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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Panel of Experts and Observers (partial) (2 pages)	nd	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Molly Brostrom
OA/Box Number: 8395

FOLDER TITLE:
NSHAPC [National Survey of Homeless Assistance Providers and Clients] Analysis

2012-0326-S
kc729

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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Freedom of Information Act - [5 U.S.C. 552(b)]

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URBAN INSTITUTE MEMORANDUM

TO: Working Group, Panel of Experts, UI Staff **DATE: December 9, 1996**

FROM: Marti Burt

RE: NSHAPC Panel of Experts Notes from December 5, 1996 Meeting

Present: Working Group: HUD-James Hoben, Mike Roanhouse; HHS-Mary Ellen O'Connell; IACH-George Ferguson; USDA-John Pentecost, Amy Donoghue; Census-Annetta Clark Smith, Dave Hubble, Steve Toulin, Denise Smith; Ed-Joanne Wiggins; VA-Josephine Hawkins, Scott Stiens. Panel of Experts: Paul Koegel, Howard Goldman, Sue Watlov-Phillips, Robert Rosenheck, Michael Dennis, Linda Fosburg, Beth Weitzman, Gerry Hotaling. Observers: Laura Weir, Nan Roman. Urban Institute: Marti Burt, Toby Douglas, Steve Trost.

- Jim Hoben of HUD summarized how the National Survey of Homeless Assistance Providers and Clients (NSHAPC) became a reality.

- Several participants asked to be informed about the purpose and goals of the Homeless Provider Survey, to help in directing their advice on how the analysis should proceed.

  Marti Burt explained that the funding agencies wanted the survey to provide a good descriptive picture of the provider universe. Also, it was intended to show how providers perceived the needs of people receiving services as well as the gaps in the service network and barriers to services. Jim Hoben added that since the administration is encouraging a continuum of care model they want to understand how close the networks of providers comes to that model and what might be missing. Also, OMB wanted more information on provider capacity and where individuals are going on departure (although the accuracy of these responses is at least questionable). Finally, he mentioned that HUD-funding for homeless programs represents a small portion of the total national investment in these programs. The administration wants a picture of the funding universe as well as the total universe of providers.

- Marti Burt and Jim Hoben said the relationship between the provider and client surveys from the point of view of analysis is complex. UI analysis plans deal first with the provider survey. Thereafter we will do the client survey plus analyses combining the two, where feasible. However, it is important for understanding why the provider survey is the way it is, to understand that initially it was only the first stages of gathering the information necessary to do the client sampling. Later, and somewhat in a hurry, the provider survey grew from a few sampling-relevant pieces of information to its present format when funding agencies decided to capitalized on the fact that Census would be in touch with all of these providers by phone.

- Marti Burt and Jim Hoben explained how for the CATI, Census had to modify the definition of a rural homeless provider. This change occurred because when Census used the initial NSHAPC definition of a program focused specifically and primarily on homeless people, most rural providers dropped out of the survey.

- The panel recommended that everything about sampling and weighting for describing rural provider networks should remain separate. There was talk that a similar process might be required for suburban service areas. They recommended waiting until Marti Burt performs an initial review of the data before making these decisions. (This recommendation would only apply after UI had performed a national-level assessment of services and service availability, without doing any breakout analyses by geographical strata. Obtaining such a national-level picture was one of the key goals of the study.)

- Marti Burt and Census outlined the development of the provider and program universes. The provider universe was defined through advance screening procedures, and refined through the CATI survey process. During the CATI, the provider was given a definition for the 16 program types and asked if they had programs fitting in these definitions. Each of the programs that fit the CATI definition was then described briefly using CATI and also sent a separate survey asking the program to give information on their services and clients' service needs.

- The provider and program universes and the services they offer work on a hierarchical order. Each provider can have numerous programs under its supervision and each program can also provide various services.

- The basic unit of analysis for the study will be a program, but some analyses will ask how programs cluster within providers.

- Marti Burt explained how the provider survey is not meant to give information on the referral structure. For example, it will not provide information on when a client gets turned away and picked up by another agency.

- The panel stressed that the data from the provider survey should only be used to describe and explain organizational issues. They emphasized that data from the provider survey is not very good for explaining unmet client needs, although most of the mail survey is devoted to just such issues. Any write-up of these data should reiterate that answers to survey questions about client needs are solely providers' perceptions. This is especially important because providers may have a bias toward overstating the needs of clients. The panel also did not believe that any data showing underutilization of capacity should be interpreted as demonstrating that there were enough services, or the right kind of services, but no need for them.

- The panel was concerned that homeless populations who do not receive any services will be left out of this survey, and recommended that the results always be presented with

mention of who is and who is not covered. We intend to do this.

Marti Burt mentioned that outreach programs are included in the survey and should bring some of these people into the frame. Marti did mention that even the client part of this survey will have a difficult time describing the homeless youth population.

- The panel raised a few issues regarding provider reports of capacity. The panel recommended against forcing responses to questions about utilization of capacity to add up to 100 percent. They mentioned that some providers might respond with a number like 125 percent because they routinely operate over capacity. Marti Burt also agreed with the panel that the capacity questions will not address the issue of turnover, and that these limitations should be stated when presenting the data.

- A few members of the panel expressed concern that housing categories like half-way houses Oxford houses, or mental health and alcohol and drug residential programs will not appear in the data because they will not fit into any of the program areas, or that they might be coded into different program types, with no consistency as to where they appeared. They recommended that UI conduct extensive cross-checks to assure that we know how these programs are treated in the data, and to reclassify them if necessary.

  Census explained that appearance of these organizations in the data depends on how the providers defined their programs during the CATI. The CATI did capture 800-900 programs that were grouped in the "other category" (an example of programs placed in this category were clothing distribution center).

- Marti Burt said she will do some cross checking between the program types and how they identified themselves in the surveys. Also, she will send everyone a matrix illustrating the questions asked for each of the program types.

- The panel suggested that the analysis could categorize the programs in a more detailed grouping that focused on clusters of programs rather than individual programs. The panel mentioned that this new grouping should take into account the program size (i.e. how many clients are served in a given program).

- Marti Burt said the study will glean the majority of contextual variables from Census data and other federal agencies. She did ask the panel to tell her if they knew of any other national sources. Also, she mentioned that UI will have enough money to conduct a telephone survey for all the PSUs to get good information for up to 4 different contextual variables that are important enough to warrant the effort and cannot be obtained in any other way (e.g., felony arrests; structure of human services system, use of AFDC-EA for homeless housing services), and the panel should tell her what they think are the most important variables.

- Panelists proposed several contextual variables during the meeting, and hopefully will think of more as we go along: public/private relationship in service delivery structure and

state & local policy changes with respect to Medicaid coverage for homeless people and what states are doing for people with a primary CD diagnosis who will be dropped from SSI.

- Marti Burt told the panel to expect calls from her concerning the analysis. Also, before any reports are released to federal agencies and thereafter to the public, she would like the panel and Working Group to review them. This procedure will ensure that the public receives facts described in an accurate fashion.

- The next meeting will probably take place in July of 1997 and will last 2 days. During the first day, the panel will comment on a draft of the provider analysis. On the second day, the panel will review the preliminary design of the national analysis of homeless clients.

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[001]

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PROVIDER DATA: ANALYSIS PLAN
REVISED FOLLOWING PANEL OF EXPERTS MEETING

December 4, 1996

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PROVIDER DATA: REVISED ANALYSIS PLAN

PRIMARY GOALS OF THE PROVIDER ANALYSIS

The goals of this data analysis reflect the objectives of the 12 federal agencies funding the NSHAPC, each of which has responsibility for one or more federal programs serving the homeless. These goals are:

- To describe the universe of providers of homeless services, both nationally and in the localities sampled for the survey;
- To examine the structure of service provision at the local level, including what types of providers are offering services, what types of providers may be missing from local networks, clustering of services, and approximations of local systems to a continuum of care;
- To understand the nature and extent of gaps in the availability of specific services, both as revealed by the analysis of service structure and as perceived by providers in relation to their clients' needs;
- To examine public and private funding patterns and understand what types of providers and services are being supported by public compared to private funding streams; and
- To provide over-time comparisons of providers and services, to the extent possible using earlier data sets such as the Urban Institute's 1987 national survey of shelters and soup kitchens in large U.S. cities and HUD's 1988 survey of shelters in MSAs.

BASIC INFORMATION ABOUT THE DATA

The Provider Data Set(s)

The NSHAPC has three possible levels of provider data:

- Universe data. Identification and screen-in/screen-out information for all organizations comprising the universe of potential providers in 76 geographic areas. N=more than 13,000
- CATI data. For organizations that screened-in as "providers," general information, including data on each program that the organization reported offering. These data were obtained by telephone. N = about 6,000

- Mail Survey data. Detailed information on client needs and service availability as reported by program providers. These data come from questionnaires mailed to providers. Each of the 15 program types received a questionnaire tailored to its specifications. N = about 4,000

Universe Data

The initial "universe" consisted of a very large list containing names of providers, knowledgeable persons and organizations. The list was developed through extensive procedures carried out over several months. Census obtained initial lists of potential providers from a variety of sources. These were screened and unduplicated to form one initial list of potential providers in each of the 76 PSUs. Census contacted each entry on this initial list to determine whether it represented a "provider" as defined by this project (an organization offering one or more "programs" for the homeless—see definition of "program" below). If it met the "provider" definition it was retained for the next stage of data collection. List-building and screening continued until it resulted in final lists of names, addresses, contacts and telephone numbers of potential providers in the 76 PSUs.

The majority of these potential providers were interviewed by telephone using the Computer Assisted Telephone Interview (CATI) protocol. The first two or three CATI questions determined if the organization was in-scope or out-of-scope. If it was out-of-scope, the interview ended at that point. Reasons for being declared "out-of-scope" were all related to failure to offer one or more "programs" as defined by this project. A "program" was defined as the provision of services or assistance which:

- is managed or administered by the agency (i.e., the agency provides the staff and funding);
- is designed to accomplish a particular mission or goal;
- is offered on an ongoing, regular basis; and
- focuses on homeless persons as an intended target population.

List Update Procedures and Their Results. This project was originally scheduled to collect provider information pertinent to operations in February 1996 during the fall of 1995, and conduct the Client Survey in February 1996. Initial list development procedures occurred during summer 1995, data collection from providers began in fall 1995. However, the Client Survey had to be postponed to fall 1996 due to federal government shutdowns in late 1995. List Update procedures were undertaken in spring 1996 to identify any providers that may have been missed by the initial procedures, including new providers, and any providers whose schedule of operations would be different in fall 1996 compared to February 1996 (either being open in fall but not in February, or vice versa). Some new providers and programs were identified through these procedures, and are part of the "universe" for this study.

Each organization in the "universe" will have the following data:

- Name
- Address, if provided.
  - For organizations not contacted at all, this will be the address information from the lists that we received.
  - For organizations contacted during CATI that screened out, this will include any address update given over the phone during that contact.
  - For organizations contacted during CATI that screened in, this will include any updated address information during the course of subsequent data collection activities, as well as CATI data and mail survey data described below.

CATI Data

The functional universe for the provider analysis are the programs operated by the providers who screened in during the CATI interview. Some providers reported information on more than one program (e.g., the same provider might run four programs, an emergency shelter, soup kitchen, mobile food program, and specialized HIV/AIDS unit). Each program is treated as a separate record in the CATI data; each record contains all of the provider information as well as the program information, so information is duplicated for programs run by the same provider.

Each program record will contain the CATI data for the provider organization and the core information for the specific program. These CATI data will include records for programs run by non-MSA organizations that originally were screened out, but were recontacted as part of an evaluation study and met a revised definition of "provider" (see below for explanation). They will also include records of programs first identified through the spring 1996 List Update procedures.

The basic information available from the CATI interview for each program includes:

- type of program
- program affiliation (non-profit, government, etc.)
- funding sources (government, private) and proportion of funding from each
- the number of its clientele on an average day/night, and the proportion who are (a) single adults, unaccompanied youth, 1-parent/2-parent families; and (b) male/female
- special population focus, if any (e.g., mentally ill, substance abusers, HIV/AIDS, veterans); and
- some specific information related to funding sources from particular federal homeless programs.

CATI Evaluation Study and Its Results. To get a better understanding of the specific reasons that organizations were considered out-of-scope during CATI screening, a sample of about 1,500 CATI screen-outs were recontacted. Respondents were asked again about each screening criterion. In somewhere between 10 and 20 percent of these cases, the screening decision was reversed and the providers were administered the full CATI interview.

The data available for these "evaluation" cases includes:

- Data from the evaluation of the initial screening procedures, for organizations who screened out during CATI but were recontacted.
  - Evaluation data covers all non-MSA organizations initially screened out, plus CATI data if they met the revised survey definition of a "program." All non-MSA cases were included in the study.[1]
  - Evaluation data includes information for approximately 20 percent of the organizations *within MSAs* who screened out during CATI, including CATI core information about programs if they met the revised survey definition of a "program."

After Census completed the CATI operation it performed one final round of List Updating because the schedule for conducting the Client Survey had been delayed, as described above. A sample of newly identified potential providers was contacted by telephone and asked questions similar to those asked in the evaluation study. Data available include:

- Screening data, and CATI core information on programs run by organizations first identified during the List Update process from May - July 1996.
  - 25 percent of these cases were interviewed with the CATI questionnaire.
  - No mail survey data are available for these programs.

Mail Survey Information

These data are from providers who completed mail questionnaires. A provider was asked to complete one mail questionnaire for each program offered. Questionnaires differed somewhat depending on the type of program (there were 15 program types).

The mail survey asked for information on the needs of the program's clients with respect to a great variety of services. If providers felt their clients needed a service, they were then asked to

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[1] In rural areas (outside of MSAs), services for the homeless are most likely to be offered by generic service agencies such as welfare or CAP agencies, because the level of demand does not warrant separate homeless-focused programs. Had the initial definition of a "program" been maintained for non-MSA PSUs, most services for the homeless would have been screened out—as happened in the initial screenings—and the picture of homeless services in rural areas would be incomplete.

estimate what proportion needed the service, the likelihood that their clients who needed the service got it, and where the service was offered (or that the service was not available anywhere).

For housing programs only, the survey also asked about the following for unaccompanied persons and families who used the program:

- Capacity of the program to shelter: unaccompanied persons; families;
- Estimated level of occupancy by season;
- Approximate number of eligible persons turned away when operating at full capacity, by season;
- Reasons for excess demand for the program when operating at full capacity;
- Reasons for lower demand for the program when operating at less than capacity; and
- Destination of persons served when they left the program, if known.

Provider Data Files

We expect to receive three data files. The first, and by far the largest and most important data set, called the Provider File, will consist of all the programs with completed CATI interviews. The information will include the entire CATI interview (including the first screener questions) PLUS the entire mail survey for each program for those who completed and returned it. It will also include every program for which a CATI interview was completed as a result of the Screener Evaluation and List Update activities.

The second data file, called the Screener Recontact File, will be limited to the recontact of the CATI screen-outs. This data set has a limited purpose—to describe the reasons for exclusion, and to gain an idea of the types of misperceptions local informants have about what is a program for the homeless and what is not, and/or how up-to-date their information is with respect to programs that may have opened or closed (and therefore misperceptions about the scope and availability of resources in the local community). For analysis purposes, the records with CATI information will be added to the Provider File, with a code to indicate that they come from the Screener Recontact database.

The third data file, called the List Update File, will include records for the organizations first identified during the 1996 List Update operation (as opposed to being identified during the much larger 1995 list development phase). Approximately 25 percent of these records have CATI core information on the programs that they offer, similar to the information available in the Screener Recontact File. For analysis purposes, the records with CATI information will be added to the Provider File, with a code to indicate that they come from the List Update database.

What Census Will Have Done to the Files Already

We will work with the Census Bureau to develop specifications for the data files, and to assure that we know how certain aspects of data preparation have been handled. A primary issue will be to assure that each record has information about the provider and accompanying programs offered by the provider. Having a unique identifier for each program and a separate unique identifier for each sponsoring agency will allow us to examine the degree of clustering or stand-aloneness of homeless programs.

We will work with Census to understand how the following specific issues were handled during the clerical editing of questionnaires, and how they are to be handled in specifying the computer editing of the file. Census will provide notes that respondents wrote on questionnaires as part of the keyed data files. These issues include:

- Violations of skip patterns (e.g., if, based on an answer to question A, the respondent was supposed to skip question B and proceed to question C, but answered question B anyway).

- Multiple answers are given when the questionnaire only asks for one (this includes situations where more than one box is checked and only one should have been checked as in Question 1-b of the mail survey, and when a single written response/figure is asked for but the respondent has entered several, possibly with written explanations next to each one—see Mail Survey Question 16).

- Inconsistent answers are given, such as a respondent checking both "4" and "1," "2," and/or "3" on the "Who Provides" columns for any of the specific services, meaning that they have said both that the service is not available anywhere ("4") and that some of their clients get it somewhere.

- Incorrect units (e.g., Question 17 asks for a percent figure but the respondent writes in a fraction or an absolute number greater than 100) or incomplete sums (e.g., the percent private funding [Qq3a14a] and the percent public funding [Q3a14b] do not add up to 100, or Question 21b produces a sum greater or less than 100, or the respondent knows the information for so few clients that the information is worthless although it is provided).

  However, there are some places where we may want to accept whatever they say, even if they give us a percentage that is more than 100. For instance, when asked about occupancy in relation to capacity, people may say that they are usually over capacity--say at 125 percent. We should take these figures at face value.

- What to do about mail surveys that were returned, but upon examination turn out to be completely blank, including whether they should be included as a record, and how they should be factored into the response rate.

Another element of each record will be geographical identifiers, including zip code, city, county, (census tract?), and PMSA and MSA where relevant. We want to be able to match contextual data to PSUs and to subparts of PSUs. For us to be able to do this, Census will have to attach the appropriate geocodes and zip codes that will allow us to make the necessary sorts and extract relevant information from other data bases.

A further part of our discussions with the Census Bureau will concern sample weighting. We will work with Census staff until we have a clear understanding of the sampling plan; the different sampling fractions used at each selection point (PSUs and providers within PSUs); non-response classifications; blending of data from the provider, evaluation, and file update procedures; and the appropriate ways to use the resultant weights in our data analysis.

Once these issues have been discussed and ways to handle them agreed upon, Census will produce the working tape files (which will be rectangular files with fixed record size) and convey them to the Urban Institute. Census will also produce documentation for these files in the form of variable names, positions, and initial frequencies for every variable.

EXPLORATORY ANALYSES

Our first step will be to examine the frequencies produced by Census as part of the tape documentation and make sure we can reproduce them with our own data tape. Major issues for exploratory analysis are:

- Getting a grasp on the patterns of response, including how many data elements are missing, whether missing data follow a pattern (e.g., facilities of a particular type did not answer the same ten questions, but other facilities did), and whether the data that are missing are critical or secondary (e.g., everything on the general health care page of the mail survey is missing, or only one or two rows are missing and they can be explained by the nature of the population served, such as no prenatal care when the population is single men).

- Examining the possibilities of non-response bias between the CATI and the mail survey, since the mail surveys come from only about two-thirds of the programs that completed the CATI. This analysis will only be done for programs with completed CATI information to whom the mail survey was sent (i.e., those who had a chance not to respond). Variables available on which to assess bias will be those in the CATI, and will include program type, PSU, region of the country, central city/balance of MSA/non-MSA, program affiliation, and any other variables that we expect to use as major analytic categories.

  We will conduct similar analyses to identify similarities and differences among programs identified through the initial list development procedures, those identified through the spring 1996 List Update procedures, and those identified and included through the Screener Recontact procedures. For this latter category, we already know that they will

include more non-MSA programs and more programs without an explicit focus on the homeless.

- Understanding how providers classified their programs, and making adjustments or secondary codes as necessary. The Panel of Experts raised the question of how a substance abuse or mental health program might have classified itself, since it might offer shelter as well as specific services, and thus might fall into either the "shelter" or the "substance abuse" program types. We will need to do a lot of cross-checking to be sure that similar types of programs are grouped together, or else to develop alternative groupings depending on what the analysis is. In addition to program type, we will use CATI responses about the provider's primary mission and special population focus to examine classification patterns. For those programs with mail survey data, we can go further to examine what types of services are actually available through the program regardless of the program type into which the program has been classified for Census purposes.

- Determining subsample sizes for each of the 15 types of service, and for programs with a "pure population focus" (those with 90-95 percent of their clients being one household type such as single men, single women, families with children, youth). Once we know the sizes of these subsamples, we will be able to make informed decisions about how many and which types of more detailed breakouts the subsamples will support.

- Developing coding schemata for the information supplied in the open-ended responses to "Other...What?" especially about sources of referral, sources of government funding, and special group focus. (Census will include these responses as alphanumeric variables on the data files.)

- Deciding what to do with the information written in the "Notes" sections at the bottom of the questionnaire page, especially if it helps to interpret an anomalous answer to a closed-ended question or explains why an entire questionnaire is returned incomplete. (Census will include these responses as alphanumeric variables on the data files.)

- Examining possible response bias to the mail survey (among those who had a chance to complete it) in the distribution of programs by program type, by program size, by affiliation and the number of programs run by a single provider, and by PSU. We will be interested in learning whether we have a more complete set of responses for some types of programs or providers than for others, and whether providers in some PSUs consistently failed to complete their mail surveys while providers in other PSUs returned a pretty complete set. This analysis will give us a reading on how confidently we can make statements about the country as a whole and service providers as a universe, rather than having to qualify our statements based on the completeness of data.

Once we feel confident that we understand the basic content of the data files, including their weaknesses and strengths, we will be ready to begin the core analysis. The last preparatory step

toward that end will be to create some of the basic analytic variables we will need, by combining or recoding the raw data. Examples of this process include:

- Capturing a program's income sources initially in three types of variables:
  - A nominal variable with categories: 1=public only; 2 = both; 3 = private only;
  - A continuous variable of public/private ratio: captured as "percent of funding that is public"; and
  - One or more categorical variables grouping "percent public" into meaningful breaks based on what the underlying distribution looks like, for use in cross-tabulations (e.g., 0-5, 6-25, 26-50, 51-75, 76-95, 96-100 if there are a significant number of programs at the extremes, or 0-33, 34-66, 67-100 if there are few programs at the extremes and many in the middle).

- The programs that are "pure population types" will be characterized by a nominal variable for which 1 = 90 percent or more single men; 2= 90 percent or more single women; 3= 90 percent or more families with children; 4= 90 percent or more youth; and 0 = not a pure type.

- MSA/central city status will be captured by a nominal variable for which 1 = central city; 2 = balance of MSA; and 3 = non-MSA.

CORE ANALYSES

Caveats to Accompany All Presentations of Findings from These Provider Data

These data have quite a few limitations which should be made clear to anyone consuming results from our analysis. We plan to include these in any writing based on these data, and include them in this plan to be sure that we have covered the most important aspects of these limits. We may also want to produce a technical appendix that describes in more detail the cautions taken (such as cognitive testing of instruments) to assure accurate use of the CATI and mail survey forms. The primary caveats to using and interpreting these data from providers are:

- Limitations of coverage—in urban areas, only services offered through an operation meeting the survey's definition of a "program for the homeless" were covered; in rural areas all agencies offering any services to homeless people were covered, even when they did not have a program focused specifically on homeless people.

- Interpretation of "service need"—provider statements about service needs pertain only to the people actually seen by service providers; there are an unknown number of homeless people who never access any service, and whose needs cannot be known to service providers. Therefore, we cannot speak of "unmet need" in general, because it is quite possible that the neediest people are not included in the experience of the service providers

who supplied the information for this survey. Nor will we use data on turnaways as a measure of unmet need, as data of these types are subject to enormous bias and distortion.

- Accuracy of responses as a function of who answered the questions—The respondent to the CATI interview could have been an administrator in a central office with little firsthand contact with clients, or could have been the director of a program who also participated in service delivery. Accuracy of information may vary in unknown (and unknowable) ways as a consequence. The mail surveys were sent to the people identified by the CATI respondent as being in the best position to know about client service needs in the particular program covered by the mail survey. The answers to mail survey questions will be as accurate as the knowledge of such people can make them.

- Information about clients is provider perceptions, not "reality," which will be assessed through the client surveys. Further, they pertain only to those individuals whom providers see, not to the larger universe of all homeless people. Therefore findings based on the mail survey responses about client needs and service receipt will always be reported using the descriptors "providers perceive..." and "users of services..." rather than language that might imply something relevant to all homeless people.

- "Capacity" and "utilization" are for "an average night in February 1996—it is important for people to understand that these are provider estimates of one day's service use at a particular time period. They do not account for all of the people who might use the service over a week, month, or year, which would undoubtedly be a much larger number. Nor do they account for people using more than one service each day. They are simply the number of people each provider sees at a given point in time, estimated on the basis of provider experience. We did not ask providers on what they based their estimates, so we cannot assess their probable accuracy.

Distribution and Characteristics of Programs

We will conduct analyses of program characteristics, and of provider perceptions of client characteristics and client needs. We will first conduct these analyses for the entire provider data set. Then, to the extent feasible given sample sizes, and to the extent relevant to the particular issue being examined, we will conduct parallel analyses within subgroups based on: (1) geographical factors (region; central city, balance of MSA, non-MSA); (2) program type; other breakouts as suggested by the Working Group, panel of experts, or Urban Institute staff as analysis progresses.

We will conduct several analyses related to program characteristics, including:

1. Determining the distribution of program types and examining their organizational affiliation (for-profit, not-for-profit, government), embeddedness (stand-alone program, part of a larger homeless-specific program, part of a larger generic agency), and distribution among PSUs.

2. For each program type, examining their capacity/occupancy/utilization and target population(s).

3. Examining the distribution of services by program type, and looking further to see if we can identify clusters of services that are most commonly offered by specific types of homeless assistance programs and not by others.

4. Describing the sources of program funding and exploring the data for relationships, if any, among source of funding (public or private), program affiliation, and types and levels of services delivered.

Distribution of Program Types and Associated Characteristics

The first thing we will look at is how programs are distributed by type. This will be displayed in a simple table showing the percentage of all programs that fall into each of the 15 program types, or into a newly developed set of program categories that may emerge from our exploratory work with how programs classified themselves. Thereafter, we will analyze organizational affiliation and embeddedness for each type of program, and capacity, target populations, and special focus populations. Finally, we will look at the distribution of programs across PSUs, to see differences in service density or variety across different geographic locations.

Affiliation and Embeddedness. We have included some sample table shells to give the reader an idea of how results for these further analyses might be displayed. Table 1 shows organizational affiliation and embeddedness by program type. From the data in Table 1 we would learn what proportion of programs of each type are run by for-profit agencies, religiously-affiliated non-profits, other non-profits, or government agencies. Looking across these four columns for any given program type would give an idea of which types of providers dominate in that type, while looking down the four columns would give an idea of the consistency or differences of program sponsorship across the different program types. With respect to embeddedness, we would examine what proportion of each program type are run as one program within a large generic agency (one offering services to homeless and non-homeless clients alike), how many are run as one program within an agency specializing in services for the homeless and offering an array of programs, and how many are stand-alone agencies running their own programs. Looking down the three columns describing levels of embeddedness would reveal whether homeless programs of different types displayed similar or different patterns of embeddedness and association with homeless-specific or generic agencies.

The analyses just described are done within program type, and do not permit us to answer the questions of whether providers with a particular affiliation are most inclined to offer particular types of programs, or more programs per provider, or a particular mix of programs. Therefore we will also look nationally at the affiliation and embeddedness data across program types to discover important patterns in what types of organizations offer which types of service. (As

described more fulled in "Other Analyses," below, we will examine service networks *within PSU* in even more complexity.)

The following are examples of specific questions we will be trying to answer as part of our examination of affiliation and embeddedness:

- For providers operating more than one program, what does the program configuration look like? Do particular types of programs (e.g, outreach and mental health, emergency shelters and soup kitchens, etc) tend to be clustered with one another?

- Does program focus make a difference—are programs that focus on a particular population (either a household type such as single men, or female-headed families, or people with a particular problem such as mental illness or substance abuse) more or less likely to be located in an agency operating multiple programs)?

- Do the program configurations (e.g., number, comprehensiveness) differ depending on the overall orientation of the agency? Do programs of a particular type tend to be provided mostly by agencies with a particular orientation? For example, are most health care programs provided by agencies who report their orientation as "health care services," as we might expect, or do a significant number of "homeless shelter" agencies also operate these programs? Do transitional housing programs primarily fall under "homeless shelter and services" agencies, or do "mental health services" agencies also offer a significant number of these programs?

Size (Capacity/Utilization). Next, we will examine program size by program type, and report it in a table such as Table 2 (the size categories may change from the ones illustrated in Table 2). Program size is not a completely straightforward concept in this analysis, since we have such a mix of program types. Program size could be represented by *capacity* or by *utilization*. *Capacity* is a term that makes sense when one thinks of beds, units, rooms, vouchers, or other units of shelter, only some of which may be occupied/used. But the concept of capacity makes less sense when one is talking about medical care, food distribution, outreach, and other types of programs. Therefore, for programs offering shelter or housing we will be reporting *capacity* (not occupancy) in this shell, whereas for other programs such as those offering food and health services, the figures in Table 2 will reflect *utilization*, or how many people they see or serve on an average day. In further analysis (not illustrated in a table shell) we could also compare *capacity* and *occupancy* for the shelter/housing programs, and also examine their descriptions of how many people/families they turn away at peak times. This information comes from the mail survey, and thus will have a smaller sample size than some of the other information we have been talking about, which comes from the CATI.

We will use information about program size to extend our analysis of which types of organizations offer the most, or the most varied, programs. By adding a consideration of capacity or utilization to this analysis, we will be able to see which providers are serving the largest number of people, and in what types of programs.

Program Focus on Particular Household Types or Special Needs. Table 3 illustrates one way of reporting the proportion of programs that serve different types of homeless people (single men/women, families, youth), or homeless people with special needs. We have quite a lot of information about homeless people served by each program by household type, and considerably less information about focuses on special needs. Table 3 treats both types of information similarly, and reports the proportion of programs saying they serve at least some single men, single women, families with children, and youth (first four columns), and saying their program focuses on a particular special need (remaining columns). Looking at the data in Table 3 will give us a first approximation to understanding how general or specialized programs are within program type. Table 4 shows a further breakout we can make for household types. (Table 4 is done for emergency shelters only, as an illustration.) Clearly we could do the same for each other program type. Table 4 shows the proportion of emergency shelters in the sample that serve different proportions of each household type. One can look at the last row to see what proportion of emergency shelters are close to pure types, serving 96-100 percent of one particular household type among the homeless. One can look at the first row of the table to see what proportion of emergency shelters do not serve any or hardly any of each household type. And one can look at the rest of the table to see how many shelters have a more mixed clientele.

Provider Perceptions of Proportion Homeless Among Their Clientele. Table 5 illustrates yet another analysis that we plan to conduct to understand the types of clients served by the sampled programs. This table breaks the population groups a little differently than was done in Tables 3 and 4. Instead of breaking out single men and single women but grouping both types of families together, Table 5 combines both types of singles and breaks out single-parent from two-parent families. The table would report the proportion of clients in each program type falling into each of the four population groups that providers thought were homeless (which may or may not accurately reflect their homeless status, especially in the non-shelter programs).

Services and Service Clusters by Program Type

Another critical dimension of programs for the homeless is the types of services they offer. This survey will provide the first comprehensive national view of the array of services available in these programs. (Data on this issue come from the mail survey, and because of non-responses will be available for only two-thirds of the total sample.) Table 6 shows the first simple descriptive information about program service offerings. The information for this table is taken from the mail survey, first column of the "c" group (fourth column from right on the specific service pages of the mail surveys).[2] We will summarize responses within service type, so that a respondent indicating that their program offers any one of the sub-components of a service type will be

[2] In addition to missing data because some providers did not return the entire mail questionnaire, we may have a significant amount of missing data for this analysis because providers would only get to the "c" section reporting on service location if they have indicated that at least some of their clients need the service. We are inclined to assign a value of zero (not offered by provider) to these cases, on the grounds that a program is not likely to offer a service that he/she does not believe the program's clients need. The data would not then be missing for these variables.

credited with offering that service type. The data in Table 6 will summarize within program type across all of the programs in the sample, and will reflect what proportion offer the particular service (food and clothing, life skills, etc.).

In getting to the data in Table 6, we will already have performed the same analysis for each of the sub-components of these services (e.g., food or clothing; four different elements of life skills). However, we have not displayed these analyses in a table because we want to see first how common they are, and which ones might be worth reporting separately. There will also be some question about whether the decision rule we described above for Table 6 (offering any one of the sub-components counts as offering the service) is the right one, or whether we want to set the criterion higher (e.g., offering half of the sub-components, offering at least two of the sub-components, etc.). There may also be some of the sub-components that either members of the Working Group or the panel of experts feel is so important that we will want to report it as a breakout by itself, or use it as the criterion for whether a program is counted as offering the general category of the service.

Another aspect of our exploration of service availability will be to look at clustering. The issue here is whether particular types of providers are more likely than others to offer a given set of services. The answer to this question is almost certainly "yes," but we will want to see whether there is some clustering beyond the obvious, and also whether there is a more dispersed service pattern for some services than might at first appear likely. For instance, we all expect that health care and HIV/AIDS programs will offer health care, but it may also be true that shelters, soup kitchens, drop-in centers, and transitional housing programs also offer health care, and not just because the local Health Care for the Homeless program has a clinic at their site. A visual inspection of Table 6 will provide the first clues to clustering and dispersion. If the patterns are interesting we will develop this analysis further.

Sources of Program Funding and their Relationship to Program Type and Affiliation

The CATI interview obtains information about program funding sources, so this important information should be available for all programs in the data base. Table 7 illustrates a simple analysis of program funding by program type. For each program type, it shows what proportion of programs receive 0-5, 6-25, 26-50, 51-75, 76-95, and 96-100 percent of their funding from public sources (local, state, or federal governments). A further breakout of interest to the Working Group was whether funding sources differed by program affiliation. Table 8 would show these data for the four different affiliations (non-religious non-profit, religious non-profit, for-profit and government organizations). The obvious prediction for Table 8 is that the governmental agencies will receive virtually all of their funding from public sources, and that the religious non-profits will have the highest proportion of private funding.

There was also some interest among the Working Group in exploring any relationships that might exist among the source of funding, program affiliation, and types of services provided. Our bet at the outset is that the strongest predictor of which services are offered is the program type, and

that program affiliation and funding source will contribute little additional explanatory power. We will explore whether or not the data support this hypothesis. Our approach to these issues is presented in our discussion of latent class or latent cluster analysis, which follows.

Latent Cluster or Latent Class Analyses

The analyses just described are those required by the federal Working Group's Statement of Work for this project. However, given the complexity of these data, and of the reality of provider, program, service, and client population configurations, it is quite possible that the best picture of the world of homeless services will be achieved by doing some global cluster analyses first, rather than building toward clustering through an examination of bivariate and trivariate relationships. The Panel of Experts strongly suggested that we use the provider data to develop intuitively meaningful typologies of these configurations. Without an *a priori* set of expectations about what this typology should be—and the Panel of Experts agreed that we do not have such a set of expectations—the best approach is to try analyzing our program and service data using some of the newer clustering techniques and see whether we come up with recognizable clusters. Also, given that we are pretty sure that provider types and service configurations vary by whether the community is central city, suburban, or rural, we might be well advised to run these cluster analyses separately for programs in these three types of location. This suggestion is given additional weight for non-MSA (rural) PSUs because list-building and sampling decisions were altered for these PSUs.

Once we derive a set of different program configurations for the sample as a whole (or multiple sets, if the type of location makes a difference), we can ask more detailed questions. For instance, we will want to know whether programs serving particular household types (singles only, single men, single women, families, mixed) are more likely to exhibit particular service configurations. We can ask the same questions about program type (the 15 types), and about problem focus (mental health, chemical dependency, etc). Knowledge of service clusters can help federal and other officials design sophisticated evaluations to learn which common service configurations have the greatest impact, and which have the least impact.

Provider Perceptions of Client Needs, Degree to which Needs Are Met, and Where

The mail survey pages covering service need, receipt, and availability are densely packed with information which will not be easy to analyze completely. In this section we present some basic analysis approaches, trying to look at the data simply before we attempt anything extremely complicated. Therefore we take the issues one at a time, looking first at information for all types of programs combined. We propose to start with the following analyses related to provider perceptions of the people who use their services:

1. Describe provider estimates of the types and level of assistance needs, service availability, and service provision to current clients.

2. Analyze the gaps identified by providers between the needs they perceive in service users and their experience with the availability of services, including transportation.

Types and Level of Assistance Needs

We begin with an examination of provider estimates of need. Providers were asked whether *all, most, some*, or *none* of their clients needed each of 59 separate services clustered into ten major service groups. Table 9 shows a sample display of the first 14 services. The data in Table 9 would be an average proportion of providers across every record in the sample (i.e., not breaking anything out by program type). Next steps for this analysis could be:

1. Do the analysis by program type, to see if perception of need differs by which types of programs are reporting it (this might occur because the clients of these programs are different, or because the programs themselves focus only on particular needs and do not assess or know about others). Any within-program type analysis will only include those services that the programs were asked about, as some program types were not asked about all 59 services, or even about all 10 service groups.

2. Do the analysis separately by central city/balance of MSA/non-MSA or by PSU, to see whether the specific community or type of community affected provider perceptions of client need.

3. Do the analysis separately for programs describing themselves as focusing on populations with particular special needs (e.g., substance abuse, mental illness). This would allow us to see whether service availability differs by special need category.

4. Do the analysis separately for women with children, single men, single women, and youth) to the extent feasible.[3]

5. To the extent permitted by sample size, repeat the analysis crossing household type with special need focus, to see what programs offer special need services for substance abusing single women, mentally ill single men, single male veterans, youth with AIDS, etc.

Service Receipt

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[3] Given that providers were not asked about services separately by target population, this analysis will only be possible for the providers who focus completely or predominantly on single sub-populations. That is, we could look at how all youth shelter providers saw their client needs in relation to available services, or how all family shelter providers saw the same issue, and so on. But we would have to exclude mixed-use shelters or other services, such as soup kitchens, because we could not sort out which parts of the homeless population the provider was talking about when he/she answered questions about service need.

Every provider who indicated that at least some of his/her clients needed a particular service was then asked how often the clients were able to get this need met. The answer categories were *always, usually, sometimes*, and *seldom*. Limiting the analysis for each of the 59 services to those providers who said their clients needed this service, we would construct a table similar to Table 9 for which the columns would be the four answer categories for the likelihood that clients get their needs met. This analysis could also be limited only to those providers who indicated that all or most of their clients needed the service being examined, to focus on the availability of services for more serious need levels.

This analysis could probably support the same "next steps" as that for level of need. But, because some providers will not have answered these questions (because their clients did not need the particular service, in their opinion), the available sample size will be smaller. This may make the analysis by subpopulation less feasible.

Source of Services

The third simple analysis involves the source of services. The same providers who estimated the likelihood that clients get their needs met also were asked to indicate where the services were delivered (at this program, at another program at the same site, at another program off-site). Again, we would construct a table similar to Table 9 to display the results.

More Complex Analyses

Once these simple analyses are completed, we will be able to examine the results to see whether the distributions warrant more complex analyses. For some services they almost certainly will, and for others they almost certainly will not. We will be interested in answering a number of questions, which can be done within each of the 59 services if warranted by preliminary analysis, for some summary indicators within each of the 10 larger service groups, or by combining all of the 59 services and conducting a generic examination of getting needs met given some level of need. The questions are:

1. What is the nature of the association between the level of need (all, most, some, none) and the likelihood that the need will be met (always, usually, sometimes, or seldom)? One could think of reasons why this association might go either way. If everyone has the need, perhaps the services have been developed to fill it. On the other hand, if everyone has the need, perhaps it would be impossible for services ever to come close to filling the need.

2. What is the nature of the association between provider perceptions of need levels and the likelihood that the program offers the service? All other things being equal, we would expect this association to be positive, but it may be mediated by the program's organizational affiliation, special need focus, co-location with other programs offering services to meet the need, etc.

3. What is the nature of the association between the likelihood that the need will be met (always, usually, sometimes, or seldom) and the venue where the service is available (program staff on-site, non-program staff on-site, off-site)? One would like to hope that more clients would get their needs met if the service were offered on-site (although who offered it might not matter). However, a program might offer a service but not have the capacity to meet the needs of all of its clients. This, therefore, would be an interesting exploration.

4. What is the association between *type* of need (*which* service is needed) and any of the relationships observed in the analyses performed for questions 1-3?

5. An additional aspect of availability is transportation. Providers were asked whether their programs provided transportation for any off-site services, and if so, for which ones they did so regularly. We could create a modified venue variable, splitting the off-site availability into two groups—off-site with transportation and off-site without transportation. We could then repeat the analysis just described in b. to see whether the availability of transportation reduced any observed differences in needs being met when the venue of the service was off-site.

Developing these analyses further would lead us to ask whether any association we find is stronger for some services, or within some program types. Conversely, if we do not find any associations across all programs, we might still ask whether the association existed within some programs but not others.

Gaps in Services

We will use the data from "Who provides this service....Not provided anywhere" (a "4" answer to the "c" part of the service need and availability questions in the mail survey) to describe gaps in services. At the national level this will give the proportion of providers who do not believe that their community offers a particular service. The answers can be for the 59 services separately, and also for the ten service groups. In addition, data from Questions 11 and 12 of the mail survey (emergency shelter version) can be used to describe the availability of transportation to services and whether this availability affects provider perceptions of gaps.

This national-level analysis will be of some value, as it will indicate which services are perceived to be most and least available throughout the country. However, the more interesting and important analysis will be to see whether the service structure and availability differs by PSU. It is possible, even likely, that some PSUs will lack a great variety of services, while others will have almost everything. It is important to map and characterize the nature of the service structure in each PSU (the CATI interviews, at least, are supposed to represent the universe of homeless service providers in each PSU), to learn how differently things are put together in different communities. It is possible that the location of services in agencies of different types, with clients of different types, may have an effect on the ability to meet client needs. This would be important information for service planners.

It is also possible to assess the degree of consensus on service gaps within PSUs, by seeing what proportion of providers agree that the service need is met. If we discover that providers who themselves offer the service know that it is available, but providers who do not themselves offer the service are ignorant of its existence, this is a very different picture than if everyone agrees that there is a gap. This is important information to know, as it may indicate a degree of pluralistic ignorance which, if overcome, could greatly benefit program clients by spreading awareness of service availability. However, if it is clear that the gap is real while at the same time the need is great, the information from the survey could be of great help in service planning.

OTHER ANALYSES

Contextual Analysis of Services and Provider Systems

This analysis will investigate the geographic variations in provider systems (characteristics, capacities, and gaps) using geographically linked contextual data. This work would involve extracting data from available data sources about each PSU (and subpart of the PSUs that are MSAs) on potentially relevant contextual factors and adding these descriptors to the provider data base. Other databases could include some produced by the Census Bureau from the 1990 Census, CPS, and other surveys (e.g., matching geocodes in the CD-ROM version of the City/County Data Book or 1990 Census of Housing to get poverty rates, rental vacancy rates, proportion of one-person households, etc.) or by other federal agencies (e.g., having HUD get us numbers of public housing units and numbers of rental certificates/vouchers for each of our PSUs or PSU subparts). In addition, we can get state-level public mental health and substance abuse spending and service utilization data from NASMHPD and NASADAD, which do annual or semi-annual surveys of all states.

Factors from these public use data files might include local economic circumstances, housing density and pressures, health, mental health, income and other benefits, household structure, population growth and change, labor market growth and change. Viable candidates for contextual variables will be taken from the analysis done for 178 cities over 100,000 by Burt in *Over the Edge*, and by analysts at HUD in their explorations of formulas for distributing federal homeless funding. The Urban Institute already has most (possibly all) of the relevant public use files in-house and has staff with experience in using them, which will cut costs and start-up experience.

Most contextual variables will only be available from the decennial censuses, because only these sources can provide information about virtually any jurisdiction in the country. This means that the time frame of most contextual variables will be 1990. Some variables such as unemployment rates area available from BLS every month, for cities, counties, and states. National associations for state mental health and substance abuse programs do surveys every two or three years, so their data on state expenditures and admissions to these programs are more timely. But this degree of availability for recent months or years since 1990 is rare for the variables that are most likely to make a difference.

The Working Group and panel of experts also suggested several other factors and potential data sources that are available for all PSUs. One suggestion was criminal justice system data. Prison releases per XX people statewide was discussed; other possibilities that might be available at the PSU level from UCR or NIBRS data would be felony arrests, or drug felony arrests. However, these would probably have to be aggregated from reporting jurisdictions up to the MSA level, which could be difficult.

One type of data that is available electronically is the small-area estimates of substance abuse levels and treatment information recently produced by SAMHSA using data from the latest National Household Survey of Drug Abuse. The data are at the MSA level, which means that as contextual variables they are more directly applicable to our PSUs than the state-level data available from NASMHPD and NASADAD. However, for our NSHAPC sample they probably would be available only for the 28 certainty MSAs and possibly a few of the larger NSR-MSAs.

All of these same MSAs plus 7 of the NSHAPC's NSR-MSAs (35 of our 52 MSA PSUs) would also have more up-to-date housing information available through the American Housing Survey Metropolitan Surveys which are done on a rotating basis every four years back to 1984. 1992 will be the oldest data for these, and many will be more recent. However, for some of our PSUs that are smaller PMSAs within huge CMSAs (e.g., Nassau-Suffolk within New York, and Bergen-Passaic within Northern New Jersey), the sample sizes will be quite small and thus our confidence in the data will be less. Given that we will probably be able to get these and other more up-to-date contextual data for a subset of the larger PSUs, we will probably conduct some of the contextual analyses on subsets of the NSHAPC PSUs.

A second suggestion from the Panel of Experts meeting on December 3 was to identify several characteristics of local government structure within each PSU. The idea here was that how the public human services, substance abuse, and mental health systems were structured might affect the availability and structure of homeless services, especially for the population groups most in need of specialized services. Suggestions for specific variables included: (1) whether or not the jurisdiction's human services agencies were organized into an umbrella human services agency, (2) whether there were unified substance abuse and mental health authorities (and also whether these two were unified), (3) whether the state has exempted homeless Medicaid recipients from requirements to participate in managed care, and (4) how states have handled federal welfare reform legislation requirements to drop people with a primary diagnosis of chemical dependency from the SSI rolls. To these we might add whether AFDC-Emergency Assistance funds are being used to shelter homeless families (this will be relevant to the period between October 1995 and October 1996, when the provider data were collected, even though many states may change their policies in the next few months as a consequence of welfare reform).

It will almost certainly require a telephone survey to obtain this information, which is quite labor intensive. We would probably have to focus such data collection either on the county level or on the primary central city within each PSU, to keep the number of jurisdictions (and phone calls) from getting excessively large. Before undertaking such a telephone survey, we would consult with the Panel of Experts to define exactly what we wanted to do with the information, the

specific information we needed to get to meet these purposes, and the best ways to pose questions to local officials to assure that we get the information we want in usable formats.

A final contextual variable only obtainable through telephone contacts is the availability of General Assistance (AKA Public Assistance, Home Relief, Public Aid, etc.) to families and singles, and whether the GA program also supplied vouchers to shelter homeless GA recipients. Like EA, General Assistance grants and vouchers have been a source of support for homeless people, and consequently for homeless services. When these programs are cut, services for the homeless may have no choice but to close. Luckily for this project, the Urban Institute has just completed such a telephone survey in conjunction with a different study, so we will be able to get this information in-house.

Attaching Information on Federal Funding. Some of the sponsoring agencies with responsibility for particular McKinney Act programs may be interested and willing to link their information on programs receiving funding to our program files. For every federal funding stream where this possibility becomes a reality, we could conduct some very interesting analyses. For example, we could to see whether programs with the particular federal funding source (e.g., ACCESS, Transitional Housing, Veteran's Employment Program) were more or less likely than similar programs without the federal program funding to: serve more people, offer a wider variety of services, link with more other services in the community; be offered by a provider which also offered other homeless services, etc.

With accurate information on federal funding, even if it were only contextual and not attached to particular programs, we could explore another interesting question. We could see whether the service network, or service configurations, were richer, more varied, closer to meeting the level of need perceived by providers, and closer to a full continuum of care when more federal money was available than when it was not. Of course, this analysis must be careful to look at *federal funding per 10,000 poor people* or some other measure that makes the funding into a rate, or else the strong association of more money going to larger and poorer jurisdictions will overwhelm any other effects on service structure that one might see.

Analyses would seek to answer the questions of what contextual factors seem to affect the structure and availability of services for the homeless, including shelters for battered women, in each PSU.

Examples of possible contextual variables (most of which can also take the form of a variable registering *change* over time) include:

Housing Variables	% renter occupied; "excess" renters (jurisdiction in the top quartile/quintile/decile of the % renter distribution) % in structure with 5 or more units Rental vacancy rate; very high or very low vacancy rate % renter-occupied units with rents under $xx Ratio of # very low rent units in 1990 to those in 1980 Fair Market Rent Public Housing and/or Voucher/Certificate units per 100 population
Population Variables	Population of PSU/jurisdiction Population growth, 1980-1990 Growth of high-income population vs. growth of low-income population % Black, Hispanic % female-headed households % one-person households % overcrowded households
Poverty and Income Variables	% persons in poverty % children in poverty Per capita income Median renter income Mean household income One or more measures of income inequality for the jurisdiction % of census tracts with 40% or more households in poverty Cost of living
Education and Employment Variables	% of adults 25 or older with 12/16 years or more of education Unemployment rate Employment to population ratio Employment by sector (County Business Patterns)
Public Benefits and Programs Variables	Use of AFDC-Emergency Assistance to shelter homeless families Welfare (by whatever name) benefit for family of 3 Provisions of state TANF (welfare reform) plan Existence of General Assistance for families/able-bodied singles Policy of using vouchers to shelter homeless GA recipients General assistance maximum for one person living independently SSI state supplement for one person living alone State per capita spending for mental health and substance abuse programs SAMSHA data on substance abuse and mental health problems and treatment use for largest MSAs
Variables Indicating Strong Economies and Potential for Pressure on Housing	Proportion of rental units priced at 30% or less of the income of people earning one-half of area median income for a family of their size Rent burden (rent to income ratio of renters) High levels of hotel rooms per capita High levels of the value of legal services per capita Strength of recent sales of owner-occupied housing in central cities, or other indicators of pressure on downtown housing

Other Variables	Average temperature, January and July

Comparisons to Provider Data from the Urban Institute's 1987 National Homeless Survey

We will compare the characteristics of service providers in the NSHAPC to service providers in the 1987 Urban Institute data. To be comparable to the 1987 data, this will require extracting from the NSHAPC data only those providers that are within the city limits of cities over 100,000. After making the 1987-1996 comparison for these major urban areas, we could also compare this subset of the NSHAPC to the suburban and rural respondents of the NSHAPC to see what types of providers were missed by the 1987 study and how they differ from those who were included.

Questions included in Mail Survey by Program Type

Sheet1

	food/cloth	life skills	CM	Housing	Education	Employ	GenHealth	SubAbuse	MH	Other	11-14a	15-20	21a&b	22-27	28a&b
Emerg Shelters	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Transit. Housing	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Perm Housing	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Migr Hsg used for HL	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Housing Vouchers	x	x	x	x	x	x	x	x	x	x	x	x		x	
Soup Kitchens	x	x	x	x	x	x	x	x	x	x	x				
Food Pantries	x	x	x	x	x	x	x	x	x	x	x				
Drop-In Centers	x	x	x	x	x	x	x	x	x	x	x				
Alch/Drug Progs	x	x	x	x	x	x	x	x	x	x	x				
MH Care Progs	x	x	x	x	x	x	x	x	x	x	x				
Phys Health Progs	x	x	x	x	x	x	x	x	x	x	x				
HIV/AIDS Progs	x	x	x	x	x	x	x	x	x	x	x				
"Other" Progs	x	x	x	x	x	x	x	x	x	x	x				
Mobile Food Progs	x		x	x		x	x		x	x	x				
Outreach Progs	x		x	x		x	x		x	x	x				

NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS

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DECEMBER 4, 1996

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UPDATE ON THE NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS

December 19, 1996

The Census Bureau has now completed data collection for both phases (provider and client) of the National Survey of Homeless Assistance Providers and Clients. This update includes information on: 1) the provider phase, 2) the client phase and 3) the meeting to discuss processing issues held at the Census Bureau with the Urban Institute.

Provider Phase (Detailed Provider Survey):

Data collection on the provider phase of the survey ended on October 31. However, we continued to check-in questionnaires received by mail through the month of November.

Since June, the Census Bureau has reported that the response rate for the provider survey was lower than expected. The Census Bureau conducted extensive telephone follow up through October. In June, a sample of non-responding providers were selected for follow up. These providers will be weighted to represent those not selected. In October, the Census Bureau also prepared and mailed a letter asking for the cooperation of the providers. This letter was signed by six national organizations. Unfortunately, this letter did not have any visible impact on the response rates.

Results from the Detailed Provider Survey are noted below:

- Approximately 13,500 programs were identified during the CATI operation. Detailed program questionnaires were mailed to all programs identified.
- Of these 13,500 programs, approximately 2,500 questionnaires were determined to be out-of scope. That is, the program was closed, did not serve homeless persons, did not exist, etc.
- Of the remaining 11,000 questionnaires, approximately 2,100 of these 11,000 were not selected for non-response follow up in metropolitan areas. In June, a sample of non-responding providers were selected for follow up. These providers will be weighted to represent those not selected.
- Of the remaining 8,900 questionnaires, we received approximately 6,400 questionnaires classified as complete or partial interviews.

Client Phase:

We completed approximately 4,200 interviews; 400 more than expected. Approximately 3,600 interviews were conducted in metropolitan areas and 600 in non-metropolitan areas.

Census staff received positive comments from both service providers and survey respondents about the need for the data from the survey. Census is preparing a letter thanking providers who assisted with the client phase of the National Survey of Homeless Assistance Providers and Clients.

Meeting with the Urban Institute:

her colleagues to discuss processing issues. Census answered numerous questions that the Urban Institute staff had regarding: 1) structure of the data files, 2) variables from CATI and mail survey to be output on the files, 3) provider address information, and 4) confidentiality issues. Staff from the Census Bureau and the Urban Institute will continue working together to create the files needed to analyze the survey data.

PROPOSED MANAGEMENT OF NSHAPC ANALYSES

o **HUD** -- HUD will execute and administer a cooperative agreement with the Urban Institute and assign a project officer with final sign-off responsibility on all work assignments and products.

o **The Urban Institute** (UI) -- The Urban Institute will be responsible for the analyses, preparation of reports, and recommendations to the Census Bureau for the preparation and documentation of the public use data tapes.

o **Interagency NSHAPC Working Group** (WG) -- The WG will receive monthly progress reports and meet with the Urban Institute on bi-monthly basis (or other appropriate schedule) to review and comment on draft reports (initial drafts and revised drafts), participate in expert panel meetings, and determine the content of the detailed analyses. Recommendations by the WG will be transmitted to UI through the HUD project officer.

o **Expert Panel** -- An expert panel of approximately 10 members, with a national focus and reputation, some with expertise in particular subject areas (e.g., rural, mental health, veterans, etc.), will be formed under the UI cooperative agreement. The panel will also include representatives of 4-5 key national public interest groups who will participate as observers. Composition of this group will be determined in consultation with the working group. The panel will participate in three meetings:

- Feedback on provider-level analysis plan
- Feedback on draft provider-level reports and on client-level analysis plan, including working definition of homeless
- Feedback on draft client-level reports

The panel will be consulted on other issues via phone and mail as well.

o **Census Bureau** (Census) -- Based upon the recommendations of UI, and with the approval of the NSHAPC working group, Census will provide UI with analysis tapes and produce the public use tapes. Weighting of data sets will be done by UI using a nationally-recognized consultant, in close consultation with Census. Census will prepare documentation on the survey design, sampling and administration. Documentation for using the public use tape will be developed jointly by the UI and Census. Census will distribute the public use tapes.

o **Interagency Council on the Homeless** (ICH) -- ICH will continue to facilitate the Working Group meetings and handle general inquiries on the survey, analyses and release dates for products. (Census will continue to handle press inquiries, if any.)

SUMMARY OF FUNDING STATUS AND PROCEDURES

o **Funds Requested:** On July 5, 1996, Fred Karnas sent a memorandum to eleven of the twelve sponsoring agencies requesting $650,000 to pay for the analysis of the homeless survey data and the preparation of national reports. (Additional funds were not requested from Commerce/Census.)

o **Status of Funding:** It appears that agencies have pledged $525,000, enough to conduct a comprehensive analysis responding to expressed agency interests.

	Requested	Pledged*	Pending**	No Funds
HUD	$150,000	$150,000		
HHS	100,000	100,000#		
USDA	100,000	100,000%		
VA	100,000	100,000&		
Educ	50,000	25,000		$25,000
FEMA	25,000	25,000		
SSA	25,000	25,000		
DOJ	25,000		$25,000	
DOL	25,000			25,000
DOT	25,000		25,000	
DOE	25,000			25,000
	$650,000	$525,000	$50,000	$75,000

* Letter sent to ICH or HUD or firm staff commitment of monies
** Awaiting agency reply
# HHS to provide $50K in FY '96 and $50K in early FY '97
% USDA $80,000 committed by letter from Rural Development Service with promise of $20,000 from Food and Consumer Services
& VA staff indicate that a contribution of $100,000 will be made

o **Method of transfer to HUD:** HUD needs the pledged funds as soon as possible so that it can execute a cooperative agreement with the Urban Institute this fiscal year. Monies are to be transferred to HUD using a simple interagency agreement that should reference an Urban Institute's analysis proposal of a specific date. (Each agency's contribution will be applied to support for the whole effort, not a specific analysis task.) HUD will provide standard guidance to all agencies with sample language and the HUD account number to be credited by August 22. HUD must receive interagency agreements by September 15 for funds to be credited to HUD before the fiscal year ends on September 30.

SUMMARY OF THE URBAN INSTITUTE'S PROPOSED ANALYSIS OF 1996 NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS (NSHAPC) AUGUST 15, 1996

Before starting work, the Urban Institute will complete a detailed design to guide the analyses that will be reviewed and commented upon by the Working Group and expert panel. The design will be done in two phases -- first, a design for the analysis of the provider survey data, to be followed by a design for the client analyses and special papers.

I. CORE ANALYSIS--PROPOSED TASKS AND COSTS

TOTAL ESTIMATED COST--$325,000

Tasks 1-4 Preparatory Work for All Provider Analyses--$91,300

This will consist of four tasks that include specification of initial and final provider data tapes; selecting and convening a panel of experts; addressing questions of homeless classifications for analysis purposes; and data preparation, including weighting and development of special variables.

Task 5 Conduct Core Provider Data Analysis and Prepare Report--$70,000

This task will examine at least six aspects of the provider data broken out into analyses at a number of geographical levels. Program characteristics and types of programs available to specific homeless populations will be examined. Provider perceptions of the people they serve will be examined for estimates of the levels and types of assistance needs, service availability and service provision. To the extent sample sizes permit, geographic breakouts of interest include national, MSA (central city and balance), and non-MSAs.

Tasks 6-9 Preparatory Work for All Client Analyses--$91,300

This will consist of four tasks that include specification of initial and final client data tapes and documentation for final tape; two additional meetings and continued consultation with the panel of experts; further work on definitions of homelessness for utilizing client data; client data preparation and other basics.

Task 10 Core Client Analysis--$70,000

The basic analyses will consist of totals and cross tabulations for a large number of variables. These will be conducted at the national, MSA (central city and balance) and non-MSA levels. Essential breakouts include (but will be refined based on inputs from

the Working Group and panel of experts): homeless status; racial and ethnic identity; age; household composition; employment; education; nutrition; physical and mental health; substance abuse; veteran status; service use patterns; etc.

II. ADDITIONAL SPECIAL FOCUS PAPERS TOTAL ESTIMATED COST=$280,000

The following special focus papers were either requested by Working Group or recommended by The Urban Institute.

Paper 1: Length of Homelessness--$25,000

Would examine the frequency and duration of homelessness using information on the client's homeless history and past month's sleeping place data.

Paper 2: Pathways to Homelessness--$35,000

Would examine pathways to and patterns of homelessness, including analysis of questions about where people first experienced homelessness, why they became homeless, did they leave their community and why?

Paper 3: Predictors of Homeless Status and Conditions--$35,000

Would examine, using multivariate analysis, factors that might predict homelessness by examining factors such as patterns of foster care or domestic violence, level of education, employment history, level of food intake/hunger, health conditions, mental health, and substance abuse.

Paper 4: Discriminant Analysis of Crisis, Intermittent, and Chronic Homelessness --$25,000

Would examine differences among populations who might be classified as crisis (first time), intermittently, and chronically homeless on the basis of timing and frequency of episodes. Those who had never been homeless but use homeless services would be examined as an additional group.

Papers 5 & 6: Contextual Analysis of Provider and Client Data--$50,000

Would examine in two papers variations in provider systems and in homeless characteristics for representative areas using contextual data such as local economic conditions (unemployment), housing costs, the presence of income and support programs for low-income and disabled populations.

Paper 7: Comparisons to the 1987 UI National Homeless Survey--$35,000

Would compare the characteristics of service providers and clients in the 1996 NSHAPC to similar data collected in by UI in 1987.

NOT RECOMMENDED FOR FUNDING

Paper 8: Comparison of Service Needs as Identified by Providers and those Identified by Clients--$25,000

Would determine if there are discrepancies between service providers' views of client needs and clients' views.

Paper 9: Determine Potential to Predict Annual Rates from NSHAPC--$50,000 (UI Proposal)

Would explore how cross-sectional data might be used to project annual homeless rates and examine independent data from New York, Philadelphia, St. Paul, and possibly Detroit or Columbus, OH data to understand numbers of persons using services.

OVERVIEW
SCHEDULE OF ANALYSES AND RELEASE OF FINDINGS

o **18 Month Effort.** Work would begin in October 1996 and conclude in March 1998

o **Staged Analyses.**

10/96-12/96: Detailed Provider Analysis Design and Organization of Panel of Experts

12/96-7/97: Analysis of Provider Data and Report

6/97-8/97: Detailed Client Analysis Design and Specification of Special Focus Papers

8/97-3/98: Analysis of Client Data, Preparation of Special Papers and Report

o **Staged Product Release Dates.** It is proposed that reports and public use tapes be released when the UI work is accepted. The sponsoring agencies will need to decide if the government wishes to publish the final reports or UI would be given permission to publish as was done with the USDA-sponsored UI study of homelessness in 1987-89. If a staged release policy were followed, approximate release dates might be:

- 12/96: List of Service Providers for 76 PSUs
- 9/97: Provider Report and Public Use Tape
- 3/98: Client Report, Special Papers and Public Use Tape

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, DC 20233-0001

August 7, 1996

Key Dates for NSHAPC Client Survey

Select Providers	August 16
Train Supervisors	August 26-27
Train Senior Field Representatives	August 28 - September 6
(eight hour self-study plus two day training session)	
Make Arrangements with Providers	September 3 - October 9
Determine Dates and Times for Interviewing	September 10 - October 15
Train Field Representatives	October 10-17
(two day training session)	
Conduct Client Sampling and Interviewing	October 18 - November 14