

Comment on Dennis P. Culhane et al.'s “Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning”

Martha R. Burt

The Urban Institute

Abstract

This comment discusses several implications of the shelter use patterns revealed in the article by Culhane and his colleagues. It takes issue with the premise that reducing shelter use by families will necessarily mean that fewer of them are or will become homeless. It discusses the limited evidence of the need for transitional and permanent supportive housing options for families and offers an alternative to eliminating transitional housing completely—a blended model of supportive housing that expects many families to move on but offers permanency for those that cannot.

Finally, it discusses the difficulties of putting the authors' recommendations into practice, since they would require a good deal of centralized control and major changes in homeless and mainstream systems of care. Few communities would have the commitment and the resources in the form of mainstream and homeless assistance agencies to approximate the type of system being suggested.

Keywords: Families and children; Homelessness; Housing

Introduction

Culhane et al. have written a very impressive article, assembling administrative data to reveal similar patterns of family use of homeless shelter arrangements in four very different jurisdictions, including one whole state. It is hard to disagree with the primary inference that the authors draw from their data, that housing subsidies would effectively end homelessness for most of the families that enter shelters. It is even hard to disagree *in principle* with

their conclusions—that the mainstream systems charged with child welfare, mental health, and perhaps even welfare, substance abuse, and corrections would be the appropriate actors to supply what might be needed for the few families that will probably need more than a housing subsidy. I applaud the marshalling of evidence to make these points.

Where I part ways from Culhane et al. is in having any expectation that these systems, whose decades-long failure to do just what the authors are asking them to take on now, will have the motivation, resources, organizational prowess, or staying power to do what it takes to follow the prescription. I also wonder whether the authors' estimates of roughly equivalent costs for prevention/rapid exit versus the status quo of homeless assistance take into account the attractive power of a housing subsidy in bringing many more families into shelter, if entry is the gatekeeper on the road to a voucher. New York City has seen clear evidence of this power over the years, having been through at least two cycles of starting and stopping the granting of a housing subsidy following a family's stay in a shelter and being able to see the effects on applications for entry.

I would like to contribute to the debate that this research will surely stimulate from four perspectives:

1. I want to talk about the “if you build it, they will come” phenomenon—the effects of developing homeless assistance programs on the ability to see homelessness as officially defined by government agencies and how what one sees relates to the general level of housing-related misery of very poor people.
2. I want to focus on the existence of a small proportion of families whose homelessness is demonstrably chronic in that they clearly fail to remain housed on their own despite repeated tries. For these families, the solution that appears to me to be most reasonable is permanent supportive housing—the same solution that is being promoted around the country for single adults whose homelessness is repeated or of long standing.
3. I want to talk about the nature of transitional housing programs within the homeless assistance framework and the danger that all will be tarred with the same brush when there is too little evidence to help us identify populations for whom certain program models might be appropriate and useful.
4. Finally, I want to look at the authors' proposed solutions from a system change perspective and consider what it would take for many communities in this country to try to implement them.

“Shelters encourage homelessness”

There is not much question in my mind that where family shelters exist, families having a housing crisis will seek them out and occupy them. By doing so, the families become officially homeless and therefore visible. There is also not much doubt in my mind that there are many such families—likely many more than actually seek assistance. Whether before shelter entry they were in circumstances that would qualify as literally homeless is one of the still unsolved mysteries of homeless assistance systems. After communities such as Columbus (OH), Hennepin County (MN), and Washington, DC, set up single points of entry for homeless families, they found that at least half of the families approaching these intake points for assistance were living in one type of housing or another, however precarious or unsustainable. They were not literally homeless at the time of first contact. This fact has several possible implications.

First, given that the vast majority of communities do not have a centralized intake and screening mechanism for families, it is possible that shelters accept families without really pushing to see whether they are actually homeless, thus ensuring that they are counted as homeless when they might have been diverted in one of the central-intake communities. In this scenario, too many of the easier-to-serve families are being sheltered, and they probably crowd out families that need the assistance more.

Second, and conversely, it is possible that in communities where *no* shelter exists at all, the families that a central intake procedure *would* have found to be homeless remain invisible because there is nowhere for them to go for help that would register them as homeless. One of the long-standing complaints of rural homeless advocates is that rural homelessness remains invisible and uncounted because shelters are few and far between in rural areas, so there is nowhere for families to go that would result in their being counted. Not having shelters or eliminating the ones that exist does nothing to change the probability of housing crises among families. Not providing shelters simply makes real homelessness invisible or at least much more difficult to find and count. In this scenario, too few truly homeless families receive assistance.

Third, where central intake and screening exist and are accompanied by adequate and appropriate resources, the housing crises of at least half the families asking for assistance are being resolved without entry into shelter and therefore without putting the family in a position to be counted as homeless. In the areas mentioned earlier—Columbus, Hennepin County, and Washington, DC—these solutions do not rely on giving the families housing vouchers. It is possible that a long-term subsidy might enhance the housing stability of these families, but most of those receiving short-term assistance

from such programs can sustain housing on their own with the minimal level of help they get (usually somewhere between \$300 and \$1,000 in rent arrears or move-in money or deposit and first month's rent). The implication here is that many families that are not really homeless approach homeless assistance programs for help because there is nowhere else they can turn. They have enough resources to get back on their feet with minimal assistance and are thus the least likely to end up literally homeless even if they are facing eviction. Shinn et al. (1998) found that facing eviction predicted homelessness only 20 percent of the time (that is, 20 percent of the families facing eviction eventually became homeless).

Although research has identified many antecedents that can serve as predictors, knowing them will not predict homelessness with any certainty in a set of people. For example, in their groundbreaking study comparing poor housed and homeless families in New York City, the best that Shinn et al. were able to do with predictive equations was to correctly classify a family as homeless or not homeless 66 percent of the time (1998). The equation used 10 factors, including race and ethnicity, childhood poverty, being pregnant or having an infant, being married or living with a partner, current domestic violence, childhood disruption, and four housing factors—overcrowding, doubling up, not having a housing subsidy, and frequent moves. With a strategy such as Culhane et al. suggest, a community would have to provide short- or long-term housing assistance to a far larger population of families than are actually homeless or likely to become so. This is bound to cost considerably more than the current set of homeless assistance programs for families.

Finally, the authors are not proposing to fix poverty—certainly such a task is well beyond the intentions of their strategy. But won't poor families figure out what they can get from the proposed system and start signing up? Shinn, Baumohl, and Hopper (2001) calculate that to reach the estimated 6,000 families that are receiving Temporary Assistance for Needy Families and would become homeless each year in New York City, a preventive intervention would have to be done with 33,000 families with the relevant risk factors. From the homelessness prevention viewpoint, the resources expended on the 27,000 families that would not have become homeless even without the intervention would be wasted. Even if the prevention intervention were applied only to the families actually applying for homeless assistance, the experience of single-point-of-entry programs suggests that half the money would be spent on households that were not actually homeless and were not likely to become so.

In the current climate of federal attempts to make sizable cuts in all housing-related programs except those that are homeless specific, where are the

resources for Culhane et al.'s suggested strategy going to come from? This strategy is likely to result in large numbers of families presenting themselves at the intake point because they know it is the way to get housing—this is getting pretty close to an effort to fix poverty that all the resources currently expended on family shelter and transitional housing will not come close to being able to support.

Family permanent supportive housing

The families in the episodic group, though small in number, are clearly troubled, and we can assume that some aspect of those troubles contributes to their inability to retain housing. If the parent in these families were a single adult, she would probably meet the current federal definition for chronic homelessness. She has multiple episodes of homelessness plus clear signs of disability. But because the federal definition is limited to single adults (because of limited resources and a desire to focus on the most visible segment of the homeless population—those who spend most of their time on the streets), these parents and their children have not had the benefit of the same types of permanent supportive housing programs that are working well for single adults experiencing lengthy or repeated homelessness. However, increasing numbers of communities are recognizing this small group and are creating permanent supportive housing for families.

Several studies have been conducted to describe family permanent supportive housing and examine its effects (Bassuk et al. 2006; Nolan et al. 2005; Philliber Research Associates 2006). Preliminary findings indicate that this type of housing is being very well targeted at families with long and/or repeated episodes of homelessness. For instance, Nolan et al. (2005) found that their sample's 100 families had had four episodes, on average, with an average of 48 months of homelessness. One-third of the people in the sample first experienced homelessness as minors. Residents of family permanent supportive housing programs studied by other researchers show similar histories (Bassuk et al. 2006). Nolan et al. (2005) report that since moving into permanent supportive housing, the families studied had averaged 2.3 years of stable housing—something they had not been able to achieve on their own. Families in the programs studied by Philliber Research Associates (2006) and Bassuk et al. (2006) also had very high rates of remaining in housing for at least a year.

So we now know that a certain small proportion of homeless families exhibit the same patterns of extensive or repeated homelessness that would qualify a single person as “chronically homeless.” The only differences are that these people are overwhelmingly female and are parents who have some-

how managed to keep at least one child with them despite the shocks of repeated homelessness. We also know that the same types of housing that work with chronically homeless single adults work with these families. The success of permanent supportive housing programs with these families suggests two things: first, that the federal definition of a chronically homeless household should be expanded to include families in which the parent meets the same criteria as a single adult and, second, that it would pay communities to invest in this type of program.

Transitional housing: Does it have a future?

It may not be clear to all readers that Culhane et al. included both emergency shelters and transitional housing programs for families in their analyses. But they did, and moreover they did not differentiate between the two types. The obvious inferences from their findings are as follows:

1. The families staying in the homeless assistance system the longest are in transitional housing programs.
2. These programs are taking the families with the fewest problems, as indicated by inpatient episodes for mental illness or addictions.
3. Transitional housing programs expend considerable resources supporting the least troubled families while those with the most barriers to housing are left to their own devices.

In crude terms, the programs appear to be “creaming off” the least troubled, easiest-to-serve families. Obtaining parallel patterns in four jurisdictions lends great strength to these findings and supports the authors’ argument that rechanneling the resources currently going to transitional housing programs and possibly even to much emergency shelter toward a reconstructed system with little of either program type would provide significantly greater benefits to families and to society.

Despite the strength of the evidence the authors have assembled from administrative data, I think there is value in aspects of transitional housing and do not think the case against it has been proved. I want to describe what transitional housing program directors in five communities say about their programs and the people they serve, look at types of families for which transitional housing seems to me to be most appropriate, and offer some suggestions for research. I will propose a blended supportive housing model that borrows elements of transitional and permanent supportive housing to address the issues of creaming, as well as the need that a small proportion of families appear to have for extended supports.

Family transitional housing programs in five communities

At present I am involved in a U.S. Department of Housing and Urban Development (HUD)–funded study of transitional housing programs for families, looking at what happens to families leaving these programs for a year after they move out. The five study communities—Cleveland, Detroit, Houston/Harris County, San Diego City and County, and Seattle/King County—are quite different from those in which Culhane et al. did their research and are also deliberately different from one another with respect to population, resources, and the political will to address family homelessness. The study included interviews in which the directors of 53 programs described them. Results are available in a project report (Burt 2006). Some of what these directors had to say may contribute to the debate about the future of transitional housing. First, in terms of requirements for entry:

1. All the programs require that the family have a poor rental history, with multiple evictions. Since the study is asking mothers about their eviction history, we will be able to see whether selection followed policy, but on its face, this requirement would not suggest creaming.
2. About 85 percent require mothers to be clean and sober at program entry, and most require 30 to 90 days of sobriety. Some 89 percent reject active substance abusers who have no intention of stopping. These requirements lean in the direction of creaming, but 15 percent of the programs do not require sobriety, and another 10 to 15 percent require only a day or two of sobriety plus the intention to stay sober. Sobriety requirements relate to the next, almost universal requirement.
3. A total of 91 percent require that families (mothers) have the ability and willingness to “work the program,” developing and then working toward a set of goals for successful exit. This is a reasonable requirement given that the programs’ rationale for existence is to help families achieve goals such as stable housing and a reliable source of income, although it certainly will mean that families unable or unwilling to work the program, at least at the point of first contact, will be excluded.
4. All but one program accept families in which the mother *does* have a history of working for pay, but the same number accept families in which the mother *does not* have a work history. No program *requires* a work history.

The reasons given for not accepting families into a transitional housing program are as follows:

1. The most common reason was overwhelmingly availability—the program did not have a unit available when the family needed it.
2. The second most common reason was that the family did not fit the program—for example, the program was for parenting teens and the parent was not a teenager, or the program was for mothers with mental illness, and the mother did not have it.¹
3. About one-third of the programs will not take a mother with serious mental illness or co-occurring mental illness and substance abuse, but about an equal number specialize in working with such mothers. No program requires that a mother have one or both conditions, but programs do tend to insist that the mother have, or be willing to have, these conditions under some level of control. About one-fourth of the residents of transitional housing programs are taking psychotropic medications.

The information offered by the directors of transitional housing programs suggests that at least some of these programs are taking families with significant barriers to getting or keeping housing. What we cannot know from these data are whether the families they serve have significantly more of these barriers than families who exit emergency shelter without a stay in transitional housing, nor can we know whether once they leave, the families that have used transitional housing are more able to maintain housing than those who just received emergency shelter or whether their children are significantly better off after a stay in transitional housing. It would be important to address these knowledge gaps before making a decision to move resources out of transitional housing and into housing subsidies, especially since the resources being expended in transitional housing programs would be able to subsidize housing for several families for only one year.²

¹ Neither of these two most important reasons for rejection could be considered creaming.

² Assuming that a family stayed for 12 months and that the fair market rent (FMR) for a one-bedroom apartment is around \$700 a month (\$8,400 a year), \$22,000 per unit per year would support 2.6 families for one year, with nothing to follow. Assuming that the highest cost cited for transitional housing came from the highest-cost city and that the FMR in that city for a one-bedroom apartment runs more like \$1,500, or \$18,000 a year, \$55,000 would cover 3.0 families for a single year. But the housing stability observed by previous research depended on continuing Section 8 subsidies, not on a single year of support.

Circumstances calling for a period of transitional housing

I believe that transitional housing is particularly appropriate and desirable for certain people and households, although at this time there is no evidence to support my belief and research to support or undermine it would be welcome. I would put people beginning their recovery from addictions into this category, along with parents who are just getting a child back from child protective services and some women who are leaving domestic violence situations and need time to put a life together.

In many conferences and talks over the past five years, I have offered the opinion that many recovering substance abusers need two years of facility-based transitional housing to be able to reach a secure and stable recovery status. I specify two years to allow a significant period of time in a sober, supportive environment, including time to recover from the inevitable relapses. I specify facility-based because such programs offer the probability that a community will form to support sobriety, whereas in scattered-site situations, newly recovering addicts are too vulnerable to the same forces that prompted and then supported their substance abuse for years. Audiences invariably respond to this opinion with vigorous nods of approval—but this is the only concrete support I can offer for the proposition that facility-based transitional housing is right for this population. A controlled experiment would be most welcome: for example, assigning some recovering addicts to facility-based transitional housing programs, others to scattered-site transitional housing programs, and still others to regular rental housing in the community with two years of a subsidy (to parallel the potential length of stay in transitional housing) but without supportive services. Ideally, the experiment would be performed with both single adults and addicted parents in homeless families, since I believe we need to learn the effectiveness of facility-based transitional housing for both types of households. A further advantage of this type of program is that residents could work and pay rent for most of their time in the program, making it relatively inexpensive.

With families, however, policy also needs to reckon with the fact that children are involved and that they may need and deserve the protection of facility-based care. Reunification allows parents to get their children back from child protective services because the agencies trust program staff to ensure that the children are safe until it becomes clear that parents are able to care for them without abusing or neglecting them. Without these programs, more children would remain in state custody. The testimony of staff and parents in family reunification programs indicates that two full years in transitional housing are often needed to get these families stabilized, see

that parenting skills are in place, and have child protective services willing to transfer custody back to the parent.

Some victims of domestic violence will also need an extended period of time, usually unavailable at emergency shelters, to put together housing, employment, safety plans, transportation, and child care. This will be especially true for families in which the violence was of long standing and the mother was cut off from support systems and independent action.

A possible alternative to de-emphasizing transitional housing programs

I would like to suggest an approach for homeless families needing extensive supports to achieve stability, one that combines elements of transitional and permanent supportive housing into a blended supportive housing model. This approach could be coupled in a community's strategy for addressing family homelessness with a prevention/diversion/rapid exit approach for the much larger group of families that do not need more than short- or long-term rental assistance.

The approach follows from the reality that it is very difficult to predict from characteristics on entry who will succeed in achieving housing stability and who will fail, so it makes some sense to treat everyone as if they need permanent housing with supports and provide the services that will let some people move on to greater independence, rather than setting up the system so people have to fail before moving into situations with more intense supports. And if it is difficult to predict success and failure, no one has even tried to predict how long it will take to reach either of those states. But the programs surveyed by Burt (2006) indicate that the average length of stay in family transitional housing programs is about 12 months. Further, lengths of stay reported to HUD in annual performance reports for permanent supportive housing programs are not much longer—about 18 months, on average. In terms of leavers, a recent study in Philadelphia (Wong et al. 2006) found that about one-third left for good reasons (better housing situations), while about two-thirds went to less adequate housing or other situations. So in reality, there may not be that much difference between transitional and permanent supportive housing programs anyway. Why not capitalize on that reality to include more of the hardest-to-serve families in a blended supportive housing model?

Key elements of the concept include the following:

1. No time limits would be imposed, making the new model similar to current versions of permanent supportive housing.
2. Eligibility for the alternative program would be limited to families in which the parent has multiple barriers to obtaining and retaining

housing, including several evictions, felony arrests, a poor work history or none at all, serious mental illness, substance abuse problems, physical disabilities, HIV/AIDS, victimization by domestic violence, children with major disabilities, and other similar factors.

3. Like the low-barrier-entry expectations for housing first approaches with chronically homeless single adults, sobriety and medication-controlled mental illness would not be required for entry.
4. Voluntary but intensive services would be provided, similar to existing approaches to permanent supportive housing that rely on assertive community treatment teams or the type of intensive place-based services described in Nolan et al. (2005) and Philliber Research Associates (2006). Employment and parenting supports would be important parts of the mix (about one-third of the parents in San Francisco's family permanent supportive housing programs work, aided by child care and other supports provided by the program). Services would be oriented toward helping families "to enable them to live as independently as possible," the stated goal of the Stewart B. McKinney Act of 1987 for permanent supportive housing programs (P. L. 100-77, Subtitle C, §421). In the process of ensuring that families remain stable in their housing, service teams would inevitably help parents address conditions that could threaten tenancy. If the rent is always behind because money is being used for drugs or alcohol or if children's safety is threatened by addictive behavior, then sobriety becomes an issue to work on for the purpose of ensuring continued tenancy. "Housing first" does not mean letting tenants do whatever they want with no expectation of change. Rather, housing first accepts people where they are, but if their behavior threatens continued tenancy, then service workers help them change in ways that reduce that threat. Research is beginning to show significantly lower rates of substance abuse for single adults once they move into permanent supportive housing (Cheng et al. 2007). The same could be expected for families.

In short, I am suggesting that we eliminate the transitional housing and permanent supportive housing categories and adopt a blend that we call simply "supportive housing." After a triage process to select the families least likely to stabilize their housing situation on their own, it would take families where they are, without requiring the parent to be clean and sober or to sign on to a commitment to improve. It would offer structured services designed to help families stabilize in housing and, if they are able, move into housing independent of services.

System change and political will

One implication of the strategy suggested by Culhane et al. is that communities would need to exercise serious control over entry into the homeless assistance network and would have to convince local providers to accept new and more stringent criteria for assigning families to diversion or temporary emergency assistance or for channeling only the families with the greatest barriers to housing into transitional and permanent supportive housing programs. This level of control is quite rare. In fact, the four communities involved in the analyses reported by Culhane et al. are among the only ones in the country that have this level of control and that are likely to be able to establish such a systematic shift in the criteria for entry into programs of different intensity and duration. Even Minnesota's Hennepin County, which exercises very strict control over prevention and emergency shelter entry, does not control entry into most of the county's transitional housing for families and has not been able to convince providers to adopt centralized or stricter criteria for entry.

Another implication is that current programs would either close and be replaced by programs designed to serve families with many barriers to housing or else would need significant levels of reorientation and staff training to learn the skills and attitudes that work with that more troubled population. And changes in attitude are at least as important as acquiring new skills.

But the most important implication of Culhane et al.'s proposed solution is that it relies on the same public agencies that have consistently failed this population for many years. Those agencies would need to change their ways and would also need to learn to work together and with the gatekeepers of the homeless assistance network. They would have to commit resources to and reach out to the people who are their own special responsibility, those whom they have tended to see as the least worthy of attention and the most difficult to serve, rather than staying in their offices and waiting for those needing help to make appointments. None of the relevant agencies have enough resources as it is. With the exception of corrections, they are the agencies whose budgets governors and legislatures most frequently target for cuts. At present, they do not consider housing to be their responsibility, even when their clients are losing it. The clinical agencies usually do not see housing as a clinical issue, although some of the most progressive of them, such as the Massachusetts Department of Mental Health, have been making that case to their own staff for more than a decade.

System change is hard work. I have spent many years studying efforts to change systems as diverse as welfare, assistance to women victims of violence, and services to high-risk youth and the homeless population. On the

homeless side, recent research (Burt and Anderson 2006) and integrated review (Burt and Spellman 2007) document the difficulties, the factors contributing to success, and the rewards of trying to change how public agencies and private providers of homeless services work. Change is difficult and spotty even with a goal such as ending chronic homelessness, which has a reasonably identifiable, finite, and relatively small population; a technology known to work (permanent supportive housing); demonstrated favorable cost impacts; pressure and resources from the federal level; and clear, desirable consequences, including some that are of concern to the general public (seeing fewer homeless people on the streets).

It is hard to imagine how much more difficult it would be to mold a new structure that could be effective in reducing family homelessness, and it is also hard to imagine a solution that would *not* look a lot like trying to end, with a rent subsidy, at least the housing consequences of extreme poverty for families perceptive enough to approach the new system. I would applaud any community's efforts in this direction, such as what the Massachusetts Department of Transitional Assistance is poised to do for welfare recipients facing a housing crisis. Public Policy Institute of California researchers who simulated the impacts of several different policy options on homelessness rates in California counties showed a few years ago that a housing subsidy is the mechanism likely to have the greatest impact on reducing homelessness (Quigley, Raphael, and Smolensky 2001). But I believe the going will be rough for most communities and that the resources needed for the subsidies alone will be significantly more than Culhane et al. anticipate. Further, political will, political and administrative leadership, and the commitment of someone with the appropriate skills to function as a full-time coordinator of system change will be essential if a community is to have any success in remolding its approach to helping homeless families or preventing very vulnerable families from becoming homeless in the first place. Putting this package together will be a serious challenge for most communities.

Conclusion

Culhane et al. propose a reorganization of homeless assistance that would essentially eliminate transitional housing as it is currently practiced and redistribute the resources to provide prevention/diversion/rapid exit from shelter services for most families and more intensive housing plus supports for the small group of families experiencing repeated homelessness. This solution relies on a level of housing subsidies that I think is unlikely to materialize. It also relies on the commitment and systematic reorganization

of public systems that have repeatedly failed the neediest group of families for many years. I have a hard time believing that this is going to happen in most communities in this country. I believe that transitional housing models are useful for some groups of homeless families, but also suggest that we might move to a model that blends elements of transitional and permanent supportive housing and sets up structures to ensure that the hardest-to-serve families are included.

Author

Martha R. Burt is a Principal Research Associate at The Urban Institute.

References

Bassuk, Ellen L., Nicholas Huntington, Cheryl H. Amey, and Kim Lampereur. 2006. *Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes*. Oakland, CA: Corporation for Supportive Housing. World Wide Web page <<http://www.csh.org>> (accessed February 22, 2007).

Burt, Martha R. 2006. *Characteristics of Transitional Housing for Homeless Families*. Washington, DC: Urban Institute. World Wide Web page <<http://www.urban.org/url.cfm?ID=411369>> (accessed February 22, 2007).

Burt, Martha R., and Jacquelyn Anderson. 2006. *Taking Health Care Home: Impact of System Change Efforts at the Two-Year Mark*. Oakland, CA: Corporation for Supportive Housing. World Wide Web page <<http://www.csh.org>> (accessed February 22, 2007).

Burt, Martha R., and Brooke E. Spellman. 2007. Changing Homeless and Mainstream Service Systems: Essential Approaches to Ending Homelessness. Paper presented at the 2nd National Symposium on Homelessness Research, March 1–2, 2007. Washington, DC.

Cheng, An-Lin, Haiqun Lin, Wesley Kaspro, and Robert A. Rosenheck. 2007. Impact of Supported Housing on Clinical Outcomes: Analysis of a Randomized Trial Using Multiple Imputation Technique. *Journal of Nervous and Mental Disease*, forthcoming.

Nolan, Clare, Cathy ten Broeke, Michelle Magee, and Martha R. Burt. 2005. *The Family Permanent Supportive Housing Initiative: Family History and Experiences in Supportive Housing*. Washington, DC: Urban Institute. World Wide Web page <<http://www.urban.org/url.cfm?ID=411220>> (accessed February 22, 2007).

Philliber Research Associates. 2006. *Supportive Housing for Families Evaluation: Accomplishments and Lessons Learned*. Oakland, CA: Corporation for Supportive Housing. World Wide Web page <<http://www.csh.org>> (accessed February 22, 2007).

Quigley, John M., Steven Raphael, and Eugene Smolensky. 2001. *The Links between Income Inequality, Housing Markets, and Homelessness in California*. Berkeley, CA: Public Policy Institute of California. World Wide Web page <<http://www.cipp.org>> (accessed February 22, 2007).

Shinn, Marybeth, Jim Baumohl, and Kim Hopper. 2001. The Prevention of Homelessness Revisited. *Analyses of Social Issues and Public Policy* 1:95–127.

Shinn, Marybeth, Beth C. Weitzman, Daniela Stojanovic, James R. Knickman, Lucila Jimenez, Lisa Duchon, Susan James, and David H. Krantz. 1998. Predictors of Homelessness among Families in New York City: From Shelter Request to Housing Stability. *American Journal of Public Health* 88(10):1651–57.

Wong, Yin-Ling I., Trevor R. Hadley, Dennis P. Culhane, Steve R. Poulin, Morris R. Davis, Brian A. Cirksey, and James L. Brown. 2006. *Predicting Staying in or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness*. Washington, DC: U.S. Department of Housing and Urban Development. World Wide Web page <<http://www.huduser.org/publications/homeless/permhsgstudy.html>> (accessed February 22, 2007).

