

EVALUATION OF THE SOUND FAMILIES INITIATIVE

EARLY EXITS: LESSONS LEARNED FROM
FAMILIES ASKED TO LEAVE TRANSITIONAL
HOUSING PROGRAMS

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SOUND *families*



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Early Exits: Lessons Learned from Families Asked to Leave Transitional Housing Programs

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Introduction

Purpose of This Report

Programs funded by Sound Families vary tremendously in location, service population, physical program structure, and services provided, but all provide housing with transitional support services to homeless families. Some programs allow residents to transition to permanent housing at the same site (“transition in place”) if they successfully complete the service component. Other programs have established partnerships with the local public housing authorities which has enabled them to access Section 8 vouchers or public housing units at exit.

While the majority of families (75%) successfully complete Sound Families transitional housing programs, one-fourth do not. The focus of this report is on families who were asked to leave or evicted from transitional housing between August 2003 and June 2005. The Appendix describes in more detail the Sound Families Initiative and provides an overview of the evaluation.

It is anticipated that by trying to identify which sub-groups of families are most at risk of being asked to leave transitional housing, we will develop a better understanding of these families and how they may be more effectively engaged in services. In addition, system, organizational, and client level barriers will be discussed as well as potential ways to address these barriers. When possible, insights from interviews with the families who were asked to leave are incorporated.

Methods

This report presents findings based on data collected on 19 families asked to leave any one of the ten case study program sites through June 2005, and is augmented with qualitative data from interviews with program staff. Nine of the ten study sites had at least one family asked to leave: three of the sites had one family; three sites had two families; two sites had three; and one site had four. All families had intake data completed by their case manager and 8 of the 19 had a six-month in-program interview with the evaluator. Due to the difficulties inherent in tracking families who were asked to leave or evicted from their units, exit interviews were only possible with five of the 19 families. Brief exit data, as known, for the remaining 14 families were reported by case managers.

Often, if a family is struggling in a program and not engaged with the case manager, they are also not engaged in the evaluation process. When the evaluators were unable to reach families to complete exit interviews, the case managers provided exit information to the best of their knowledge about the families. For families asked to leave programs, the most complete data available are from the point of intake. When feasible, evaluators continue to try to locate a family, but little success has been had in engaging these families in the evaluation process. Consequently, only limited exit data is available for all 19 families asked to leave these programs. Because of these limitations, we examined brief data reported by case managers on families exiting *all* Sound Families programs, in which a total of 109 families were asked to leave or evicted.

Qualitative data collected from interviews with 15 program staff at 12 Sound Families programs (both case studies and non-case studies) between August and September 2005 is included to provide context to the struggles faced by programs trying to serve a wide range of homeless families. Several programs were selected for interviews because of their high eviction rates in order to provide insight into what the staff believe may have helped them to serve families more effectively. The interviews lasted between one and two hours and were typically conducted with case management staff, but occasionally included program directors.

Costs of Families Failing to Succeed

Given the tight community setting of many transitional housing programs, participants who are breaking program rules, abusing alcohol or drugs, or unwilling to work with case managers often need to be asked to leave or their behavior might undermine the progress

and/or recovery process of other residents. However, once they have departed, these families are often left with few options and a further sense of failure. Families asked to leave transitional housing units often have no alternative than to return to homelessness be that a shelter, their car, or a friend's couch. There are also less tangible costs to the children involved. Asking a family to leave a program is a difficult decision for staff knowing that their decision not only disrupts stable housing for adults, but also for children. Case managers have often commented that the children were the primary reason they tried to work with a family for as long as they did.

Programs also incur costs when families do not succeed. Programs may lose rent revenues and need to assume costs associated with repairing damage done to units, removing trash and furniture, and carrying out legal interventions. While most cases do not necessitate a formal eviction, those that do result in court costs, which are absorbed by the program or passed to the client. This group of families also consumes a disproportionate level of the programs' resources in terms of staff time and energy. The decision to terminate a family from transitional housing often comes after many attempts to re-engage the family back into the structure of the program. For each of these families, there is often a stack of papers documenting the many interventions program staff have tried with the family before deciding to ask them to leave.

Often these families are dealing with multiple issues, which can quickly overwhelm the programs trying to serve them and lead to case manager burnout and eventual turnover. This burnout can be costly to the case manager, the family, and inevitably the program that needs to replace departed staff persons (Smith, 2005). When turnover does occur, programs try to make the transition to a new case manager as seamless as possible, but there is also the potential for a struggling family to completely disengage and risk being asked to leave. Further understanding of what it might take to engage more families successfully should help programs to determine how to better allocate program resources and/or to advocate for what needs to be in place to better serve homeless families at risk of failure.

Goal Attainment while in the Programs

While each family who enters a transitional housing program brings their unique strengths and challenges, much of the experience of transitional housing is similar across families. Within the first month or so of entering the program, case managers work with each family to help them create goals for their time with the program, the intended length of which is typically one to two years. The overall goals are typically to help each family work towards self-sufficiency and find permanent housing within the program timeframe. Goals are typically centered around finding employment and permanent housing, returning to school, creating and maintaining a budget, reducing debt, and building savings. However, goals are also created with individual needs of the family in mind. For example, a person dealing with recovery issues may have "attending a treatment program" as one goal instead of seeking employment. Case managers help clients break the goals down into manageable steps that are monitored and adjusted over time.

Most families enter transitional housing, set and work toward their goals, and successfully move on to permanent housing with support provided by the program. However, for some families, the challenges of meeting program expectations leads to difficulties complying with program rules. After a period of settling into programs, some families show signs of problems related to mental illness and substance abuse. For these families, the program must try to re-engage them into "working the program," which often includes establishing contracts with them. The contract process stipulates what they must do to stay in the program; for example, if a client is caught using substances, he or she must agree to getting random drug testing and to remaining clean and sober. Another family might have to agree

to meet on a regular basis with the case manager and show progress in meeting their goals. If a family fails to meet the requirements of the contract, either they are asked to leave the program or they enter into another contract, which if broken will lead to their termination from the program.

Successful Exits vs. Unsuccessful Exits

At the time of each family's exit, case managers are asked to identify the family's exit as successful or unsuccessful regardless of whether they were asked to leave the program. The definition of what constitutes success for a particular family has been left up to each program and/or case manager. The majority (78%) of families asked to leave programs had exits seen as unsuccessful by case managers, but nearly one-fourth (22%) were viewed as successful. Families seen as having successful exits were typically those in which the primary caregiver chose to enter an in-patient treatment program to deal with addiction issues or to serve a prison sentence. Case managers felt that when a family agreed to work on such issues, it constituted a success—even if they were asked to leave the program.

Joan's Story

Joan, a single parent, and her three children, all age five and under, entered a transitional housing program in 2003. While pregnant with her third child, Joan had decided to leave her husband. They had trouble with substance abuse and domestic violence, and she decided to leave him and get sober. Joan had been clean and sober for about 12 months when she entered the transitional program. At the time Joan entered the program, she had an infant and was not required to participate in Work First training, but she faced other program requirements to participate in job training. She found this hard to manage with three young children and no transportation.

As they settled into their unit, Joan began to work towards her program goals of paying down her debt, going back to school, and getting her driver's license back. However, several months into the program, Joan and her husband attempted reconciliation and, shortly afterwards, she began to use drugs again. This use was confirmed by a urinalysis and Joan was put on a contract with the program. After her second urinalysis came back positive, the family became involved with Child Protection Services. Joan was given the choice of either going to inpatient treatment or risking having her children taken away. With the support of the program, she chose to return to treatment. A program was found that allowed her children to stay with her.

Even though Joan was asked to leave the transitional housing program, she chose to address her substance abuse issues and return to treatment. The program viewed this as a success since she voluntarily left the program, retained custody of her children, and chose to try and conquer her addiction. Today, Joan has successfully completed her six months of inpatient treatment and she still has custody of her children.

Comparing Families Who Were Asked to Leave to Those Who Were Not

A total of 107 families participating in Sound Families case study programs had exited as of June 2005. In order to identify meaningful ways in which families asked to leave and those not might differ, data from families not asked to leave the programs ($n=88$) were compared to data from the 19 families who were asked to leave. Variables examined relate to family characteristics, income sources, experiences of homelessness, housing status prior to transitional housing, social support networks, and barriers faced by the families.

Demographic characteristics

No clear demographic picture of families who did well versus those who did not emerges from these data. Differences were few, and those found are summarized below. On other

Table 1. Demographics of Families by Asked to Leave Status

Primary Caregiver	Family Asked to Leave Program?	
	No (n=88)	Yes (n=19)
Age (Mean)	32 years	31 years
Ethnicity/Race		
Caucasian	.48%	.48%
Black/African American	.22%	.26%
Hispanic/Latino	.8%	—
Asian/Asian American/ Pac. Is.	.8%	—
American Indian/Alaskan Native	.8%	.11%
Biracial/multiracial/other	.3%	.16%
Refugee/immigrant	.8%	.0%
Single parent	.83%	.95%
Average number of children per family	1.7	1.5
Average age of children	7.3 years	6.6 years
Last lived out of state	.23%	.5%
Last lived in same county as program	.66%	.74%
High school diploma/GED or further education	.75%	.58%
Enrolled in training/education program at intake	.29%	.5%
Employed at least part-time at intake	.28%	.11%
Homeless for the first time	.44%	.48%
Longest period homeless in last 2 years was more than 3 months	.63%	.53%

measures, such as age of the primary caregiver, number of children per family, and prior episodes of homelessness, there were few, if any, differences identified between the families in the two groups (Table 1). Differences in some other characteristics, such as chemical dependency issues, were evident and are discussed.

Families who were asked to leave were more often single parents and coming to transitional housing from within Washington State, but not as frequently homeless longer than three months when compared to families not asked to leave. Families asked to leave were more often receiving TANF and Medicaid at intake, but less likely to be employed at intake or enrolled in job training or educational programs at intake. Their education level was lower with fewer holding a high school diploma or GED. They were also less likely to be receiving Child Support or have three or more persons identified who could help them out.

Other studies have identified presence of a young child, pregnancy and eviction as risk factors for a return to homelessness. Prior eviction rates were higher among the group asked to leave (see Table 4), though it was not as pronounced a difference as some other factors. These data did not support significant link between being pregnant or having young children and likelihood of eviction.

Table 2 shows that over half of both groups of families were living in shelters just prior to entry in programs. Those not asked to leave programs (24%) were more likely to have been living with friends or relatives than those asked to leave (16%), while those asked to leave were more likely to be coming from *another* transitional housing program.

Income Sources at Intake

Examining the financial resources available to families at intake revealed few differences (Table 3). Families who were asked to leave were *slightly* more likely to be receiving TANF and less likely to have income from any level of employment. They were more likely to be receiving Medicaid and less likely to be receiving child support.

Table 2. Housing Status Just Prior to Program

	Family Asked to Leave Program?	
	No (n=88)	Yes (n=19)
Emergency shelter . . . . .	.53%	.58%
Living with relatives/friends . . . . .	.24%	.16%
Other transitional housing program . . . . .	.2%	.11%
Non-housing . . . . .	.3%	.5%
Non-subsidized housing/rental* . . . . .	.6%	—
Treatment facility . . . . .	.2%	—
Self-pay motel/Motel voucher . . . . .	.2%	—

** In these cases, families were typically fleeing domestic violence or on the verge of becoming homeless due to non-payment of rent and able to connect immediately with a transitional housing program without entering a shelter or living temporarily with family or friends. In such situations, a three-day notice to vacate is sufficient proof that they would become homeless.*

Table 3. Sources of Household Income Sources at Intake

Sources of Household Income	Family Asked to Leave Program?	
	No (n=88)	Yes (n=19)
TANF . . . . .	.66%	.74%
Food Stamps/WIC . . . . .	.56%	.58%
Medicare/Medicaid . . . . .	.17%	.32%
Employment Income . . . . .	.28%	.21%
SSI; SSDI; Social Security . . . . .	.8%	.11%
Child Support . . . . .	.16%	.5%
Unemployment Benefits . . . . .	.6%	.5%
Veteran’s Benefits . . . . .	.2%	.5%
Other . . . . .	.5%	.5%

Barriers Identified at Intake

Families asked to leave programs had a higher occurrence of each type of barrier identified by case managers at intake into transitional housing (Table 4). For example, 42% of these families had domestic violence issues compared to 25% of those not asked to leave. Twenty-six percent had an identified mental illness, 16% had drug abuse issues, and another 11% had issues with alcohol abuse. Eviction histories were also higher for those asked to leave (47%) than those not asked to leave (33%). The average number of barriers per family was slightly higher for families who were asked to leave (1.8 barriers per family compared to 1.6 for those not asked to leave). As discussed previously, some of these barriers may have not been apparent or were under-reported at intake; the differences between these two groups of families could thus be greater or less than suggested.

Without standard diagnostic or assessment procedures across programs, identification of the presence and extent of mental health and chemical dependency issues was difficult to ascertain. When presence of mental health or chemical dependency issues were drawn from across several evaluation questions (and not just whether these issues were barriers as in Table 4), a more telling picture emerges (Table 4b). Families asked to leave have a much higher occurrence of these issues in the past and/or currently, and among families with either mental health or substance abuse issues, 50% had both present.

Table 4. Barriers Faced by Primary Caregivers at Intake*

	Family Asked to Leave Program?	
	No (n=88)	Yes (n=19)
Eviction history	.33%	.47%
Domestic violence	.25%	.42%
Mental illness	.15%	.26%
Involvement with CPS in year prior to program	.14%	.21%
Physical disability	.13%	.21%
Developmental disability	.3%	.21%
Drug abuse	.9%	.16%
Alcohol abuse	.7%	.11%
Criminal history	.3%	—

* As assessed and reported by case managers.

Table 4b. Indications of Mental Illness and Chemical Dependency

	Family Asked to Leave Program?	
	No (n=88)	Yes (n=19)
Mental illness	.15%	.26%
Services needed before or during TH for mental health	.36%	.47%
Services needed before or during TH for alcohol abuse	.10%	.26%
Services needed before or during TH for drug abuse	.6%	.32%

Trauma and Homeless Families

Interpersonal violence is so widespread in American society that it has become a normative experience for females today (Huntington, Moses, Veysey, 2005). Studies show that between 55% and 99% of women with substance abuse disorders report having experienced abuse at some point in their lives (Huntington, Moses, Veysey, 2005). Given the prevalence of trauma, it is probable that all human service organizations have come into contact with survivors of trauma. Still, most agencies do not screen for nor report on histories of trauma in the clients they serve (Huntington, Moses, Veysey, 2005).

Many homeless families have a history of traumatic experiences or are traumatized by their current episode of homelessness. Being homeless also increases the family’s vulnerability to additional trauma such as physical and sexual assault, witnessing violence, and rapid separations of family members (Bassuk, et al., 2005). Families often compromise their feelings of safety in order to have a roof over their head, for example, by sharing a home with someone they are not comfortable being around. To work effectively with families impacted by trauma, service providers must understand the impact, both direct and indirect, on the families’ lives. Women with histories of abuse may experience a range of mental health problems such as anxiety, panic disorders, major depression, personality disorders, and posttraumatic stress disorder to name a few (Huntington, Moses, Veysey, 2005). Programs that have case managers who understand the connection between trauma, mental health and chemical dependency issues are able to work with these families holistically. Elliot and colleagues (2005) provide a list of common characteristics of programs that provide trauma-informed services. Some of these elements are the following:

- Trauma-informed services recognize the impact of violence and victimization on development of coping strategies.
- Recovery from trauma is identified as a primary goal.
- An empowerment model of service delivery is employed.
- A woman’s choice and control over her recovery is maximized.

- An atmosphere that respectful of the survivor’s need for safety, respect and acceptance is created.
- Trauma-informed agencies seek consumer input and involve consumers in the design and evaluation of services.

By dealing with the underlying trauma experienced by the family, there is an increased likelihood that the family will address issues connected to the trauma, including mental health and chemical dependency.

Table 5. Number of Support Persons Indicated Across Three Domains

	Family Asked to Leave Program?	
	No (n=81)*	Yes (n=8)*
Fewer than 3 persons .....	.5%	.25%
Average number of persons	5.7	4.5

* The number of families with data for these questions is lower because six-month interviews were not possible in some cases.

Social Support

Social support, both formal as provided by community resources and informal such as friends, is a critical buffer from stressful events and a predictor of a family’s emotional and physical well-being (National Center on Family Homelessness, 2003). Support networks help to decrease stress and can sometimes prevent a crisis from occurring. Homeless women typically do not have the same level of support as other poor women (Bassuk, et al., 2002). Informal support networks typically are comprised of family, friends, and community services. Homeless mothers tend to have more conflict with family members than with friends or professionals (NCFH, 2003). This conflict can often negate the positive benefits of the family’s support. In some cases, the family is the source of trauma experienced by the homeless family. Research has shown that women who received support from professionals or more formal support networks were struggling economically, socially, and emotionally and their situations were worse than those who did not report professional support as instrumental (NCFH, 2003).

Siblings provide not only family support but peer support as well and can be some of the most long-term relationships in a person’s life (Bassuk, et al., 2002). Sibling support has been found to be highly associated with mental health (Bassuk, et al., 2002). This could represent an untapped resource for programs trying to help build social support for participants that will endure over time.

Simply participating in a transitional housing program can cause disruption or strain in families’ support networks. Families are required to move where there is a unit available, which may be far from their familiar community. If they lack transportation, as is often the case, this can cause isolation. Many programs’ rules do not allow residents to have anyone outside the family sleep over or allow residents to be away from their units for more than one night without special permission. This can cause families to go months without seeing extended family members. Also, as programs try to help families distance themselves from friends and family members who had a negative influence, families can be left with little or no support network other than the program itself. Program staff should consider their potential roles in helping these families strengthen and, if needed, rebuild healthy informal and formal support networks before leaving the program.

The Sound Families evaluation captures the type and number of a family’s supports at multiple points in time by questions relating to three domains: monetary support, transportation, and emotional support. Given that only a handful of families asked to leave were able to be interviewed, the number of families included in this analysis is low. Still, differences appear to emerge among the families who were interviewed (Table 5). Families asked to leave were much more likely to have fewer than three sources of support across the three domains. On average, families asked to leave had one less person to rely on for support. It is

interesting to note that families asked to leave were more likely to rely on friends or neighbors for support than families not asked to leave programs. Noticeably absent for all caregivers asked to leave was support from their spouses or partners. Both groups, however, relied equally on professional support persons. Families not asked to leave programs tended to have more support from extended family members. This could possibly be explained by the fact that many of the families asked to leave programs either had family support networks that were weaker to begin with or had become weaker due to issues such as mental illness or a history of substance abuse.

Exit Outcomes

Length of Time in Housing

Families asked to leave programs spent an average of 9.5 months in transitional housing compared to 13.5 months for families not asked to leave. Many of the issues at the root of families being asked to leave were associated with substance use and abuse, but case managers often indicated that the *documented* reasons for eviction or requests to leave were more concrete causes such as violation of program rules, non-payment of rent, or not working with the case manager.

Table 6. Housing Following Exit from Transitional Housing*

	Family Asked to Leave Program?	
	No (n=330)	Yes (n=109)
Permanent housing* . . . . .	.83%	.16%
Living with family or friends . . . . .	.10%	.37%
Entered inpatient treatment	<1%	.9%
Homeless shelter or another transitional program . . . . .	.2%	.6%
Non-housing or prison	<1%	.5%
Unknown . . . . .	.4%	.28%

*Permanent housing includes public housing, Section 8 vouchers, other subsidized housing, long-term supportive housing, non-subsidized or market rate housing, and home or trailer ownership.

Housing and income resources following exit

For several core exit outcomes, we can draw on the exit data from all Sound Families programs, allowing us to examine outcomes for 109 families who were asked to leave (19 from the case study sample plus 90 from other programs) compared to 330 families who were not. Only 16% of families asked to leave moved into permanent housing compared to 83% of other families (Table 6). Higher percentages of the families asked to leave went to live with family or friends; entered inpatient drug/alcohol treatment, shelter or another transitional program; or found themselves without any housing. It is unknown where over one-fourth of the families moved to, though it is unlikely many moved into stable housing immediately following their exit from the program.

As might be expected, families asked to leave were not doing as well economically as families who completed the programs: Their household income increased less frequently between intake and exit and was often *lower at exit* than at intake. These families were more frequently receiving TANF at exit (65% compared to 45% of exiting families not asked to leave) and less often employed full- or part-time at exit (26% compared to 53%).

What Didn't Work?

Factors Influencing Eviction Rates

Numerous factors influence programs' eviction rates. Based on our observational data while working with programs to collect data as well as our findings from interviews with staff, we have highlighted factors that emerge as significant.

- **Case manager experience:** Increased experience and training helps case managers more effectively screen families applying to enter the program, identifying with whom they will be able to work successfully. Experience and training also help case managers be more aware early on of each family's needs and issues and thus be better equipped to proactively address those needs.
- **On-site case managers:** Opportunities for case managers to interact with families on a daily, informal basis helps case managers know when a family is in crisis or needs extra support as well as provides an extra deterrent to problems arising for families and helps them to stay on track. Good working relationships with property managers also help the case managers to advocate better for clients as well as to have an extra set of eyes and ears on site.
- **Percent of units that are transitional:** In a 100% transitional community, residents know one another and often "keep an eye" on other residents' activities, reporting what they know to the case managers. In a larger mixed-income community, families are less visible to one another and have the confidentiality of being a transitional unit, but problems are often not known until later.
- **Reflective supervision, or other proactive, supportive supervision:** Solid supervision helps case managers reframe ways to engage families, foster new ideas, and identify new tools or methods to use with families. Supportive supervision can also reinvigorate case managers and help prevent burnout.
- **Conversely, isolation of the case manager:** Providers new to housing and/or case managers who do not have colleagues with whom to consult or supervision with someone who understands the needs and challenges of the population are lacking an essential resource for their work. Without such resources, or collegial support, the work becomes increasingly stressful. One effect can be a high burnout rate, and case manager turnover is hard on families as well as programs.
- **Programs' procedures for dealing with families who get into trouble:** Do they automatically ask the family to leave? Can the case manager create a contract with the family that helps to get them get back on track? Does the case manager have the ability to refer families to quality and accessible mental health and drug treatment services? How programs address rule violations greatly affects the number and type of opportunities a family has to remain in the program.

Mental Health and Chemical Dependency Issues Are Magnified After Intake

Some studies estimate that as high as 75% of the homeless adult population has some type of diagnosable mental health disorder, while other studies put this figure at closer to 33% (Wong, 2002). Chemical dependency issues are considered to be mental health disorders. What is not widely understood is whether the distress symptoms experienced by homeless adults are due to a true psychiatric disorder or a response to the experience and trauma of being homeless (Wong, 2002). It is also unclear how many homeless adults would fall under the dual-diagnosis label of mental illness and chemical dependency, but these are clearly the most challenging clients for programs to work with and to find services for. The complexity of their issues and the need to navigate two siloed systems—the mental health and chemical dependency systems—in order to find treatment adds to the level of difficulty.

While it is not possible to generalize to all families' experiences, as evidenced by the two families' stories in this report, mental health and chemical dependency issues factored into evictions or requests to leave in a significant number of cases. Even if not identified by the

case manager at intake, mental health and/or chemical dependency issues often emerged during a family's stay in transitional housing, and these issues were central to many families ultimately being asked to leave a program. It is likely that many of these clients were dual diagnosis (for both mental illness and substance abuse) and also likely that in some cases drugs and/or alcohol were being used to cope with underlying mental health issues and/or trauma experienced by the family.

During the screening process, the issues that a family is facing often come to light, but not always. Once a family has settled into the program and the immediate crisis of trying to find a place to stay has subsided, issues connected to mental health and/or chemical dependency often surface. Typically, at the time of intake, most families are *not* identified as having existing issues with mental illness, chemical dependency, or dual diagnoses. Even more rarely are these issues identified among the primary reasons the family became homeless. However, after several weeks or months in a program, one or more of these issues often come to the case manager's attention, usually for reasons that put the family at risk for being evicted or asked to leave a program.

Engaging and rehabilitating clients with dual diagnoses is challenging even for programs that are prepared to work with these families. A lengthy relationship with these clients is often necessary to develop the needed trust and to address the multiple issues, which is difficult to establish in programs limited to one or two years. Programs for the dually-diagnosed need to offer a range of services including: comprehensive assessment, intensive case management, supported housing, peer groups for support or therapy, independent living skills training, and mental health and substance abuse treatment (Drake, Osher, & Wallach, 1991). Transitional housing programs can provide the supported housing piece and case management, but clearly the other system pieces must be in place to foster success with these families. Unfortunately, given the extensive treatment needs, dually-diagnosed homeless persons are unlikely to have received treatment for either mental illness or substance abuse (Drake, Osher, Wallach, 1991).

Further complicating access to appropriate and effective treatment is the fact that due to funding streams the mental health and chemical dependency systems often operate in treatment "silos," treating individuals only for a single issue in isolation from other co-occurring disorders. For example, the mental health system treats an individual for depression, but does not necessarily address chemical dependency. The chemical dependency system treats the addiction, but will refer the person elsewhere for mental health services despite the fact that underlying mental health issues are complicit in the addiction. Even if treatment from both systems is available, it is often hard to coordinate both types of treatment simultaneously. One study found that clients who fall into the "no existing issues" category experienced a 50% reduction in distress systems when successfully finding their own home, while those with a serious mental illness or substance abuse disorder did not experience such a reduction in distress (Wong, 2002). This might partly explain why the threat of losing their housing is not enough to re-engage them in working with the program to keep their housing.

Re-engaging Families in Sound Families Programs

When a case manager is aware that a family has any of these issues, he or she will typically structure case management services differently than if a family does not have these issues. Contact with the family will usually be more frequent and of longer duration, though this is dependent on the program and individual case manager. Helping the family to access needed services, such as mental health counseling, group counseling, and outpatient treatment, may also become part of the case manager's role. Once they are in place, assistance may still be needed to coordinate these services. Clients may also need assistance applying for Social Security Insurance (SSI) and completing often complicated paperwork requirements. Case managers reported the following strategies to try and re-engage the families in the program:

"I will give them the name of my supervisor if it appears to be a personality problem. I will go by at different times of the day. Write a warning letter specifying what they are not doing...give the specific infraction."

"I will give multiple warnings and try to be flexible to meet when it works for them. These families use passive resistance, so sometimes it's hard to read (what's going on)."

"Try to go above and beyond to help families. Even if not successful in meeting program standards, I try to provide opportunities for them to be successful-like by setting smaller goals. I will write letters if they are not showing up for appointments and review the basics again with them."

"Connect them with resources as soon as possible. Follow-up with them on whether they are attending groups and their other supports. Meet more frequently with them to review the plan."

~ Transitional housing case managers

Case managers most frequently mentioned the following signs that a family was in trouble: avoidance behavior with the case manager; not showing signs of progress with program goals; lots of activity in and around the unit seemingly connected to drug involvement; and neighbor complaints.

"They will seem distant and hard to get a hold of. The contact with them drops off and they are not following through on what they are asked to do."

"The early signs for one family were that the mom became increasingly angry about the move. There were abandonment issues; she got into negative relationships; and her depression showed up again. She relapsed and refused to go into treatment."

"We gave one family warnings early on. The signs were general non-compliance. A lot of small things added up-missing case management appointments, not providing documentation needed to show progress with program and being a bad neighbor."

"Non-communication with case manager. They stop being compliant with program and reports from other residents that there has been a lot of activity in and out of the unit."

~ Transitional housing case managers

What Might Have Been Done Differently?

During the case manager interviews, staff were asked to reflect on families who were asked to leave their program and what they might have done differently to retain these families in the program. Case managers often mentioned that a better assessment of a family's readiness for change along with timely intervention might have prevented some of the families from being asked to leave. Several case managers interviewed felt that there was nothing they could have done differently. As one said, *Some families are just not ready for change.* Some participants are just not at the point where they are ready or able to make the necessary changes that the program requires. For families battling with mental illness and/or chemical addiction, many case managers felt the needs of these families were beyond the capacity of what their programs could offer. Asking a family to leave is an excruciating decision for a case manager and many say that they have sat the caregiver down and asked them: "How important is having housing to you? How important is it to you to have your children have housing?" Still, if a family is not ready or able to meet program requirements, the case manager may be in the position of having to ask them to leave.

Others felt that doing more up-front work might have helped some of these families by better preparing them for program requirements and experiences. It is unclear whether participants were always aware that they were agreeing to be part of a "program." Being part of the program often means agreeing to participate in mandatory activities such as going to classes, finding a job, allowing someone to regularly inspect their units, being sent to complete a urinalysis (without warning and before that day is over), and providing receipts for every dollar they spend.

"At the front, end discuss how each family deals with authority. Do more up front talking about closures and saying goodbye. Ask them to assess how we can know when they are in trouble early on...what are the signs?"

"We have to be able to bring them back from depression. Try to give as many chances as we can."

"More early intervention services. You can't make people follow through. Now we meet families and go over the initial packet more intensively. Lay out the rules and the process very clearly."

~ Transitional housing case managers

What Did Families Who Were Asked to Leave Have to Say?

The responses to the questions, "What didn't work well for you?" and "What might have helped you stay in the program?" provide some understanding into how the families' experiences and what might have helped them be more successful in the programs. At the time the exit interviews were conducted, these families were often in the position of having only a few days to pack up and move, often with the next place not secured. From their perspective, they typically felt unsupported and misunderstood by the programs, though in reading their words, one must consider the context of their anger at losing their housing must be taken into consideration. Some recognized how their behavior or decisions played a role in the decision to ask them to leave, but others were not yet at that point.

"What didn't work well for you?"

"I had a back injury while living here. It set me back. I worked hard and finished certificates. I've grown and now they have cut me off. It really hurts. Makes me feel like I have done nothing. My kids have been through enough."

"We were treated as non-humans, like we had no intelligence and weren't able to think for ourselves. I don't like how the kids were treated, there was nothing for them to play with and lots of sex offenders living around the program [facility]."

"The case manager shows love with some people and is strict with others. She tells tenants to watch for suspicious behavior and tells your business to everyone. She wants to control people."

"I didn't feel very respected. I didn't feel like the case manager was meeting me where I was at."

"I felt harassed. Every Monday they came in the unit. There had to be total compliance, no excuses. I received three letters about cleanliness and there was no reason."

~ Residents asked to leave programs

"What might have helped you stay in the program?"

"Staying free of illegal substances."

"They need to treat each family separately. If they had given me a chance to take some anger management classes that would have helped. I told them that I had a problem."

"For the program directors to be more involved with the program and address issues with the case manager."

"If they could move some of the program requirements on-site like the classes. They should use the community room for activities."

~ Residents asked to leave programs

Vivian's Story

Vivian and her two teenage children became homeless for the first time early in 2003. At the same time, she also found herself single for the first time, having left her husband after being involved in an abusive relationship for 15 years. Vivian remained at an emergency shelter with her children for eight weeks before she became eligible for a two-year transitional housing unit in Snohomish County. Prior to stabilizing in the transitional housing program, Vivian's children missed a few weeks of school due to moving around. Vivian's case manager anticipated that she would benefit from many services including domestic violence services, parenting skills, counseling or support group, legal services, and assistance in accessing health and dental care.

By her seventh month in the transitional housing program, however, Vivian was asked to leave due to "not working with the case manager." Vivian was challenged by the program's requirements and was not taking strides to gain employment or involve herself in services relating to self-sufficiency. Vivian participated in an interview soon after learning that she was asked to leave. At this time she reported, "It wasn't, I felt, that I wasn't working towards this [self-sufficiency] but, I was married for 15 years to a husband who was so controlling, and I believe my kids and I were making progress by being independent... My depression and self-esteem is so low, these things are really difficult." At this time, Vivian was babysitting for a neighbor and living off child support as a primary means of income. Vivian felt as if she was "going back to square one."

Just as Vivian was preparing to exit the program, she learned that she was several months pregnant. Having nowhere to go, Vivian and her children moved in with a family they knew through church, where they were allowed to stay until alternative housing was obtainable. Although Vivian sought out alternative housing situations, she found nothing suitable for her and her children. At one point, Vivian had been provided a voucher for one month in a hotel. However, upon staying at the hotel for only a few hours, she decided she was too uncomfortable and moved out. "I felt so unsafe with my children, I would have rather slept in my car, so we left and went back to our friend's house from church." During a follow-up interview with Vivian just following the birth of her third child, she had this to say about how the program worked well: "(It gave me) the immediate help to get in the shelter and away from an abusive relationship."

Vivian and her three children resided at their friend's house for six months before finding another transitional housing program that would accept her. Currently, Vivian is staying home with her children and continues to be financially supported by her ex-husband's child support. She now also receives food stamps. Her children have been able to remain in the same school even though she has moved to a new neighborhood. Vivian is focused on the development of her infant who has experienced a rare medical condition. Because of this, Vivian is beginning to feel stable again and is actively involved with the infant's physical therapy, doctor's appointments and counseling services. Although in many ways Vivian is "back to square one," she reported that her life feels "a lot better" than it did one year ago. She feels extremely supported by the people in her and her children's lives and explained to the interviewer, "Even though we are technically still homeless, a lot of neat things (have) happened to us."

Barriers to more effectively serving difficult families

Interviews with case managers and clients helped to identify barriers to serving the most challenging families. The interviews, as well as a review of the literature, provide key recommendations for improving services to these families while they are in transitional housing. The majority of program staff interviewed (80%) stated that they did not have enough resources to work with these higher-need families due to program and/or system limitations. Without adequate resources, program staff did not see how they could do anything differently to help these families to succeed in their programs. Transitional housing programs working with families with mental illness, substance abuse disorders, or both, not only need a good screening process, but also access to thorough assessments by trained professionals.

Thorough assessment should be followed by appropriate intensive intervention such as therapeutic counseling and rehabilitation services.

For families struggling with these issues, the ability to maintain stable housing is a success in itself. While self-sufficiency for other families might be going back to school or finding full-time work, for these families keeping a clean unit, paying rent if required, and providing a safe, stable, and clean home for their children are successes. Over time, with treatment and stability, some of these families might be able to handle the responsibilities of employment. In other cases, access to a stable income through SSI may be the best long-term solution. Families without stable housing have virtually no chance at success dealing with either their mental health or chemical dependency issues.

"We (programs) take for granted that these families have basic living skills, sometimes you need to help them start from scratch. Success is relative; sometimes it is just very small steps."

~ Case manager

System Level Barriers

- Lack of coordination between mental health and chemical dependency systems prevents providers from working more effectively with persons with co-occurring disorders.
- Scarcity of adequate mental health and substance abuse treatment programs.
- A laborious chemical dependency certification process contributes to a scarcity of certified counselors at the same time that demand for such providers is increasing. These factors combine to increase hiring costs for these positions and make retention of qualified employees more difficult.
- Scarcity of affordable permanent housing.
- Lack of permanent supportive housing in which a harm reduction model is employed. Harm reduction asks that the person reduce the harm that the substance abuse is causing in their life, but does not require sobriety. This type of program may better suit individuals struggling with co-occurring disorders in which keeping their housing is not contingent on remaining clean and sober.
- Difficulty in coordinating services needed for homeless families, such as TANF, SSI and childcare.
- Inadequate access to safe and affordable transportation to employment and needed services.

"In the community there are resources, but they are hard to access. Mental health services are very hard to access with medical coupons and current tier systems. Lack of transportation also limits access to services."

~ Case manager

Program Level Barriers

- Inadequate screening and assessment of clients.
- Lack of training for staff around mental health, substance abuse and trauma-related issues.
- Inadequate funding to provide more intensive case management.
- Case managers who are isolated and do not have access to reflective supervision. Reflective supervision provides a case manager not only with support, but allows for problem solving and access to additional expertise in how to engage and work with the families.
- Property managers who are not on-site or who do not have a clear understanding of the issues of homeless families. Managers that understand the issues related to working with homeless families tend to be more supportive of the families and case managers.
- Program models in which case managers are not located on-site to allow for frequent in-formal contact with families. On-site case managers often know more quickly when a family is in crisis or might need extra support.

- Case managers who are either new to working with homeless families and/or who do not have colleagues with whom to consult or supervision with someone who understands the needs and challenges of the population are more likely to burnout and not work as effectively with families.
- Scarcity of on-site programs such as Alcoholic Anonymous (AA), Narcotics Anonymous (NA) and counseling.
- Self-sufficiency outcomes, set by funders or by the programs themselves, can be in conflict with the personal capacities of clients struggling with mental illness and substance abuse.

"Maybe if we could choose the 'right' family, but we want to serve as many people as we can. We serve a very hard population. If somehow we could accurately identify needs and strengths from the beginning, then we could help them meet those needs."

"A chemical dependency program on-site is needed. We need lots of wrap-around services that are easily accessible. If my(case management) position was full-time (currently 75% time) it would help. If families could stay up to three years and had more good, permanent housing options, more families could be successful. We also need better coordination between all the systems that families are involved with."

"There is an increased need for mental health services for children, and we can't get them served in an outside agency."

- Transitional housing case managers

Client Level Barriers

- Lack of motivation to change.
- Re-connection with negative relationships.
- Deficits in personal capital such as support networks, education, and income.
- History of trauma.
- History of mental illness and/or substance abuse.
- Involvement with Child Protection Services.

Conclusion and Recommendations

For most families served by Sound Families transitional housing programs, the level of support and length of time in the program has been adequate for them to reach goals towards self-sufficiency. This, combined with access to affordable housing through Section 8 vouchers or public housing, has enabled many of these families to obtain permanent housing, yet many still struggle to meet all of their basic needs on a regular basis. However, for roughly one-fifth of families entering all Sound Families units, completing a transitional program has not been possible. Issues that impede these families from succeeding reside at the individual, program, and system levels. The needs of families struggling with both mental illness and substance abuse often exceed the capacity of what a single program can provide. Furthermore, these families may be better served in permanent supportive housing programs in which a harm reduction model is implemented. This would allow the most vulnerable families to remain stably housed with access to needed services. Given that such supportive permanent housing programs for families in recovery are scarce, transitional housing programs with adequate support around these issues could more effectively serve these families and help bridge the gap between families' need and available services. Some of what is needed to do so:

- Train all case managers and program staff in trauma-informed service techniques and implement a universal history of trauma screening for families entering housing.
- Provide additional training for frontline staff to allow them to broadly distinguish between major categories of mental illness and related symptoms.
- Help case managers to obtain additional training in working with mental health and chemical dependency issues. Additional funding is needed to ensure that all programs are able to provide on-site counseling for families.

- Provide reflective supervision to case managers. This may involve additional resources and/or training on such supervision to directors and/or supervisors.
- Assistance to programs in forming Assertive Community Treatment (ACT) teams, which are multidisciplinary teams that provide services such as crisis intervention, medication monitoring, social supports, life skills training, and employment assistance for families dealing with mental illness.
- Combining on-site services with community linkages to treatment programs and AA.
- Better access to and coordination of needed services for families by providing cross-systems training for the mental health and chemical dependency systems.
- Continued access to Section 8 vouchers or another permanent housing option.
- Help for clients to build healthy support networks for families through self-help/support groups.

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Appendix

The Sound Families Initiative

Sound Families is a multi-year, \$40 million investment by the Bill & Melinda Gates Foundation to develop 1,500 service-enriched, transitional housing units in King, Pierce and Snohomish Counties in Washington State. The Initiative has fostered many collaborative relationships between non-profit housing developers, service providers, and local housing authorities. The Bill & Melinda Gates Foundation contracted with the Northwest Institute for Children and Families (NICF) to conduct an independent evaluation of the Initiative. The first grants were awarded in the fall of 2000, and the evaluation process began in 2001.

Since its inception, the Initiative has encouraged a transition-in-place strategy at program sites when feasible. This allows families to remain in the same housing complex, if not the same unit, once they have completed the transitional program. This model offers additional stability to families since it eliminates yet another move and possibly a school or child-care change. More recently, in response to many of the early evaluation findings, the Initiative has developed a pilot strategy that allows grantees to house homeless families in permanent supportive units where they can receive services as long as needed.

Brief Overview of the Sound Families Evaluation

The evaluation of the Initiative seeks to describe the impact that it has had on the capacity of providers in the Puget Sound region to help homeless families transition into permanent housing. The evaluation examines how Sound Families has benefited transitional housing programs serving homeless families, and identifies challenges that programs and clients continue to face. To do so, outcomes are being examined at three levels: client, organization, and system. An assessment of the implementation of the Initiative is also being conducted. Many of the findings related to the organizational, system, and implementation components were reported in the *2004 Preliminary Findings Report*. In a follow-up report, *A Closer Look at Homeless Families' Lives During and After Supportive Transitional Housing*, August 2005, preliminary findings from interviews conducted with families at ten case study sites are provided in greater depth, offering a first look at data on families after they have left transitional housing. Both reports are available at www.soundfamilies.org.

Study Methods

At each of ten case study sites, families are invited by the case manager to take part in the evaluation shortly after they move into a transitional unit. Once signed consent is obtained, the case manager completes an in-depth intake form. Clients are then interviewed by the evaluators after six months in the program and at exit. Follow-up interviews are completed at six months, one year and two years after exit. Approximately 200 families are currently enrolled in the evaluation across the ten study sites. Additionally, brief, anonymous intake and exit data are collected on all families who enter non-case study programs funded by Sound Families. These data are reported by case managers and do not involve client interviews.

