SEPTEMBER 2023

Permanent Supportive Housing Research Study

ihcda

Indiana Housing & Community Development Authority

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Executive Summary

Purpose and Context

The Indiana Housing and Community Development Authority (IHCDA) believes that all Hoosiers should have the opportunity to live in safe, affordable, good-quality housing in economically stable communities. At the heart of this commitment lies the pursuit of Permanent Supportive Housing (PSH), an innovative intervention model that channels resources towards addressing the unique needs of Indiana's most vulnerable populations. By integrating housing solutions with comprehensive wraparound services, IHCDA seeks to empower individuals in need, enabling them to attain the stability of long-term housing security.

PSH plays a pivotal role in the effort to meet the pressing needs of Indiana's most vulnerable members, such as those experiencing homelessness, chronic health issues, or multifaceted challenges. In recognizing the importance of this endeavor, IHCDA has embarked on a partnership with TPMA. This collaboration aims to understand and enhance the effectiveness of existing PSH initiatives and build upon IHCDA's track record of delivering exceptional services to all segments of Indiana's diverse population.

The core objective of this study was to examine the impact of IHCDA-funded PSH housing projects, **particularly their ability to serve individuals experiencing homelessness prior to their admission**. Additionally, this study examined the provision of essential supportive services that are vital for ensuring the long-term housing stability of these households. This assessment, achieved through extensive stakeholder engagement and in-depth analysis of Homeless Management Information System (HMIS) outcome data, has unearthed valuable insights. It has illuminated both the strengths of IHCDA's PSH system and areas where existing policies and initiatives may require refinement to keep pace with the evolving needs of Indiana's PSH tenants. This research was designed to understand the overarching framework of IHCDA's PSH projects, not to evaluate the performance of front-line staff, PSH developments, or anyone involved in the PSH system. Armed with these actionable insights, IHCDA is primed to make informed strategic decisions and spearhead the elevation of supportive housing services across the state, ensuring that our commitment to the well-being of vulnerable populations remains unwavering and dynamic.

Scope

After completing an initial data review of IHCDA programs, TPMA engaged with primary stakeholders closely tied to PSH initiatives. Focus groups with PSH service providers, property managers, and developers were prioritized to understand the perspectives of individuals who execute the day-to-day operations. A tenant survey was also distributed to gather input from PSH tenants and better understand barriers to services and services that individuals in PSH utilized most. This data helped identify vulnerabilities affecting housing stability, stay duration, and service utilization. TPMA ensured concise survey questions for higher response rates and collaborated with stakeholders to refine the survey process.

HMIS data were used to conduct various analyses, including descriptive statistics, logit analyses, and regression analyses where applicable to understand the landscape of individuals who exist within the PSH system, their length of stay within PSH, and whether or not tenants were likely to transfer to subsidized housing, unsubsidized housing, or other forms of housing.

At the conclusion of analyzing information from the focus groups, tenant survey, and HMIS data analysis, this report was drafted to inform continuous improvement efforts. This report expands upon results from stakeholder engagement and HMIS data analysis with the purpose of presenting key findings to IHCDA.

Key Findings

The following key findings were identified based on the stakeholder engagement process and HMIS data review. These findings present IHCDA with actionable strategies to improve the PSH ecosystem.

1 ALLOW DISCRETIONARY OR FLEXIBLE SPENDING OPTIONS FOR SITES

The needs of tenants at PSH sites vary greatly based on the site's location and regional factors. For example, PSH sites that serve veteran populations may have different needs than PSH sites that focus on individuals affected by substance abuse. Many focus group participants reported a need for discretionary spending to best align services with the needs of their tenants.

To better allow PSH projects to meet the immediate needs of their tenants, IHCDA can offer discretionary or flexible spending options. These funds can help with security, transportation, mental health services, and other identified needs identified by that PSH site. If this is outside IHCDA's current scope, administrative bodies and policymakers should consider allocating and/or permitting more flexible funding provisions.

2 PROVIDE LARGER BUDGETS

Stakeholders reported that IHCDA provides strong informational support to PSH developers and services providers. However, many participants reported difficulty projecting budgets as a result of unforeseen costs, in particular the need for security. Additionally, through HMIS data review, it was discovered that individuals who have multiple "diagnoses" tend to stay in PSH longer than others. These populations can benefit from additional support services to overcome barriers.

Furthermore, follow-up programs should be developed to support tenants who successfully transition out of permanent supportive housing and into housing of their own. This can help them maintain their status and help PSH sites understand which services were most helpful in their success. To better serve tenants, stakeholders recommended IHCDA provide larger budgets for necessary services to the extent possible.

3 PRIORITIZE EFFORTS TO RETAIN FRONTLINE STAFF

IHCDA provides strong training opportunities for staff, particularly via the PSH Institute, also known as "The Institute". To build upon the PSH Institute training, IHCDA can provide recurring workshops for service providers and others. Through the stakeholder engagement process, participants indicated that PSH sites experience high staff turnover, generally because of high caseloads. To mitigate this challenge IHCDA should: 1. Evaluate case manager processes to better understand where processes can be streamlined; 2. Engage in efforts to retain staff by directing resources to increase staff wages and benefits, and 3. Create more support systems for case managers and service providers to mitigate workplace stress. This would build the expertise of frontline staff, prepare them to handle the high demands of the job, and ensure effective processes are in place to support them.

4 BUILD AND STRENGTHEN CONNECTIONS ACROSS COMMUNITIES

PSH sites operate with the objective of ensuring tenants can maintain their housing. Stakeholders reported that tenant eviction is typically avoided at all costs unless tenants stop paying rent or engage in criminal behaviors such as property destruction. PSH systems, particularly multi-unit properties, can create atmospheres that reinforce negative behaviors and create obstacles for tenants who are working to overcome obstacles such as addiction and mental health challenges. Furthermore, participants requested support building and maintaining connections across the community. Many felt stronger relationships with community entities could help tenants establish themselves in communities, prevent tenant criminal activity, and connect tenants with resources needed to maintain housing. To overcome these challenges, it is recommended that PSH sites, with the support of IHCDA, work on building and strengthening connections across communities.

5 BOLSTER PROGRAMS THAT MEET THE NEEDS OF TENANTS WITH MULTIPLE DIAGNOSES

HMIS data helped examine determinants influencing housing exit outcomes for individuals in housing programs. The data examined for the purposed of this study can help IHCDA identify which factors may influence length of stay, whether an individual will remain in permanent supportive housing, and the likelihood an individual will transition into subsidized housing, non-subsidized housing, and/or both types of housing. It is worth noting that the goal of permanent supportive housing is not to transition individuals into non-subsidized housing, but rather to keep individuals housed. Furthermore, it was found that few individuals in PSH were exiting to temporary destinations such as places not meant for habitation.

Through examination of HMIS data a significant finding emerged: individuals with a greater number of "diagnoses" experience longer stays, with each additional diagnosis contributing approximately 38 additional days of enrollment. Given this information, IHCDA and PSH sites should prioritize programs that meet the needs of individuals with multiple diagnoses, given that these individuals are most likely to have the longest lengths of stay.

Methodology

The stakeholder engagement process involved capturing perspectives from various individuals involved in IHCDA's PSH system, including service providers, property managers, site developers, and tenants. This was done through focus groups and surveys to obtain a nuanced understanding of stakeholder experiences.

The focus groups were conducted with service providers, developers, and property managers, using discussion guides to outline specific questions for each group. Convenience sampling was used to select participants, and data saturation was achieved within the focus groups. At the conclusion of the focus groups, TPMA analyzed participant responses using a standardized methodology, categorizing the data, and developing themes through inductive thematic analysis. Contextual details, evidence, and examples were added to the themes, and the data were compared against the research questions and report elements.

Tenant experiences and feedback were collected through a tenant survey, distributed through PSH sites across the state. The survey consisted of closed-ended and open-ended questions and was available both online and in print form. A total of 245 tenants responded to the survey, with the data being exported to Excel for analysis. Descriptive statistics were used to analyze the closed-ended responses.

HMIS data from the PSH projects, excluding data from Indianapolis, were analyzed to examine tenant housing outcomes. Logit analyses were conducted to predict exit destinations and assess the impact of demographic and historical factors on tenant outcomes. Full models were constructed including statistically significant factors, and odds ratios were calculated to measure the impact of specific conditions/factors on target outcomes. Additionally, a simple regression analysis was conducted to determine the relationship between explanatory factors and the length of stay in PSH.

These methods allowed TPMA to gather comprehensive data and insights from stakeholders and tenants, contributing to a thorough evaluation of IHCDA's PSH system.

Limitations

Based on the activities carried out to execute this report, it is worth noting several limitations. Because focus groups and surveys are reflective of an individual's experience within the PSH system, response bias and recall bias may exist, potentially affecting the accuracy of participant responses. Additionally, although the tenant survey received ample responses, the sample of tenants who participated in the survey may not fully represent the diversity within the low-income housing population. Furthermore, HMIS data is completed by tenants themselves, meaning this information may also exhibit response bias or recall bias, affecting the accuracy of responses.

Despite these limitations, this research provides valuable insights into PSH staff and tenant experiences and serves as a foundation for further growth and impact of programs.

Introduction

Through partnerships with developers, lenders, investors, and nonprofit organizations, the Indiana Housing and Community Development Authority (IHCDA) strives to support housing development projects and other housing services that serve low- and moderate-income Hoosiers. Permanent Supportive Housing (PSH) is an intervention that leverages resources to support the needs of Indiana's most vulnerable populations. IHCDA utilizes the PSH model to connect housing and wraparound services for vulnerable populations to help these individuals achieve long-term stable housing.

Supportive housing plays a critical role in addressing the needs of vulnerable populations, including individuals experiencing homelessness, chronic health conditions, or other complex challenges. As such, it is imperative to continually evaluate and improve the effectiveness of supportive housing initiatives. IHCDA partnered with TPMA to evaluate its existing PSH initiatives, with a desire to build upon its track record of providing exceptional services to all populations that it serves. **The goal of this study was to determine if IHCDA-funded PSH projects that support individuals, specifically those experiencing homelessness prior to their admission, are serving the most vulnerable households in their communities and if the necessary and appropriate supportive services are in place to meet the long-term housing stability needs of those households**.

Through an in-depth stakeholder engagement process and analysis of HMIS data, this study identified strengths and potential opportunities for improvement within IHCDA's supportive housing system, including areas where the existing policies and initiatives may fall short in meeting the diverse and evolving needs of Indiana PSH tenants. The focus of this study was not to evaluate the performance of individual PSH properties, but rather to gain a holistic understanding of how well IHCDA's current initiatives are meeting the statewide supportive housing needs. By focusing on the broader framework of IHCDA's PSH projects, the study provides IHCDA with actionable insights that can inform strategic decision-making and facilitate the enhancement of supportive housing services across the state.

Methods

This research employed a mixed methods approach to address the key questions, in which multiple types of qualitative and quantitative data were collected, analyzed, and synthesized. Mixed methods approaches increase design rigor, address the weaknesses in an exclusively quantitative design, and act as a triangulation technique to increase the validity of research findings. Qualitative data is combined with quantitative data to better understand implementation of programs, including strengths and challenges, and to draw conclusions about specific factors that may have acted as accelerators or barriers to achieving desired outcomes. Data collection included stakeholder engagement though focus groups with PSH staff and a tenant survey, and existing housing outcome data from the HMIS database.

Stakeholder Engagement

The purpose of the stakeholder engagement process was to capture perspectives from individuals who interact with IHCDA's PSH system, including service providers, property managers, site developers, and tenants. Engaging stakeholders is significant as it ensures that the knowledge and insights of individuals directly involved in various aspects of the PSH system are incorporated in decision-making processes. By capturing these diverse perspectives through focus groups and surveys, a nuanced understanding of stakeholder experiences was obtained which can help IHCDA better understand strengths and challenges across the system. Stakeholder engagement can also foster ownership and empowerment of initiatives because input comes directly from the source. This approach promotes transparency, trust, and collaboration, creating an environment where stakeholders feel invested in the outcomes and actively contribute to the decision-making process. Details regarding the methods used for the focus groups and survey are provided below.

FOCUS GROUP METHODS

Focus groups with PSH service providers, site developers, and property managers were conducted to capture insights and experiences unique to individuals closely associated with the PSH system and to identify growth opportunities for services. Discussion guides were developed prior to the focus groups, outlining specific questions for each stakeholder group[1]. Questions were developed to avoid "leading" or providing any indication that TPMA holds a certain hypothesis around anticipated responses. These guides also contained potential follow-up questions, and the project team continued to probe until reaching data saturation within the focus group (when participants are not putting forth any new ideas, concepts, or themes in response to follow-up questions).

Participants for the focus groups were identified through convenience sampling and grouped according to their roles (Service Providers, Property Managers, and Developers). Four focus groups were conducted with Service Providers, one focus group with Developers, and one focus group with Property Managers. A total of 25 individuals participated in the focus groups.

Following the focus groups, responses were reviewed and analyzed the resulting data according to a standardized methodology. Responses were categorized and themes were developed through a general inductive thematic approach[2]. Contextual details, evidence, and examples were added after themes were developed. The data were then compared against the research questions and report elements. This approach is useful in drawing clear links between research questions or objectives and data collection results, and because it provides a theoretical foundation for subjective meaning to be interpreted and extrapolated from discourse. Emerging themes were developed according to the analytical framework.

TENANT SURVEY METHODS

Tenant experiences and feedback were collected through a survey. The survey was disseminated to PSH sites across the state and site managers were asked to work with frontline staff members in distributing the survey to tenants. Both online surveys and print surveys were used to increase response rates and provide accommodation for tenants who may have limited familiarity with online tools. The online survey link and printable form were provided to PSH staff, who were instructed to distribute the survey in the best method for their tenants. Written survey responses were manually entered into the electronic response system to analyze the data. The survey consisted of both closed-ended (multiple choice or multiple selection) and open-ended questions. The survey remained open for twenty days.

A total of 245 tenants responded to the survey, though not all respondents chose to answer every question available to them. Once the survey was closed, the data were exported from the survey tool into Excel for analysis. The data were cleaned and prepped for analysis. For closed-ended responses, TPMA used descriptive statistics, including frequencies (i.e., a count of responses), percentages, and means. Descriptive statistics provided a method for examining the range and level of tenant responses and allowed for a broad understanding of the tenant feedback[3].

1 Focus Group Question Guides are provided in Appendix A.

2 Thomas, D.R. (2006). A general inductive approach for analyzing qualitative evaluation data. American Journal of Evaluation, 27, 237-245.

3 Full results of the survey are provided in Appendix B.

HMIS Analysis Methods

For the purposes of this report, IHCDA provided HMIS data for analysis. The data utilized focused specifically on individuals experiencing homelessness prior to entering the PSH system and excluded individuals who reside in Indianapolis. This data were used to examine tenant housing outcomes, including whether individuals with certain vulnerabilities (e.g., disability, mental illness, or substance use disorder) or individuals from specific demographic groups achieve different outcomes. 2,794 unique individuals were included in the analysis.

In order to assess rates of permanency and the potential impact of demographic, diagnostic, and historical living factors on the outcomes for tenants, TPMA completed a series of logit analyses to predict exit destinations (i.e., whether tenants remain in the PSH unit and what type of housing they subsequently enter if they leave the PSH unit)[4]. After these initial analyses, full models that included each statistically significant factor from the initial analyses were constructed, stacking the strongest factors against each other to ensure the absence of muddled causation. Following this, to calculate the impact of a given condition/factor on target outcome, the odds-ratio (calculated as part of the logit analyses) was applied to the base odds of the target outcome, multiplied, and reported as the new odds for that condition/factor. Additionally, TPMA ran a simple regression analysis to gauge the relationship between the explanatory factors and overall length of stay in PSH, measured in days.

4 Summary tables in Appendix C provide full results of the series of models constructed.

Stakeholder Engagement Findings

Several key findings were identified based on the stakeholder feedback collected through the PSH site team focus groups and the tenant survey, summarized in the table below. These findings fell under four categories: PSH Support Services, Staffing and Training, Housing Administration, and PSH Tenant Outcomes. The results have been structured in the table below for easier comprehension of the information. Subsequent sections provide additional context on the findings.

PSH SUPPORT SERVICES

- Tenants are familiar with their case managers and most meet on a weekly basis.
- Tenants' utilization of discretionary services varies across PSH sites but is generally low.
- Food, mental health, transportation, and substance use services are the most used and most needed services.
- Transportation, limited availability, and lack of awareness are the greatest barriers to accessing services.
- Timing of mental health and substance use intervention is critical but hampered by limited availability of these services.
- Securing sufficient and sustainable funding for support services presents challenges for PSH teams.

STAFFING & TRAINING

- High caseloads create barriers to efficient and comprehensive service provision and contribute to staff turnover.
- IHCDA's PSH Institute is seen as a valuable resource for PSH teams.
- Staff turnover presents challenges for consistent training.
- Nontraditional skills are needed for PSH property management.
- Staff identified a need for training around team dynamics.

HOUSING ADMINISTRATION

- Unanticipated costs for security and maintenance often exceed estimates in pro-forma financial statements.
- Integrated, scattered site, and 100% PSH projects present their own unique strengths and challenges.
- Direct ownership of the property by the PSH team reduces barriers to housing retention.
- Increasing engagement and building understanding of PSH in the community would strengthen PSH initiatives.
- IHCDA programming has provided critical guidance to PSH developers.

PSH TENANT OUTCOMES

- Housing retention is the primary outcome goal for site staff.
- PSH site staff avoid evictions whenever possible to prioritize housing stability.
- Secondary outcomes of PSH may include improved health, achievement of personal and career goals, and greater community integration.
- Substance use and mental health disorders may exacerbate patterns of isolation and PSH environments can challenge tenants pursuing sobriety.
- Site staff reported varying levels of contact with tenants pre- and post-residency.

PSH Support Services

TENANTS ARE FAMILIAR WITH THEIR CASE MANAGERS AND MOST MEET ON A WEEKLY BASIS

Many tenants reported in the survey that they know when their case managers are available (85.0%) and that they know how to contact their case manager (93.2%). Additionally, most tenants reported meeting with their case manager once a week (20.9%) or more than once a week (34.7%). In open-ended questions, multiple tenants highlighted their satisfaction with their case manager and other PSH staff, describing them as knowledgeable, compassionate, helpful, and noting that they are readily available to address tenant needs.

Still, 15.0% of tenants reported they do not know when their case managers are available and 6.8% of tenants did not know how to get in contact with their case manager. Two tenants responded in open-ended questions that they did not believe they had a case manager. These statistics represent an opportunity for PSH sites to continue to educate tenants on the availability of their case managers and how to connect with them.

TENANTS' UTILIZATION OF DISCRETIONARY SERVICES VARIES ACROSS PSH SITES BUT IS GENERALLY LOW

Focus group participants shared that attendance and participation in discretionary services (other than case management, which most tenants participate in) is often low, although estimated participation rates varied site-to-site. Several participants estimated that 50% of tenants engage in discretionary services, while other participants estimated as low as 30% engagement. The highest estimated engagement was observed at PSH developments for veterans, where a participant speculated that the veteran population is accustomed to the structure and community that exists in the armed forces. Focus group participants shared that they appreciated the discretionary nature of these services in the PSH model as an important component of encouraging independence and autonomy, while simultaneously encouraging participation as a way to build competency and social capital.

FOOD, MENTAL HEALTH, TRANSPORTATION, AND SUBSTANCE USE SERVICES ARE THE MOST USED AND MOST NEEDED SERVICES

According to respondents to the PSH tenant survey, the most common services they used included food services (19.6% of respondents), followed by mental health services (15.1%), transportation (15.0%), and substance use services (10.6%). Other notable services include housing search, chronic health services, and veteran services. Tenants reported that the services they thought would be most helpful to their household were food services (19.5%), mental health (15.2%), and transportation (14.9%). Other high priority services, those that reached 6% response rate or greater, include substance use services, senior age support services, chronic health services, employment assistance services, and housing search services.

PSH staff who participated in focus groups reported that services that involved transportation as well as services with an incentive or immediate benefit were typically well attended. Examples included trips to the grocery store or food pantry with direct transportation included, or classes where participants may be provided with tools in addition to education (e.g., apartment maintenance classes where cleaning supplies are provided, cooking classes where food or tools are provided, etc.).

TRANSPORTATION, LIMITED AVAILABILITY, AND LACK OF AWARENESS ARE THE GREATEST BARRIERS TO ACCESSING SERVICES

The top barrier to services reported by tenant survey respondents was transportation (34.0% of respondents). This was followed by a lack of time or availability to meet (17.9%), and the tenant being unaware of the services available to them (17.5%). Other notable barriers include access to technology and inability to prioritize attending services due to other obligations.

Site staff shared that PSH tenants often struggle to keep appointments or complete paperwork necessary to access services and speculated that this may be due to the fast-paced, day-by-day lifestyle that they experienced prior to accessing stable housing. Assistance with completing paperwork was discussed as a common request of case managers and the frequent missing of appointments was discussed as a challenge for service provision, especially in instances when a service may have a long waitlist.

TIMING OF MENTAL HEALTH AND SUBSTANCE USE INTERVENTION IS CRITICAL BUT HAMPERED BY LIMITED AVAILABILITY OF THESE SERVICES

Focus group participants discussed a desire for more immediate access to mental health and substance use services. They conveyed that there are often waiting lists or strict schedules to be able to access these services, but often there is a limited window when a tenant may be willing to receive help for an ongoing mental health challenge or addiction. Site staff worried that they may miss a critical window in a tenant's willingness to engage with services and pursue recovery. For this reason, focus group participants identified on-site mental health services as a key potential use for discretionary funds, and also noted that mental health professionals of similar racial and ethnic backgrounds to the PSH tenants, with training specific to the PSH population, could be a critical component of trust-building between mental health professionals and tenants.

SECURING SUFFICIENT AND SUSTAINABLE FUNDING FOR SUPPORT SERVICES PRESENTS CHALLENGES FOR PSH TEAMS

PSH site owners and developers shared that a site's operating budget is rarely sufficient to fully fund service provision, and sites rely largely on reserve funding to facilitate service provision. Additionally, some sites rely on grants to supplement service provision. Some focus group participants noted that the per-unit limit related to funding availability for services is too small to meet most tenants' needs and requests. This refers to the $5,500 per unit tax credit stipulation. Focus group participants reported that resources for support services are critical to fulfilling the mission of PSH projects and shared that they have sought creative ways to fill the gaps.

Staffing & Training

HIGH CASELOADS CREATE BARRIERS TO EFFICIENT AND COMPREHENSIVE SERVICE PROVISION AND CONTRIBUTE TO STAFF TURNOVER

Focus group participants reported that high caseloads among site staff impacted staff ability to provide services efficiently and comprehensively to tenants. High caseloads were discussed as a hinderance to their ability to provide the level of support that some tenants need, as staff attention is divided across a large number of tenants rather than focused on a small group. Similarly, in the tenant survey, several respondents also noted the need for more case managers. One tenant suggested having a case manager or services available during 3rd shift.

High caseloads were also discussed by focus group participants as contributing to high rates of turnover among site staff, combined with a lack of competitive pay and a high-stress environment that is likely to exist in PSH roles. Property managers believed that the high caseloads they are assigned may fail to incentivize those in their roles from pursuing tenant housing retention, may limit their ability to pursue additional training resources and opportunities, and may foster a reactive rather than proactive approach to property management. Property managers reported that low staff retention threatened staff presence and capacity on site.

IHCDA'S PSH INSTITUTE IS SEEN AS A VALUABLE RESOURCE FOR PSH TEAMS

Focus group participants who had attended IHCDA's PSH Institute spoke of it as a valuable resource for familiarizing teams with PSH concepts and functions and preparing staff for development and operation of a PSH project. The Institute was especially praised for its flexibility and responsiveness, with participants stating that it had improved immensely over the years and had continuously evolved to better reflect the needs of PSH teams.

STAFF TURNOVER PRESENTS CHALLENGES FOR CONSISTENT TRAINING

Despite the resounding celebration of IHCDA's PSH Institute, focus group participants pointed out that PSH teams often participate in the Institute years before a project is operational. With on-site positions disproportionately impacted by turnover, on-site staff often have not had the benefit of attending the Institute when they begin their roles. Participants felt that those in roles impacted by turnover would benefit from additional training before assuming a position at a PSH site and suggested that training resources be made available closer to a project's opening date.

NONTRADITIONAL SKILLS ARE NEEDED FOR PSH PROPERTY MANAGEMENT

Property managers shared that the skills and demands of their day-to-day work differ from traditional property management and may require a unique skillset and demeanor. They suggested that a successful PSH property manager or case manager must be deeply empathetic and non-prescriptive, with a comprehensive knowledge of community resources and supports. They also suggested that those in property management or case management roles must have high emotional acuity, be mission driven, strengths based, tolerant, and flexible to a greater degree than staff in similar roles in a non-PSH environment.

STAFF IDENTIFIED A NEED FOR TRAINING AROUND TEAM DYNAMICS

PSH site owners and developers reported that they had experienced unanticipated challenges related to team dynamics and wished that their preparation for implementing a PSH project had included more information on addressing challenges between team members. Most notably, one participant shared that a major conflict between the site's architect and construction team seriously threatened the project and left leadership shocked and unsure how to proceed. Additionally, participants shared that conflicts among site staff may occur, and identifying the right team members and ensuring appropriate training and channels of communication can help to mitigate these challenges.

Housing Administration

UNANTICIPATED COSTS FOR SECURITY AND MAINTENANCE OFTEN EXCEED ESTIMATES IN PRO-FORMA FINANCIAL STATEMENTS

Focus group participants shared that, while they were able to access support while planning for their PSH development, the expenses projected in their pro-forma financial statements seldom align with actual expenses, and unforeseen expenses have often threatened the financial plans that a site relies on. Participants suggested that the cost of security and maintenance, along with the cost of service provision, have been greater than anticipated and should be allocated more resources in future PSH developments.

Participants shared that security and maintenance costs at PSH sites have been higher than initially anticipated. The need for security emerged during multiple conversations and was discussed across all stakeholder groups, with participants conveying that the need for security arose after dangerous or potentially threatening events occurred at PSH sites. Several respondents to the tenant survey also noted the need for additional security. It is worth noting that tenants were not asked about security. Three individuals referenced this in their open response prompt. Furthermore, no groups that were engaged throughout this process indicated that support for security was not needed.

PSH site staff also reported that maintenance costs exceeded initial projections, as property damage occurred more frequently than anticipated. Anecdotally, focus group participants shared that those dealing with addictions or severe mental health challenges frequently experience discomfort in enclosed spaces and may remove doors or walls in order to feel secure. This may be considered in future building design.

INTEGRATED, SCATTERED SITE, AND 100% PSH PROJECTS PRESENT THEIR OWN UNIQUE STRENGTHS AND CHALLENGES

Focus group participants discussed the benefits and challenges associated with integrated, scattered site, or 100% PSH developments. These findings may inform the populations or individuals best suited to different types of PSH developments.

PSH site owners and developers reported apprehensions surrounding integrated PSH developments including ensuring access to support services for PSH tenants, challenges for marketing non-PSH units, and disturbances caused by PSH tenants. However, they shared that these concerns had not materialized in a serious way and their concerns were mostly speculative. They mentioned that in the future, tenants with lower service needs may be directed to integrated units and reflected that the integrated housing environment might support community integration for PSH tenants.

Challenges associated with scattered site PSH developments included ensuring access to services, and property managers shared that they were more likely to struggle in negotiations with landlords at scattered site developments, where owners may be less familiar with the tenants and principles of PSH. Benefits to scattered site developments may include an environment more conducive to recovery from substance use as tenants may have enhanced ability to spend time away from individuals who are actively using substances.

At 100% PSH developments, focus group participants noted that there is improved access to services and resources, as well as a communal atmosphere that encourages engagement and integration. However, participants noted that the environment can be challenging for those recovering from substance use disorders, as they are more likely to be exposed to others who are using substances in proximity.

DIRECT OWNERSHIP OF THE PROPERTY BY THE PSH TEAM REDUCES BARRIERS TO HOUSING RETENTION

Because of the high frequency of property damage and other lease violations at PSH sites, property managers suggested that ownership of the property by a member of the PSH team reduces barriers to housing retention because site staff have greater flexibility to resolve lease violations. Property managers shared that much of their daily work is focused on resolving lease violations, but the extent to which property management can be tolerant of property damage depends on who owns the property. In the case that the property is owned by a separate entity, property managers felt that some challenges may be mitigated through better relationships with or increased buy-in from landlords.

INCREASING ENGAGEMENT AND BUILDING UNDERSTANDING OF PSH IN THE COMMUNITY WOULD STRENGTHEN PSH INITIATIVES

PSH site owners and developers who participated in the focus group shared that combatting public perception and stigma related to PSH developments has been a challenge. Participants suggested that a public information campaign to help inform the public about the mission of PSH may help to encourage engagement and community integration among tenants.

IHCDA PROGRAMMING HAS PROVIDED CRITICAL GUIDANCE TO PSH DEVELOPERS

PSH site owners and developers shared that they had entered the PSH landscape based on personal alignment with or interest in the mission of the model, but that they had limited prior understanding of the PSH landscape or the process. For this reason, participants shared that IHCDA's programming was critical in assisting with the development of their PSH projects. Participants also felt that IHCDA's programming helped to elevate the capacity of PSH developers statewide and expanded knowledge of harm reduction principles as they relate to housing. Participants remarked that in recent years, the capacity of teams and staff at IHCDA's PSH Institute appeared to increase markedly.

PSH Tenant Outcomes

HOUSING RETENTION IS THE PRIMARY OUTCOME GOAL FOR SITE STAFF

When asked about important outcomes for tenants in PSH developments, participants across focus groups shared that housing retention comes first. Site staff conveyed that due to the variety of needs, abilities, and backgrounds of tenants and availability of resources at PSH sites, to expect outcomes beyond housing retention would not be realistic across the board, and existing capacity is often spent responding to crises that may threaten a tenant's housing security. Participants suggested that for some tenants, a willingness to engage with their community and pursue personal goals may come after years of residence in PSH, when a tenant can rely on the stability of their day-to-day life.

PSH SITE STAFF AVOID EVICTIONS WHENEVER POSSIBLE TO PRIORITIZE HOUSING STABILITY

Focus group participants across stakeholder groups shared that, as stable housing is the primary mission of PSH, evictions are largely avoided, and behaviors that may traditionally lead to eviction are likely to be resolved with assistance from case management and property management. While most participants could identify only 0-2 evictions at their sites, behaviors that have led or may lead to eviction included violent behavior (e.g., domestic violence, seriously threatening staff or tenants, discharging a gun), nonpayment for an extended period of time, and sex work.

Although nonpayment was identified as a behavior that may result in eviction, participants shared that the nonpayment would have to occur over a very extended period of time to result in eviction. First steps in response to nonpayment always included checking in with a tenant and developing a plan to ensure that the tenant was able to make reasonable payments and support other needs. Additionally, focus group participants shared that a tenant may need to leave PSH if they experience severe mental illness and require a more intensive supportive environment than PSH can provide.

SECONDARY OUTCOMES OF PSH MAY INCLUDE IMPROVED HEALTH, ACHIEVEMENT OF PERSONAL AND CAREER GOALS, AND GREATER COMMUNITY INTEGRATION

While site staff conveyed that their primary goal was to ensure that tenants retained housing, they discussed a number of secondary outcomes that may occur as the result of access to stable housing. Some outcomes were related to health, such as accessing medical care and escaping physically dangerous situations. Some outcomes were related to personal goals and advancement, such as obtaining a GED, finding employment, or achieving greater financial stability. Other possible outcomes included community engagement and integration. For example, focus group participants described an increased ability to build relationships, rely on others, and advocate for themselves among some PSH tenants as a result of housing access and stability.

SUBSTANCE USE AND MENTAL HEALTH DISORDERS MAY EXACERBATE PATTERNS OF ISOLATION AND PSH ENVIRONMENTS CAN CHALLENGE TENANTS PURSUING SOBRIETY

Focus group participants reported that substance use disorders and mental health challenges can limit service participation and community engagement and may exacerbate patterns of isolation. Participants suggested that those dealing with these disorders may experience shame related to their past behaviors, feel misunderstood, resist asking for help, or be physically unable to engage socially for an extended period of time. Because the visible symptoms of substance use disorders and mental health disorders often result in marginalization, those who are affected may self-isolate, exacerbating patterns that allow the symptoms to persist. Tenants echoed these sentiments in the survey. Of the 928 selections in the tenant survey, individuals who responded to the question, "What services would be helpful to you and your household?", 111 (11.96%) elevated mental health services and 53 (5.71%) elevated substance use services[5].

While understanding and respecting the principles of housing first and harm reduction, focus group participants also suggested that some PSH environments, particularly 100% PSH developments, may be challenging for those pursuing sobriety or recovering from substance use disorders due to the increased likelihood that substances will be present at informal social gatherings. For this reason, focus group participants speculated that scattered site living may be best for those recovering from substance use disorders, provided they are able to access community support.

SITE STAFF REPORTED VARYING LEVELS OF CONTACT WITH TENANTS PRE- AND POST-RESIDENCY

Reported levels of contact with tenants pre- and post-residency varied based on the type of organization that the stakeholder was affiliated with. Site staff may have had contact with a tenant prior to their move-in if the organization provides case management or other services to non-tenants in the same geography, but some participants conveyed that they had no contact with tenants prior to move-in, and tenant selection was more formulaic than personal.

Most focus group participants conveyed that tenants were matched to units using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) with minimal filtering criteria based on criminal history. Some violent crimes, arson, and methamphetamine manufacturing were among the only disqualifying activities reported by participants. Some sites may have additional criteria specific to the population they intend to serve – veterans, those with disabilities, etc.

5 Tenants were able to select more than one answer for the question. Therefore, the number of "selections", 928, is higher than the number of individuals who completed the survey, 245.

Housing Outcome Data Analysis

Using HMIS housing data, TPMA conducted analyses to determine the factors that impact whether a tenant remains in PSH or exits PSH, as well as factors that influence an individual's likelihood of exiting into permanent, temporary, or institutional housing destinations. According to the Department of Housing and Urban Development's (HUD) HMIS: Data and Technical Standards Final Notice[6], "An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless assistance services and stores that data in an electronic format. Because an HMIS has the capacity to integrate data from all homeless service providers in the community and to capture basic descriptive information on every person served, it is a valuable resource for communities. HMIS can be employed to: better understand the characteristics of homeless persons in the community, including their demographic characteristics, patterns of homelessness, and use of services; improve the delivery of housing and services to specific sub-populations such as veterans or persons experiencing chronic homelessness; and assess and document the community's progress in reducing homelessness."

The data used for analysis did not include all tenants who utilize PSH, only those entered into IHCDA's HMIS database for the HUD Continuum of Care (CoC) Annual Performance Report (APR) and the Consolidated Annual Performance and Evaluation Report (CAPER). Furthermore, the balance of Indiana HMIS data did not include PSH projects in Indianapolis.

Given the parameters of HMIS data, key factors under investigation included various demographics (e.g., race, gender, veteran status, etc.), certain vulnerabilities (e.g., substance use, chronic health conditions, mental health disorders, etc.), and household characteristics (e.g., presence of children, receiving benefits at entry, etc.). It is worth noting that these conditions are self-reported among PSH tenant populations. The analyses, interpreted as changes to the likelihood of a given result based on the key factors, are summarized below.

Two types of models were used to analyze the data: a logit model and a regression analysis.

A logit model, also known as logistic regression, is a statistical tool for studying connections between a yes/no or 0/1 type of result and certain factors. These factors are often things we think might affect the result. The logit model gives us results in the form of odds ratios or probabilities. This helps us understand how much each factor influences the chance of getting a particular result.

Regression analysis, on the other hand, is a statistical method for exploring and measuring relationships between one main thing we're interested in (called the dependent variable) and one or more other factors that might influence it (called independent variables). It helps us spot patterns, connections, and make predictions about the main thing we care about. After a regression analysis, we get numbers called coefficients for each independent variable. These coefficients tell us how strongly and in which direction each independent variable affects the main thing.

In both the logit model and regression analysis, factors that did not return as statistically significant were excluded from the report.

6 2004 HMIS Data and Technical Standards Final Notice, https://www.hudexchange.info/resource/1318/2004-hmis-data-and-technical-standards-final-notice/

Data Findings Summary

In the provided data analysis, several key insights were revealed regarding the outcomes of individuals in Permanent Supportive Housing (PSH). Approximately 51.14% of the individuals remained in PSH, and certain statistically significant factors were identified as likely to increase the odds of an individual staying in PSH. These factors included that an individual identifies as Hispanic/Latin, an individual has children in the household, an individual has a developmental disability, an individual has been categorized as chronically homeless, or an individual identifies as African American. Conversely, factors that are likely to decrease the odds of an individual staying in PSH are individuals with mental health disorders and individuals with chronic health conditions. These findings highlight the importance of demographic and situational variables in influencing the likelihood of individuals remaining in supportive housing.

Moreover, roughly 49.86% of individuals exited PSH, and here again, statistically significant factors emerged. Individuals with mental health disorders and individuals with chronic health conditions had increased odds of leaving PSH. In contrast, individuals with children in the household, individuals who identify as African American, individuals who identify as Hispanic/Latin, individuals with a developmental disability, and chronically homeless individuals decreased the odds of exiting PSH. These findings underscore the complexity of factors affecting transitions out of supportive housing and emphasize the significance of health-related variables. This information on individuals exiting PSH is similar to, but not the same as, the information outlined above for individuals who stay in PSH. While the demographic groups are the same, the increased or decreased odds of staying or leaving are not. Detailed statistics are provided in the Data Findings section below.

The analysis of additional data sheds light on housing transition patterns for PSH individuals, specifically those transitioning into permanent, temporary, and institutional housing. Those with children, followed by Hispanic/Latin and White individuals, are more likely to transition to permanent housing and individuals with a developmental disability or who experienced chronic homelessness are less likely. Households with children are more likely to shift to temporary housing, while Hispanic/Latin individuals and those with chronic homelessness experience reduced odds. There are no statistically significant factors for institutional housing transitions, but children in households, African American or White identity, and chronic health conditions decrease such transitions. These findings offer deeper insights into diverse housing outcomes among PSH residents.

African American tenants, as well as individuals entering the program from emergency shelters, foster care, or transitional housing, and individuals who have insurance tend to stay in programming longer. Conversely, adults without children in the household tend to have shorter stays compared to the overall average. Additional regression models explored relationships with specific diagnoses, but none were statistically significant. However, a significant finding emerged: individuals with a greater number of diagnoses experience longer stays, with each additional diagnosis contributing approximately 38 additional days of enrollment. In summary, based on the information provided, IHCDA is serving vulnerable populations that experience chronic homelessness.

Demographic Profiles

The HMIS data in this analysis consisted of 2806 individuals. Demographic descriptions of these data are provided below.

GENDER

Overall, the gender of the individuals in the HMIS data roughly reflected the demographics of Indiana as a whole. The HMIS data contained slightly more male individuals (52.6%) than female individuals[7] (47.4%), compared with nearly equal numbers for the state.

RACE & ETHNICITY

79.8% of the individuals in the HMIS data identified as White, roughly equivalent to the Indiana census data (77.2%). However, more Black or African American individuals were represented in the HMIS data (14.9%) compared with the state demographics (9.6%) and fewer Hispanic or Latino individuals were represented in the HMIS data (HMIS: 3.5%, Indiana: 8.2%).

AGE

The individuals in the HMIS data tended to be younger than the state averages. In particular, the HMIS data included a higher proportion of youth under age 16 (32.0%) than the state data (20.8%), while the HMIS data also included substantially fewer older adults over age 65 (2.5%) than the Indiana population (16.5%).

VETERAN STATUS & DISABILITY

In the HMIS data, 405 individuals (14.4%) self-reported as having veteran status, more than double the rate of veterans in the broader Indiana population (6.4%). Furthermore, over half of the individuals (57.1%) in the HMIS data reported having a disabling condition, compared with just 13.7% of the Indiana population overall.

	HMIS DATA	INDIANA*
TOTAL INDIVIDUALS	2,806	6,785,528

Gender

GENDER	HMIS DATA	INDIANA*
MALE	52.6%	49.3%
FEMALE	47.6%	50.7%

Race & Ethnicity

RACE	HMIS DATA	INDIANA*
AMERICAN INDIAN, ALASKA NATIVE	0.7%	0.4%
ASIAN OR ASIAN AMERICAN	0.1%	2.5%
BLACK, AFRICAN AMERICAN OR AFRICAN	14.9%	9.6%
NATIVE HAWAIIAN OR PACIFIC ISLANDER	0.2%	0.0%
WHITE	79.8%	77.2%
MORE THAN ONE RACE	3.9%	6.4%
UNKNOWN	0.5%	3.9%

ETHNICITY	HMIS DATA	INDIANA*
HISPANIC / LATIN(A)(O)(X)	3.5%	8.2%
NON-HISPANIC / LATIN(A)(O)(X)	96.3%	91.8%
UNKNOWN	0.2%	0.0%

Age

AGE	HMIS DATA	INDIANA*
0-15	32.0%	20.8%
16-24	9.2%	12.4%
25-34	14.9%	12.8%
35-44	14.8%	12.4%
45-54	14.9%	12.1%
55-64	11.6%	13.1%
65+	2.5%	16.5%
UNKNOWN	0.1%	0.0%

Veteran Status & Disability

VETERAN STATUS	HMIS DATA	INDIANA*
YES	14.4%	6.4%
NO	61.8%	93.6%
UNKOWN	23.7%	0.0%

DISABLING CONDITION	HMIS DATA	INDIANA*
YES	57.1%	13.7%
NO	39.8%	86.3%
UNKNOWN	3.1%	0.0%

7 This includes 1 individual who identified as transgender female.

* Indiana data were drawn from the 2020 Decinnial Census. www.data.census.gov

RELATIONSHIP TO HEAD OF HOUSEHOLD

In the HMIS data, over half of the individuals (55.9%) were identified as Head of Household in the HMIS database. Another third of the individuals were identified as children of the Head of Household (ex. "son," "daughter," or "dependent child"). Other relationships included spouse, parent, grandchild, and other family and non-family members.

RELATIONSHIP TO HEAD OF HOUSEHOLD IN HMIS DATA

HEAD OF HOUSEHOLD	1,571	56.0%
CHILD (SON, DAUGHTER, OR "DEPENDENT CHILD")	914	32.6%
PARENT	3	0.1%
SPOUSE	141	5.0%
GRANDCHILD	19	0.7%
OTHER FAMILY MEMBER	118	4.2%
OTHER NON-FAMILY MEMBER	40	1.4%
Total	**2,806**	

PRIOR RESIDENCE

A large number of the individuals in the HMIS data (802, 28.6%) did not have information regarding their prior residence, including those who left their response to the question blank, refused to answer, did not know, or otherwise did not have data collected. However, among those who did provide their prior residence, the highest responses were "emergency shelter (including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter)" (24.8%) and "place not meant for habitation" (23.5%). Other common responses included staying or living in a family member's room, apartment or house, and transitional housing for homeless persons (including homeless youth).

PRIOR RESIDENCE

UNKNOWN (EX. DATA NOT COLLECTED, CLIENT REFUSED, ETC.)	802	28.6%
EMERGENCY SHELTER, INCLUDING HOTEL OR MOTEL PAID FOR WITH EMERGENCY SHELTER VOUCHER, OR RHY-FUNDED HOST HOME SHELTER	697	24.8%
PLACE NOT MEANT FOR HABITATION	660	23.5%
STAYING OR LIVING IN A FAMILY MEMBER'S ROOM, APARTMENT OR HOUSE	177	6.3%
TRANSITIONAL HOUSING FOR HOMELESS PERSONS (INCLUDING HOMELESS YOUTH)	118	4.2%
STAYING OR LIVING IN A FRIEND'S ROOM, APARTMENT OR HOUSE	79	2.8%
PERMANENT HOUSING (OTHER THAN RRH) FOR FORMERLY HOMELESS PERSONS	59	2.1%
RENTAL BY CLIENT, NO ONGOING HOUSING SUBSIDY	59	2.1%
HOTEL OR MOTEL PAID FOR WITHOUT EMERGENCY SHELTER VOUCHER	56	2.0%
OTHER RESPONSES	99	3.5%
Total	**2,806**	

Data Findings

The following sections contain findings from the logit analysis and the regression analysis. A logit analysis is a statistical method used to analyze the influence of factors on binary outcomes, providing odds ratios or probabilities to quantify the impact of each factor on the likelihood of a specific outcome. Regression analysis is a statistical technique used to examine and quantify relationships between a dependent variable of interest and independent variables that may have an impact. This allows researchers to identify patterns, connections, and make predictions about the primary variable, with coefficients assigned to each independent variable indicating their magnitude and direction of influence. For the purposes of these sections, only statistically significant factors were reported. Statistical significance means that a result is probably not due to chance, showing that there's a meaningful relationship or difference in the data being analyzed.

LOGIT ANALYSIS

HOUSING OUTCOME: STAYING IN PSH

Table I examines the odds of an individual being a "stayer" by demographic group. In other words, it examines the odds that an individual who has been entered into the HMIS database is still housed by PSH.

Of the 2794 individuals entered into the HMIS database, 51.14% of individuals remained in PSH. Statistically significant factors that are likely to increase the odds that individual stays PSH are that an individual identifies as Hispanic/Latin, an individual has children in the household, an individual has a developmental disability, an individual has been categorized as chronically homeless, or an individual identifies as African American. Statistically significant factors that are likely to decrease the odds of an individual staying in PSH are individuals with mental health disorders and individuals with chronic health conditions. The conditions are listed from highest degree of odds increase/decrease to lowest degree of odds increase/decrease.

It is worth reiterating that the goal of PSH is not to transition individuals out of PSH, but rather to ensure that individuals remain housed. Therefore, being a "leaver" or "stayer" should not be viewed as a positive or negative statistic. Rather this information should be used to understand the makeup of individuals who tend to exit PSH or stay housed through PSH. Service providers can develop programs to help meet the needs of these specific demographic groups.

Table I: Odds of Being a "Stayer" by Demographic Group

BASE ODDS (OUT OF 100) OF BEING A "STAYER"				**51.14**
IF AN AFRICAN AMERICAN INDIVIDUAL	Then those base odds **INCREASE** by	**26.50%**	to	64.69
IF AN HISPANIC/LATIN INDIVIDUAL	Then those base odds **INCREASE** by	**83.5%**	to	93.84
IF THERE ARE CHILDREN IN THE HOUSEHOLD	Then those base odds **INCREASE** by	**75.60**	to	89.80
IF AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY	Then those base odds **INCREASE** by	**61.10%**	to	82.39
IF AN INDIVIDUAL WITH A CHRONIC HEALTH CONDITION	Then those base odds **DECREASE** by	**-28.0%**	to	36.82
IF AN INDIVIDUAL WITH A MENTAL HEALTH DISORDER	Then those base odds **DECREASE** by	**-44.0%**	to	33.75
IF A CHRONICALLY HOMELESS INDIVIDUAL	Then those base odds **INCREASE** by	**36.20%**	to	69.86

HOUSING OUTCOME: LEAVING PSH

Table II displays the outcomes of the analysis, which analyzes the odds of an individual being a "leaver" based on various factors. In other words, examining the odds that an individual exits PSH.

Of the 2794 individuals entered into the HMIS database, 49.86% of individuals exited PSH. This number acts as the base likelihood that an individual entering PSH will leave. Statistically significant factors that are likely to increase the odds that an individual exits PSH are individuals with mental health disorders and individuals with chronic health conditions. Statistically significant factors that are likely to decrease the odds of an individual exits PSH are individuals that are individuals with children in the household, individuals that identify as African American, individuals that identify as Hispanic/Latin, individuals with a developmental disability, and chronically homeless individuals. The conditions are listed from highest degree of odds increase/decrease to lowest degree of odds increase/decrease.

Table II: Odds of Being a "Leaver" by Demographic Group

BASE ODDS (OUT OF 100) OF BEING A "LEAVER"				**49.86**
IF AN AFRICAN AMERICAN INDIVIDUAL	Then those base odds **DECREASE** by	**-55.80%**	to	22.04
IF AN HISPANIC/LATIN INDIVIDUAL	Then those base odds **DECREASE** by	**-45.50%**	to	27.17
IF THERE ARE CHILDREN IN THE HOUSEHOLD	Then those base odds **DECREASE** by	**-75.60%**	to	12.17
IF IF AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY	Then those base odds **DECREASE** by	**-38.00%**	to	30.91
AN INDIVIDUAL WITH A CHRONIC HEALTH CONDITION	Then those base odds **INCREASE** by	**38.90%**	to	69.26
IF AN INDIVIDUAL WITH A MENTAL HEALTH DISORDER	Then those base odds **INCREASE** by	**78.60%**	to	89.05
IF A CHRONICALLY HOMELESS INDIVIDUAL	Then those base odds **DECREASE** by	**-26.60%**	to	36.60

HOUSING OUTCOME: EXIT TO PERMANENT, TEMPORARY, OR INSTITUTIONAL DESTINATION

Tables III, IV, and V indicate odds of exiting to a permanent destination, temporary destination, and institutional destination, respectively. The conditions, outlined below, are listed in highest degree of odds increase/decrease to lowest degree of odds increase/decrease. These destinations can be defined as follows:

Permanent Destination

Permanent destinations can be defined as long-term destinations such as a rental property or property owned by a PSH tenant. Permanent destinations include:

- Moved from one HOPWA funded project to HOPWA PH
- Owned by client, with no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

Temporary Destination

Temporary destinations can be defined as short-term options such as abandoned buildings or emergency shelters. For the purposes of this study, temporary destinations can be viewed as "negative outcomes." Temporary destinations include:

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or HRY-funded Host Home shelter
- Moved from one HOPWA funded project to HOPWA TH
- Transitional housing for homeless persons (including homeless youth)
- Staying or living with family, temporary tenure (e.g. room, apartment, or house)
- Staying or living with friends, temporary tenure (e.g. room, apartment, or house)
- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)

Institutional Destination

Institutional destinations can be defined as places where former tenants transition to receive a form of care, typically offered by trained professionals. Institutional destinations include:

- Foster care home or group foster care home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home

Table III reflects the odds a PSH tenant transitions to a permanent destination. The base odds of an individual exiting to a permanent destination are 42.38%, the highest among the three outcomes. Individuals with a statistically significant likelihood of transitioning into a permanent housing destination include individuals with children in the household, followed by individuals who identify as Hispanic/Latin, then individuals who identify as White. Individuals with a developmental disability or who experienced chronic homelessness have decreased odds of transitioning into permanent housing.

Table III: Odds of Exit to a Permanent Destination

BASE ODDS OF EXITING TO A PERMANENT DESTINATION				**42.38**
IF A WHITE INDIVIDUAL	Then those base odds **INCREASE** by	**53.30%**	to	64.97
IF AN HISPANIC/LATIN INDIVIDUAL	Then those base odds **INCREASE** by	**56.10%**	to	66.16
IF THERE ARE CHILDREN IN THE HOUSEHOLD	Then those base odds **INCREASE** by	**74.20%**	to	73.83
IF AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY	Then those base odds **DECREASE** by	**-22.20%**	to	32.97
IF A CHRONICALLY HOMELESS INDIVIDUAL	Then those base odds **DECREASE** by	**-23.40%**	to	32.46

Based on the HMIS data provided, the base odds of a tenant transitioning into temporary housing are 14.28%. Individuals with a statistically significant likelihood of transitioning into a temporary housing destination, reflected in Table IV, include individuals who reside in households with children. Notably, the odds for individuals who reside with children increase the most by 74.20%. Individuals who identify as Hispanic/Latin or experienced chronic homelessness have decreased odds of transitioning into temporary housing.

Table IV: Odds of Exit to a Temporary Destination

BASE ODDS OF EXITING TO A TEMPORARY DESTINATION				**14.28**
IF AN HISPANIC/LATIN INDIVIDUAL	Then those base odds **DECREASE** by	**-60.20%**	to	5.68
IF THERE ARE CHILDREN IN THE HOUSEHOLD	Then those base odds **INCREASE** by	**74.20%**	to	24.88
IF A CHRONICALLY HOMELESS INDIVIDUAL	Then those base odds **DECREASE** by	**-23.40%**	to	10.94

Findings in Table V show that there were no individuals with a statistically significant likelihood of transitioning into an institutional housing destination. Generally speaking, transitioning into institutional destinations is the most uncommon outcome among exiting PSH tenants, reflecting a 7.01% chance. Individuals who have children in the household, identify as African American, identify as White, and are individuals with chronic health conditions all have decreased odds of transitioning into institutional housing.

Table V: Odds of Exiting to an Institutional Destination

BASE ODDS OF EXITING TO AN INSTITUTIONAL DESTINATION				**7.01**
IF AN AFRICAN AMERICAN INDIVIDUAL	Then those base odds **DECREASE** by	**-63.00%**	TO	2.59
IF A WHITE INDIVIDUAL	Then those base odds **DECREASE** by	**-51.60%**	TO	3.39
IF THERE ARE CHILDREN IN THE HOUSEHOLD	Then those base odds **DECREASE** by	**-77.10%**	TO	1.61
IF AN INDIVIDUAL WITH A CHRONIC HEALTH CONDITION	Then those base odds **DECREASE** by	**-38.10%**	TO	4.34

REGRESSION ANALYSIS

Housing Outcome: Length of Stay in PSH

In addition to calculating odds ratios on housing outcome likelihood, TPMA also ran a simple regression analysis to gauge the relationship between this series of explanatory factors and overall length of stay, measured in days. A regression analysis is a statistical method used to examine and quantify the relationship between one or more independent variables and a dependent variable. It can be used for prediction, explanation, hypothesis testing, and understanding the impact of variables on an outcome. 2,794 unique individuals were included in the analysis. Tables VI & VII below report the coefficients, relationships, and statistical significance of this model.

Understanding regression analyses is generally more intuitive than comprehending the logit models discussed previously. In a regression analysis, a positive coefficient signifies that both factors tend to change in the same direction, meaning that if one increases, the other tends to increase as well. Conversely, a negative coefficient suggests that as one factor decreases, the other is inclined to increase.

Overall, Table VI reports the strength of the analysis model. The Adjusted R Square score of .107 indicates that the model overall is statistically significant. Additionally, it indicates that the model explains approximately 11% more of the variability observed in the dependent variable (in this case, the change in length of stay) compared to a model with no predictors. In other words, the model helps us better understand and predict the changes in length of stay in the given context.

Table VI: Model Statistics

REGRESSION STATISTICS	
MULTIPLE R	0.333437
R SQUARE	0.11118
ADJUSTED R SQUARE	0.107345
STANDARD ERROR	574.173
OBSERVATIONS	2794

Table VII reports the nature of these relationships and, in this scenario, is expanded to include the impact of **prior** living arrangements, before enrollment in programming. Statistically significant factors that were associated with an **increase** in the length of stay are highlighted in green, while those that were statistically significant predictors of a **decrease** in length of stay are highlighted in red. Other factors being equal, those who entered the PSH program from emergency shelter, foster care, or transitional housing remained in PSH programming longer than those who entered from other previous housing types. Interestingly, individuals with insurance at the time of entry also tended to stay in PSH programming longer.

The data suggest a trend that African American tenants remained in PSH programming longer than non-African Americans, though the data did not quite reach statistical significance (with significance level of $p<0.05$). Conversely, if an individual was an adult without children, all else equal, their stay in PSH programming was shorter than the overall average (captured in this model as the intercept value, 108.73 days) In other words, individuals residing with children, tended to stay in PSH longer.

Finally, several additional regression models were completed that tested for the relationships between specific diagnoses and length of stay in PSH, but none returned as statistically significant, and the results are not included here. After some cleaning and combining of the data, it was determined, however, that the greater the number of diagnoses, the longer the stay of an individual. As captured in the "Diagnoses Count" coefficient in the table above, each additional diagnosis accounts for, on average, an additional 38 days enrolled.

Table VII: Regression on Number of Days Housed[8]

IF AN AFRICAN AMERICAN INDIVIDUAL*	Then odds **INCREASE**
IF THERE ARE CHILDREN IN THE HOUSEHOLD ADULT**	Then odds **DECREASE**
IF A HIGHER DIAGNOSES COUNT***	Then odds **INCREASE**
IF AN INDIVIDUAL HAS INSURANCE***	Then odds **INCREASE**
IF AN INDIVIDUAL CAME FROM AN EMERGENCY SHELTER***	Then odds **INCREASE**
IF AN INDIVIDUAL CAME FROM FOSTER CARE***	Then odds **INCREASE**
IF AN INDIVIDUAL CAME FROM TRANSITIONAL HOUSING***	Then odds **INCREASE**

8 The asterisks in Table VII indicate a higher likelihood that there is a relationship between demographic factors and number of days housed.

Limitations

While this research effort has provided valuable insights into the experiences and perspectives of tenants in low-income housing, it is essential to acknowledge several limitations that may have influenced the findings and should be taken into consideration when interpreting the results.

Data collected through focus groups and tenant surveys may be subject to response bias. Although participants were assured that any responses made during focus groups will be kept confidential, they may have been hesitant to share certain information, potentially due to social desirability bias or concerns about privacy. Efforts were made to create a safe and open environment for participants to express themselves, but some degree of bias may still exist.

Regarding the tenant survey, the sample size, although reasonably representative, may not fully capture the diversity within the low-income housing population. Certain subgroups or individuals with unique perspectives may not have been adequately represented, potentially limiting the generalizability of the findings.

Thirdly, the analysis of HMIS data conducted was based on self-reported responses, which can introduce recall bias or errors in participants' recollection of events or experiences. For example, many data points recorded through HMIS were left blank. Another limitation is the subjectivity of self-reported data. It reflects an individual's interpretation of events or experiences, which can vary widely from person to person. This subjectivity can make it challenging to establish a consistent and objective baseline for analysis. Additionally, the analysis may not capture nuanced or unobservable factors that could influence tenants' experiences in low-income housing.

Furthermore, the cross-sectional nature of the study and the limited timeframe for data collection may restrict our ability to establish causal relationships or capture long-term trends. Changes in tenant experiences and program effectiveness over time may not have been fully captured.

Lastly, while efforts were made to minimize the impact of these limitations, external factors such as external policies or economic conditions may have influenced the results in ways that are beyond the scope of this research.

Despite these limitations, this research provides valuable insights into the experiences of low-income housing tenants. The project team implemented strategies to mitigate potential biases where possible. The information outlined in this report offers a foundation for creating more impactful programming across IHCDA's PSH system.

Conclusion

Through its PSH initiatives, IHCDA provides valuable resources and services to PSH tenants and the teams who develop and run the PSH units. Stakeholders reported that these services help tenants retain housing, integrate with the community, and receive other wraparound services, including employment support, educational opportunities, financial assistance, and more. HMIS data shows that IHCDA is serving vulnerable homeless populations across the state of Indiana and provides context into the makeup of individuals in PSH and which individuals are transitioning out of PSH, which can help inform future tenant support initiatives.

Appendix A: Focus Group Question Guides

Note: The Focus Group Protocols are designed to be a facilitation guide to help TPMA understand themes presented by focus group participants. Focus group facilitators may or may not have asked all questions and they may have been asked out of order.

Service Providers

Good morning/afternoon! I'm [INSERT NAME] and this is my colleague [INSERT NAME] – we work for a consulting firm called TPMA, which has been engaged to evaluate some aspects of IHCDA's Permanent Supportive Housing programming. Please know that the information we collect during these focus groups will be used to assess program processes and understand the experiences of site staff and tenants, and not to assess your job performance or individual site's outcomes in any way.

To that end, we hope you'll be candid in sharing with us what you experience in your roles day to day. No identifying information will be included in our reporting. To make sure we collect all of your feedback accurately, we would like to record this session. The recording will only be used for our notetaking and will not be shared outside of our team. [Ask for everyone's permission to record and then record to cloud.]

INTRODUCTIONS (5 MIN)

1. Please introduce yourself and briefly describe your position and role.

RESEARCH QUESTION 1: SCREENING PROCESS (10 MIN)

2. Please describe your process for screening potential clients.
    a. At what rates are applicants accepted or denied?
    b. What are some primary reasons why an application might be denied?
    c. What reasons for denial occur most frequently?
3. What have been the predominant identities you've observed be denied housing when it comes to race/ethnicity, gender, and/or health status?
4. What resources, if any, are available for those whose applications for housing have been denied?
    a. To what extent are additional services available for those whose applications for housing have been denied?
5. What resources might facilitate your program's ability to accept more applicants?

RESEARCH QUESTION 2: SERVICES & SERVICE GAPS (20 MIN)

1. What services does your program offer onsite?
    a. What is the process through which a tenant may access services on site?
    b. What levels of participation do you observe for services offered on site?
    c. From your perspective, what barriers may prevent someone from participating in services on site? How frequently do these barriers occur?
2. What services are offered offsite?
    a. What is the process through which a tenant may access services off site?
    b. What levels of participation do you observe for offsite services?
    c. From your perspective, what barriers may prevent someone from participating in services off site? How frequently do these barriers occur?
3. What are the primary services you observe a demand for?
4. From your perspective, how well do service offerings (onsite and offsite) align with tenant needs? Are there additional services you would like to offer but don't currently?
5. What is the process through which you might address a service need not offer onsite?
6. How is participation in voluntary services encouraged?
7. What outcomes or changes do you observe for tenants as a result of participation in support services?
8. What additional services do you observe a demand for?
9. If you had discretionary service funding, what additional services might you offer onsite?

RESEARCH QUESTION 4: OUTCOMES & VULNERABILITIES (15 MIN)

1. What outcomes or changes do you observe for tenants as a result of increased housing stability?
2. From your perspective, what factors are most important for successfully achieving housing stability and community integration?
3. From your perspective, what factors or barriers are most likely to threaten housing stability and community integration?
4. For whom do you observe the most successful outcomes?
5. Are some vulnerabilities or support needs easier to overcome than others?
6. What populations are most likely to encounter challenges and barriers when trying to achieve housing stability?
    a. What resources or strategies do you utilize to support these populations?
    b. What additional resources may help to improve outcomes for these populations?
7. Please describe evictions and early exits in your program.
    a. How commonly do evictions or early exits occur?
    b. What are the primary reasons why tenants have been evicted (or exited early) from your program in the past?
    c. What follow-up or continued support may occur?

SECTION 5: IHCDA SUPPORTIVE HOUSING INSTITUTE & RESOURCES (5 MIN)

1. Did you attend IHCDA's Supportive Housing Institute? To what extent do you feel the Supportive Housing Institute prepared you for developing and/or managing your PSH project?
2. Are there any additional supports or resources that IHCDA could provide to support you and your tenants?

CLOSING (5 MIN)

That concludes the questions we have prepared for today/the time we have allotted for today. Does anyone have any final thoughts related to our discussion that they want to ensure is captured?

Thank you very much for taking the time to share with us today. The information we've gathered will be used to refine the PSH model and hopefully, to improve outcomes for those pursuing housing stability. Please don't hesitate to reach out to myself of [INSERT NAME] if you have any additional questions about our process of the information you've shared.

Property Managers / Developers

INTRODUCTIONS

1. Please introduce yourself and briefly describe your organization and role.

SITE DEVELOPMENT

2. How did you get involved with IHCDA's Supportive Housing Institute?
3. To what extent do you feel the Supportive Housing Institute prepared you for developing your PSH project?
4. Looking back, is there any additional information or resources that you wish you had received through the Supportive Housing Institute? Or additional resources that would be helpful now as you manage your site?
5. Did you encounter any particular challenges or barriers in developing your PSH sites?
    a. Are there barriers that prevent you from developing additional PSH sites?
6. Is your site integrated or 100% PSH?
    a. From your perspective, what are the advantages and tradeoffs for an integrated versus 100% PSH site?
7. Are there vulnerable populations that you would like to serve, but are unable to access appropriate support services to accommodate?

STAFFING & PROFESSIONAL DEVELOPMENT

1. Can you share any best practices or lessons learned regarding ensuring good property management?
2. How do you facilitate team building between service providers and property managers?
3. What practices or mechanisms do you rely on to ensure continuous professional development or improvements to site management?

FINANCIAL SUSTAINABILITY

1. How do you ensure the financial sustainability of service provision at PSH sites?
    a. Operating budget? Organizational budget? Supportive service reserve? Organizational fundraisers? Philanthropic sponsors?

CLOSING

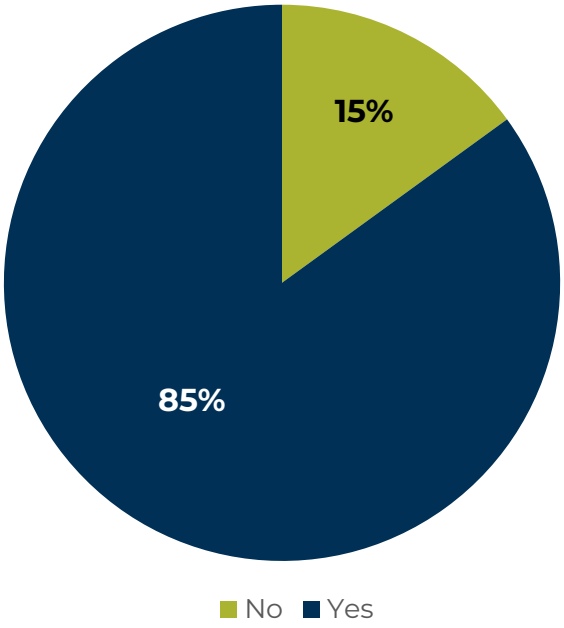
That concludes the questions we have prepared for today/the time we have allotted for today. Does anyone have a final thought related to our discussion that they want to ensure is captured?

Thank you very much for taking the time to share with us today. The information we've gathered will be used to refine the PSH model and hopefully, to improve outcomes for those pursuing housing stability. Please don't hesitate to reach out to myself of [INSERT NAME] if you have any additional questions about our process of the information you've shared.

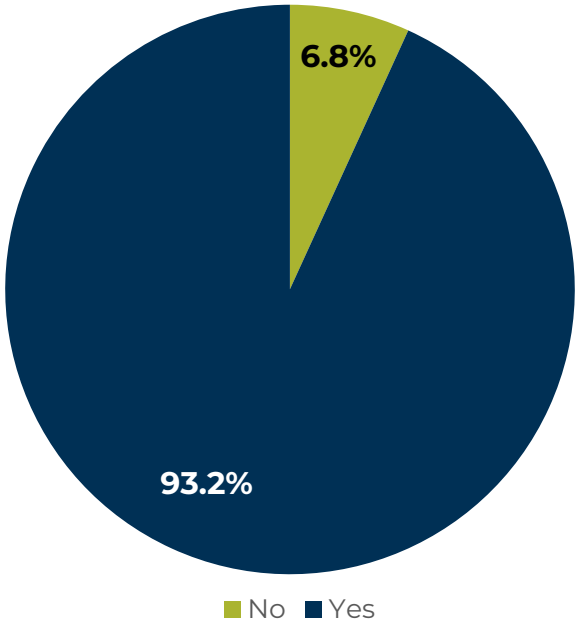
Thanks everyone and have a great day.

Appendix B: Tenant Survey Responses

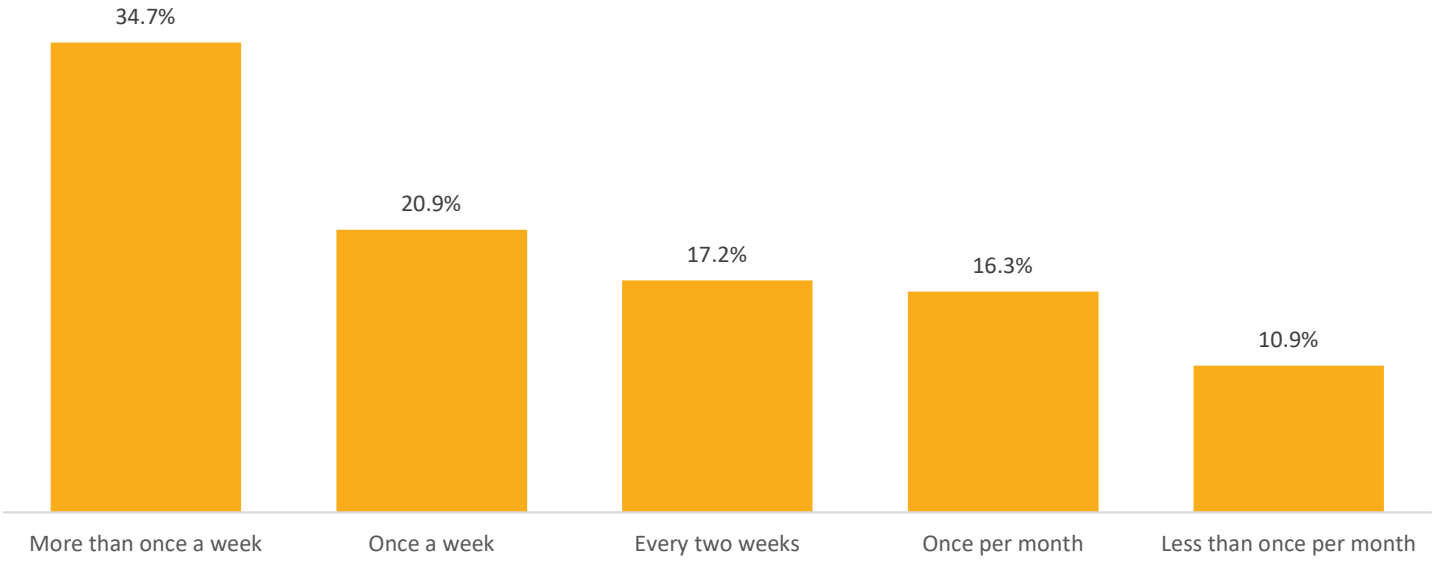
DO YOU KNOW WHEN YOUR SERVICE PROVIDER/CASE MANAGER IS AVAILABLE?



DO YOU KNOW HOW TO GET IN CONTACT WITH YOUR SERVICE PROVIDER/CASE MANAGER?



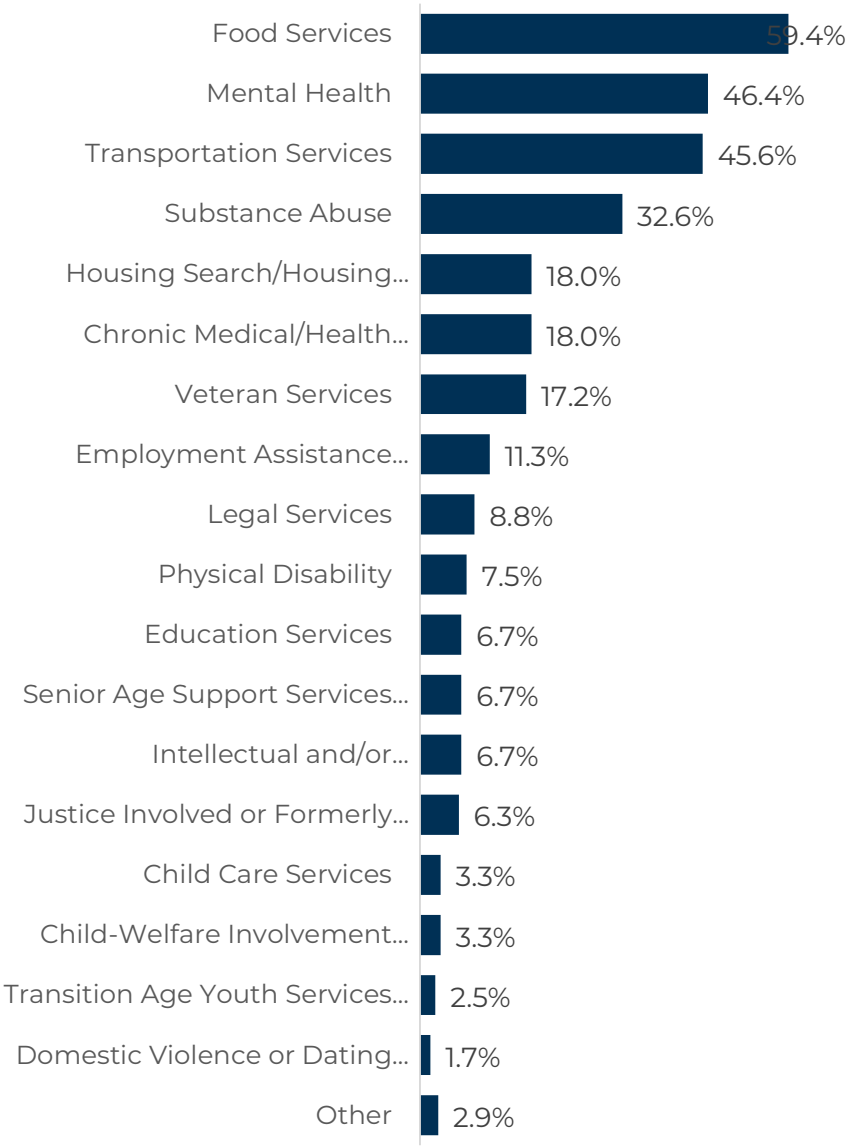
HOW OFTEN DO YOU MEET WITH YOUR CASE MANAGER?



WHAT TYPES OF SERVICES HAVE YOU USED? (SELECT ALL THAT APPLY)

Examples of open-ended responses in the "other" category included:

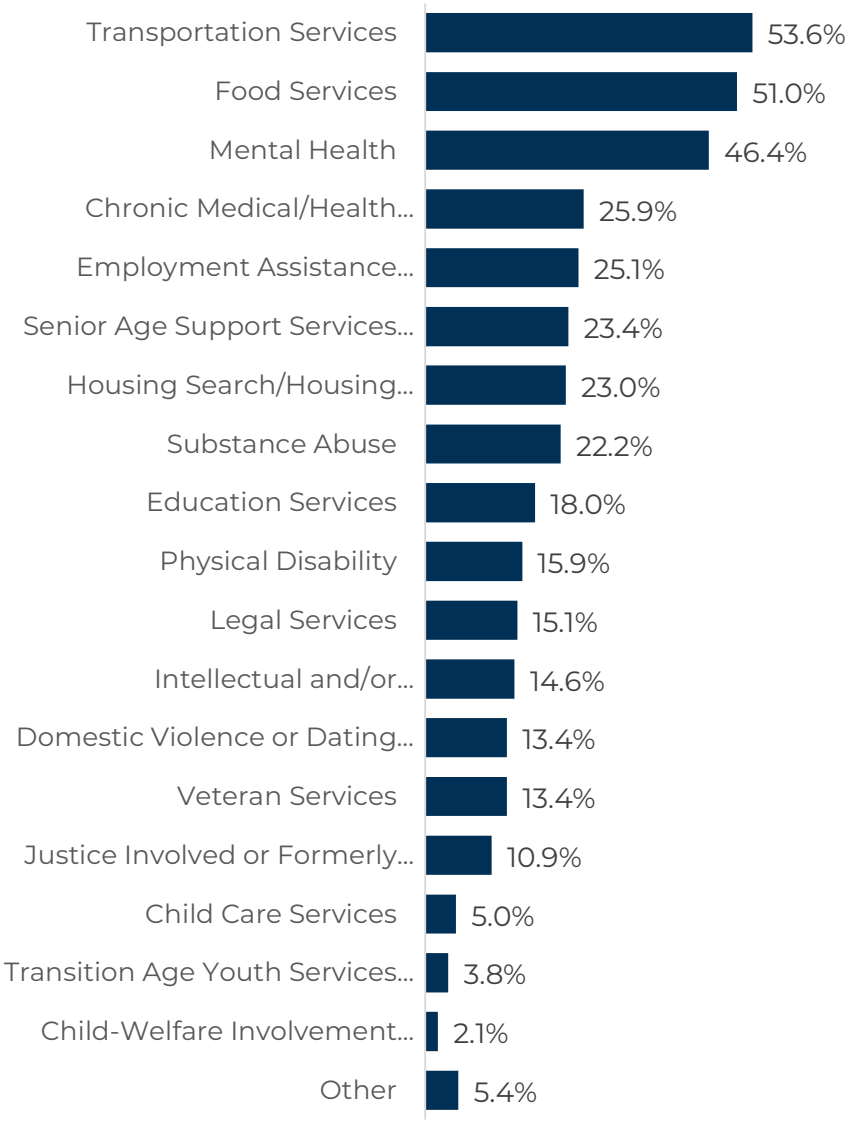
- After school programs
- FSSA Healthy Indiana Plan
- "Just talked about life"



WHAT TYPES OF SERVICES WOULD BE HELPFUL TO YOU AND YOUR HOUSEHOLD? (SELECT ALL THAT APPLY)

Examples of open-ended responses in the "other" category included:

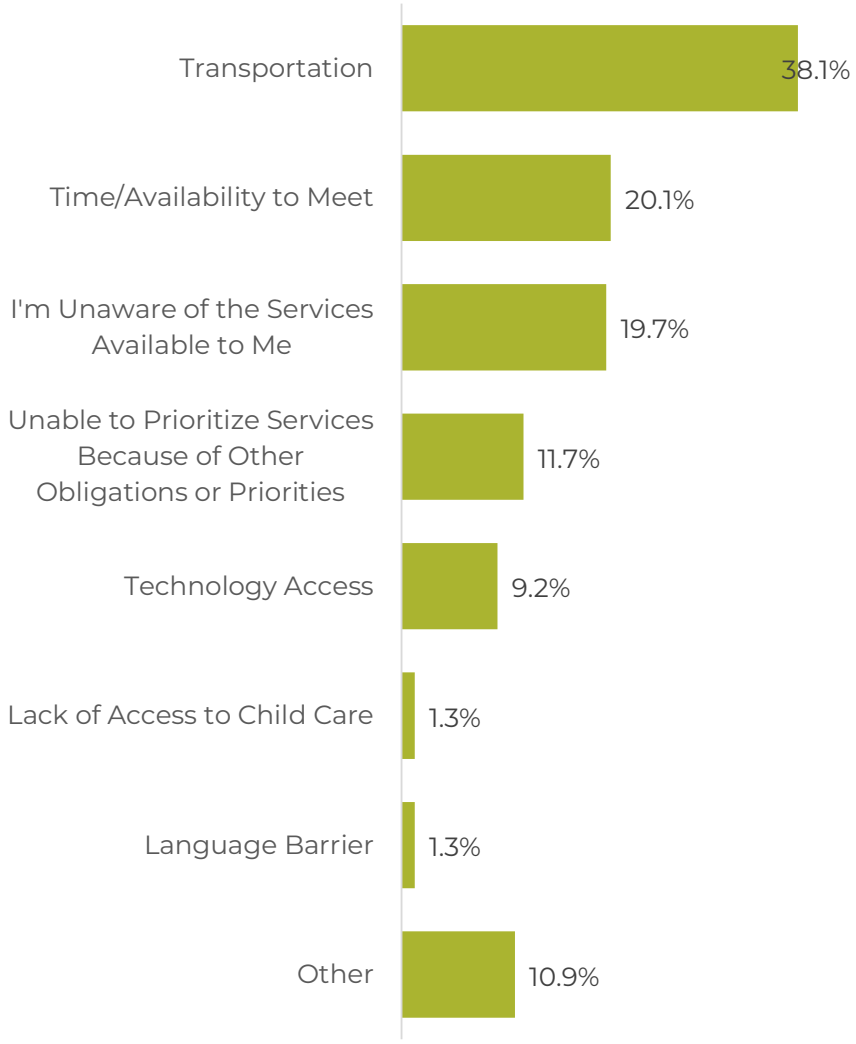
- Cleaning supplies
- Companion pets allowed with veterans
- Free/low-cost exercise facility
- Help getting food stamps
- LGBTQ+ services
- PTSD services
- SSI/SS Disability Services
- Services with computer class



WHAT PREVENTS YOU FROM ACCESSING SERVICES? (SELECT ALL THAT APPLY)

Examples of open-ended responses in the "other" category included:

- Mental health (anxiety, mood, etc.)
- Physical challenges (physical disability, hearing difficulty, etc.)
- "I don't ask for things very well"
- Memory challenges or forgetting appointments
- "Just need to do it on my own"
- Lack of staff or limited staff availability
- Administrative challenges (ex. being ineligible for suggested services)
- Substance use



Appendix C: HMIS Descriptive Data Tables

RACE	COUNT
AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS	19
AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS, BLACK, AFRICAN AMERICAN, OR AFRICAN, WHITE	2
AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS, WHITE	22
ASIAN OR ASIAN AMERICAN	2
ASIAN OR ASIAN AMERICAN, WHITE	2
BLACK, AFRICAN AMERICAN, OR AFRICAN	417
BLACK, AFRICAN AMERICAN, OR AFRICAN, NATIVE HAWAIIAN OR PACIFIC ISLANDER	3
BLACK, AFRICAN AMERICAN, OR AFRICAN, WHITE	77
CLIENT DOESN'T KNOW	10
CLIENT REFUSED	1
DATA NOT COLLECTED	3
NATIVE HAWAIIAN OR PACIFIC ISLANDER	6
NATIVE HAWAIIAN OR PACIFIC ISLANDER, WHITE	4
WHITE	2,238
Grand Total	**2,806**

ETHNICITY	COUNT
CLIENT DOESN'T KNOW (8)	3
CLIENT REFUSED (9)	3
HISPANIC/LATIN(A)(O)(X) (H)	99
NON-HISPANIC/NON-LATIN(A)(O)(X) (O)	2,701
Grand Total	**2,806**

GENDER	COUNT
FEMALE	1,329
MALE	1,477
Total	**2,806**

AGE GROUP	COUNT
0-15	899
16-24	259
25-34	418
35-44	414
45-54	419
55-64	326
65+	69
BLANK	2
Total	**2,806**

RELATIONSHIP TO HEAD OF HOUSEHOLD	COUNT
DAUGHTER	449
DEPENDENT CHILD	13
GRAND CHILD	19
OTHER FAMILY MEMBER	118
OTHER NON-FAMILY	40
PARENT	3
SELF	1,571
SON	452
SPOUSE	141
Grand Total	**2,806**

VETERAN STATUS	COUNT
CLIENT REFUSED	1
DATA NOT COLLECTED	6
NO	1735
YES	405
BLANK	659
Grand Total	**2,806**

DISABLING CONDITION	COUNT
CLIENT DOESN'T KNOW	4
CLIENT REFUSED	4
DATA NOT COLLECTED	7
NO	1118
YES	1601
BLANK	72
Grand Total	**2,806**

PRIOR RESIDENCE	COUNT
CLIENT DOESN'T KNOW	3
CLIENT REFUSED	7
DATA NOT COLLECTED	2
EMERGENCY SHELTER, INCLUDING HOTEL OR MOTEL PAID FOR WITH EMERGENCY SHELTER VOUCHER, OR RHY-FUNDED HOST HOME SHELTER	697
FOSTER CARE HOME OR FOSTER CARE GROUP HOME	18
HOSPITAL OR OTHER RESIDENTIAL NON-PSYCHIATRIC MEDICAL FACILITY	3
HOTEL OR MOTEL PAID FOR WITHOUT EMERGENCY SHELTER VOUCHER	56
JAIL, PRISON OR JUVENILE DETENTION FACILITY	8
LONG-TERM CARE FACILITY OR NURSING HOME	1
OWNED BY CLIENT, NO ONGOING HOUSING SUBSIDY	4
OWNED BY CLIENT, WITH ONGOING HOUSING SUBSIDY	1
PERMANENT HOUSING (OTHER THAN RRH) FOR FORMERLY HOMELESS PERSONS	59
PLACE NOT MEANT FOR HABITATION	660
PSYCHIATRIC HOSPITAL OR OTHER PSYCHIATRIC FACILITY	9
RENTAL BY CLIENT, NO ONGOING HOUSING SUBSIDY	59
RENTAL BY CLIENT, WITH HCV VOUCHER (TENANT OR PROJECT BASED)	3
RENTAL BY CLIENT, WITH OTHER ONGOING HOUSING SUBSIDY	10
RENTAL BY CLIENT, WITH RRH OR EQUIVALENT SUBSIDY	4
RENTAL BY CLIENT, WITH VASH HOUSING SUBSIDY	2
RESIDENTIAL PROJECT OR HALFWAY HOUSE WITH NO HOMELESS CRITERIA	4
SAFE HAVEN	20
STAYING OR LIVING IN A FAMILY MEMBER'S ROOM, APARTMENT OR HOUSE	177
STAYING OR LIVING IN A FRIEND'S ROOM, APARTMENT OR HOUSE	79
SUBSTANCE ABUSE TREATMENT FACILITY OR DETOX CENTER	12
TRANSITIONAL HOUSING FOR HOMELESS PERSONS (INCLUDING HOMELESS YOUTH)	118
(BLANK)	790
Grand Total	**2,806**

Appendix D: HMIS Data Analysis Tables

In order to assess rates of permanency and the potential impact of demographic, diagnostic, and historical living factors on the outcomes for tenants, TPMA completed a series of logit analyses to predict exit destinations. Tables I through III below summarize the series of models constructed, with the initial models in each chart isolating specific factors (as labeled in the top column of each row).

UPDATED MODELS, LOGIT REGRESSION: TABLES I, II, III

Model 1, Leaver: Category Defined in Original Spreadsheet, 1393 Occurrences

Model 2, Stayer: Category Defined in Original Spreadsheet, 448 Occurrences

Model 3, Permanent: Category Defined in Follow up email from customer, 1184 Occurrences

Model 4, Temporary: Category Defined in Follow up email from customer, 399 Occurrences

Model 5, Institutional Destination: Category Defined in Follow up email from customer, 196 Occurrences

COEFFICIENTS/SIGNIFICANCE

	Model 1	Model 2	Model 3	Model 4	Model 5
EXPLANATORY VARIABLES	**LEAVER**	**STAYER**	**PERMANENT DESTINATION**	**TEMPORARY DESTINATION**	**INSTITUTIONAL DESTINATION**
INTERCEPT	0.821***	-0.821**	-1.021***	-1.883***	-1.143***
BLACK	-0.818***	0.818***	0.285	-0.447	-0.992**
WHITE	-0.08	0.085	0.427*	-0.127	-0.726**
HISPANIC/LATIN	-0.607**	0.607**	0.445**	-0.920**	0.115
CHILDREN IN HOUSEHOLD	-1.408***	1.409***	0.555***	0.555***	-1.475***
DEVELOPMENTAL DISABILITY	-0.478***	0.478***	-0.251**	0.266	-0.409
CHRONIC HEALTH CONDITION	0.329***	-0.329***	0.038	0.151	-0.479***
MENTAL HEALTH DISORDER	0.579***	-0.580***	0.119	-0.098	0.002
CHRONICALLY HOMELESS	-0.309***	0.309***	-0.266**	-0.561***	0.28

ODDS RATIOS

	Model 1	Model 2	Model 3	Model 4	Model 5
EXPLANATORY VARIABLES	**LEAVER**	**STAYER**	**PERMANENT DESTINATION**	**TEMPORARY DESTINATION**	**INSTITUTIONAL DESTINATION**
BLACK	0.442	2.265	1.33	0.639	0.37
WHITE	0.918	1.088	1.533	0.881	0.484
HISPANIC/LATIN	0.545	1.835	1.561	0.398	1.122
CHILDREN IN HOUSEHOLD	0.244	4.090	1.742	1.742	0.229
DEVELOPMENTAL DISABILITY	0.62	1.612	0.778	1.305	0.664
CHRONIC HEALTH CONDITION	1.389	.720	1.039	1.163	0.619
MENTAL HEALTH DISORDER	1.786	.560	1.127	0.907	1.002
CHRONICALLY HOMELESS	0.734	1.362	0.766	0.571	1.323

LOG ODDS (CHANGE)

EXPLANATORY VARIABLES	Model 1 LEAVER	Model 2 STAYER	Model 3 PERMANENT DESTINATION	Model 4 TEMPORARY DESTINATION	Model 5 INSTITUTIONAL DESTINATION
BLACK	-55.80%	126.5%	33.00%	-36.10%	-63.00%
WHITE	-8.20%	8.80%	53.30%	-11.90%	-51.60%
HISPANIC/LATIN	-45.50%	83.50%	56.10%	-60.20%	12.20%
CHILDREN IN HOUSEHOLD	-75.60%	109.0%	74.20%	74.20%	-77.10%
DEVELOPMENTAL DISABILITY	-38.00%	61.20%	-22.20%	30.50%	-33.60%
CHRONIC HEALTH CONDITION	38.90%	-28.0%	3.90%	16.30%	-38.10%
MENTAL HEALTH DISORDER	78.60%	-44.0%	12.70%	-9.30%	0.20%
CHRONICALLY HOMELESS	-26.60%	36.20%	-23.40%	-42.90%	32.30%

TABLE VII: REGRESSION ON NUMBER OF DAYS HOUSED

	COEFFICIENTS	STANDARD ERROR	T STAT	P-VALUE
INTERCEPT***	108.729713	31.99310197	3.3985361	0.000687
BLACK OR AA*	49.2891571	28.90400107	1.7052711	0.088256
VETERAN	49.1267344	33.5899506	1.4625426	0.143706
ADULT**	-73.8430301	30.86532384	-2.392427	0.016803
DIAGNOSES COUNT***	38.0312947	8.233144284	4.6192917	4.03E-06
INSURANCE***	156.433134	29.49280953	5.3041109	1.22E-07
EMERGENCY SHELTER***	250.662417	28.79083515	8.7063267	5.28E-18
FOSTER CARE***	481.972184	136.5018294	3.5308844	0.000421
HOTEL OR MOTEL	-113.363755	79.72023768	-1.42202	0.155133
RENTAL NO SUBSIDY	-107.592058	75.7134874	-1.421042	0.155417
WITH FAMILY	-13.8639761	47.8735291	-0.289596	0.772147
WITH FRIEND	-61.859864	67.55380212	-0.915713	0.359897
TRANSITIONAL HOUSING***	546.957184	55.11024554	9.9247822	7.75E-23

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