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COLLEGE OF HUMANITIES AND SCIENCES
VIRGINIA COMMONWEALTH UNIVERSITY

DOCTOR OF PUBLIC ADMINISTRATION PROGRAM

This is to certify that the dissertation prepared by Emma Flaherty entitled:

*Prevention as a Component of Homeless Policy:
A Longer-Term Evaluation of
Virginia's Homeless Intervention Program*

has been approved by her committee as satisfactory completion of the dissertation requirement for the degree of Doctor of Public Administration.


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PREVENTION AS A COMPONENT OF HOMELESS POLICY: A LONGER-TERM
EVALUATION OF THE STATE OF VIRGINIA'S HOMELESS INTERVENTION
PROGRAM

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Public Administration at
Virginia Commonwealth University.

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DEDICATION

To my Mother and Dad
and to my
Brother-in-law, Dick

ACKNOWLEDGMENT

A study of this magnitude is never an isolated endeavor. There are many people to whom I am grateful for support, for advice, for technical assistance, for encouragement, and for personal participation.

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Abstract

PREVENTION AS A COMPONENT OF HOMELESS POLICY: A LONGER-TERM EVALUATION OF THE STATE OF VIRGINIA'S HOMELESS INTERVENTION PROGRAM

By Emma Kathleen Flaherty, D.P.A.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Public Administration at Virginia Commonwealth University.

Virginia Commonwealth University, 1995.

Major Director: Gary T. Johnson, D.E.D.
Department of Urban Studies and Planning

A comprehensive homeless policy includes emergency housing, transitional housing, permanent housing, and prevention components. Researchers have determined that all four categories of homeless assistance are essential to address the needs of the diverse groups that comprise the homeless population.

This dissertation focuses on the prevention component which is designed to assist those in marginal economic circumstances who experience an unavoidable housing crisis. Several states have state-sponsored and state-funded homeless prevention programs.

The Commonwealth of Virginia authorized funding for the Homeless Intervention Program (HIP) in FY 1989-90. A Short-Term Study of the first group of participants conducted by

Johnson, Brooks, Hambrick, and Richardson (1991) provided evidence that the 1989-90 participants remained in stable housing for six months after leaving the program. The Longer-Term Study discussed in this dissertation was conducted four years after the participants received HIP assistance and involved enrollees from two of the eight original program sites. The data were gathered through the use of mail and telephone surveys and focused interviews. The results indicate that HIP contributed to the housing stability of the majority of the longer-term study participants who have, in the four years since receiving HIP assistance, remained housing self-sufficient. This study recognizes the implications of the time dimension in program evaluation as put forth by Salamon (1976). Accordingly, in addition to ascertaining whether there was a diminishment in the staying power of HIP, other program results more closely associated with latent and sleeper effects were uncovered.

INTRODUCTION

In recent years, much attention has been focused on the plight of the homeless. There is agreement among those concerned that something must be done to ameliorate the phenomenon of homelessness. Yet, evidence suggests that the number of those without homes is escalating, and the multiple factors contributing to this increase have not received the attention they deserve.

Disputes among experts involve such issues as: the definition of homelessness, the numbers of homeless people, the causes of homelessness, where to focus the blame for homelessness, the socioeconomic profiles of the homeless, and the failure of existing public and/or private programs to adequately address the needs of the varied groups who fall under the umbrella of the homeless.

While recognizing that there is no single solution to the problem of homelessness experienced by the varied groups within the homeless population, this dissertation focuses on the prevention component of homeless policy, specifically the state funded prevention program of Virginia, the Homeless Intervention Program (HIP). The goal of this

program is to prevent those who are at imminent risk of losing their homes from doing so and to also provide the means by which the recently homeless can obtain permanent housing.

There is evidence that HIP is effective in preventing homelessness in the short term; that is, 6 to 18 months after receiving the last subsidy payment. This dissertation seeks to determine if the recipients of mortgage and rental assistance through HIP have remained domiciled and avoided homelessness for the longer term; that is, 4 years after receiving the last subsidy payment. It also provides an overview of the problem of homelessness, examines the explanations for homelessness proposed by various researchers, and discusses a cross-section of federal, state, local, and non-profit programs established to address specialized populations. Additionally, an evaluation strategy for homeless prevention programs is included with emphasis on determining the longer-term effect of homeless prevention efforts.

Chapter 1 presents a statement of the problem addressed in the dissertation: the longer-term effectiveness of the Homeless Intervention Program of Virginia and addresses the contribution this study makes to existing homeless prevention research.

Chapter 2 consists of a review of the general literature treating such topics as: the definition of homelessness, the count, the sub-groups to include in a homeless count, the characteristics of the homeless population, selected theories of homelessness causation and corresponding solutions, services needed by the homeless, and the existing programs designed to assist the homeless. Since the focus of this dissertation is homelessness prevention, Chapter 2 also provides an overview of homeless prevention literature under the following headings: rationale for prevention programs, population benefiting from homeless prevention programs, characteristics of prevention programs, and selected state prevention programs.

The primary focus of Chapter 3 is the methodology which includes the research design, research question, research objectives, technique for data collection, selection process for the study sites and interviewees, limitations, and anticipated benefits of the study. Since this longer-term study is a follow-up on a short-term evaluation conducted in 1990-91 of the same prevention program, Chapter 3 also includes background information on that short-term study and defines terms pertinent to both the short and longer-term evaluations.

The findings of this Longer-Term Study are located in Chapters 4 and 5. Chapter 4 reports on the results of the

mail and telephone surveys, and Chapter 5 discusses the data gathered through the focused interviews.

Chapter 6 provides some final reflections on homeless prevention programs, specifically on state funded programs such as HIP, and discusses the policy implications of giving greater emphasis to the prevention component of homeless policy.

CHAPTER 1: STATEMENT OF THE PROBLEM

There have been two basic questions that society has grappled with involving the homeless: what should be done to assist the homeless and whose responsibility is it to provide that assistance? Generally, the relief awarded to the homeless was contingent upon prevailing attitudes toward the homeless poor. The undomiciled were classified as either the worthy or the unworthy poor or as deviants or victims (Hoch, 1987). One fear endured--that of creating a class permanently dependent on society's largess. Consequently, official responses to homelessness involved entitlement guidelines and geographic boundedness (Hopper, 1990). The local community became responsible for housing the deserving poor, and the government became the watchdog keeping the deviant and vagrant off the streets.

In the 1980s, the composition of the homeless population became noticeably diverse. Researchers differentiated among the paths that led these varied groups to homelessness and concluded that the solutions constructed to address the problems of the old skid-row clientele were not adequate to meet the needs of the new homeless. The magnitude of the etiology of homelessness required equivalent responses (Breakey & Fischer, 1990).

As researchers uncovered more information about the complexity of modern homelessness, it became clear that there was no easy fix to the multiple factors that led the diverse populations into the undomiciled state. Therefore, if the goal is to eradicate a problem as enormous as homelessness, then the solutions have to be tailored to fit the multiple needs of the homeless subpopulations. To assure long-term effectiveness in tackling the crisis of homelessness, many researchers contended that the solutions should emanate from policies that reflect comprehensive and coordinated strategies (Bassuk, 1986; Wolch, Dear, & Akita, 1988; Dolbeare, 1991; Lindblom, 1991; Jahiel, 1992c, Zudak, 1992).

In awarding homeless assistance, Jahiel (1992b) suggested that policy makers should first agree upon the composition of the target population. Few proponents of homeless policy initiatives disputed the inclusion of homeless services for the literal homeless; that is, those who were truly undomiciled. The locus of contention among some who supported homeless assistance initiatives centered on whether those who were precariously housed, on the verge of being evicted, living in substandard housing, or living in doubled-up households in which they were not the primary householders should receive funding under programs

designated for the homeless (Rossi, 1989a; Collin, 1992; Jahiel, 1992c).

Coordinated efforts are required, according to Lindblom (1991), to provide a mix of emergency assistance, transitional assistance, and prevention assistance with a minimum of duplication of services. This coordination would result in a more efficient application of the total resources dedicated to the eradication of homelessness (Zudak, 1992). All three responses to homelessness are needed, according to many researchers, to provide housing appropriate to the spectrum of shelter assistance needs existing among the homeless subgroups.

A comprehensive approach to solving the homelessness crisis, therefore, includes the following four levels of effort: emergency housing, transitional housing, permanent housing programs with the supportive services needed to ensure stable housing for the enrollees in the future, and prevention. This dissertation emphasizes the prevention response to homelessness. The types of prevention efforts considered here are those designed to provide financial, counseling, and referral assistance to households on the verge of becoming homeless due to a temporary setback. Prevention can include broad-based efforts ranging from providing supportive housing for the mentally impaired and rehabilitation programs for the addicted to extending

emergency rental and mortgage assistance to the precariously housed on the verge of homelessness due to an unforeseen crisis (Stoner, 1989; Lindblom, 1991; Jahiel, 1992d; National Alliance to End Homelessness, 1992; Johnson & Hambrick, 1993).

Jahiel (1992d) defined three levels of prevention strategies: Primary Prevention targeted at those at risk of becoming homeless, Secondary Prevention which concentrates on improving services for those who are homeless, and Tertiary Prevention involving emergency assistance. It is clear from the categories of services recommended by Jahiel that he defined all three levels of homeless assistance programs as prevention efforts.

This researcher concurs with the idea that homelessness should be tackled comprehensively, and policies and programs aimed at prevention should be an integral part of total homelessness eradication endeavors. In opting to include the prevention component in a plan to end homelessness, there is an implied understanding that the precariously housed who are on the verge of being evicted, living in substandard housing, or doubled-up in homes of friends or relatives are potentially homeless and, as such, should be targeted for specialized homeless prevention assistance (Hartman, 1986; Rossi, 1989b; Interagency Council on the Homeless, 1991a, 1991b; Lindblom, 1991; Jahiel, 1991b; Zudak, 1992).

Many state and local programs designed to end homelessness include funding for prevention efforts. The goal of these prevention programs is to help those who are on the verge of homelessness resulting from unanticipated financial, medical, or personal crises. Two of the first states to fund homeless prevention programs were Pennsylvania with the Homeowner's Emergency Mortgage Assistance Program (HEMAP)¹ authorized in 1983 (Schwartz et al., 1991) and New Jersey with a Homeless Prevention Program (HPP) authorized in 1984 (NJ Dept. of Community Affairs, 1985). Subsequently, Massachusetts, Maryland, Connecticut, Oregon, Virginia, Maine, New York, Washington, and Minnesota² authorized prevention programs to assist those at risk of entering the spiral of homelessness, to better utilize the state's scarce human service resources, and to keep the state's homeless population numbers from escalating.

Although the pioneer prevention programs of Pennsylvania and New Jersey have been funded for a decade, there have been few short-term evaluations and no longer-term studies initiated on the effectiveness of these programs in keeping their clients out of homelessness. In a report of the National Alliance to End Homelessness (1992), the authors had this to say: "In order to evaluate a prevention program's effectiveness there is a building

consensus that long term follow-up contact with clients is necessary" (p. 18).

The Homeless Intervention Program (HIP) of the State of Virginia resulted from strong lobbying efforts by Sue Capers and the Coalition for the Homeless along with the support of key legislators and a sizable number of their constituents. The General Assembly of Virginia authorized HIP in 1989 and funding has been reauthorized yearly since then for selected demonstration sites. Currently, there are ten sites that administer HIP.³

The primary goal of HIP is to assist households at risk of being caught in the cycle of homelessness to maintain or acquire permanent housing. HIP provides one-time rental payments, mortgage payments, or rental or utility deposits to households who have become delinquent in their housing financial obligations. Such housing crises generally are due to unforeseen health, employment, or family break-up problems. Besides financial help, HIP provides counseling and referral services that enable clients to formulate an individually tailored self-sufficiency plan for continued household stabilization. Self-sufficiency, in the context of HIP, means that the client who is in temporary economic crisis can sustain permanent housing through such things as employment, monetary budgeting, and other lifestyle adjustments designed to assure future economic solvency. HIP

is not intended to help homeless or near homeless clients whose chronic personal deficiencies would hamper their attaining self-sufficiency during the specified 6 to 9 month subsidy period (Johnson & Hambrick, 1993, p. 478).

Johnson, Brooks, Hambrick, and Richardson (1991), in an evaluation of the short-term impact of the Virginia Homeless Intervention Program, determined that HIP was between 77% and 84% successful in maintaining participants in permanent housing for at least 6 months to 1 year after program termination. The researchers obtained housing status information on 65% (363) of the 1989-90 HIP recipients.

The Longer-Term Study of HIP collected data regarding the housing status of the 1989-90 HIP participants in two of the eight project centers, the City of Alexandria and James City County. The study used housing status as one measure of the success of HIP by ascertaining whether the clients were homeless, lived in a shelter, or were doubled-up at any time in the 4 years since receiving HIP assistance. Those who owned/rented housing and were not living with others or living in a shelter or homeless were considered self-sufficient. The longer-term success rate of HIP was determined based upon the number of the original enrollees (FY 1989-90), as a percentage of the total respondents in the two selected sites, who were in stable housing at the time of the Longer-Term Survey.

A major methodological barrier, due to the nature of the study, was the difficulty in locating the target population. This difficulty was compounded by the fact that there had been no formal communication between the HIP recipients and the local program administrators for approximately 4 years. Since there were differences between the setting and time of the Short-Term Evaluation and those of the Longer-Term Study of the same population, it seemed more realistic in terms of expenditure of human and financial resources to focus the Longer-Term Study on clients from two of the eight original study sites.

The Short-Term Evaluation contained a collection of baseline data gathered from the clients upon their enrollment in HIP. Included was background information in the following categories: demographic characteristics, socioeconomic characteristics, housing conditions, and assistance issues. The enrolling agency updated these data when the client was terminated from the program. The Longer-Term Survey further updated information on the employment status, household sources of income, and marital status of the respondents.

A Post-Subsidy Survey, to learn the short-term success rate of HIP, was conducted 6 months after termination of the client from the program. The time between the recipient's termination from HIP and the Short-Term Post-Subsidy Survey

was brief. The participants could recall having received assistance from HIP, and their perceptions of the effectiveness of that assistance in stabilizing their housing situation was still fresh in their minds. The Longer-Term Study was conducted approximately 4 years after the clients were terminated from the program, therefore it is quite possible that their recollections of the impact that HIP has had on their household stability are less definitive. Consequently, a major facet of the Longer-Term Study involved focused interviews of randomly selected participants. Through extensive open-ended questioning of the interviewees, a more comprehensive picture of their perceptions of the effectiveness of HIP unfolded.

An important consideration for the Longer-Term Study is the dimension of time. Salamon (1976), in "Follow-Ups, Letdowns, and Sleepers: The Time Dimension in Policy Evaluation," discussed the need for policy evaluators to be cognizant of the fact that program impacts are not always immediately obvious. He categorized the time-related effects of programs in three time frames. First, the impact of programs designed to impart skills or information to the participant generally diminishes over time. These programs can be evaluated 8 months to 1 year after participation to determine the staying power of the program. Second, programs oriented toward assisting the participants in changing

particular attitudes or values require that sufficient time elapse for substantive change to occur. Salamon recommended evaluation of such latent effects of a program approximately 2 years after participation in the program. Third, when the goal of a program is to change the structures that contribute to the problem situation, then the sleeper effects of such programs might not be obvious until three to five years have passed. Salamon admitted that separating the program influences from other external factors in the participants' lives is not always easy (p. 270).

The purpose of the longer-term evaluation of HIP is to determine whether the goal of this program was reached: to prevent homelessness for the program participants. To accomplish this goal, HIP provides financial assistance, counseling services, and referral services to the participants. By means of the Short-Term Study, the staying power of HIP prevention efforts was tested 6 months after the clients participated in the program. The Longer-Term Study of HIP compares the staying power impacts of HIP after 4 years with the Short-Term Study results. It also identifies latent or sleeper effects of HIP that contribute to the participants' housing stability, in other words, any delayed or unintended consequences of the HIP experience that might partially explain the housing status of the

participants 4 years after they received their last subsidy payment.

In designing the Longer-Term Study, consideration was given to the following factors: the anticipated difficulty in locating clients who are no longer connected to the program and with whom there had been minimal agency contact since their termination, the awareness that some limit had to be placed on the expenditure of time and resources, and the belief that a study of the original program recipients from two of the program sites would uncover information indicative of the longer-term effectiveness of HIP in those two evaluated sites.

Importance of Proposed Study

Eleven states indicate that they have state authorized and state funded homeless prevention programs. Of the states administering their own programs (Pennsylvania, New Jersey, Massachusetts, Maryland, Connecticut, Oregon, Virginia, Maine, New York, Washington, and Minnesota), very few have evaluated the short-term effectiveness of their programs, and none of the states have tested their program's longer-term effectiveness.

Among the states that conducted a short-term evaluation of their homeless prevention programs were New York, New

Jersey and Virginia. The Short-Term Evaluation of the New York program used data obtained from service providers and secondary sources of information on the homeless (New York State Department of Social Services, 1990). New Jersey conducted a Follow-up Survey of the landlords of the assisted households (New Jersey Department of Community Affairs, 1990). The results from the Short-Term Study of the Virginia Housing Intervention Program included data collected from the participants themselves or acquaintances of the participants at least 6 months after the enrollees received their last subsidy payment (Johnson et al., 1991).

The rationale behind programs that allocate funds for homeless prevention activities is that such programs enable participants to regain self-sufficiency. This decreases the potential number of at-risk families and individuals likely to become homeless. The key determinant, then, in judging the success of a prevention program would be the long-term housing stability of its participants. This Longer-Term Evaluation of HIP answers the problem posed by The National Alliance to End Homelessness (1992); namely, ". . . whether the program prevents homelessness or merely postpones it" (p. 18). In addition to acquiring data on the housing status of HIP enrollees in the City of Alexandria and James City County, the findings of this Longer-Term Study shed light on the effectiveness of the state of Virginia prevention

efforts in warding off homelessness for the 1989-90 HIP participants from these two sites. Allocation of limited resources for homeless prevention programs requires some evidence that these programs do, in fact, prevent homelessness. Other states with allocated funds for homeless prevention can, therefore, draw implications from this study as to what they can expect when they undertake their own longer-term evaluations of their prevention programs.

Notes to Chapter 1

1. The Housing Assistance Program (HAP) was initiated in 1987.
2. The years in which the state prevention programs were authorized are the following: Pennsylvania, 1983, 1987; New Jersey, 1984; Massachusetts, 1985, 1990, 1994; Maryland, 1986, 1989; Connecticut, 1989; Oregon, 1989; Virginia, 1989; Maine, 1990; New York, 1990; Washington, 1990; Minnesota, 1993.
3. HIP Sites: Alexandria Department of Community Programs, Hampton Department of Social Services, Housing Opportunities Made Equal (Richmond), James City County Office of Housing and Community Development, Planning Commission (Norfolk), Prince William County Department of Social Services, Total Action Against Poverty (Roanoke), United Way of Southwest Virginia, Virginia Beach Department of Social Services, New River Community Action, Inc., Christiansburg.

CHAPTER 2: REVIEW OF HOMELESS LITERATURE

The literature in the field will be reviewed in two stages: general homelessness literature and homeless prevention literature. Pertinent literature dealing with the general question of homelessness is reviewed first in order to better understand the contribution that prevention strategies can make to the implementation of a comprehensive plan addressing the crisis of homelessness.

GENERAL HOMELESSNESS LITERATURE

Definition of Homelessness

Some definitions for homelessness apply strictly to those who are actually without a home. Others define homelessness in a broad sense and include not just the literal homeless but also those whose personal deficiencies or economic status place them in a spiraling process which, without appropriate interventions, could result in homelessness. For the most part, eligibility criteria for federal homeless relief programs have tended to reflect the

more restrictive definition of homelessness. Public pressure demanding shelter for street people has caused legislators to concentrate the scarce homeless allocations on emergency services. The 1991 U. S. Department of Housing and Urban Development Guidelines (GAO, 1992b) for determining eligibility for assistance reflected a federal homeless policy which emphasized aid for citizens upon their falling into homelessness but which was deficient in recognizing the legitimate needs of the precariously housed.

A study of the homeless population conducted by HUD during December of 1983 and January of 1984 (GAO, 1992b) used the following definition of a homeless person: ". . . one who resided in a shelter or a public or private place not designed for human habitation" (p. 3).

In January 1991, HUD issued clear guidelines for participation in that department's homeless assistance programs. According to the GAO (1992b), based upon HUD standards, to be eligible for the Supportive Housing Demonstration Program, individuals or families must be:

1. living on the street or in a shelter;
2. facing eviction without a subsequent residence identified resulting in emergency shelter placement; and
3. leaving an institution without a subsequent residence or the resources/network needed to obtain housing. (p. 4)

By these guidelines, individuals and families at risk of becoming homeless as well as the institutionalized mentally ill and retarded who were previously eligible for assistance under the McKinney Act programs would no longer be eligible for assistance.¹

Ringheim (1990), stated that "a homeless person is one who does not occupy a housing unit as defined by the Census Bureau; or who does not have the legal right to stay for a defined period" (p. 8).

Berck (1992) applied the term homeless to families who live in shelters and to men and women living in public places (p.99).

The McKinney Act of 1987 defined a homeless person as one who:

1. lacks a fixed, regular, and adequate nighttime residence; or
2. lives in
 - a. a shelter;
 - b. an institution other than a prison; or
 - c. a place not designed for or ordinarily used as sleeping accommodations for human beings² (Hombs, 1990, p.69).

Rossi (1989a), in his definition of homeless, differentiated among the literal homeless (also Jahiel, 1992a,b), the hidden homeless, and the precariously housed. The literal homeless were "defined as not having customary and regular access to a conventional dwelling" (1989a,

p. 12). According to Rossi, a conventional dwelling includes " . . . homes, apartments, mobile homes, and rental rooms" (p. 6). By Rossi's standards, an unconventional dwelling would be " . . . any structure not intended to be used as a sleeping place, including public areas such as bus stations or lobbies, abandoned buildings, dormitory arrangement (as in shelters), cars, vans, trucks, and scrap-material shacks" (p. 12).

Rossi considered the hidden homeless to be those living in sub-basements and abandoned buildings, and the precariously housed to be " . . . those who live in conventional buildings but run a high risk of becoming literally homeless . . . " (p. 48).

Collin (1992) questioned homeless definitions that limited the homeless population to those without shelter and that did not include those who were housed but who might be in unsafe, dilapidated, or unsanitary dwellings.³ He argued that this trend to emphasize as homeless only " . . . those living literally without any shelter" (p. 24) flowed from earlier government reports aimed at getting the visible homeless off the streets with a minimum of legal and financial hassle and the downplaying of the problem to divert the media's attention.

Jahiel (1992a) said that planning the correct cluster of services for the homeless was dependent upon the

definition one used. Jahiel's own preference was to include in the count of the homeless those who were doubled-up with other households.⁴

The definition of homelessness used by this dissertation is closely aligned with the one suggested by Collin (1992). In addition to those already in the shelters, on the streets, or in a place not intended as a domicile, the precariously housed are included in this dissertation's working definition of the population in need of homeless assistance.

Counting the Homeless

The task of counting the homeless has been complicated partially by the lack of consensus as to which sub-groups should be included in the homeless count and partially by traits inherent in the homeless population itself (Bromley et al., 1989; Carr, 1991; Collin, 1992).

The uncertainty in the count, according to Blau (1992), is due to the characteristics of the homeless themselves, the multiple definitions of homelessness employed, the regional and seasonal variations, and the difficulty in standardizing street to shelter ratios (pp. 20-23). Breakey and Fischer (1990) also submitted that the possibility of obtaining a reliable count was handicapped by the nature of

the mobile population. This " . . . cycling between homelessness and domiciled states . . . " (p. 32) could lead to double counting.⁵ They discussed three methods that have been used in estimating the size of the homeless population. The methods identified by Breakey and Fischer (1990) were:

1. Indirect estimates: collecting data from service providers;
2. Direct estimates: counting people in shelters and other institutions and those on the streets; and
3. Capture - recapture: taking several counts and deriving population estimates using dilution equations. (p. 35)

These methods, according to Breakey and Fischer, could provide cross-sectional estimates of the size of the homeless population, but could not be used to determine an annual count. Cowan (1991) and James (1991) concurred with this view.

The total number of homeless usually mentioned in the literature on homelessness is anywhere from 250,000 - 350,000 (HUD, 1984)⁶ to 2.2 - 3 million (Hombs & Snyder, 1986). The 1984 HUD count represented a snowball sample of already known shelters from which the names of other shelter providers were elicited.⁷ By 1989, HUD used the 600,000 national estimate resulting from the studies of Burt and Cohen (1989).⁸ The estimates of Hombs and Snyder (1986) were obtained over a period of one year. These authors concluded

that 1% of the population was homeless in a given metropolitan area and then applied this figure nationally.⁹

Rossi's (1989a) count of the Chicago homeless is also frequently mentioned in the literature. The Rossi count relied on information obtained from the police as to the probable locations of the homeless. His final tally did not include those who were doubled-up, those in SROs, or those in welfare hotels.¹⁰

Blau (1992) described the 1990 Shelter and Street Night or S-Night Census count conducted on March 20-21, 1990 in which 15,000 interviewers were sent to 11,000 shelters and the same number to open air sites. As a result, a figure of 230,000 homeless was computed. This figure omitted the homeless in cities with a population of less than 50,000 as well as those homeless not at designated sites (Blau, 1992, p. 23; GAO, 1991a).

The National Alliance to End Homelessness included with the HUD data of 1984 a suburban rate of homelessness equal to one-third that of cities, determining that on any given night the homeless numbered 735,000 and that the total yearly count of the homeless was 1.3 to 2 million (Blau, 1992, p. 24).

Ellickson (1990) had this to say about the growth of the homeless population:

Although most of the advocates' figures appear to be inflated, the nation's homeless population undoubtedly did grow during the 1980s. Even if we account for the fact that the addition of some 177,000 shelter beds between 1983 and 1988 pulled significant numbers of people out of housing and institutions, most observers believe that latent homelessness has been increasing. (p. 53)

Since the focus of this dissertation is an evaluation of the effectiveness of a program designed to prevent homelessness in the State of Virginia, two different counts of the homeless in Virginia are discussed here.

Bromley et al. (1989) obtained their count from estimates of key informants in Virginia cities of 100,000 or over¹¹ from June to August 1987:

TOTAL LONG-TERM POPULATION	3,375
TOTAL SHORT-TERM POPULATION	<u>11,461</u>
TOTAL HOMELESS	14,836

(p. 236)

The overall homeless rate for the cities surveyed was 1.1%. This rate was applied to the total Virginia population. Bromley et al. estimated that the number of homeless in Virginia between June and August 1987 was 64,592 (p. 237).

The Virginia Coalition for the Homeless obtained a count of the homeless from the shelters across the state; 73 shelters in 1991 and 78 in 1992 (see Table 1).

Table 1

	<u>1990^a</u>	<u>1991^b</u>
Total Sheltered	60,308	56,899
Total Turned Away	23,742	35,532
Total Shelter Requests	84,050	92,431

a 1991 Shelter Provider Survey, Virginia Coalition for the Homeless, p.7

b 1992 Shelter Provider Survey, Virginia Coalition for the Homeless, p.7.

The Virginia Coalition for the Homeless tallied all those who requested shelter, those who were sheltered, and those who were turned away during 1990 and 1991. This count did not include those who were undomiciled and did not request shelter, the doubled-up, or the precariously housed.

Hartman (1986) wrote that there should be some effort to count the doubled-up households " . . . so that public consciousness and public policy would include this immediate potential for homelessness . . . " (p. 152) in planning programs that address homelessness. Those on the economic edge, if included in the official homeless count, could expand those numbers by " . . . as many as seven million . . . " (Oskamp, 1990, Ed. Page).

The subgroup of the homeless, the precariously housed, which has been omitted from many of the official homeless

population counts, is the target population of this study.

Homeless Subgroups

Before policies can be delineated, there must be some agreement on the composition of the homeless population. A review of the literature concerned with the homeless subgroups follows.

Ringheim (1990) differentiated between old homeless and new homeless (see also Hoch & Slayton, 1989; Hopper, 1990; Barak, 1991; Braus, 1991; Hoch, 1991; Handler, 1992). The old homeless were mainly white, middle-aged to elderly, single males, and often alcoholics (Giamo, 1989). Women, children, and minorities often younger in age are called the new homeless who have joined the ranks of the previous group to comprise the present homeless population. The findings of Berlin and McAllister (1992) supported the view that the new homeless are younger, include mothers and children (38%), and over 50% are from minority groups.

The Hogg Foundation for Mental Health classified the homeless as follows:

- Type I - new to homelessness after leaving a job, eviction, recently dislocated;
- Type II - recently dislocated but less functional, weakened family ties; more of a social isolate;

Type III - severe mental and physical handicaps - no longer looks for work; or

Type IV - homeless for several years, adapted to the harshness of street life - outsider (Stoner, 1989, p. 7).

The homeless population is also classified as either the worthy or the unworthy poor. Those poor who are just like us who fall on hard times, who suffer from a health or natural crisis, who suddenly lose their means of support, and the retired elderly are considered to be the worthy poor. The unworthy homeless poor include the alcohol and substance abuser, the lazy individuals who will not work, and the mentally ill (Ropers, 1991). Ropers contended that "the most recent and solid research demonstrates that the majority, (80%) of the homeless are not chronically mentally ill, drug addicts, or derelicts. Rather, they represent the victims of fall out, of an increasing polarization of the American stratification system" (1991, p. 70).

According to Koegel and Burnam (1992), society had come to believe that the mentally ill comprised a larger portion of the homeless population than they actually do (25%). For example, Bassuk (1986) reported that a majority of those who are homeless have some sort of psychiatric disability, and that the absence of adequate community support services for the deinstitutionalized is a contributing factor to the growth of homelessness.¹²

Morse and Calsyn (1992) supported the notion that the numbers of mentally ill among the homeless are difficult to estimate. They advanced the idea that there is a variation in estimates of the homeless mentally ill ranging from 5% to 95%. In reality, according to these two authors, it is difficult to evaluate the adaptive behaviors prompted by the destitute conditions of the homeless. These behaviors may give the appearance that a mentally sound person or a person whose mental illness had been medically controlled is actually in a serious state of mental depravity, or the behaviors may truly be manifestations of serious chronic mental illness (pp. 81, 96). Labeling too large a segment of the homeless population as mentally ill was also addressed by Koegel, Burnam, and Farr (1990).

In order to understand the magnitude of the homeless problem, Breakey and Fischer (1990) contended that an awareness of the subgroups comprising the homeless population was essential. The subgroups these authors alluded to are the following: street people, homeless families, children and youth, mentally ill, substance abusers, AIDS victims, homeless workers, rural homeless, and homeless in jail (p. 43) (see also Burt & Cohen, 1989; Davidson & Jenkins, 1989; Barak, 1991; Drake, Osher, & Wallach, 1991; Gibson, 1991; Rafferty & Shinn, 1991; Bassuk, 1992; Berck, 1992). The most visible of these subgroups are

the street people who are also the most resistant to remediation.

While Wright and Rubin (1991) accepted the conclusions of other researchers that the homeless population is diverse, they uncovered three characteristics common to this population:

1. Extremely high rates of disability - ". . . about a third are mentally disturbed; about a tenth are physically disabled; about half are substance abusive" (p. 939);
2. A lack of family and friend support networks; and
3. Low income levels.

When present, these three conditions predisposed certain individuals and families to homelessness because they made it difficult for them to obtain housing (Wright & Rubin, pp. 939-940).

A profile of the homeless provided by the Interagency Council on the Homeless (1991b) included the following characteristics:

1. Three-quarters are single males;
2. Homeless living in family - most headed by single parent;
3. Median age - 36;
4. Minority groups - over represented;
5. Substance abusers - approximately 35%;
6. Severe mental illness - approximately 30%;
7. Prior institutionalization - approximately 67%;

8. Education levels - low;
9. Support group - often lacking;
10. Average monthly income - less than \$137;
11. Unemployed - approximately 80%; and
12. Government assistance - approximately 20% GA, 18% food stamps, 10% SSI, 6% AFDC. (pp. 29-34)

A profile of the 56,532 homeless persons served in 78 Virginia Shelters in 1991 was compiled by the Virginia Coalition for the Homeless. The information on those obtaining shelter in 1991 revealed that 50% were in families, 73% were in single parent households, and 36% had some type of employment. Eviction was responsible for 34% of the homelessness of those served (see Table 2).

The goal of the research discussed in this dissertation is to determine whether Virginia households on the economic edge who experience unavoidable crises could be prevented from becoming homeless and thereby reduce the size of this particular homeless subgroup.

Table 2

HOMELESS PERSONS SERVED BY VA SHELTERS IN 1991

<u>Age of Persons Served</u>	
AGE	%
0-17	36%
18-45	51%
46-60	12%
60+	2%
<u>Gender of Persons Served</u>	
Female	46%
Male	54%
<u>Groups of Persons Served</u>	
Persons alone	50%
Persons in Families	50%
Veterans	25%
Families:	
Single parent	73%
Two parent	27%
<u>Employment of Persons Served</u>	
Working	36%
Full-time	20%
Part-time	16%
<u>Income Sources of Persons Served</u>	
From assistance	49%
ADC	35%
SSI	5%;
SS	5%
GR	4%
<u>Reasons for Homelessness of Persons Served</u>	
Eviction	34%
Unemployment	31%
Other	35%

Source: 1992 Shelter Providers Survey, VA Coalition for the Homeless, p. 7.

Selected Views of Homelessness Causation

Many experts believe that the homeless population can be treated as a monolith and that often the only problem they all share is that each lack a stable dwelling. Using a housing supply or housing affordability argument alone to explain increases in the numbers of those who are falling into homelessness ignores research which reveals that large numbers of the homeless are drug and alcohol abusers, the deinstitutionalized or individuals in need of institutionalization, and many lack the skills needed to secure more than a minimum wage job. Yet, experience has shown that, although a sizable number of individuals with certain personal deficiencies do lose their homes, there are many others with identical impediments who do not. Researchers and analysts have provided the data which reveal multiple and often conflicting theories of homelessness. In opting for the adoption of one particular homeless policy and the negation of another, policy makers are guided by one or more theories of homelessness causation. Solutions to the homelessness crisis flow from the particular theory utilized in assessing the problem.

What follows is an overview of the literature which focuses on the determinants of homelessness. The most

frequently cited explanations for homelessness are the following:

1. The personal deficiencies of the homeless population;
2. Shortages in the supply of affordable housing;
3. Poverty;
4. Inadequate Social Services;
5. Changes in the employment sectors;
6. Government policies which resulted in diminished levels of funding for benefit programs or which fostered urban renewal, deinstitutionalization, and decreased incentives to invest in rental housing; and
7. Multiple factors.

Personal deficiencies

Homeless by nature theories (Ryan, 1971; Jahiel, 1992d) focus on the "characteristics, attributes, and behaviors" (Ropers, 1991, p. 14) of the individuals who have fallen through the holes in the safety net. According to theorists of this mind, poverty is the outcome of choices made or results from the culture in which one is reared.

Kondratas (1986) wrote that the majority of the homeless are drug or alcohol dependent, or mentally ill, and that a much smaller group owe their homelessness to changes in the housing market (p. 144).

Ellickson (1990) stated that there is a connection between the crack and cocaine epidemics of the 1980s and the increase in homelessness. He also attributed the worsening of the homeless problem to the emptying of mental hospitals as a result of changes in treatment policies which place greater emphasis on the rights of the patient. Ellickson pointed out that another contributory factor is the influence of the underclass cultures in which many of the homeless are reared. He rejected the idea that the only thing that separates the homeless from the general population is the lack of a home. Ellickson wrote:

Most homeless families are not random victims of a recent run of bad luck, and it is highly misleading to suggest otherwise Most homeless individuals suffer from either mental illness or substance abuse, or from both. (p. 57)

White (1992) had this to say:

From our examination so far of the homeless themselves and of the history and dynamics of deinstitutionalization of the mentally ill, the nature of alcoholism, and the formation of the urban underclass, it should be clear both that housing is not the principal problem of the homeless and that decision makers have good reason to be hesitant about adopting new policies or appropriating large sums of money for sweeping solutions to homelessness. (p. 115)

White supported Ellickson's (1990) notion that most of the homeless, with the exception of the mentally ill, are in that state because of personal failure. Golden (1992), though, countered the argument that individuals become

homeless because of personal deficiencies and concluded that street life initiates the process of deterioration. She supported the view that the experience of homelessness precipitates the personal decline.

Burt (1991) argued that personal deficiencies cause certain people to be more susceptible to homelessness, but that the cause of homelessness is to be found elsewhere (p. 904). This perspective was shared by Kaufman, 1986; Phillips, Kronenfeld, & Jeter, 1986; Lindblom, 1991; and Burt, 1992.

Sexton (1986) wrote that the New York City homeless are a heterogeneous group. By her estimation, they represent three problem areas: organic, quasi-medical; alcohol and drug abuse; and economic short-fall (see also Fischer & Breakey, 1991). Sexton agreed with advocacy groups who see homelessness as the result of systemic failure, but she concluded that for some homeless groups there also has been a failure of individual responsibility.

Rossi (1989a) admitted that the level of homelessness may be affected by the amount of affordable housing available¹³ but argued that the personal characteristics of the homeless have more to say in regard to which individuals slip into homelessness. Disabilities which appear in the form of poor physical and mental health, lack of social supports, and a prior criminal record are, when coupled with

extreme poverty, the main determinants of homelessness, Rossi concluded. He stated:

. . . among the extremely poor, those with disabilities are the most vulnerable to homelessness. Especially critical are those disabilities that make it difficult for relatives, especially, but also friends, to generously provide shelter and support. In particular, those with chronic mental illness, severe alcoholism, and criminal records do not make good housemates. (p. 179)

Affordable housing

Ringheim (1990) refuted the theory which holds that a dominant cause of homelessness is the policy of deinstitutionalization and the addictive behaviors of the homeless themselves.¹⁴ She recognized with Rossi (1989a) that certain personal characteristics cause people to be more prone to homelessness but insisted that there is " . . . a causal link . . . between deepening poverty of renters, rising rents, and homelessness" (p. 28). Her proposed solutions of "permanent housing services" and "income generation plans" (p. 32) flow from her idea that the structure of housing economics has resulted in the growing homelessness crisis. Concerning susceptibility to homelessness, Ringheim hypothesized that "a higher percentage of renters will be predicted to be associated with a higher rate of homelessness . . ." (1990, p. 61).

She also reported that high rent burdens among single female heads of households and elderly women¹⁵ cause these two groups to be increasingly over-represented among the homeless.

Ringheim recognized that the homeless are a diverse group and supported the concept that there is a relationship between shortages in affordable housing, inadequate income, and homelessness. She commented:

Whether or not the event of homelessness appears to be precipitated by mental illness, substance abuse, interpersonal conflict, or destruction of the home, homelessness is hypothesized to result from a mismatch between incomes and the cost of housing. (p. 3)

Leavitt (1992) argued that situations in which incomes are less than rent for available housing can lead to a trade-off of one necessity for another and eventually bring about episodic homelessness (p. 22). This theme is shared by Luongo & Zoller, 1989; Keyes, 1990; Wright & Rubin, 1991; Burt, 1992; and Wolch & Dear, 1993.

Berck (1992) likewise wrote that "Poverty and scarce inexpensive housing are the root causes of family homelessness " (p. 20) (see also Wallace & Bassuk, 1991). Tucker (1990) maintained that homelessness is the result of a tight housing market in which the poor must compete with the near poor and the gentrifier for the scarce supply of affordable housing (see also White, 1992, p. 125).

Golden (1992) examined the factors which led to homelessness among the women she studied. These factors include loss of job or housing, loss of a relationship, or simply a choice to move out of a dwelling. Although there are differences in the factors that precipitated homelessness, Golden found that all the women had one thing in common. She wrote: "While the lack of jobs affected relatively few of the homeless women I met, the lack of housing affected them all" (p. 30). This theme was reiterated by Milburn and D'Ercole (1991): ". . . although many homeless women suffer multiple problems, the only unusual condition is a lack of permanent housing" (p. 1161) (see also Stoner, 1989).

Wallace and Bassuk (1991), in support of a housing supply argument, contended that the combination of decreased numbers of low income housing units and increased numbers of low income households have enlarged the homeless population. Dattalo (1991) pointed to the skyrocketing housing costs and concluded that this is what led to shelter poverty and eventually to homelessness.

Poverty

Ropers (1991) contended that the ". . . majority of the homeless are just like other Americans who are down on

their luck" (p. 77). He discounted Tucker's (1990) conclusion that there is no correlation between homelessness and poverty, unemployment, and race (p. 87). Ropers discussed the contribution poverty has made both in shaping an individual's or even a group's life chances and in increasing their risk of falling into certain mental and physical pathologies, family instabilities, criminal behavior, and even homelessness (pp. 12-13). Ropers saw poverty as more than just the result of group or personal choices or structural exclusions. For him, poverty " . . . represents a crisis in capitalism as a whole" (p. 223).

Rossi (1989a) acknowledged that there are certain characteristics which predispose a person to homelessness, but he submitted: " . . . extreme poverty is at the root of both literal homelessness and being precariously housed" (p. 9). He defined the extremely poor as households " . . . whose annual incomes are three-quarters or less of the current official poverty line . . . " (p. 13).¹⁶ He supported the view that economics is, in part, responsible for the homelessness of some subgroups. He wrote: "So long as there is a poverty population whose incomes put them at the economic edge, there will always be people who fall over that edge into homelessness" (p. 194).

Blau (1992) concurred with Rossi (1989a) and Dolbeare (1991) when he stated that the homeless need what every other person needs to maintain a decent quality of life: " . . . affordable housing, wages, and benefits sufficient to support themselves and accessible social services" (p. 180). He summarized his position on the homeless in these words:

Fundamentally, people are homeless because they get too little income to afford the housing that is available. This basic reality is then overlaid with every possible social ill: crime, drugs, alcoholism, mental illness, poor health care, and inadequate job skills (1992, p. 182)

Inadequate social services

Morse (1992) saw homelessness as resulting from a mismatch between the characteristics of those who become homeless and the social systems¹⁷ established to maintain the vulnerable in a non-homeless state (see also Fabricant, 1988; Jahiel, 1992). Morse's belief that "homelessness is a social problem existing within an ecological system" (p. 5)¹⁸ was shared by Robertson and Greenblatt (1992). They wrote:

A recent review concluded that the contemporary homeless population though diverse, tends to be distinguished from the general population by extreme poverty, low job skills, high unemployment rates, high rates of personal-social adjustment problems e.g. mental disorders, alcoholism, criminality, low levels of social support, high

levels of life crises, and a great desire to obtain social and health resources that will lead to nonhomeless status. (p. 4)

Toro, Trickett, Wall, and Salem (1991) described homelessness as a condition exacerbated by deficiencies in a social service delivery system. This system fails to recognize not only the interdependence of its own components but also the detrimental impact on its clients of the unintended consequences of the very programs designed to remedy the problem of homelessness. Arguing in favor of a social service system committed to responding to the total needs of the clients, Greenblatt (1992), as well as Shore and Cohen (1992), suggested that the present solutions to the shelter problems of the 25% of the homeless who are mentally ill fall short in providing the support services which are essential to maintain this group in stable housing (see also Cohen, 1989; Dennis, Buckner, Lipton, & Levine, 1991).

Wright (1990) listed the most frequent causes of homelessness as " . . . job, money, housing problems, and troubled family relationships . . . alcohol, drugs, and psychiatric disorders . . . chronic physical disorders . . . " (p. 54). According to Wright, losing a residence puts one at a high health risk. This finding was well substantiated by a study conducted by Struening and Padgett (1990) which dealt with residents of New York City shelters.

Struening and Padgett (1990) concluded that "the need for health care services is greatest among homeless individuals with mental and substance abuse problems" (p. 79).

Even though deinstitutionalization or the difficulty in obtaining placement in a hospital was declared by Dear & Wolch (1987) to be a cause of homelessness, Morse and Calsyn (1992) contended that the increase in homelessness among the mentally ill is due more to the calibre of community mental health services. Appropriate housing and supportive services necessary to address the multifaceted needs of the mentally ill homeless are not being adequately met through existing mental health agencies (p.128) (see also Elliott & Krivo, 1991; Breakey, 1992).

Changes in employment sectors

Blau (1992) countered what he called the myths concerning homelessness; namely, that the homeless are mentally ill, substance abusers, or lazy misfits. While acknowledging that some people are homeless because of personal choice, Blau asserted that " . . . homelessness is a product of political and economic changes in the United States" (p. ix) (see also Barak, 1991). These changes involve the shift from an industrial to a service economy, business efforts to control wages (Belcher & Singer, 1988),

and government cuts in social welfare programs (Blau, 1992, p. x) (see also Dolbeare, 1991).

Harrison and Bluestone (1988), Dreier and Appelbaum (1991), and Ropers (1991) all argued that individuals and groups are at the mercy of economic high-tech changes which resulted in a decline in high wage jobs and a corresponding dramatic growth in the low wage sector. Wages which are too low to cover the cost of housing and other life sustaining necessities eventually lead to homelessness (see also Laws & Lord, 1990; Barak, 1991; Burt, 1992; Wolch & Dear, 1993).

Public policy decisions

Some theorists placed the blame for homelessness on policy decisions which resulted in the shortage of low income housing. Kasinitz (1986) discussed the impact that gentrification has had on the growth of homelessness by placing low income households in the predicament of being in competition with the more affluent property seekers for the same housing units. In addition, he pointed out that the single room occupancy types, the addicted, and the deinstitutionalized are generally not welcome as neighbors by the gentrifiers and are consequently displaced. The two trends of gentrification and displacement along with a diminishment of SRO stock are fostered, according to

Dolbeare (1991), by federal policies and funding allocations.¹⁹

Jahiel (1992c) maintained that homelessness in the 1980s was the result of government policies which exacerbated the poverty of the vulnerable population (see also Rossi, 1989a; Kiesler, 1991; Liggett, 1991). The failure to accurately assess the disastrous outcome of such policies led to a government response to homelessness which tended to treat homelessness as an isolated problem. Thus, the emphasis in the 1980s was on the funding of emergency shelter and food programs.

The typical structural reasons given for homelessness by Hope and Young (1986) involved policy decisions which led to the conversion of low income units, shortage of low income units (Leonard, Dolbeare & Lazere, 1989), deinstitutionalization of mentally ill (Lamb, 1986), removal of large numbers of recipients from welfare roles, increase in the proportion of income expended for housing, and a rise in unemployment figures.

Erickson and Wilhelm (1986) claimed that there is a relationship between homelessness and recent shifts in social welfare policy, especially policy toward the mentally ill. They also credited urban renewal and private revitalization with reducing the number of low priced housing units on the market. Reduction in federal housing

subsidies during the 1980s; housing price increases since 1975; high unemployment; and removal of recipients from disability roles since late 1981; have all contributed, according to Erickson and Wilhelm, to homelessness (see also Belcher & Singer, 1988; Rossi, 1989a). Because of these factors, the homeless population expanded to include not just those who represent the stereotypical old homeless but other groups who are categorized as the new homeless.

An opposing view was held by White (1992). He indicated that homelessness is a manufactured crisis of the social welfare advocates (i.e., Mitch Snyder, Robert Hayes) to garner support for certain social and housing projects. The reality of homelessness, according to White, is both more complex and more limited in scope (p. 209). White argued that the result of special interest groups pressuring for more money for government programs for the homeless has weakened the family's role as the main source of assistance for their frail members. He stated that there are two problems that affect the growth of homelessness: government agencies which usurp the role of the family and support groups, and the expansion of individual rights (p.284).²⁰

Multiple factors

In attempting to determine the underlying causes of homelessness and to make recommendations for its eradication, the foregoing researchers pointed to six basic categories of contributing factors: personal deficiencies, housing supply, poverty, social service deficits, employment shifts, and public policy decisions. Many contended that there is a combination of factors that contribute to homelessness and, for this reason, solutions have to be tailored to the complexities of the multicause phenomenon. Whether or not the researchers concurred on their perceptions of homelessness causation, there are many who concede that the list of solutions to homelessness should include decent, permanent, and affordable housing (Rafferty & Shinn, 1991; Jahiel, 1992c; Berck, 1992; Solarz, 1992).

Wolch, Dear, and Akita (1988) argued that homelessness occurs in a three-step process that involves structural factors, supply-side components, and individual characteristics. Without interventions tailored to each stage in the cycle, the process of homelessness could bring about a "culture of chronicity" (p. 447). This notion of homelessness as a process was also discussed by Keigher (1991) and Wolch et al. (1988).

Weitzman, Knickman, and Shinn (1990) demonstrated the many pathways to homelessness through a study of New York City homeless families. They suggested that the path to homelessness must be recognized, " . . . so that families on that path can be assisted before they actually need emergency shelter" (p. 127). Among the pathways to homelessness, listed by Weitzman et al. are:

1. A stably-housed family experiences a crisis (eviction, illness, fire, abuse, etc.);
2. After the crisis, the family makes a slow slide into homelessness;
3. Welfare dependent persons are vulnerable to homelessness; and
4. Mental illness and addiction make it difficult to cope in the housing market. (pp. 126-127)

The results of the research of Weitzman et al. revealed that over one half of the families in the shelter system in New York are there due to eviction or rent problems. The rest had been living in doubled-up housing in which a conflict ensued with the primary householder.

Although Bassuk (1986) emphasized that large numbers of the homeless are victims of mental disorders,²¹ she also asserts that:

There is usually no single, simple reason for an individual's becoming homeless, rather, homelessness is often the final state in a lifelong series of crises and missed appointments,

the culmination of a gradual disengagement from supportive relationships and institutions. (p. 258)

Robertson and Greenblatt (1992) pointed out that the causes of homelessness are found on many levels: cultural, institutional, community, organizational, group, and individual. See Table 3 for a fuller explanation of Robertson and Greenblatt's homelessness causation levels. The authors concluded that:

The causal relationship of these factors to homelessness typically involves a mismatch or discordance between the characteristics of the individual and the policies, practices, expectations, or characteristics of the organizations related to him or her. (p. 4)

They contended that a large responsibility for homelessness rests with the government, most specifically the federal government, which has lacked both the leadership and the commitment to deal with the homeless problem.²²

Jahiel (1992c) asserted that homelessness is an unintended side effect of specific social processes that focus on attaining goals viewed favorably by society. He divided those processes that contribute to the growth of homelessness in the following manner: housing sector, employment sector, public assistance failures, disintegration of families, and individual deficiencies (see also Rossi, 1989a; Dolbeare, 1991).

Table 3

CAUSES OF HOMELESSNESS

- A. Cultural - discrimination, prejudice, apathy²³
- B. Institutional -
 - 1. Economic - employment opportunities;
 - 2. Housing - shortage of low income units, inadequate funds;
 - 3. Social Assistance - deinstitutionalization, budget cuts, too few services for substance abusers, jails as shelters;
- C. Community - NIMBY syndrome;
- D. Organizational - eligibility criteria as obstacles;
- E. Group - loss of support network; and
- F. Individual - personal disabilities.

Source: Robertson & Greenblatt (1992), pp. 5-13.

In her studies of women and homelessness, Stoner (1989) stated that there are four antecedents of homelessness for women. They are: lack of housing, unemployment or poverty, deinstitutionalism, and domestic violence and abuse (p. 280). Hill (1991) also included spousal abuse as an overriding cause of homelessness for women. Although women become homeless for many of the same structural and personal reasons as do other homeless individuals, the one

determinant of homelessness that is unique to women is spousal abuse.

Whatever might be the locus of blame for the growth of the homeless population, most researchers agree that, crude as the predictive instruments are, there is enough evidence to support the notion that homelessness is the plight of diverse populations. Existing structural, economic, and social policies have fallen short in providing the complex array of services required to stabilize the at-risk population in permanent housing (Kozol, 1988; Ferrill, 1991; Hill, 1991; Russell, 1991; Berck, 1992; Giamo & Grunberg, 1992).

Diverse Approaches to Homelessness

There are many theories with respect to what should be done to alleviate the homeless problem just as there are vast differences among the experts as to the causes of homelessness and the manner of determining the multiple subgroups that are to be counted as homeless. Jahiel (1992) wrote that the programs designed for the homeless reflect the policy makers' theory of homelessness causation. For example, those who adhere to a "homeless by nature theory" proposed antidrug education or training programs. Those who support a "social disaffiliation theory" recommend

organizational contacts. The "housing and poverty theory" adherents stress housing supply or income enhancement programs. Supporters of the "societal disinvestment theory" encourage the initiation of empowerment programs (p.22).

Johnson and Hambrick (1992) referred to six types of responses to homelessness: prod the homeless to move elsewhere, provide emergency housing for approximately 30 days, make available transitional housing for 6 months to 2 years, secure permanent housing, increase the number of affordable units, and prevent those in a temporary crisis from becoming homeless (pp. 15-17).

Due to scarce resources, federal policies toward homeless assistance have emphasized helping the most desperate among the homeless population (GAO, 1992b). In many instances this meant that only the visible homeless and those with severe and chronic disabilities would be assisted. Concentrating the bulk of resources on sheltering the hard core homeless and minimizing preventive measures for those on the fringe of homelessness is opting for an emergency assistance homeless policy.

Since the focus of homeless assistance has been concentrated on emergency shelter type solutions, some researchers engaged in dialogue with the shelter residents themselves. The intent was to ascertain the recipients' perceptions of the effectiveness of the shelter environment

in solving the problems which led to their becoming homeless.

Kozol (1988) interviewed homeless families in New York City's family shelters, specifically the Martinique Hotel, Prince George Hotel, and Holland Hotel. His purpose was to learn from the homeless, themselves, how effective these shelters are in combating homelessness. Kozol concluded that the conditions in the shelters are debilitating enough to cause healthy people to become unstable. Ferrill (1991) verified Kozol's findings in a personal narrative she wrote of her experiences with homeless women as an assistant director of a walk-in shelter in New York City. Ferrill observed the women as they made the required behavioral adaptations in order to survive on the streets, and she became cognizant of the difficulties homeless women endure in trying to obtain needed services, health care, and stable housing while living in a shelter (see also Harris, 1991; Sprague, 1991).

Berck (1992) interviewed approximately 30 children whose families were living in shelters or welfare hotels in order to determine the effect homelessness had on the education, health, self-esteem, and family relationships of these children. According to Berck, the children often suffered from insufficient nutrition, poor sanitation, stress, inadequate health care, and feelings of shame and

not belonging (see also Virginia State Department of Education, 1989; Kryder-Coe, Salamon, & Molnar, 1991; Kurtz, Jarvis, & Kurtz, 1991). Berck concluded that stable housing along with increased employment opportunities for their parents would be more effective than the temporary shelters in addressing the problems that those children endured due to homelessness.²⁴

Zudak (1992) suggested that a comprehensive approach which eliminates jurisdictional disputes would better serve the needs of the homeless population. She stated: "Through better coordination and improved outreach, more resources could be directed toward proactive prevention programs rather than reactive emergency programs" (p.15). In their joint endeavor, Wolch et al. (1988) set forth a view of homelessness as " . . . the culmination of a long process of economic hardship, isolation, and social dislocation . . . " (p. 443) (also Bassuk, 1986). These authors concurred with Zudak (1992) that the approach to solving homelessness must be comprehensive, and that planners must recognize that homelessness is a process not an isolated event.²⁵

Because of what Dolbeare (1991) called " . . . a tangle of public and private programs and efforts and an array of funding sources and requirements . . . " (p. 1075), the task of formulating a coordinated and comprehensive program which meets the varied needs of a diverse homeless population is

mammoth. To illustrate this fact, Dolbeare pointed out that there are 36 federal programs dealing with problems of homelessness, 20 of which are funded under the McKinney Act through at least 10 different agencies and departments. Dolbeare believed that the Comprehensive Housing Affordability Strategy (CHAS)²⁶ prepared under the auspices of state and local governments can provide a framework for coordinating homeless alleviation efforts.

A comprehensive approach to solving the complex array of problems which lead to homelessness should include the following categories of efforts: emergency, transitional, permanent, and prevention (Kaufman, 1986; Luongo & Zoller, 1989; Stoner, 1989; Lindblom, 1991; Jahiel, 1992d; Zudak, 1992).

In discussing what she considered to be the two extremes that theorists put forth designating homelessness causation; namely, individual pathology and structural factors, Stoner (1989) cautioned the reader "to move beyond crisis responses" (p. 9) and to implement

a wide range of strategies within the economy, the housing sector, and mental health service delivery systems that would prevent the projected increase in the incidence of homelessness and offer long term solutions to the structural problems that contribute to homelessness. (p. 9)

Berlin and McAllister (1992) discussed the role key players such as advocates, the federal government, and

service providers must play in formulating a comprehensive program suited to tackling the homeless problem (p. 99). They concluded that advocates should champion the needs of the truly homeless and not force the government into an unrealistic position of having to provide housing and services universally for all poor. The federal government, the authors argued, should recognize the magnitude of the homelessness problem and provide the additional funding needed to implement a comprehensive program, and the local service providers should develop a model program to address the housing and service needs of the specialized populations that comprise the homeless (pp. 63-99).

Laws and Lord (1990) criticized the federal response to homelessness in these words: ". . . there has been a fundamental failure in federal policies to develop a preventive strategy. Instead, there have evolved a number of 'fragmented programs' which can best be described as 'band aid' solutions" (p. 73).

Kondratas (1991) took an opposing view and supported the notion that, due to the low numbers of the homeless nationwide (250,000-350,000), the responsibility for developing solutions to alleviate homelessness belongs to the state and local governments rather than to the federal government (p. 148). Although Dolbeare (1991) agreed with Kondratas that the count of the homeless on the streets and

in shelters is lower than the 3 million offered by some advocates, he did say that ". . . the number of 'hidden homeless' and persons at imminent risk of homelessness is probably much higher than three million." (p. 1058). In the light of these large numbers, Dolbeare recommended a comprehensive and coordinated "federal plan to end homelessness" (p. 1076). Similarly, Lindblom (1991) proposed a model for comprehensive homeless coverage that includes a mix of emergency assistance, transitional assistance, and prevention assistance (p. 1005). Wolch et al. (1988) recommended that planners devise a plan to develop a "fair share" approach through "service hubs"²⁷ (p. 451).

The need for coordinated and comprehensive endeavors put forth by Berlin and McAllister (1992) to address the complex issues involved in the homelessness process was also recognized by Wolch et al. (1988); Mills & Ota (1989); Ellickson (1990); Struening & Padgett (1990); Foscarinis (1991); Jones, Levine, & Rosenberg (1991); Kondratas (1991); Lindblom (1991); McCarty, Argeriou, Huebner, & Lubran (1991); and Toro, Trickett, Wall, & Salem (1991).

Homeless Programs and Services

If it is true that the one commonality among the homeless population is that they all lack a home, then there

is some justification for focusing on shelter solutions to the problem of homelessness. In general, the housing solutions have been divided into three categories: emergency, transitional, and permanent housing. Most of the emphasis in the 1980s was on getting the most visible homeless population off the streets and into emergency shelters or welfare hotels. With the changing nature of the new homeless population, which included increasing numbers of families with children, the recently unemployed, and the extremely low income elderly, there was movement toward acknowledging the reality that a more comprehensive approach to housing the homeless needed to be explored. This comprehensive approach, as previously mentioned, must encompass a broad range of services, not just housing services, if it is to be effective in curtailing homelessness (see also Aaron & Schultz, 1992).

Among the comprehensive solutions mentioned are programs which increase the income of the extremely poor to guarantee that they are financially capable of paying for housing and other life necessities. Others recommended that government and private agency service providers collaborate in providing services in areas of " . . . shelter, food, case management, health services, medication, energy assistance, transportation, and employment" (Zudak, 1992, p. 10). Of primary importance is the necessity of tailoring

programs to respond to the deficits of those being served (Mills & Ota, 1989; Ellickson, 1990).

Federal programs

From 1983 until the Congressional approval of the Stewart B. McKinney Homeless Assistance Act in 1987, on the national level, homeless assistance involved emergency food and shelter appropriations which were the responsibility of the Federal Emergency Management Agency (FEMA).²⁸

In 1984, the Department of Defense Authorization Act (PL 98-94) allowed the use of military property for shelters. Other legislation passed to assist the homeless prior to the McKinney Act provided for: the extension of the Volunteers in Service to America (VISTA) as a volunteer corp to service the homeless, a study of health care for the homeless, making military surplus bedding available to the homeless, extension of food stamps to the homeless, a study directed toward the adjustment of the eligibility criteria for food, medical, job training and income assistance programs, and the initiation of the National Institute of Mental Health (NIMH) (General Accounting Office, 1989; Interagency Council on the Homeless, 1992b).²⁹

On the federal level, the Stewart B. McKinney Homeless Assistance Act (PL 100-77, July 22, 1987) is the major piece

of legislation authorizing emergency aid for the homeless (see Table 4). The McKinney Act provides for the establishment of the Interagency Council on the Homeless.³⁰ The role of the Interagency is to integrate the federal efforts to end homelessness; to comprehensively respond to the needs of the homeless subgroups by coordinating federal, state, local, and private initiatives; and to make available appropriate housing and support services (see also General Accounting Office, 1989). In all, 20 programs are funded under the McKinney Act.³¹ These programs provide federal monies to assist the homeless with education and housing; emergency food, shelter, and family support; health care and demonstration projects for the mentally ill and substance abusers; housing and supportive assistance; and surplus property availability³² (see also General Accounting Office, 1989, 1991b, 1991c, 1992a; Adler, 1991a, 1991b).

The 1991-92 Annual Report of the Interagency Council on the Homeless (1992a) stated:

. . . emergency assistance cannot, by itself, end homelessness. Federal efforts are focusing more on programs like Shelter Plus Care³³ that offers longer-term housing in combination with essential support services and/or new initiatives designed to reach people on the street who are not adequately reached through current efforts. (p. 5)

Table 4

TOTAL AUTHORIZATIONS AND APPROPRIATIONS
 STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT: 1987-1991
 (Budget authority: dollars in millions)

<u>YEAR</u>	<u>AUTHORIZATION</u>	<u>APPROPRIATION</u>
1987	522.7	470.2
1988	506.0	259.4
1989	633.8	388.5
1990	675.8	579.4
1991	987.6	681.9
1992	1130.9	800.4
1993	1099.9	928.5
1994	1312.1	1197.0
1995	1451.0	*

*Authorization only for 1995

Source: Federal Funds Info. for States (FFIS) 3/20/91;
 GAO, 1994; Priority: Home (HUD, 1994).

Other federal mainstream programs also provide specific monetary and service assistance to the homeless. Among these initiatives are: Social Security, Aid For Dependent Children (AFDC), Veterans Administration (VA) benefits, General Assistance (GA), food stamps, and housing assistance programs. In general, federal prevention efforts remain minimal even though the Interagency Council on the Homeless has adopted as a goal the support of federal prevention endeavors (see HUD, 1994).

State programs

The states have implemented programs for the homeless in the following categories: "support services, prevention programs, transitional and emergency housing programs, and permanent housing programs".³⁴ Support services include transportation to and from housing sites, health care (primary, mental health, substance abuse treatment), job training, child care assistance, and empowerment training.

Prevention programs provide assistance to those at risk of losing their homes. These programs include some or all of the following types of assistance: short-term mortgage or rental assistance and/or security deposits, grants to mediate with landlords and/or to enable service providers to develop self-sufficiency projects, and loans or grants to owners for maintenance of the housing units.

Emergency housing is usually defined as housing which is provided for up to 6 months, while transitional housing is provided for a period of 6 to 18 months. Most of the state shelter programs involve support services for the participants. Assistance is also given to increase the supply of emergency or transitional housing or other service components of the respective programs. State programs aimed at increasing the supply of permanent affordable housing are

judged to be expensive and ideally require the coordinated efforts of the public and private sectors.³⁵

Local programs

Many local governments assist the homeless through the appropriation of funds for self-sufficiency programs, emergency shelter, transitional housing, and permanent housing assistance. These projects operate under public or private auspices. Non-profit organizations administer approximately 80% of the emergency shelters³⁶ (see Appelbaum, 1986).

The homeless assistance efforts of cities vary according to the designation of service providers, resources expended, types of shelter provided, numbers and categories of the homeless served, specifics of program entitlements, and division of responsibility. The HUD (1989) study of the nation's five largest cities (New York, Philadelphia, Houston, Chicago, Los Angeles) illustrates the differences cited above. In the City of New York, most of the homeless in shelters were family members. In the other four cities studied, most of the undomiciled were unaccompanied persons. In New York and Philadelphia the local government assumed a greater responsibility for sheltering the homeless whereas, in Los Angeles, the local government provided the funding,

but the shelters were operated by religious groups or other nonprofit agencies. Chicago established a public/private task force with a policy-advising role. City and non-profit funds were pooled to assist the homeless. In Houston, private organizations assumed the bulk of the responsibility for housing the homeless (Interagency Council on the Homeless, 1991c).

HOMELESS PREVENTION LITERATURE

Since the focus of this dissertation is prevention as a component of a comprehensive homeless policy, the remainder of this chapter will review literature specifically related to homeless prevention and will discuss various state homeless prevention programs.

Rationale for Prevention Programs

Many researchers readily concur with the notion that intervention before an at-risk individual becomes homeless is beneficial. Prevention programs are less costly not only for the individual households involved but also in terms of public expenditures. Kaufman (1986) wrote that, once an individual becomes homeless, a multidimensional body of human services must be called on to get that undomiciled

person back on track. She asserted that every effort should be made to keep the at-risk individual out of homelessness in order to avoid the personal and public costs that remediation requires. Blau (1992) contended that the social costs of homelessness resulting from " . . . visibility, cost of temporary shelter, crime, drugs, begging . . ." (p. 176) will be around for many years.

For the low income families and unaccompanied individuals who are facing eviction due to a monetary crisis, it is less disruptive to the individuals and to the community to provide rental or mortgage assistance, job hunting techniques, educational enhancements, and money management skills than to allow these precariously housed persons to join the ranks of the undomiciled. In addition to being deprived of stable housing, the at-risk family frequently suffers from a disruption in their children's schooling and social life. Family members are often exposed to chronic and acute physical disorders and infectious illnesses. The lack of privacy and absence of the facilities required to initiate job inquiries serve to increase the likelihood that homeless individuals will become more susceptible to depression and disillusionment. Homelessness, in other words, can interrupt the total life pattern of the family.

Without the appropriate support services, those who have been institutionalized due to conditions such as mental illness, drug or alcohol abuse, or criminal behavior can also end up homeless a short time after leaving the institution. In the case of the mentally ill, the trauma of homelessness can lead these individuals to experience a recurrence of their particular malady necessitating reinstitutionalization. Other deinstitutionalized people (alcoholics, drug addicts, criminals, foster care youth) for whom no coordinated plan of services is in place, upon facing the rigors of street life or conditions in the shelters, can suffer a relapse or adopt behaviors viewed unfavorably by the mainstream community (see also Levine & Huebner, 1991; Rotheram-Borus, Koopman, & Ehrhardt, 1991).

Wright (1990), in discussing the health risk factors of homelessness, determined that national health policy is more concerned with remediating the problems resulting from homelessness than in preventing these problems from occurring (p. 62). The author argued that providing a stable place to live is essential before any health program can hope to achieve its goals (see also Molnar, Rath, & Klein 1990).

Hope and Young (1986) and Blau (1992) suggested that the growth of homelessness could have been predicted. Of the choices left for policy makers seeking to address

homelessness; namely, write off the homeless, count on the churches to supply the homeless services, or concentrate on prevention, the authors chose prevention. Lindblom (1991) presented a case for homeless prevention endeavors when he submitted that such investments would cut costs and would benefit the community down the line (p. 958). He asserted that the only way to decrease the homeless numbers is to step up the aforementioned efforts and increase the funding for prevention strategies. Weitzman et al. (1990) likewise concluded that families on the path to homelessness need preventative services to maintain their independent living situations (p. 138).

Jahiel (1992d) applied the preventive medicine paradigm to homelessness which he declared is a social ill. Prevention in Jahiel's view might be approached in three ways:

- Primary - preventing homelessness (structural changes);
- Secondary - eliminating homelessness (providing housing); or
- Tertiary - minimizing the harmful effects of homelessness (shelter, food, subsistence services). (p. 11)

Jahiel asserted that the government programs in the 1980s focused on tertiary prevention measures. Whether the federal government's preference for emergency services will continue is yet to be seen, but, in 1991, the report of the Interagency Council on the Homeless for FY 1990 listed as

one of its two goals for the eradication of homelessness to " . . . prevent others from becoming homeless" (p. 9).³⁷ This goal is also included in the Interagency Council 1991-1992 Annual Report (1992a, p. 27). It would appear from this stated goal that the intent of future federal policy toward homelessness is to give considerable weight to primary homeless prevention programs (see also HUD, 1994).

Homelessness, rooted in shortages of decent low income housing units or in the unreasonably high cost of these units, is avoidable, according to Sanjek (1986). He recommended a federal policy that supported the following initiatives: rent control programs (also Gilderbloom, Appelbaum, Dolny, & Dreier, 1992; Lowry, 1992), limitations on the number of rental units converted into condominiums, production and rehab of low and moderate priced units, mortgage subsidy, dissuasion of landlords from vacating low income properties, subsidizing of SRO (Single Room Occupancy) preservation, changes in tax policies which currently favor businesses over homeowners, and allocation of a larger share of national credit at low interest rates to the low income citizens (Sanjek, 1986, pp. 320-321).

When a family's income is less than 125% of the poverty line or when that family sustains a 45% rent burden, standards used by Ringheim (1990) in her study, conditions are ripe for homelessness to occur if these conditions

persist for any length of time. Add to this number of economically susceptible poor the number of those who live in dilapidated housing or in overcrowded situations and the outcome could be a ten-fold increase in the homeless population (Stoner, 1989; Ringheim, 1990). Avoiding homelessness through prevention programs, according to some researchers, is less disruptive and less costly for this segment of the poor (see also Luongo & Zoller, 1989; Berck, 1992).

Target Population

A report of The National Alliance to End Homelessness (1992) described the most at-risk population as those who spend more than 30% of their income on housing and those who live doubled-up with another household. Of this population, the most in need of prevention services are those who have had a prior homeless experience, have no supportive family or acquaintances, have left an institution, or live with an abusive partner. In addition, the report stated that the people in the following categories are most susceptible to homelessness: "single men, female-headed households . . . people with chronic mental illness, people with substance or alcohol abuse illness, and people with serious health problems" (p. 7). Families who have a long history of

poverty and have had a series of economic crises are prime candidates for homelessness. These at-risk families could include an unemployed breadwinner, a mother with young children on government assistance, someone who shares the home with another family or person, or those who are victims of abuse. The low income elderly are at risk of becoming homeless if their limited financial resources are strained in the face of a health problem, housing repair needs, or loss of a portion of their income due to the death of a spouse. This group generally is not psychotic or substance abusive, although they may be. The root of their problems is frequently a shortage of funds or faulty social interactions with other tenants. Ladner (1992) stated that the majority of these low income elderly can be prevented from succumbing to homelessness with a case management approach.

If eviction can lead in time to homelessness, then one goal of homeless policy should be to prevent eviction. Those who are precariously housed are the most obvious beneficiaries of homeless prevention programs. Since this subgroup of the homeless has been identified, eliminating the economic pitfalls which may lead to their homelessness should, in effect, reduce the homeless population.

Approaches to Homelessness Prevention

Stoner (1989) commented that policy makers must shift from a crisis response to homelessness to a long-term preventive approach. She wrote: "Methodologically, conceptualizing a non-homeless future seems to shift from emergency and other limited responses to homelessness to a paradigm of prevention based upon assumptions and values that espouse universal entitlements to a basic set of decent human services and income" (p. 10). Stoner proposed that preventive action be taken to spare the homeless-vulnerable the demoralization of homelessness (see also Toro, Trickett, Wall, & Salem, 1991). She contended that this can be done only if there is some correlation between the numbers of poor and the available low income rental units. She stated that ". . . more than 18 million Americans who are on the verge of becoming homeless will be without housing by the year 2003" (p. 141).

In order for a homeless prevention program to be effective, Stoner reasoned that there must be coordination between all the social service systems and the courts. In other words, the benefit levels must be realistic enough to keep financially solvent those at risk of becoming homeless, and the laws must be supportive of each person's right to housing regardless of social, economic, or personal

characteristics. Stoner (1989) summarized her ideas as follows:

Ultimately, a national homeless-prevention policy should be based upon partnership with the states, local governments, and the private sector. The foundation of such a policy should be based upon an explanation of the costs and benefits of integrating housing subsidies, public assistance, job training, and tax benefits to develop more effective programs for poor families. (p. 299)

Stoner recommended a comprehensive "Family Economics Policy" (FEP) (p. 54) which includes parental leave, child care, increased health care, a public full employment plan, and job training programs to assist the population teetering on the edge of homelessness. She also felt that there must be an integration of the housing subsidy programs and welfare programs, both of which currently suffer from geographic and entitlement disparities (see also Bassuk, 1992; McChesney, 1992).

Curcio (1992) maintained that mediation can prevent homelessness when a tenant is in danger of being evicted, and that mediation can be more successful than adjudication in avoiding displacement because, with mediation, both the tenant and the landlord are cooperating in the joint venture. According to Curcio, the Tenancy Settlement Mediation Program (TSMP) of Passaic County, New Jersey has been successful in mediating cases involving housing for 4000 to 5000 tenants per year. Although Curcio admitted that

it would be difficult to predict which of these tenants would actually have become homeless upon eviction, he stated that the TSMP was " . . . most cost effective with potentially homeless working people" (p.39). Avoiding costs in terms of human suffering and in terms of tax dollars saved are two of the benefits of this proactive mediation program.

For women, situational homelessness (Hartman, 1989, p. 484) brought about by an economic crisis, unemployment, domestic violence, or physical impairment (Johnson & Krueger, 1989) can become more complex if they have dependent children. Prevention programs tailored to the needs of this subpopulation of homeless can stabilize the lives of not just the female head of household but also of her dependent children. Mills and Ota (1989) conducted a study of 87 homeless families in Detroit who were participants in the emergency shelter program. Of these families, 90.8% were not accompanied by an adult male. The primary cause of the homelessness in this group was the lack of affordable housing coupled with the financial and emotional dependency³⁸ of the woman householder. The authors recommended using such prevention strategies as " . . . income support programs, the provisions of low income housing, basic-living skill training programs, and mental health service delivery . . . " (p. 488) to avoid future

bouts of homelessness and to stabilize the living environment for the women and their children. For children, a stable home can ensure continuity in school life and help avoid the social and psychological trauma which accompany the homeless state (Maza & Hall, 1988; Mills & Ota, 1989,; Molnar et al., 1990; Goodman, 1991; Robertson, 1991).

Since Wallace and Bassuk (1991) perceived a relationship between housing famine and social network congestion, their proposal for preventing homelessness involved rebuilding or preserving affordable housing units, strengthening support networks, and halting urban decay. Jahiel (1992) wrote that the role of prevention is " . . . to minimize harm to the individual and the community and to maintain economic productivity" (p. 11).

The National Alliance to End Homelessness (1992) recommended a comprehensive prevention effort that included intervention programs to assist those on the verge of homelessness "because of mortgage foreclosure, institutional release, foster care emancipation, family break-up . . . " (p. 3). The ideal comprehensive program should include stabilization programs that assist the precariously housed; that is, those who are " . . . paying too high a percentage of income for rent, living in a volatile domestic environment, underemployed, plagued with alcohol or

substance abuse . . . " (p. 3) and infrastructure programs
" . . . to build strong, stable communities . . . " (p. 4).

A report entitled "Homeless Prevention Programs" prepared by the Office of the Inspector General of the Department of Health and Human Services (1991) described homeless prevention programs as follows: "A homeless prevention program is defined as a program aimed at stabilizing persons until they can get beyond the situation that placed them at risk of homelessness while their living arrangements are still in place" (p. i). This report categorized as prevention programs those programs that provide one-time assistance or programs that take a more comprehensive case management approach.

In a study of eight homeless prevention programs³⁹ that award temporary assistance to families in crisis (due to imminent loss of home or household utilities), the Department of Health and Human Services researchers determined that these particular homeless prevention programs were successful in keeping approximately 82% (130 out of 159 in sample) of the families assisted in a permanent home for six months to one year (p. ii). According to this report, the financial component of these prevention programs had a greater impact on the housing stability of the participants than did the case management component (p. 8) (see also General Accounting Office, 1990).

State Prevention Programs

Some states have initiated programs designed to prevent households that experience an unexpected housing crisis from joining the ranks of the chronically homeless. In order to participate in many of these state funded homeless prevention programs, applicants must meet the program criteria by providing evidence of the following conditions: a prior history of housing self-sufficiency; a housing crisis which was unavoidable and unexpected; a crisis (financial, health, employment, family) which is expected to be temporary; and a belief that the short term assistance provided through the program will enable the client to become self-reliant once again. Income criteria generally require that the applicants be at or below a specified percentage of the area median income. These percentages can be as high as 80% or as low as 30% or less.⁴⁰

Some state homeless prevention programs provide financial subsidies in the form of grants or loans that can be used for current or overdue payments of rent, mortgage, or deposits for the minimum period needed to stabilize the participant's housing situation. Other state programs focus more on providing mediation or other tenant-landlord services that can produce a plan for back payments of rent which is acceptable to both tenant and landlord. Another

component of certain state programs consists of referral and counseling services. These services are geared toward enabling the participant to develop a self-sufficiency plan or to put them in touch with other services/programs to which they are entitled.

The following states have programs designed to prevent households from becoming homeless:

Pennsylvania -

Homeowners Emergency Mortgage Assistance Program (1983)

Housing Assistance Program (1987)

New Jersey -

Homelessness Prevention Program (1984)

Massachusetts -

Housing Services Program/Emergency Assistance (1985)

Homelessness Intercept Program (1994)

Maryland -

Rental Allowance Program (1986)

Homeowners Emergency Mortgage Assistance Program (1989)

Connecticut -

Eviction Prevention Program/Rent Bank Program (1989)

Virginia -

Homeless Intervention Program (1989)

Maine -

Temporary Housing Assistance Program (1990)

New York -

Homelessness Prevention Program (1990)

Washington -

Homeless Prevention Program (1990)

Minnesota -

Family Homeless Prevention & Assistance Program (1993)

Oregon -

Low Income Rental Housing Fund (1989)

Some states that provide rental, mortgage or deposit assistance do so through one program; other states have separate programs for each type of assistance. See Table 5, Table 6 and Table 7 for a summary of the components of the homeless prevention programs authorized by the 11 states discussed in this section.

Pennsylvania

The Pennsylvania Department of Public Welfare allocates funds for a Housing Assistance Program. The guidelines of this prevention program specify that a maximum amount of \$500 per year may be given to clients to assist them in moving out of a shelter into permanent housing or to pay rent arrearages. Pennsylvania's Housing Finance Agency administers the Homeowners Emergency Mortgage Assistance Program (HEMAP) which provides low interest loans for a period of up to 36 months for homeowners who are in danger

of losing their homes due to an unavoidable crisis
(Pennsylvania Dept. of Public Welfare, 1992).

Table 5

PREVENTION PROGRAM COMPARISONS						
STATE	PA	NJ	MA	MD	CT	VA
TITLE OF PROGRAM AND DATES OF AUTHORIZATION	HEMAP 1983 HAP 1987	HPP 1984	HSP 1985 HIP 1994	RAP 1986 HEMAP 1989	EPP 1989	HIP 1989
PROGRAM COMPONENTS						
Rental Assistance	√	√	√	√	√	√
Mortgage Assistance	√	√	√	√	√	√
Deposit Assistance	√	√	√	√	*	√
Financial Counseling	√	√	√	√		√
Referral Services	√	√	√	√		√
Mediation Services			√		√	
PROGRAM EVALUATION						
Short Term	√	√	√	√	√	√
Long Term						√

* separate program

PA Homeowners Emergency Mortgage Assistance Program (HEMAP)
Housing Assistance Program (HAP)

NJ Homelessness Prevention Program (HPP)

MA Housing Services Program (HSP)
Homelessness Intercept Program (HIP)

MD Rental Allowance Program (RAP)
Homeowners Emergency Mortgage Assistance Program (HEMAP)

CT Eviction Prevention Program (EPP)/Rent Bank Program

VA Homeless Intervention Program (HIP)

New Jersey

The Homeless Prevention Program (HPP) of New Jersey is the program after which other states including Virginia and Maryland have patterned their programs. New Jersey has rental assistance, loan and grant foreclosure assistance, utilities and security deposit, and referral services available through their program.

HPP began in 1984 with the goal of providing short term assistance to households facing an emergency financial crisis. Monetary assistance for renters is made available to the target households in the form of security deposits, back rent and/or rental payments for three months maximum, and other fees connected with maintaining the household in housing. Homeowners may receive help with late mortgage payments for a maximum of six months as well as help with property taxes that are in arrears. No household can participate in the prevention program more than once in 12 months (New Jersey Dept. of Community Affairs, 1985).

Massachusetts

The homeless prevention activities for the State of Massachusetts were originally under the Department of Public Welfare and were included in the Emergency Assistance Program. In 1994, Emergency Assistance funds were allocated specifically to develop a program to coordinate and consolidate complementary programs serving the needs of the

homeless and the near homeless. The Homelessness Intercept Program (HIP), as this program is called, is currently administered by the Executive Office of Communities and Development. HIP components include: tenant/landlord mediation, financial assistance (not to exceed three times the monthly rent or mortgage arrearages)⁴¹, Housing Search Services (HSS) for those who are homeless or in a home in which the health and safety of the occupants is threatened, information services concerning other assistance to which the client is entitled, referral services, and financial, career, and personal counseling which will assist the client in avoiding future housing problems (Massachusetts Dept. of Public Welfare, 1994).

Maryland

The State of Maryland Rental Allowance Program (RAP) is similar to the New Jersey Homeless Prevention Program. The clients must be homeless or experiencing a critical housing need and have no alternative means of stabilizing their housing situation. The service providers of RAP realize that housing assistance must be joined to the correct cluster of social services if the recipient is to maintain self-sufficiency. RAP issues certificates that clients use to secure housing. Subsidy payments are in fixed monthly amounts which are calculated using a formula which includes size of household and geographic location. Clients are

responsible for that portion of the rent not covered by the subsidy.

Maryland also funds an Emergency Mortgage Assistance Program (EMAP). Funding was first authorized in 1989 under the name of Homeowners Emergency Mortgage Assistance Program (HEMAP). This program provides up to 24 months of low interest loans, mediation assistance, and budget counseling to homeowners in danger of losing their homes (Maryland Dept. of Housing & Community Dev., 1989).

Connecticut

The State of Connecticut Department of Human Services sponsors a program to prevent eviction or foreclosure that emphasizes avoidance of litigation and eviction through mediation services in which both landlord and tenant participate. There is also a financial component in the Connecticut Eviction Prevention Program, but the amount awarded for either rental or mortgage assistance is limited to \$1200 in an 18 month period. A third facet of the Connecticut program was a homefinder plan directed specifically to the housing of AFDC recipients. This homefinder program has been discontinued due to decreased need (Connecticut Dept. of Human Resources, 1992).

Virginia

The Homeless Intervention Program (HIP) of the State of Virginia shares many of the aspects of the New Jersey HPP.

Through financial assistance, counseling, and referral services, the administrators hope to achieve the goal of assisting participants in attaining housing self-sufficiency. Clients are eligible for HIP assistance only once. Rental and mortgage assistance is awarded for a maximum of nine months. Mortgage and deposit subsidies are considered loans and have to be repaid (Va. DHCD, 1991a).

Maine

Since 1990, the State of Maine Division of Community Services has administered a state funded Temporary Housing Assistance Program (THAP) that awards temporary financial assistance to at-risk people for security deposits, rental fees, or other housing expenses. Financial assistance totaling \$250 is available once in a 12 month period to a family facing eviction (Interagency Task Force on Homelessness and Housing Opportunities, 1991; State of Maine, 1992b).

New York

The State of New York Homelessness Prevention Program awards very limited cash assistance concentrating its resources on legal assistance, advocacy, mediation, referrals, financial counseling, and independent skill training of at-risk clients. These prevention services are categorized as early stage eviction services that help prevent eviction when the tenant has been given 30 days to

move out. The services include: case management, counseling, and mediation. Late stage eviction services are put in motion when the tenant has received a 72-hour notice of eviction, has been locked out of the unit, or has been handed an unfavorable decision by the courts. Most of these interventions involve legal services (New York State Dept. of Social Services, 1990).

Table 6

PREVENTION PROGRAM COMPARISONS					
STATE	ME	NY	WA	MN	OR
TITLE OF PROGRAM AND DATES OF AUTHORIZATION	THAP 1990	HPP 1990	HPP 1990	FHPAP 1993	LIRHF 1989
PROGRAM COMPONENTS					
Rental Assistance	√	√	√	√	√
Mortgage Assistance			√	√	
Deposit Assistance	√		√	√	√
Financial Counseling		√	√	√	√
Referral Services		√	√	√	√
Mediation Services		√	√		
PROGRAM EVALUATION					
Short Term		√	√		
Long Term					

ME - Temporary Housing Assistance Program (THAP)

NY - Homelessness Prevention Program (HPP)

WA - Homeless Prevention Program (HPP)

MN - Family Homeless Prevention and Assistance Program (FHPAP)

OR - Low Income Rental Housing Fund (LIRHF)

Table 7

PREVENTION PROGRAM COMPARISONS	
STATE	ALLOCATION CRITERIA
PA	HEMAP - mortgage assistance for 36 months HAP - \$500 per year
NJ	HPP - rental or mortgage assistance for 6 months
MA	HSP - rental or mortgage assistance for 3 months HIP - rental or mortgage assistance for 3 months
MD	HEMAP - mortgage assistance for 24 months RAP - rental assistance for 12 months
CT	EPP - \$1200 for 18 month period
VA	HIP - rental or mortgage assistance for 9 months
ME	THAP - \$250 per year
NY	not available
WA	HPP - assistance for 6 months
MN	FHPAP - assistance for 24 months
OR	LIRHF - assistance for 6 months

Washington

The goal of the Homelessness Prevention Program of the State of Washington is to provide assistance to the family in crisis in order to stabilize their living arrangements thereby avoiding foreclosures or evictions. The achievement of the goal depends upon a case management approach that involves grants to clients in temporary housing crises coupled with the coordination of the housing program with other social service programs.

Grants or loans to meet rental or mortgage obligations and, in some cases, counseling, referral, mediation, or legal services needed to enable the client to become self-sufficient are made available. The financial assistance given is short term (6 months per family), but clients are linked to community based programs which are designed to expedite self-sufficiency (McIntire, Layzer, & Weisberg, 1992).

Minnesota

The Family Homeless Prevention and Assistance Program of Minnesota encourages the program administrators to develop innovative responses to destabilizing housing situations and recognizes the urgency of moving families already in shelters to homes as quickly as possible. One unique feature of the Minnesota program is the requirement that an Advisory Committee be established whose membership includes a local representative of the providers of homeless services, a homeless advocate, and a homeless or formerly homeless person. This advisory group is to be involved in the design, implementation, and evaluation of the local prevention program (Minnesota Housing Finance Agency, 1993).

Oregon

The Oregon Low Income Rental Housing Fund is another example of a state homeless prevention program that offers larger subsidies for longer periods of time; in some cases,

for periods of up to 24 months. The Oregon program provides rental assistance for up to six months, move-in fees, and deposit costs to low income households in danger of eviction due to involuntary hardship (Oregon Housing & Community Services Dept., 1994).

State Program Evaluations

In 1991, a study of five state and two local homeless prevention programs was released by Schwartz, Devance-Manzini, and Fagan. The study was conducted for both the National Housing Institute and the American Affordable Housing Institute. The researchers examined the following state prevention programs:

1. Connecticut - Eviction Prevention/Rent Bank
2. Maryland - Rental Allowance Program (RAP)
3. Massachusetts - Housing Services Program
4. New Jersey - Homelessness Prevention Program
5. Pennsylvania - Homeowners Emergency Mortgage

They concluded that the most common reason for participation in the state homeless prevention programs is the danger of eviction. The state policy makers who support homeless prevention measures consider such measures to be a cost effective means of keeping an at-risk household out of homelessness and of stabilizing these households, thus

avoiding the destructive psycho-social effects of homelessness.

The Institute for Public Policy and Management of the University of Washington (McIntire et al., 1992) conducted an evaluation in order to judge the effectiveness of the Homelessness Prevention Program in permanently preventing homelessness, its cost effectiveness, and its influence upon individual and family behaviors. The data collected included the following: demographic information on the clients, monthly tracking of the services provided, and a termination questionnaire. In addition, information was obtained from interviews with both clients and service providers.

The findings from this study indicated that prior to participation in HPP, 85% of the clients were on the verge of being evicted or foreclosed, 25% would have lived in the home of someone else, and 60% had no alternative housing and would have gone to a shelter or been forced to live on the street. Approximately two thirds of the clients were unemployed. The researchers determined that the Homelessness Prevention Program was cost effective even if one accepted the conservative estimate that 4 months of stabilized housing had been guaranteed for the program clients. The average total cost for homelessness prevention per client family participating in the Washington program was \$1463. The average cost per client family for the same period of

time in an emergency shelter was \$6000. Therefore, the researchers concluded that HPP was 2.75 times more cost effective than the emergency shelter.

The evaluators of HPP admitted that it was impossible to know exactly which of the at-risk families participating in the program would actually have become homeless, but they concluded that the assistance received did prevent inevitable disruption in the client's family life patterns. What is not known from this study, though, is whether the rental and mortgage assistance, the case management, or the landlord/tenant mediations awarded through HPP were instrumental in keeping these families out of homelessness for the long term (McIntire et al., 1992).

Although follow-up was not required by the guidelines of New Jersey's HPP, a follow-up survey of 5000 landlords who rented to HPP tenants was conducted in the autumn of 1986. Information gleaned from 45% of the landlords who responded to the survey revealed that 72% of the clients were still housed and self-sufficient (Schwartz et al., 1991). An additional follow-up took place in the summer of 1989. The results of this survey of landlords on the housing status of 2004 tenants were also encouraging. The 50% of the landlords who responded indicated that 56.58% of the assisted clients were successful in maintaining housing stability, in being up-to-date with rental payments, and in

taking care of the rental units (New Jersey Department of Community Affairs, 1987, 1990).

The coordinator of HPP, H. Seitz (personal communication, November 18, 1992), spoke of the need for an evaluation process which would measure the program's long term effectiveness in achieving the goals of housing stability and self-sufficiency for the clients.

The Maryland Department of Housing and Community Development (1989) issued a report on the Rental Allowance Program (RAP) which included a demographic profile of the program recipients and an analysis of issues relative to program performance. According to this DHCD study, RAP was effective in preventing homelessness for the 475 households included in the report for at least the span of time these households were connected to the program. Those who conducted this short-term evaluation have admitted that long range data on the housing self-sufficiency of RAP participants is not available. They wrote: ". . . it should be noted that local jurisdictions do not have information on the status of self-sufficiency for most of the recipients after the RAP payments stop" (p. 11).

In order to determine the effectiveness of the State of New York's Homelessness Prevention Program, the researchers issued a Provider Survey to representatives of the 25 local not-for-profit agencies which provided homeless services.

Other information on costs, length of time homeless, and legal reports linking eviction and homelessness compiled from a variety of data sources was used to determine the impact of the prevention program. The researchers contended that, since they advocate late-stage interventions, they screen out those at-risk families who would find another alternative for solving their housing crisis. Therefore, those who are assisted by the New York homeless prevention program are spared the turmoil of eviction. Homeless shelter expenditures have been cut four dollars for every one dollar spent on the state prevention services according to the findings of the study. The average cost of a period of homelessness in New York is \$3696, but the average cost of preventing an eviction is \$824 (New York State Dept. of Social Services, 1990, pp. 23-25).

The data collected from the service providers and the other sources mentioned above enabled the researchers to conclude that New York City's prevention program did keep the late-stage clients from becoming homeless. No longer-term study is available to document the status of the clients 3 to 5 years after assistance.

CONCLUSION

The literature reviewed in this chapter reveals the complexity of the problem of homelessness and, hence, the enormity of the task of solving this problem. Due to the diversity of the homeless population, discrepancies in counting the homeless, preferences of the policy makers, difficulties involved in coordinating a comprehensive program when the services are sponsored by myriad independent public and private agencies, and the costs entailed in matching those services with the target population, a monolithic solution to the homeless problem is not feasible.

Most researchers, however, agree that once a family or an individual loses a home the problems and the resources required to solve them multiply. Prevention strategies are intended to reduce some of the costs imposed by the homeless condition. Johnson and Hambrick (1993) state: ". . . if homelessness can be prevented, so too can the pain of losing one's home, along with the social and psychological scars that often accompany such an event. Moreover . . . if prevention can be accomplished at a reasonable cost, taxpayers are likely to benefit . . ." (pp. 486-487).

There is evidence that homeless prevention programs are effective in the retention of housing for the precariously

housed and/or providing housing for the recently evicted in the short term. If homeless prevention programs can be shown to have a long-term positive effect on reducing the numbers of those who become homeless, then there would be grounds for both continuing and expanding prevention efforts.

Notes to Chapter 2

1. In the GAO report "Homelessness: HUD's Interpretation of Homeless Excludes Previously Served Groups", August 1992, the following explanation of exactly which groups would be ineligible for McKinney program assistance is found:

"Three groups of individuals are most affected by this change: 1) institutionalized mentally ill or retarded persons, 2) persons doubled up with family or friends or living in substandard housing, and 3) the rural homeless--who are often 'hidden' in overcrowded or substandard housing" (p. 2). The Clinton Administration's plan reverses this interpretation (HUD, 1994).

2. The Stewart B. McKinney Homeless Assistance Act (PL 100-77, July 1987) includes as homeless the following: " 1. an individual who lacks a fixed, regular, and adequate nighttime residence and 2. an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized or a public or private place not designed for, or regularly used as, a regular sleeping accommodation for human beings" (GAO, 1992b, pp. 2-3).

3. The Housing Act of 1949 put forth the goal of providing a decent and suitable living environment for every American yet the precariously housed, that is, those citizens most susceptible to falling into homelessness, are being overlooked in current federal housing policy. See Keyes (1990) "Housing and the Homeless" pp. 403-434.

4. Jahiel's definition: "Homelessness is life without one's own home, exclusive of the instances when a home is shared with others because of custom or free choice"(p. 2).

5. Cowan (1991) recommended using models to estimate both a point in time count and a population flow count to eliminate biases in the cross-sectional counts and inaccuracies due to the transiency of the population.

6. Ellickson (1990) contended that this figure was corroborated by Kondratas (1986) and Rossi (1989).

7. See Appelbaum (1986) and Blau (1992) for critiques of the methodology used by HUD in the 1984 count.

8. Ellickson (1990) questioned the biases in Burt and Cohen's street-shelter ratios and in their estimates of the rate of homelessness in suburban and rural areas. They drew a sample of service users in cities of more than 100,000 people. The homeless who do not use shelters or soup kitchens as well as the homeless in the suburbs or rural areas were not included in the study.

9. See Breakey and Fischer (1990) for a discussion of the Hombs and Snyder 1986 count.

10. See James (1991) for an evaluation of Rossi's count. James recommended using joint surveys of service users; that is, canvassing shelters, food lines, and clinics. He admitted that this method may undercount such groups as youths, rural homeless, the doubled-up, the recently homeless, and others not using the surveyed services. He also said that there may be some double-counting.

11. The eight cities in the Bromley et al. study were: Alexandria, Hampton, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, & Virginia Beach.

12. See also Lamb (1986).

13. See also Hombs (1990) who focused on the structural causation of homelessness and disputed with those who blame the homeless condition on the victim's disabilities.

14. White (1992), Rude Awakenings, indicated that his research revealed that for most homeless individuals alcohol and drug abuse preceded homelessness and " . . . contributes to job loss, spouse abuse, child abuse, family breakup, crime, prison . . . " (p. 59).

15. See Kutza and Keigher (1991) for a fuller discussion of homelessness among the elderly.

16. Rossi (1989a) stated: "The 'poverty line' was based on estimates of the income needed to maintain households of various sizes at a minimum standard of living" (p. 72).

17. See Sosin (1992) for a discussion of the effect that a lack of access to social institutions has on precipitating homelessness.

18. See also Toro, Trickett, Wall, and Salem (1991).

19. Drier and Appelbaum (1991) stated that there are several areas of national housing policy that need adjustments. Among them are:

- a. inadequate supply of low and moderate income units;

- b. loss of existing low income units through buy-outs and conversions;
- c. lack of equity in the income subsidy program;
- d. insufficient curbing of market-driven forces in the housing sector; and
- e. discriminatory practices of lending institutions (pp. 46-52).

20. While not in agreement with White's thesis, some authors do mention the lack of a recent contact with the family as a factor related to homelessness (Lamb, 1986; Rossi, 1989a; Breakey, 1992; Leavitt, 1992; Morse, 1992; Vanderstaay, 1992).

21. See also Robertson and Greenblatt, (1992). In their book, Homelessness: A National Perspective, they wrote: "Not to be gainsaid, however, was the fact that homeless persons consistently demonstrated higher rates of mental health-related problems compared to nonhomeless groups (p. 341).

22. See also Ringheim (1990). This author's claim (pp. 222-223) that federal policies favor home ownership at the expense of improving housing standards for the poor is disputed by Hoch (1991, p. 889).

23. Wright and Rubin (1991) pointed to political, economic, and social structures which are organized so as to prevent certain ethnic, social, or wage groups from enjoying a fair share of society's resources.

24. See also Report on Homeless Children and Youth (1989) - the VA State Dept. of Ed. 1987-88 school year survey of 57 school divisions and 66 shelter providers in the state of VA. This report concluded that approximately 50% of the homeless children are registered in schools and that lack of transportation was the biggest hindrance to school attendance.

25. Others recommending a comprehensive approach to homelessness are: Milburn & D'Ercole (1991).

26. See Nelson: "Housing Assistance Needs and the Housing Stock Data for Comprehensive Housing Affordability Strategies" (1992, pp. 85-102).

27. "We use the term 'service hubs' to describe collections of housing, service, and social opportunities that are close enough together that they can serve the poor and homeless in a coordinated way" (Wolch, Dear, & Akita 1988, p. 451).

28. Appropriations were included in the Emergency Jobs Appropriations Act (PL 98-8). Additional appropriations in 1984: PL 98-151, 98-181, and 98-396; in 1985: PL 99-98, and 99-160; in 1986: PL 99-591.

29. See Hombs (1990) American Homelessness: A Reference Handbook, pp. 65-67 for a summary of programs specified above.

30. Membership includes Cabinet Secretaries from Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation, and also the heads of ACTION, FEMA, GSA, VA, and P.O. Reauthorized in Nov. 1988 and Nov. 1990 for two-year periods each.

31. The reauthorization of this Act in Public Law 100-628, Section 423 allowed up to 20% of the funds in the Department of Housing and Urban Development (HUD) Emergency Shelter Grants (ESG) Program to be used for homeless prevention. In addition, up to 25% of the funds in the Department of Health and Human Services Emergency Community Service Program can be used for homeless prevention activities (Executive Summary - Homeless Prevention Programs, Office of Inspector General, Feb. 1991, p. i).

32. Summary of specifics of each program available in "The McKinney Act: A Program Guide", Jan. 1992, The Interagency Council on the Homeless.

33. "The Shelter Plus Care program (S+C) provides rental assistance to homeless persons who are disabled, particularly those who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or who have acquired immunodeficiency syndrome (AIDS) and related diseases" (1991-92 Annual Report, p. 175).

34. Working to End Homelessness: A Manual for States. Interagency Council on the Homeless. September 1991, p. 18.

35. Summary information on state programs for homeless people found in Working to End Homelessness: A Manual for States, Interagency Council on the Homeless. September 1991, pp. 18-25.

36. Source: "What are States, Local Governments, and Non-Profit Organizations Doing to Help the Homeless?" Interagency Council on the Homeless, Fact Sheet No. 5, May 1991.

37. GOAL: Reduce homelessness by improving the coordination and delivery of assistance designed to (1) help homeless families and individuals obtain appropriate permanent housing and become as self-sufficient as possible, and (2) prevent others from becoming homeless (Interagency Council on the Homeless, 1991b, p. 9).

38. See Davidson and Jenkins (1989), "Class Diversity in Shelter Life", for further information on class issues involved in a woman's choosing dependency over an uncertain future. (Also Hill, 1991, p. 308; Sosin, 1992, p. 180).

39. Homeless prevention programs of Charleston, SC; Kansas City, MO; Los Angeles, CA; Louisville, KY; Minneapolis, MN; Philadelphia, PA; Salt Lake City, UT; and San Diego, CA.

40. New Jersey and Virginia--not exceed 80% of area median income; Connecticut--not exceed 60% of area median income; Oregon and Washington--not exceed 50% of area median income; Maryland--below 30% of area median income; New York--below 150% of poverty level.

41. Four months assistance is allowed if the program director can verify that the client would become homeless without this additional assistance.

CHAPTER 3: METHODOLOGY

This study evaluating the longer-term success rate of the Virginia Homeless Intervention Program (HIP) was accomplished by means of a survey of the 1989-1990 local program participants in 2 of the 8 program sites. Focused interviews were also conducted with 10 participants randomly selected from the James City County site and 9 participants from the City of Alexandria.

This chapter is organized according to the following six subsections:

1. Definition of terms;
2. Background information on the methodology and results of the Short-Term Study, HIP guidelines and eligibility criteria;
3. Research design including the research objectives, timeline for the study, specific methodology, and data analysis;
4. Discussion of the appropriateness of the selected methods;
5. Limitations of the proposed study; and
6. Anticipated benefits of the proposed study.

DEFINITION OF TERMS

Acquaintance - a contact person identified on the Baseline Survey as someone who would know the whereabouts of the enrollee.

Contact - participant for whom information on housing status was obtained through the Longer-Term mail or telephone surveys or whose mail survey was not returned as undelivered by the Post Office.

Five Day "Pay or Quit" Notice - the client has five days to pay back rent before the landlord will obtain a court date for the issuance of an unlawful detainer.

Focused Interview - respondents are questioned on specific aspects of their experiences with HIP, but freedom in the form and nature of input is evident.

Housing crisis beyond one's control - unanticipated employment, health, or family problems that result in economic short fall and the inability to maintain personal housing.

Longer-term housing stability - the applicant has not experienced a housing crisis in the 4 years since receiving HIP assistance, has fulfilled rental, mortgage, or utility payment obligations, and has not been homeless, in a shelter, or lived doubled-up in another's household during this time.

Longer-Term Post-Subsidy Survey - survey conducted 4 years after applicant's subsidy was terminated. Information was obtained through Follow-Up, Non-respondent, and Acquaintance Surveys.

Longer-term success of HIP - the applicant was in stable housing at the time that the Longer-Term Post-Subsidy Survey was administered, that is, 4 years after HIP assistance was terminated.

Mortgage payments - 0 percent interest loans secured by a lien on the property (Virginia DHCD, 1991b, p. 9).

Noncontact - participant who could not be reached through the Longer-Term Mail or Telephone Surveys.

Nonrespondent - enrollee who responds to Telephone Survey.

Repayment of loans - mortgage and security deposit subsidies must be repaid. The normal procedure is that repayment begins from the third month after the last subsidy payment and is calculated to equal 10% of verifiable net income unless this is a hardship for the household. In the case of mortgage repayment, a lien is placed on the property.

Respondent - enrollee who responds to Follow-Up Survey or to Longer-Term Survey.

Self-Sufficiency Plan - a plan put together by the enrollee with the assistance of the housing counselor to assure that the applicant will avoid the particular housing crisis which brought him or her to the verge of homelessness and in need of assistance from HIP. The plan involves such items as the setting of goals, an assessment of resources the client may have or to which s-he may be entitled, and recommended options for avoiding future housing crisis; for example, second job, shared housing, budgeting techniques.

Short-Term Post-Subsidy Survey - survey conducted 6-12 months after subsidy was terminated. Information was obtained through Follow-Up, Nonrespondent, and Acquaintance Surveys.

Short-term success of HIP - The applicant was in stable housing at the time that the Post-Subsidy Survey was administered; that is, 6-12 months after HIP assistance was terminated.

Sixty day notice - the homeowner is 60 days in arrears in mortgage payments.

Stable housing - housing for which the HIP recipient can make timely rental, utility, and mortgage payments through income derived from employment, entitlement or other assistance.

Unlawful detainer - court approval of eviction (Johnson et al. 1991, p. 73). A summons obtained by the landlord for a court date for the eviction of the tenant.

BACKGROUND

A short-term (18 months) evaluation of the State of Virginia Homeless Intervention Program (HIP) was conducted by Johnson, Brooks, Hambrick, and Richardson (1991). This short-term evaluation included the results of a Follow-Up Survey administered six months after the enrollees received their last subsidy check.

The Virginia Department of Housing and Community Development (VA DHCD) administers HIP and funds the 8 demonstration sites included in the Short-Term Study. These centers serve urban, suburban, and rural populations in 33 Virginia counties and cities through city government agencies, nonprofit organizations, Departments of Social Services, and Community Action Agencies (see Table 8).

Table 8

HIP PROGRAM SITES

HIP SITES	LOCAL GOVT.	NON-PROFIT
Alexandria	X	
Virginia Beach	X	
Hampton	X	
Richmond		X
James City	X	
Prince William	X	
Roanoke		X
SW Virginia		X

Note: As of July 1993, there were 10 HIP sites in Virginia.

The short-term evaluation of HIP included the following data collection procedures:

1. Baseline Survey on households enrolling in HIP;
2. Termination Survey completed by agencies upon termination of those enrolled;
3. Six-Month Post-Subsidy Follow-Up Survey completed by those enrolled;
4. Non-respondent or Acquaintance Telephone Surveys based upon Follow-Up Survey;
5. Interviews with Agency Administrators; and
6. Sixteen Participant Case Studies.

The Baseline Survey collected demographic, socioeconomic, and residential status information from the participants and also their reasons for requesting assistance. The Termination Survey updated information on the location of the applicant's housing, specified the type of assistance the applicant had received, showed the cause of termination, and requested of the agency a prediction of the participant's future housing stability status. The Post-Subsidy Survey verified the enrollee's housing and employment or income status, the size and quality of their current dwelling, and the type of assistance obtained through HIP. It requested from the applicant an evaluation of the usefulness of HIP in solving his or her housing problems.

The Baseline Survey was completed for the 559 households who had received assistance at one of the eight sites¹ administering HIP. The Termination Survey involved all 559 program recipients, and information on 363 enrollees was obtained through the six-month Post-Subsidy Survey.

The Post-Subsidy survey of the 559 original applicants was administered six months after the applicants left the program. In all, the housing status of 65% (363) of those receiving assistance through HIP from July 1989 to June 1990 was uncovered through this Follow-Up Survey. Although 92.4% of the respondents and 88.8% of the nonrespondents perceived

HIP to have been very useful in addressing the housing problem that necessitated their request for assistance, 43% of the respondents and 41% of the nonrespondents indicated in the Post-Subsidy Survey that they were having some type of housing problem (Johnson et al., 1991). No housing status information was obtained for 35% of the original applicants through the Short-Term Survey.

In addition to the information gathered by means of the Baseline Survey, the Termination Survey, and the Follow-up Survey, interviews were held with the staff members who administered the individual projects and with specific representatives of agencies with a direct connection to the project.

Two participants, randomly selected, from each program site were also interviewed. In general, they credited HIP with having had a positive impact on their housing status. Without the assistance received through HIP, some interviewees predicted that they would have lost their homes and would have been forced to either double-up with others or move to a shelter. Others were unsure about what might have happened had they not received assistance.

HIP is designed to help those households who are experiencing a temporary housing crisis due to unexpected job loss, health problems, or unanticipated structural shortfalls. HIP is not intended to stabilize the chronically

homeless. Applicants are selected according to the following criteria as stated by the Virginia Department of Housing and Community Development (1991b):

1. Renters who are in imminent danger of eviction, homeowners who are in danger of foreclosure, and homeless persons who need a security deposit and rental assistance to move into permanent housing are eligible.
2. Applicants must be in a temporary financial crisis due to unavoidable circumstances such as illness, accident, job layoff, etc. This means that the financial crisis is not a chronic problem, and that the applicant was self-sufficient prior to the crisis and, with the Program's help, will become self-sufficient again.
3. The household's income cannot exceed 80% of the area median income, their liquid resources cannot exceed the amount needed to pay basic living expenses, and they must not be eligible for any other housing assistance programs. (p. 2)

According to the above criteria, applicants with chronic personal disabilities, such as uncontrolled alcoholism, drug abuse, mental impairment, and self-chosen long-term unemployment, would ordinarily be screened out from participation in HIP. The target population is composed of the temporarily economically dislocated households whom it is expected will be kept out of homelessness through financial assistance, counseling, and the development of a self-sufficiency plan.

The three main causes of the housing crisis of the

clients canvassed in the Short-Term Evaluation, according to Johnson and Hambrick (1993) were: employment problems (32%), injury/health problems (27%), and household break-up (14%). The researchers discussed these problem areas in two time frames--short term and long term. For example, if the householder is injured in an accident that temporarily causes unemployment, then this loss of income would result in a short-term bump in the road. However, if the injury results in paralysis or physical impairment of faculties necessary to function in the work place, then the result may have a long-term effect on the livelihood of the householder (Johnson et al., 1991; Johnson & Hambrick, 1993). The predicted duration of the problem has a direct bearing on the composition of the self-sufficiency plan and also on whether the applicant may be screened out of the program.

Using two distinct methodologies, Johnson and Hambrick (1993) estimated that ". . . the actual short term success rate may well be . . . somewhat greater than 77%², but less than 84%³" (p. 486). Success is predicated on the fact that the participants were in stable housing at the time that they responded to the Post-Subsidy Surveys.

According to the original guidelines for HIP, renters were entitled to 6 months rental assistance (no more than 100% Fair Market Rent - FMR) and, if needed, a security deposit (no more than 150% Fair Market Rent - FMR), and up

to 3 months back rent (VA Dept. of Housing and Community Dev., 1991b, p. 7). Homeowners could also receive assistance for up to 3 months back mortgage payments and 6 months current payments (no more than 150% FMR) (VA DHCD, p. 89). Applicants must repay mortgage and deposit assistance but not rental assistance. HIP provides one-time assistance to those who meet the eligibility criteria.

In 1993, an adjustment was made in the distribution of the nine-month maximum time limit for assistance. The subsidies had been given for up to 3 months arrearage and 6 months ahead. Assistance can now be awarded for a maximum of 6 months in back payments. Also, it is no longer obligatory to obtain an unlawful detainer. A "5 day pay or quit notice" will suffice for the applicant to be eligible for a HIP subsidy.

RESEARCH DESIGN

In 1994 when this research was conducted, it had been 4 years since HIP rental, mortgage, or deposit assistance was awarded to the first group of participating households in an effort to prevent their eviction or mortgage foreclosure, or to assist them in obtaining housing. The purpose of this research is to learn whether the rental, mortgage, or deposit assistance that this population

received had any longer-term effect on stabilizing their housing situations.

Research Objectives

The research objectives were as follows:

1. To update baseline data on the enrollee's socioeconomic conditions and mobility patterns in the 4 years since HIP;
2. To ascertain the current housing status of the enrollee;
3. To determine whether the enrollee experienced a housing crisis after being terminated from HIP;
4. To discover the enrollee's perception of the long-term effectiveness of HIP assistance;
5. To elicit information on the effectiveness of the client's self-sufficiency plan in avoiding an economic crisis that could have resulted in additional instances of housing instability;
6. To determine the extent of referrals by participants to HIP;
7. To gather recommendations from focused interviews relevant to improving the eligibility criteria and the implementation of HIP;
8. To determine whether HIP does contribute to the long-term housing stability of the participants; and
9. To compare the target population of HIP with the poor housed and other homeless subgroups.

Timeline for Study

A summation of the timeline of the Short-Term Evaluation activities and this Longer-Term Study follows in Table 9.

Table 9

VA HIP EVALUATION SCHEDULE

YEAR	FISCAL YEAR	ACTIVITY
1	July 1989 - June 1990	Subsidy awarded
2	July 1990 - June 1991	Interviews & Short-Term Study
3	July 1991 - June 1992	----
4	July 1992 - June 1993	Tracking of participants
5	Dec. 1993 - Aug. 1994	Longer-Term data collection

Methodology

The longer-term evaluation of HIP was conducted in the following eight steps:

1. Review of data and results of the Short-Term Study;
2. Selection of study sites for the Longer-Term Study;

3. Administration of a Pretest of survey instrument;
4. Administration of written Mail Surveys to enrollees in selected sites;
5. Attempt to contact nonrespondent households by means of a Telephone Survey;
6. Attempt to obtain information on the housing status of HIP enrollees who did not respond to either the written or telephone survey by means of a telephone survey of designated acquaintances;
7. Administration of Focused Interviews; and
8. Data analysis of participant Longer-Term Surveys and focused interviews.

Selection of Longer-Term Study Sites

Initially, after obtaining permission from the Associate Director of the State of Virginia DHCD housing programs, Alice Fascitelli, a listing of names, addresses, and phone numbers of the enrollees in HIP (FY 1989) along with the names and phone numbers of acquaintances was sent to each of the 8 demonstration sites in Virginia. The directors of the local programs were asked to compare this information with any locational data on the participants that their agency had on file. After this initial tracking, the directors were asked to estimate the percentage of enrollees in the local program who were likely to respond to the Longer-Term Survey. A return rate of approximately 66% was predicted by the HIP administrator of James City County.

The administrator of the City of Alexandria HIP predicted a 67% return rate. When comparing these predicted return rates with those of the other 6 original HIP sites, it was found that either the rates submitted by the administrators of the other sites were noticeably lower (except for Southwest Virginia for which there was a predicted return rate of 50%), or the administrators felt they could not accurately make a prediction due to the high rate of mobility in the area. Site visits and personal interviews of the local program administrators at each of the 8 sites were also completed during this period. It was learned through these site visits that the Homeless Intervention Programs of the City of Alexandria and of James City County are well organized. The program administrators evidenced a familiarity with the 1989-90 HIP recipients, and they were willing to cooperate in carrying out the Longer-Term Study. In addition, since only 2 of the 8 sites would be included in the evaluation, it was desirable for one to be an urban site and the other a rural site.

As a result of the preliminary tracking efforts, the guidelines established by the researcher, and the information acquired from the site visits, the City of Alexandria and James City County were selected as the two sites to be included in the Longer-Term Study.

Administration of Pretest

The procedure for administering the longer-term evaluation was similar to the one used by Johnson et al. (1991) for the six-month Follow-Up Study (pp. 2-4). Prior to the administration of the Longer-Term Survey to the selected HIP participants, the survey instrument was reviewed by members of the dissertation committee, by the Director of the Survey Research Lab of VCU, and by a representative of the Department of Housing and Community Development. Adjustments that reflected the recommendations of the reviewers were made in the wording and placement of the questions.

As a Pretest, the Longer-Term Survey was then mailed first class to 15 HIP participants in Southwest Virginia. This number represented approximately 10% of the total number (142) of HIP participants in the 2 selected sites. The purpose of the pretest was to determine the reliability and validity of the survey instrument in eliciting from the respondents unbiased information pertinent to the research objectives and to decide if further revision was needed in the wording of any questions that the respondents found ambiguous, threatening, or misleading.

The items on the Longer-Term Survey had been designed as a composite of both closed- and open-ended questions. The

purpose of some questions was to provide data that could be compared with the findings of the Short-Term Study. Other items were intended to elicit information on the longer term effectiveness of HIP (see Appendix A for an analysis of the survey items).

In addition to the survey document itself, each pretest participant was sent a form that solicited from them suggestions for improvements in the structure of the survey instrument (see Appendix B). Since 14 of the 23 questions in the Longer-Term Survey had been included in one or more of the Short-Term Evaluation instruments, it was anticipated that the pretest participants would have little difficulty understanding the intent of the Longer-Term Survey questions. One pretest respondent who had received deposit assistance as a HIP enrollee did indicate a problem in understanding the question pertaining to the repayment of mortgage and deposit assistance.

Administration of the Longer-Term Survey

A copy of the Longer-Term Survey was mailed first class to each of the 1989-90 HIP participants in the City of Alexandria and James City County on February 26, 1994. Included with the questionnaire was a personalized letter asking the clients for their assistance in evaluating HIP by

completing the participant survey. The letter assured the clients that their responses would be treated confidentially and mentioned that the information they would supply could benefit future HIP applicants (see Appendices C and D for sample copies of the mail questionnaire and first letter). To increase the rate of questionnaire return, participants were supplied with self-addressed stamped envelopes for returning the surveys.

On March 5, 1994, one week after the first mailing of the Longer-Term Survey, a post card was mailed to the same participants thanking those who had returned the questionnaires and reminding the nonrespondents of the importance of their help in the evaluation (see Appendix E).

Three weeks later, March 26, 1994, a second copy of the questionnaire and a second letter requesting help in the evaluation of HIP were mailed to those participants who had not yet returned the questionnaire (see Appendix F).

During this time, several undelivered questionnaires were returned with notices to the effect that the addressee had moved, and there was no forwarding address on file. A list of the names and available addresses of these participants was compiled and sent to the housing counselors of both the City of Alexandria and James City County HIP sites. The counselors were asked again to examine their records for any updated addresses of the participants. In

response to this request, both counselors also checked the social services rosters, the foodstamp lists, and the requests for Section 8 vouchers or certificates. In addition, the Northern Virginia and Peninsula telephone directories were consulted to see if any of the participants had listed phone numbers and addresses. The Salvation Army in both cities was contacted to ascertain whether there were HIP participant addresses on record in their offices. The Registrar of Voters in both the City of Alexandria and James City County agreed to have the lists of registered voters scanned to see if the participants in question were on the voter registration rolls. Staff members associated with the Women's Shelter in James City County and a job training program as well as the homeless shelter in the City of Alexandria also helped in this tracking endeavor.

As a result of the above tracking activities and successful phone contacts with acquaintances and relatives, updated addresses for 24 City of Alexandria participants and 28 James City County participants were obtained. This extensive tracking process was time consuming, and it delayed subsequent survey mailings to some participants well beyond the time originally allotted.

Telephone Survey

Those enrollees who had not responded to the longer-term written survey were then telephoned during business hours, in the evening, or on weekends. Where necessary, five attempts were made to reach the participants by phone using an abbreviated version of the longer-term written survey (see Appendix G). As a result of the mail and telephone attempts, it was learned that some enrollees had moved, had their phone number changed, or had their phone disconnected. Therefore, subsequent efforts were made to track these nonrespondents by using Directory Assistance and searching the Peninsula and Northern Virginia Telephone Directories.

Since there were still HIP participants who were not located, acquaintances whose names were submitted to the service provider during the baseline interview were phoned in order to receive information on the current housing status of the enrollee (see Appendix H). Acquaintances, thus contacted, were asked to provide current addresses and phone numbers where possible for the enrollees. Additional efforts were then made to contact the enrollees directly. Following the procedures outlined above, a mail survey was sent to those for whom updated addresses were provided. Where new phone numbers were supplied, up to five attempts were made to reach the enrollee.

Focused Interviews

Ten HIP recipients from each of the 2 sites were systematically selected. The selection process involved assigning random numbers to a list composed of the mail survey respondents, the non-respondents reached by telephone, those participants whose housing status was confirmed by an acquaintance, and those participants who received the mail survey but had not responded and could not be contacted by telephone. Questionnaires were considered delivered if neither the two copies sent nor the follow-up postcard were returned to the researcher. The first sampling unit from each site was selected randomly, and the remaining 9 were selected in the following manner: after the first sampling unit was determined, every fifth sampling unit for the City of Alexandria and every third sampling unit for James City County were selected. In addition, 3 alternate interviewees were chosen for each of the 2 sites using the same procedure as described above. Those enrollees selected for the interviews were then telephoned to detect their willingness to participate in the individual focused interview session and to schedule the interviews at a time convenient to the interviewee. Some selected interviewees had to be contacted through an acquaintance or a family member. In these cases, the clients were requested to call

the researcher collect. If they agreed to be interviewed, their sessions were scheduled (see Appendix I and Appendix J).

In all, 19 HIP participants were interviewed: 9 from the City of Alexandria and 10 from James City County. The facilities used for the interviews were the Department of Social Services in James City County and the Department of Human Services in Alexandria. Although the interviews were scheduled at the convenience of the interviewees and confirmed by letter 2 weeks prior to the date, unexpected family, work, or transportation problems required some rescheduling at the site. Even with the flexibility in scheduling, there were 7 participants who did not keep the interview appointment and could not be reached for rescheduling, and 5 individuals who had to be interviewed by telephone because of unanticipated schedule conflicts. Fourteen HIP participants were interviewed face to face. Permission was obtained to audiotape the face to face interviews after assuring each interviewee that the tape would be used by the interviewer for information verification only.

The purpose of these interviews, which were conducted in an open-ended, spontaneous format, was to gain supplementary information from the participants concerning their experiences with HIP, their ability to meet the

repayment obligations where applicable, their housing status since leaving the program, any external factors, other than the HIP subsidy, which helped them in maintaining permanent housing in the intervening years, and any crisis since leaving HIP that placed them on the verge of homelessness or in a homeless state. The individual focused interviews were also used to gain insight into the clients' willingness to recommend HIP to others in similar temporary housing crises.

Data Analysis

Indicators of the success of HIP are:

1. The housing status of the enrollees;
2. The clients' perceived usefulness of HIP in solving the housing problem they had when applying for HIP assistance;
3. The clients' housing mobility history including reasons for the moves;
4. The clients' willingness to recommend HIP to another person experiencing a housing crisis;
5. Changes in the clients' behavior that are attributable to HIP and that contribute to their housing self-sufficiency; and
6. Changes in the client's attitude regarding planning for their future housing stability.

The housing status of the study participants is an important measure of the success of HIP. The status is reported as of the time the participant responded to the

Longer-Term Survey and also for the intervening period between the last subsidy payment and the completion of the survey. Data obtained from this portion of the survey was compared to the Short-Term data to determine whether there were noticeable changes in the percentages of 1989-90 participants reporting stable housing. Participants were asked to indicate whether they have been homeless, lived in a shelter, or lived doubled-up with others. This data was used to judge whether HIP assistance only served as a temporary reprieve from homelessness or as housing stabilization of long-term duration.

Housing mobility patterns for this population, including the number of times the clients moved and the reasons for the moves, were uncovered. Relocating to another dwelling, even three times in a span of 4 years, is not necessarily an indicator of a deteriorating housing status. For this reason, the researcher carefully assessed the explanation for the housing moves noted by the participants in the study.

There are three components to HIP, each contributing in some degree to the success of the program. The participants were asked on both the Short-Term and the Longer-Term Surveys and during the Focused Interviews to rate these three components relative to their usefulness in helping the participants solve their housing problems. Data acquired

from the respondents was compared to the Short-Term data in evaluating the staying power of HIP. Discussions of this topic during the interviews extended the survey information as the interviewees supplied specific instances in which one or more of the three components proved useful to them. This input was most important in determining the long-term impact of HIP on the lives of the participants.

The category of employment status deserves some attention since high percentages of head of household unemployment could lead to a possible future housing crisis. This may be especially true if the householder has no other source of income and has given up looking for a job.

Enrollees indicated whether they had ever recommended or would consider recommending HIP to acquaintances or relatives in a similar housing crisis. A willingness to recommend HIP to others is a signal that the client has determined through personal experience that HIP is an effective medium for avoiding homelessness.

Questions pertinent to changes in employment, marital status, sources of income, education, and other procured housing assistance were included in the survey and also asked during the Focused Interviews. The data revealed that there were factors other than the one-time HIP assistance that may have had a bearing on the participant's housing status. A significant change in any of the areas mentioned

may also be an indicator of an improved or deteriorating housing situation.

The agencies that administer HIP had been asked on the Termination Form to make a prediction regarding the enrollees' future housing stability. This study looked at those predictions and determined their accuracy in the light of the information offered by the participants regarding their housing history since receiving HIP assistance.

Value of Multimethod Approach

The purpose of this research is to increase knowledge concerning the long-range success of prevention programs. Since this Longer-Term Study adhered to the basic research design of the Short-Term Study, a decision was made to employ two methods of data collection: the survey and the individual focused interview.

The survey questionnaire supplied information using closed-ended and open-ended questions on the housing status of the enrollee from termination of HIP assistance until the time of the Longer-Term Survey. It measured the degree to which the respondents judged HIP to have been useful in enabling them to maintain housing stability beyond the actual assistance period.

The rationale for using mail and telephone surveys

derives from the fact that survey questions are a relatively inexpensive means of obtaining data from large numbers of enrollees who may be unavailable for a personal interview or who may be located over a large geographic area. Also, a mail questionnaire allows time for the respondent to thoughtfully consider responses, reduces any bias introduced by the interviewer, and assures standardization of questions (Miller, 1991; Frankfort-Nachmias & Nachmias, 1992). A telephone survey can elicit information from clients who are uncomfortable with or unable to supply written information. Acquaintances reached by telephone can provide crucial information concerning the HIP enrollee's current housing status or additional locational data.

As indicated in Miller (1991) and Frankfort-Nachmias & Nachmias (1992), the individual focused interview provides an opportunity for the interviewer to clarify issues related to mail questionnaire responses, to recognize possible inconsistencies or omissions in the information volunteered by the respondent, and to adjust the vocabulary used in the questioning to fit the educational level of the respondent. Also, by means of the personal interview, the respondents may recall information that was not revealed in the structured questionnaire pertinent to the effect HIP may have had in stabilizing their housing.

Limitations of This Study

Because there has been a time lapse of 4 years since this target population was contacted by either HIP administrators or those conducting the Short-Term program evaluation, it is highly probable that the data collected through this Longer-Term Study reflect certain shortcomings. For example, it is possible that other events in the enrollee's life, which have occurred in the intervening years, have been more responsible for the respondent's housing status than the one-time assistance awarded through HIP. Other external factors in the history of the enrollee such as changes in employment, marital status, or education may explain the current housing stability. Salamon (1976) recognized the difficulty in distinguishing program effects from other external effects when he wrote: "Probably, the most difficult task in any evaluation is to differentiate program-related impacts from impacts due to extraneous factors. Ideally, this is done by simultaneously collecting information on an experimental group and a control group that mirrors it" (p. 270). There was no control group for either the Short-Term Study or this Longer-Term Study. For political, ethical, and financial reasons, this study was not conducted as a statistically controlled randomized experiment. Besides the exorbitant financial costs such an

experiment would involve, the notion of withholding assistance from households on the verge of homelessness merely to maintain scientific rigor, would be politically and ethically unacceptable (Rossi & Wright, 1984 as cited in Miller, 1991, pp. 87-95).

As time passes, the memory becomes less definitive about the specifics of past events so that it is possible that some enrollees may not recall having received HIP assistance or others may have an overly positive view of their past experience with HIP. This factor may explain some of the nonresponse to solicited information or responses biased in favor of HIP. Another impediment to obtaining complete information regarding the impact of HIP involved those who could not be located or who chose not to respond to the Longer-Term Survey. The researcher recognizes that the housing status of this population may be very different from that of the Longer-Term respondents. Participants who have not repaid their mortgage and deposit loans and some who have become homeless could very well be in this group. Dropout problems introduce unknowns that can bias the results of the study. Levels of mobility tend to be high within the imminently homeless population (Wolch & Dear, 1993, p. 34), and this pattern of mobility is prevalent among the 1989-90 HIP participants in this study. Consequently, the response rate is lower than anticipated.

According to Rossi & Wright (as cited in Miller, 1991, p. 92), the participants in this study represent a self-selected population of those seeking HIP assistance and do not constitute a random sample of the homeless or the imminently homeless population. Therefore, the results of this study are descriptive in nature and are applicable only to that portion of the population responding to the evaluation tools. They are not generalizable to either the homeless or the proto-homeless populations.

Since the research design selected for the Longer-Term Evaluation of HIP used a methodology similar to that used by the researchers in the Short-Term Evaluation, both studies share common design limitations (Johnson & Hambrick, 1993). Written questionnaires, admittedly, are a less costly means of gathering data than are personal interviews, yet this study recognizes that the results can be biased by the literacy level of the respondents and by the fact that there is no guarantee that the questionnaires were completed by the respondents themselves. In addition, the results of the telephone survey, which is a secondary means of communicating with respondents or of obtaining information on the respondents' housing status from an acquaintance, may also be biased by being weighted in favor of those who have telephones or whose phone numbers are publicly available. Due to the lapse of time since the acquaintance's names were

originally submitted to the HIP coordinators, there were numerous instances in which the acquaintances had lost touch with or had become estranged from the participants. In these cases, the acquaintances were not reliable sources of information on the enrollees' housing status. Also, acquaintances, even those who remain closely associated with the recipient, can not be asked to supply information regarding the former participant's current perceptions of the program or the condition of the client's existing housing or their financial status.

Benefits of the Longer-Term Study

Data collected through this Longer-Term Study can enhance the understanding of homelessness as a process and can provide insight into the nature and duration of problems that might place someone in that process. From the responses of the participants, an indication of the impact that HIP has had on housing self-sufficiency over time was gained. Since there is evidence that HIP did prevent homelessness for the respondent while participating in the program and for at least 6 to 18 months after receiving the subsidy, this study evaluated the staying power of one-time HIP assistance. It also uncovered some delayed and unintended effects of HIP which continue to be operative in the lives

of the participants. The results will be useful in deciding the future direction of homeless prevention efforts.

One argument in support of prevention programs focuses on cost. Prevention programs are less costly than emergency homeless programs not only in terms of shelter provided but also in the avoidance of costs associated with the social services needed to reintegrate a household into society. The results of this study can assist in determining if participation in prevention programs postpones or possibly eliminates the costs to taxpayers associated with homelessness for a longer term.

The individuals who supplied information for this study are the target population of HIP--the imminently homeless. This Longer-Term Evaluation extends the current knowledge, already documented, of the short-term success of homeless prevention programs by continuing to give voice to a segment of the population that is infrequently heard by policy makers. Those who have benefited from HIP assistance are the key informants, and the analysis of their housing experiences provides a significant indicator of the longer-term effectiveness of the Homeless Intervention Program.

Notes to Chapter 3

1. The eight program sites are:

- a. Alexandria - Division of Economic Opportunity -Community Action Agency - City of Alexandria.
- b. Hampton - Department of Social Services.
- c. James City County - Office of Housing and Community Development of County's Community Services Division.
- d. Prince William County - Department of Social Services.
- e. Richmond - H.O.M.E. - non-profit organization.
- f. Roanoke - T.A.P. - non-profit Community Action Agency.
- g. S.W. Virginia - United Way - cooperation with People, Inc. - Community Action Agency.
- h. Virginia Beach - Department of Housing and Neighborhood Preservation (DHNP) - City of Virginia Beach.

2. Lack of personal housing:

Follow-up Survey Respondents	10
Non-respondents Survey	10
Acquaintance Survey	38
34.5% of 200 not contacted*	<u>69</u>
TOTAL	127

Total Number of Clients 559
 REMAINDER 432 / 559 = 77% SUCCESS

*The percentage gleaned from Acquaintance Survey on those recipients who were without permanent housing at the time of the survey is applied to the 200 recipients who were not contacted to reach the determination that 69 of them lacked personal housing.

See Johnson & Hambrick (1993) for a full explanation of this methodology. p. 486.

3. Lack of personal housing:

Follow-up Survey Respondents	10
Non-Respondents Survey	10
Acquaintance Survey	<u>38</u>
TOTAL	58

Total Number Responding 359
 REMAINDER 301 / 359 = 84% SUCCESS

See Johnson & Hambrick (1993) for a full explanation of this methodology. pp. 485-486.

CHAPTER 4: LONGER-TERM STUDY

The Longer-Term study of the Virginia Homeless Intervention Program was carried out by means of a Longer-Term Survey administered to the 1989-90 HIP participants of the City of Alexandria and James City County and the completion of focused interviews of randomly chosen participants from the same two sites.

Information for the Longer-Term Survey was obtained by one or more of the following means: a mailed participant survey, a telephone survey of nonrespondents, or a telephone survey of acquaintances of the participant.

The researcher used an IBM compatible 286 computer to input the data. A second party familiar with the research methodology verified the data. The Anderson Bell ABstat™ 1993 software package was used for data analysis.

LONGER-TERM PARTICIPANT SURVEY

This survey was accomplished by means of a questionnaire which was mailed to the 1989-90 participants in the HIP programs administered by the Department of Human

Services of the City of Alexandria and by the Housing and Community Development Department of James City County.

By means of both closed-ended and open-ended questions, the survey instrument was designed to elicit responses from the participants concerning their perceptions of HIP 4 years after participation in the program. The purpose of this survey was to gather information from the City of Alexandria and James City County HIP participants that could be used as follows:

1. To determine current housing status of the 1989-90 HIP participants in the City of Alexandria and James City County;
2. To update the socioeconomic data first gathered by the Short Term Evaluation;
3. To determine the contribution of HIP toward the participants' maintenance of stable housing in the years since HIP assistance;
4. To ascertain the changes that have occurred in the participants' lives that may have contributed to their housing status during the 4 years since HIP;
5. To elicit from the participants their perceptions of the usefulness of the three facets of HIP: financial assistance, counseling, and referrals; and
6. To determine whether the participants would recommend HIP to others in housing crises.

Some questions on the Longer-Term Survey were similar to those asked on the Baseline Survey, the Termination Survey or the Follow-Up Survey. This made it possible to compare data collected during the Short Term Study with that

provided by the participants in the Longer-Term Study. A number of the questions were specifically designed to elicit responses regarding the participants' assessment of HIP's longer term effectiveness in preventing additional housing crises which would lead to eviction or foreclosure.¹

Longer-Term Survey Response Rates

The three mailings (two surveys and one post card) produced the results shown in Table 10. Respondents to the mail survey in the City of Alexandria numbered 23% (22) of the total 1989-90 HIP participants (97). In James City County, the number of HIP participants who responded was 44% (20) of the total (45).

Table 10

RESPONSE RATES FOR LONGER-TERM MAIL SURVEY			
	VALID CASES	RESPONDENTS	PERCENT
ALEXANDRIA	97	22	23%
JAMES CITY COUNTY	45	20	44%
TOTAL PARTICIPANTS	142	42	30%

As a result of the telephone surveys of the nonrespondent HIP participants and their acquaintances, information on 19% of the nonrespondents (27 of the total cases of the two sites) was obtained. HIP participant response rates for the mail survey and the telephone survey of nonrespondents and their acquaintances are shown in Table 11. The response rate for the City of Alexandria was 38% (37) and for James City County the rate was 71% (32). The combined response rate was 49% (69).

Table 11

RESPONSE RATES FOR LONGER-TERM MAIL AND TELEPHONE SURVEY			
	ALEXANDRIA	JAMES CITY	TOTAL
MAILED SURVEY RESPONDENTS	22	20	42
TELEPHONE - PARTICIPANTS	5	3	8
TELEPHONE - ACQUAINTANCE	10	9	19
TOTAL FOR EACH SITE	37	32	69
PERCENT OF TOTAL VALID CASES	38%	71%	49%

Even with the extensive efforts made to locate the 1989-90 HIP participants, a large number of individuals from both sites could not be located. The mail questionnaires were returned as nondeliverable for these participants, and the phone attempts turned up disconnected numbers or numbers that had been issued to a different household or business.

Also, within this group, there were those who had no phone but had supplied work numbers or an acquaintance number at the time of the Baseline Survey. Attempts were made to reach these participants using phone numbers given during the Baseline Survey interviews but, in many cases, the efforts were unsuccessful. Since these particular HIP participants neither received the mail surveys nor could be reached by telephone, they are not actual nonrespondents. One method of calculating the response rate would be to separate the applicants into two groups: those who received the questionnaire or were contacted by means of the telephone survey (Contacts), and those whose mail surveys were returned as undeliverable and could not be reached by means of the telephone survey (Noncontacts). Table 12 and Table 13 provide a view of this alternative method of calculating the response rate of the Longer-Term Survey. Of the participants of the City of Alexandria, 42% (41) could not be located and consequently no information on their current housing status was obtained. For James City County, it was not possible to contact 13% (6) of the participants.

If the response rates for the two sites were calculated on the basis of the total number of 1989-90 participants actually contacted through the mail or telephone surveys, the figures would show a response rate of 66% for the City of Alexandria and 82% for James City County (see Table 13).

Table 12

HIP PARTICIPANTS GROUPED AS NONCONTACTS OR CONTACTS			
	ALEXANDRIA 97*	JAMES CITY 45*	TOTAL 142*
NONCONTACTS	41	6	47
PERCENT OF VALID CASES	42%	13%	33%
CONTACTS	56	39	95
PERCENT OF VALID CASES	58%	87%	67%
* = Number of valid cases			

Table 13

LONGER-TERM SURVEY RESPONSE RATE OF CONTACTED PARTICIPANTS			
	ALEXANDRIA 56*	JAMES CITY 39*	TOTAL 95*
NONRESPONDENTS	19	7	26
PERCENT OF VALID CASES	34%	18%	27%
RESPONDENTS	37	32	69
PERCENT OF VALID CASES	66%	82%	73%
* = Number of valid cases after removing noncontacts			

Noncontacts in Longer-Term Survey

There is no way of knowing how the 1989-90 HIP participants who were not contacted would respond to the Longer-Term Survey questions. The information that this study was able to uncover, however, concerning the noncontacted population consists of the following:

1. They have moved from the housing they occupied at the time of their participation in HIP;
2. They do not have listed phone numbers in either the City of Alexandria or James City County;
3. They have not applied for assistance through the Departments of Social Services in the City of Alexandria or James City County in the past 4 years;
4. They have not gone to the Homeless Shelters or the Women's Shelters in the City of Alexandria or James City County;
5. They have not contacted the Salvation Army offices for assistance in the City of Alexandria or James City County; and
6. They are not registered voters in the City of Alexandria or James City County.

There is no valid way of predicting the reasons why the noncontacted participants moved from the homes they occupied while associated with HIP. Mobility can result from a whole spectrum of precipitating factors. For this reason, efforts were made to compare the participants who could not be contacted with both the actual nonrespondents and the respondents of the mail and telephone surveys. The purpose of this aspect of the study is to determine whether differences unique to the noncontact group could be discerned from selected socioeconomic, demographic, or program variables. Information for this comparison was obtained from two of the Short-Term Evaluation documents: the Baseline Survey and the Termination Survey. A complete

summary of this comparison is found in Appendix K.

After comparing the demographic and socioeconomic profiles of the total James City County HIP participants, the mail and phone respondents, and the nonrespondents with the profiles of the noncontacts for the James City County group, the results indicate elevated percentages of noncontacts who are Black and single as compared with the nonrespondents and the respondents. Since the actual number of individuals in the nonrespondent and noncontact groups is small, these percentages exaggerate the differences between these two groups. A larger percentage of noncontacts (33%) than respondents (13)% or nonrespondents (14%) was expected, according to the predictions of the housing counselor, to encounter another housing crisis within 5 years after receiving assistance. Only 10% of the mail respondents were expected to experience another housing crisis.

In the City of Alexandria, the results of the comparative study also reveal a higher percentage of noncontacts (63%) who were expected to experience another housing crisis within 5 years compared with the percentage for the mail respondents (36%). The nonrespondent housing crisis prediction rate is close to that of the noncontacts and the phone respondent rate equals it. The mean age of the noncontact group (31.5 years) reported during the Baseline Interview is considerably lower than the mean age of the

mail respondents (39.2 years) (see Table K-6 & Table K-7).

The comparison just cited uncovered some differences in the specific program variables and the demographic and socioeconomic profiles among the various groups of HIP participants. The one area in which noticeable differences were uncovered involves the program administrators' predictions of future housing crises found on the Termination Surveys. The percentages of the noncontacts who were expected to experience another housing crisis are higher than the results reported on the Longer-Term mail survey of respondents from both sites. For this reason, an anticipated bias in favor of housing stability might be present for the mail respondents.

FINDINGS

The findings from this survey of the 1989-90 HIP participants and their acquaintances reveal that the majority of those who responded to the Longer-Term Survey questionnaire are living in stable housing. This stable housing pattern seems to have continued over the 4 years for at least 72% of the respondents. The data also indicate that most of the 1989-90 HIP participants are employed and housing self-sufficient. They have moved infrequently or not at all, are not having current housing problems, and have

not applied for other assistance. They view the HIP experience positively and would recommend it to others in similar housing crisis situations. Many recognize that there are factors in addition to their HIP experience that may explain their ability to meet their housing obligations. Among the life changes mentioned are salary increases, new employment, improved family conditions, and additional training or education. An overview of the findings based upon specific responses to questions on the Longer-Term Survey follows:

1. 85% are living in stable housing;
2. 88% felt HIP solved their housing problem;
3. 62% are not having any housing problems;
4. 87% have not been homeless in the past 4 years;
5. 94% have not lived in a shelter in the past 4 years;
6. 72% have not lived doubled-up in the past 4 years;
7. 70% have moved once or not at all;
8. 64% have not applied for other assistance;
9. 94% found the financial help useful or somewhat useful;
10. 66% found the counseling useful or somewhat useful;

11. 51% found the referrals useful or somewhat useful; and
12. 93% would recommend HIP to others.

A small group of respondents indicated that HIP offered only temporary relief from their desperate housing situation. Some subsequently experienced other housing problems unrelated to the one which caused them to apply for HIP assistance four years ago, and some indicated that they needed assistance for a longer period than was permitted under HIP guidelines. This group includes the 13% who said that they had been homeless at least once since they participated in HIP, the 6% who responded that they had lived in a shelter, and a portion of the 28% who lived doubled-up with relatives and acquaintances. Of the 38% who responded that they were experiencing housing problems when the survey was administered, the most frequently cited causes of those problems are: financial, space, structural, and neighborhood. Of those who specified changes in their lives in the last 4 years which have some impact on their housing stability, 36% mentioned employment problems, 26% admitted to health problems, and 17% indicated that family conditions had deteriorated.

The findings of this Longer-Term Survey signify that one-time participation in HIP enabled the majority of the 1989-90 HIP participants from the City of Alexandria and

James City County program sites to overcome the housing crisis and enter a period of long-term housing stability. For a minority of the participants, the assistance may have delayed the onset of homelessness by getting them through the crisis which caused them to apply for HIP assistance. Even with HIP assistance, circumstances of this latter group remained precarious. They could not avoid homelessness when the crisis persisted beyond the subsidy time or when a new crisis occurred. The next part of this chapter will present the results of the Longer-Term Survey which have led to these conclusions about HIP.

This section includes results of the survey responses in the following categories:

1. Profile of Respondents: employment & income, residential status, current housing problems, housing mobility, and participation in other assistance programs;
2. Respondents' Perceptions of HIP: whether HIP solved the housing problem, the usefulness of the three facets of HIP (financial, counseling, & referrals), and whether they would recommend HIP to others; and
3. Other Changes in the Respondents' Lives: any other life changes in income, employment, training, family, etc. that may explain their current housing situation.

PROFILE of RESPONDENTS

Of the 142 HIP participants from 1989-90 included in the Longer-Term Study, 30% (42) responded to the mail survey, 6% (8) responded to the telephone survey, and information on the housing status of 13% (19) was obtained from a telephone survey of the acquaintances.

Of the respondents from the City of Alexandria, 62% (23) are female and 38% (14) are male. The figures for the James City County site are 69% (22) female and 31% (10) male. A majority from both sites are single: 70% (26) from the City of Alexandria and 53% (17) from James City County. The racial composition of the respondents from the City of Alexandria is as follows: 62% (23) Black, 27% (10) White, 8% (3) Hispanic, and 3% (1) other. The racial percentages for James City County are: 59% (19) Black, 38% (12) White, and 3% (1) Hispanic. The mean age of the total respondents from the City of Alexandria is 38.4 years, and, for James City County, it is 33.3 years (see Table K-3 & Table K-8).

Employment Status of Household Head

Based upon the results of the Alexandria Longer-Term Survey, 53% of the respondents have full-time jobs, and 5% have part-time jobs. When asked whether those without work

were seeking employment, 5 respondents who were laid off or unemployed responded that they were seeking employment.

Of the James City County Longer-Term Survey respondents, 60% (12) had full-time employment and 5% (1) had part-time employment. Five percent (1) reported being laid off and indicated that work was being sought.

Of the total Alexandria and James City County Longer-Term respondents who answered the head of household employment status question, 56% (22) work full time, and 5% (2) work part time. Of the 39% (15) who are not working, 40% (6) are looking for work. Included in the group of those not working are the retired and the chronically health impaired. The percentage of those who are not working and who have been out of work for 6 months or more is 40%. As stated previously, this group includes those who are unemployed, laid off, retired, or out of work for health reasons (see Table 14 and Table 15).

In comparing the employment status rates from this study with those in the Short-Term Study, the findings indicate that in Alexandria 72% (69) were employed either full or part time, and in James City County 61% (28) were employed at the time they applied for HIP assistance 4 years ago. The rates of employment gleaned from the Longer-Term Survey are 58% for Alexandria and 65% for James City County. The employment rates have decreased for the City of

Alexandria respondents and have increased for the James City County respondents. The Chi Square test for significance was run. The X^2 critical value with 2 degrees of freedom (5.9915) is greater than the X^2 calculated value (3.1315). There are no significant differences at the 0.05 level between the employment status of the head of household as reported by the Short-Term and Longer-Term respondents.

$$X^2 (2) = 3.1315, p > .05$$

When comparing the Short-Term and Longer-Term participants who indicated that the head of household was unemployed and seeking employment, the Chi Square Test revealed that the X^2 calculated value (3.2238) is less than the X^2 critical value (3.841) at the .05 significance level. The calculated value, however, is greater than the X^2 critical value (2.705) at the .10 significance level.

$$X^2 (2) = 3.2238, p > .05 \text{ but } p < .10$$

Table 14

HOUSEHOLD HEAD EMPLOYMENT STATUS—SHORT TERM* AND LONGER-TERM SURVEYS COMPARED						
	ALEX.		JCC		TOTAL	
NO. OF RESPONDENTS	ST=96	LT=19	ST=46	LT=20	ST=142	LT=39
WORKS FULL TIME	57 59%	10 53%	25 54%	12 60%	82 58%	22 56%
WORKS PART TIME	12 13%	1 5%	3 7%	1 5%	15 10%	2 5%
LAI D OFF	8 8%	1 5%	1 2%	1 5%	9 6%	2 5%
UNEMPLOYED	10 11%	4 21%	10 22%	2 10%	20 14%	6 16%
RETIRED	3 3%	1 5%	0	1 5%	3 2%	2 5%
OTHER	6 6%	2 11%	7 15%	3 15%	13 10%	5 13%

(* Source: Short-term data from Johnson et al., 1991)

Table 15

UNEMPLOYED HIP PARTICIPANTS SEEKING EMPLOYMENT SHORT-TERM* AND LONGER-TERM SURVEYS						
	ALEX.		JCC		TOTAL	
NO. OF RESPONDENTS	ST=27	LT=9	ST=15	LT=6	ST=42	LT=15
SEEKING EMPLOYMENT	16 59%	5 56%	8 53%	1 17%	24 57%	6 40%
NOT SEEKING EMPLOYMENT	11 41%	4 44%	7 47%	5 83%	18 43%	9 60%

Note: Not working= laid off, unemployed, retired, & other.

(* Source: Short-term data from Johnson et al., 1991)

Sources of Income

Wages constitute the main source of income for the HIP participants as reported in both the Short Term Survey and the Longer-Term Survey. On the Short Term Survey, 92% (133) of the respondents indicated wages as a source of income for their households. On the Longer-Term Survey, 63% (27) of the respondents report that their household income includes wages.

The Short-Term percentage of participants from Alexandria who included wages as a source of household income is 94% (91) while the figures for James City County are 89% (42) (see Table 16).

Table 16

SOURCES OF INCOME - COMPARISON OF SHORT-TERM* AND LONGER-TERM SURVEY RESPONSES						
	ALEX.		JCC		TOTAL	
NO. OF RESPONDENTS	ST=97	LT=23	ST=47	LT=20	ST=144	LT=43
WAGES	91 94%	13 57%	42 89%	14 70%	133 92%	27 63%
SOCIAL SECURITY	5 5%	1 4%	2 4%	3 15%	7 5%	4 9%
ADC	8 8%	8 35%	7 15%	2 10%	15 10%	10 23%
UNEMPLOYMENT	1 1%	0	2 4%	1 5%	3 2%	1 2%
SSI	2 2%	3 13%	3 6%	1 5%	5 3%	4 9%
OTHER	8 8%	2 9%	5 11%	4 20%	13 9%	6 14%
Note: Income columns add up to >100% since all applicable sources of income were checked by recipients.						

(* Source: Short-term data from Johnson et al., 1991)

The Longer-Term percentage of respondents from Alexandria who include wages as a source of household income is 57% (13), and for James City County it is 70% (14). When compared with the data from the Baseline Survey, the

percentage of Longer-Term Survey respondents who claimed wages as a source of income is lower.

Residential Status

Table 17 summarizes the housing status of the HIP recipients based on the responses of those contacted at the time of the Longer-Term Study. The housing status reported by the respondents to the Short-Term surveys is also found in Table 17.

Table 17

HOUSING STATUS OF HIP PARTICIPANTS						
	ALEX.		JCC		TOTAL	
NO. OF RESPONDENTS	ST=97	LT=37	ST=47	LT=32	ST=144	LT=69
OWNS THE HOME	0	1 3%	8 17%	9 28%	8 5%	10 14%
RENTS THE HOME	78 81%	30 81%	27 58%	19 60%	105 73%	49 71%
LIVING IN A SHELTER	12 12%	0	4 9%	0	16 11%	0
LIVING WITH FRIENDS/RELATIVES	2 2%	6 16%	2 4%	2 6%	4 3%	8 12%
HOMELESS	5 5%	0	3 6%	0	8 6%	0
OTHER	0	0	3 6%	2 6%	3 2%	2 3%

(* Source: Short-term data from Johnson et al., 1991)

In order to determine whether there are significant differences between the housing status of the Longer-Term respondents and the housing status of the City of Alexandria and James City County participants 4 years ago at the time of HIP application, the goodness-of-fit Chi Square Test was run. The observed statistic (3.4582) is less than the X^2 critical value (3.8415) at the .05 significance level with one degree of freedom and greater than the X^2 critical value (2.7055) at the .10 level of significance. The observed distribution of housing status represented by the Longer-Term frequencies differs significantly from the expected distribution represented by the Short-Term frequencies at the .10 significance level but not at the .05 level.

$X^2 (1) = 3.4582, p > .05$ but $p < .10$

The 1989-90 HIP participants involved in the Longer-Term Study exhibit a high rate of housing stability with 85% (59) of them occupying homes that they are either buying or renting. Those who own or rent represent 84% of the Alexandria participants and 87% of the James City County participants. A total of 12% (8) of the participants are living with friends or relatives, but there is evidence that some of these individuals are assisting with household expenses and have moved in with others for health or family reasons which did not involve a financial crisis.

The majority of the respondents, 54% (14) from

Alexandria and 71% (15) from James City County, reported no current housing problems. $\chi^2(1) = 3.8495$, $p < .05$ (problems absent or present). Of those who did indicate that they were having some housing problems, 46% (12) in Alexandria and 29% (6) in James City County, the largest percentage of respondents characterized the problem as financial in nature. Seventy-three percent (8) of the Alexandria respondents and 67% (4) of the James City County respondents noted that the costliness of their housing was their main housing problem. Other housing problems reported by the respondents were dilapidated dwellings, crowded quarters, and unsuitable neighborhoods (see Table 18).

The HIP participants were asked whether they had experienced a specific housing crisis since receiving HIP assistance; for example, were they ever homeless, or living in a shelter, or living doubled-up with relatives or friends. The following responses were obtained:

1. 85% (22) of the respondents from Alexandria and 90% (19) of the James City County respondents had not been homeless in the 4 years since HIP assistance;
2. 92% (24) of the Alexandria respondents and 95% (20) of the James City County respondents had never lived in a shelter in the 4 years since HIP; and
3. 65% (17) of the Alexandria respondents and 81% (17) of the James City County respondents had never lived in homes of relatives or friends during the 4 years since HIP (see Table 19 & Table 20).

Table 18

CURRENT HOUSING PROBLEMS OF HIP RECIPIENTS			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	26	21	47
PROBLEMS ABSENT/PRESENT			
CURRENT PROBLEMS ABSENT	14 54%	15 71%	29 62%
CURRENT PROBLEMS PRESENT	12 46%	6 29%	18 38%
TYPES OF PROBLEMS			
NO. OF RESPONDENTS	11	6	17
FINANCIAL	8 73%	4 67%	12 71%
SPACE	2 18%	2 33%	4 24%
STRUCTURAL	2 18%	0	2 12%
UNSAFE NEIGHBORHOOD	1 9%	0	1 6%
OTHER	1 9%	1 17%	2 12%
Note: Columns add up to >100% since all applicable types of problems were checked by recipients.			

If HIP short term assistance was awarded to previously self-sufficient households, then it would not be surprising to find a majority of the respondents reporting that they had not been homeless and had not lived in a shelter since

receiving HIP assistance.

Table 19

HOMELESS, IN A SHELTER, OR DOUBLED-UP SINCE RECEIVING HIP ASSISTANCE			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	26	21	47
HOMELESS	4 15%	2 10%	6 13%
IN A SHELTER	2 8%	1 5%	3 6%
DOUBLED-UP	9 35%	4 19%	13 28%
<p>Note: Numbers represent any reported instances of homelessness, living in a shelter or living doubled-up with family or relatives. The same participant may have experienced any or all of the stated situations.</p>			

The responses of those who said they were living in housing with relatives and friends are not as easy to interpret. Although 28% (13) of the respondents from both sites reported that they were living in doubled-up circumstances, there is evidence from the open-ended responses placed on the questionnaire and from other contacts with the respondents that some of them had chosen

Table 20

NUMBER OF TIMES HOMELESS, IN A SHELTER, DOUBLED-UP			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	26	21	47
HOMELESS			
0 TIMES	22 85%	19 90%	41 87%
1 TIME	3 11%	0	3 7%
2 TIMES	0	1 5%	1 2%
3 TIMES	0	0	0
4+ TIMES	1 4%	1 5%	2 4%
IN A SHELTER			
0 TIMES	24 92%	20 95%	44 94%
1 TIME	1 4%	1 5%	2 4%
2 TIMES	1 4%	0	1 2%
3/4 TIMES	0	0	0
DOUBLED-UP			
0 TIMES	17 65%	17 81%	34 72%
1 TIME	5 19%	2 9%	7 15%
2 TIMES	3 12%	1 5%	4 9%
3 TIMES	1 4%	0	1 2%
4+ TIMES	0	1 5%	1 2%

this living situation not because they were experiencing a housing crisis, but rather because of family, health, or employment reasons.

In the group of respondents, 5 out of 13 who indicated that they had lived with a relative or friend since receiving HIP assistance had also been homeless or lived in a shelter within the 4 year period. This group which represents 11% (5) of the total respondents probably moved in with other households because they were experiencing housing problems.

Of the total respondents, 13% (6) indicated that they had been homeless since participating in HIP; that figure includes the 15% (4) from Alexandria and the 10% (2) from James City County. Those who acknowledged that they lived in a shelter during this period represent 6% (3) of the total respondents: 8% (2) from Alexandria and 5% (1) from James City County (see Table 19).

Of the total respondents, 4% (2) indicated that they had been both homeless and lived in a shelter, and 9% (4) had been both homeless and lived doubled-up with others during this 4 year period. Only 6% (3) of the 47 respondents said that they had lived in a shelter and 13% (6) admitted that they had been homeless. The majority of those who reported a housing crisis since participating in HIP experienced only one instance of homelessness or shelter living. Four percent

(2) of the participants responded that they had been homeless four or more times since receiving assistance.

Regarding the total time spent in the homeless situation, living in a shelter, or doubled-up with relatives or friends, 66% (10) of the respondent group indicated that the situation existed for 6 months or more. This number included 40% (6) of the respondents who were living doubled-up with another household at some time during the 4 years since receiving HIP assistance (see Table 21).

Table 21

LENGTH OF TIME HOMELESS, IN A SHELTER OR DOUBLED-UP			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	10	5	15
1 - 3 MONTHS	1 10%	0	1 7%
4 - 6 MONTHS	3 30%	1 20%	4 27%
MORE THAN 6 MONTHS	6 60%	4 80%	10 66%

Housing Mobility

The housing mobility results indicate that 60% (27) of the total respondents have moved at least once since receiving HIP assistance 4 years ago. Of the James City County respondents, 55% (12) have moved and 62% (15) of the City of Alexandria respondents have moved. The rates of mobility for the residents of James City County and the City of Alexandria between 1985 and 1990, as found in the 1990 Census, are 63.2% for the City of Alexandria and 58.4% for James City County. The Longer-Term Survey respondents have mobility patterns which are comparable to those of the residents in their locales. Table 22 and Table 23 provide a summary of the housing mobility findings of the Longer-Term Study.

According to Wolch and Dear (1993), frequent changing of one's residence can be an indication that a person is in a downward spiral which could lead ultimately to homelessness (p. 34). A close examination of the mobility patterns of the 1989-90 HIP recipients who responded to the Longer-Term Survey reveals that, of the 46 survey respondents, 60% (27) were not living in the house they occupied 4 years ago (see Table 22).

Table 22

HIP PARTICIPANTS LIVING IN THE SAME HOUSE FOUR YEARS AFTER RECEIVING ASSISTANCE			
	ALEX.	JCC	TOTAL
NUMBER OF RESPONDENTS	24	22	46
SAME PLACE	9 38%	10 45%	19 40%
MOVED	15 62%	12 55%	27 60%

When asked why they moved, 50% (13) of the 26 households that moved responded that they did so for positive reasons such as moving to a better house or setting up an independent household. For 8% (2) of the respondents, the move was unavoidable due to such things as job relocation or sale of the house. The 42% (11) who moved for negative reasons include those whose homes were too dilapidated for continued occupancy, those whose landlord raised the rent beyond an affordable amount for the tenants, and those who fell into another housing crisis (see Table 23).

Of the 43 respondents to the question asking for the number of times they had moved, 28% (12) reported moving only once in the 4 years since receiving assistance, 16% (7) have moved between 2 and 3 times, and 14% (6) have moved 3

times or more (see Table 23).

Table 23

NUMBER OF MOVES AND REASONS FOR MOVING			
NUMBER OF MOVES:	ALEX.	JCC	TOTAL
NUMBER OF RESPONDENTS	23	20	43
MOVED 0 TIMES	9 39%	9 45%	18 42%
MOVED 1 TIME	6 26%	6 30%	12 28%
MOVED 2-3 TIMES	5 22%	2 10%	7 16%
MOVED 3+ TIMES	3 13%	3 15%	6 14%
REASONS FOR MOVING:			
NUMBER OF RESPONDENTS	14	12	26
POSITIVE REASONS	8 57%	5 42%	13 50%
NEGATIVE REASONS	5 36%	6 50%	11 42%
UNAVOIDABLE REASONS	1 7%	1 8%	2 8%

In the City of Alexandria, 65% of the respondents have either remained in the same housing or have moved once since participating in HIP. The corresponding percentage for James City County is 75%. The combined total of respondents who

have not moved at all or have moved only once since participating in HIP is 70% (30). A large majority of the 1989-90 HIP respondents have remained in stable housing and have moved very infrequently since receiving HIP assistance. As stated previously, their mobility patterns are similar to those found to be representative of the residents of both localities by the 1990 Census.

Of the 14% (6) of the respondents who have moved more than three times, 3 of them pointed out that their moves were the result of improvements in their conditions, and 1 individual responded that the move was unavoidable. Two of the frequent movers responding to the Longer-Term Survey indicated that the moves were necessitated by a worsening of conditions.

Participation in Other Programs

The 1989-90 HIP participants were asked whether they had applied for any other housing assistance since they received HIP assistance. Although the majority of those who responded to this question said they had not, 43% (10) from Alexandria and 26% (5) from James City County had requested other housing assistance in the intervening 4 years (see Table 24).

The types of housing assistance requested by 13 of the

respondents were the following: Section 8 requested by 8, Housing Maintenance requested by 2, Nursing Home Social Services requested by 1, HIP requested by 1, and AACH requested by 1. Most of the requests were for entry into the Section 8 Housing Program.

Table 24

APPLICATIONS FOR OTHER ASSISTANCE SINCE HIP			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	23	19	42
YES	10 43%	5 26%	15 36%
NO	13 57%	14 74%	27 64%

RESPONDENT PERCEPTIONS OF HIP

The next portion of this chapter is concerned with the effectiveness of HIP as perceived by the 1989-90 program participants 4 years after they received HIP subsidies. Recipients estimated HIP success in carrying out its program goals by indicating whether HIP solved the problems they had when they applied for HIP assistance. They were also requested to rate the three components of HIP. Finally,

information was elicited from the HIP clients regarding whether or not they would recommend HIP to others.

Solution to Housing Problem

The majority, 88% (42), of the 48 Longer-Term Survey respondents felt that the HIP assistance they received solved the housing problem they had at the time of application in 1989-90. The respondents who did not think that HIP solved their problems felt that they did not receive help for a long enough period, or that their financial problems extended beyond the assistance term, or that they needed other types of help which were not available through HIP (see Table 25).

When a similar question was asked of the recipients 4 years ago, 100% of the respondents from Alexandria and 100% from James City County stated that they were satisfied that HIP helped them in solving the housing problems which caused them to apply for HIP assistance. The difference between the longer-term percentage of those who perceived HIP to be useful in solving their housing problems and the short-term figures may indicate a diminishment in the staying power of HIP. On the other hand, intervening events in the lives of the participants may have caused them to place less emphasis on the single event of HIP assistance that took place 4

years ago. Nevertheless, the responses are generally supportive of HIP as an effective program.

Table 25

DID HIP ASSISTANCE SOLVE HOUSING PROBLEMS?			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	26	22	48
YES	21 81%	21 95%	42 88%
NO	2 8%	0	2 4%
PARTIALLY	3 11%	1 5%	4 8%

Usefulness of Three Components of HIP

The respondents were also asked to evaluate the usefulness of the three components of HIP. In response to the question regarding the usefulness of the financial assistance received, 88% (22) of the respondents from Alexandria and 95% (20) of the James City County respondents determined the assistance to be very useful. The combined percentage for both sites is 91% (42). The results of the Short-Term Study revealed that 97% (96) of the City of

Alexandria respondents and 100% (25) of the James City County respondents perceived the financial assistance to have been very useful. The Longer-Term percentages reveal a slight decline in the percentages of respondents who perceived the financial assistance they received from HIP to be very useful. This component of the program was rated as not very useful by 2% (1) of the total respondents, and the same percentage indicated not having received financial assistance (see Table 26).

In evaluating the usefulness of the counseling or advice and referrals or other services, the respondents were less likely to rate them as being very useful although 47% (18) of the total respondents did find the counseling or advice component to be very useful, and 38% (14) of the total respondents judged the referrals or other services of HIP to be very useful. In comparing these results with those of the Short-Term Study, it was found that 68% (24) of the respondents from James City County and Alexandria perceived the counseling services they received through HIP to be very useful, and 58% (19) thought the referral services they received were very useful. The percentages of respondents who perceived both the counseling and referral components of HIP to be very useful have declined considerably as seen when comparing the Longer-Term results to the Short-Term results (see Table 26). Yet, the combined total of those who

considered the counseling component very useful and those who rated it as somewhat useful is 66% (25). Adding together the "very useful" and "somewhat useful" ratings for the referral component results in a total of 51% (19).

Several of the HIP participants said that they did not receive financial counseling nor were they informed of any other programs or services to which they were entitled. The City of Alexandria percentage of respondents who did not receive counseling or advice was 29% (7), and, for James City County, it was also 29% (4). The percentage of respondents who indicated that they did not receive referrals through HIP was 50% (11) for Alexandria and 40% (6) for James City County (see Table 26).

It is possible that these participants did receive the counseling and referral services of HIP but, with the passage of time, the memory of these services as distinct components of HIP may have been lost. It is also possible that the terminology used to describe these components was unfamiliar to the respondents. Whatever the reason, a noticeable change seems to have occurred in the respondents' perception of the usefulness of the counseling and referral components of HIP between the time they responded to the Short-Term Survey and the time they completed the Longer-Term Survey.

Table 26

PERCEIVED USEFULNESS OF HIP COMPONENTS						
	ALEX.		JCC		TOTAL	
FINANCIAL	ST	LT	ST	LT	ST	LT
NO. OF RESPONDENTS	29	25	25	21	54	46
VERY USEFUL	28 97%	22 88%	25 100%	20 95%	53 98%	42 91%
SOMEWHAT USEFUL	0	2 8%	0	1 5%	0	3 7%
NOT VERY USEFUL	0	1 4%	0	0	0	1 2%
DID NOT RECEIVE	1 3%	0	0	0	1 2%	0
COUNSELING/ADVICE						
NO. OF RESPONDENTS	24	24	11	14	35	38
VERY USEFUL	16 67%	10 42%	8 73%	8 57%	24 68%	18 47%
SOMEWHAT USEFUL	3 13%	5 21%	2 18%	2 14%	5 14%	7 19%
NOT VERY USEFUL	3 12%	2 8%	0	0	3 9%	2 5%
DID NOT RECEIVE	2 8%	7 29%	1 9%	4 29%	3 9%	11 29%
REFERRALS/OTHER						
NO. OF RESPONDENTS	24	22	9	15	33	37
VERY USEFUL	13 54%	7 32%	6 67%	7 46%	19 58%	14 38%
SOMEWHAT USEFUL	2 8%	4 18%	2 22%	1 7%	4 12%	5 13%
NOT VERY USEFUL	2 8%	0	0	1 7%	2 6%	1 3%
DID NOT RECEIVE	7 29%	11 50%	1 11%	6 40%	8 24%	17 46%

The respondents were less likely to select "very useful" on the Longer-Term Survey than on the Short-Term Survey, and they were more likely to respond that they did not receive the counseling and referral services.

The Chi Square Test of financial usefulness shows no significant difference between the Longer-Term responses (observed frequencies) and the Short-Term responses (expected frequencies). Regarding the usefulness of the counseling component of HIP, there is a significant difference between the Longer-Term and Short-Term responses. The χ^2 calculated value is 10.7755 and the χ^2 critical value with one degree of freedom at the .05 significance level is 3.841. $\chi^2 (1) = 10.7755, p < .05$

There is also significance at the .05 level when comparing the observed and expected frequencies with reference to the usefulness of the referral component. $\chi^2 (1) = 21.903, p < .05$

Recommendation to Others

One measure of the success of HIP is the willingness of those who experienced the program first hand to recommend it to others who are suffering a financial crisis and in danger of eviction or mortgage foreclosure. When this question was asked of the 1989-90 HIP participants, the results were

overwhelmingly in favor of recommendation. Ninety-six percent (22) of the City of Alexandria respondents and 90% (18) of the James City County respondents chose "yes, definitely" when recording their choice (see Table 27).

The variable of recommendation of HIP to others (rechip) and the perception of whether HIP solved the participant's housing problems (solhseprob) were tested for randomness. The χ^2 calculated value (8.7477) is greater than the χ^2 critical value with 2 degrees of freedom (5.99).

$$\chi^2 (2) = 8.7477, p < .05$$

Therefore, the results support the idea that there is a relationship between a willingness to recommend HIP to others and the success of HIP in solving the respondent's housing problems.

Table 27

RECOMMENDATION OF HIP TO OTHERS			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	23	20	43
YES, DEFINITELY	22 96%	18 90%	40 93%
MAYBE	1 4%	2 10%	3 7%

OTHER CHANGES IN THE RESPONDENTS' LIVES

This evaluation of the longer-term effects of HIP that awards financial assistance, counseling, referrals, or other services to clients for a specified period of time recognizes that there is a difficulty in separating the effects on housing stability due to HIP from those due to other changes in the lives of the participants. For this reason, the 1989-90 HIP participants were asked to record changes in their lives during the 4 post-subsidy years that may have contributed to their present housing status.

Life Changes Affecting Housing Status

In answering the survey question related to life changes and their effect on housing status, the respondents were directed to list any changes that may have contributed to their housing stability since their participation in HIP. The changes listed generally fell under categories of employment, income, family structure, health, and education and training.

Table 28 summarizes the results of this inquiry. Of the City of Alexandria respondents, 96% (23) reported notable changes in their lives since HIP and 90% (19) of the James City County respondents reported the same.

Table 28

CHANGES IN HIP PARTICIPANT'S LIFE WHICH MAY EXPLAIN CURRENT HOUSING STATUS			
	ALEX.	JCC	TOTAL
NO. OF RESPONDENTS	24	21	45
CHANGES ABSENT/PRESENT			
CHANGES ABSENT	1 4%	2 10%	3 7%
CHANGES PRESENT	23 96%	19 90%	42 93%
TYPES OF CHANGE			
NO. OF RESPONDENTS	23	19	42
EMPLOYMENT PROBLEMS	9 39%	6 32%	15 36%
PAY INCREASE	6 26%	7 37%	13 31%
GOT JOB/NEW JOB	9 39%	6 32%	15 36%
GOT OUTSIDE INCOME	2 9%	2 11%	4 10%
HEALTH DETERIORATED	4 17%	7 37%	11 26%
HEALTH IMPROVED	0	0	0
BETTER FAMILY CONDITIONS	5 22%	4 21%	9 21%
WORSE FAMILY CONDITIONS	3 13%	4 21%	7 17%
GOT TRAINING/EDUCATION	6 26%	3 16%	9 21%
Note: Columns add up to >100% since all applicable types of changes were checked by recipients.			

The most frequently cited positive changes for the respondents from both sites were: pay increase (31%), new job (36%), better family conditions (21%), and training or education (21%). Conversely, the most frequently cited negative changes were: employment problems (36%), health deterioration (26%), and worsening family conditions (17%).

The participants pinpointed major contributors to housing stability: employment, family stability, and education. They identified some major causes of housing crises: unemployment, poor health, and family break-up.

CONCLUSION

This chapter summarizes the findings of the Longer-Term Survey of the Virginia Homeless Intervention Program (HIP). The respondents to the mail, telephone, or acquaintance surveys indicated that they have positive recollections of HIP as a program that enabled them to solve the housing problem they experienced 4 years ago.

Currently, 85% of the total respondents from both sites are in rental housing or are in the process of buying their homes. This same group 4 years ago was on the verge of having their mortgages foreclosed or being evicted when they applied for and received HIP assistance. For this group, HIP prevented imminent homelessness.

Some respondents reported incidents of homelessness, shelter living, or being forced to move in with another household because of a subsequent housing crisis. For these individuals, the assistance they received from HIP postponed, for a time, the loss of their homes. Why HIP was not successful with this group of participants is not clear. Perhaps the answer may be one suggested by the Short-Term Study researchers; namely, that there were loopholes in the screening process. Since 1989-90 was the first year that the program was in operation, the housing counselors may have approved individuals for assistance who lacked the means or the motivation to move on to self-sufficiency. Consequently, when the subsidy stopped, they lost their housing. Another explanation for the failure of some HIP participants to sustain housing self-sufficiency after leaving the program points to a limitation in the program itself. People who live on the economic edge, even with a history of housing self-sufficiency, are not equipped to sustain themselves in housing when they encounter a crisis, and HIP assistance is there for only one crisis period. Additional crises for this target population of prevention programs can bring them to the same desperate juncture where they were when they originally applied for assistance.

The guidelines of HIP establish a fixed time within which all participants should be able to return to housing

self-sufficiency. Provision is not made for those farther down the economic scale or for those requiring an extended round of assistance. Participants whose skills are translated into low-paying jobs or whose income is marginally adequate find it difficult to put aside enough funds to stave off another housing crisis. Such individuals may be responsible money managers; they lack adequate income.

Although the respondents to the Longer-Term Survey were generally positive concerning the assistance HIP provided them when they were on the verge of becoming homeless or in need of obtaining their own housing, the information received through the survey encouraged the researcher to make further inquiries regarding HIP. A second major phase of data collection, focused interviews, was initiated in order to obtain details from the clients concerning their experiences with HIP and to solicit from them information relevant to the means by which they have been able to honor their housing obligations since receiving their last HIP subsidy. The next chapter will summarize the results of the focused interviews.

Notes to Chapter 4

1. See Appendix A for a chart illustrating the focus of each question in the Longer-Term Survey and the identification of the corresponding question, where present, in the Baseline Survey, the Termination Survey, or the Follow-Up Survey.

CHAPTER 5: LONGER-TERM INTERVIEWS

The second phase of the Longer-Term Study of the Homeless Intervention Program (HIP) of Virginia consisted of focused interviews of 19 of the 1989-90 program participants. The researcher obtained indepth information concerning the effects on the participants of their experience with HIP through the vehicle of the focused interview. A more open-ended conversational approach was used in the interviews than was possible through either the mail or telephone surveys. The interviewer was able to elicit precise information concerning the housing history of the participants since they received HIP assistance as well as what they considered to be the long-term value of HIP in their lives. Additionally, from their unique perspective as participants in HIP, the interviewees were able to offer recommendations for improving the services for future applicants.

PROFILE OF INTERVIEWEES

A profile of the demographic characteristics of the interviewed participants shows that 63% (12) are female and 37% (7) are male (see Appendix L). Sixteen percent (3) are single female heads of household, 21% (4) are single males, and 63% (12) are living with a spouse or other adult with whom they share household expenses.

Of the interviewed participants, 58% (11) are minority and 42% (8) are white (see Appendix M). Rental or security deposit assistance was requested by 89% (17), and 11% (2) requested a loan for the mortgage payment (see Appendix N). The median age of the interviewees is 41.5 years. Of the selected interviewees, 47% are married and 53% are single (see Appendix O). The income sources of the interviewed participants are as follows: wages (90%), SS (21%), ADC (11%), and other (11%) (see Appendix P).

A case by case profile of the assistance received by the clients is provided in Appendix N. This profile includes information on the type of assistance for which application was made, the number of months for which assistance was given, the total amount of the assistance given, and the type of problem that precipitated the crisis in housing. In addition, this table includes information on the current housing status of the interviewees and the approximate

length of time since they participated in HIP.

Each case story reveals unique circumstances which led to a particular housing crisis, but one or more of the following types of problems seem to constitute the precipitating factor(s) which threatened the housing stability of those interviewed: health problems (32%), family problems (32%), employment problems (21%), and 16% were already homeless and living in a shelter.

PURPOSE OF THE INTERVIEWS

The purpose of the focused interviews was to give the participants an opportunity to respond fully to questions involving their experiences with HIP and to indicate whether there have been any changes in their lives which may help explain why they have or have not been able to maintain stable housing since their termination from HIP. The interviewees were also given the opportunity to comment on the 1989-90 HIP eligibility guidelines from their experiences. In order to determine whether or not HIP can claim to be effective for any length of time beyond the actual period of assistance, the interviewees were asked to focus on the impact which HIP has had on their maintenance of stable housing in the years following the termination of assistance. Additionally, they were asked to evaluate the

usefulness of the three facets of HIP: financial assistance, counseling, and financial planning. This latter appraisal was located in two time frames: the usefulness of the three components in getting them through the problem they had when they applied to HIP and the longer-term usefulness of the components in determining the applicant's present housing stability. The interviewer referred to a list of guide questions to ensure that the subject matter of the interviews was uniform (see Appendix J).

LOCATION AND SCHEDULE OF INTERVIEWS

The 19 focused interviews were held in the James City County Department of Social Services building July 17-19, 1994 and in the City of Alexandria Department of Human Services building July 24-25, 1994. Both locations are familiar to the participants since they are the sites where they applied to HIP for assistance 4 years ago. Each of the sites reserved a convenient and private conference room for conducting the interviews on the first floor within easy access to the entrance of the building. Care was taken to adhere to the interview schedule in order to minimize any inconvenience to those applicants who had agreed to be interviewed. The interviewees came before or after work, during their lunch hour, on their day off, and, for those on

shift work, during their usual sleep time. Some depended upon a friend or relative for transportation. One woman brought two small children for whose care she was responsible.

SUMMARIES OF FOCUSED INTERVIEWS

The representative group of anecdotal summaries which follows offers some insight into the lives of nine of the first-year HIP participants. The remaining 10 interview summaries can be found in Appendix Q. The interviewees shared information concerning the housing crises that caused them to ask for HIP assistance and highlighted the events in their lives that have helped them sustain stable housing since they received their last subsidy check. They had the advantage provided by elapsed time to offer a perspective on HIP as they remembered it and to discern the longer-term impact of their experiences with HIP.

Case 1 - Battered Woman

A woman applied for HIP assistance when she was living in a battered women's shelter after having been beaten and held prisoner for 8 days in the home she shared with a male friend. She had no money in reserve and had a low-paying job. After receiving a security deposit and two months rental assistance, she secured a home for herself and her children.

During the 4 years since receiving HIP assistance, this woman has been able to keep current in her rental payments.

At first she worked two jobs in order to pay her bills. She has recently remarried and, due to her spouse's full-time employment, has been able to cut back considerably on her work hours. She has moved once since receiving HIP assistance because of structural problems with the house she was renting.

If this woman had not been helped by HIP, she predicts that she would have had to remain in the shelter and that, with her income, it would have taken 6 months to secure a place to stay. She believes she would be worse off today if she had not participated in HIP. Although she was careful in managing her money before participating in the program, she admits that, as a result of her previous housing crisis, she is now more aware of the importance of wise budgeting. For example, since her type of work is seasonal, she puts money aside to help pay her rent and other bills during the off season.

Although the counselor indicated on the Termination Survey that this woman could have another housing crisis within the 5 years following assistance, thus far, this has not been the case. In fact, she and her husband are hoping to become homeowners and are applying for a loan from FHA. This woman credits HIP with being there when she needed it and with giving her the motivation and determination to do what was necessary to start over again. Her employment and recent marriage have also helped her to maintain stable housing.

She would refer others in a housing crisis to the services of HIP. She recommended the following change in HIP: an inclusion of assistance in finding a job "if you are really trying to get somewhere and you're doing something with your life." She also thought HIP should permit more than one-time participation in the program.

Case 2 - Physically Disabled Man

A physically disabled man applied for HIP assistance after family problems necessitated his moving out of his mother's home. HIP provided a security deposit and 3 months rental assistance. Subsequently, medical problems that prevented him from keeping his full-time job and that required his hospitalization for an extended period of time rendered him barely able to meet his bills even though he applied the budgeting skills acquired through HIP. He gave up his apartment after about a year and moved into a convalescent home. Currently, he is doing volunteer work at the convalescent home but is seeking part-time employment. Now that his health has stabilized, he would like to resume independent living in his own apartment. Even with the

setback caused by his health problems, this man thinks he would be worse off today had he not received HIP assistance.

This man credits HIP with giving him "independence and peace of mind". Through the counseling he received, he was made aware of the fact that he was eligible for Section 8 assistance and food stamps. If he had received the Section 8 assistance, and if his health had not deteriorated, it is likely that he would still be living on his own and able to honor his rental obligations.

He recommended that HIP continue to carefully screen applicants to guarantee that those who need assistance get it and that none are allowed to abuse the program. In addition, he suggested a longer period of assistance, perhaps 2 to 3 years of partial assistance, and an inclusion of other services: clothing, medication, job search, and rehab programs.

Although the housing counselor anticipated that this client would not have another housing crisis in the following 5 years, this prediction did not bear out. Unavoidable deterioration of health could have led to his eviction had he not placed himself in the convalescent home.

Case 3 - 100% Disabled Man

A man and his family fell in arrears with their rent because of an unexpected health crisis. The man required open heart surgery and was not able to resume his construction job. The household received 9 months of rental assistance and successfully completed a self-sufficiency plan. The man receives a monthly social security disability check due to his 100% disabled status. In addition, his wife has furthered her education and works full-time. The family has lived in the same house for 7 years. He credits HIP assistance with stabilizing his family's living situation. If HIP had not been available, he predicts that his family would have been evicted, possibly would have been on the street, or would have been forced to live with another family, or would have been forced to solicit money from co-workers. He feels that it would have taken 6 months or longer depending upon his ability to obtain other resources before he would have been able to obtain housing for his family. He calculated that "today the average move would cost a family, especially a family of five, at least \$900 to \$1000 to relocate." Had they been evicted, the move would have included court fees, moving fee, security deposit and 2 months rent. The man felt he had tried to budget his money before participating in HIP, but that the program encouraged him to plan ahead and to prioritize his financial obligations.

The housing counselor was correct in assuming that this man would not have another housing crisis. It has been 3 years and 8 months since he received the last rental assistance, and he has been able to pay his rent with his household's income.

He would recommend the program to hard working people who find themselves in a temporary crisis, and he favored a continuation of the present screening process to avoid applicants who exhibit a dependency pattern of life. He recommended that HIP amend the one-time only feature to allow those who experience a subsequent crisis to apply again. He believes HIP should be tied to some emergency food program and suggested incorporating a matching funds feature which would stretch the available money to serve more clients for longer periods of time.

Case 4 - Laid-off Homeowner

A woman who is a homeowner with a first and second mortgage on her home was laid off from her job. Through HIP, she received 3 months mortgage assistance. She knows she would have lost her home and would be worse off today without HIP assistance. In fact, she estimated that she would have only half of what she has today had she not participated in HIP. She would have a bad credit record, and it would be difficult to obtain a mortgage again. As a result of the financial planning available through HIP, she was able to work out a budget and repay the mortgage assistance loan within the time allotted. She remarked that the amount of the repayment installments was reasonable and that the housing counselors worked with her so that this repayment was not a hardship.

The woman has full-time work and was remarried 3 years ago. Now there are two incomes supporting the household. She is pleased with the way she was treated through HIP but would recommend that a program be included which teaches self-esteem and incorporates rehabilitation help for those who need it. She would like to see HIP available for those who need it in all counties of the State of Virginia.

As predicted on the Termination Survey, this woman has not experienced a housing crisis in the 4 years and 3 months since she received her last mortgage subsidy.

Case 5 - Woman Homeowner in Danger of Foreclosure

A woman in danger of mortgage foreclosure, due to her husband's personal problems with alcohol that resulted in the loss of his job, applied to HIP and received 2 months mortgage assistance. She believes she would be much worse

off today if HIP had not been there as she would have lost her home and damaged her credit rating as well. She credits HIP with empowering her by removing the stress she was experiencing and giving her the time she needed to get employment. She stated that she was able to "go forward from zero instead of starting from the negative". Her HIP counselor recommended consumer credit counseling, and she still uses the skills she acquired through this counseling. She can never forget what HIP did for her. She stated that it launched her on to do what she needed to do. In addition to HIP, this woman considered the change in her family situation (she divorced her husband and has since remarried), and the fact that she has employable skills with which to find full-time employment as factors contributing to her stable housing status for the past 4 years.

As predicted by the housing counselor, this woman has not experienced a housing crisis in the 4 years and 2 months since receiving her last mortgage subsidy check. Although she has not yet repaid her mortgage loan because of a health setback, she believes the repayment plan to be a fair one.

The woman has referred others in danger of foreclosure to HIP for assistance, but, in each case, they were placed on a waiting list. She thinks HIP should initiate a public drive for funds similar to those conducted by the United Way to increase the funds available to assist others in a temporary housing crisis. "We are asked for money for everything else, she said. What could possibly be, besides illness, more important than the roof over your head? You can absolutely achieve nothing if you don't have an address."

Case 6 - Family Forced to Live in Shelter

A woman, her husband, and family were forced to move out of their rental housing because the property was condemned by the Health Department. They lived in a shelter for three and one-half months before being referred to HIP. After receiving rental assistance for 4 months, this family found themselves on the verge of another housing crisis and had to move to a place with lower rent. The house they moved into was in need of repair but, when their Section 8 came through, the landlord remodeled the house in order to meet HUD standards. The woman received help in budgeting the family finances; advice she believes she still uses. Although she is grateful to HIP for providing the money needed so that her family could move out of the shelter, she recommended that the program continue assistance for a longer period of time until the family's living situation is more stable. In her case, she could have benefited from even

partial payment of her rent in the intervening months between the last HIP subsidy check and her receiving of Section 8 assistance. She believes HIP, in cases in which the financial help does not continue long enough, may only postpone homelessness, not prevent it. For this reason, this participant recommended that, for long-term benefit, the period of time during which a client can receive financial assistance should be extended when necessary, and that the client should pay a portion of the rent so that the program will not run out of funds before the end of the year.

Case 7 - Husband With Temporary Health Problem

A woman, her husband, and child were on the verge of being evicted when they applied for HIP assistance. The husband had a temporary health problem which caused them to get behind in their rent and other bills. The woman thought they may have gone to a shelter or moved in with another family if they had lost their own home. She predicted that it would have taken at least 3 months to get their own place again. Without HIP assistance, she stated that she would be worse off today. She said that in addition to easing the worry that the threat of eviction brings they were able to keep from getting so far behind that it would be difficult to ever get ahead. The family has moved three times since receiving HIP assistance, but each move was due to a change in her husband's employment and not to any additional housing crisis. Also, there has been a divorce, and her husband is currently in a rehabilitation facility.

The woman and her son are living with and caring for an elderly surrogate grandfather in whose home the woman was raised. She has a steady job, and she credited this with keeping her in stable housing over the last 4 years. She thought that HIP short-term assistance prevents homelessness and enables the recipients to maintain housing stability for the long term. She found HIP to be better than other assistance programs in that it is less disruptive of family life. She stated that HIP can save those in danger of becoming homeless due to health problems, family break-up, or loss of a job. She recommended a revision of HIP guidelines to allow a person to reapply within a 7 year period. Since she noted "anybody can have a crisis", she would like to see HIP extend coverage to all eligible Virginia citizens who experience a short-term housing crisis.

Case 8 - Woman in Danger of Eviction Due to Low Income

A woman found herself responsible for a rental lease when her male friend left the household. She was in danger of eviction because her current job did not pay enough to cover all of her household expenses. HIP provided 3 months rent. If she had not received this assistance, the woman thought she would have been evicted, that it would have taken her close to a year to get her own place again, and that it would have cost her well over \$2000 to do so. After getting her rent up to date, the woman chose to move back with her grandmother because the landlord was not cooperative and would not make the necessary repairs on the house. The woman, when interviewed, was renting her own house and received Section 8 assistance.

She believed she would have been worse off today had she not received HIP assistance because "I probably would have a mark on my credit report." This would have worked against her when she tried to obtain other housing. She determined that the financial counseling she received from the housing counselor had made her more aggressive in thinking about the future and wanting to work extra hours so as to have some money on the side in case she gets sick. She has continued to apply the recommended budgeting tips to her current situation.

The woman said that HIP is better than other assistance programs because the assistance covers the entire rental fee. In addition to financial assistance, she credited the program with helping her to maintain her independence. She said that her job which allows her to work longer hours for a larger take-home pay as well as Section 8 and HIP assistance are responsible for enabling her to maintain stable housing for the past 4 years.

She recommended expanding HIP and initiating a HIP II. The proposed HIP II would look into the housing needs of the original HIP participants to ascertain if they were slipping back into another housing crisis. It could make loans available to those former HIP clients who wish to become homeowners. HIP II could arrange assistance for those in crisis situations and attach a repayment obligation to the rental assistance. HIP, according to this woman, restored the faith of the participants in their ability to get back where they were.

Case 9 - Laid-off Head of Household

A woman was laid off from her job and was not able to pay rent for the house she shared with her child. Without the 4 months rental assistance she received from HIP, she knew she would have been evicted and that it would have taken her at least 8 months to accumulate enough money to get back in her own housing. Her living situation has improved very much in the 4 years and 8 months since she received her last rental assistance check. She has a full-time job which increased her income and enabled her to become a homeowner. She has not had a housing crisis since receiving HIP assistance although the housing counselor predicted that she would likely have one within 2 years of leaving HIP.

The woman credited her present housing stability to the fact that HIP helped her when she needed it. She continued to use the budgeting techniques she learned from the housing counselor. For example, she made sure her bills got paid first or, at least, a portion of each bill was paid on a regular basis.

She recommended that HIP continue screening applicants to ascertain what may be causing their housing crises and that it become a state-wide program.

ANALYSIS

Types of Housing Crises

For many of the interviewees, the immediate determiners of the housing crisis which placed them on the verge of eviction or foreclosure were just a small part of their journey to the edge of homelessness. Although the applicants referred to problems in the areas of family, health, employment, or existing homelessness as having precipitated their housing crisis, other factors were also present which

placed them in the homeless spiral. Among these additional factors were:

1. Lack of support group - Some were living at a distance from family, some had alienated themselves from the family, and others could not expect a family that was also living on the economic edge to monetarily assist them or share their limited living space;
2. Lack of marketable job skills - Some clients, due to permanent injuries, chronic health conditions, limited education or training, were unable to obtain employment with a salary adequate for household expenses;
3. Lack of economic cushion - Some, due to family break-up, continued minimum wage employment, or low benefit payments, accumulated little or no savings or may have forfeited what they did have when leaving a household;
4. Role as single head of household - Some women, due to child care or elder care duties, could not work outside of the home or had to limit their hours of work. Thus, they were unable to generate adequate income to support the family. Additional money from benefit programs such as food stamps, social security, and AFC coupled with child support payments and small take-home salary was not sufficient to cover all financial obligations; and
5. Lack of money management skills - A few interviewees indicated that, through more careful expenditure of household income, they hope to spare themselves the trauma of another housing crisis. They felt that they had not utilized these skills prior to their participation in HIP.

For some of the interviewed participants, there were several factors which contributed to their housing crises. While certain factors had a temporary dimension, others were

more permanent in nature. For example, there were clients who spoke of a health condition which since has been corrected through surgery or treatment, and no longer puts them at risk of losing their home. Others, whose health impairment is inoperable or chronic, could very well have had subsequent housing crises in the absence of alternate income sources. There were cases in which the applicant was going through the uncertainties of a family break-up and needed assistance in order to establish or maintain an independent living situation. This type of precipitating cause might have disappeared in the 4 years since HIP assistance was given if the applicant was able to acquire adequate income or if the applicant was able to tap into a more permanent housing subsidy program such as the Section 8 program. In two cases, applicants found themselves reaching another crisis point after HIP assistance simply because their household income was insufficient to cover their expenses, and there was no transitional housing support program in place between HIP and Section 8.

Life Changes Since HIP

The family situation of some interviewees has improved since HIP. This may be because there is another adult or spouse in the household who shares the expenses, or, possibly, because a person who had been an economic or emotional drain on the household is no longer there. Generally, in instances where family problems brought on the housing crisis, a more stable living situation has resulted. The HIP participants who lost their jobs 4 years ago due to plant closings or downsizing or were laid off for reasons unique to them have, in most instances, found other jobs. Eleven of the interviewees stated that they have better job situations than they had 4 years ago. Some who were in entry level positions in 1989-90 have received promotions and pay increases or may be working more hours and earning a larger salary. Two interviewees secured what they thought was permanent employment but have recently lost it. They are now working temporary jobs. Three interviewees mentioned receiving Section 8 assistance while three others indicated they were still on the Section 8 waiting list. Those who are in the Section 8 program were confident that they would be able to maintain their house payments. One interviewed person lost his case for workman's compensation for a job-related back injury. The case had been pending at the time

of his HIP application. He has changed jobs frequently since participating in HIP and is currently seeking employment through the Department of Rehabilitation Services.

In all, 4 interviewees have had at least one additional housing crisis since receiving their last HIP subsidy check and have faced the possibility of eviction. One person developed a health problem which resulted in a long period of hospitalization. This client now lives in a convalescent home but desires to try independent living again. A second applicant could not sustain the high rent payments and had to move to substandard housing. Section 8 assistance was awarded to this household in June of 1993, and the landlord brought the property up to HUD standards. The third interviewee who suffered another housing crisis lost the job she had when she participated in HIP. She moved out of her apartment, owing 2 months rent, and moved into public housing in an environment that she considered harmful to her children. At present, she is renting a privately owned apartment unit and has applied for a Section 8 voucher. A fourth woman could not keep up with the utility bills in her all-electric house so she had to move in with someone else for a while. She now occupies a Section 8 home with a housemate who shares the expenses.

Additional education or training on the part of the spouses of two of the interviewees was considered a positive

advantage since they were able to secure more financially satisfying positions, as a result. Three of the applicants are now homeowners, two having received mortgage assistance through HIP, and the third having become an owner during the summer of 1994. Three others are looking into the possibility of homeownership for the near future. Two of the clients live with homeowners, and no longer have the sole financial responsibility for their housing.

Current Housing Status

The current housing status of the 19 HIP participants who were interviewed can be summarized as follows:

1. Renter - solely responsible for household expenses;
Case #: 8,9,10,17
Percent of total: 21%
2. Renter - sharing expenses with spouse;
Case #: 3,4,14,19
Percent of total: 21%
3. Renter - Section 8;
Case #: 6,12,16
Percent of total: 16%
4. Owner;
Case #: 1,5,15
Percent of total: 16%
5. Lives in owner's home, shares expenses;
Case #: 7,18
Percent of total: 10.5%

6. Renter - shares expenses with another adult; and
Case #: 11,13
Percent of total: 10.5%
7. Convalescent Home - due to health problems.
Case #:2
Percent of total: 5%

Indications of Longer-Term Effectiveness of HIP

Although 4 years have gone by since the interviewees received HIP assistance, their perception of the usefulness of the program remains positive. All agreed that the financial assistance was very useful. They were less enthusiastic about the counseling and referral aspects of the program. Some considered themselves to have possessed money management skills before applying for HIP assistance. They attributed their crisis to a simple lack of funds rather than to poor financial choices or planning. However, they did credit HIP with making them more conscious of the necessity for managing money wisely. Other applicants were clear in their praise of the financial advice they received. One person, for example, on the advice of the HIP housing counselor, participated in consumer credit counseling sessions and continues to use the skills she acquired. Several others mentioned that they were still employing the budgeting techniques suggested by the housing counselor.

Information concerning other assistance programs for which they were eligible was made known to some of the HIP participants at the time of their application. Three applicants applied for and were receiving Section 8 assistance. Others did not recall having received counseling or, if they did, they considered it only moderately helpful. A number of interviewees believed that having someone who was willing to listen to their cases and who trusted in their ability to regain self-sufficiency was a psychological lift in itself.

There was a positive response from the majority of the interviewed applicants when asked whether there was anything about the HIP experience which would have a lasting effect on their lives. Individual perceptions of the long-term effects of HIP were gleaned from the responses and remarks of each interviewee throughout the session rather than solely from the questions designed to elicit this information. Many HIP participants looked back to that period when they were on the verge of homelessness as a turning point in their lives. The stress associated with the awareness of having no where to turn had thrown them into a downward spiral, and HIP reversed this destructive process. The recipients of HIP assistance were grateful for the turn-around time or breathing space provided by HIP. During that time, they were able to regain their independence and to

cease viewing their financial situation as being out of their control. This personal realization of empowerment was commented upon by nearly all of the interviewees.

- Case 1: HIP gave her the motivation and determination to start over again;
- Case 2: HIP gave him independence and peace of mind;
- Case 3: He will always remember what he went through;
- Case 4: HIP gave her a chance to do something else so she didn't have to start over;
- Case 5: HIP empowered her and launched her on to do what she needed to do to go forward from zero;
- Case 6: HIP helped her see the importance of budgeting;
- Case 7: HIP relieved her stress so that she was able to keep from getting so far behind that it would have been difficult to get ahead;
- Case 8: Because of HIP, she is more aggressive about planning for the future. HIP enabled her to maintain her independence;
- Case 9: HIP was the first step to getting her where she is today. She was given assistance because she was willing to help herself;
- Case 10: HIP impressed upon him the need to save for a rainy day;
- Case 11: HIP relieved her anxiety so she was able to get back where she was. She still tries to save a few dollars;
- Case 12: HIP relieved him of the emotional turmoil he was feeling at the thought of his imminent eviction and gave him hope that he could do what he had to do to get on his feet. He still budgets his money carefully;

- Case 13: HIP took the pressure off of her and gave her a second chance to get rolling again, to think, and to plan. It encouraged her and made her think that she was somebody;
- Case 16: HIP gave her the incentive to do better because HIP trusted her;
- Case 17: HIP preserved his confidence and reinforced the value he places on independence. He has become even more disciplined in the use of money;
- Case 18: She will always be grateful that HIP kept a roof over the kids' heads. She knew the help would not be there forever, she had to find a way; and
- Case 19: His family might have become dysfunctional without HIP. He has the motivation to avoid the situation again; he would be ashamed to seek help again.

Another longer-term effect of HIP which was mentioned repeatedly by the interviewees involved the applicant's credit rating. They referred to the fact that an eviction or foreclosure experience would have had a drastic effect on their credit record. They commented that it would have been difficult for them to locate another landlord, much less a lending institution, that would risk signing a property arrangement with them. They would be considered a poor risk for a loan and would be thought financially unreliable for at least 7 years following the housing crisis.

Two of the interviewed participants doubted that there were any long-term effects of HIP on their lives:

Case 14: Had she received HIP assistance for a longer period of time, there might have been a more lasting effect on her life although she is grateful that it was there for her when she needed it; and

Case 15: HIP has had no lasting effect on his life.

Interviewee Recommendations for HIP

As previously mentioned, four of the interviewees indicated that either the crisis continued, or they experienced an additional crisis shortly after assistance from HIP ended. The problems associated with a continuation of the original housing crisis were traceable, according to the interviewees, to the length of time they were awarded the HIP subsidy. Since a judgment had to be made by the housing counselor as to the minimum number of months that assistance would be necessary for an individual client to attain self-sufficiency, it is possible that there were some miscalculations. The counselor may have determined that the household was capable of covering housing expenses when actually they were not yet at that point.

Some of the interviewees alluded to having experienced crises that were unrelated to the one that caused them to apply for HIP assistance. If they were without a support group or financial cushion and unable to reapply to HIP, their options upon losing their housing were to move into a

shelter or to live doubled-up with another household. Strong interest in making HIP assistance available more than once was shown by both the clients who had experienced a detour on the road to housing self-sufficiency and those who had no additional housing crises. Most interviewees were surprised to learn that less than one half of the counties in Virginia offer HIP assistance, and they strongly recommended that it become a state-wide program.

The opinions of the interviewed clients differed relative to the population subgroups that they felt could benefit from HIP. However, they were unanimous in supporting a continuance of the screening process that weeds out chronically dependent households. Recommendations were also made to include assistance for utility payments and other social support services as part of HIP. Other social support services that the interviewees wished to connect with HIP were: job search assistance, rehab programs, assistance in procuring clothing and medication, and self-esteem programs. Many of the interviewed participants recommended that HIP encompass other needs that may be inhibiting housing self-sufficiency rather than operating as an isolated program. A matching-fund feature with the recipients paying a portion of the rent or mortgage cost was suggested by a few interviewees so that the number assisted could be increased.

HIP Participants, Housed Poor, and the Homeless

One important consideration in this study is the determination of whether the program is serving the population for which it was designed; namely, those who are in a temporary unavoidable crisis. These individuals who have had a stable housing history suddenly lost their financial support. They can be expected to become self-sufficient as a result of the type of assistance given through HIP. A question that arises is: What separates this target population from other housed poor and from the homeless? Wolch and Dear (1993) discussed differences and similarities between the housed poor and the homeless and concluded that the housed poor possessed two advantages over the chronically homeless; that is, a kinship support system and personal coping skills.

Separating the HIP target population from other homeless subgroups or from other housed poor is easier done on paper than in reality. Some of the same characteristics associated with the homeless are displayed by housing self-sufficient HIP recipients. For example, at least two of the interviewed clients have had a shaky housing history cycling between independent living and living doubled-up with others since participating in HIP. Also, among the interviewees are some who have ongoing health problems; one is a paraplegic,

one has a disabling back problem, and at least one is alcoholic. As stated earlier, many of the interviewees lacked a support group that could provide the funds needed to pay the overdue rental or mortgage payments. Some admitted to having close relatives or friends, but they were either unable to provide help or the interviewee, for other reasons, chose not to ask a relative or friend for the necessary money. The lack of a support group was mentioned by Rossi (1989a) and Jencks (1994) as being characteristic of homeless types.

Other characteristics of the homeless such as being unemployed, having extremely low incomes, and having limited marketable skills are found in some interviewees. Jencks (1994), in his discussion of unemployed men, wrote that there are three ways in which the unemployed can stay off the streets; namely, they have accumulated income, they receive large enough sums of public or private benefits, or they can tap the resources of their support group (p. 53). Information acquired from the interviews indicates that the participants with chronic physical disabilities do not have access to the safety net to which Jencks referred. The same conclusion can be drawn for the interviewees who are battered women, abandoned by spouse or companion, victims of sudden loss of income or employment problems, or the deinstitutionalized.

The study by Burt (1992) found that an association exists between homelessness and any one of the following: unemployment, the quality of employment, the high cost of living, housing market pressures, and one-person very poor households. Unfavorable conditions for some of the individuals interviewed who were on the brink of homelessness 4 years ago included employment in poorly paid service jobs or no employment at all, receiving benefit payments that did not cover expenses, being in a high-cost housing market, or being solely responsible for the support of the household. The poverty of these households causes them, as Burt suggested, to be more vulnerable to homelessness, but the conditions just mentioned can push them over the edge into homelessness. HIP's intervention can prevent that from happening at least for one time.

After the one-time HIP assistance, the participants recognized that they would have to fall back on the 3 options suggested by Jencks (1994)--their savings, their benefits, or their relatives and friends--if they experienced another crisis. Most of the interviewees were living in stable housing and, as a result of employment, family, health, or benefit changes, were self-sufficient. Some mentioned specific circumstances that are different from what they were when they applied for HIP such as the acquisition of or return to steady employment. Several said

that they are saving money on a regular basis. A few have married or are sharing the household expenses with another adult. A safety net that was absent when they applied for HIP assistance was in place for many of the interviewees in July, 1994.

Jencks (1994) referred to a continuum on which a given individual's chances of becoming homeless fall somewhere between very high and very low. Although these interviewees have moved away from the high risk end of the spectrum, many possess vulnerabilities that can quickly move them back down the slope to homelessness if they are faced suddenly with another unavoidable crisis. For this reason, most supported a change in the one-time eligibility requirement of HIP.

In short, what separates these HIP participants from the housed poor is the fact that the HIP enrollees suffered an employment, health, or family crises in the absence of kinship support. Perhaps it was HIP that separated them from other homeless subgroups.¹ Personal vulnerabilities such as alcoholism, mental illness, chronic health problems, low wage job skills were present in the case of some of the interviewees. However, most also possessed personal coping mechanisms that enabled them to make the necessary choices to preserve the housing stability afforded them through HIP. None of the interviewees was debilitated from chemical addiction and/or mental illness. All had previous

experiences of living in a stable household and were motivated to maintain an independent living situation.

CONCLUSION

In general, the longer-term effects of HIP that surfaced during the focused interviews indicate that some of those interviewed had continued to benefit from the HIP experience well beyond the period of assistance. This was reflected in their admission of a renewed level of confidence and hope in their ability to begin again and a conviction that through implementing the changes included in their self-sufficiency plan they could avoid a future housing crisis. In addition, many explained that they remained committed to the necessity of planning ahead and managing their finances responsibly. Though these unmistakable longer-term effects are less tangible and cannot be easily measured, they are important factors to consider when interpreting the longevity of the benefits gained by a recipient of this short-term, one-time assistance program.

Four of the interviewees indicated that HIP benefited them only during the period of assistance. The inflexibility of the HIP guidelines could be a partial explanation for this.

Notes to Chapter 5

1. See Wolch and Dear (1993, pp. 33 - 43) for a complete discussion of the pathways to homelessness and a comparison of the homeless and the housed poor.

CHAPTER 6: CONCLUSION

The task of tackling the problem of reducing the number of people who enter the homeless population has led researchers and policy enactors to opt for a variety of solutions. The characteristics inherent in the diverse groups comprising the homeless population have led those concerned about ending homelessness to conclude that an effective homeless policy must promote programs and activities responsive to the needs of the population being served.

The study undertaken here focuses on the effectiveness of prevention efforts, specifically those embodied in the Virginia Homeless Intervention Program, in reducing the homeless numbers. As previously stated, the target population for HIP consists of Virginia residents with a prior history of housing self-sufficiency who have fallen into a housing crisis because of health, employment, financial, or family problems. This Longer-Term Study of a segment of the 1989-90 HIP participant population was conducted to ascertain the staying power of HIP and to find out whether there are any residual benefits that influence

the participants' behaviors. In other words, have the participants made any changes in their lives, traceable to their experience with HIP, that might enable them to handle a subsequent housing crisis.

The Longer-Term Study reached the following conclusions:

1. The prevention component of homeless policy is effective in reducing the homeless population numbers;
2. In the 4 years since receiving HIP assistance, most participants have remained housing self-sufficient;
3. Homeless prevention programs are cost effective;
4. The staying power and the latent effects of the budgeting practices recommended by the HIP counselor were verified;
5. There is some evidence that the counseling and referral components as well as the self-sufficiency plan requirement contribute to the latent and sleeper effects of HIP;
6. Poverty and the unavailability of a support group with surplus assets increase the likelihood of homelessness when in a housing crisis;
7. Greater flexibility is needed in allowing adjustments in prevention program criteria; and
8. Policy makers should increase emphasis on the prevention component of homeless policy.

The results of this study reveal that 85% of the HIP participants whose housing status was verified by the Longer-Term Study were in stable housing when they or their acquaintances responded to this survey question. In the 4 years since these respondents participated in HIP, 87% have not been homeless, 94% have not lived in a shelter, and 72% have not lived doubled up with another household. Most of the participants have remained housing self-sufficient. We know with some certainty that the number of homeless in Virginia is lower than it would have been if HIP had not helped these proto-homeless individuals.

When they applied for HIP assistance, the applicants were asked to predict what their housing options would be without help from HIP. Most of the total 1989-90 HIP participants indicated that they would have lost their homes and become homeless, gone to a shelter, or moved in with relatives or acquaintances. There is no way of knowing whether these participants would actually have become homeless without HIP assistance, but there are some indications that this may have been their fate. For example, the eligibility criteria for participation in HIP in 1989-90 required that the applicants who were delinquent in their mortgage payments have a court issued 60 day notice, and that the landlords of tenants in rental arrearage have obtained an unlawful detainer. These documents show that

foreclosure and eviction proceedings have begun. Program administrators also verified, through tax records and bank statements, that the liquid assets of the clients did not exceed the amount of money they would need for basic living expenses (VA Dept. of Housing & Community Dev., 1991b). Additionally, it was determined that the applicant was ineligible for housing assistance through other existing programs, and that they had exhausted all other avenues of support before they were approved for participation in HIP. From interviews with the local HIP administrators during which they detailed the procedures followed in determining eligibility and through an examination of client files, it is evident that the applicants who got through the screening process were either on the verge of becoming homeless or were already homeless.

COST EFFECTIVENESS OF HIP

Evaluators of homeless prevention programs have determined that preventive endeavors are cost effective. They arrived at this conclusion by comparing the cost of providing financial subsidies, counseling, mediation, and referral services to clients through prevention programs with the cost of supporting those same households in an emergency shelter for a comparable time. In the State of

Washington, researchers determined that the average cost of prevention assistance per client was \$1463, but the cost per client for the same period of time in an emergency shelter was \$6000 (McIntire et al., 1992, pp. 79-80).

For most of the 1989-90 HIP participants who responded to the Longer-Term Study survey either personally or through an acquaintance, the one-time HIP assistance prevented them from entering the homeless cycle. They were able to remain in their homes or to obtain their own housing through the mortgage, rental, or deposit assistance awarded by HIP. The HIP assistance for this population was less costly than provision for them through the emergency shelter system. The average total dollar value of rental assistance for the City of Alexandria HIP participants of 1989-90 was \$1627 and for James City County, it was \$1398 (Johnson et al., 1991, pp. 33-34). The average dollar value of mortgage assistance for James City County participants was \$1565. These figures are comparable to the ones mentioned above for Washington State. McIntire et al., (1992) determined that prevention assistance was about 2.8 times less costly than housing these clients for a equal period of time in an emergency shelter. Keeping this group from joining the homeless population reduced the demand on limited public homeless monies so that emergency homeless assistance could be available for the chronically homeless.

There are other homelessness costs that are not as easy to calculate but may be more personally devastating than the initial loss of one's home. These costs mentioned by participants during the interviews involve experiences such as the trauma of finding one's furniture on the sidewalk, the disruption of family life and children's schooling, and the dangers associated with dysfunctional behaviors adopted to survive in the shelters. While difficult to quantify, the psychological and emotional scarring that often accompanies homelessness is a real cost of homelessness that should be included in any equation used to measure the value of homeless prevention programs.

THE THREE COMPONENTS OF HIP

Besides the financial assistance available through HIP, many clients responded that they benefited from counseling services that emphasized re-arranging their expense categories so that priority would be given to rental and mortgage obligations. Sixty-six percent of the Longer-Term Survey respondents said that they found the counseling component of HIP very useful or somewhat useful. Possible explanations for the positive evaluations of the counseling component might be that the participants did not want to be critical of any aspect of a program that had rescued them

from homelessness at a time in their lives when they felt they had no where else to turn or that they simply have not had another employment, health, or family crisis during the 4 years. Another reason for the positive ratings of the counseling component could be that the respondents believe that they have benefited from the advice given by the housing counselors.

This study uncovered some evidence that there were changes in the respondents' behaviors partially attributable to this counseling. The fact that most of the respondents have met their housing payment obligations during the last 4 years with only moderate changes in their employment status and/or benefit levels could suggest that some of these clients adopted the money managing techniques recommended by the housing counselors. Participants were encouraged to save small amounts of their incomes regularly so that they would be prepared in case of a future housing crisis. In addition, each participant formulated an individual self-sufficiency plan not just to get through the crisis that brought them to the edge of homelessness but to encourage them to apply for employment, pursue additional education or training, obtain housing that they could afford, take the necessary steps to begin again after a family break-up, or apply for longer-term housing assistance or social services through other programs where feasible.

Some 1989-90 HIP participants attributed their housing crisis not so much to their failure to manage money correctly as to the fact that, prior to the crisis, their incomes had hardly covered their expenses. They were living on the economic edge. The particular crisis, whether precipitated by family, health, employment or other unavoidable problems, pushed them over that edge. The data obtained through the Longer-Term Study are compatible with the findings of Burt (1992) who wrote: "Poverty reduces a household's ability to cope under heavy pressures . . ." (p. 218).

Several (46%) of the Longer-Term Survey respondents indicated that they had not received referral services. Interviewees offered the following explanations for this: they had not needed other types of services, they did not think they were entitled to other services, or the housing counselor failed to mention other available services during the application process. For some who received referral services, the opportunity to apply for other types of assistance contributed to their housing stability during the last 4 years. For example, some clients became eligible for longer-term housing assistance or began receiving supportive social services. The strongest criticisms of HIP came from participants who believed that they could have benefited from a referral to a longer-range housing subsidy program.

TIME DIMENSION

Policy analysts, Salamon (1976) and Andrews, Banks & Wikstrom (Mimeographed), have argued that the impacts of social programs have a time dimension that is frequently ignored in program evaluations. Emphasis is generally placed on determining the staying power of the information or skills imparted by the program with little or no attention paid to the latent and sleeper aspects of the intervention. The latent effects of a program are intended value changes that may be visible when clients are participating in the program but that grow in strength as time passes. The sleeper effects are unintended political or social consequences or delayed effects that are the result of participation in a program.

When the participants evaluated their experiences with HIP, they readily recognized the usefulness of the financial component of HIP in stabilizing their housing situation. It has now been 4 years since they received HIP subsidies, and there is the expected diminishment in the staying power of that component of the program even though the participants surveyed in the Longer-Term Study continued to give high ratings to the financial component of HIP.

The other two types of program effects, latent and sleeper, point to the longer-term contributions made by HIP

to the lives of the participants. These effects derive from the counseling and referral components of the program and from the enrollees' experiences with HIP. Admittedly there was a decline in the percentages of HIP respondents who rated both the counseling and the referral components as being useful compared to the percentages of the Short-Term respondents who gave high ratings to these two components. Some participants, as previously mentioned, attested to the benefits of using the suggested money management techniques such as prioritizing financial categories and saving on a regular basis. HIP interviewees felt that these two practices would keep them from being financially vulnerable if they should face an unexpected crisis again. Although the budgeting skills were recommended to the enrollees at the time of their participation in HIP, the fact that some of the interviewees volunteered to mention the value they continue to place on these money management practices is evidence that there are latent effects of HIP that are contributing to the ongoing housing self-sufficiency of some participants.

When asked, during the interview session, whether there was anything about their experience with HIP that would have a lasting effect upon their lives, many pointed to the renewed sense of hope and empowerment that they had gained through their association with HIP. They explained that

being selected for the program proved to them that the housing counselors had confidence in their ability to turn things around. The realization that they have some control over their future, which they attribute to their experience with HIP, surfaced repeatedly during the interviews. This attitudinal change was not among the stated program goals of HIP, but it does constitute an increased latent effect which brought about unintended sleeper effects. An important consideration here is to decipher the nature of the impact such an attitude change had on the behaviors of the participants. Was it a catalyst spurring them on to seek employment, to obtain counseling, to enroll in training programs, to find affordable housing, or to build a life without the financial security of an abusive partner?

Information from the interviewees reveals that HIP provided breathing space; turn-around time. The conclusion drawn by the researcher from analyzing the data acquired through the Longer-Term Surveys and the focused interviews is that this attitude of having control over one's future continues to be present in many of the Longer-Terms Study participants.

It would be reasonable to conclude that the formulation of the self-sufficiency plan gave rise to both the latent and sleeper effects. The ability to plan one's future is tied to a sense of self-empowerment. Any training or education acquired as a result of these goals being included

in the self-sufficiency plan, for example, could have increased opportunities for employment advancement thereby contributing to the participant's financial stability. Prevention programs that incorporate the concept that the participants should be involved in formulating a plan to safeguard their future housing self-sufficiency are automatically encouraging the empowerment of the proto-homeless and a change in this group's concentration on the present. The interviewees have continued to value the practice of planning ahead to avoid future problems. This provides further justification for the argument that the clients' experiences with HIP influenced their housing self-sufficiency beyond that anticipated or intended by the original purpose of the program. In a short-term evaluation of a homeless prevention program, sleeper effects of this nature could be missed due to the brevity of time between participation and evaluation. One rationale for the Longer-Term Study is that such an evaluation of HIP can testify to its latent and sleeper effects as well as incorporate some measures of its staying power.

RECOMMENDATIONS FOR IMPROVING HIP

The stated goals of HIP were achieved for most of the enrollees who participated in the Longer-Term Study, but what about the respondents for whom HIP served only as a temporary respite? One explanation for the failure of HIP to prevent homelessness for this group beyond the subsidy period might be to point to some deficiency in the personal characteristics of these participants that might have short-circuited the possible long-term effects of the prevention efforts. Since this research involves a program evaluation, it is more appropriate to discern whether there are shortcomings in HIP itself that limit its long-term effectiveness under certain conditions or in specific cases. The participants in the study whose housing problems continued beyond the termination of their subsidies or who faced unrelated subsequent housing crises revealed that they thought HIP could have done more and that it could be strengthened. They recommended such things as connecting HIP assistance with other social support and housing support services, extending the assistance period, or allowing for additional opportunities for re-application. Another recommendation supported by the participants involved the need to fund HIP sites throughout Virginia so that prevention assistance would be available for all residents

in a temporary housing crisis. There was overwhelming agreement on the use of the screening process. These recommendations are worthy of consideration by policy makers who wish to improve the longer-term effectiveness of prevention programs for the client who is in need of more comprehensive services or of assistance beyond the normal period set forth in the program guidelines.

HIP PERSONNEL

Although it is not the intent of this Longer-Term Study to evaluate the administration and staff responsible for the implementation of the program guidelines, it became very evident during the interviews that the participants' positive recollections of their HIP experiences are tied to the professional and caring qualities of the housing counselors they encountered. After interviewing, on several occasions, the HIP administrators and being assisted by them and the housing counselors in the evaluation endeavor, the researcher was also impressed by the special qualities of the personnel associated with HIP. Personnel selection must have some impact on the success of HIP.

POLICY IMPLICATIONS

The findings of this Longer-Term Study of the Homeless Intervention Program of the State of Virginia provide evidence that homeless prevention programs contribute to the long-term housing self-sufficiency of the majority of the longer-term study participants as opposed to just postponing homelessness. Therefore, Virginia policy makers should consider acting upon the following:

1. Extend the prevention benefits of HIP to at-risk populations in a temporary housing crisis in all counties of Virginia;
2. Allow clients with a verified stable housing history to apply for additional assistance in case of another crisis;
3. Lengthen the time of assistance, subject to the discretion of the program administrator, for clients who require a longer subsidy period time to attain housing self-sufficiency;
4. Initiate a case management approach for clients with personal vulnerabilities whose housing self-sufficiency is dependent on the client receiving supportive social services; and
5. Encourage the expansion of prevention efforts on all government levels: local, state, and federal.

Although the researcher recognizes that the results of this study are applicable only to the group of HIP participants who took part in the Longer-Term evaluation, there are implications regarding prevention programs,

specifically state-funded programs, that deserve the attention of policy makers in other states and on the federal level who are concerned about solving the problem of homelessness.

Policy makers should recognize that prevention programs do nothing to change the structural factors that cause homelessness. Burt (1992) lists among these factors: the cost of housing, the earning power of those with limited training and education, the available opportunities for employment, the number of affordable housing units in the area, the monetary value of public benefits, and the eligibility criteria for benefit programs. A long-term approach to solving the problem of homelessness requires comprehensive and coordinated efforts using the resources of both the public and private sectors in developing a plan that will change the causative structures. Prevention programs work for the enrollees by reducing the number of at-risk households that actually become homeless. Such programs also buy time for the policy makers of homeless programs so that they can formulate and implement a comprehensive plan designed to attack homelessness at the level of causation, serve the needs of those already homeless, and prevent an increase in the number of homeless.

This Longer-Term Study provides evidence that at least one subgroup of the homeless population, those with a prior

history of housing self-sufficiency who become or are about to become homeless due to an unavoidable housing crisis, can be kept from homelessness through prevention programs. These programs are more cost-effective than the emergency assistance component of homeless policy, and they save the clients and their households from the psychological and social pitfalls often accompanying life in a shelter. For the vast majority of the individuals who participated in this study, the one-time HIP prevention assistance enabled them to begin a new period of long-term housing self-sufficiency.

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Appendix

Appendix A

ANALYSIS OF LONGER TERM SURVEY QUESTIONNAIRE			
Ques. #	Focus of Question	Source	
1	Employment status	BL	#9
2	Unemployment history	BL	#10
3	Seeking employment	BL	#11
4	Sources of income	BL	#20
5	Changes since HIP	FU	#8
6	Residential status	BL, FU	#21, 2
7	Responsibility for rent or mortgage	LT	
8	Amount of rent or mortgage	BL, FU	#24, 5
9	Change in amount of rent or mortgage	LT	
10	Moves since HIP	FU	1
11	Number of rooms in home	BL, FU	#23, 4
12	Number of people in household	BL	#17
13	Did HIP solve housing problem?	FU	#7
14	Does current house meet needs?	LT	
15	Has loan been repaid?	LT	
16	HIP's effect on present housing	LT	
17	Type of assistance received	TF, FU	#6, 6
18	HIP's usefulness	FU	#10
19	Housing problems now	FU	#11
20	Housing crisis since HIP	LT	
21	Other assistance since HIP	LT	
22	Would recommend HIP	LT	
23	Other changes since HIP	LT	
BL = Baseline Survey, TF = Termination Survey			
FU = Follow-Up Survey, LT = Longer-Term Survey			

Appendix B

Text of Evaluation Form Sent to Pretest Participants

NOTE

I ask your help in evaluating the enclosed questionnaire. I will be sending it to other households that participated in the Homeless Intervention Program during 1989-90.

After you have completed the questionnaire, please indicate below, on this sheet, the number(s) of any questions that you found unclear or confusing as to what was being asked.

Unclear Question number(s): _____

Suggestions to improve the question(s): _____

Thank you for your assistance.

Appendix C

Case Number _____

LONGER TERM FOLLOW-UP SURVEY
- Homeless Intervention Program -

1. Employment status:

Household Head

- Works Full Time
- Works Part Time
- Laid Off
- Unemployed
- Retired
- Other

Spouse or Cohabitant

- Works Full Time
- Works Part Time
- Laid Off
- Unemployed
- Retired
- Other

2. If currently laid off or unemployed, for how long?

- Less than 1 week
- 1 - 4 weeks
- 5 - 12 weeks
- 13 - 26 weeks
- 27 weeks +
- NA

- Less than 1 week
- 1 - 4 weeks
- 5 - 12 weeks
- 13 - 26 weeks
- 27 weeks +
- NA

3. If currently laid off or unemployed, is the individual seeking employment?

- | | | | |
|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No | <input type="checkbox"/> | No |

4. What are the sources of income for your household? (Please check all that apply).

- Wages
- Social Security
- ADC
- Unemployment
- SSI

Other, please specify _____

5. Has your employment or income situation changed in any major way since you received HIP assistance?

- No
- Yes Please describe: _____

6. Which best describes your residential status? CHECK ONE

- Own the home
- Rent the home
- Live in a shelter
- Live with friends or relatives
- Homeless

Other, please specify _____

7. Are you currently responsible for the rent or mortgage payments in your household?
- Yes
- No If you checked this answer, please explain who in your household is responsible for the rent or house note?
-
8. What does your household currently spend per month for rent or mortgage payments?
- _____ Rent _____ Mortgage Payment
9. Has the amount you are paying for rent or mortgage payments stayed the same, increased, or decreased since receiving HIP assistance?
- Stayed the same
- Increased because of _____
- Decreased because of _____
10. Are you living at the same place you lived when you last received housing (HIP) assistance?
- Yes
- No If you checked this answer, why did you move from the place you were living when you last received assistance from the program?
-

How many times have you moved since you last received HIP assistance? _____

11. How many rooms are in your current living quarters? (Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.)
- _____
12. How many people currently live in your household? _____
13. Do you think the HIP program solved the housing problem you had at the time you applied for HIP assistance?
- Yes
- Partially
- No If you checked NO or PARTIALLY, in what way did your housing problem remain unsolved?
14. Does your current housing situation meet your needs?
- Yes
- Partially
- No If you checked NO or PARTIALLY, please explain:
15. If you received mortgage or rental or utilities deposit assistance, have you been financially able to repay this loan on schedule?
- Yes
- No Please explain: _____

16. If you are responsible for rent or mortgage payments, to what extent has the assistance you received through the HIP contributed to your present housing situation?

- Very much
- Somewhat
- Not at all

Please explain your answer: _____

17. What kind of assistance did you receive from the Homeless Intervention Program? (Please check all that apply).

- Help with mortgage payments.
- Help with the rent.
- Help in making a deposit.
- Advice on how to solve a housing problem.
- Referral to other sources of help.
- Help of another kind. Please describe:
-

18. How useful were the following specific aspects of the program?

	Very useful	Somewhat useful	Not very useful	Didn't receive
Financial help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling/advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals or other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Are you having any problems with your housing at the present time?

No

Yes Please describe: _____

20. Since you last received HIP assistance, have you been:

Yes No

homeless -
How many times?_____ For how long?_____

in a shelter -
How many times?_____ For how long?_____

doubled-up with a relative or friend -
How many times?_____ Fow how long?_____

21. Since you last received assistance from the HIP, have you applied for any other type of housing assistance?

Yes

No

If yes, please indicate the type of assistance _____

22. Would you recommend that someone else in a financial crisis apply for HIP assistance?

- Yes, definitely
- Maybe
- Don't know
- Probably not
- No, definitely

Please explain: _____

23. Since you received HIP assistance, what changes have occurred in your life which may explain your current housing situation?

(For example, change in employment, change in marital status, change in source of income, change in education or training.)

List changes: _____

Thank you for your cooperation. Please place this in the postage-paid envelope and drop it in the mail.

Appendix D

Text of Letter to HIP Participants

Date

Dear

About four years ago, you received HIP financial assistance through a program offered by the City of Alexandria, Department of Human Services. You were among the first group of Virginia citizens to participate in Virginia's Homeless Intervention Program.

Six months after you received assistance, you were asked for your opinion as to the usefulness of the HIP in helping you either to acquire or to retain permanent housing. The information you supplied was very useful in assisting the Commonwealth of Virginia to make decisions regarding the continuation and expansion of the HIP.

In order to determine if the Homeless Intervention Program is making a long-term contribution toward solving the housing problems of Virginia's citizens, your cooperation in completing this survey is again requested. Your answers will be treated confidentially; no information about specific individuals will be reported to the sponsoring agencies.

There are households who are in circumstances similar to the one you were in four years ago who can benefit from the information and the suggestions you provide regarding the operation of the HIP.

In order to evaluate the long-term effects of the HIP assistance, I am asking you to answer the questions on the enclosed survey form as soon as possible, then place it in the postage-paid envelope and drop it in the mail.

Thank you for your cooperation.

Sincerely,

Emma K. Flaherty
DPA Research Associate

Appendix E

Text of Follow-Up Postcard

A week ago you were mailed a survey form asking you about your experiences with Virginia's HIP. The purpose of this card is to encourage you to return the completed survey at your earliest convenience. Only with your help can a complete evaluation of the HIP be accomplished.

If you have already returned the survey, please accept my thanks for your assistance.

Sincerely,

Appendix F

Text of Second Letter to HIP Participants

Date

Dear

Several weeks ago a questionnaire was mailed to you asking for information on your experiences with the HIP. Since you were among the group to participate in the HIP during its first year of operation, your assistance in determining the long-term effectiveness of Virginia's Homeless Intervention Program is vital.

The Commonwealth of Virginia allocates funds on a yearly basis to the HIP. Any information you can supply through the long-term questionnaire will help in determining whether the funds spent on HIP assistance are useful in keeping Virginia's citizens in permanent housing.

A second copy of the questionnaire and a postage-paid return envelope is enclosed with this letter. Please complete the questionnaire, place it in the envelope, and drop it in the nearest mailbox. Your answers will be treated confidentially. Your name will in no way be associated with specific responses nor will information about specific individuals be reported to the sponsoring agencies or used in any other way.

Thank you for your cooperation.

Sincerely,

Emma K. Flaherty
DPA Research Associate

Appendix G

Telephone Survey Form for Nonrespondents

Mr./Ms/ _____ Phone No. _____

My name is _____. I am calling from Virginia Commonwealth University.

About four years ago, you participated in a housing program offered through _____. The title of the program was Virginia's Homeless Intervention Program or HIP.

Since you were among the first group to participate in this program, your input would be valuable in assisting me to complete a longer term evaluation of the program. Your name will not be used in any way in the report of this evaluation.

This will only take a couple of minutes. Is this a good time or would you like me to call you back?

1. First, could you tell me which of the following best describes your current housing status:

- Own the home
- Rent the home
- Live in a shelter
- Live with friends or relatives
- Homeless

Other, please specify _____

2. Second, could you tell me whether or not the HIP program solved the housing problem you had at the time you applied for assistance:

- Yes
- Partially
- No

3. Are you having any problems with your housing at the present time?
- No
- Yes Please explain_____
4. To what extent has the assistance you received through the HIP contributed to your present housing situation?
- Very much
- Somewhat
- Not at all
5. Next, I am going to mention three specific aspects of the program. For each one, I would like you to tell me whether or not you found this part of the HIP program to be: A. Very useful, B. Somewhat useful, C. Not very useful, or D. Did not receive
- Financial help
- Counseling advice
- Referrals or other service
6. Since receiving HIP assistance, have you been:
- Yes No
- homeless -
How many times?_____ For how long?_____
- in a shelter -
How many times?_____ For how long?_____
- doubled-up with a relative or friend -
How many times?_____ For how long?_____

7. Have there been any changes in your marital status, income, education, or employment since receiving HIP assistance which may explain your present housing situation?
- Yes. Which changes?
 - No
8. Finally, would you recommend that someone else in a financial crisis apply for HIP assistance?
- Yes
 - No

Appendix H
Acquaintance Telephone Survey

Mr./Ms. _____ Phone No. _____

My name is _____. I am calling from Virginia Commonwealth University.

We were given your name by _____. Some time ago, _____ participated in a housing program offered through _____. At that time, he/she gave us your name as someone who would always know his/her whereabouts.

We are trying to find out about _____ current housing situation and wondered if perhaps you could help us. We simply need to know whether or not _____

- Owns the home
- Rents the home
- Is living in a shelter
- Is living with friends or relatives
- Is homeless

We may later need to contact _____
Would you happen to have a current address or phone number for him/her?

Address: _____

Phone #: _____

Appendix I

Interview Schedule Letter

Date

Dear

I appreciate your willingness to assist me in the Longer-Term Evaluation of Virginia's Homeless Intervention Program.

Although the written questionnaires provided information on the housing status of the respondents, the responses do not adequately give a complete picture of a person's experiences since receiving HIP assistance. A questionnaire alone cannot determine to what extent HIP has had long-term effects in stabilizing the participant's life. In order to do the most thorough study possible, a face to face interview with those who actually participated in the program is essential.

The following is a confirmation of your interview schedule which was set-up during our phone conversation:

DATE: _____

PLACE: _____

TIME: _____

Thank you again for your help in this study of the Virginia Homeless Intervention Program. I am confident that your input will provide insights which may benefit future at-risk households.

Gratefully,

Emma K. Flaherty
Research Associate

P.S. If you are unable to keep the above appointment, please call me at [REDACTED] or call

_____ at _____.

Appendix J

Participant Interview Guide

INTERVIEW QUESTIONS

1. I am going to ask you about three different aspects of the HIP. Could you explain how each aspect of the program changed your life--how it helped you through the problems you were having at the time you applied for HIP assistance.
 - a. financial assistance (rental, mortgage, deposit)
 - b. counseling
 - c. financial planning
2. What type of problem were you having which caused you to apply for HIP assistance?
3. Can you give me some idea of what you think would have happened to you if you had not received HIP assistance?
4. Can you predict how long this circumstance would have continued?
5. Would you be worse off, the same, or better off today if you had not received HIP assistance? Please explain.
6. Were you made aware of services or assistance to which you were entitled which may have extended your housing stability beyond the period during which you received the HIP subsidy?
7. Have you had any problems since you received HIP assistance which caused you to be evicted or lose your housing?
8. What was the source of those problems? (job, family, health, house payments, loss of support or other income)
9. I am trying to determine if you think HIP in its present form can have any long term effects on the lives of those who participate in the program. For example, it is clear that the financial help you received kept you in stable housing for at least the period of time during which you received assistance, but in what way did the assistance enable you to avoid future housing crises? Please explain.

10. Did the financial counseling you received make you more conscious of budgeting, prioritizing your money uses, cutting down on expenses--skills which you find yourself still using?
11. Have you been able to carry out the self-sufficiency plan and to make changes in it as your circumstances changed so that through planning ahead you are able to structure your life better and avoid another housing crisis?
12. Have you moved since receiving HIP assistance?
How many times?
Can you explain the reasons for these moves?
13. Would you recommend that someone else apply for HIP assistance?
14. Have you ever recommended that another apply for HIP assistance? Please explain.
15. Are there any changes you would recommend in HIP? (For example the length of time one is assisted, the number of times one can receive assistance, the repayment feature)
16. There are about 44 counties in VA in which the residents can be assisted through HIP. That equals about one-half of VA.'s counties. Do you think HIP is serving VA's population adequately? What would you recommend?
17. Often the HIP sites run out of money before the year is over and have to turn clients away. What effect do you think this would have on the applicants?
18. In addition to rental, mortgage, or deposit assistance, are there any other support services that you think should be available through HIP?
19. Is there anything about your HIP experience which will have a lasting effect in your life?
20. Was there anything about HIP that you didn't like or found difficult?
21. What makes HIP different from other assistance programs? If it better or worse? Please explain.

22. In addition to HIP assistance, what other factors may explain your ability to maintain stable housing in the last 4 years? (job, family, health, income, training, other)
23. HIP doesn't prevent homelessness, it merely postpones it. How do you feel about that statement?
24. What recommendations would you make for improving HIP?
25. What do you think is needed in order to increase the long-term effectiveness of HIP?

Appendix K

Comparison of Longer-Term Noncontacts with Contacts

JAMES CITY COUNTY

Marital Status

When comparing the marital status of the nonrespondents and the noncontacts of James City County, it was found that the number of single noncontacts (5) was the same as the number of single nonrespondents (5). Those whose marital status is defined as single indicated on the Baseline Survey that they were separated, widowed, divorced, or never married. The noncontact percentage of single households (83%) is larger when compared with the total single respondent percentage (53%) and also the total single James City County HIP participant population (60%) (Johnson, et al., 1991, p. 12). Seventeen percent (1) of the JCC noncontacts were married whereas 47% (15) of the respondents were married when they applied for HIP assistance.

Race

A summary of the racial composition of the James City County noncontacts and the nonrespondents is found in Table K-1. In the noncontact group, 67% (4) are Black and 33% (2) are White. In the nonrespondent group, 43% (3) are Black and

57% (4) are White. Of the total 1989-90 HIP participant population from James City County, 54% (26) are Black and 40% (19) are White. The remainder of the participants 4% (2) belong to other minority groups.

Age

The mean age of the James City County HIP noncontacts (30.3) was slightly younger than that of the respondents (33.3), but older than the mean age of the nonrespondents (27.7) (see Table K-1 & Table K-2).

Gender of Household Head

The percentage of James City County male noncontacts 50% (3) is the same as that of the female noncontacts 50% (3). The nonrespondent percentage for males is 57% (4) and for females it is 43% (3) (see Table K-1). In the total HIP participant group, 46% (21) are male and 54% (25) are female (Johnson et al., 1991, p. 13). A higher percentage of males are in the noncontact group (50%) than are in the total respondent group (31%) (see Table K-2).

Table K-1

PROFILE OF JAMES CITY COUNTY HIP NONRESPONDENTS & NONCONTACTS*						
	Nonrespondents		Noncontacts		TOTAL	
NUMBER	7		6		13	
MALE	4	57%	3	50%	7	54%
FEMALE	3	43%	3	50%	6	46%
SINGLE	5	71%	5	83%	10	77%
MARRIED	2	29%	1	17%	3	23%
MEAN AGE	27.7		30.3		28.9	
RENTER	6	86%	6	100%	12	92%
OWNER	1	14%			1	8%
BLACK	3	43%	4	67%	7	54%
WHITE	4	57%	2	33%	6	46%
HISPANIC						
WAGES	7	100%	6	86%	13	100%
SS						
ADC	3	43%	1	17%	4	31%
UNEMPLOYMENT						
SSI						
OTHER						

(* Source: Short Term Baseline Survey, 1989-90)

Table K-2

PROFILE OF JAMES CITY COUNTY HIP MAIL & PHONE RESPONDENTS						
	Mail Respondents		Phone Respondents		Total Respondents	
NUMBER	20		12		32	
MALE	7	35%	3	25%	10	31%
FEMALE	13	65%	9	75%	22	69%
SINGLE	10	50%	7	58%	17	53%
MARRIED	10	50%	5	42%	15	47%
MEAN AGE	34.5		31.4		33.3	
RENTER	16	80%	10	83%	26	81%
OWNER	4	20%	2	17%	6	19%
BLACK	12	60%	7	58%	19	59%
WHITE	8	40%	4	33%	12	38%
HISPANIC			1	8%	1	3%
WAGES	19	95%	10	83%	29	91%
SS	2	10%			2	6%
ADC			4	33%	4	13%
UNEMPLOYMENT	2	10%			2	6%
SSI	1	5%			1	3%
OTHER			3	25%	3	9%

Table K-3

SUMMARY PROFILE OF JAMES CITY COUNTY HIP PARTICIPANTS*				
	MAIL & PHONE CONTACTS		NONRESP. & NONCONTACTS	
NUMBER	32		13	
MALE	10	31%	7	54%
FEMALE	22	69%	6	46%
SINGLE	17	53%	10	77%
MARRIED	15	47%	3	23%
MEAN AGE	33.3		28.9	
RENTER	26	81%	12	92%
OWNER	6	19%	1	8%
BLACK	19	59%	7	54%
WHITE	12	38%	6	46%
HISPANIC	1	3%		
WAGES	29	91%	13	100%
SS	2	6%		
ADC	4	13%	4	31%
UNEMPLOYMENT	2	6%		
SSI	1	3%		
OTHER	3	9%		

(* Source: Short Term Baseline Survey, 1989-90)

Average Time of HIP Assistance

The mean months of assistance for the noncontacts (3.1) is slightly less than that of the total respondents (4.3) and the nonrespondents (4.4) (see Table K-4 & Table K-5).

Prediction of Another Housing Crisis

The James City County housing counselor had indicated on the Termination Survey the probability of another housing crisis within five years for 33% (2) of the noncontacts as compared with 14% (1) of the nonrespondents and 13% (4) of the total respondents. Only 10% of the mail respondents were expected to experience another housing crisis (see Table K-4 & Table K-5).

Table K-4

PROFILE OF ASSISTANCE & PREDICTION OF HOUSING STABILITY OF JAMES CITY COUNTY HIP NONRESPONDENTS & NONCONTACTS*						
	Nonrespondents		Noncontacts		TOTAL	
NUMBER	7		6		13	
MEAN MONTHS	4.4		3.1		3.8	
MEAN \$ ASSIST.	\$1895		\$1664		\$1789	
HSE. PROBLEMS PREDICTED:						
NO	5	71%	3	50%	8	62%
YES	1	14%	2	33%	3	23%
NA	1	14%	1	17%	2	15%

(* Source: Short Term Termination Survey, 1989-90)

Table K-5

PROFILE OF ASSISTANCE & PREDICTION OF HOUSING STABILITY OF JAMES CITY COUNTY HIP MAIL & PHONE RESPONDENTS*						
	Mail Respondents		Phone Respondents		TOTAL RESPONDENTS	
NUMBER	20		12		32	
MEAN MONTHS	4.4		4.1		4.3	
MEAN \$ ASSIST.	\$1583		\$1120		\$1392	
HSE. PROBLEMS PREDICTED:						
NO	15	75%	10	83%	25	78%
YES	2	10%	2	17%	4	13%
NA	3	15%			3	9%

(* Source: Short Term Termination Survey, 1989-90)

CITY OF ALEXANDRIA

Marital Status

When comparing the same groups of 1989-90 HIP participants in the City of Alexandria in regard to marital status, it was found that the percentage of noncontacts who were single 76% (32) is close to the percentage single in the total participant population 77% (72) (Johnson et al., 1991, p. 12) but lower than that of the nonrespondent group 89% (17). Seventy percent (26) of the respondents were single when they applied for HIP (see Table K-6 & Table K-7).

Race

The percentage of noncontacts 69% (29) who are Black is slightly higher than that of the total participant group 67% (64) (Johnson et al., 1991) and noticeably higher than that of both the nonrespondent group 58% (11) and the total respondent group 62% (23). The percentage of noncontacts 24% (10) who are White follows closely the percentages in both the nonrespondent group 21% (4) and the total participant group 22% (10). (Johnson et al., 1991, p. 10) (see Table K-6 & Table K-7).

Gender of Household Head

The percentages of males and females in the noncontact group are comparable to the percentages of males and females in the total participant group and the Longer-Term total respondent group. Of the noncontacts, 40% (17) are male which is close to the percentage male in the total participant population 39% (38) (Johnson et al., 1991, p. 13) and the total respondent group 38% (14). Sixty percent (25) of the noncontacts are female; this percentage is close to the percentages of total participants 61% (59) (Johnson et al., 1991, p.13) and total respondents 62% (23) who are female (see Table K-6 & Table K-7).

Age

The mean age of the Alexandria noncontact group was 31.5 years. This is slightly higher than that of the nonrespondents (29.5 years) and considerably lower than the mean age of the total respondent group (38.4 years) (see Table K-6 & Table K-7).

Table K-6

PROFILE OF CITY OF ALEXANDRIA HIP NONRESPONDENTS AND NONCONTACTS*						
	Nonrespondents		Noncontacts		TOTAL	
NUMBER	19		42		61	
MALE	2	11%	17	40%	19	31%
FEMALE	17	89%	25	60%	42	69%
SINGLE	17	89%	32	76%	49	80%
MARRIED	2	11%	10	24%	12	20%
MEAN AGE	29.5		31.5		30.4	
RENTER	19	100%	42	100%	61	100%
OWNER	0		0		0	
BLACK	11	58%	29	69%	40	66%
WHITE	4	21%	10	24%	14	23%
HISPANIC	0		3	7%	3	5%
OTHER	4	21%	0		4	6%
WAGES	18	95%	41	98%	59	97%
SS			3	7%	3	5%
ADC	2	11%	3	7%	5	5%
UNEMPLOYMENT	0		1	2%	1	2%
SSI	0		1	2%	1	2%
OTHER	2	11%	0		2	3%
Note: Income columns add up to >100% since all applicable sources of income were checked by recipients.						

(* Source: Short-Term Baseline Survey, 1989-90)

Table K-7

PROFILE OF THE CITY OF ALEXANDRIA HIP MAIL AND PHONE RESPONDENTS						
	Mail Respondents		Phone Respondents		TOTAL RESPONDENTS	
NUMBER	22		15		37	
MALE	7	32%	7	47%	14	38%
FEMALE	15	68%	8	53%	23	62%
SINGLE	14	64%	12	80%	26	70%
MARRIED	8	36%	3	20%	11	30%
MEAN AGE	39.2		37.4		38.4	
RENTER	22	100%	15	100%	37	100%
OWNER	0		0		0	
BLACK	12	55%	11	73%	23	62%
WHITE	6	27%	4	27%	10	27%
HISPANIC	3	14%	0		3	8%
OTHER	1	4%	0		1	3%
WAGES	19	86%	14	93%	33	89%
SS	3	14%	0		3	8%
ADC	2	9%	0		2	5%
UNEMPLOYMENT	0		0		0	
SSI	0		0		0	
OTHER	4	18%	4	27%	8	22%
Note: Income columns add up to >100% since all applicable sources of income were checked by recipients.						

Table K-8

SUMMARY PROFILE OF THE CITY OF ALEXANDRIA HIP PARTICIPANTS				
	MAIL & PHONE CONTACTS		NONRESP. & NONCONTACTS	
NUMBER	37		61	
MALE	14	38%	19	31%
FEMALE	23	62%	42	69%
SINGLE	26	70%	49	80%
MARRIED	11	30%	12	20%
MEAN AGE	38.4		30.4	
RENTER	37	100%	61	100%
OWNER	0		0	
BLACK	23	62%	40	66%
WHITE	10	27%	14	23%
HISPANIC	3	8%	3	5%
OTHER	1	3%	4	6%
WAGES	33	89%	59	97%
SS	3	8%	3	5%
ADC	2	5%	5	8%
UNEMPLOYMENT	0		1	2%
SSI	0		1	2%
OTHER	8	22%	2	3%

Average Time of HIP Assistance

The mean months assisted for the noncontacts (2.9) are fewer than the mean months of the total respondents (3.3) and the same as that of the total participant group (2.9). (Johnson et al., 1991, p. 35).

Prediction of Another Housing Crisis

The predicted rate of possible future housing crises within 5 years for the City of Alexandria participants is identical for both the noncontact group and the phone respondents (67%). The nonrespondent rate of predicted housing problems (63%) is slightly lower, and the mail respondent rate (36%) is considerably lower than that of the noncontact group (67%) (see Table K-9 & Table K-10).

Table K-9

PROFILE OF ASSISTANCE & PREDICTION OF HOUSING STABILITY OF THE CITY OF ALEXANDRIA HIP NONRESPONDENTS & NONCONTACTS*						
	Nonrespondents		Noncontacts		TOTAL	
NUMBER	19		42		61	
MEAN MONTHS	3.0		2.9		2.9	
MEAN \$ ASSIST.	\$2026		\$1658		\$1772	
HSE. PROBLEMS PREDICTED:						
NO	7	37%	13	31%	20	33%
YES	12	63%	28	67%	40	66%
NA	0		1	2%	1	1%

(* Source: Short Term Termination Survey, 1989-90)

Table K-10

PROFILE OF ASSISTANCE & PREDICTION OF HOUSING STABILITY FOR CITY OF ALEXANDRIA HIP PARTICIPANTS						
	Mail Respondents		Phone Respondents		TOTAL RESPONDENTS	
NUMBER	22		15		37	
MEAN MONTHS	3.2		3.3		3.3	
MEAN \$ ASSIST.	\$1845		\$1387		\$1643	
HSE. PROBLEMS PREDICTED:						
NO	10	46%	5	33%	15	41%
YES	8	36%	10	67%	18	48%
NA	4	18%	0		4	11%

Appendix L

SEX OF INTERVIEWEES COMPARED TO SEX OF TOTAL HIP PARTICIPANTS IN ALEXANDRIA AND JAMES CITY						
ALL PARTICIPANTS*				INTERVIEWEES		
ALEXANDRIA						
		Female	Male		Female	Male
Cases	97	59	38	9	5	4
Percent		61%	39%		56%	44%
JAMES CITY						
Cases	46	25	21	10	7	3
Percent		54%	46%		70%	30%
TOTAL						
Cases	143	84	59	19	12	7
Percent		59%	41%		63%	37%

(* Source: Johnson et al., 1991, p. 13)

Appendix M

RACIAL COMPOSITION OF INTERVIEWEES COMPARED TO TOTAL HIP PARTICIPANTS IN ALEXANDRIA & JAMES CITY COUNTY						
ALL PARTICIPANTS*				INTERVIEWEES		
ALEXANDRIA		Minority	White		Minority	White
Cases	96	75	21	9	6	3
Percent		78%	22%		67%	33%
JAMES CITY						
Cases	47	28	19	10	5	5
Percent		60%	40%		50%	50%
TOTAL						
Cases	143	103	40	19	11	8
Percent		72%	28%		58%	42%

(* Source: Johnson et al., 1991, p. 10)

Appendix N

PROFILE OF INTERVIEWEES RELEVANT TO HIP ASSISTANCE RECEIVED						
Case	Type of Assist.	How long?	Amount	Problem	How long ago?	Current Status
1	Rent & Deposit	2 mon.	\$1150	Family	4yr. 4mon.	Renter
2	Rent & Deposit	4 mon.	491	Family	4yr. 2mon.	Nursing Home
3	Rent	9 mon.	6050	Health	3yr. 8mon.	Renter
4	Mort.	3 mon.	1691	Employ.	4yr. 3mon.	Owner
5	Mort.	2 mon.	1422	Family	4yr. 2mon.	Owner
6	Rent	4 mon.	1650	Shelter	4yr.	Renter
7	Rent	NA	NA	Health	NA	Doubled up
8	Rent	3 mon.	1010	Family	4yr. 5mon.	Renter
9	Rent	5 mon.	1325	Employ.	4yr. 8mon.	Renter
10	Rent	4 mon.	1100	Health	4yr. 6mon.	Renter
11	Rent	8 mon.	3675	Health	4yr. 1mon.	Doubled up
12	Rent	2 mon.	790	Health	4yr. 2mon.	Renter
13	Rent	4 mon.	3111	Health	4yr. 2mon.	Renter
14	Rent	2 mon.	1010	Family	4yr. 3mon.	Renter
15	Rent	3 mon.	1774	Employ.	4yr. 4mon.	Owner
16	Rent	2 mon.	1127	Shelter	4yr. 3mon.	Renter
17	Rent	1 mon.	675	Employ.	4yr. 1mon.	Renter
18	Rent	4 mon.	2984	Family	4yr.	Owner
19	Rent	1 mon.	725	Shelter	4yr. 2mon.	Renter
AVE.		3.3	\$1672			

Appendix O

MARITAL STATUS OF INTERVIEWEES COMPARED TO MARITAL STATUS OF TOTAL HIP PARTICIPANTS IN ALEXANDRIA & JAMES CITY COUNTY						
ALL PARTICIPANTS*				INTERVIEWEES		
ALEXANDRIA		Married	Single**		Married	Single**
Cases	94	22	72	9	4	5
Percent		23%	77%		44%	56%
JAMES CITY						
Cases	47	19	28	10	5	5
Percent		40%	60%		50%	50%
TOTAL						
Cases	141	41	100	19	9	10
Percent		29%	71%		47%	53%

**Single = Separated, Widowed, Divorced, Never married

(* Source: Johnson et al., 1991, p. 12)

Appendix P

INCOME SOURCE OF INTERVIEWEES COMPARED TO TOTAL HIP PARTICIPANTS IN ALEXANDRIA & JAMES CITY COUNTY							
	Cases	Wages	SS	ADC	Unem.	SSI	Other
ALEXANDRIA							
Total Participants*	97	91	5	8	1	2	8
Percent**		94%	5%	8%	1%	2%	8%
Interviewees	9	8	2	1			1
Percent**		89%	22%	11%			11%
JAMES CITY							
Total Participants*	47	42	2	7	2	3	5
Percent**		89%	4%	15%	4%	6%	11%
Interviewees	10	9	2	1			1
Percent**		90%	20%	10%			10%
TOTALS							
JCC + ALEX.	144	133	7	15	3	5	13
Percent**		92%	5%	10%	2%	4%	9%
Interviewees	19	17	4	2			2
Percent**		90%	21%	11%			11%

* Source: Johnson et al., 1991, p. 19

** Percentage totals may be >100% because some households have more than one source of income.

Appendix Q

Focused Interviews

Case 10 - Man With Job Injury

A man with a chronic back injury which was job-related was receiving no income pending a workman's compensation claim. The claim was denied because he could not give the exact date of his injury. His rent was in arrears, he had no food, and he was in danger of being evicted when he applied for HIP assistance. He received 4 months rental assistance. The man said he ". . . probably would have become homeless, no where to go except out on the street . . ." if he had not been referred to HIP. He said that HIP made him more aware of saving for a rainy day so that if he is ever in a crisis situation again, he will be prepared for it.

Although he has had several jobs in the past 4 years, his health problems flared up on each job, and he found himself unable to fulfill the requirements of the positions. He is currently receiving services through the Department of Rehabilitation. He said that the financial planning skills acquired through HIP and the jobs he has had have kept him in stable housing for the last 4 years. This participant thought that HIP is better than other assistance programs because no other program gives assistance for this period of time.

The housing counselor did not predict a housing crisis for this man, and he has not had one. His medical condition, however, has not improved. Since he was denied workman's compensation, without some type of permanent assistance, he may find himself running out of rainy day funds. This participant recommended that any family in a situation similar to his, without income from a job, should apply to HIP. He thinks anyone who is eligible should get HIP assistance regardless of where they live in the state. He also recommended that those who experience another housing crisis should be permitted to apply again for HIP assistance and that, perhaps, HIP should be tied into other assistance programs.

Case 11 - Woman Quit Work to Care for Husband

A woman applied to HIP for rental assistance when she was unable to keep up with bills as a result of having to give up work in order to care for her husband whose health was deteriorating. The family was in danger of eviction, and the woman believes she would have been forced to ask a family member to take them in if HIP had not come through.

In the 4 years since receiving the last HIP rental subsidy, there have been changes in the household's status. The woman's husband died, and she, herself, underwent surgery for lung cancer. She was able to maintain her own home and pay the bills on time until she found herself seriously ill. At that time, she and the grandson she is raising went to live with family members, first, her sister, and then, a granddaughter. At the present time, the woman's cancer is under control, and she is awaiting a Section 8 voucher to come through so that she can again establish her own household.

She predicted that, without HIP assistance, she would have lost her home and would be worse off today. She said, "Once you lose what you have, it is hard to get it back." She believes HIP eased her anxiety about what she was going to do. During the time HIP paid her rent, she was able to save a few dollars so she would be better prepared in case she had another housing crisis. Before her severe health problem, the woman did avoid such a crisis.

She recommended expanding HIP to include assistance for electricity especially for homes with electric heating. For older people who have worked all their lives and are on Social Security, she thought HIP should provide more long-term housing assistance. She considered HIP better than other assistance programs because the help comes much quicker and other programs require a long, drawn-out process and an extended waiting period.

Case 12 - Man in Treatment Program

A man fell 2 months behind in his rent when he was unemployed while in a residential program for alcoholism. Without the 2 months back rent he received from HIP, he concluded that he would have lost his apartment. His sobriety was on shaky ground and if HIP had not let him know that someone cared, he may have gone back to drinking. He said, "Without your help, I may have returned to drinking and who knows, not being dramatic, maybe dead by now." It gave him the opportunity to go out and look for work without the pressure of thinking he might be evicted at anytime. He found a job and was gainfully employed for 2 years. Currently he has been laid off from his permanent job, but he works for a temporary agency and has placed many resumes with prospective employers.

He has not had a housing crisis since he participated in HIP 4 years and 2 months ago although the housing counselor anticipated that he would have a subsequent housing crisis within 5 years. The core of his self-sufficiency plan continues to be sobriety which is tied to

his staying in his own home. The man has not moved from the apartment building he lived in when he received HIP assistance. It is evident that he is now planning ahead because, even with his unstable job situation, he budgets his money so he can pay his rent.

The long-term effects of HIP, as far as this participant is concerned, involved an attitude change. He felt that HIP relieved him of the emotional turmoil that he felt when he thought that he might come home and find his furniture outside on the street. It gave him hope that if he were to get on his feet, he could do what he had to do.

He recommended that HIP services be extended to all those who need them and that funding be increased in order for the current sites to continue the program throughout the year. He determined that there should be a connection between HIP and the Section 8 program for those who need this. If the screening program determined that the applicant was suitable for HIP and the candidate needed a longer term subsidy, then there should be a Section 8 voucher available to ensure longer-term housing stability.

Case 13 - Woman's Daughter with Health Problem

An elderly woman and her daughter lived together in a rental house and shared the household expenses. The daughter was stricken with a flare-up of her chronic asthma condition, was hospitalized, and could not work. The mother, due to a health condition, was limited in the type of work she could do and was not able to earn enough money to cover the total household monthly bills. In addition, a year previously, she had co-signed for a loan for her daughter to purchase a car. Since this family had always been current with their rent, the real estate agent recommended that the woman apply for HIP assistance.

She stated that they would have had to move if HIP had not come through with 4 months rental assistance. The thought of having to move and being so behind in their bills coupled with her daughter's bedridden condition caused both the woman and the daughter to be filled with anxiety. She said that if she had not received HIP assistance it would have taken her at least a year to mentally and physically get herself together enough to be able to secure her own place again. While HIP paid her rent, the woman was able to catch up with other bills she had accumulated since her daughter became ill. She put aside a small amount of money that could be used in case she experienced another housing crisis in the months ahead. She said that the HIP financial assistance not only gave her a sense of relief but also contributed to her daughter's recovery because the pressure

of the possibility of eviction had actually interfered with her daughter's health.

The woman said she learned from her father, "If you make a dollar, save a dime. A rainy day is coming." So, she already was careful about money management. She has continued to work on a self-sufficiency plan and to put money aside all month for her rent and other bills. In the 4 years since she received HIP assistance, she has remained in the same house and has kept current with her rent as predicted by the counselor at the time of her termination from the program. The daughter's health has stabilized, and she has a new job.

This participant commented that HIP was a program that could help those in circumstances over which they have no control. She mentioned two in particular, illness and being laid off from a job. She felt that if a person is really trying to catch up and needs the assistance for a longer period of time, HIP should provide it. Also, she concluded that the one time only rule of HIP is wrong. She stressed that no one knows when circumstances beyond one's control will arise and that, if people are self-sufficient, they will not apply for assistance if they don't need it.

She recommended that the program be made available to assist those who need it state-wide and that, if HIP funds run out before the year is over, the welfare program should assist those families before they become homeless.

Case 14 - Woman's Resources Depleted by Husband

A woman responsible for the support of her two children applied for rental assistance from HIP when her bankcard was stolen by her estranged husband and her checking account was depleted. She received 2 months rental assistance, and it appeared that this was adequate to stabilize her housing situation. Unfortunately, due to the husband's constant harassment of the woman at her place of work, the woman was fired a month after HIP assistance ceased. She was evicted from her apartment. She went to live in public housing, but did not think this was the best place for her children to live. She applied for Section 8 but was number 500 on the list. Due to her breaking her apartment lease, her credit record was not good. She lived doubled up with her family for two and one-half years. Currently, she is renting an unsatisfactory home and is still waiting for a Section 8 voucher.

The housing counselor did predict that this woman would have another housing crisis within the next year. The prediction proved to be accurate. The woman stated that if she had received assistance for a longer span of time, she

would not have felt so pressed to make decisions and could have avoided the eviction that followed her second crisis. She thought the HIP can prevent homelessness for people in a temporary crisis involving loss of job or illness, but not when the homelessness is caused by alcohol or drug abuse. She said that HIP should permit those with unavoidable crises to receive assistance at least twice in a lifetime and that HIP assistance should be available in all areas of the state. She also mentioned that she was not informed of the full entitlement of HIP.

Despite her shaky housing history since receiving HIP assistance, the woman stated that she would be worse off today without HIP. She would recommend that others apply for HIP, and she was still grateful that HIP was there for her. She believed that HIP was better than other assistance programs because it included long-term financial assistance, budget planning and counseling. She considered her family, her employable skills (nursing training), and the fact that she has continued to work as the components which have enabled her to maintain stable housing since her participation in HIP.

In commenting on possible reasons why HIP recipients would not respond to the Longer-Term Survey, she said that those who are doing well today want to put that part of their lives behind them and may be ashamed that they had a housing crisis.

Case 15 - Loss of Work by Man and Wife

A man was laid off from work and his wife had lost her job. Due to the lost income, the household was behind in their house rent and in danger of eviction. HIP provided 3 months rental assistance. In the 4 years and 4 months since he received help from HIP, this man has had no housing problems. He credited his ability to maintain housing stability to the fact that he found another job. He did not think that HIP had any long-term effect in regard to helping him avoid another housing crisis. He admitted to carrying out a self-sufficiency plan which encouraged him to plan ahead.

On the Termination Survey, the housing counselor predicted that this household would experience another housing crisis within 2 years after HIP assistance but such was not the case. The family was able to remain in the same house and to keep current with the rent. Recently, a second child was born, and the family moved into a larger home which they are purchasing.

This participant thought that HIP should be available to those who need it in the state, that a person should be

able to apply a second time, and that people who are trying to get on their feet should be helped for a longer period of time if needed. He commented that HIP can prevent homelessness only if the right population is given assistance and urged that screening be continued to assure that the right population gets the help. This particular man strongly objected to the lack of privacy he experienced when he was part of a group interview of several people applying for HIP.

Case 16 - Woman and Child in Shelter

A woman who worked part time and received child support for her son was living in a shelter. She needed rental assistance in order to relocate into her own home. HIP provided 2 months rental assistance. She estimated that she would have remained in the shelter for 2 or 3 months longer if she had not received HIP assistance. Since her termination from HIP, this woman has moved two times; both moves were connected with high utility bills. She would like to see a utility assistance program included with HIP.

In the 4 years and 3 months since she participated in HIP, the woman has had back surgery which kept her from working. She has a housemate now who pays the bulk of the household expenses, and she also receives Section 8 assistance. The woman said that HIP could be a bandaid program for certain types of homelessness unless HIP is tied into other programs such as health care, alcohol and drug rehabilitation, and utility assistance thereby increasing the long-term impact of the program on the lives of the poor.

This HIP participant remained positive about her experience with HIP which she said was there when her back was against the wall. She thought that HIP was better than other assistance programs because it gave people the incentive to try harder because someone trusted them. She said, "They don't ride over, break down your back." She was grateful to HIP for allowing her to find a stable home so that her son could complete high school without changing schools. She stated that her financial crisis was not due to poor budgeting or inadequate financial planning, rather, it was due to not having sufficient money to cover her bills.

Case 17 - Man in Debt Due to Business Losses

A man faced a large debt as a result of trying to develop his own business. In addition to the bills connected with the business, he got behind in his rent and knew he was about to be evicted. Without HIP rental assistance, he

believed he would be worse off today. Finding another landlord willing to rent him a place would have been next to impossible. He pictured himself going home and finding his belongings on the street. He said that HIP ". . . kept me from falling into a major confidence crisis. If you can't provide your own food and shelter, you will have a major confidence problem." He felt that there is a threshold in confidence and that if you drop below it, it is impossible to get back up.

Although he was generally careful about money management before the housing crisis, he credited the financial counseling he received as causing him to emphasize the importance of being even more disciplined in the use of money. He was still working on a self-sufficiency plan that involved paying his bills on time and avoiding luxuries. He has not had another housing crisis in the 4 years since he received HIP assistance. The housing counselor did not predict another crisis on the Termination Survey.

He considered HIP as a "user friendly program" and "less bureaucratic" than other assistance programs. Knowing that HIP was there when he needed it will stay with him throughout his life. He said the thought of going to HIP for help was difficult because of the value he placed on independence. When asked whether HIP postpones or prevents homelessness, he said, "It has definitely prevented me from sinking into what may have been a permanent level."

He commented that HIP should maintain its focus as a temporary housing assistance program. He suggested that assistance could be limited to 2 or 3 months at a time but that a person should be permitted to reapply two or three times. HIP should be extended to all counties of Virginia, but he felt that the demographics of the county should make a difference.

Case 18 - Woman's Husband Left

A woman with two children to support was about to be evicted from her home because she was unable to keep up with the household bills after her husband left her. She became ill and had to miss work, and there was no income or child support coming into the household. HIP provided 4 months rental assistance. She knew she would have been evicted and would have needed to move in with friends. Her credit rating was not good since she had already filed for bankruptcy. It would have been difficult for her to keep her children in the same school. Lack of money rather than poor money management skills caused her problems.

Since receiving HIP, the woman has moved twice; both times her housing was upgraded. She credited HIP with

enabling her to keep a roof over her family's head and allowing her to buy food and concentrate on her job. In the 4 years since she received HIP assistance, she has been able to maintain stable housing because she found a good job, did not have to pay out for child care because the children are older, was receiving child support, and, was engaged to a person who pays most of the household expenses. The housing counselor's prediction that she would not have another housing crisis within a 5 year period has been correct, thus far.

She recommended that HIP should remain a one-time emergency assistance program but that utilities and day care be included in the categories for which HIP assistance is given. She said that HIP can prevent homelessness only if the person being helped has the incentive to do better. She recommended that HIP place more emphasis on the financial budgeting and counseling aspects of the program and increase the service areas throughout the state.

Case 19 - Family Relocated/Living in Shelter

A man, his wife, and two children were living in a city shelter when they were referred for HIP assistance. They had relocated from another area of the country and both adults were working full time jobs. The man said it would have taken at least 2 more months for them to save enough money to get their own place. HIP provided 1 month rental assistance and the couple paid the deposit on the condo. In the 4 years and 4 months since he received HIP assistance, he has not had another housing crisis and, in fact, has been getting more self-sufficient and was saving money to buy a home. No subsequent housing crises had been anticipated by the housing counselor for this household.

He was confident that he would not get into that condition again but was glad HIP was there when he needed it. Although he admitted that, through working and using the budgeting skills he already had, he eventually would have been able to rent his own home, he credited HIP with saving the family from the emotional turmoil of having to live 2 more months in the shelter. He said the family members were already becoming edgy and accusative with each other and that they would have become a dysfunctional family had their living situation continued as it was. He believed/determined that HIP enabled the family to work toward a goal without the stress of shelter living.

He recommended that the clients pay a portion of the rent and that applicants continue to be screened to assure that the housing crisis was not of their own doing.

Vita

