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Homelessness and Public Shelter Provision in New York City

Dennis P Culhane, *University of Pennsylvania*

Stephen Metraux, *University of Pennsylvania*

Susan M Wachter, *University of Pennsylvania*

CHAPTER 8

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New York City, faced since the 1970s with growing numbers of homeless individuals and families and aggressive litigation on their behalf, has built the largest public shelter system in the United States as the centerpiece of its response to homelessness. The size of this system—both its average daily census of 24,472 in 1995 and its annual expenditures of \$500 million—is far beyond the scope of any other city's efforts against homelessness. Yet despite the scale of these measures the shelter system has faced crises and controversies through three mayoral administrations and their varied approaches to reducing the need for this system. This chapter assesses homelessness policy in New York City through analyzing empirical data collected from the shelter system. A variety of approaches produce a set of shelter utilization patterns and trends that, taken together, form a unique and grounded perspective from which to evaluate key components of this policy.

HOMELESSNESS POLICY IN NEW YORK CITY: A REVIEW

New York City's current public shelter system took shape as the result of a 1979 class action suit filed on behalf of the growing number of homeless men on New York City's streets and in response to an inadequate city shelter system, then a patchwork of welfare hotels and rooming houses. The suit, *Callahan v. Carey*, argued that, based on the New York State Constitution and other lesser statutes, the city's home-

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less men had the right to shelter that met certain minimum standards of decency. In 1981 the parties settled and, in the resulting consent decree, the city of New York agreed to provide shelter to any homeless man (a) who met the need standard for the home relief program in New York State, or (b) who by reason of physical, mental, or social dysfunction was in need of temporary shelter. Similarly, in two 1983 suits, *McCain v. Koch* and *Eldredge v. Koch*, the court set standards for safe and suitable shelter for homeless families and homeless women, respectively (Demers 1995; Hopper and Cox 1986).

Following *Callahan*, the city set up a network of temporary accommodations in a reluctant response to what it perceived as a passing crisis. For single adults, large buildings previously used as armories, schools, and hospitals were converted to provide rudimentary overnight accommodations. With few demands placed upon the shelter users and few services available, these shelters became notorious for violence and drug use, with critics pointing out their function as human warehouses (Grunberg and Eagle 1990). Homeless families were sheltered in a separate set of facilities, initially consisting of either squalid yet expensive welfare hotels (Kozol 1988) or dormitory-type facilities, both of which homeless advocates decried as being particularly unsuitable for children.

As the 1980s progressed it became clear that homelessness was not a temporary phenomenon. Demand for both the single adult and the family shelters steadily increased, and there also emerged a group of chronic shelter users for whom these facilities became a *de facto* residence. Along with this increased utilization came increased costs, from \$50 million in 1982 to almost \$300 million in 1988 (New York City Commission on the Homeless 1992). Continued court actions by homeless advocates led both to rulings mandating that the city stop using barracks-style shelters and welfare hotels for families, and to political pressure calling for alternatives to the large single adult shelters. At the same time, in an effort to reduce the shelter system census, city officials examined ways to increase social services and housing opportunities.

In 1988, toward the end of his administration, Mayor Ed Koch acknowledged the need to come up with long-term responses to homelessness and initiated a series of proposals aimed at revamping the shelter system. This included building new "Tier II" shelters for homeless families that provided private quarters resembling efficiency apartments, and smaller shelters that provided housing and services to specific groups of single adults, such as the mentally ill or employed persons. The Koch Administration also announced plans to make more housing available for families through three measures: accelerating the

renovation of the large supply of foreclosed, city-owned housing; arranging more priority placements through the New York City Housing Authority; and instituting the Emergency Assistance Rehousing Program (EARP) that provided city subsidies to supplement federal Section 8 rental assistance vouchers as an incentive for landlords to accept homeless families as tenants. Finally, the city planned to create 5,000 single-room occupancy units for homeless single adults through a partnership with New York State (Blau 1992).

Politically, these measures came too late to effectively counteract David Dinkins's emphasis on homelessness in his successful 1989 mayoral campaign, featuring his slogan "a shelter is not a home." Upon taking office, however, Dinkins found the shelter system to be not a home but a political quagmire, and his promises to address homelessness through more permanent housing never translated into coherent policy. Under Dinkins, the shelter system met fierce opposition from communities opposed to locating new shelters in their neighborhoods; met stubborn resistance from many homeless single adults who avoided shelters in favor of the streets; and, in contrast, met criticism for being too comfortable for families, many of whom supposedly declared themselves homeless solely to obtain city shelter and a quick subsidized housing placement (Ellickson 1990; Filer 1990). Circumstances supported this argument as the demand for family shelter soared during the Dinkins regime despite (or because of) the city's having both made available 27,000 housing units for homeless households (single adults and families) and expanded Tier II shelters to accommodate over 3,200 homeless families on a given night (Dugger 1991).

The Dinkins Administration was sharply divided in the face of this vexing set of conditions. On one hand, Dinkins went ahead with the plans laid out by the Koch administration to expand both shelter capacity and housing. But on the other hand, these actions received criticism from the commission Dinkins hand-picked to study homelessness. Led by Andrew Cuomo, the governor's son and director of a large, nonprofit housing venture for homeless families, the commission noted that the New York City shelter system poorly served the city's homeless population. The commission's report (New York City Commission on the Homeless 1992) portrayed the homeless population as beset by drug abuse, mental illness, educational and vocational deficiencies, and family dysfunction; conditions that were exacerbated by the lack of demands made on the sheltered population and that resulted in a "revolving door" system where housing placements often only led to repeat shelter stays. The commission recommended that the city fund nonprofit agencies to not only run its shelters but also to provide inten-

sive services to address these individual deficits. Dinkins was now caught between the commission's recommendations stressing services, aides who favored continued priority on housing, and a budget that allowed scant funding for either initiative. In response, he took from each approach, eventually implementing several measures proposed by the Cuomo report, but also continuing to fund housing programs and solidifying the shelter system's niche in the municipal bureaucracy through creation of the Department of Homeless Services (DHS).

This policy toward homelessness appeared to be driven more by a shelter system in a constant state of crisis than by any unified vision. The city scrambled to meet the demand for family shelter by increasing placements to welfare hotels and barracks shelters—two practices it had pledged to discontinue in the face of court orders. The city further raised the ire of homeless advocates and flouted a third set of court rulings with its practice of having homeless families stay for days or weeks in central intake offices, known as Emergency Assistance Units (EAUs), before placing them in a shelter. By 1992 the city was again facing contempt of court charges, was running out of suitable apartment buildings for subsequent placements (Dugger 1992), and had fewer public housing vacancies reserved for homeless families. In response the city attempted to create restrictions on both shelter entries and exits by adopting two measures proposed in the Cuomo report. The first of these measures set up a process for turning away families applying for shelter who had other housing options, and the second required homeless households to participate in appropriate social services, such as drug treatment, as a precondition to receiving housing placement. This represented the city's first moves to modify the universal shelter-on-demand policy implemented in the *Callahan* consent decree and toward what city officials called a "new social contract" (Finder 1993). But neither measure stanching the flow of entries into the family shelter system, for the screening procedures failed to turn away many families, and the services requirement appeared to be more a symbolic gesture than a policy change. For, in the face of the upcoming mayoral election, much of the funding for services was shifted toward developing more permanent housing (Dugger 1993a). And DHS, in centralizing the city's homeless programs, also provided New Yorkers of all political persuasions a focus toward which they could vent their increasing frustration over the city's response to homelessness.

In contrast to a beleaguered family shelter system, the demand on the single adults shelter system reportedly declined 10 percent from 1989 to 1993 (Dugger 1993b). Along with, and perhaps partly responsible for, these encouraging statistics came the successful implementation

of the SRO housing construction first proposed under Koch in a joint state and city venture. By 1995 this initiative created 7,500 units of housing with supportive services for single adults, most of whom came from shelters and who had physical disabilities, mental illness, or substance abuse problems. After construction expenses, this housing cost half of the \$18,000 to \$21,000 needed annually to provide a shelter bed (Kennedy 1995; *Economist* 1996a). Community response to these SRO buildings was also much more accommodating than it was toward Dinkins's attempt to implement another Koch proposal to build smaller, service-oriented shelters throughout the city. The acrimonious community opposition over the prospect of locating shelters in so many neighborhoods left the city continuing to rely on the notorious larger shelters and deprived it of any effective means to entice homeless persons from the streets to enter shelters. As a result homeless persons still seemed to maintain a ubiquitous presence in the city's public spaces, a presence that Dinkins then sought to reduce through force (Roberts 1991). The bulldozing of a homeless encampment at Tompkins Square Park was the best known of these coercive measures, an incident that served as a symbol for many as to how far Dinkins's policies had come from his campaign stance as a compassionate champion of the homeless.

As Dinkins had done with Koch, in 1993 Rudolph Giuliani won the mayoral election in a campaign where he criticized the Dinkins Administration for its homelessness policies. While Dinkins had projected a more compassionate alternative to Koch, Mayor Giuliani's posture against Dinkins now was one of toughness. Mayor Giuliani proposed to drastically alter city homeless policy—with campaign pledges to limit shelter stays to ninety days; to mount a legal challenge to the *Callahan* consent decree; to end housing placements for homeless families; and to give shelter users the options either to pay lodging fees or to participate in social service programs. This tone would also be echoed on the state level a year later as newly elected governor George Pataki quickly ordered that all state shelter aid would be tied to the provision of supportive services to shelter residents and proposed limitations on both welfare aid to families and "home relief" general assistance for childless adults.

Mayor Giuliani's policy changes have proven to be more moderate than his campaign rhetoric suggested (Dugger 1994), yet he seems to move in a consistent direction of reducing both the extent and the responsiveness of city-funded homeless services. He has yet to launch a major offensive against the *Callahan* consent decree, but he has chipped away at it by following up on Dinkins's and Cuomo's original proposals to link shelter to services and to implement a more rigorous pre-

screening process for homeless households seeking shelter. Mayor Giuliani has cut housing placements available to homeless persons from 5,466 in 1993 to less than 3,000 in the 1996–97 fiscal year through cutting back EARP, and through scaling back SRO housing construction (*Economist* 1996b)—the primary housing programs left from past administrations. DHS has continued to rely on EAU offices to double as sleeping areas, and the Giuliani Administration has chosen to pay the court-imposed fines, \$4 million by May 1995 (Demers 1995), instead of remedying the situation. The prospect of staying in a shelter has become less attractive under Mayor Giuliani (Goldberg 1996), but so has staying on the streets as police crackdowns regularly roust persons who panhandle or sleep in public places, part of Mayor Giuliani's "quality of life" initiatives aimed at improving the aesthetic quality of public spaces (Krauss 1994). Predictably, Mayor Giuliani has come under fire for making the shelter system less responsive to the needs of the city's homeless, but, unlike Dinkins, these actions are consistent with campaign rhetoric that made few overtures to those favoring an expanded municipal response to homelessness.

The history of New York City homeless policy over the last two decades offers numerous issues that merit further consideration and debate. Questions concerning the role of the courts in dictating homeless policy to city government (Demers 1995); the political dynamics that led to the nation's largest shelter system (Kirchheimer 1990); the role of New York City's shelter system in the context of the larger political economy (Blau 1992); and the shelter as a reincarnation of the poorhouse (Culhane 1992; Hopper 1990) are but some of the topics that contribute to the multifaceted dialogue on this subject. More practical questions, however, also arise out of this examination of city homelessness policy. Specifically, how will the most recent changes in shelter policy, when combined with an array of service and entitlement cuts, impact New York City's poor population; and what can be taken from the past eighteen years since the *Callahan* decree to develop a more effective shelter system?

AGGREGATE TRENDS IN SHELTER UTILIZATION

The remainder of this chapter focuses on shelter utilization data and the particular implications the data contain for the debate on New York City's homeless policy. Applying a range of methods produces findings that offer some empirical evidence pertaining to the relative merits of providing a sheltered population with social, medical, and

mental health services on one hand and with housing and rental assistance on the other hand. In related issues, the data also offer some insight on the effectiveness of the shelter system in providing a temporary, as opposed to long-term or chronic housing respite, and on the rates of repeat shelter episodes. And finally, this chapter also uses the shelter utilization data as a basis for taking the dialogue on homelessness out of the shelters and into the neighborhoods where homelessness originates. Contrary to much of the debate on these issues that has involved ideology more than empirical evidence, the purpose here is to take the turbulent experience of the past two decades as a basis for future homeless policy.

One byproduct of the centralized nature of the New York City shelter system is the comprehensive records it maintains on persons and families who stay in its shelters, offering a rich database from which to explore trends, dynamics, and determinants of public shelter utilization. Although many cities have more recently followed its lead, no other city in the United States has amassed as significant an archival source of information regarding the use of public shelters over time as has New York City. While the data miss periods of homelessness outside of city-run shelters, either on the streets or in the modest network of shelters not receiving municipal assistance, the data nonetheless provide an extraordinary opportunity for understanding the role of public shelters in New York City.¹

SHELTER UTILIZATION OVER TIME

Counts of the number of persons utilizing the shelter system have an enormous influence on homeless policy, yet there has been little attention given to the dynamics of these numbers, and resulting trends, over time. Part of the reason for this has been the lack of available longitudinal data. Estimates of the size of the homeless population were frequently of a "point prevalent" nature (Burt and Cohen 1989; Wright and Devine 1992; Rossi et al. 1987), and their methodology was akin to taking a "snapshot" of the homeless population size on a particular day. Any longer-term counts then were derived by manipulating this point-prevalent figure. Within the shelter system, the point-prevalent count is known as the daily shelter census, which gives the numbers of either persons or families staying in the shelter on a given night.

The daily census is the statistic that is of the most immediate concern to the city's homeless services, as it largely dictates the resources

allocated to the shelter system. The daily census can be loosely translated as the level of demand on the shelter system at any one time. When, for example, the number of families requesting shelter on a given night exceeds the capacity of the available facilities, the city must place them all, but typically will resort to increased use of either EAUs or welfare hotels as makeshift shelter accommodations. Similarly, an increased single-adult census may lead to the opening of another armory building to shelter the overflow demand (Krauss 1994). Much of city homeless policy has focused on how to reduce the daily census, and solutions have sought to either limit entry into the shelters, such as by screening shelter applicants; to increase exits, such as by increasing the rate of housing placements; or, in Mayor Giuliani's campaign proposal, by setting a limit on the length of shelter stays.

Daily census figures can quickly gauge the size of a population, but they must also be interpreted carefully. Well-known seasonal trends cause daily census numbers to fluctuate, with the daily family shelter census peaking in the summer months while the daily adult shelter census peaks in the winter months. Daily census counts also give no information on the day-to-day turnover among the sheltered population. There is no way of knowing how many people from one census day are also staying in the shelter system on another census day. A higher rate of turnover, with a steady average daily census, will mean a larger group of people are using the shelter system and that homelessness will affect a greater proportion of the overall population. Culhane et al. (1994), using the New York City shelter data and less extensive data on the Philadelphia shelter system, found that the number of people who become homeless over long periods of time is considerably higher than the numbers who are homeless on any one night. In contrast to the 0.11 to 0.25 percent of the population that point-prevalent estimates attribute as homeless on a given night, Culhane et al. found that about 1 percent of both New York City's and Philadelphia's populations had spent time in a homeless shelter sometime in 1992, with this number of New York City shelter users approaching 3 percent of the 1990 population in the five-year period of 1988 to 1992.²

Tables 8.1 and 8.2 show, along with the daily census, several alternative ways to gauge the size of New York City's sheltered homeless population since 1987. The difference between the average daily census,³ as a point in time count, and the "prevalence" rates, which indicate the number of persons or families who have stayed in a shelter over the course of a year, is analogous to the difference between a snapshot and a documentary film. Calculating the relative proportion of these two

TABLE 8.1
Shelter Utilization Rates in the New York City Family Shelter System,
1987-1995

| Year | Incidence (new cases) | | | Prevalence (total cases) | | | Avg. Daily Census | | Turnover Rate (fam.) |
|--------------------|-----------------------|--------|----------|--------------------------|--------|----------|-------------------|----------|----------------------|
| | Families | Adults | Children | Families | Adults | Children | Families | Persons | |
| 1987 | 7,885 | 9,931 | 14,093 | 11,177 | 14,490 | 21,852 | 3,764.9 | 13,523.6 | 2.97 |
| 1988 | 6,721 | 8,490 | 10,977 | 12,870 | 16,800 | 23,932 | 4,900.5 | 17,385.9 | 2.63 |
| 1989 | 6,198 | 8,021 | 10,069 | 12,751 | 17,114 | 23,282 | 4,133.9 | 14,208.5 | 3.08 |
| 1990 | 7,276 | 9,223 | 12,119 | 13,434 | 17,729 | 23,333 | 3,619.6 | 12,018.3 | 3.71 |
| 1991 | 7,260 | 9,395 | 11,694 | 13,656 | 18,175 | 23,464 | 4,577.7 | 15,089.7 | 2.98 |
| 1992 | 7,302 | 9,384 | 11,542 | 14,898 | 19,984 | 25,542 | 5,267.2 | 17,176.8 | 2.83 |
| 1993 | 6,391 | 8,173 | 10,033 | 14,578 | 19,515 | 24,856 | 5,667.3 | 18,282.7 | 2.57 |
| 1994 | 6,665 | 8,426 | 10,316 | 14,659 | 19,563 | 24,979 | 5,678.2 | 18,076.0 | 2.58 |
| 1995 | 5,399 | 6,825 | 8,637 | 13,302 | 17,682 | 23,180 | 5,676.9 | 18,142.9 | 2.34 |
| Total ¹ | 64,389 | 82,427 | 107,239 | | | | 4,809.6 | 17,100.5 | 13.56 |

1. Totals reflect unduplicated number of families, adults, and children who experienced a stay in the New York City family shelter system over 1987-1995. The total turnover rate reflects the turnover during the course of this eight-year time period.

TABLE 8.2
Shelter Utilization Rates in the New York City Single-Adult Shelter System,
1987-1995

| Year | Incidence (new cases) | Prevalence (total cases) | Avg. Daily Census | Turnover Rate |
|--------------------|-----------------------|--------------------------|-------------------|---------------|
| 1987 | 31,956 | 40,884 | 7,116.5 | 5.74 |
| 1988 | 21,624 | 42,401 | 9,039.4 | 4.69 |
| 1989 | 18,237 | 42,218 | 9,458.2 | 4.46 |
| 1990 | 13,256 | 34,822 | 8,703.3 | 4.00 |
| 1991 | 11,989 | 32,156 | 7,792.5 | 4.13 |
| 1992 | 10,633 | 29,211 | 7,068.2 | 4.13 |
| 1993 | 9,294 | 26,959 | 6,283.3 | 4.29 |
| 1994 | 8,988 | 27,004 | 5,973.4 | 4.52 |
| 1995 | 8,911 | 24,153 | 6,329.2 | 3.82 |
| Total ¹ | | 143,816 | 8,470.45 | 16.98 |

1. Totals reflect unduplicated number of single adults who experienced a stay in the New York City single-adult shelter system over 1987-1995. The total turnover rate reflects the turnover during the course of this eight-year time period.

statistics produces the "turnover rate" shown in the tables, which can be intuitively understood as the number of persons who slept in a hypothetical shelter bed over the course of a year. Finally, the incidence column reflects the persons and families who entered a public shelter for the first time that year, with the sum of the first year's prevalence

rate and the subsequent years' incidence rates reflecting the total number of persons and families who spent time in a shelter during the study period.

Summarizing the tables for the nine-year period beginning January 1, 1987, and ending December 31, 1995, 333,482 people (unduplicated) stayed in public shelters for one day or more in New York City, representing 4.6 percent of the city's 1990 population.⁴ The majority, or 57 percent, were members of families, including 35 percent who were children. The remaining 43 percent were single-adult households, unaccompanied by children. As shown in Table 8.1, after a 15 percent jump in 1988, the annual prevalence of public shelter use by family households increased at a much more modest 2.3 percent average rate from 1989 through 1994, and then dropped 9 percent in 1995. In contrast, Table 8.2 confirms newspaper reports that show a declining single adult shelter population. The annual prevalence for the single-adult shelter system, after peaking in 1988 and 1989, subsequently plummeted by 18 percent in 1990 and then sustained a protracted but more modest average decline of 6 percent from 1991 through 1995.

Incidence rates, when compared to prevalence rates, give a rough idea of the extent to which the shelter population consists of persons experiencing initial shelter episodes. Starting with the 1988 annual rates,⁵ the proportion of new families to total families has fluctuated in the range of 41 percent to 54 percent. The numbers of new families annually fluctuate and are not significantly correlated with the corresponding annual prevalence rates.⁶ The incidence rates for the single-adult shelter system again suggest a different story, however. There is a consistently lower proportion of incidence to prevalence in the single-adult shelters from 1988 to 1994, with the proportion declining each year from about one-half in 1988 to about one-third in 1994, and then rising slightly to 37 percent in 1995. This trend suggests that those left among this declining shelter population are increasingly the repeat stayers, but the drop in incidence has been smaller than the drop in prevalence, indicating that the declining shelter utilization cannot be due solely to the drop in new persons entering the shelter.

Looking at the effects that prevalence and turnover each have on the average daily census, it is possible to associate these three statistics with homeless policy during this time. From 1989 to 1990, the average daily family shelter census decreased despite a rising demand for shelter (that is, prevalence). This was due to more families leaving the system than entering, and is indicated by increasing turnover rates. Although it is risky to attribute reasons for this without further data, the timing of this increase in turnover rates, which started in 1989, is con-

sistent with when housing, from the programs started under the Koch Administration, started becoming widely available to sheltered families⁷ and exits to housing became more widely available. The subsequent increase in both prevalence and incidence, starting in 1990, came about a year after the increase in turnover and could conceivably be attributed to the time it took for word to spread about the increased housing opportunities.

In 1991, however, falling turnover rates, with unchanging incidence and prevalence rates, indicate a slowdown in the number of families exiting the system—and a bottled-up shelter system and a host of problems for the Dinkins Administration. In 1991 and 1992 the city was running out of buildings to renovate (Dugger 1992) as the average daily census increased by 46 percent. The city, in response, increased its use of welfare hotels and dormitory shelters and had families staying in EAUs. Nonetheless, the demand for shelter kept increasing, with incidence going up during this time even though by then shelters had become more difficult to navigate successfully to a housing placement. The first significant drop in prevalence occurred in 1995, with the number of families using the shelter system that year dropping 9 percent, yet the average daily census remained unchanged. This suggests that the families in the shelter system are staying longer, and that achieving a reduction in the demand for shelter will, by itself, not decrease the size of the shelter system.

Housing placements, until recently, appear to have had the effect of reducing demand on the single-adult shelter system. In 1990, the first year of declining incidence and prevalence rates, 5,000 units of SRO housing, from the city-state partnership program, started to become available. It was also in this period that the city created the Division for AIDS Services, which provides housing to all persons with AIDS who request it. These two alternate housing streams could have absorbed many of the persons who previously would have been in shelters. In housing persons with disabilities, this housing would have served those who presumably were among the heaviest shelter users. While the decline in single-adult shelter utilization is likely to come from a combination of many reasons, the juxtaposition of this decline with supported housing availability is one more indicator of the success of this program, which has been favorably received but cut back under Mayor Giuliani. Statistics from 1995, while showing a further decline in prevalence, also show an end to five years of declining shelter system size, as the average daily census increased by 6 percent. As with the 1995 family shelter statistics, this decline indicates that people in the shelter system are staying longer.

PATTERNS OF SHELTER USE

Another question that this shelter utilization data can address is how sheltered households make use of the shelter system. Using survival analysis techniques allows for an idea of how long people stay in shelters⁸ and how many of these households, upon leaving, will return to the shelter system. Survival curves use the shelter stay data to graphically show the probability of either a shelter exit (Figure 8.1) or a shelter readmission (Figure 8.2) occurring to a homeless household at or after a specific time (Allison 1995). From day zero, when all households start their shelter stay, Figure 8.1 shows that for single adults many shelter stays end quickly, as half of all shelter stays are over in less than twenty-nine days. By day ninety, 75 percent of single adult stays will end, and in seven months' time 90 percent of all shelter stays are over. This curve is flatter for families, as families have considerably longer stays per household than do single adults. For comparison, Figure 8.1 also shows that half of all family stays end by day 46; 75 percent end by

FIGURE 8.1
Homeless Shelter Stay Survival Curves

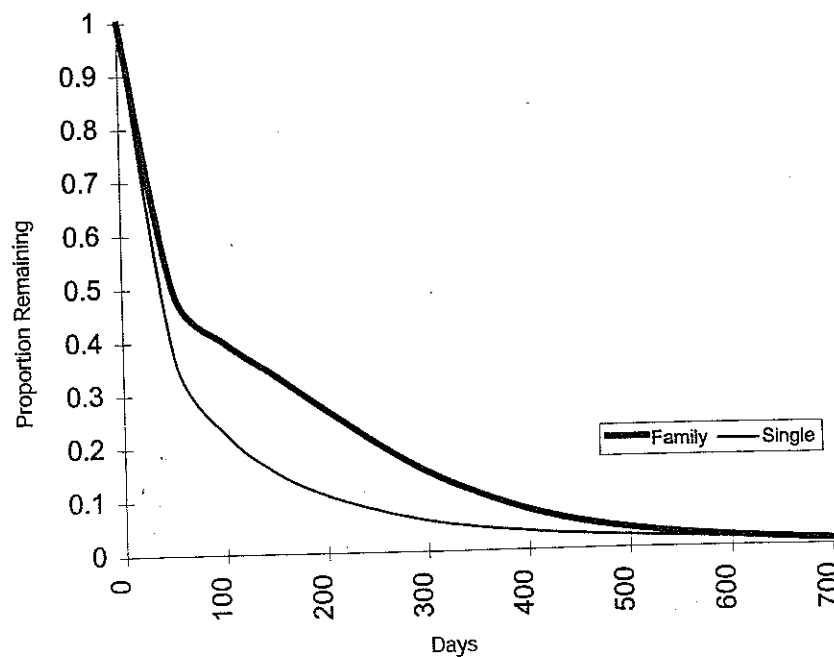
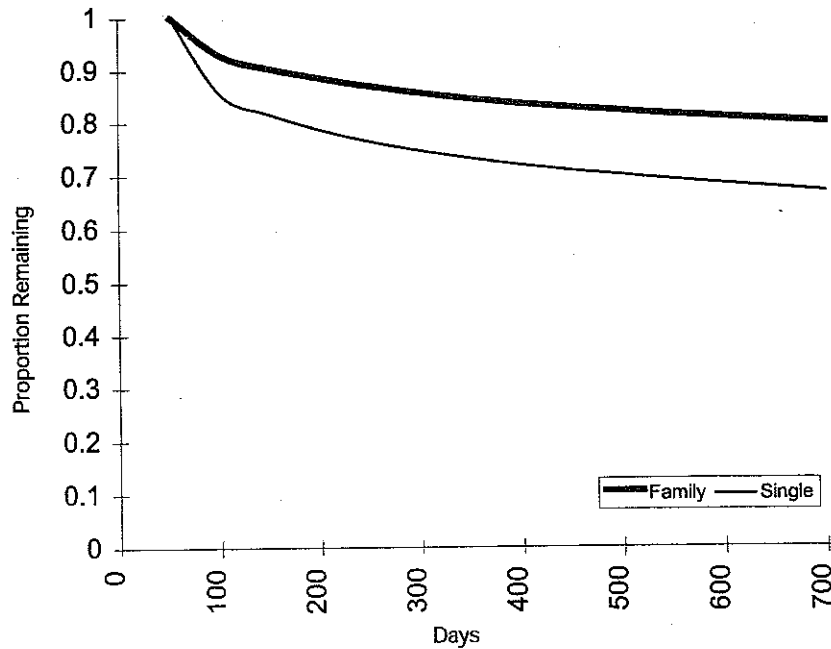


FIGURE 8.2
Survival Curves of Homeless Shelter Return Rates



day 212; and that it takes 360 days, almost one year, for 90 percent of the stays to end.

According to Figure 8.1, the majority of all shelter stays last less than three months—but how many of these households experience repeat shelter stays? Figure 8.2 shows the survival curves whereby households, family and single, avoid repeat shelter stays in the two years following first shelter admission.⁹ Among families, only 20 percent will return to shelter, while among single adults, 35 percent do so.¹⁰ A higher proportion of single-adult households compared to family households return to shelter, but the rate of reentry among those who do return follows a similar pattern for both types of household. Among the households in both shelter systems that do return to shelter, half of them will do so within six months of exit, and only 15 percent of single household readmissions and 18 percent of family household readmissions will occur after one year of exit. Taken together, these figures show something that is not often noted about the New York City shelter system: most households use it for emergency shelter—a one-time stay of less than ninety days.

DETERMINANTS OF SHELTER EXIT AMONG SINGLE ADULTS

Two studies of shelter use by single adults (Culhane and Kuhn 1998; Kuhn and Culhane 1998) offer insight as to who is at higher risk for long-term shelter stays and for repeat shelter stays, and to what extent shelter days are consumed disproportionately by the long-term stayers. The New York City shelter database, in addition to information on shelter stays, also offers information on the persons using the shelters, based on intake interviews with clients upon their admission to the shelter system. This data include demographics, as well as "indicators" for a mental health problem, medical conditions, and substance abuse problems. While these indicators have an uncertain rate of reliability, they nonetheless produce results that are consistent with what might be expected, that the presence of increased age, mental illness, medical conditions, and substance abuse all contribute to a decreased likelihood of shelter exit or, in other words, to longer shelter stays (Culhane and Kuhn 1998).

Using cluster analysis, Kuhn and Culhane (1998) use the frequency of shelter admission and length of stay to group single adults into three distinct groups. In Table 8.3, the first and largest group, the transitionally homeless, are characterized by stays that are relatively brief and short in number. The second group, the episodically homeless, also stays relatively briefly but, because it has a high average number of shelter admissions, persons in this group accumulate, on average, 4.5 times as many total shelter days as the transitionally homeless. Persons in the third group, the chronically homeless, have, on average, relatively few shelter admissions but when they stay it tends to be for a long time—2.4 times as many shelter days as the episodically homeless and 11 times as many days as the transitionally homeless.

Each cluster also is distinct from the other two in terms of demographic characteristics and presence of disability indicators (also in Table 8.3). The transitional cluster is relatively young and is the least likely to have a mental illness indicator, a medical condition, or a substance abuse indicator, although the levels of disability and substance abuse are still quite high. The episodic cluster is similar to the transitional in terms of age, but is half as likely to be white and has nearly twice the rate of a mental illness indicator, as well as a nearly 50 percent higher rate of medical conditions. Of the episodic group, 40 percent also received a positive substance abuse indicator. The chronic group, in comparison, is the oldest, with twice the proportion of persons over fifty than the episodic group as well as the highest rates of both a mental illness indicator and a medical problem, and a high substance abuse indicator rate. Both the episodic and the chronic appear to be, as a

TABLE 8.3
Cluster Statistics, Demographics, and Treatment Variables in Model for
New York City Single-Adult Shelter System Users

| | Transitional | Episodic | Chronic | Total |
|----------------------------|--------------|----------|---------|--------|
| Summary Statistics | | | | |
| Number of Clients | 59,367 | 6,700 | 7,196 | 73,263 |
| Avg. # of Episodes | 1.36 | 4.85 | 2.27 | 1.77 |
| Avg. # of Days | 57.8 | 263.8 | 637.8 | 133.6 |
| Avg. Days per Episode | 42.4 | 54.4 | 280.9 | 75.4 |
| % of Client Days Used | 35.1 | 18.1 | 46.9 | 100 |
| % of Clients | 81.0 | 9.1 | 9.8 | 100 |
| Ratio (%Days / %Clients) | 0.43 | 1.97 | 4.77 | 1 |
| Demographics | | | | |
| % White | 11.9 | 6.1 | 9.5 | 11.1 |
| % Male | 81.5 | 81.8 | 82.3 | 81.6 |
| % under 30 | 36.1 | 37.7 | 23.2 | 35 |
| % over 50 | 8.3 | 6.3 | 13.9 | 8.7 |
| Treatment Variables | | | | |
| Mental Illness | 6.5% | 11.8% | 15.1% | 7.8% |
| Medical | 14.2% | 19.8% | 24.0% | 15.7% |
| Substance Abuse | 28.2% | 40.0% | 37.9% | 30.2% |
| Any of the Three | 38.4% | 52.6% | 55.4% | 41.4% |
| All Three | 1.3% | 3.0% | 3.3% | 1.7% |

Source: Table adapted from Kuhn and Culhane (1998).

group, very disabled, as over half of each group has at least one of the three indicators.

The results of this cluster analysis point to the need for service targeting strategies. Broadly speaking, the chronic group are the long-term shelter users, and for whom shelters represent extended housing arrangements rather than emergency accommodations. This group, 10 percent of the sheltered single-adult population, appears deceptively large in point in time counts because as a group it consumes a disproportionate 47 percent of all shelter days. This would likely be the proper population to target with long-term, supported housing programs, including subsidized apartments, structured living arrangements, and, in some cases, long-term care programs. Reducing the size of this population is likely to have a large effect on the average daily census.

The episodic group, on the other hand, would not seem to be the proper target for such programs, at least in the short term. This would appear to be the group that spends time in shelters between stints in jails, hospitals, or living on the streets and would include those homeless persons who avoid shelters in all but the coldest or most extreme

circumstances. This group, however, representing 9 percent of the shelter population, also uses a disproportionate 18 percent of the total shelter days. This group could benefit from structured and service-intensive programs intended to stabilize them before assisting them in locating long-term housing, and thus stand to benefit most from transitional housing programs.

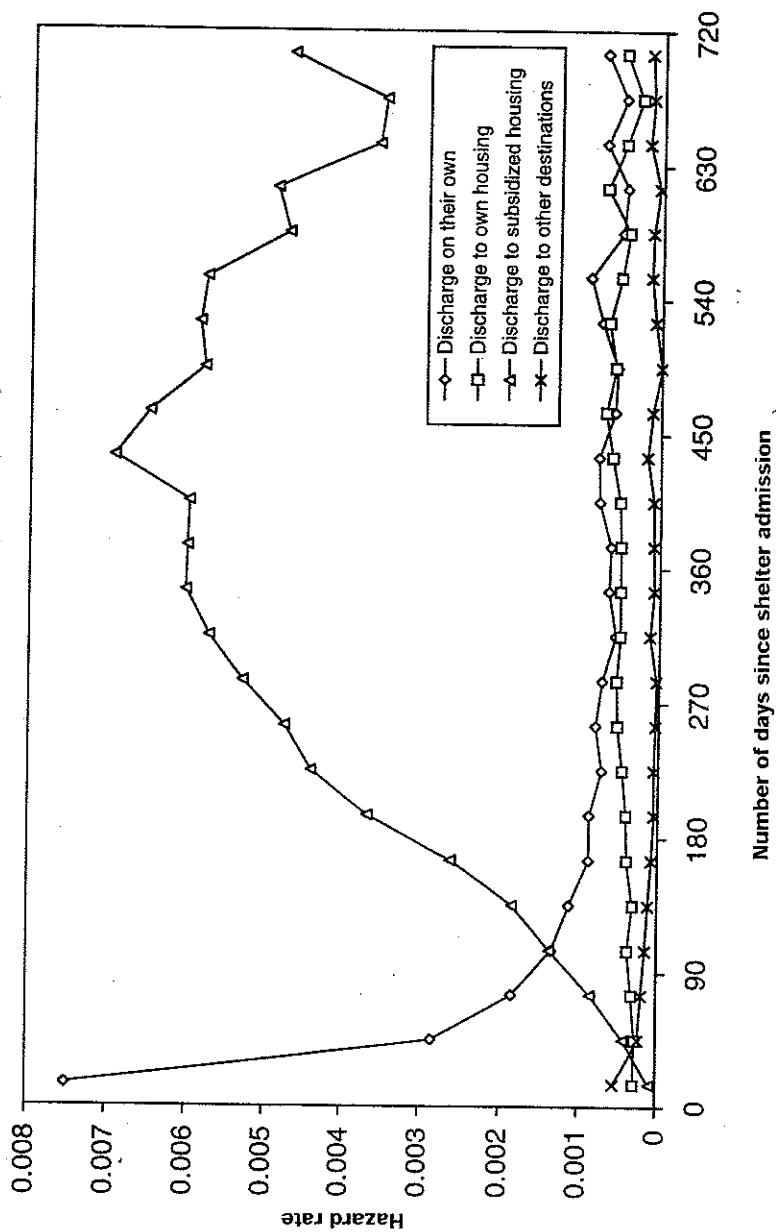
Diverting these groups to more appropriate housing and services would promise a reduced shelter system while only having to target expensive housing and service programs to 19 percent of the shelter population. The remaining 81 percent of single adults who use shelters, the transitionally homeless, collectively use only 35 percent of the system days. This group appears to have more in common with the housed poor than with long-term homeless persons, and they may benefit best from community-based programs that do not exclusively target homeless persons or persons in shelters. Many in this group could undoubtedly benefit from access to treatment programs and social services, but these services need not be linked to shelters. Indeed, they may be more effectively located in community-based programs, if goals include preventing homelessness or more quickly reintegrating this population into the community.

DETERMINANTS OF SHELTER EXIT AND REENTRY AMONG FAMILIES

Among families, fewer background variables are available for determining the characteristics associated with patterns of shelter use.¹¹ However, the New York data on families do include information on the cause of homelessness and type of shelter discharge, and this information, together with basic demographic variables, is useful for examining predictors of shelter exit and reentry. Homeless families have, on average, longer stays than do homeless single adults, largely because stays in the family system are drawn out by long waits to gain placement in subsidized housing programs. Families in public shelters are faced with a multifaceted housing dilemma that involves choosing between this option of waiting in shelters for subsidized housing, searching for private housing with typically unaffordable rents, or moving into an alternative arrangement, when available, where housing stability is likely to be highly volatile (Metraux 1996).

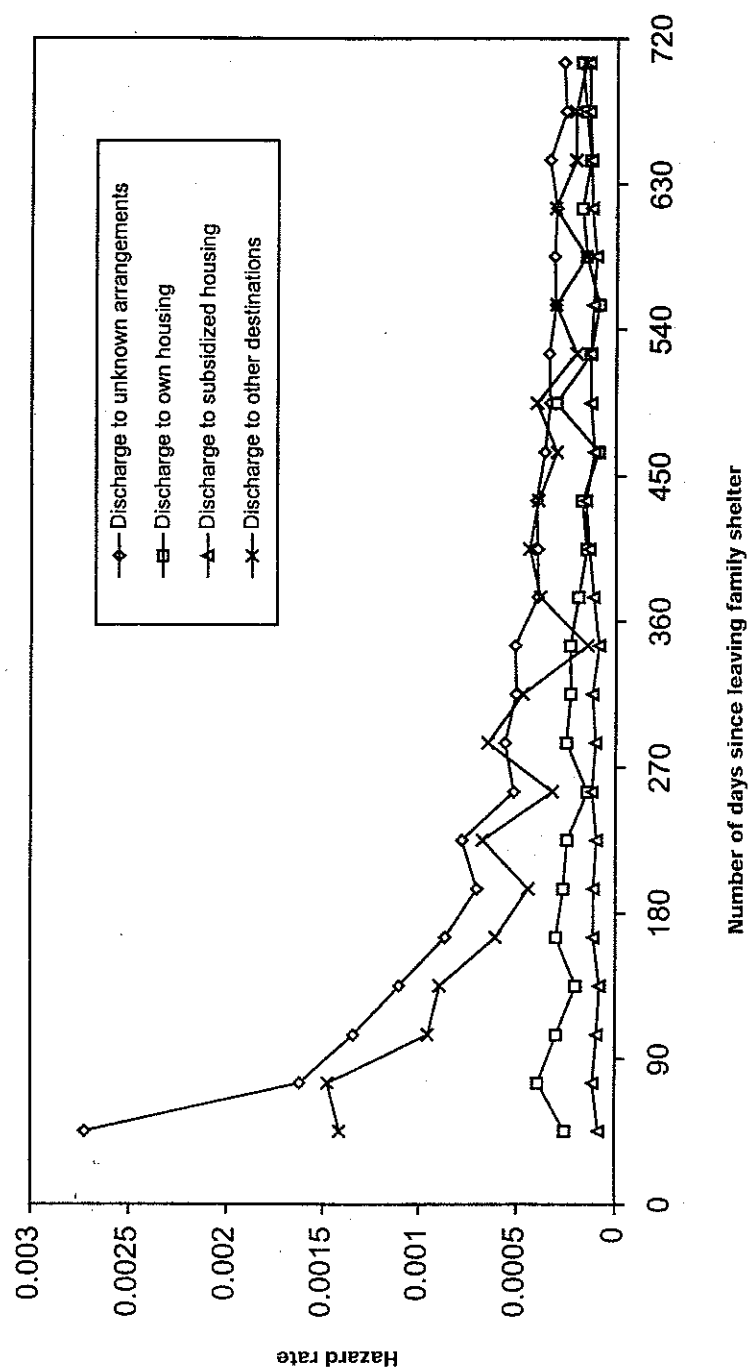
Wong, Culhane, and Kuhn (1997) examined these three types of exit from family shelter and the relationship between the types of exit and the timing of the exit. Figure 8.3 shows competing hazard rates,

FIGURE 6.3
Hazard Rates of Exiting to Different Types of Discharge from Family Homeless Shelters (N=27,919)



Source: Wong, Culhane and Kuhn (1997)

FIGURE 8.4
Hazard Rates of Returning to Family Homeless Shelters by Exit Type (N=24,640)



Source: Wong, Culhane and Kuhn (1997)

which are the likelihoods, at a particular point in time, that families will experience a particular type of shelter exit. The figure suggests that, as families stay in a shelter longer, the hazard that they will exit a shelter "on their own" or to some makeshift arrangement decreases, while at the same time the likelihood of exiting to a subsidized housing placement initially increases and then stays roughly constant after about eight months; in other words, to get a subsidized housing placement requires families to wait. But, as shown in Figure 8.4, subsidized housing exits, taken together, also have the lowest hazard for shelter reentry out of any of the four exit types.¹² In contrast those families that leave "on their own" tend to leave quicker but also show a greater likelihood of experiencing a repeat shelter stay relatively quickly.

Closer examination of Wong, Culhane, and Kuhn's (1997) study further suggests that the quality of housing placement strongly influences the risk of a return shelter stay. Families discharged to *in rem* housing, the city program that places homeless families in renovated, city-owned housing, were, everything else being equal, 50 percent as likely to be readmitted as families leaving "on their own" (the comparison category). Families discharged through the EARP program were 31 percent as likely to get readmitted. And families discharged to New York City Housing Authority apartments, widely considered the most desirable housing placements, were 18 percent as likely as "on their own" exits to get readmitted. In another related finding, the likelihood of families being discharged to subsidized housing rose substantially for families entering in 1989 and was highest in 1990, but declines thereafter, hereby supporting assumptions made from the utilization trends reported earlier.

The issue of long-staying households and their disproportionate use of system resources is also worth noting with regard to families, but with less clear policy implications. If a long shelter stay is defined as 180 days, then 30 percent of families experiencing a first admission fit into that category, and these families will consume 75 percent of the days among families having their first stay in the system. But these long-staying families, as shown in Figure 8.3, are also those who are more likely to be "successful" by virtue of the greater likelihood of their exiting to subsidized housing placements. Making housing more available to sheltered families would reduce the need for families to spend long periods of time in family shelters (thereby saving shelter resources), but would also raise the plausible, though never substantiated concern that beset the Dinkins Administration—that opportunities for quicker exits to affordable housing will only increase demand for shelter from a seemingly endless population of inadequately housed but nonhomeless

families. Instead, as the family shelter system currently functions, the prospect of a long wait in a series of shelters may deter greater demand for family shelter while simultaneously offering a viable yet unwieldy means for homeless families to obtain subsidized housing.

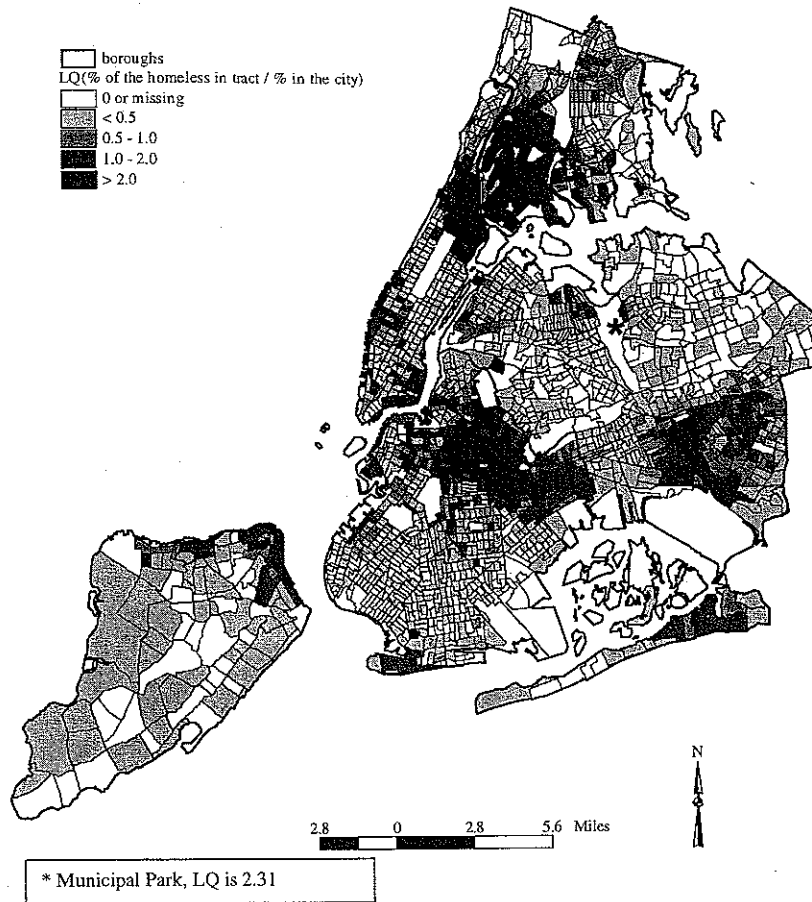
THE DIFFERENTIAL RISK FOR SHELTER ADMISSION BY NEIGHBORHOOD

So far this chapter has shown how the data collected by the New York City shelter system is useful in looking at patterns of shelter use and their possible implications for the city's homeless policy. This data can also shed some light on where homeless people come from, as it has records of the prior addresses of homeless families. While there is no detailed information collected regarding the nature of the prior residence, the address information nonetheless serves as a potentially critical indicator of the types of neighborhoods homeless families come from. For example, aggregation of these addresses by census tract has permitted Culhane, Lee, and Wachter (1996) to further characterize this distribution and the census variables that correspond to it. In so doing, such an analysis may be beneficial for understanding the structural processes that operate differentially by neighborhood to mediate the risk for homelessness, and how some broader housing issues may affect homelessness.

Culhane, Lee, and Wachter (1996) examine the proportionate distribution of homeless families' prior addresses, with results (Figure 8.5) showing that they are much more densely clustered than the poverty distribution. Nearly two-thirds (61 percent) of New York's homeless families come from three areas: Harlem (15 percent of total), the South Bronx (25 percent), and the Bedford-Stuyvesant/East New York neighborhoods (21 percent). Linking these neighborhoods with homelessness suggests that there is a disproportionate racial distribution among the shelter population, an assumption previously confirmed by Culhane et al. (1994), who show that from 1988 to 1992 the relative risk to African Americans of a shelter stay was over twice as high as for the general population and seventeen times the rate for whites.¹³ African American families are also more likely than other families to stay in a shelter longer than other families and more likely to experience a repeat shelter stay (Wong, Culhane, and Kuhn 1997).

In the Culhane, Lee, and Wachter study, a regression analysis of census variables associated with the distribution of homeless families' prior addresses further confirms this racial imbalance among the sheltered homeless when it finds that African American race is the most im-

FIGURE 8.5
Census Tract Map of the Distribution of the Prior Addresses of the
Homeless (1987-1994) in New York



Source: Culhane, Lee and Wachter (1996)

portant predictor in the model. Among other demographic variables, the proportion of female-headed households with children under age six is also strongly associated with increased risk, even controlling for the ratio of female-headed households in a tract. The ratio of Hispanic households and low levels of educational attainment are also positively related to the risk of homelessness. Alternatively, these neighborhoods have fewer elderly, youth, and immigrant households.

As predicted, poverty is also strongly and positively associated with the distribution of shelter admissions, as is labor force nonparticipation. The areas from which the sheltered homeless originate also have a higher rate of housing crowding and persons living in subfamilies (that is, doubled-up arrangements). The housing is among the lowest-cost rental housing in the city but nevertheless is still relatively unaffordable to people who live there, as measured by the rent-to-income ratio. And despite being the lowest-cost housing, these areas have higher rates of vacancy. The fact that the housing market in these neighborhoods is highly distressed is further indicated by the comparatively high rate of abandonment.

These findings provide empirical support for linking housing distress, segregation, and other neighborhood effects with the generation of homelessness. In doing so, this study's findings are consistent with other works that document the effects of economic and residential isolation on the inner-city black poor (see, for example, Wilson 1987; Massey and Denton 1993), but, more practically, it also suggests starting points for homeless prevention efforts. While crowding is a precondition for homelessness among many households, it acts as an alternative to shelter admission among immigrant groups, which have both a lower rate of homelessness and an increased rate of crowding. Further study is needed to better understand how the rate of housing emergencies varies by race and ethnicity, and how various demographic groups mediate these emergencies, both through formal and informal mechanisms of support. Such research could help to inform homelessness prevention efforts if it is able to identify potential means by which housing emergencies can be more effectively resolved in the community, without involving the shelter system. This study also narrows down three geographic areas as foci for prospective prevention efforts, but alternately broadens the discussion of prevention issues to include segregation, housing, and family issues. Such a neighborhood study suggests that the concentration of these economic, housing, and social issues in particular neighborhoods will continue to generate families seeking shelter—regardless of and a priori to any changes that are made to the shelter system.

EMERGING POLICY ISSUES

Many significant policy changes have been proposed recently at the federal and state level that raise serious concerns regarding the future trends in homelessness and the provision of public shelter in New

York City. While the details of many of these policy changes are still unclear, the likely direction of change is distressingly clear. In this concluding section, we consider some of the policies that have been proposed, and their potential implications.

With regard to housing policy, perhaps the most significant proposal at the federal level is the reduction of the Section 8 rental subsidy program. Continued increases in the number of Section 8 certificates has likely played an important, though undocumented, role in preventing homelessness for the roughly 20 percent of eligible households who receive them. As the number of Section 8 certificates remains stagnant or, as in some recent years, declines (Schwartz and Vidal, chapter 9 in this volume), the number of poor households paying unaffordable rents will grow, thereby increasing the number of people at risk for homelessness. Moreover, given that Section 8 certificates play a critical role in providing operating revenues for new housing developments, many of which are targeted specifically for homeless persons with special needs, cutbacks in the program could halt many of the initiatives that have relocated the chronically homeless to supported, permanent housing.

Other housing policy changes worth noting are the likely reductions in the allocation of federal HOME, Community Development Block Grant (CDBG), and McKinney Homeless Assistance Act funding. The HOME and CDBG programs have likely had an impact on reducing the risk for homelessness, to the extent that they have reduced the level of housing distress in areas where they have financed housing rehabilitation and development. To that end, the neighborhoods identified as at greatest risk of shelter admission in our research have also been areas that have received significant shares of rehabilitation funding, from federal, state, and city sources. As those resources decline, so will their cumulative impact on improving or maintaining neighborhood stability or in creating access to affordable housing. This could increase the risk for shelter admission from these areas, as well as reduce the supply of housing to which the shelter system can discharge homeless families.

Similar reductions in creating affordable housing for homeless households can be seen on a local level. Public housing preferences, mandating that homeless families be given priority when filling housing vacancies, had previously been reduced by the New York City Housing Authority and now have been eliminated on the federal level. By policy, the city, since 1993, has stopped taking title to properties with serious tax arrearages, eliminating the housing stock used in the *in rem* program that constituted a major source of exit opportunities from shel-

ters. Mayor Giuliani has stated that a reduction of housing placements would ease the demand on the family shelter system, as fewer families would enter a system made less attractive by the lack of housing opportunities. Yet our findings show that there have been several years of decline in placements from family shelter to housing with no corresponding decline in prevalence rates for the family shelter system until 1995, the most recent year studied, when the prevalence was finally reduced, as desired, but the census actually increased as fewer households exited the shelters.

With respect to proposed cuts in direct federal aid for homelessness programs through the McKinney Homeless Assistance Act, this will also likely have an effect on the shelter system and efforts to reduce homelessness. The proposed shift in the McKinney programs to a formula-driven block grant could have some potential benefits, in that the block grant process is likely to require localities to establish a local planning process for the expenditure of funds. However, there will undoubtedly be less enthusiasm and impact from this redefined program strategy as the overall funding declines. McKinney is the only program set aside specifically for homeless persons, thus the cuts will likely have a more direct effect on the shelter system than other cuts. But while McKinney funding is valuable to the New York region, New York City is much less dependent on it than other areas of the country, given the more significant role of the state and the city in funding homeless services.

Finally, the elimination of AFDC as a federal entitlement, and the accompanying measures that curtail AFDC eligibility, must also be considered for its potential impact on housing stability. Likewise cuts in federal food stamp benefit levels will likely increase hardship among the poor. On the state level, proposals to reduce AFDC and Home Relief for single adults failed to pass in 1996, but they face an uncertain future in a political environment where income assistance measures of all kinds that target the poor are under attack. The implications for the shelter system are obvious, as it is likely to replace income entitlement as the public's notion of what constitutes the "safety net" for poor households.

It is likely that the shelter system will respond in ways that will limit the potential impact of these changes on shelter utilization. The resources for emergency shelter are not limitless; communities have resisted new shelter development; and the city has threatened a renewed legal challenge to its obligation to provide shelter under the *Callahan* consent decree. Alternatively, the city may attempt to restrict growth in the shelter system through various programmatic responses. For exam-

ple, the eligibility screening that has been put in place for families and the shelter diversion program that operates out of the Income Maintenance centers are two approaches the city has already implemented as ways of narrowing the "front door" of the system. The overcrowding at EAUs is another, though perhaps unintended, way of discouraging people from following through the admission process to completion. A possible unintended consequence of such a "front door" management approach is that, if it has any significant effect, it will likely be removing from the system the people who have the most resources to exit on their own, or who would have exited shortly after admission, without a housing placement. This would lead to a change in the "case mix," in hospital parlance, and increase the proportion of more needy and longer-staying households. This is one potential explanation for the rise, in 1995, of the average daily census while the corresponding prevalence rates decreased.

In addition to reducing admissions, the system is also likely to respond to increases in demand by reducing stays ("back door" management). This could occur through several possible mechanisms. While the possibility of increased subsidized housing opportunities is unlikely in the current policy context, one likely scenario calls for the city to structure reimbursements for shelters such that it encourages earlier discharges, with or without subsidized housing. For example, the city could move toward a "capitated" system of reimbursement, over the current per diem system, much as is done in the area of health care. Such a system would include the need for close monitoring to prevent arbitrary discharges, and would likely need to engage shelter providers in resettlement programming to prevent readmissions. Alternately, the city could impose an absolute time limit for stays, such as the ninety-day limit mentioned previously.

CONCLUSION

This chapter examines homelessness policy and shelter utilization in New York City since the *Callahan* consent decree in 1981. Data collected in the New York City shelter system have permitted evaluation of past policy and the corresponding dynamics of shelter utilization, and offer an empirical basis for making recommendations concerning shelter policy. Looking ahead, the city's shelter system is likely to maintain its monolithic status and to continue an adversarial relationship with homeless advocates, to continue receiving direction from the courts, and to continue confronting crises borne of high shelter demand.

and scarce funding. On the other hand, the current atmosphere is heavy with anticipation of the effects that changes in both social programs and in how the city carries out its commitment to provide shelter will have on homelessness.

Among the findings presented here is that, for most households, the shelter system appears to function as intended—as a brief emergency respite. Current city homelessness policy has placed a diminished emphasis on permanent housing for homeless households, although housing placements take homeless households out of shelters and reduce the risk of repeat shelter stays. Increased housing placements may, however, have the latent effect of increasing shelter admissions, although this is far from certain. What is clear is that housing is not a blanket remedy for homelessness, but neither is increased services, which has received increased policy emphasis as programs to promote self-sufficiency have become necessary to maintain political support for homeless programs. Our findings suggest that a services approach is potentially most effective, in terms of cost and results, when it targets specific groups of sheltered households or, in the case of preventative measures, certain areas of the city. Finally, while these recommendations are specific to increasing shelter efficiency and effectiveness, utilization data also carry the reminder that homelessness involves factors that extend beyond shelters. And while shelters are integral to New York City homelessness policy, ultimately any reduction in homelessness must involve a range of other concerns.

NOTES

1. See Culhane et al. (1994) for a more complete description of the New York City shelter database.
2. Using such a longitudinal perspective, the Clinton Administration, in outlining its policy on homelessness, acknowledges that the extent of homelessness is far greater than what is suggested by point prevalent counts, and, that, based on longitudinal studies including Culhane et al. (1994), "the number of adults experiencing homelessness was between four and eight million at some point in the latter half of the 1980s" (Interagency Coalition on the Homeless 1994, 22).
3. As these numbers represent the average over the course of a year, they smooth out the day-to-day fluctuations in this statistic that was previously mentioned.

4. Based on the 1990 U.S. Census count of a total New York City population of 7,322,564.
5. The higher incidence rates in 1987 represent an artifact of the dataset, whose earliest records are from 1986. Thus many people and families recorded as new in 1987, the first year of complete stay records, may have actually stayed in years prior but were not recorded. This effect may continue, but at reduced levels, through subsequent years.
6. The correlation (r) between annual incidence and prevalence, from 1988 to 1995, is .322 with $p = .44$.
7. About 96 percent of the families who left shelters to their own housing following a 1990 stay received this housing through a subsidized housing program (Metraux 1996).
8. On a methodological note, a "stay" is considered to be a continuous span that precedes a thirty-day exit from a shelter. Both family and single-adult records typically include, in their records, many stays for each individual or family that are of short duration (one to three days) and show contiguous dates or dates that are separated by several days. This analysis collapses these short stays occurring within thirty days of each other into one spell of homelessness. While thirty days, like any exit length, is somewhat arbitrary, it does indicate an extended time period spent away from shelters and assumes that alternate living arrangements have supplanted, not just provided temporary relief from, shelter use. It is also noteworthy that such a thirty-day exit may not necessarily mean an exit from homelessness, as it may lead to living "on the streets" with whereabouts unaccounted for or some other makeshift living arrangement (see also Culhane and Kuhn 1998).
9. This analysis tracks households from their first shelter entry into a shelter following a span of two years of not having had a shelter episode.
10. These rates represent the proportions above each curve at the far right of the figure, with the proportions under the curves representing those households that, upon their initial exit, stayed out of the shelter for the two years following their initial exit.
11. Weitzman, Knickman, and Shinn (1990) cover some of this ground in a more detailed way with a smaller sample, comparing homeless and housed poor families over time.
12. Weitzman and Berry (1994) similarly found low rates of shelter reentry in following up on families who received placements from shelters to subsidized housing.
13. This can be compared to the measured poverty rate, which is approximately three times greater for blacks than for whites.

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