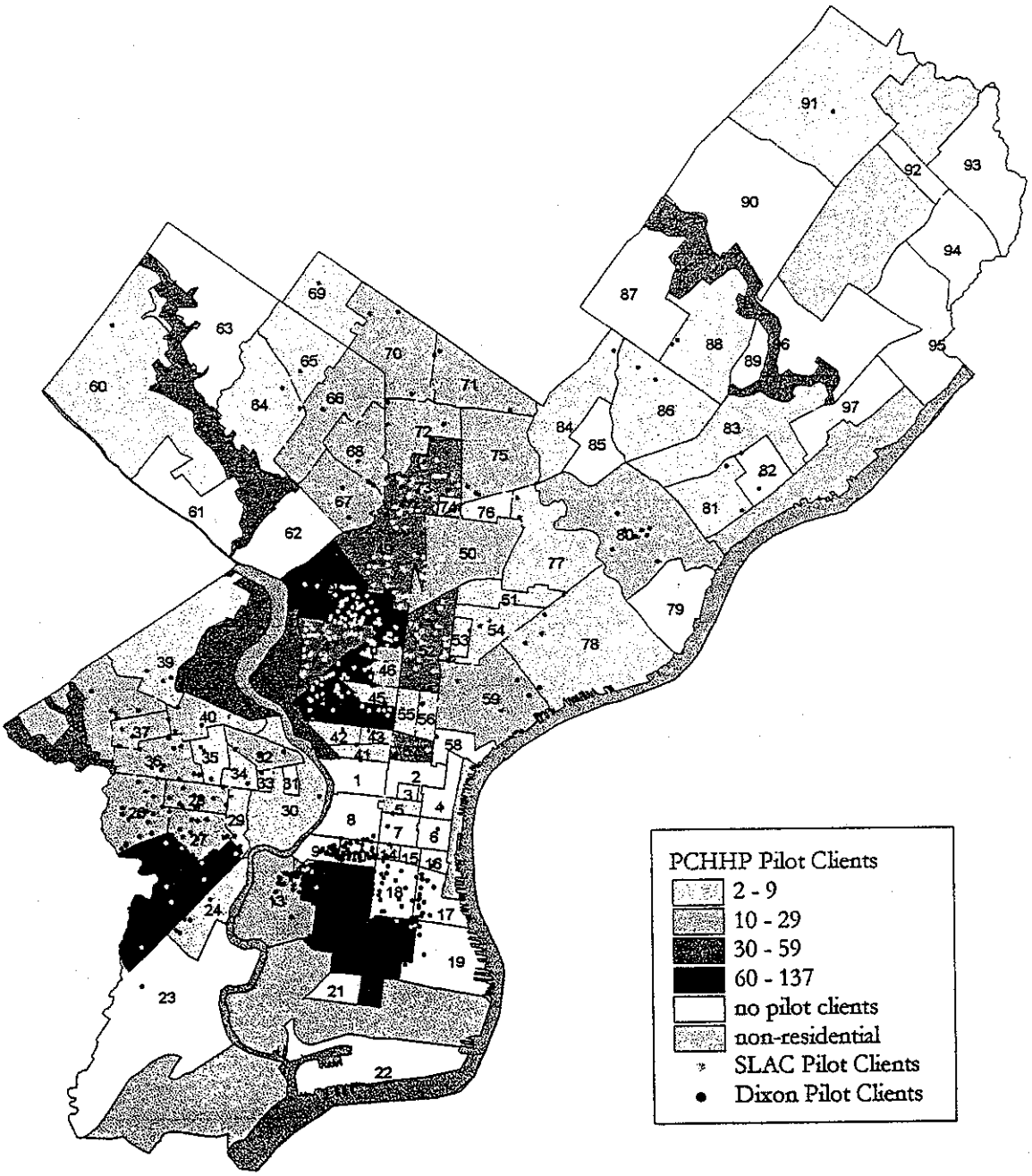
For some services with centralized intake, such as the Private Industry Council employment services, a neighborhood agency "handshake" is not possible. Some PCHPP program sites serve such a diverse collection of neighborhoods that there is no clear community identity attached to the particular site. Clients also have specific reasons for either wanting to stay in their neighborhoods for assistance or deciding to go outside their

Exhibit III.12. Distance Traveled by Clients by Program Site

AGENCY	WITHIN 1 MILE	WITHIN 2 MILES	WITHIN 3 MILES
MCC	13 %	28 %	58 %
OARC	14 %	30 %	44 %
SA	17 %	38 %	57 %
DIXON	56 %	86 %	88 %
TAG	3 %	14 %	26 %
SLAC	48 %	76 %	85 %
SWCDC	23 %	45 %	77 %

Exhibit III.13

PCHPP Clients During Pilot Phase by Neighborhood



1 0 1 2 3 4 Miles

Data source: ECA, 1999

Exhibit III.14. Distance Traveled by Clients during the Pilot Phase

AGENCY	WITHIN 1 MILE	WITHIN 2 MILES	WITHIN 3 MILES
DIXON (pilot)	40 %	58 %	71 %
SLAC (pilot)	29 %	49 %	65 %

OHCD Neighborhoods

1 Franklintown
2 Callowhill
3 Chinatown
4 Olde City
5 Market East
6 Society Hill
7 Washington Square
8 Rittenhouse Square
9 Schuylkill
10 SW Center City
11 Point Breeze
12 Schuylkill
13 Grays Ferry
14 Hawthorne
15 Bella Vista
16 Queen Village
17 Pennsport
18 Southwark
19 Whitman
20 South Phila
21 Packer Park
22 Phila Navy Yard
23 Eastwick
24 Bartram
25 Elmwood/Upper SW Philadelphia
26 Cobbs Creek
27 Cedar Park
28 Walnut Hill
29 Spruce Hill
30 Univ. City
31 Powelton Village
32 Mantua
33 Saunders Park
34 Belmont
35 Mill Creek
36 Haddington/Dunlap
37 Carroll Park
38 Overbrook
39 Wynnefield
40 Parkside
41 Spring Garden
42 Fairmount
43 Francisville
44 North Central
45 Cecil B. Moore
46 Broad & Susquehanna
47 Strawberry Mansion
48 Allegheny West
49 Tioga/Nicetown
50 Hunting Park
51 St. Hughes
52 Fairhill/Hartranft
53 5th & Lehigh
54 West Kensington
55 Yorktown
56 Ludlow
57 East/West Poplar
58 Northern Liberties
59 Kensington/Fishtown
60 Roxborough
61 Manayunk
62 East Falls
63 Chestnut Hill
64 West Mt. Airy
65 East Mt. Airy
66 Centr/East Germantown
67 Southwest Germantown
68 Penn/Wister
69 Cedarbrook/Ivy Hill
70 West Oak Lane
71 East Oak Lane
72 FernRock/Ogontz/Belfield
73 Logan
74 Logan Triangle
75 Olney
76 Feltonville
77 Juniata
78 Richmond
79 Bridesburg
80 Frankford
81 Wissinoming
82 Tacony
83 Mayfair/Boulevard
84 Lawncrest
85 Summerdale
86 Oxford Cir/Centr NE
87 Fox Chase/Burholme
88 Rhawnhurst
89 Lexington
90 Bustleton
91 Somerton
92 Woodhaven
93 Parkwood
94 Crestmont/Millbrook
95 Torresdale
96 Pennypack
97 Holmesburg

immediate environ for help. Despite this, there is evidence that many participants in the program have strong neighborhood ties and would prefer to receive services in their neighborhoods (see Section III A).

Our assessment of the effectiveness of collaboration and coordination with existing community-based health, education, social service, human service, and employment assistance programs was based on analysis of information and data from six different sources:

- program data kept by each of the agencies
- interviews with case managers and job developers associated with each program
- interviews with clients
- the focus group of case managers
- notations made on the case files reviewed
- a survey of 19 agencies that provide services appropriate to the referral network of REACH and PCHPP

The Referral Process for PHPP and REACH

The process of referring clients is similar across REACH and PHPP. Referral by case managers is part of the case management plan as intervention is moved from addressing clients' immediate crises to the process leading to their housing situation. The most common referrals are within-agency referrals. PHPP requires all tenants to attend tenant rights classes at TAG. REACH refers just under half of all their clients for energy counseling within the community-based site. Both agencies refer appropriate clients to their job developers. Other common referrals are for literacy and other training and employment services outside their own agency, food cupboards, entitlement programs, and housing counseling. Less frequent are referrals for family counseling, substance abuse rehabilitation or counseling, legal services, childcare, health care, and elder services. Both programs have their case managers complete a form describing the referral for the client. Some agencies send their own referral forms to the case managers to be filled out and returned by the client. REACH case managers require clients who are referred to the job developer to return a signed referral form. In some cases, case managers will make an appointment for the client with another agency or fax information.

Case managers and the job developers reported reluctance on the part of clients to follow through on referrals. It is common in the case manager's notes to see a client reminded on each of several case management sessions to follow through with a referral. Some clients who were referred to the job developer appear to wait out the required case management visits to receive their cash assistance and then drop out of the program, never having made the connection that was suggested.

Referrals from other agencies are harder to track than referrals within agencies. Clients may not reveal whether another agency suggested they apply for the program unless they arrive with a referral form or have had an appointment made for them. Word-

of-mouth and name recognition are also factors in attracting clients. Tenants who need assistance often call TAG either because of past experiences or because TAG is known to have services for tenants. Dixon House has a positive and pervasive reputation in South Philadelphia for finding solutions for housing and energy problems. All three REACH sites administer energy programs that often bring eligible applicants to the PCHPP. TAG and the three ECA sites each have a variety of social services that attract people who are then referred to the homelessness prevention program. Southwest CDC case managers reported receiving referrals from Children's Hospital and other health agencies (Focus Group, December 1998). The PHPP case managers receive a number of referrals from the sites where they are located (Interviews with E. Anderson, January 1999, D. Burnett, January 1999, and J. Dixon, February, 1999). In addition, both programs referred clients to each other based on the zip codes associated with each site.

All case managers reported receiving clients who were referred by the Philadelphia County Assistance Office (PCAO) (Focus Group, December 1998). Knowledge of the PCHPP was confirmed by Fredrick J. Bostwick, Director of Community Services, PCAO, and by one of the district assistance office interviewers. However, another district interviewer only "heard something about it" but could not put a name or contact to either of the programs.

Of the 19 agencies that participated in our provider survey, few kept formal records of how clients reach their services. Only one agency reported seeing a referral form from one of the homelessness prevention programs. Given that these forms are a part of the documentation for both programs, the survey underestimates the number of referrals these social service agencies received from PHPP and REACH. Two agencies that had never heard of the programs confused "homelessness prevention" with services for the homeless. In general, the level of knowledge about the specific services provided by REACH and PHPP was poor. Only five agencies knew that REACH provides case management services and only three identified these services with PHPP. Cash assistance for housing and utilities was most often identified as program elements for both PHPP and REACH.

The agencies represented in the survey data were much more likely to know how many referrals they had made to the homelessness prevention programs than the number they had received. Most of the agencies that reported making referrals refer to both PHPP and REACH. Only one agency used PHPP exclusively and two used only REACH services for their clients. Two agencies reported having close ties with TAG's outreach efforts in the community and used this connection to help their clients through intake. One agency reported using a personal relationship at Dixon House to get their clients appointments quickly. Overall, agencies were pleased with their interactions with the two programs. Most social service providers did follow up on their clients' successes in getting an appointment. However, several in our survey admitted that they had little idea of whether their clients met the eligibility criteria of the programs.

The majority of critical comments focus on procedural issues. The phone system at TAG was frustrating to two agencies, as was the wait for an appointment to TAG's

orientation session. They felt their clients' crises were too immediate for this process. REACH sites provided more immediate access, but two agencies complained that the procedure for obtaining cash assistance seemed to take too long.

Interacting with Other Housing Counseling Agencies

Two of the housing counseling agencies in our survey were critical about services in PHPP and REACH for homeowners. The design of the PCHPP allows cash assistance for mortgage arrears. Among the OHCD funded housing counseling agencies, there are several that specifically address mortgage arrears and foreclosures by distributing information about possible sources of grants or loans and capturing any federal or state emergency money available. These agencies are eager to help their clients participate in REACH or PHPP.

When housing counseling agencies began interacting with PCHPP to assist their clients with mortgage arrears, they noted several difficulties. First, once a foreclosure begins and the holder of the mortgage sets deadlines for delivering specified amounts of funds, the fees associated with the required payment amount begin escalating quickly. As the required amount to save the home climbs, low-income homeowners are less and less able to make a sufficient payment to retain their home. Housing counseling agencies are very dedicated to the necessity of homeownership to improve and stabilize communities, to reduce the housing costs for low-income households, and to improve the tax base of the city. Some of the homeowners who fall behind in payments have been making mortgage payments for quite a number of years. Thus, if a mortgage holder forecloses, the homeowner is left with nothing (Interviews with M. Rodriquez, March, 1999; A. McIntyre, March, 1999).

Friction between housing counseling agencies and PHPP and REACH arose over the speed of assistance necessary to save a home in the process of foreclosure. REACH program sites must work directly with ECA to get an exemption to the usual delay of funds—that is, until clients have attended two case management sessions. ECA has sometimes been slow issuing a check even with the special effort of staff at the neighborhood site. TAG has less difficulty freeing the funds quickly, but their intake staff are often so busy that only voice messages may be left. Two homeowners found getting a commitment to assistance too slow. One turned instead to another agency for emergency funds, the other lost his home (Interviews with two homeowners who failed to receive assistance from either program, March 1999 and June 1999).

While housing counseling agencies would like to see funds dedicated just for homeowners in arrears and delivered through their agencies, they have established a number of strategies for the present circumstance. Some rely on personal contact at a specific site and have formed an informal handshake with the REACH or PHPP staff member (Referral survey comments, March, 1999). OHCD's Department of Special Needs Housing has held a series of meetings to resolve the conflict and developed a formal process for intake of applicants threatened with or in the process of mortgage foreclosure:

1. TAG and each of the ECA sites have a designated contact person for mortgage assistance.
2. Housing counseling agencies summarize information on the client and the nature of the housing crisis and combine this with a completed intake form from the program that the request is being sent (ECA or TAG).
3. The information and intake forms may be faxed specially labeled "*Housing Counseling Referral*" or the applicant may take a copy of the forms to one of the sites with walk-in times.
4. A staff person from TAG or the ECA site confirms receiving the application.
5. The homeowner is contacted (if they are not using a walk-in site) and immediate processing begins if the agency finds the applicant appropriate for the program (Memorandum, OHCD, April 16, 1999).

Some concerns still remain among housing counseling agencies about the process given the intent of the PCHPP and its commitment to case management. Unfortunately, clients are often reluctant to return to case management or workshops after receiving cash assistance. Homeowners often use the full funds available in the program, thus limiting the use of forward payments to get these clients to return. More systematic collection of program data is needed to examine whether clients who receive emergency services also take advantage of other services available through the program.

C. Program Processes and Procedures

The effectiveness of program processes and procedures was assessed from the perspectives of both PCHPP staff and clients. During the course of the evaluation we held a focus group of case managers, interviewed 10 case managers one-on-one, visited all 7 program sites, and reviewed 121 case files to learn more about how case management is carried out in REACH and PHPP. We also completed face-to-face interviews with 48 PCHPP clients about their experience with the program. We summarize the key findings on program processes and procedures in this section. Descriptions of data collection methods of case manager files review and client survey are included in Appendix J and Appendix K, respectively.

Assessment of the Program Processes and Procedures from Case Manager's Perspective

Case managers (or Emergency Assistance Specialists at PHPP) interact directly with clients to build a case management plan that is intended to resolve clients' immediate crisis as well as to address personal problems and issues underlying their immediate presenting crisis. Case managers use the case management plan to deliver different program elements available through PCHPP. Cash assistance, referrals to other services, budget counseling, and employment assistance all begin with the case manager. It is the task of case managers to make clear to the clients the steps they need to take to meet the expectations of the program, while at the same time responding appropriately to clients' needs and abilities. Case managers negotiate with landlords, respond to mortgage holders, and hold off utility companies to maintain a program participant's housing or utility

services until cash assistance becomes available. To achieve the program goals, documentation of the participant's situation needs to be maintained and kept up-to-date.

Case managers first document the eligibility of clients and then help target services to the most immediate needs. Almost all eligible program participants need some type of cash assistance to stabilize their housing or to maintain utility services. Cash assistance is consistently delayed in the REACH program for non-emergency cases until the client attends at least two case management sessions. In the meantime, case managers negotiate with landlords, utility services, and others to help clients maintain housing and services. During this period, most program participants are expected to make payments as possible to address arrears. PHPP delivers cash assistance more promptly, after one or two case management sessions depending on the program participant's situation. Like REACH, PHPP clients are expected to contribute, if possible, to their arrears as well as maintain current expenses.

Budget counseling allows case managers to understand clients' orientation towards paying bills and the resources available for future payments. Budget counseling is the most variable element among the different services available to program participants. Some case managers use it as a tool at each meeting with a client. Others delay budget counseling until the second meeting with a client. If a client has been evicted and is moving into a new home, the case manager might delay use of budget counseling until the new costs of living have been established. Part of the difficulty in delivering this service is getting program participants to promptly bring and share their household bills. Several sites have been successful in completing budget counseling sessions at the first meeting with the applicant by requiring a full set of recent household bills at intake.

Comments on budgets were scarce in the case manager files we reviewed, with only about one half including a written notation about the client's budget. Comments included in the case managers' files indicate that about a third of clients for whom comments were made had expenses perceived as too extravagant. Another third were without sufficient, stable income. These comments suggest the importance of budget counseling.

Employment assistance may be delivered through referrals to literacy programs, a job developer, or job placement services. In over half of the case files we reviewed, one of the major underlying problems that caused the presenting crisis was related to employment. That is, these clients had lost jobs, were only working part time when full time work was desired, were unable to find work, or had a lack of basic skills necessary to secure a stable job. Of those clients with no income at intake (15 of the 120 case files reviewed), over half were employed when they left the program.

For clients in the TANF system, the AMR may restrict the types and sources of employment assistance. One of the overall objectives of the program is to use other existing resources whenever possible. Case managers need to become adept at helping program participants that have an AMR to structure this document to better reflect a match

between the needs of clients and the logistics of meeting TANF requirements while stabilizing their immediate situation. In order to do so, case managers must receive a current AMR from clients and be familiar with the options available through the TANF system.

Aside from the case managers' general appraisal of the program processes and procedures described above, a number of specific observations and recommendations were identified by case managers and other program staff in the course of the evaluation:

- Applicants who live with family and friends without the lease in their name or whose landlords do not have a rental license often face the obstacle of producing the needed documents for program participation.
- The uneven requirements in the REACH and PHPP program result, in some cases, in the exchange of clients based on eligibility criteria. For example, PHPP applicants who are living in buildings where the owner has not secured a rental license may seek help from REACH sites. Likewise, REACH clients whose incomes are above the poverty line and are ineligible for assistance may seek help from PHPP whose income limit is 150% of the poverty line.
- Case managers often face clients who only want cash assistance and resistant to other types of assistance. Educating clients about the purpose behind case management and establishing a reciprocal relationship with clients is critical to successful program outcomes.
- Monthly case management is critical to the success of the program. Setting achievable goals for each thirty-day period was seen as a way to move program participants towards self-sufficiency.
- There should be flexibility and variation in the duration of case management for clients with different needs. There are some clients who need help for less than a six months period because they have a work history or a source of sufficient stable income and their crisis appears to be a rare event in their history. On the other hand, clients without sufficient literacy or education may need more time in the program.

Assessment of the Program Processes and Procedures from Client's Perspective

Information on clients' experience with the program processes and procedures is summarized in two data tables, Exhibits III.15 and III.16. These tables describe how clients come to learn about the program, their use of core program elements including emergency cash assistance, case management, and employment assistance, and their general appraisal of program site and staff.

Knowledge of the program.—As shown in panel 1 of Exhibit III.15 (p. 76), there are a number of ways through which clients learned about the PCHPP. Nearly 40% of the surveyed clients came to know about the program through family and friend, and 27% through the staff of a social service agency. Interestingly, 32% of PHPP respondents (compared to only 4% of REACH clients) called the agency at the suggestion of either a

Exhibit III.15
Program Experience of Client-Level Interviews

Variable	REACH (N = 23)	PHPP (N = 25)	TOTAL (N = 48)
How Respondent Learned about REACH or PHPP			
Family or friend (%)	34.8	40.0	37.5
Neighbor, colleague, or minister (%)	0.0	12.0	6.3
Staff of a social service agency (%)	43.5	12.0	27.1
Brochures, posters (%)	0.0	4.0	2.1
Telephone book (%)	4.4	0.0	6.3
Person from gas, electric or water company (%)	4.4	16.0	10.4
Landlord or mortgage company (%)	0.0	16.0	8.3
Other (%)	13.0	0.0	2.1
Types of Assistance Received			
Average amount received for back rent	712 [5]	701 [9]	705 [14]
Average amount received for forward rent	693 [3]	650 [3]	672 [6]
Average amount received for back mortgage payments	750 [2]	750 [3]	750 [5]
Average amount received for forward mortgage payments	400 [1]	0 [0]	400 [1]
Average amount received for back payments on utilities	560 [3]**	715 [10]	679 [13]
Average amount received for other cash assistance	325 [2]	0 [0]	325 [2]
Components of Program			
Received case management (%)	87.0	28.0	56.3
Received budget counseling (%)	65.2	44.0	54.2
Received employment or educational assistance (%)	43.5	8.0	25.0
Referred to other services or agencies (%)	56.5	20.0	37.5
Received other services (%)	8.7	4.0	6.3
Average number of months in program	4.9	2.4	3.6
Frequency of visits with case manager			
Two or more times a month (%)	17.4	64.0	41.7
Once a month (%)	82.6	24.0	52.1
Fewer than once a month (%)	0.0	12.0	6.3
% of Clients on TANF or General Assistance	30.4	32.0	31.3

[ ] = Number of participants who received the particular assistance.
** Another 3 respondents from the REACH sample were expecting to receive back payments on utilities.

representative of PECO, PGW, their landlord, or their mortgage company—the very people who were trying to collect money from them. Overall, it is apparent that knowledge about the PCHPP comes from word of mouth from a service provider, a family member or friend, or the utility company person, rather than printed literature.

Service use patterns and experiences.—The average grants that clients reported to have obtained are as follows: $750 for mortgage arrears, $705 for rent arrears, $679 for utility arrears, $672 for forward rent (including security deposit), $400 for forward mortgage payments, and $325 for other cash assistance (see panel 2, Exhibit III.15). Somewhat surprisingly, although most PCHPP clients are supposed to have a case management plan, less than six in ten respondents (56%) considered themselves to have received case management services. Respondents' comments on case management are generally positive; it was considered an important part of homelessness prevention. For example, some clients remarked that having a case management plan made them feel like "somebody was looking out for me." Three respondents, however, mentioned that the process of getting cash assistance took too long. One REACH client who dropped out of the program expressed disappointment. This particular respondent, however, attributed his failure in getting assistance not with the program but with the landlord, who failed to get the requisite paperwork.

Slightly more than half of the survey sample (54%) reported having received budget counseling services. During our interviews with clients, it became obvious that the clients may adopt varying definitions of budget counseling. Some respondents felt that talking with case managers about how to pay their bills and how to cut unnecessary expenses constitutes budget counseling. Other respondents defined budget counseling as bringing in, budgeting, and monitoring their income and expenditure. Yet among the clients who did receive budget counseling, several remarked that it was not helpful due to the fact that they could not change their patterns of consumption anyway.

Only one out of four respondents reported receiving help with job training, job readiness, job search, or educational referrals. It should be noted that this low percentage may reflect the fact that many clients did not perceive the need for employment service. Indeed, 76% of PHPP clients interviewed reported that this service was not applicable to their situation, compared to 39% of REACH clients. Despite this, all clients who received employment assistance held very positive views about the service; one respondent felt it was even more important than the cash assistance.

Slightly more than one-third (38%) of clients received referrals to services provided by other agencies or organizations. All of the referred clients reported positive experience with this service. However, it should be noted that the referrals were mostly associated with the provision of employment assistance. That is, the employment assistance received comes in the form of referrals to other agencies or other counselors who specialize in this area.

General impressions of program site and staff.—Overall, most clients felt that their case managers had put a lot or moderate amount of effort into helping them with the particular problems they were facing (see panel 1, Exhibit III.16 (p. 79)). However, one client expressed disappointment with the effort of his case manager because he had never been offered other services besides cash assistance. In addition, four PHPP clients expressed complaints about difficulties getting through to their caseworker over the phone.

Other appraisals about the program site and program staff are also positive (see panel 2, Exhibit III.16). Almost all respondents felt that the neighborhood where the program site was located was very much or somewhat safe. Respondents also expressed positive views about the helpfulness, knowledge about community services, emphatic understanding, and agreement of goals with program staff, as well as productiveness of case management meetings. However, 40% of PHPP clients felt that the program was very much or somewhat bureaucratic, and one client remarked that she was displeased with the policy of having to receive an eviction notice as a precondition for receiving help. Five clients from REACH also mentioned that they thought the program was too bureaucratic, especially in regard to the lengthy waiting process for the paperwork to go through. Then again, another PHPP client remarked that "paperwork is necessary." Despite the individual remarks made by clients, nearly 90% of the respondents stated that they were very satisfied with their experience in PCHPP.

D. Effectiveness of Core Program Elements

As is in the case of program processes and procedures, the effectiveness of core program elements—emergency cash assistance, case management, and employment placement assistance—was assessed using data collected from program staff and clients. Analysis of case manager's files provides information about the status of program participants at the conclusion of the helping process. Data from the survey of program participants directly reflect their appraisal of the effectiveness of core program elements.

Effectiveness of Core Program Elements as Reflected from Case Manager's Files

Content analysis of 121 case manager's files provides some evidence that case management does improve the chance of a program participant reaching a more positive outcome. Using the description of the client's situation at the final contact with the case manager, we defined 21 different case manager classifications of the situation a client faced at exit, whether dropping out or completing six months in the program. Using the criteria for successful outcomes discussed during the case managers' focus group, notes about the final case manager contact were summarily defined as more positive outcomes if they indicated events such as:

- currently employed
- buying a home
- stable and budgeting well
- have secured an increase in benefits

Exhibit III.16
Program Perceptions of Client-Level Interviews

Variable	REACH (N = 23)	PHPP (N = 25)	TOTAL (N = 48)
Effort of Case Manager			
Housing Problem (%)			
A lot or Moderate	100.0 [22]	100.0 [20]	100.0 [42]
Little or None	0.0 [22]	0.0 [20]	0.0 [42]
Not applicable	4.4	20.0	12.5
Income Problem (%)			
A lot or Moderate	100.0 [17]	86.7 [15]	93.8 [32]
Little or None	0.0 [17]	13.3 [15]	6.3 [32]
Not applicable	26.1	40.0	33.3
Employment Problem (%)			
A lot or Moderate	100.0 [14]	66.7 [6]	90.0 [20]
Little or None	0.0 [14]	33.3 [6]	10.0 [20]
Not applicable	39.1	76.0	58.3
Personal Problems (Mental health, drug or alcohol) (%)			
A lot or Moderate	100.0 [3]	50.0 [6]	66.7 [9]
Little or None	0.0 [3]	50.0 [6]	33.3 [9]
Not applicable	87.0	76.0	81.3
Interpersonal Problems (Domestic dispute or violence) (%)			
A lot or Moderate	100.0 [1]	66.7 [3]	75.0 [4]
Little or None	0.0 [1]	33.3 [3]	25.0 [4]
Not applicable	95.7	88.0	91.7
Client Feelings about Program/Agency Site and Staff**			
Feel safe in the neighborhood where program is located	100.0	96.0	97.9
Think program is bureaucratic	21.7	40.0	31.3
Language is a problem in getting help from staff	0.0	4.0	2.1
Think it is important to talk with staff of own race/ethnicity	0.0	20.0	10.4
Difficult to keep appointments with staff	21.7	32.0	27.1
Think staff were helpful	100.0	100.0	100.0
Think staff were knowledgable about services in community	95.7	95.8	95.7
Think staff understood client's problems and concerns	100.0	96.0	97.9
Think staff were working on same goals	100.0	96.0	97.9
Think meetings with staff were productive	100.0	96.0	97.9
Client Satisfaction			
Very satisfied (%)	87.0	88.0	87.5
Somewhat satisfied (%)	13.0	4.0	8.3
Not very satisfied (%)	0.0	8.0	4.2
Not satisied at all (%)	0.0	0.0	0.0

** Results are % of respondents answering "Very Much" or "Somewhat" as opposed to answering "Not very much" or "Not at all"

[ ] = Number of participants who were considered applicable for the particular variable

Other situations discussed in the case file notes that we defined as less stable or more risky outcomes were:

- still dependent financially on family members
- never returned after looking for housing
- lost their housing
- experienced a health crisis
- needs counseling services
- telephone disconnected

Exhibit III.17 (p. 81) displays outcome indicators from the case manager's files. While the majority of program participants left the REACH and PHPP program at times when case managers record their situation as having a risk of needing additional assistance (65%), there is a statistically significant increase in positive outcomes related to an increase in case manager to client interactions. If we examine the three most common types of underlying situations—employment problems, family problems, and income problems—against increased numbers of case manager to client contacts, those with employment problems and without family problems are most likely to benefit from an increased number of contacts. Family problems may indicate barriers too large for the limited time allotted to the case management process. Case managers might more actively work to help these clients overcome any hesitancy about seeking out mental health services. Those with primarily income problems did not show an increase or decrease in positive outcomes after increased contacts.

Effectiveness of Core Program Elements from Client's Perspective

Perception of program outcomes.—Exhibit III.18 (p. 82) displays respondents' perceptions of outcomes for different elements of the program. An overwhelming majority of the respondents felt that the program helped them resolve their housing crisis and maintain timely payments (96% and 89% respectively). Slightly less than two-thirds (63%) of the respondents felt that the program had helped them develop and maintain a budget. The clients who felt that the program did not help them with this component stated that there was no follow-up on the part of the case manager, or that budget counseling was not offered.

Interestingly, for both PHPP and REACH clients, the most common reasons given for why they felt the program had helped them resolve the housing crisis was that of cash assistance. Remarks like "I was able to get caught up" or "It gave me a chance to catch my breath" were very common for the entire sample. Clients also remarked that they felt that their experience helped them maintain timely payments because they were able to clear their old debts. However, it should be noted that 20% of the respondents voluntarily remarked that they were behind again with their bills at the time of the interview.

While most respondents in the sample did not report personal or interpersonal problems such as mental health, drug or alcohol, or domestic disputes or violence, among

Exhibit III.17
Case managers' files: Outcome Indicators
Case manager – Client Contacts

Outcomes	**More Positive Outcomes**	**More Risky Outcomes**
Number of client contacts N=102	Chi-Square .032*	
1 or 2 contacts	5 (13.9%)	24 (36.4%)
3 contacts	9 (25.0%)	18 (27.3%)
4 contacts	11 (30.6%)	8 (12.1%)
5 or more contacts	11 (30.6%)	16 (24.2%)
Outcomes by problem type and increasing number of contacts	**Result**	**Chi-Square**
Employment problems by increasing number of contacts N=62	More positive outcomes occur with increased contact	.036*
No employment problems by increasing number of contacts N=40	No difference in outcomes with increased contact	.323
Family problems by increasing number of client contacts N=28	No difference in outcomes with increased contact	.88
No family problems by increasing number of client contacts N=74	More positive outcomes occur with increased contact	.016*
Income problems by increasing number of client contacts N=39	No difference in outcomes with increased contact	.216
No income problems by increasing number of contacts N=63	No difference in outcomes with increased contact	.161
Contacts with clients	**Number of contacts**	**Number of contacts per month**
Mean	3.7	1.2
Median	3.0	1.0
Mode	2.0	1.0

Exhibit III.18
Perceptions of Program Outcomes of Client-Level Interviews

Variable	REACH	PHPP	TOTAL
	(N = 23)	(N = 25)	(N = 48)
Perceptions of Outcome by Different Components			
Program helped resolve housing crisis			
Very much or Somewhat (%)	100.0 [21]	91.7 [24]	95.6 [45]
Program helped maintain timely payments			
Very much or Somewhat (%)	90.9 [22]	88.0 [25]	89.4 [47]
Program helped develop budget			
Very much or Somewhat (%)	95.7 [23]	32 [25]	62.5 [48]
Program helped maintain goals with personal problems			
Very much or Somewhat (%)	83.3 [6]	40.0 [5]	63.6 [11]
Did not have these problems (%)	72.7	80.0	76.6
Program helped maintain goals with interpersonal problems			
Very much or Somewhat (%)	100 [1]	50.0 [2]	66.7 [3]
Did not have these problems (%)	95.7	91.7	93.6
Program helped maintain or establish employment or education			
Very much or Somewhat (%)	80.0 [15]	60.0 [5]	75.0 [15]
Did not need these services (%)	34.8	80.0	58.3
Program helped with parenting skills			
Very much or Somewhat (%)	36.4 [11]	5.0 [20]	16.1 [31]
Program helped maintain school enrollment			
and attendance for kids			
Very much or Somewhat (%)	66.7 [3]	100 [2]	80.0 [5]
Did not need these services (%)	72.7	90.0	83.9
Program helped meet childcare needs or problems			
Very much or Somewhat (%)	100 [2]	50.0 [2]	75.0 [4]
Did not need these services (%)	80.0	90.5	87.1
Client Perceptions			
PCHPP Experience Help with Immediate or Future Problems			
Immediate (%)	8.7	44.0	27.1
Future (%)	82.6	36.0	58.3
Both (%)	8.7	20.0	14.6

[ ] = Number of participants who were considered applicable for the particular variable

those who experienced these problems, about two-thirds thought the program had helped to maintain their goals. Moreover, more than half of the respondents (58%) stated that they did not need employment or educational help. Three-quarters of those who perceived as having educational or employment needs felt that the program had helped to maintain their goals.

Among sample members who were currently with children, only 16% felt that the program had helped them improve their parenting skills. Part of the reason for this low percentage is that many clients felt that they already had good parenting skills. For similar reasons, 84% of the sample stated that they did not need help in maintaining school enrollment and attendance for their children, and 87% stated that they did not need childcare help. Of the two clients who reported that the program did not help with childcare or school enrollment, they both remarked that these services were not offered to them.

Overall Appraisal of Program Outcome and Elements

Overall, nearly three-quarters (73%) of the respondents thought that their experience with PCHPP would help them resolve future problems. Respondents commented that the Program had made them more aware of their budgeting problem, helped them learn about other programs, and allowed them to maintain their bills. Some respondents also remarked that they now know where to go if they should find themselves in similar housing circumstances.

For those who felt that their experience helped only with the immediate situation, their comments reflected the idea that solving the housing crisis itself is the sole purpose of their program participation. That is, these respondents sought out and received exactly the kind of help that they were looking for—cash assistance to manage their immediate crises. The high rate of client satisfaction supported this impression as well. Although a number of clients were somewhat surprised to learn about the array of services that could have been made available to them, most felt that the program staff were very efficient in helping them with their problems and that they got the help that they were looking for.

Most Important Program Elements and Client Recommendations

For most clients interviewed, cash assistance was perceived as the most critical and important element of the entire program. Half of the clients felt that getting the cash assistance kept them from losing their residence or losing their utilities. In turn, by relieving any past debts and pending evictions or cutoffs, clients remarked that much of the stress they reported earlier was relieved. In fact, when asked about what could be done to improve the program, the most common response was "to get the word around." This reflects the notion that not only did they find the help that they got useful, but that they felt that more people needed to know about the program.

A significant minority of the respondents ($N = 10$, 21%) felt that there should have been more follow-up and recommended that follow-up services be implemented. Two Latino clients and one Asian client felt that there is a need for more outreach to their communities. About one in ten clients complained about strict rules for appointment times and long commutes. Several clients felt that there should be more funding, and more referrals for educational help and job training. Three clients were also concerned that the process of getting assistance (the payment process) was too long and that it should be done in a more timely manner. One client remarked that the waiting period to get more help was too long.

E. Effectiveness of PCHPP as Evidenced through Behavioral Changes of Program Participants

This section is divided into two parts. First, we analyze behavioral outcome data from 83 members of a program cohort who entered the PCHPP in May and June of 1998 and phone interview data collected from a sample of 20 members of the outcome cohort. Second, we compute the rate of use of public shelters in Philadelphia among program participants of PCHPP and identify individual characteristics that are associated with a higher risk of post-program shelter use.

Effectiveness of Behavioral Changes for a Program Cohort

Monthly tracking questionnaire of measurable objectives.—Case managers working with each of the 83 members of the outcome cohort filled out a one-page monthly questionnaire indicating whether or not the participant had fulfilled each of the 18 behavioral objectives of the program. Seven of these program objectives apply to <u>all</u> participants: 1) resolution of presenting crisis; 2) maintenance of timely rental, mortgage, and/or utility payments; 3) development and maintenance of a budget; 4) elimination of unaffordable household expenses; and 5) compliance to case management requirement (3 items). Eleven of the 18 program objectives apply only to participants with certain characteristics, including individuals with mental health or substance abuse problems, TANF participants, and employable/job-seeking individuals.

Case managers were instructed to fill out the monthly tracking form during the first three months of program participation. However, one-third of all cohort members had missing data on one or more items during the tracking period. The demographic characteristics of the program cohort ($N = 83$) are similar to those of all clients who entered the program during the evaluation period. Exhibit III.19 (p. 85) displays the percentages of cohort members to whom the case managers rated as having achieved various program objectives specified in the outcome questionnaire. Case managers consistently rated more than 90% of their clients as having resolved presenting crisis during the tracking period (item 1). About two-thirds of the program cohort were rated as capable of maintaining timely rental, mortgage, and/or utility payments (item 2). Between 73% and 85% of cohort members were rated as being successful in developing a budget

Exhibit III.19
Outcomes Statistics for Months 1 - 3

Outcome Variable	Month 1	Month2	Month3
% whom case manager perceived to have			
1. Resolved presenting crisis	92.8 (83)	91.4 (81)	93.2 (74)
2. Maintained timely rental, mortgage, and/or utility payments	65.9 (82)	66.3 (80)	66.7 (66)
3. Developed a budget/maintained monthly expenses	84.3 (83)	77.8 (81)	73.5 (68)
4. Eliminated unaffordable and/or luxury household expenses	85.4 (82)	82.3 (79)	83.6 (67)
5. Used referrals to access additional services outside of prevention program	82.0 [50]	73.0 [37]	80.1 [41]
6. Kept scheduled case management appointments	85.2 (81)	55.6 (81)	53.5 (71)
7. Provided documentation requested by case manager	89.0 (82)	71.6 (81)	59.2 (71)
8. Maintained case management goals	86.6 (82)	72.5 (80)	65.7 (70)
9. Maintained substance abuse-related goals	0 [2]	0 [1]	0 [1]
10. Working on parenting skills	80.0 [5]	100.0 [3]	100.0 [2]
11. Children are enrolled/regularly attending school	91.7 [12]	80.0 [10]	100.0 [9]
12. Maintained mental health-related goals	66.7 [6]	100.0 [4]	100 [2]
13. Addressing needs for assistance re: domestic violence	83.3 [6]	100.0 [5]	0 [0]
14. Established plan for/maintained 8-week work search	84.0 [25]	60 [20]	81.8 [11]
15. Established plan for/maintained job search activity	91.3 [46]	75.6 [45]	85.7 [28]
16. Established plan for/maintained job training activity	64.0 [25]	60.9 [23]	42.9 [7]
17. Established/maintained employment	41.2 [34]	42.9 [35]	65.0 [20]
18. Established and/or maintained educational programs	40.0 [15]	37.5 [16]	44.4 [9]

( ) Number of participants who had information on the variable
[ ] Number of participants who were considered applicable for the particular variable

and maintaining monthly expenses and eliminating unaffordable household expenses (item 3 & 4). The "success" rate of behavioral objectives related to case management declines over the tracking period (item 6 – 9). For example, while 85% of participants were rated as capable of keeping scheduled case management appointments during the first month, only 56% and 54% were rated as capable of doing so during the second and third months.

Among those that case managers perceived as having a need for referral services, between 73% and 82% actually received the services during the tracking period (item 5). Case managers identified very few clients as having either behavioral health problems (substance abuse and mental health), childcare and parenting problems, or problems with domestic violence (item 9 – 13). With the exception of substance abuse-related goals, most participants with personal and interpersonal problems were rated by case managers as capable of meeting the related goals.

Twenty-five participants were required to fulfill work search requirements for their enrollment in TANF (item 14). Case managers reported that they had established (or maintained) a plan for the 8-week work search for 84% of these participants. The percentage of participants who needed work search services because of TANF enrollment as well as those who were able to establish or maintain work search activities both declined during the second and third month. It should be noted that the outcome data for this particular program objective, as in the case of other objectives, might be unreliable because of missing information. Compared to job training, employment, and education-related services, more participants were rated as having a need for job search services and a higher percentage of those who needed job search services were rated as having received these services (item 15 – 18, Exhibit III.19).

Exhibit III.20 (p. 87) presents individual outcome patterns for seven of the program objectives that apply to all participants. The statistics are based on information from participants who were rated by case managers for all three months. The "all positive" column gives the percentage of participants who were rated by case managers as having met the program objective for all three months. The "all negative" column gives the percentage of participants who were rated as failing to meet the program objective for all three months. The "some positive" column designates those who had both positive and negative rating during the three-month period. The table gives direct comparison of relative effectiveness of various measurable outcome objectives.

As the data show, nearly 90% of cohort members were rated as having resolved their presenting crisis throughout the tracking period. About 70% of cohort members were rated as capable of eliminating unaffordable household expenses during the three-month period while about two-thirds were capable of developing a budget and maintain monthly expenses. Nearly 60% of cohort members were rated as capable of maintaining case management goals consistently for the tracking period. The following three program objectives have less than 50% of the participants maintain activities consistently during the tracking period: maintaining timely rental, mortgage, and/or utility payments (45%), keeping scheduled case management appointments (39%), and providing document

Exhibit III.20
Outcomes Pattern

Outcome Variable	All positive	Some positive	All negative	Valid N*
Resolved presenting crisis	89.2	5.4	5.4	74
Maintained timely rental, mortgage, and/or utility payments	44.6	43.1	12.3	65
Developed a budget/maintained monthly expenses	67.6	22.1	10.3	68
Eliminated unaffordable and/or luxury household expenses	70.3	25.6	3.1	64
Kept scheduled case management appointments	39.4	50.7	9.9	71
Provided documentation requested by case manager	49.3	43.7	7.0	71
Maintained case management goals	59.1	32.9	10.0	70

* Number of participants who had information for all three time points

requested by case management goals (49%). Overall, the incidence of all negative ratings is quite uncommon, ranging from 5% for "resolving presenting crisis" to 12% for "maintaining timely rental, mortgage, and/or utility payments."

Telephone interviews with a sample of the program cohort—Twenty members of the outcome cohort were interviewed over the telephone to complement the behavioral outcomes assessed by case managers. The sample represents an even distribution of REACH and PHPP clients (10 from each agency). Members of the outcome cohort who were interviewed do not differ from those who were not in terms of gender, race/ethnicity, and household characteristics. There is little difference in demographic profile, experiences with the program processes and procedures, and levels of service satisfaction between members of the telephone interview sample and the face-to-face interview sample.

Members of the telephone interview sample generally held positive views about the outcomes of different elements of the program including resolution of housing crisis (15 out of 20), maintenance of timely payments (14 out of 19 who had a problem), and development of a budget (14 out of 19 who had a problem). Although only a few clients expressed any need for services to address personal and interpersonal problems, among those who had a need, most rated the program as helpful in addressing their problems. An exception to the positive appraisal of program elements is client's assessment of employment and education assistance. Of the 7 clients who reported that they needed help with maintaining or establishing employment or education, only 3 stated that their experience with the program in fact helped them improve this situation. Only 1 person reported that the program helped them with their parenting skills. Two respondents reported that the Program helped them maintain school enrollment and attendance for their children and no clients reported that they received help meeting childcare needs or problems. However, it is important to bear in mind that the majority of clients reported that they did not need these child-related services.

The most striking finding derived from the phone interviews is that three-quarters of the sample (15 out of 20) reported experiencing another housing crisis—that is, they were behind on either rent, utility, or mortgage payments—since coming to PCHPP. The average duration of time during which these respondents had been behind on payment is 3 months. In addition, 6 out of 20 clients reported they had experienced problems with managing a budget. In contrast, only one respondent reported experiencing personal problems since coming to the program, none reported experiencing any interpersonal problems, and only 1 reported experiencing problems with parenting. Finally, on a positive note, of the three clients who received educational or employment assistance, all reported getting a job or into a school or training program as a result of the program's help.

Comparing case managers' ratings and participants' self-reports.—Comparing case managers' and clients' reports reveals some consistency about the extent to which the program objectives were achieved for members of the outcome cohort. In general, the responses of case managers and clients were both positive with regard to the resolution of presenting housing crisis, maintenance of timely payments, and development of household

budgets. Furthermore, reports from case managers and clients concur on giving a small percentage of clients who experienced personal and interpersonal problems that need intervention. Despite these consistencies, client interview data indicate that very few respondents (3 out of 20) received employment or educational assistance, a finding that is inconsistent with the data tabulated from the outcome questionnaires filled by case managers. More importantly, despite the generally positive appraisal of the outcomes pertaining to the presenting crisis, a large proportion of clients interviewed (15 out of 20) reported experiencing another housing crisis since coming to the PCHPP.

Effectiveness of PCHPP in Preventing Shelter Use

One means by which to measure the success of a homelessness prevention program is to track whether or not households experienced shelter episodes following their receipt of homeless prevention assistance. Such an approach, however, is less straightforward as it initially seems, as low rate of homelessness subsequent to program participation can be, but are not necessarily, an indicator of effective program intervention. This section will briefly explore what is known about factors that are associated with an increased risk of homelessness, thus suggesting some criteria for assessing the risk level of a household. Then, using data from the two PCHPP providers and the City of Philadelphia's Office of Emergency Shelter Services (OESS), the degree to which households receiving homeless prevention assistance have used the shelter system will be determined.

Identifying a household that is at an elevated risk for homelessness goes beyond assessing a family to be either poor or facing a financial crisis. In theory, anyone experiencing a housing emergency may become homeless; however, in reality, most people facing acute or chronic housing and financial problems manage to avoid homelessness by utilizing an array of survival strategies such as help from family or friends. Thus, even among households who seek emergency housing or utility assistance, the act of receiving such assistance, while unquestionably an important component for helping them regain stability from economic difficulty, cannot automatically be assumed to be instrumental in preventing homelessness.

Having said this, it is also important to point out that homelessness is not an uncommon occurrence, especially among households whose incomes are under the poverty guidelines and among African Americans. In estimating the rates of shelter use in New York City and Philadelphia, Culhane and Metraux (in press) find that 5.5% of the population living under the poverty income guidelines experienced a shelter stay in 1994. However, some poor households, given certain characteristics, seem to be at a higher risk of experiencing homelessness than other poor households. A review of research on homelessness identifies the following as primary factors associated with increased risk of becoming homeless:

- Prior episodes of homelessness
- Extreme poverty, i.e., households under 50% of the poverty line
- Persons of African American race

- Persons with prior episodes in institutions, particularly in the criminal justice or mental health systems, or persons having been in foster care
- Experience of childhood abuse
- Presence of domestic violence in household

The presence of these characteristics does not necessarily infer causality, but can signal that there is an increased likelihood that a household may become homeless. It is also important to bear in mind that the majority of households with each of these characteristics will not necessarily become homeless. These characteristics, however, may be used to better identify who would be appropriate for homelessness prevention services.

Such households may not be the easiest to serve, and will likely present different sets of circumstances than those often assisted under emergency assistance programs, which usually seek to assist those households that can resume financial self-sufficiency relatively quickly after being given short-term financial assistance (refer to Section IV). In contrast, households in need of homelessness prevention assistance typically have larger arrearages, more long-term financial and chronic housing problems, and/or other personal and family issues that will effect their ability to maintain self-sufficiency.

Paradoxically, therefore, one indicator that a homeless prevention program is successfully reaching its target clientele may in fact be a high "failure" rate, meaning that, despite receiving assistance, a significant proportion of program participants experience a subsequent episode of homelessness. Of course, high rates of homelessness may also indicate that a homeless prevention program is ineffective. Thus it is necessary to look beyond rates of homelessness and look more closely at program goals, target populations, as well as contextual factors surrounding assisted households and their subsequent experiences with homelessness.

The goals of this analysis are to assess the rates of homeless shelter use and to identify risk factors for homelessness among PCHPP participants. In order to undertake such an analysis, computer databases were merged to determine how many households stayed in Philadelphia's homeless shelters within 180 days of receiving PHPP or REACH assistance[1] by virtue of common names, social security numbers, and dates of birth. Results are presented and discussed by program.

PHPP Data.—Nineteen of 1,048 households (1.8%) who received PHPP assistance experienced homelessness in the subsequent six-month period. Such a small number of households using shelters following receipt of PHPP assistance renders a qualitative summary of the circumstances that surround each of the cases more fruitful than statistical analyses (which will be performed with the REACH data). Exhibit III.21 describes the 19 households (10 of them families with children) that experienced shelter stays subsequent to receiving PHPP assistance.

[1] Given the relatively short time period between the end of the homeless prevention program and this evaluation, 180 days was the longest time period that all households could be followed subsequent to receiving assistance.

Exhibit III.21 - Selected Characteristics for Households Who Experienced an OESS Shelter Stay Within 6 Months of Receiving PHPP Assistance

ID Number	Race/ Ethnicity	Sex	Birth Year	Last Grade Completed	Adults in HH	Children in HH	PHPP Intake	PHPP Assist	OESS Stay	Prior OESS[1]
1	Afr.-Am.	F	1975	12	1	2	Jun-98	Jun-98	Jul-98	No
2	Afr.-Am.	F	1973	12	1	1	Jun-98	Aug-98	Sep-98	Yes
3	Afr.-Am.	F	1966	8	1	4	Jul-98	Aug-98	Jul-98	No
4	Afr.-Am.	F	1967	13	1	0	Nov-98	Nov-98	Dec-98	No
5	Afr.-Am.	M	1965	15	1	0	Jul-98	Aug-98	Jan-99	Yes**
6	Afr.-Am.	M	1956	12	1	0	Jul-98	Jul-98	Dec-98	Yes
7	Afr.-Am.	F	1964	14	1	0	Jul-98	Jul-98	Nov-98	No
8	Afr.-Am.	M	1951	12	1	0	Jul-98	Jul-98	Aug-98	Yes**
9	Afr.-Am.	F	1961	10	1	0	Apr-98	May-98	Aug-98	No
10	Afr.-Am.	M	1956	11	1	7	Jul-98	Jul-98	Dec-98	No
11	Hisp.	F	1961	10	1	5	May-98	May-98	Jun-98	Yes
12	Afr.-Am.	F	1959	11	1	2	Sep-98	n/a	Oct-98	Yes
13	Afr.-Am.	F	1959	12	1	0	Jul-98	Aug-98	Aug-98	Yes**
14	Afr.-Am.	F	1964	14	1	1	Feb-98	?	Jul-98	Yes
15	Hisp.	F	1969	12	1	2	Mar-98	Apr-98	Sep-98	No
16	Afr.-Am.	F	1966	12	1	2	Nov-98	n/a	Nov-98	Yes*
17	Afr.-Am.	F	1952	11	1	0	Jan-98	n/a	Feb-98	Yes**
18	Afr.-Am.	F	1956	14	1	1	Sep-98	Sep-98	Oct-98	No
19	White	M	1940	12	1	0	Apr-98	Jun-98	Jul-98	No

(table continued)

ID Number	Income Source[2]	Monthly Income	Reason[3]	Assistance Received[4]	Notes
1	E/PA	$ 1,360	UO	$ 750	
2	E/PA	$ 1,280	SRI	$ 750	Evicted after losing job; Depression and substance abuse noted; Regained housing after last OESS stay
3	OF	$ 1,042	NPH	$ 1,200	
4	E	$ 960	UO	$ 750	
5	E	$ 768	NPH	$ 1,200	Substance Abuse problems noted
6	OF	$ 725	H	$ 740	Long term drug rehab (4/98); Mental health issues noted
7	E	$ 680	NPH	$ 855	
8	OF	$ 578	H	$ 740	Substance abuse problems noted
9	OF	$ 521	UO	$ 576	Lost apt. due to building code problems; Substance abuse noted; On SSI for major mental illness
10	OF	$ 521	UO	$ 750	Depression and substance abuse noted
11	PA	$ 497	SRI/SLC	$ 1,200^^	
12	PA	$ 497	SLC	$ 700	Drug use noted
13	OF	$ 469	UO	$ 720	Mental health issues noted
14	E	$ 428	UO	$ 735	On Section 8 housing subsidy
15	PA	$ 403	SRI	$ 951	
16	PA	$ 403	H	$ 1,500^^	1st PHPP assist received on 4/28/98 then relapsed into shelter use; Substance abuse problems noted
17	O	$ 360	UO	$ -	Evicted 2/23/98; Then was hospitalized with physical and mental health/substance abuse problems
18	PA	$ 316	EEI	$ 961^	Client Evicted 1 month after last assist
19	PA	$ 205	SRI	$ 600	Told OESS he is homeless because apt. is uninhabitable

1- In shelter less than one year(*) or less than six months(**) prior to PHPP assist

2- E- Employment; F- Fixed Benefits; PA- Public Assistance; O-Other

3- H- Homeless; EEI- Expenses Exceed Income; NPH- Needs Permanent Housing; SLC- Substandard Living Conditions; SRI- Sudden Reduction in Income; UO- Unexpected occurrence;

4- Received assistance on 2(^) and 4(^^) separate occasions

Note - Income Source, Monthly Income, Reason, and Assistance Received data all taken at time of PHPP intake.

Several observations can be made based on the data displayed in Exhibit III.21. First, the majority of the households who had shelter stays following their assistance from PHPP had records of previous shelter stays. This means that, of the 87 (8.3% of the total) households who came to PHPP with prior records of shelter use, 11% would experience a shelter stay within six months after receiving assistance. In contrast, only 0.9% of the households with no prior shelter history would experience a shelter stay within this time period. This finding suggests the need for targeting more intensive services to households who report a prior stay in the shelter system.

Second, income for the 19 households, while lower than that of the other PHPP-assisted households, was not so low as to indicate a large difference. The mean and median monthly income reported to PHPP for those who experienced homelessness after service use is $632 and $521, compared to $745 and $616, respectively, for the other PHPP-assisted households. The difference in the means is not statistically significant. Moreover, 6 of the 19 (32%) households disclosed receiving at least some of their income from employment, compared to 43% in the overall group of PHPP assistance recipients.

Third, 84%, or all but three of the 19 households, are of African-American race. This, as a proportion, is virtually identical to the 82% of the total PHPP-assisted households who are African American. It should be noted that the high percentages of African Americans using homeless prevention assistance and shelter service does not imply that race causes housing difficulties. These results are one example showing how economic and housing stability may be harder to maintain for African Americans due to lasting effects of discrimination and residential segregation.

Fourth, for at least 9 out of the 19 households profiled in Exhibit III.21, the need for financial assistance is only one facet of their situation; mental health or substance abuse issues are reported for these cases. This suggests the need for more intensive intervention by case managers in linking these households to other services so as to tackle the personal disabling factors that underlie the housing crisis experienced by heads of these households.

Fifth, the median amount of PHPP assistance, $750, is identical to the median assistance level for the overall group. Only one sheltered household received no financial assistance through PHPP and there is no evidence that, as a group, the households that were to become homeless received different treatment in the course of receiving assistance from PHPP.

Finally, the relatively low degree of homelessness among PHPP recipient households warrants further discussion. Of all the PHPP-assisted households, 22 (2.2%) had a shelter stay in the year preceding their receiving PHPP assistance. This is considerably lower than the 5.5% rate that Culhane and Metraux (1999) found among the overall poverty population. While one cannot directly compare these two statistics, the disparity between them suggests that PHPP, in selecting the households the program assists, are reaching a group that has a lower risk for homelessness than the overall poverty population. Furthermore, the income and employment levels among the aggregate of

PHPP recipients is higher than that of the sheltered subgroup—another possible (but not conclusive) indicator that the PHPP's clientele may consist of poor households in crisis, instead of households at high risk for homelessness.

REACH Data.—Merging the REACH and OESS datasets shows that 57 out of 1,710 households[2] (3.3%) experienced an OESS shelter stay in the six months following REACH intake, nearly two times the rate among PHPP-assisted households. Of the 164 (9.6% of all households) REACH households who had ever stayed in OESS shelters prior to their REACH intake, 55, or 34%, had a shelter stay in the year prior to REACH intake. Twenty-two households had shelter stays both before and after their REACH intake.

Logistic regression is used to estimate the effects of various factors on the odds of experiencing an OESS shelter stay subsequent to participation in the REACH program. All else being equal, the model results shows five factors have significant effects on the odds of shelter stay (refer to Exhibit III.22). Receiving utility assistance and reporting wage income substantially, as well as significantly, reduce the odds of shelter use, while prior history of homelessness, receipt of public assistance, and staying with family or friends at, or prior to, REACH intake substantially and significantly increase the odds of a subsequent shelter stay.

All of these significant variables have expected effects. Again the strong predictive value of a prior history of shelter use is apparent, and receipt of public assistance benefits, as an indicator of extreme poverty, is also consistent with the risk factors identified by other homelessness researchers.

Only the utility assistance variable requires further explanation. The effect of utility assistance may be an indication of less-severe need, instead of effectiveness of assistance, as over 90% of those receiving utility assistance did not receive any other type of financial assistance. Thus, utility arrears, even though signifying a crisis, may not, by itself, indicate imminent danger of homelessness.

The results give little evidence that financial assistance, or case management services, as administered through REACH's homeless prevention program, in and of themselves significantly reduce the odds of lapsing into homelessness. This means that, after controlling for other factors in the model, the 48% of the households that received some form of housing assistance (with rent, mortgage, or security deposit), as a group, had odds of shelter use that were similar to those households that did not receive such assistance. Similarly, the 65% of the REACH households that received some form of case management services did not, as a group, show any significant reduction in the odds of subsequently staying in a shelter. Utility assistance was the only form of assistance that showed a substantial reduction in the odds for a subsequent shelter stay, but this, as was just discussed, may be due to other factors.

[2] Due to missing data, 65 REACH households were not included in this analysis.

Exhibit III.22 - Factors Associated with OESS Shelter Stay within 6 months of REACH Intake

Variable	Parameter Estimate	Standard Error	Significance Level	Odds Ratio
Intercept	-4.19	0.8436	***	.
Received Case Mgt. Only	0.08	0.5334		1.09
Received Mortgage Assistance	-0.84	0.6855		0.43
Received Rental Assistance	-0.41	0.4008		0.66
Received Security Deposit Assistance	-0.06	0.4355		0.94
Received Utility Assistance	-1.61	0.6927	*	0.20
OESS Shelter Stay Prior/During REACH Intake	1.61	0.3083	***	4.99
Age of Applicant at Time of REACH Intake	0.00	0.0142		1.00
Male Applicant	0.33	0.4086		1.39
African-American Household	-0.04	0.5524		0.96
Children Included in Household	0.03	0.3113		1.03
High School Diploma/GED/College	0.48	0.4414		1.61
Wage Income at Time of REACH Intake	-0.93	0.4576	*	0.40
On Public Assistance at Time of REACH Intake	0.85	0.3785	*	2.33
Housing with Family/Friends at REACH Intake	0.73	0.3687	*	2.08
Self Reported Homelessness at REACH Intake	0.91	0.7586		2.49

* $p < .05$; ** $p < .01$; *** $p < .001$

These findings must be considered with several caveats. First, incomplete data prevented the inclusion of some important predictor variables into the model, including job program referrals or income amount. Second, this analysis only looks at households who received REACH assistance, and does not include a control group. Thus, there is no way for this analysis to measure whether or not households participating in the REACH program had, as a group, an increased or decreased likelihood of becoming homeless, compared to a group of similar households who did not participate in the program. Finally, the model could not measure some of the risk factors for homelessness mentioned at the beginning of this subsection, such as history of abuse, history of institutionalization, and experience of domestic violence. Recall that in the PHPP analysis, a high proportion of households who became homeless after receiving homelessness prevention services had experienced mental health or substance abuse problems. Including measures that control for these circumstances may well alter the results of the model.

SECTION IV

OTHER HOMELESSNESS PREVENTION PROGRAMS

As part of the evaluation of the Philadelphia's Community-Based Homelessness Prevention Program (PCHPP), the research team conducted key-informant interviews with 14 government (state and local) and not-for-profit program administrators to document a variety of homelessness prevention approaches in operation. The interviews have provided a great deal of information about the organizational structures, funding sources, and program elements of homelessness prevention nationwide. In this section, we present the findings of the key-informant study. To provide a framework for analyzing the data, we discuss the concept and practice of homelessness prevention and apply the concept to PCHPP. We also give an overview of previous research of homelessness programs for different population groups in other communities in the nation.

A. The Concept and Practice of Homelessness Prevention

Currently, there is no universally agreed-upon definition of homelessness prevention. Eric Lindblom, an early advocate and key proponent of prevention, conceptualized homelessness prevention as a multi-faceted approach involving various levels, strategies, and targets of intervention (Lindblom, 1991, 1996). Other authors have applied theories of prevention developed in the public health arena, and two prevention conceptualizations have emerged as useful tools for understanding how prevention works for individuals at risk of homelessness. They are the public health distinctions of primary, secondary, and tertiary prevention proposed by the Commission on Chronic Illness (1957), and Gordon's (1983) characterization of preventive interventions as universal, selected, and indicated.

Jahiel (1992) applied the Commission on Chronic Illness' concept of disease prevention and added a fourth dimension to the typology—late primary prevention. The four levels of intervention identify prevention activities as corresponding to different timings in the process of becoming and staying homeless, with ***tertiary*** prevention focusing on persons who are chronically homeless, ***secondary*** prevention on persons who are newly homeless, ***late primary*** prevention on those who are imminently homeless, and ***primary*** prevention on those who may be at risk of homelessness in the future.

In a recent discussion paper, Shinn and Baumohl (1998) outlined three prototypes of homelessness prevention using an alternative operationalization of preventive medicine proposed by Gordon (1983, 1987). According to this schema, preventive measures are classified on the basis of the population groups among which services may be targeted and optimally used. ***Universal*** prevention programs are interventions available to the ***general public*** regardless of an identified risk. An example of universal prevention would be a national job-training program designed to increase the earning power of new entrants to the labor market so that they can afford adequate housing and avoid homelessness. ***Selected*** prevention programs are programs targeted to individuals at risk due to their ***membership***

in some ***group***. For example, a program that targets its services to neighborhoods known to have high rates of homelessness is selecting individuals for participation based entirely on their membership within these geographical areas. Finally, ***indicated*** prevention programs differ from the other two prevention measures by targeting services to ***individuals***, who, upon ***screening*** or ***examination***, are found to manifest characteristics that place them at high risk of future homelessness. For example, programs that provide rental assistance and case management to individuals and households that have received court eviction papers are an example of indicated prevention.

Applying the two frameworks proposed by Jahiel (1992) and Shinn and Baumohl (1998), the PCHPP may be considered a ***late primary prevention program*** that incorporates aspects of ***indicated*** and ***selected*** prevention designs. Single adults and families are eligible for assistance only after screening has been ascertained for indicated risks of homelessness including eviction, mortgage foreclosure, building condemnation, loss of utilities, and domestic violence. Each of the aforementioned characteristics are indicated risk factors for homelessness as people who become homeless have experienced a significantly greater number of these events than people who do not become homeless. However, the PCHPP also incorporates a selected prevention strategy by targeting neighborhoods known to have high rates of homelessness. In essence, the Program "selects" all residents of those high-risk neighborhoods located near intake centers and then "indicates" which of these residents are eligible for assistance based on the above personal or household characteristics. The pilot phase of the PCHPP was initiated as a selected prevention program by targeting all former General Assistance (GA) recipients, although screening was implemented for establishing eligibility for program participation.

The PCHPP is also an example of late primary prevention programs in that it targets those who are *in the process* of becoming homeless. In the City of Philadelphia, there are other programs targeting the "special needs populations"—including persons with severe mental illness and substance abuse problems—that would qualify as secondary or tertiary prevention. Other jurisdictions (e.g. Boston) have implemented prevention programs targeted to individuals who are discharged from institutions including prisons, jails, and other correctional institutions. These programs seek to prevent *repeat homelessness* among persons who are at an elevated risk of chronic homelessness because of their disabling conditions or their need for re-affiliation to society.

Shelter diversion programs, such as those in operation in New York City and New Hampshire, are examples of secondary prevention approaches that focus on individuals who are homeless primarily because of economic reasons. Previous research on shelter utilization in New York City and Philadelphia has shown that these individuals are more likely to be homeless for a short duration of time. According to the shelter-diversion model, most "economically homeless" people—in spite of their enduring poverty and precarious circumstances—are considered capable of maintaining housing stability and avoid homelessness if short-term rent, mortgage, and utility assistance, tenant-landlord mediation services, and on-going case management services are made available in their community.

B. Literature Review on Homelessness Prevention Programs

A review of the literature on homelessness prevention programs reflects the following patterns: first, there is a gap between policy rhetoric and actual practice; second, more is known about programs addressing special needs populations—individuals with physical and behavioral health problems—than members of the "non-special-needs" population; and third, while there are no rigorous outcome studies on preventing homelessness among members of the non-special-needs population, there appears to be many promising approaches to prevention being implemented throughout the country.

Despite current Federal policy highlighting prevention as the "most cost-effective approach to homelessness" (Interagency Council on Homelessness, 1994: 50), homelessness prevention activities are a subordinate component of the "Continuum of Care" policy that basically adopts a "stage model" in intervention. The "Continuum of Care" policy has been criticized as over mechanistic as well as understating the primacy of the lack of affordable housing as the main systemic cause of homelessness. Others have pointed out the unintended consequences of creating a separate and secondary health and welfare system for already homeless persons by providing incentives for mainstream service agencies to release their difficult clients and for prolonged stays among shelter users to obtain access to scarce permanent housing resources (Culhane, 1992, 1993; Wong, Culhane, & Kuhn, 1997). In particular, Gerstel and her colleagues argued that the current system of transitional housing and supportive services have led to the "Therapeutic Incarceration of Homeless Families" (Gerstel, Bogard, McConnell, & Schwartz, 1996).

In practice, most federal funds for homelessness prevention for the "general population" are provided through the Emergency Shelter Grant Program (ESG), which currently has a cap at 30% on prevention expenditures. Indeed, the cap was raised since the early 1990s from the initial formula of 15% of total homelessness services expenditures, when the homelessness prevention became an eligible activity in 1989. It should be noted that prevention funds are also available through the Federal Emergency Management Agency's (FEMA), Emergency Food and Shelter Program and the Department of Health and Human Services' (DHHS) Homeless Grant Program, but these funding streams are relatively limited. According to the last national evaluation of the ESG Program, state and local agencies used 9% ($6.5 million) of their ESG funds for prevention activities in 1991, up from 1% ($465,000) during the first year of eligibility in 1989. This national figure has no doubt increased since that time; several agencies included in our study reported maximizing their ESG prevention funding to the 30% cap.

A wider range of funds is available for prevention programs that target services for special needs populations. Coupled with the availability of program funds, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has funded two multi-site collaborative agreement service demonstration programs in the early 1990s to evaluate the effectiveness of various approaches for members of the chronically mentally ill and chemically dependent homeless populations. The approaches used in these service demonstrations incorporate and compare various models of case management, housing,

and treatment services. Experimental and quasi-experimental designs with comparison groups as well as standardized outcome measures with established psychometric properties (reliability and validity) have been used to provide rigorous tests of program effectiveness. The results of these demonstration efforts indicate that formerly homeless individuals with special needs can maintain residential stability, although existing data do not elucidate the factors that are most important in achieving such stability.

By way of contrast, no known experimental or quasi-experimental studies have been conducted to test the effectiveness of preventing homelessness among members of the non-special-needs population. There are, however, a number of reports and articles identifying promising approaches including eviction prevention through legal and mediation services; youth outreach and use of a family risk scale to determine risk level; support for individuals who are in doubling-up circumstances; neighborhood-based intervention strategies; mortgage and rental assistance; and discharge planning. Despite the non-conclusiveness of these studies for establishing effective intervention approaches, homelessness prevention is considered critical given that one of the most important and consistent predictors of future homelessness has been found to be an experience of a previous episode of homelessness.

C. Selection of Homelessness Prevention Programs

The 14 homelessness prevention programs included in the key-informant study were drawn from a published list of programs in the area of homelessness prevention or based on the knowledge of members of the research team. These programs were chosen to reflect various program sizes, target populations (singles, families, persons with mental health problems, and persons released from institutions), levels of administration (state vs. local programs), and governance structure (government vs. nonprofits). Of the 14 programs, 6 are state government programs, 3 are local (county and city) government programs, and 5 are programs administered by nonprofit organizations. There is also a wide range in scope and size of program. While one state government administrator administers funds for 50 different local programs that are fully integrated with the state welfare system, a nonprofit agency runs a prevention program for 25 single adults with mental illness, substance abuse disorder, mental retardation, or age-related problem.

D. Findings of the Key Informant Interviews

In the following, we report the information collected from our interviews with key informants of 14 homelessness prevention programs. The presentation of data corresponds with the accompanying summary tables (Exhibit IV.1 to Exhibit IV.5). We organize our presentation in two parts: 1) program goals, structure and process including evaluation of effectiveness; and 2) program elements.

Program Goals, Structure, Process, and Evaluation of Effectiveness

The **6** state programs cover **5** state jurisdictions in the country, with the first two state programs (S1 and S2) each covering 50% of the counties of the same state. One local county program (L1) is located in a suburban area neighboring a major metropolitan area in the Northeast region; another (L2) covers a metropolitan area in the Mountain region (with a population of 467,610, according to the 1990 census); and the third (L3) is a Central region county program that replicates the program of the city located within its borders (with a population of 396,685 according to the 1990 census). Most of the nonprofit programs serve an urban population, although the jurisdictions served by these programs vary from a single city or county for 3 programs (NP2, NP3, & NP4) to 10 sites for 1 program (NP2).

State and local program administrators articulated broader program goals than nonprofit administrators (column 2, Exhibit IV.1 (pp. 101-103)). Within the common theme of homelessness prevention, some variation emerges with regard to the target populations intended to be served by different programs. All state and one local programs appear to be less specific with regard to the target populations they intend to serve, while one local program (L2) and all nonprofit programs have more restrictive program eligibility (column 3, Exhibit IV.1). Targeted populations vary from "anyone in need of services" (S3), individuals with "financial, not emotional/social cause of crisis" (S5), to "single adults coming out of prison or correctional institution" (NP2) and "single adults at risk of imminent homeless with mental illness-, substance abuse-, aging- and mental retardation-related problems" (NP4).

Income guidelines (using the Federal poverty guidelines) are one common criterion for program participation (mentioned by 5 informants). Interestingly, 5 programs target their assistance to individuals who are considered to have a reasonable prospect of becoming economically independent, retaining housing, or resuming payment after program intervention. As column 4 of Exhibit IV.1 shows, nonprofit organizations reported more precise bookkeeping on the number of clients served annually. As expected, the number of clients served seems to vary positively with the size of program jurisdiction.

The structure of programs varies a great deal (last column, Exhibit IV.1), with four of the 6 state (S1, S2, S3, & S6) programs and one county (L1) program reported funding local nonprofit agencies. Two of the nonprofit agencies (NP3 & NP5) also serve as funding administrators respectively to 30 and 7 nonprofit agencies, and one of these agencies (NP3) directly runs its own program as well as administering programs of other nonprofit agencies. Three state programs (S1, S2, and S6) fund a combination of nonprofit and local public agencies, ranging in total number from 16 to 50 different agencies, while one state program (S3) funds nonprofit agencies only (5 agencies). One of the state programs (S6) centralizes its human services so that referrals are made often and easily between departments. Two state programs (S4 and S5) and one county program (L3) use their own departments to run their homelessness prevention programs. Finally, two nonprofit agencies reported the replication of their programs throughout the country.

Exhibit IV.1: Homelessness Prevention Program—Jurisdiction, Program Goals, Target Population, & Number Served

Jurisdiction	*Program Goals*[1]	*Target Population and Eligibility Criteria*	*# Served Annually (Unit)*	*Program Administration*
State Government				
S1. 50% of state's counties, mixture of rural and urban.	1. Prevent homelessness.	1. Families.[2] 2. Specific eligibility varies by program.	--[3]	16 Local Non-profits and Government Agencies
S2. 50% of state's counties, predominantly rural.	1. To help keep people at imminent risk of homelessness in housing.	1. Families at-risk of homelessness. 2. Conditional agreement for people with substance abuse disorders.	--	40 Nonprofit Community Assistance Programs
S3. Entire state, predominantly rural.	1. Prevent homelessness.	1. Must have received an eviction notice. 2. Must have reasonable prospect to resume payments.	--	5 Nonprofits
S4. Entire state.	1. Serve clients eligible under McKinney guidelines. 2. Fill in gaps in federal McKinney funds.	1. McKinney income guidelines. 2. Homeless or at imminent risk. 3. Very low income status. 4. Specific eligibility varies by program.	15,387 (Individuals)	Own Department
S5. Entire state.	1. Keep people in the housing they are in. 2. Locate new housing for people if relevant.	1. Financial, not emotional/social cause of crisis.[4] 2. Must have a court summons. 3. Must be able to pay rent. after assistance.	2,200 (--)	Own Department

[1] Some programs gave agency goals that included more than prevention goals.
[2] Initially did not serve couples without children, but now does.
[3] "--" indicates that information is missing.
[4] Intake done by telephone only – walk-ins are taken into the program on a very rare basis.

Exhibit IV.1 (continued.)

Jurisdiction	*Program Goals*	*Target Population and Eligibility Criteria*	*# Served Annually (Unit)*	*Program Administration*
S6. Entire state.	1. Fund homelessness prevention activities according to community-identified priority.	1. HUD criteria. 2. Specific eligibility varies by program.	--	50 Agencies, covering all counties and cities
Local Government				
L1. Single county, neighboring an urban area.	1. Preservation of housing through service intervention. 2. Provision of legal assistance to assure client and landlord responsibilities and rights are maintained.	1. Anyone in need of services. 2. Must be able to retain housing after assistance.	1,100 (--)	5 Nonprofit Agencies
L2. Large city.	1. Housing. 2. Emergency Services.	1. Low-income, non-TANF individuals and families, including post-incarceration clients. 2. Community Services Block Grant criteria: 125% poverty line of city.	1,500 (--)	--
L3. Single County incorporating a medium sized city.	1. Keep people out of shelter as long as possible.	1. Thirty days behind in rent or mortgage payments. 2. Income that covers expenses + $150.[5] 3. Must be over 18 years of age.	850 (Households)	Own Department
Nonprofit				
NP1. All counties in one state, and 5 counties in 5 other states.	1. Keep people in home-ownership. 2. Address the underlying problem behind mortgage delinquency.	1. Family homeowners at risk of foreclosure.	127 (Households, 1 county)	Own Department, Franchisees

[5] Respondent indicated that federal ESG self-sufficiency requirements were unnecessarily limiting, and agency plans to shift to more flexible local funding source.

Exhibit IV.1 (continued.)

Jurisdiction	*Program Goals*	*Target Population and Eligibility Criteria*	*# Served Annually (Units)*	*Program Administration*
NP2. Cities in 10 different states.	1. Provide transitional living program to reconcile former prisoners to society through the development of a supportive community.	2. Single adults coming out of prison or correctional institution. 3. Must be over 18 years old.	38 (Individuals, 1 city)	10 Loosely Centralized Nonprofit Agencies
NP3. Large city.	1. Provide catch-up mortgage, rental utility, and low-income rent. 2. Provide assistance to disabled individuals.	1. Families with minor children. 2. Federal poverty guidelines. 3. Must have a social support network. 4. Must meet predictor of homelessness criteria.	1,100 (Households)	30 Nonprofit Agencies
NP4. Single county that includes a small city.	1. Prevent homelessness by saving tenancy and moving clients to more appropriate housing. 2. Link clients to services.	1. Single adults. 2. Must have a mental illness, substance abuse disorder, mental retardation, or aging-related problem.	25 (Individuals)	Own Department
NP5. Single county that incorporates a major city.	1. To prevent the homelessness of families. 2. To provide assisted client families with the case management and supportive services necessary to prevent future dependency on emergency assistance agencies.	1. Families. 2. Proof of arrearage from landlord or mortgage company OR eviction notice. 3. Reasonable prospect that family will resume housing payments with supports.	304 (Households)	7 Nonprofit Agencies

One (NP1) uses a franchise system that is based on for-profit business practices, and the other (NP2) uses a "loosely centralized" collaborative system.

Perhaps the most thoroughly centralized and coordinated homelessness prevention service system represented in this sample is that of county program L3. This program is "designated as the central agency providing intake, assessment and referral services for homeless clients and prevention services for those at-risk of becoming homeless in the metropolitan area" (from program literature). This single hotline covers city and county offices so that staff from different departments would be able to coordinate their efforts with as little overlap as possible. Hotline operators interview clients for 15 minutes to determine if they are in need of homeless services (such as shelters) or prevention services and whether they come from the city or county. Depending on this initial assessment, the operator refers them to the appropriate county or city department. The homelessness prevention caseworker assigned to a homelessness prevention client would make a home visit to determine the client's housing and other related needs. The client is then provided with appropriate housing assistance, other related services, and referrals to other agencies if deemed necessary.

While there is a wide variety in the funding sources of the studied programs, there is heavy reliance on federal funds across all three program jurisdictions (Exhibit IV.2 (p. 105-107). Eight of the 14 programs rely for at least half of their funds on federal dollars, of which 5 (S2, S6, NP3, NP4, NP5) rely exclusively on federal funds. The federal funding sources used by these agencies include Emergency Services Grants (ESG, also called "McKinney Funds"), Federal Emergency Management Agency (FEMA) grants, Community Development Block Group (CDBG) grants, Temporary Assistance to Needy Families (TANF) grants, and Housing Opportunities for People With AIDS (HOPWA) grants. One nonprofit agency informant (NP3) that had used only federal funds expressed frustration about the lack of consistency and predictability of federal funds. While the initial federal funding of the agency was sizable ($25 million), it was a one-time three-year grant. After the Homeless Initiative Funds ran out, the agency was not able to replace the funds and had to discontinue what it felt to be a critically important program. Fortunately, the agency was able to obtain HOPWA funds and continue to run that homelessness prevention program, albeit on a smaller scale.

The informant of one county agency (L3) articulated the agency's plans to replace its ESG funds with local trust fund dollars in order to circumvent the requirement that clients must have income that covers expenses plus $150. This eligibility criterion had forced the program director to turn away clients who were only $20 short of meeting this eligibility criterion. Two informants reported the use of semi-private government agencies as funding administrators (NP3 and S3), and two states relied entirely on state funds to operate their programs.

The program budgets range tremendously across jurisdictions (column 3, Exhibit IV.2). For programs with budget data, annual budgets range from $45,000 for a sparsely populated, rural state (S3) to $13 million for a large city (NP3). Among the 6 informants

Exhibit IV.2: Homelessness Prevention Program—Funding and Evaluation

Program	*Funding*			*Evaluation*		
	Sources (Primary in bold)	*Annual Budget*	*Expenditures*	*Outcome Measures*	*Other Data*	*% Homeless After Services*
State Government						
S1.	**State only**	--	--	Agencies establish measurable goals; track clients at 6 and 12 months (difficult); use both non-shelter and non-doubled up definitions of homelessness.	Agency level needs assessments; shows need to change programs as homelessness changes.	5% after a year, not including doubled-up
S2.	**Federal only, (ESG)**	--	--	Agencies follow-up at 3 months.	Collect numbers served and demographic data, as HUD requires.	5% after 3 months.
S3.	**Federal, (66%, ESG),** State (33%)	$45,000, (5% of total)	--	NA	Information on clients maintained in permanent housing.	--
S4.	**Federal (50%, McKinney), State (50%)**	$431,000	--	NA (for last fiscal year; just instituted outcome reporting recently).	Case plans document client achievement of goals quarterly; also use a client satisfaction survey.	10%
S5.	**State only**	$4.7 million	*Cash:* 74% *Other:* 26%	NA (for last fiscal year; have done 18 month follow-up in past)	Some studies have been done, but they don't get used.	*Tenants:* -- *Homeowners:* 25%

Exhibit IV.2 (continued.)

Program	*Funding*			*Evaluation*		
	Sources (Primary in bold)	*Annual Budget*	*Expenditures*	*Outcome Measures*	*Other Data*	*% Homeless After Services*
S6.	**Federal (ESG),** Programs also using FEMA and TANF funds	$225,000	--	--	--	--
Local Government						
L1.	**County,** State	$650,000	*Case Management & Services:* 75% *Operating:* 25%	NA	Numeric data on clients.	5%
L2.	**Federal (80%,ESG),** Local (20%)	$1.3 million	*Cash:* 20% *Case Management & Services:* 40% *Operating:* 40%	NA (Wants to be more systematic about conducting program evaluations)	NA	25%
L3.	**Federal, (CDBG, ESG),** State (Emergency Shelter), Local (Trust Fund)	$5.4 million	--	Track at 30, 60 and 90 days if not currently working with client with phone or letter.	Use own Management Information System to track all homelessness data, including prevention.	# in shelters reduced from 31-26%
Nonprofit						
NP1.	**Lending Vendors (50%),** Community Gifts (30%), Federal (20%, HUD)	$58,390[6]	*Cash: 15% Case Management & Services: 70% Operating: 15%*	Monthly outcomes and follow-up at 16 months.	Periodic data from lender/ insurer.	<3%
NP2.	**Individual Gifts,** Federal, State, Local, and Foundation	$400,000, (for one house)	*Cash:* 5% *Case Management & Services:* 70% *Operating:* 25%	Follow-up with clients, board of parole data, word of mouth.	NA	20%

[6] Direct cash or in-kind assistance only -- does not include staff costs.

Exhibit IV.2 (continued.)

Program	*Funding*			*Evaluation*		
	Sources (Primary in bold)	*Annual Budget*	*Expenditures*	*Outcome Measures*	*Other Data*	*% Homeless After Services*
NP3.	**Federal (HUD, HOPWA)**	$1.3 million	--	--	--	--
NP4.	**Federal (McKinney, passed through State)**	$65,000	*Cash:* 18% *Case Management & Services:* 75% *Operating:* 7%	Protocol developed by an independent agency consisting of a time series design to keep track of client placements.	Measured variables include client diagnostics, number of referrals, frequency and intensity of services, and homelessness history.	25%
NP5.	**Federal (Federal Emergency Management Association)**	$2,585/ Agency, ($144,095 total)	--	--	--	--

who provided a breakdown of program expenditures, only 1 has more than 50% of its funds devoted to cash assistance (S5, 74%). In contrast, 4 programs have at least 70% of their funds devoted to case management (L1, NP1, NP2, and NP4), and 1 program (L2) has 20% and 40% of its funds devoted to cash assistance and case management, respectively.

The observation made in the literature review concerning the lack of efforts in program evaluation is reflected in our data. Only 5 of the 14 programs collect outcome data systematically to assess their program's effectiveness (last 3 columns, Exhibit IV.2). The ways in which outcome data have been collected vary a great deal and may provide some insights for the PCHPP to consider in developing ongoing outcome evaluation efforts. S1 requires its contracting agencies to assess outcome goals of their clients at 6- and 12-month follow-ups. S2 requires its grantee agencies to follow-up with their clients three months after program intake. L3 tracks its clients monthly for 3 months after program intake (by phone or letter if the client is not currently in the program). NP1 tracks monthly client outcomes during program participation and at 16 months after program intake. NP4 employs a time series design developed by an independent agency to keep track of client outcomes during and after the time assistance is provided.

Other kinds of program data are being used besides outcome measures. These include agency-level needs assessment to track changing patterns of homelessness (S1), case plans to document client achievement of goals (S4), and client satisfaction surveys (S4). As noted by an informant of a state program (S3), federal funding (in this case HUD) requires the reporting of the number of clients served and the demographic profile of program clientele. One county program (L3) uses its own management information system (MIS) to analyze all homelessness data, including prevention program data. One nonprofit program (NP1) collects periodic data from mortgage lenders and insurers with which the agency has contracted.

Overall, three of the programs that use outcome measurements reported that the percentage of clients who became homeless in spite of their services is 5% or under (5% for S1 and S2, and less than 3% for NP1). One other program that uses outcome measurements (NP4) reports a much higher rate—25% of their clients became homeless after participation in the program. It should be noted that the elevated rate of homelessness among clients of NP4 might be due to two subgroups of clients for which the program services are targeted—individuals with mental health or substance abuse problems. The same could be said of the 20% rate reported by NP2, which serves discharged prisoners. No similar explanation (i.e., regarding additional disabilities besides poverty), however, exists for L2, which reports 25% of its clients eventually become homeless after service recipiency (note that L2 has not conducted outcome evaluation).

Program Elements

Housing (cash) assistance—Overall, all but one program (L1) included in the study provide some form of financial assistance to keep at-risk households at their current abode (Exhibit IV.3 (pp. 109-110)). The configuration of different types of assistance—in terms

Exhibit IV.3: Program Elements—Housing (Cash) Assistance

	Rental			*Utility*		*Mortgage*		*Rank*	
	Arrears, (% Served)	*Forward, (% Served)*	*Security Deposit*	*Arrears, (% Served)*	*Forward, (% Served)*	*Arrears, (% Served)*	*Forward, (% Served)*	*Funding*	*Effectiveness*
State Government									
S1.	≤$1,500, (--)	≤$2,000, (--)	Yes[7]	Small, (--)	Small, (--)	--, (--)	--, (--)	1	1
S2.	$250 – 2,000, (85%)	No	No	$250 – 2,000, (5%)	No	$250 – 2,000, (10%)	No	Not Ranked	Not Ranked
S3.	Yes	Yes	Yes	Yes	No	Yes	No	1	1
S4.	Loan, (--)	No	No	Loan, (--)	No	Loan, (--)	No	1	2
S5.	$1,600, (95%)	No	No	No	No	$3,500 (5%)	No	1	1
S6.	Yes	Yes	Yes	Yes	No	Yes	No	--	--
Local Government									
L1.	No	No	No	No	No	No	No	Not Ranked	No
L2.	$450, (30%)	$≤1,000, (--)	Yes	$210, (30%)	No	No	No	3	1

[7] "Very common."

Exhibit IV.3 (continued.)

	Rental			*Utility*		*Mortgage*		*Rank*	
	Arrears, (% Served)	*Forward, (% Served)*	*Security Deposit*	*Arrears, (% Served)*	*Forward, (% Served)*	*Arrears, (% Served)*	*Forward, (% Served)*	*Funding*	*Effectiveness*
L3.	≤$400 (50%)	Yes	Yes[8]	Yes	Yes	≤$1,000 (30%)	No	2	2
Nonprofit									
NP1.	No	No	No	Loan (--)	Loan (--)	Loan (--)	Loan (--)	3	Not ranked
NP2.	No	$325, (13%)	No	--, (--)	--, (--)	No	No	Not ranked	Not ranked
NP3.	$600 – 650, (70%)	≤$1,500, (25%)	Yes	$150 – 200, (65%)	No	$600 – 650 (5%)	No	1	1
NP4.	≤$400, (20%)	≤$400, (10%)	--	$200 (15%)	$200, (10%)	No	$450, (10%)	Not ranked	Not ranked
NP5.	≤$1,500, (--)	No	No	≤$1,500, (--)	No	≤1,500, (--)	No	--	--

[8] Provided by a nonprofit sub-contractor.

of whether rental, utility, and mortgage assistance as well as whether arrears or forward payments within the three types of assistance are provided—varies widely across programs. Eight programs provide some assistance for all three areas (rental, utility, and mortgage), although none of these programs provide all possible assistance within each area. Two of the 13 programs that provide housing assistance are essentially loan programs (S4 & NP1), while the rest provide cash grants.

The two most common forms of cash assistance are assistance with rental arrears and utility arrears (reported by 11 programs). They are followed by assistance with mortgage arrears (9 programs), forward rent (7 programs), security deposits (6 programs), forward utility payment (4 programs), and forward mortgage payment (2 programs). For programs that provide information on the monetary value of their assistance, the grants range from $200 (utility arrears offered by NP3 and NP4) to a maximum of $3,500 (mortgage arrears offered by S5).

The last two columns of Exhibit IV.3 give ranking information on the informants' opinions of the relative importance of housing assistance (relative to other services and assistance) in terms of funding and effectiveness. Six informants of the 11 programs that provided information on the ranking of housing assistance perceived such assistance as either the most funded or the most effective element. Of these 6 informants, 4 ranked housing assistance as both most funded and most effective. Four informants did not rank housing assistance as one of their top three most funded or most effective elements, demonstrating that there are some divergent beliefs about the need for cash assistance.

Case management and health services—Twelve out of 13 programs render some case management services to their clients (Exhibit IV.4 (pp. 112-114)).[1] For the program that provides no case management (S5), the informant expressed that clients need financial support more than case management. The percentage of clients receiving the services ranges from 30% (S2) to 100% (L1, L3, NP1, NP2, & NP3) among the 9 programs that gave information on this item. The median of time during which clients receive case management services (also based on 6 programs that provided exact information) ranges from 2 months (L1) to 16 months (NP1). Two programs (S2 & L3) reported working with some clients "for years."

Five informants of the 10 programs that provided information on the ranking of case management perceived such services as either the most funded or the most effective element. Of these 5 informants, only 1 ranked case management as both most funded and most effective (S2) and 3 ranked as most effective. Comparing the ranking of case management with that of housing assistance in the last subsection suggests some difference of opinion among informants concerning the relative importance of cash assistance to case management in preventing homelessness. The difference of opinion is also reflected in the homelessness prevention literature. In its 1991 study, the GAO observed that case

[1] The informant of S6 did not provide information on case management and other services rendered by the program, although the informant provided information on housing assistance (refer to Exhibit IV.3).

Exhibit IV.4: Program Elements—Case Management, Behavioral & Physical Health Services

Program	*Case Management*					*Behavioral & Physical Health Services*					
	Definition	*Median Length (months), (% Rec.)*	*Rank*		*Refer*[9]	*Substance Abuse*		*Mental Health*		*General Health*	
			Funding	*Effective -ness*		*Provide*	*Refer*	*Provide*	*Refer*	*Provide*	*Refer*
State Government											
S1.	No consistent definition across programs.	--	2	2	Yes	No	Yes	No	Yes	No	Yes
S2.	Holistic assessment of household situation, overcome barriers to permanent housing.	By need[10] (30%)	1	1	No	No	Yes	No	Yes	No	Yes
S3.	Program dependent.	--	3	3	--	--	--	--	--	--	--
S4.	A client service specialist provides life and budgeting skills, connections with services.	By need, (--)	Not ranked	Not ranked	No	No	Yes	No	Yes	No	Yes
S5.	NA[11]	NA	NA	NA	No	No	Yes	No	Yes	No	Yes
S6.	Program dependent.	--	--	--	--	--	--	--	--	--	--
Local											
L1.	Address the cause of threatened loss of housing, referral and linkage with other support services.	2, (100%)	1	2	Yes	No	Yes	No	Yes	No	Yes

[9] "Refer" indicates whether programs refer clients to another provider for service.
[10] Up to "years."
[11] Program provides Information and Referral (I & R), not case management.

Exhibit IV.4 (continued.)

Program	Case Management					Behavioral & Physical Health Services					
	Definition	Median Length (months), (% Rec.)	Rank		Refer	Substance Abuse		Mental Health		General Health	
			Funding	Effective -ness		Provide	Refer	Provide	Refer	Provide	Refer
L2.	Life skills, money management, housing counseling, and assurance that clients are current with mental health and substance abuse counseling.	--, (50%)	1	3	Yes	No	No	No	No	No	No
L3.	Starts at hot-line 15 minute intake interview, goes to referral to case manager who does home visit and makes referrals based on what they see.	(3-6),[12] (100%)	3	1	No	Yes[13] (30%)	Yes	Yes (50%)	Yes	Yes[14] (5%)	Yes
Nonprofit											
NP1.	Management by objectives: identify barriers to goals and establish specific objectives, timetables, and results.	16, (100%)	2	1	No	Yes	Yes	Yes	Yes	Yes	Yes
NP2.	Individual and group counseling, referrals, basic support services.	4, (100%)	2	2	No	Yes	Yes	Yes	Yes	No	Yes
NP3.	Attempt to coordinate comprehensive crisis intervention, services, and referrals.	6, (100%)	Fully inte-grated	Fully inte-grated	Yes	No	Yes	No	Yes	No	Yes

[12] Respondent indicates that case managers work with clients sometimes "for years."
[13] Services provided via in-house referrals to coordinated service network.
[14] Respondent, a former nurse, indicated that agency is working with Department of Health to identify families at-risk of homelessness due to health problems. Have identified 3 municipalities that are hot spots and hot-line now does dual referrals for at-risk homeless families with health problems.

Exhibit IV.4 (continued.)

Program	*Case Management*					*Behavioral & Physical Health Services*					
	Definition	*Median Length (months), (% Rec.)*	*Rank*		*Refer*	*Substance Abuse*		*Mental Health*		*General Health*	
			Funding	*Effective -ness*		*Provide*	*Refer*	*Provide*	*Refer*	*Provide*	*Refer*
NP4.	Interim coordination of treatment team meetings; mental health/substance abuse and legal services, services for the blind.	Months, by need (80%)	2	2	Yes	No	Yes	No	Yes	No	Yes
NP5.	Provide assisted client families with the case management and supportive services necessary to prevent future dependency on emergency assistance programs.	3, (100%)	--	--	--	--	--	--	--	--	--

management appeared to be the preferred approach to homelessness prevention. By way of contrast, an Office of the Inspector General (1991) study in the same year found that "the automatic or routine provision of case management services did not increase the likelihood of a functional family remaining in permanent housing." Both studies as well as others (for example, Shinn & Baumohl, 1998) call for greater evaluation of the relative effectiveness of case management compared to cash assistance as a design element in homelessness prevention programs.

The remainder of Exhibit IV.4 indicates that homelessness prevention programs generally do not provide direct services in substance abuse, mental health, and general health but are actively referring clients to other health providers. Informants of 3 programs (L3, NP1, & NP2) reported providing both substance abuse and mental health services, while 2 of the 3 programs (L3 & NP1) also provide general health services. In contrast, 10 out of 11 agencies that have valid information on the provision of health services reported to provide referral services for clients with physical and behavioral health problems.

Employment assistance, budget counseling, and other services—Exhibit IV.5 (pp. 116-118) displays information about services in the areas of employment, budgeting, tenant education, legal assistance, and housing information and housing advocacy for 12 programs that provided valid data on these areas. Nearly all programs either directly provide services or refer clients to other agencies for each of these areas. Ten programs provide budget counseling and housing information services; 8 programs provide tenant education; 7 programs provide employment assistance, legal assistance, and housing advocacy services. This equates to a total of 49 non-health-related services directly provided by 12 programs, compared to only 8 health-related services directly rendered by the studied programs in Exhibit IV.4.

Outreach strategies—As the last column of Exhibit IV.5 shows, among the 12 programs that registered valid information on outreach, 8 provide some kind of outreach services. The outreach strategies include youth-focused street outreach (S1), newspaper advertising and flier posting in laundromats and other places where low-income families frequent (S2), promoting services to banks and insurers with financial stake in client's housing status (NP1), informal contact with former program clients (NP2), and home visitations (NP4). Three informants (S5, L1 and NP4) reported close relationships with local courts that provide them with referrals: S5 meets with judges and sends workers to the courts to identify clients; L1 runs a walk-in program located in the county courthouse; and NP4 holds meetings with court staff to maintain a referral linkage. S5 and NP4 also meet directly with landlords who have vested interest in tenant's housing stability and encourage them to inform any struggling tenants they might have about homelessness prevention services. NP4 further reports that it has begun to meet with court staff and landlords together. This unique collaboration demonstrates the potential in bringing together tenant-oriented agencies with landlords and court representatives to design an intervention system that would improve the delivery of homelessness prevention services.

Exhibit IV.5: Program Elements—Employment Assistance, Budget Counseling, Tenant Education, Legal Assistance, Housing Placement, Housing Advocacy, & Outreach

Program	*Employment Assistance*[15]		*Budget Counseling*		*Tenant Education*		*Legal Assistance*		*Housing Information*[16]		*Housing Advocacy*[17]		*Outreach*
	Provide (%)	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	*Provide*	*Refer*	*Provide*	*Refer*	
State Government													
S1.	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	More for youth than adults and families. Contact homeless youth on streets, malls, and drop-in centers.
S2.	No	Yes	Yes (80%)	Yes	Yes (70%)	No	No	Yes	No	No	Yes (60%)	--	20% of agencies advertise in newspapers, laundromats, etc. Cut back recently.
S3.	No	Yes[18]	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	None.
S4.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	None.
S5.	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Keep in contact with county homeless agencies; meet with judges, landlords and social workers; go to court.
S6.	--	--	--	--	--	--	--	--	--	--	--	--	--

[15] Includes job search, job placement, and job training assistance
[16] Includes information about private, public, and supported housing.
[17] Includes active placement activity in private, public, and supported housing as well as landlord and bank/mortgage negotiations.
[18] Some referrals are made to in-house Essential Services Unit and other to off-site providers.

Exhibit IV.5 (continued.)

Program	*Employment Assistance*		*Budget Counseling*		*Tenant Education*		*Legal Assistance*		*Housing Information*		*Housing Advocacy*		*Outreach*
	Provide (%)	Refer	Provide (%)	Refer	Provide (%)	Refer	Provide (%)	Refer	Provide (%)	Refer	Provide	Refer	
Local													
L1.	No	Yes	Yes (90%)	No	Yes (40%)	Yes	Yes (30%)	Yes	Yes	--	Yes	--	Court-based walk-in program; legal services does advertising.
L2.	Yes (25%)	Yes	Yes (25%)	No	Yes (10%)[19]	No	No	No	Yes (10%)	Yes	Yes	Yes	Many agencies engage in various outreach activities.
L3.	Yes[20]	No	Yes (100%)[21]	No	Yes	No	Yes (40%)	No	Yes (100%)	Yes	No	Yes	None.
Nonprofit													
NP1.	Yes	Yes	Yes (100%)	Yes	No	No	No	Yes	Yes	--	No	--	Promote services to mortgage investors and insurers who have vested financial interests in clients.
NP2.	Yes (100%)	Yes	Yes (50%)	Yes	Yes	No	No	Yes	Yes (100%)	--	No	--	Informal. Former residents encouraged to return to house and participate in supportive activities.

[19] Respondent indicated that percentage receiving tenant education was "not nearly enough" relative to need.
[20] Respondent indicated that the employment assistance provided by agencies is "inadequate."
[21] Respondent expressed belief that in spite of program requirement, "poor people don't need budgeting counseling because they can get by on anything."

Exhibit IV.5 (continued.)

Program	*Employment Assistance*		*Budget Counseling*		*Tenant Education*		*Legal Assistance*		*Housing Information*		*Housing Advocacy*		*Outreach*
	Provide (%)	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	*Provide (%)*	*Refer*	
NP3.	Yes (5-10%)	No	Yes (100%)	No	Yes (100%)	No	Yes	No	Yes (100%)	No	Yes	No	None. Didn't have to provide – the information got out into the streets.
NP4.	Yes	No	Yes	Yes	Yes	No	Yes (60%)	No	Yes (40%)	No	Yes (20%)	No	Home visits, cooperation with area landlords and court staff.
NP5.	--	--	--	--	--	--	--	--	--	--	--	--	--

Discharge Planning—One discharge planning program (NP2) provides residential support services to formerly incarcerated clients and has been replicated in ten cities across the country. The program served a small number of clients (38 annually) and reported one of the highest post-intervention homelessness rates (20%), indicating that discharge planning services are intensive and targeted to a population with a high risk of becoming homeless. Discharge planning can be seen as a kind of highly formal referral system among institutions that serve the same clientele. NP2, for example, sends personnel to minimum-security facilities on a weekly basis and has strong ties with maximum-security facilities, but it also depends on word of mouth among prisoners and former prisoners as a form of outreach.

The informant for NP2 remarked that providing services to former prisoners is inherently controversial, a point that was also mentioned by other informants. One informant (L3) said that she had resisted county efforts to "dump" this prevention activity on her agency, while another informant said that his agency did not consider prisoners as eligible for homelessness prevention services. Another informant (L2) expressed an interest in conducting prison discharge planning and described his unsuccessful attempts to create the necessary institutional collaboration for such an effort. His agency had once convened a group of providers and policymakers involved in criminal justice, including the State Department of Corrections, the County Jail System, and community-based organizations that serve incarcerated, formerly incarcerated, and homeless individuals. Though the group met and discussed the prospects for discharge planning, no such program evolved. Another informant (NP4) expressed the desire for better data collection to determine precise rates of homelessness among former prisoners and commented that some federal money in fact restricts the use of prevention funds for discharge planning. Indeed, this informant's regional HUD office takes the stand that prison discharge planning is not considered an appropriate homelessness prevention activity.

Other programs indicated that they provide other forms of discharge planning. Two informants reported having long-standing relationships with domestic violence shelters by providing services to women who are discharged from those programs. NP4 works closely with mental health facilities to serve clients at-risk of losing their homes who would otherwise use hospitals as interim housing, thus establishing a kind of hospital diversion system. NP4 also serves clients who are making the transition from hospitalization to housing; the combination of both sets of clients constitutes 4% of its clientele. This county-wide program is located in a state that has established extensive discharge planning through a process of legal action and consent decrees. A large city also located in the state is served by a Medicaid Managed Care provider who deals with mental health issues that has been charged by the courts to conduct significant efforts to prevent former mental illness in-patient clients from becoming homeless. The city also has 120 beds set aside through a collaborative venture between the Criminal Justice and Public Health Departments for substance abusing former prisoners at risk of homelessness. Overall, the variety of programs practiced in these locales suggests the potential for incorporating discharge planning as an effective strategy of homelessness prevention.

REFERENCES

Commission on Chronic Illness. (1957). Chronic Illness in the United States, Vol. 1. Cambridge, MA: Harvard University Press.

Culhane, D. P. (1992). The Quandaries of Shelter Reform: An Appraisal of Efforts to 'Manage' Homelessness. Social Service Review, 66(3), 428-440.

Culhane, D. P. (1993). An Alternative to Shelter Reform: Reducing Homelessness with Community-Based Residential Stabilization Programs. Unpublished manuscript.

Culhane, D.P., Koppel, M., Metraux, S., Wong, I. (1997). Mitigating the Impact of State Welfare Cuts for Single Adults: The Implementation and Utilization of the Homelessness Prevention Pilot Project in the City of Philadelphia. Philadelphia: University of Pennsylvania.

Culhane, D. P., Lee, C.-M., & Wachter, S. M. (1997). Where the Homeless Come From: A Study of the Prior Address Distribution of Families Admitted to Public Shelters in New York City and Philadelphia. D. P. Culhane, & S. P. Hornburg Understanding Homelessness: New Policy and Research Perspectives (pp. 225-263). Washington, DC: Fannie Mae Foundation.

Culhane, D., & Metraux, S. (in press). One-Year Rates of Public Shelter Utilization by Race/Ethnicity, Age, Sex, and Poverty Status for New York City (1990 and 1995) and Philadelphia (1995). Population Research and Policy Review.

Energy Coordinating Agency. Proposal for Community Based Homelessness Prevention, Year 23/Fiscal Year 1998, May 1997.

General Accounting Office. (1990). Homelessness: Too Early to Tell What Kinds of Prevention Assistance Work Best (Report No. GAO/RCED-90-89). Washington, D.C.: U.S. General Accounting Office .

Gerstel, N., Bogard, C. J., McConnell, J. J., & Schwartz, M. (1996). The Therapeutic Incarceration of Homeless Families. Social Service Review, December, 543-572.

Gordon, R. S. (1983). An Operational Classification of Disease Prevention. Public Health Reports, 98(2), 107-109.

Gordon, R. (1987). An operational classification of disease prevention. J. A. Steinberg, & M. M. Silverman (Ed.), Preventing Mental Disorder: A Research Perspective . Rockville, M.D.: National Institute of Mental Health.

Inquirer Magazine, February 28, 1999, p. 22.

Interagency Council on the Homeless. (1994). Priority Home! The Federal Plan to Break the Cycle of Homelessness. Washington, D.C.: U.S. Department of Housing and Urban Development.

Jahiel, R. I. (1992). Preventive Approaches to Homelessness. R. I. Jahiel (Ed.), Homelessness: A Prevention Oriented Approach (pp. 11-24). Baltimore, MD: The Johns Hopkins University Press.

Lindblom, E. N. (1996). Preventing Homelessness. J. Bauhohl (Ed.), Homelessness In America (pp. 187-278). Phoenix, AZ: Oryx Press.

Lindblom, E. N. (1991). Toward a Comprehensive Homelessness-Prevention Strategy. Housing Policy Debate, 2(3), 957-1025.

New York Times, June 6, 1999, A26.

Office of Housing and Community Development, City of Philadelphia. Request for Proposal: Community-Based Homelessness Prevention Program, April 17, 1997.

Office of Housing and Community Development, City of Philadelphia. Scope of Services, Contract #9920629 and Contract #9920704, 1999.

Office of the Inspector General. (February 1991). Homeless Prevention Programs. Washington, D.C.: U.S. Department of Health and Human Services .

Philadelphia Inquirer, November 22, 1998, B1.

Shinn, M., & Baumohl, J. (1998). Rethinking the Prevention of Homelessness, Discussion Paper, National Symposium on Homelessness Research (sponsored by the U.S. Department of Housing and Urban Development & U.S. Department of Health and Human Services).

Wong, Y. L. I., Culhane, D. P., & Kuhn, R. (1997). Predictors of Exit and Re-Entry Among Family Shelter Users in New York City. Social Service Review, 71(3), 441-462.