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Supportive Housing for Families Evaluation

Accomplishments and Lessons Learned

By **Philliber Research Associates**

CSH Evidence Series

Corporation for Supportive Housing

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Philliber Research Associates (PRA), an independent research and evaluation firm, specializes in outcome-based evaluation and planning services. Founded in 1987, PRA has evaluated hundreds of programs across the US and abroad. PRA has a multi-disciplinary team of researchers, program evaluators, data analysts and support staff at offices in New York, St Louis, Memphis, and several locations in California. PRA serves human service organizations (health, education and social services), arts and cultural institutions (performing arts, museums and media programs), funding sources for not-for-profit organizations (foundations, government agencies and other philanthropic associations), and other firms and businesses seeking to improve organizational effectiveness. For more information, contact:

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INTRODUCTION

In 1998 the Corporation for Supportive Housing launched the first national effort to extend the promising model of permanent supportive housing—a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives—to homeless and at risk families. To achieve this objective, CSH proposed four strategies:

- Identify financing strategies that expand the availability of resources necessary to develop and operate family supportive housing
- Document and disseminate information on successful models for providing supportive housing for homeless and at risk families aimed at achieving stability and independence
- Build the capacity of non-profit housing and service providers to develop and operate supportive housing for homeless and at risk families
- Educate government and philanthropy on the potential for supportive housing to reduce the reliance on crisis driven emergency systems to meet the needs of very vulnerable families

With a generous initial investment from the Oak Foundation, which was matched by other regional and national foundations, CSH moved forward to implement the four strategies in New York City, Connecticut, Minnesota, Michigan, Illinois and the San Francisco Bay Area.

At the time, despite nearly two decades of experience and research, the needs of homeless families remained the subject of much debate and little agreement. In government policy circles, it was still commonly believed that virtually all homeless families were simply caught in a temporarily economic crisis, and rarely experienced the complex set of problems including mental health and substance use issues, chronic health conditions and traumatic exposure to violence, that were widely accepted as factors contributing to the homelessness of single adults. The well-documented fact that many “single” homeless individuals were parents was generally ignored.

In 2000, CSH contracted with Philliber Research Associates (PRA) to design and conduct an evaluation of several newly developed permanent supportive housing projects for homeless families or those at risk of becoming homeless. PRA was selected because of the firm’s extensive experience in evaluating programs for vulnerable families and children. The Principal Investigator, Sally Brown, PhD had a stellar reputation as an evaluator who approached her work with deep respect and compassion for program staff as well as program participants. Dr. Brown’s ability to engage program staff and the tenant families was the critical ingredient in the successful completion of this work.

Developing the evaluation design posed a number of challenges. Because the concept of permanent supportive housing was relatively new, there were no established “models”. While the number of projects in development increased each year, no two projects were alike on key dimensions, which limited the options for the evaluation design. Each project also faced extensive reporting requirements to multiple public and private funding sources, so

PRA and CSH were reluctant to impose any additional data collection burden on the fledgling projects.

The evaluation was ultimately designed to describe the different projects and answer the following questions:

- What is the profile of families who live in these supportive housing projects?
- What types of services are offered and what services do the families use?
- What impact does living in supportive housing have on:
 - Housing stability
 - Family stability (family preservation or family reunification)
 - Self-sufficiency/income
- What factors contribute to successful experiences in the housing setting or unsuccessful experiences (eviction)?

With funding from the Oak Foundation, PRA began the evaluation in 2001. Data collection and analysis continued over a four-year period as the number of projects included in the evaluation was expanded.

This report describes a range of program models and approaches. Some of the projects required participation in services; other projects offered services on a voluntary basis. Some projects were “clean and sober” while others approached substance use differently. Differences in program approach produced different outcomes, which are noted and discussed.

CSH’s Perspective

There is a broad range of models and perspectives within the field of supportive housing, especially as it relates to approaches for delivering services to tenants. Two key areas where there is considerable variance are voluntary vs. mandatory services and the approach to housing people with active substance use issues. These topics are considered especially complex in family supportive housing. CSH’s perspective is that service participation should not be a condition of tenancy in permanent supportive housing. CSH has also found that approaches based on harm reduction, and strategies that seek to engage and support tenants at all stages of change are especially promising, particularly for those who are most at risk of long-term homelessness, and can significantly increase housing retention among individuals and families. Some supportive housing is intended to achieve other outcome objectives, which may reflect the priorities of funders, the needs and preferences of tenants, and/or the mission and values of the organizations that provide supportive housing. Approaches that incorporate some requirements that tenants participate in services, or that they abstain from all use of alcohol or other drugs, are more common in supportive housing that is intended to help families or individuals achieve recovery from addiction, or re-unification after involvement with the foster care system, for example. Recognizing the diversity of views on these important issues, CSH continues to engage in constructive dialogue with our partners in the supportive housing, disability rights, and human services communities around the country.

The Executive Summary of the report highlights the accomplishments and lessons learned, summarizing key findings and examining issues encountered across the five sites. The report includes a separate chapter on each supportive housing project, which is intended to be useful as a stand-alone report. Therefore, background information is repeated in each of these chapters.

It is important to keep in mind that the chapters describing each of these projects reflect the status of implementation and the challenges experienced by staff and tenants during project start-up and the first few years of implementation. Most of the data collection for this report was completed in late 2003. Programs and people are likely to have changed since then, in part reflecting lessons learned and shared through this evaluation effort.

In the years since CSH and our partners launched this program initiative and evaluation effort, more communities have made investments in supportive housing for families. CSH has continued to partner with local organizations to help expand the availability of supportive housing for homeless families, and to document and support the replication of effective models. In early 2006, CSH released a new publication, *Home Works*, which offers practical guidance for the development and operation of supportive housing for families, drawing upon the experience of the organizations that have been involved in the projects described in this report and others around the country.

There is now a growing body of research about family homelessness, and a growing body of evidence about the impact of supportive housing for families.¹ We also know that many of the adults who are now chronically homeless had previously experienced homelessness and out-of-home placement as children. Clearly, as we learn more about effective strategies for ending family homelessness and supporting family reunification, we have an opportunity to intervene now to reduce the number of children who will become part of the next generation of chronically homeless adults.

The findings of this report have important implications for public policy. Supportive housing is an effective strategy for ending family homelessness and supporting family reunification. The report highlights the need to continue our efforts to develop and support the replication of successful program strategies, as we continue to learn more about the most effective ways to achieve better outcomes for families and children.

CSH would like to express our appreciation for the researchers, Sally Brown and her colleagues at Philliber Associates, the program staff, and most of all the supportive housing tenants who shared their stories and collaborated in this evaluation. This report—and the supportive housing projects described here—would not have been possible without their hope and vision, and their trust and candor. We have a lot to learn from them.

¹ Two important studies of families in supportive housing, which were launched after this program initiative, are the evaluation of the Hearth Connection in Minnesota, conducted by the National Center on Family Homelessness, and the evaluation of the Family Permanent Supportive Housing Initiative of the Schwab Foundation in California, conducted by the Urban Institute and Harder + Company. Preliminary reports are available on-line from the National Center on Family Homelessness http://www.familyhomelessness.org/hearth_04.pdf and from the Schwab Foundation <http://www.schwabfoundation.org/index.php/articles/623>

EXECUTIVE SUMMARY

Background Information on the Supportive Housing Movement

The concept of supportive family housing integrates permanent, affordable housing and accompanying key services for residents and their children. While the primary goal of supportive housing initiatives is to maintain stable housing for families at risk of homelessness, additional objectives often include recovery from addiction, education, employment, or mental health gains and increases in child well-being, parenting, or family functioning. The provision of services as part of the normal operation of the housing facility is the central theme of the supportive housing philosophy. Integrated, supportive services enhance residents' housing stability and well-being, reduce incidences of homelessness and their myriad associated problems—all at a substantially lower cost to individuals and society.

Continuum of Service Approach

A variety of models and approaches exist in family supportive housing, but many programs provide services on a voluntary continuum—from casual to intensive—depending on residents' interests and needs. Some programs are more structured and do require participation in specified services as a condition of residency. Since many supportive housing programs have completely voluntary participation in services, they often require staff outreach efforts to engage residents. Often a core of essential services is provided on-site, which include extensive referrals to outside agencies' additional services. The continuum of service approach ensures that services are responsive to residents' choice, are designed to maximize residents' independence and encourage their participation in the local housing and larger community. Some residents may rarely see the on-site service providers, while others will choose to engage regularly.

Most supportive housing programs provide case management or other professional support for residents, where goals are set, progress encouraged and monitored, and a supportive relationship develops between resident and staff. The level of service can be transitional or permanent by design, and can change over time depending on progress made and residents' wishes.

Substance Use and “Harm Reduction” Principles

Within supportive housing projects a “harm reduction” philosophy often influences the policies that are implemented around tenants' drug or alcohol use. Strict policies which require new residents to be alcohol or drug-free for a period of time before becoming residents often prevent homeless families from entering a shelter or a transitional housing project. Similarly, housing projects with abstinence rules discourage residents from admitting or seeking help for chemical dependency out of fear their housing will be threatened. Within many supportive housing projects, a “harm reduction” philosophy shapes policies and programs that acknowledge but do not condone that many tenants do

use substances. Within many supportive housing programs, clearly defined harm reduction guidelines are developed and enforced around the use of drugs and alcohol. Such as:

- Substance use of tenant must not disturb other tenants.
- Alcohol use, drug use and public intoxication are not permitted in community areas of the building or in front of buildings.
- No selling, distributing, or drug-seeking behaviors allowed in the building.
- Substance use may not interfere with tenant's financial responsibility to pay rent., etc

This process is pragmatic, setting realizable goals for users, and helping control and reduce potential harm of the residents' substance use.

Types of Services in Supportive Housing

The most important service in supportive housing—and that which is sometimes required as a condition of housing—is the joint problem-solving efforts by residents and staff to help prevent or respond to crises that threaten housing stability. The financial rationale for supportive housing is that it is less expensive to spend the money up front to support and retain residents in order to avoid the far more costly public interventions associated with homelessness. While the actual array of services will vary in each program, the most common services that are offered for children and adults follow.

Typical Adult Services

- Early intervention or problem-solving on issues that may affect housing stability
- Assistance and encouragement in setting and meeting goals, and becoming more productive, stable, and independent (case management)
- Referrals and assistance with accessing other community services
- Advocacy or assistance in solving legal, financial or school system problems
- Outreach to engage new or reluctant residents and introduce them to available services
- Support groups, residents councils, social events, and recreational opportunities that build community
- Facilitating residents' involvement in with property management and with problem-solving and helping address any dissatisfaction with current services
- Emergency food, transportation, and financial assistance
- Adult education and job skill development
- Job aptitude and placement services
- Workplace support or advocacy
- Sheltered work experiences
- Counseling, therapy or support groups
- Health clinic or care
- Substance abuse services
- Parenting support groups
- Family reunification
- Recreation or interest groups

Linking with skilled and experienced service providers is the challenge and key for delivering high-quality supportive housing programs. Quality of services varies dramatically depending on the program design, program track record, and experience, training, and skill of staff. Staff and management of agencies must have experience working with people who have experienced homelessness, addiction, and poverty. Mismatches in service philosophy and expectations among providers are common pitfalls within supportive housing programs.

Typical Children's Services

- Child care/therapeutic child care
- After school enrichment
- Academic support
- Recreation
- Youth development
- Counseling or therapy
- Child case management
- Advocacy with school systems, social services, and other agencies
- Family reunification
- Referrals and linking to services

Particularly when providing children's services, collaborating agencies should have experience working specifically with families who have experienced homelessness. Homelessness and its related chaos can have a devastating affect on children's development and well-being. Children with parents who are chronically homeless, mentally ill, or substance abusers often have physical ailments, developmental delays, and emotional issues associated with trauma. Behavioral problems and poor academic performance are the norm. Children's complex needs should be paramount when providing supportive housing programs for families. Housing facilities should be designed specifically to accommodate the service needs of child residents. It is important to plan space for child programming such as after school care, recreational and academic support programs, as well as areas for supervised play. Facilities should be durable and large enough to accommodate large numbers of children.

Service Models and Locations

A variety of service models exist within family supportive housing projects. Sometimes one agency will develop and manage all of the core supportive services. More frequently, a collaborative group of agencies will develop and provide supportive services. A third possibility is the co-location of agencies who provide services within the housing site, have adjacent work space and residents in common but who do not work collaboratively in the provision of their services.

The supportive family services can be offered either on-site or off-site of the housing facility. Those offered on-site may take a variety of forms. Some on-site services are office-based, where residents meet with staff in professional office settings within the housing complex. Also frequent are home-based services, where case managers or other supportive staff meet

in the residents' homes. Public spaces within the housing facility, such as meeting rooms, community centers, are also frequently service locations.

Housing Models and Site Control

Family supportive housing projects are commonly configured as either single site or scattered site housing units. A single site project includes housing and supportive family services in one location where a substantial number of housing units are clustered. A scattered site project would administer housing and services across a number of housing locations, usually with a small number of units at any one site. Scattered site supportive housing units are usually integrated into a larger housing complex or community where residents live side-by-side with neighbors not involved in supportive housing.

A third model for family supportive housing are established public housing facilities that have transitioned to provide supportive services for all of their residents. The federally-funded HOPE VI projects remodeled (or demolished and replaced) existing public housing complexes and added supportive services for residents. These sites are unique among family supportive housing projects in that they are often administered by local housing authorities, have long histories as housing facilities, and tend to serve a different profile of resident. These public housing overlay projects serve residents who are less likely to have experienced homelessness, but who have exhibited long-term dependence on public housing.

The administration of supportive housing projects also comes in a variety of forms. Sometimes the core services are provided and the property is managed by a single agency. More frequently, there is an agency or collaborative of agencies who provide the supportive family services, while a separate agency serves as the property manager. The property manager is usually the owner (often a housing or other non-profit agency), or a professional property management company hired by the owner.

Target Populations

The majority of family supportive housing programs attempt to attract and serve families who are homeless, formerly homeless, or at risk of homelessness. The rationale of the supportive housing movement is that by providing services, first and foremost services that avert housing crises that could result in homelessness, individual and societal costs are reduced. Homelessness results in expensive public interventions, such as emergency medical care, foster care, and involvement in the criminal justice systems. Most families who suffer homelessness are also beset by a dysfunction or disability. People with mental illness, disability, AIDS, substance abuse, or multiple diagnoses, are also major target populations for many supportive housing efforts.

Another more recent target population for family supportive housing are residents of public housing projects who are involved in federal welfare-to-work initiatives. Some supportive housing efforts specifically target public housing residents who are sanctioned and at risk of losing welfare benefits. The rationale is that by providing supportive services in conjunction with their housing, residents' chances of success in the jobs arena will be increased.

A variety of specific family types may also be targeted by family supportive housing programs. Some may focus on serving single parent families, others specifically on serving two-parent families, or families with a larger than average number of children. Some supportive housing efforts may target families whose children have been removed to foster care and are involved in family reunification efforts.

Common Outcome Objectives

Housing stability is the primary outcome objective across supportive housing programs. A main focus of core service providers, therefore, is on helping residents maintain their housing by paying rent, meeting the lease requirements, maintaining safe and healthy home environments, and abiding by the rules of the housing complex.

Reunification of children/family preservation may be an additional outcome objective in supportive housing programs for families whose children have been removed to the foster care system. Family supportive housing offers a safe, home environment and supportive services which increase the chances of successful reunification.

Economic self-sufficiency may include education and employment gains that lead to greater self-sufficiency, income, and overall family well-being.

Improved functioning may include improvements in mental health, physical health, or substance abuse that impairs healthy functioning.

Improved child well-being (including academic, social, emotional, or physical) and improvements in parenting or family functioning are also often among the outcome objectives for family supportive housing programs.

A program model for the Supportive Housing for Families Evaluation can be found on the following page.

SUPPORTIVE HOUSING FOR FAMILIES EVALUATION PROGRAM MODEL

Process Objectives <i>What you are going to do</i>	Outcome Objectives <i>What you expect to happen</i>	
	Short term	Long Term
<p>Programs provide supportive housing for families, which typically includes case management services. Other common on-site services for adults include:</p> <ul style="list-style-type: none"> ▪ Outreach to engage new or reluctant residents and introduce them to available services ▪ Early intervention or problem-solving on issues that may affect housing stability including advocacy with property management ▪ Residents councils, social events, and recreational opportunities that build community ▪ Adult education and job skill development ▪ Counseling, therapy or support groups including parenting support groups and substance abuse groups (e.g., AA) ▪ Family reunification services ▪ Referrals and assistance with accessing other community services <p>Common on-site services for children include:</p> <ul style="list-style-type: none"> ▪ Child care or respite care ▪ After-school enrichment services that include academic support, recreation, and youth development activities ▪ Child case management that includes advocacy with school systems and referrals to services 	<p>Families served in a supportive housing program will improve their housing stability by remaining in housing for at least one year.</p> <p>Families will achieve more stability by maintaining their children in their homes (family preservation) and reunifying with children who had been previously removed.</p> <p>Families will improve their self-sufficiency by:</p> <ul style="list-style-type: none"> ▪ Maintaining existing income sources (from entitlement program or otherwise) ▪ obtaining employment or ▪ pursuing further education, which eventually leads to an increase in income. 	<p>Families will become self-sufficient and less dependent on supportive services.</p>

Summary Descriptions of the Five Supportive Housing for Families Programs

Five supportive housing for families programs – three programs in California and two programs in Minnesota – were the subject of this study, which was conducted by Philliber Research Associates and funded by the Corporation for Supportive Housing. Following is a brief description of these programs. See the appendix for a comparison of the models.

Alameda Point Collaborative provides 100 units of housing on a former U.S. Navy base in Alameda, California. The site combines supportive services for permanent as well as transitional housing residents. All services are completely voluntary, and a harm reduction philosophy exists in regard to drug and alcohol use. Six case managers have mixed caseloads of permanent and transitional families. A staff of seven (one full-time and six part-time) provide youth services which are available to the 267 children who live on the property. Substance abuse, mental health, counseling services, and employment services are all available on-site. Forty of the permanent units at the Alameda Point Collaborative are designated for supportive housing for families, and were the focus of this study. Service delivery began in late 1999, and data collection for this study began in May 2001.

Canon Barcus Community House is operated by Episcopal Community Services which has long been involved in providing housing and services to homeless and low-income adults and families in San Francisco. A new building was designed and created in an urban downtown neighborhood specifically to provide apartments and supportive services for 47 formerly homeless families. All services are completely voluntary, and a harm reduction philosophy guides policies surrounding drug and alcohol use. Five professional staff members from two separate agencies provide case management services. Other staff members from Episcopal Community Services, as well as contracted agencies, provide on-site mental health and employment services. A major portion of the youth services were contracted to the YMCA, which runs an on-site school academic and enrichment program after school and during holidays. At the time of the study there were a total of 116 children living on the property. An infant care center and a medical clinic also operate on site. Residents moved into the new building in March of 2002, and data collection for this study occurred between March 2002 and July 2003.

Emma's Place is operated by Emma Norton Services, which has been providing single-resident occupancy housing and services to formerly homeless women in the St. Paul area since the 1960s. When the agency experienced difficulty finding existing housing for formerly homeless women with children, they decided to build a new property specifically for larger families. Emma's Place opened in June of 2002 in Maplewood, Minnesota, a suburb of St. Paul. It provides 13 town homes and supportive services for families, each with three or more children living at home. Residents must participate in case management services, as well as verify their participation in a number of off-site mandated services, such as drug and alcohol counseling, mental health services, and job counseling. There is a no-use policy for drug and alcohol use by all residents both on and off the property, and random testing is conducted by case managers. Emma Norton Services also serves as property manager. Two case managers provide services to families and coordinate closely with the family's other service providers, including the children's schools. One staff member provides academic and enrichment services for youth on-site after school and during the summers. Data collection occurred during fall of 2003, but included a case record review that analyzed services received by families since the opening of the Emma's Place in June 2002.

Lockwood/Coliseum Gardens Family Services Collaborative was a pilot supportive housing program for families residing within the existing public housing complexes of Coliseum Gardens and Lockwood Gardens in Oakland, California. As originally devised, the supportive services were specifically to engage 50 designated families at Coliseum Gardens who had either been sanctioned by CalWorks or who were in jeopardy of sanctions that could lead to a reduction in their state benefits. Later, it expanded to include any of the residents within the two housing complexes through the Hope 6 Project. The collaborative's lead agency, Alameda County Medical Center, and Asian Community Mental Health provided case management services. Three separate programs for youth were operated by Girls, Inc., the Eastlake YMCA, and Asian Community Mental Health. Additional services included substance abuse counseling and treatment, employment services, community development, and nutrition education. All services were completely voluntary. The delivery of family supportive services began in November 2000 at Coliseum Gardens and in 2002 at Lockwood Gardens. Data collection began in July 2001 and continued through June 2003.

Portland Village opened in Minneapolis in January 2002, providing housing and services to 26 formerly homeless families and their children. It is operated by R.S. Eden with the goal of providing a sober community for families with members in recovery from substance abuse. The target population for Portland Village residents is families with dependent children, either single parent or two-parent, who were homeless at the time of application, had one adult member with a HUD-defined disability, and had experienced 60 days of sobriety. No drugs or alcohol are allowed to be consumed on the property, and residents are held to a no-use policy off the premises, as well. Three full-time case managers provided services to both adults and children in the family. Two youth specialists develop and run programs for the approximately 60 children living on the property. Portland Village residents receive many additional services off-site, such as substance abuse counseling and treatment, mental health services, and employment services. When Portland Village opened in January 2002, it was the first supportive housing program for families in the Twin Cities area. Data collection occurred during fall of 2003, but included a case record review that analyzed services received by families since the opening of Portland Village in January 2002.

Profile of the Families Served

- Between May 2001 and July 2003, 233 total families were enrolled within the five supportive housing programs.
- The majority of households (60%) were headed by a single parent, living without a spouse or partner.
- Females headed the majority of households (88%) as the primary person on the lease.
- The majority of the households were headed by African-Americans (67%), and the next largest racial groups represented were Hispanic/Latino (7%), Asian (6%), White (6%), and Native American (4%).

- At the three sites that collected this information, most households were noted to have special needs. The most commonly mentioned special needs were drug abuse (44%), mental illness (29%), and alcohol abuse (27%).
- At the four sites who gathered this data, over half of the families had children aged 0-4 years (56%), nearly three-quarter had children aged 5-12 years (73%), while many had children aged 13 or older (40%).
- At the four sites that gathered this data, four in ten of the heads of household had completed a GED or graduated from high school. Just over a third (37%) had not completed high school, 9% had completed some college or vocational training, and 1% had either a 2-year or 4-year college degree.
- The range of monthly income among families was \$0 to \$2,992 per month. Half (52%) of the families received TANF or MFIP state benefits, 19% had employment income, and 18% had SSI income.

Summary of Outcomes

Housing Stability

- Canon Barcus Community House and Alameda Point Collaborative demonstrated extremely high levels of housing stability, with about 95% of residents maintaining their housing for at least one year.
- Portland Village and Emma's Place demonstrated lower levels of housing stability (around 70%), most likely due to their more stringent program requirements, and to the fact that residents would receive a Section 8 housing voucher after one year of residency. However, the average length of time in those programs was approximately 11 months. Of those families that left these two programs, 40% went into Section 8 housing and 17% went into a rental, 13% to stay with family or friends and 7% another supportive housing program. The destination was uncertain for just a quarter of the families.
- Housing stability was not tracked at Coliseum as relocation of families was expected while the housing went through renovation.

Self-sufficiency

- Residents' average monthly income increased at Canon Barcus Community House, Emma's Place, Lockwood-Coliseum Gardens Family Services Collaborative, and Portland Village. Income dropped slightly at Alameda Point Collaborative, mostly due to a loss in TANF benefits. Across the five programs, more than a third of the households (35%) had an increase of income.
- Employment of heads of household increased at all five programs. School enrollment increased in two of the three programs tracking that information.

Success in Action

The Alameda Point Collaborative provides on-site employment services, including workshops, computer skills, resume, wardrobe, and job placement assistance. The employment counselor cautioned that many of their tenants have either a physical or mental disability (including substance abuse) and that the level of this disability must be understood before real assistance can be provided. Since the tenants are not always able to clearly articulate the degree of their limitations, the employment counselor works closely with the case manager to get a clear idea of what the tenant's goals and limitations are. There have been many success stories at APC in providing their employment services. One woman in her late 30's completed all of the job preparation and job readiness workshops and then was hired by APC in a clerical, on-the-job training position. She received job coaching from the APC program, which enabled her to grow in her abilities as an administrative assistant. With her newly acquired set of skills, she then interviewed and was hired for a job out in the community earning over \$30,000 a year. She has since received two salary increases. Another young woman worked very hard with the job counselor to refine her oral and written communication skills. She graduated from community college, competed for and was hired for a well-paying position, and was named "woman of the year" by a partnering job assistance agency.

Family Preservation and Reunification

- Family reunification was monitored at four of the five programs. More than half (56%) of the families at Emma's Place had a child living outside the home, 42% of Portland Village families experienced this type of separation, as did 22% of the Canon Barcus Community House families, and 20% of the Alameda Point Collaborative families.
- The greatest family reunification gains occurred at the Portland Village (73%) and Emma's Place (67%). Alameda Point Collaborative also experienced substantial family reunification gains (40%). None of the children at Canon Barcus had been returned to their families during the evaluation period although most continued to work on reunification goals.

Staff Perception of Program Impact

- Program staff at Emma's Place and Portland Village were asked to rate the impact of the program on each family, on a 5-point scale in four separate areas of functioning: self-sufficiency, personal well-being, family functioning, and family preservation. The average ratings ranged from 2.8 to 3.6. A score of a 3 on the scale indicates "some positive impact/treatment goals partially reached."

Lessons Learned About the Delivery of Supportive Services

Through interviews with program staff, the following themes and “lessons learned” have emerged about the delivery of family supportive housing services at the five supportive housing program sites.

Staffing

- The **quality, skill, and personality** of staff members in supportive housing programs are tremendously important. All five supportive housing programs appeared to employ many talented and dedicated staff members. Staff skill in **relating well** to the residents and **establishing trust** is key. Finding and retaining the best possible staff heightens program success.
- Most supportive housing programs are plagued by **staff turnover**. Oftentimes, the primary agency retained staff well, but there was frequent turnover within the collaborating agencies providing services. Building trust is so central to working successfully with supportive housing residents – even more so with formerly homeless children -- that every effort should be made to combat staff turnover. Collaborating with agencies with a **strong track record of successful employee relations and retention** optimizes program success.

Outreach and Engaging Residents

- Since services are voluntary at several of the sites, case managers needed to work creatively to engage residents in supportive housing services. **Casual outreach** in the community and at special events offers the opportunity for short, social encounters and to develop real relationships of **caring, friendliness and trust** between staff and residents.

Success in Action

The staff at the Lockwood-Coliseum Gardens Family Services Collaborative describe the need for “friendly persistence” in order to serve the “hard to reach” clients. In addition, it is important to have multiple doors to access services. One dad living in the Coliseum Gardens complex was not originally interested in having any services himself. He did, however, enroll his children in the on-site after school program. Children’s services are often viewed by staff as a gateway to serving the entire family. Later this father dropped by the office to use the fax machine, and chatted with the staff. Next he came into the office to get utility assistance. The Family Service Collaborative was able to establish trust with him by meeting his immediate needs, and by slowly developing a friendly rapport. Eventually, this dad became open to receiving case management-type services, which focused on issues related to his own employment, parenting, and well-being.

- Similarly, case managers must work to creatively engage residents through a variety of **community events and interest groups** tailored specifically to residents’ interests. At one site, a popular weekly Community Breakfast was initiated by a case manager and is now a focal point

for staff and resident interaction and community-building. Case management, primarily at the three California sites have evolved from a more traditional, clinical approach to an approach where case managers are encouraged to **find creative ways to engage and empower the families** they work with. For example, case managers now run a young women's group, and chess and quilting groups, which capitalize on resident interests and **encourage the development of supportive relationships and healthy activities.**

- Case managers also successfully **engage residents** by **encouraging them in their efforts to organize and build community.** At one Minnesota site, the case manager encouraged and supported a resident who began on-site AA meetings. At another Minnesota site, one family held a Friday movie night in their apartment where a children's movie was shown early in the evening, followed by a film for older youth, and then one for adults. Staff provided refreshments. Strategies such as these often spring from residents' own interests and **engage residents as providers rather than recipients of services** and build a stronger sense of community.

Success in Action

At Canon Barcus Community House, case managers are always looking for new and creative ways to engage tenants in leadership activities and in a variety of interest and support groups. Women's groups, coffee hours, exercise and stress reduction groups, book clubs, election teams, and black history clubs have all been launched, often initiated by tenant request or with tenant leadership. Tenants also become involved in planning and carrying out community special events. When beginning to plan a recent Mother's Day Celebration, case managers specifically sought out isolated tenants, several who had never participated in community events before, and encouraged them to become involved. While initially resistant, these women eventually pitched in, helped organize a Mother's Day card making evening for the children, and invited men to serve and set up for the luncheon. One woman in particular took leadership to contact local businesses for donations. It was a tremendously successful and gratifying event, provided a powerful way for tenants to give back to their community, and perhaps most importantly led directly to several of the previously isolated women becoming good friends.

Case Management Services

- Case management and other program staff, such as therapists and youth services staff **work together as a team on behalf of families.** Many staff mentioned the value of having an interdisciplinary team working together and problem-solving on behalf of families. Often case managers and other staff work in a collaborative fashion through frequent informal interaction, as well as through more formal weekly **family case conferencing.**
- Case managers at several sites have **a high degree of interaction and collaboration with outside professionals involved in the families' lives,** such as school staff, child protective workers, and therapists. This was particularly so at the Minnesota sites, where each public school employs a social worker, case managers have frequent contact with the public schools, monitoring children's grades, attendance, and special needs.

- At most of the sites, there is evidence of a **dedicated and creative approach by case managers** to develop relationships and engage and retain residents in services. In addition to their more traditional roles, case managers at several sites also lead **interest groups** – chess clubs, exercise & relaxation groups, book groups, etc.
- While the roles of case managers in family supportive housing roles appear to be quickly evolving, case managers described finding continued value in the more traditional **structured and goal-oriented** case management practices. Case managers described developing service plans and setting goals as being helpful in keeping case management **focused**. Case managers mentioned the particular value of setting **small, reachable case management goals** -- things such as getting up, taking medications, working out, and cooking and cleaning for their families.

Success in Action

At Emma's Place, as with other supportive housing for families programs, it has been realized that goal-centered case management is a critical service. Setting goals with the tenants, sometimes in very small steps, has been helpful in guiding their progress. While many Emma's Place residents have had prior difficulty in their lives meeting larger long-range goals, such as finding a new job or finishing school, case managers have found that helping them focus on setting smaller, reachable goals has been very fruitful. Breaking larger goals into multiple steps is also satisfying, in that it allows tenants to see and celebrate the progress they are making. Setting concrete, reachable goals such as "going for a walk" or "opening the blinds" has been helpful for tenants who suffer from depression. Other case management goals can cover a wide range, from simple goals around parenting, to attending therapy, having supportive contact with friends, making sure children attend medical appointments, and cleaning the apartment. Longer-range goals such as enrolling for college or preparing for a job can be broken down into manageable steps, allowing for support, encouragement, and celebration as the various steps are accomplished.

A Family Friendly Environment – Planning for Children

- Not accommodating building design to the needs of children appears to be a common problem in supportive family housing. One explanation is that the origins of supportive housing were as single-resident occupancy building and programs, and that this model is still followed with often inadequate consideration for children needs and programs. **When designing programs – and even more so when designing new buildings -- the shift must be made to truly plan for the space, play, and program needs of children in family supportive housing.**

Youth Services

- At one site, youth serving staff described their goal of providing children **with support, a sense of belonging, opportunities for productive, supervised socializing, and exposure to new places and experiences**. However, these same staff members described their most important role as providing the **conversation, attention, and nurturing that the children craved**.

- **Hiring and retaining talented staff to work with youth is critical.** One youth specialist described that it takes time for the children to develop enough trust with the staff member to begin to let down their guards and act playful. She described that at first most children will act either tough or very apathetic, because to show enjoyment or express happiness could be seen as a sign of weakness. At several sites, **staff turnover was an issue**, and suddenly staff members to whom the children had bonded were no longer there. Low pay and lack of benefits appears to be a major issue in retaining youth serving staff. Several sites contracted with the YMCA or Girls Inc. to provide youth services – both agencies with strong track record of providing quality services and retaining staff through good pay, benefits, and opportunities for advancement.
- **Challenging youth behavior** is a common issue among supportive housing programs, requiring patient, mature, and well-trained staff members. One staff member described having implemented “extreme” positive reinforcement strategies adopted from the special education field. That program also instituted a daily “community circle” where character building, friendship issues, and therapeutic games or discussions occur daily. Challenging behavior is handled by setting rules, being kind but firm, and by instituting various types of reward systems, where children earn prizes or privileges for their good behavior.

Success in Action

Portland Village runs a popular and successful after school program for the children living on the property. While engaging, educating, and managing groups of children is always challenging work, it is particularly so in working with formerly homeless children many of whom struggle with behavior problems, such as anger, lack of empathy, and other attention-seeking behaviors. Staff members have noted that, in addition to problem behaviors, the children also have difficulty expressing happiness or relaxing enough to enjoy themselves. Many of the children have developed toughened outward façades, where expressing enthusiasm or happiness is construed as a sign of weakness. The youth services staff at Portland Village consisted of a male and female team member, who served as critical role models, provided nurture, care, and conversation, and consciously modeled empathy for others and other correct public and interpersonal behaviors. Having a male on staff was seen as particularly valuable, since most of the children lacked strong male role models. Staff set and enforced consistent rules, rewarded good behavior, exposed the children to the wider community through field trips, and initiated separate boys and girls groups to provide more targeted attention. Staff succeeded in providing the consistent nurture and adult interaction that the children craved, and in developing a safe and engaging environment where the young residents could play, learn, and just be children.

- Holding **separate boys and girls groups** – sometimes on alternate days – have been instituted by the youth serving staff at several sites. One staff member described that they were not serving the boys adequately until they instituted a special boys’ groups, led by a male staff member which was enthusiastically received. Staff members described that the boys were **hungry for male attention**, and that starting the group helped dramatically to reduce behavior problems.
- Several of the programs suffered from **inadequate program and play space for youth**. Discussion with program staff revealed the tendency, particularly among the California

programs, to overlook children's needs by not providing playgrounds and by underestimating space needs for youth programs.

Retaining Families in Supportive Housing

- A primary goal in supportive housing programs is retaining families and avoiding future homelessness. There was a **substantial difference in retention rates and program structure between the three California sites and the two Minnesota sites**. At both Minnesota sites, participation in case management and services is essentially mandatory. The Minnesota sites also have strict **rules prohibiting use of alcohol or drugs**, on or off the property, as well as **random drug testing**. These requirements exist in fairly sharp contrast to the California sites, which operate under **harm reduction principles** and have voluntary participation in services.
- Another factor in retention is that, in Minnesota, residents of both programs could earn a Section 8 housing voucher after one year of living in supportive housing. **While tenants may elect to stay, the assumption appears to be that most will choose to move after a year**. Staff describe tenants' desire for independence and a less restrictive environment as an overriding issue. Still, many heads of household have disabilities such as mental illness or substance abuse problems, and it is highly likely that they and particularly their children would benefit from permanent housing with services.

Property Management

- Several of the supportive housing programs experienced difficulties when first contracting with outside property management companies, and have since moved to **handle property management in-house**. Staff described that in-house property management is best handled by a distinct staff member or separate office within the agency. This provides a clear delineation of roles, while also allowing for **strong and consistent communication** between property management staff and the case managers or program staff.

