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ABSTRACT

The causes and consequences of homelessness have been the subject of considerable social science research. This report details recovery from homelessness, or "exits from homelessness," through analysis of descriptive demographic data and correlation of success rates with participant behavior and intervention context. The 2-year evaluation examined the results of a transitional housing program designed to promote self-sufficiency through a family-centered approach. Data were provided by 217 Hawkeye Area Community Action Program (HACAP) families. A parallel evaluation of the Homeless Head Start Project (HHSP) was also conducted. The evaluation found that clients who completed the program realized greater gains in income and were more likely to maintain stable housing than those who did not. Successful intervention strategies included a strong relationship between case manager and client, and intervention of a sustained nature. Critical to a sustained exit from homelessness was the resolution of causal issues of homelessness, such as lack of income, lack of affordable housing, and domestic violence. The study concluded that improvements in intervention strategies are important to ensure program success. (Appendices provide verbatim comments from the program termination and follow-up surveys. Contains 28 references.) (SD)

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Community Response to Homelessness: Evaluation of the HACAP Transitional Housing Program

Final Report (March, 1996)

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Executive Summary

Introduction

Homelessness, as a major social problem among the poor, increased dramatically during the 1980's. Particularly alarming is the large number of families with children within this population. In an effort to remedy this vicious social ill in Eastern Iowa, the Hawkeye Area CAP was awarded a HUD grant to provide transitional housing and family centered supportive services to homeless families. The Transitional Housing Program (THP) was established by HACAP in 1988 with 3 units. By 1992 THP had 100 units and served 245 individual family members, 37 percent of whom were children from 0 to 5 years of age. The Homeless Head Start Project began in 1993 with the creation of a new center for up to 16 children. The Homeless Head Start Project currently serves 60 families per year. Approximately 50 families per year are involved in both the THP and the Homeless Head Start Projects. External evaluations of both the Transitional Housing and the Homeless Head Start Projects have been concurrently conducted by the National Resource Center for Family Centered Practice at the University of Iowa, School of Social Work.

Data

Data for 217 families participating in the HACAP (Hawkeye Area Community Action Program located in Cedar Rapids, Iowa) Transitional Housing Program (THP) are used to evaluate the process and outcomes associated with the interventions in homelessness. The evaluation data were collected between July, 1993 and December, 1995. Data were provided by the head of household on a series of questionnaires. Information gathered included family circumstances at intake, social history, self-sufficiency measures, childhood experiences, household and demographic characteristics, employment, education, economic circumstances, violence and victimization, health, crime and criminal history, stressful life events, and child data (including school achievement, social skills, abuse, neglect, etc.). Counselors provided summary information at program exit for 136 participants. Six months to one year following exit from the program counselors interviewed 51 former participants. The Termination Summary and Follow-Up instruments provide data on current housing, employment, education, economic status, family changes, and participant and counselor perceptions captured through short narratives.

In addition to data provided by the family and counselors, the evaluation collected information about program processes and its participants through other sources. The multi-agency collaborative, which included the university evaluator, called the Supportive Services Team (SST) met on a bimonthly basis. At the SST meetings, agency representatives and program staff reviewed cases and exchanged information, including ongoing updates from the evaluation results, and SST members provided input and assistance in the decision making about individual cases. Recommendations for changes in policies were occasionally made by the SST, through councils, to the board of directors. As part of the evaluator's participation, a survey of SST members was conducted with the goal of improving the SST meetings through the anonymous input of its members.

A parallel evaluation of the Homeless Head Start Project provided the evaluation with tracking information on families with children of Head Start age through the use of the quarterly Homeless Head Start Tracking Guide, and service provision was also tracked on a quarterly basis through the Service Tracking Guide. As part of this parallel evaluation of the Homeless Head Start Project, a consumer satisfaction survey was conducted providing formative input to the Supportive Services Team.

Results

Demographics

The population for this study is 560 individuals in 217 families. The average household size is between two and three family members, usually a single mother with two children. The average age of the head of the household is 27, and 35 percent are minorities. The average age of the oldest child is 6 years and 20 percent of families have one child less than one year old. Monthly income is approximately \$400 per month at program entry. One-third were receiving AFDC benefits at the time the adult interview was completed. Fifty percent have a high school diploma. Twenty-eight percent have education beyond high school, and 22 percent have less than a high school education.

Childhood of Head of Family

Nearly two-thirds (61%) of the participants reported never being on welfare as a child growing up; 50 percent reported that both parents raised them together. One-third (34%) of respondents reported "moving around a lot while growing up." Thirty-one percent reported growing up in a very religious home. Growing up with a heavy drinker was reported by 44 percent, and 43 percent felt neglected as a child. Smaller percentages reported going hungry (12%), not having decent clothes (20%), and often moving in with relatives while growing up (11%). Thirty-five percent of participants reported spending more than six months living away from the home in which they were raised. Seventy-nine percent (79%) reported that "my family did their best for me while I was growing up."

Health

Seventy-three percent have been hospitalized for medical problems. Respondents who had been hospitalized reported an average of five hospitalizations during their lifetime (mode=1, median=3). Twenty-seven percent reported no hospitalizations in their lifetime. Thirty-two percent reported having a chronic medical problem which continues to interfere with their life, and 26 percent take medication on a regular basis for a chronic physical problem. In the past 30 days, 37 percent have experienced some medical problems.

Criminal History

Thirty-nine percent report that they have been arrested and charged with a crime. Nineteen percent reported that they have been asked to sell drugs. Program participants most frequently reported being charged with shoplifting, vandalism, and assault. Seventeen percent have been incarcerated, and 13 percent were on probation or parole at the time of program entry.

Violence and Victimization

More than one-third (39%) of the respondents reported "being beaten hard as a young child" and being the victim of sexual abuse or sexual assault by the age of fourteen (35%). As adults, fifty-eight percent (58%) have lived with someone who beat them up, and 66 percent (66%) have lived with someone who had a drug or alcohol problem. During the last five years 13 percent reported that a suicide had occurred in their family, and 12 percent reported that a violent death had occurred in their family. Twenty-one percent reported that they have been the victim of a property crime in the last five years.

Children and Child Welfare

In the last five years, one in five participants (19%) reported losing a child due to out-of-home placement, death or arrest. One in three indicated that they have been reported for child abuse, and fifteen percent have been reported for neglect. Fifteen percent are currently involved with Child Protective Services. Sixty-one percent of families reported an out-of-home placement of at least one child.

Barriers to Progress

Staff are requested to assess factors which have been barriers to each client's progress. The most frequently reported barriers to progress are a negative relationship with a mate (boyfriend, spouse), poor motivation, and psychological and/or psychiatric problems.

Correlates of Success in the Program

Service correlates of success in the program included utilization of transportation services, Project Start, substance abuse counseling, recreational services, family planning and attending support groups. The variables that, taken together, provide the most parsimonious set of explanatory variables for successful program completion include length of time in the program, whether or not the head of family was raised by both parents together, not having current involvement with Child Protective Services, and attending adult support groups.

Housing

At the time of departure from the program, at least 86 percent had secured housing. Sixty-six percent secured their own housing, 16 percent moved in with relatives, and 4 percent moved into other living arrangements (e.g., residential treatment program). The housing status for 14 percent was unknown to the counselor at the time the termination summary was completed.

Economic Improvement

At program entry the median income was \$400 per month. The median income for all participating families at the time of program exit was \$680 per month. For those who successfully completed the program, income rose to a median of \$972 at program termination, while for those who were discharged, a more modest increase to a median of \$645 was realized at the time of program termination.

Discussion

Reasons for homelessness were largely attributable to lack of income, lack of affordable housing, and incidents of domestic violence. The findings support the conclusions drawn in other research that suggest “sustained institutional support influences the likelihood of exits from homelessness” and continued self-sufficiency (Piliavin, et al., 1995).

The data indicate that clients who successfully completed the program realized greater gains in income than those who did not, although even those who were discharged involuntarily from the program also realized an increase in their income. Those who successfully completed the program were also more likely to report maintaining stable housing six months to one year following completion of the program.

Successful program completion correlated significantly with length of time in the program, whether or not the head of family was raised by both parents together while growing up, not being involved with Child Protective Services at the time of program entry, and attendance at adult support groups during involvement in the transitional housing program. Involvement in adult support groups and time in the program correlated significantly suggesting that those who stayed in the program longer were able to access more services which were targeted specifically to their needs. However, time in the program, involvement with CPS, and whether or not the head of household grew up in a two parent household did not correlate significantly, suggesting that these influences operated independently of one another.

The predictive ability of the four variables discussed above for status at termination was tested. The four variables correctly classified 70 percent of the cases. Fifty-seven percent of the most successful cases were correctly classified while seventy-nine percent of those cases assessed as least successful were correctly classified. Participants assessed as successfully completing the program were more likely to be raised by both parents together, spend more time in the Transitional Housing Program, which in turn increased the opportunity to receive the benefits of specialized services such as support groups, and were less likely to be involved with Child Protective Services. More study is needed to understand the dynamics of these risk factors. Although not being raised by both parents together is a risk factor for not successfully completing the program, a two-parent family history where the parental relationship was characterized by domestic violence would not likely reduce risk.

These findings are consistent with other research (e.g., Korr and Joseph, 1995) which suggests that “the building of a relationship between the case manager and the client” which requires a significant time investment, and a discharge plan which includes accompanying clients through the process of obtaining residency, and engagement are characteristics of effective interventions.

I. Introduction

There is agreement that the number of homeless individuals and families is growing, both in rural and urban areas. While an accurate count of the number of homeless is not available, the number of persons who are homeless on any given night is generally estimated to range from 500,000 to 735,000 (HUD, 1989). Sheridan (et al., 1993) estimated the number of homeless at 600,000. The most current estimate in Iowa (pop. 2.8 mil.) is that there are 18,000 homeless people of which two-thirds are women and their children.

The causes and consequences of homelessness have been the subject of considerable social science research. To date, the central approach to the study of homelessness has been empirical case studies, although several systematic investigations of specific questions have recently been undertaken. In addition, very recent studies have attempted to integrate the results of a wide range of case studies (e.g., McChesney, 1995). However, little attention (cf. Piliavin, et al, 1996) has been paid to the process of recovery from homelessness (i.e., "exits from homelessness"). The approach undertaken in this study is to provide descriptive data, examine their correlations with success, and provide a context in which future studies may build on the literature to date on homeless populations to develop models of effective interventions for families which result in their being housed. The present evaluation examines the results from a two-year study of a

transitional housing program designed to promote self-sufficiency through a family centered approach, and long-term housing stability within a homeless family population. Improvements in intervention strategies are suggested by the findings of this study.

II. History of the Program

In 1988, the Transitional Housing Program was established with 3 units. In 1992 the Transitional Housing Program, then with 100 units, served 245 individual family members, 37 percent of whom were children from 0 to 5 years of age. The Homeless Head Start Project began in 1993 through the creation of a new center with a capacity for 16 children. The Homeless Head Start Project currently serves 60 families per year. Approximately 50 families per year are involved in both the Transitional Housing Program and the Homeless Head Start Project. External evaluations of both the THP and the Homeless Head Start Project have been conducted by the National Resource Center for Family Centered Practice, University of Iowa School of Social Work.

III. Data

Data for 217 families participating in the HACAP (Hawkeye Area Community Action Program located in Cedar Rapids, Iowa) Transitional Housing Program (THP) are used to evaluate the process and outcomes associated with interventions in homelessness. This report summarizes the Transitional Housing Program data collected between July, 1990 and December, 1995. Data were

provided by the head of household on a series of questionnaires addressing family circumstances (pre-application survey), social history, and self-sufficiency at the time of intake to the program. Items include information about childhood experience, the household, demographics, employment, education, economic circumstances, violence and victimization, health, crime and criminal history, stressful life events, and the children (e.g., abuse and neglect, school achievement). The Termination Summary is completed by the counselor at the time the participant exits the program. The Transitional Housing Follow-Up report is completed by participants 6 months to one year following exit from the program. The Termination Summary and the Follow-Up instrument are designed to gather information on current housing, employment, education, economic status, family changes, and participant and counselor perceptions captured through short narratives. The data collection instruments are reproduced and appended to this report (see Appendix).

Information on client status at termination from the program is available for 136 families, and follow-up information is available for 51 families. Because the data collection instruments are administered at specific points in time during the transitional housing process, not all respondents have responded to all questionnaires.

In addition to the family data, the evaluation collected information about the program and its participants through other sources. A multi-agency

collaborative called the Supportive Services Team (SST), which included the university evaluator, met on a bimonthly basis. At the SST meetings, agency representatives and program staff reviewed cases and exchanged information, including ongoing updates from the evaluation results, and SST members provided input and assistance in the decision making about individual cases. Recommendations for changes in policies were occasionally made by the SST to the board of directors. As part of the evaluator's participation, a survey of SST members was conducted with the aim of improving the SST meetings through the anonymous input of its members.

A parallel evaluation of the Homeless Head Start Project (HHSP) was also conducted by the evaluator. The HHSP evaluation tracks families with Head Start age children through the quarterly Homeless Head Start Tracking Guide (HHTG), and tracks services provided by the program on a quarterly basis through the quarterly Service Tracking Guide (STG). As part of this parallel evaluation of the HHSP, a consumer satisfaction survey of residents and interviews with staff of provider agencies were conducted to provide formative input for the Supportive Services Team. While the evaluation of the Homeless Head Start Project will be reported elsewhere at a later date, the results of the consumer satisfaction survey and of the SST survey will be presented in this report.

IV. Results

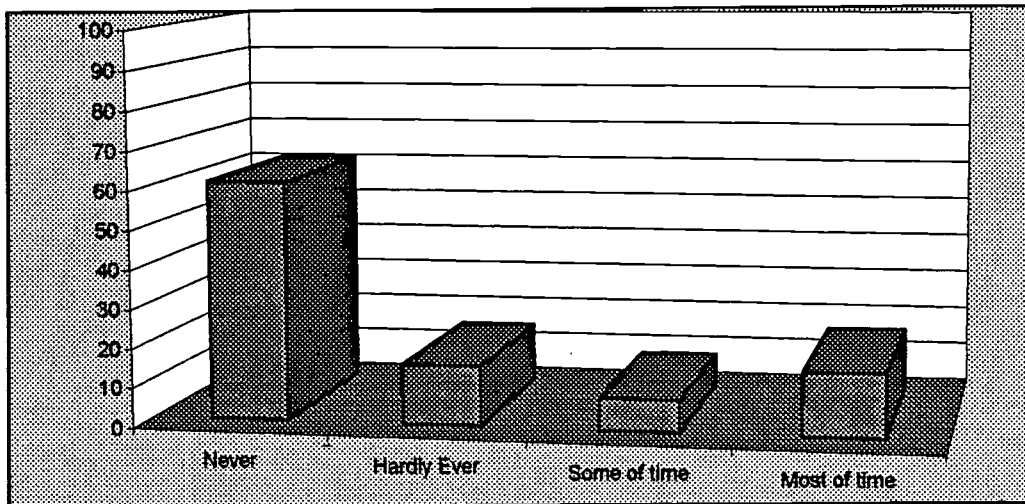
IV.a. Demographics

The population for this study is 560 individuals in 217 families. The average household size is between two and three family members, usually a single mother with two children. The average age of the head of the household is 27, the average age of the oldest child is 6 years and 20 percent have 1 child less than 1 year old. Monthly income is approximately \$400 per month. One-third were receiving AFDC benefits at the time the adult interview was completed. Approximately 35 percent of the heads of household are minorities. Fifty percent have a high school diploma. Twenty-eight percent have education beyond high school, and 22 percent have less than a high school education.

IV.b. Head of Family

Perhaps contrary to intuition, many entering the Transitional Housing Program are not the products of families with long, intergenerational histories of welfare dependence. Nearly two-thirds (61%) reported never being on welfare as a child growing up, while less than one in five (17%) reported growing up on welfare "most of the time." Approximately one in five (21%) reported experiencing growing up on welfare at some time (either "hardly ever" or "some of the time").

Figure 1:
While you were growing up (until the age of 16) how often
was your family (the people who raised you) on welfare?



Respondents were asked: "Most of the time, while you were growing up (up until you were 16), were you raised by both of your parents together?" Responses were evenly divided with 50 percent reporting that both parents raised them together. Of those not raised by both parents together, 74 percent (74%) were raised by their mother, seven percent (7%) were raised by their father, eight percent (8%) by grandparents, four percent (4%) by foster parents, four percent (4%) by an aunt/uncle, and three percent (3%) by "other."

Most respondents reported completing high school; the median grade level of education completed is 12th grade. However, of the 76 respondents who reported that they had been in foster care while growing up, 41 percent (41%) reported that they did not complete high school. For those who reporting that they

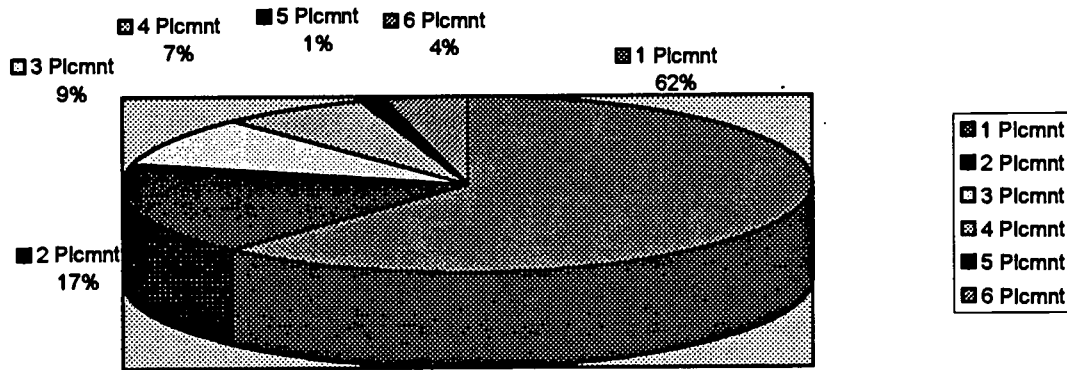
were never in foster care, 25 percent (25%) did not finish high school. When asked if their parents finished high school, sixty-five percent (65%) reported that their mothers graduated from high school, and 60 percent (60%) reported that their fathers graduated from high school.

One-hundred and thirty-eight different out-of-home placements were reported by 76 respondents who said they were in placement during their childhood (this is an average of nearly two different out-of-home placements for each of these respondents). These 76 respondents who report spending more than six months living away from the home in which they were raised constitute 38 percent of the study population. While the majority (62%) reported one out-of-home placement, thirty-eight percent (38%) experienced two or more out-of-home placements. Figure 2, below, illustrates the percentages for the number of placements experienced which are reported in Table 1.

**Table 1:
Number of Out-of-Home Placement Experiences for
Those Who Were Placed**

N Placements	Frequency	Pct.
1	47	62%
2	13	17%
3	7	9%
4	5	7%
5	1	1%
6	3	4%
Total	76	100%

**Figure 2:
Relative Percentages of the Number of
Out-of-Home Placements Experienced**

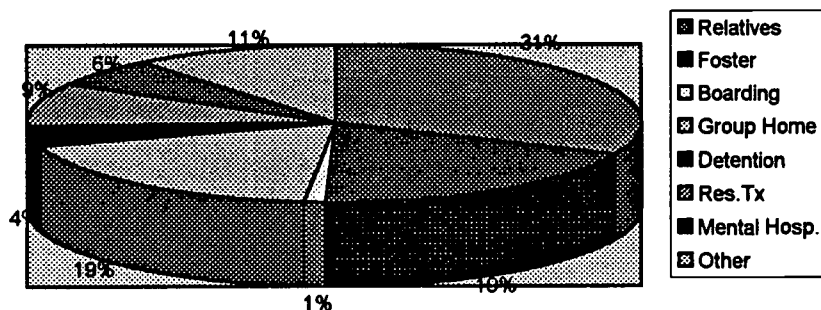


Thirty-two percent (32%) of out-of-home placements were with relatives, neighbors or friends; 19 percent (19%) were foster care placements; 19 percent (19%) were group home placements; 9 percent (9%) were in residential treatment centers, 6 percent (6%) were mental hospital placements, 4 percent (4%) were in a juvenile detention center; 11 percent reported living in some "other" setting. These percentages are presented in Table 2, below, and illustrated in Figure 3 (page 9).

**Table 2:
Out-of-Home Placement Percentages**

	N=76	% Plcmts
Relatives	44	32%
Foster	26	19%
Boarding	1	1%
Group Home	26	19%
Detention	6	4%
Res.Tx	12	9%
Mental Hosp.	8	6%
Other	15	11%
Total	138	100%

**Figure 3:
Proportionate Types of Out-of-Home Placements**

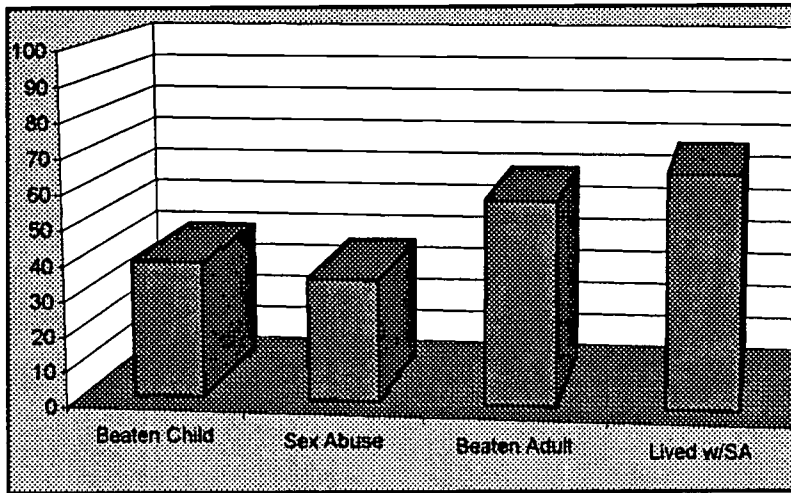


One-third (34%) of respondents reported “moving around a lot while growing up.” Thirty-one (31%) percent reported growing up in a very religious home. Growing up with a heavy drinker was reported by 44 percent (44%), and 43 percent (43%) felt neglected as a child. Smaller percentages reported going hungry (12%), not having decent clothes (20%), and often moving in with relatives while growing up (11%). Seventy-nine percent (79%) reported that "my family did their best for me while I was growing up."

IV.c. Violence and Victimization

More than one-third (39%) of the respondents reported "being beaten hard as a young child" and being the victim of sexual abuse or sexual assault by the age of fourteen (35%). As adults, fifty-eight percent (58%) have lived with someone who beat them up, and 66 percent (66%) have lived with someone who had a drug or alcohol problem.

Figure 4:
Percent Responding “Yes” to: Were you ever beaten as a child (to age 12) , sexually abused (to age 14), or since you've grown up lived with anyone who beat you up, or had a substance abuse problem?



In the last five years, one in five participants (41 of 217, or 19%) reported losing a child due to out-of-home placement, death or arrest. In the last five years, thirteen percent of the population (13%) reported that a suicide had occurred in their family, and twelve percent (12%) reported that a violent death had occurred in their family. Twenty-one percent (21%) reported that they have been the victim of a property crime in the last five years. (Although the time periods differ and respondents were not asked how many times they had property stolen from them, this victimization rate for those in Transitional Housing is five (5) times the national average reported in 1994 where the property crime rate was 4,658 offenses per 100,000 population [1994, Uniform Crime Reports]).

IV.d. Health

Seventy-three percent (73%) have been hospitalized for medical problems. Respondents who had been hospitalized reported an average of five hospitalizations during their lifetime (mode=1, median=3). Twenty-seven percent reported no hospitalizations in their lifetime. One-third (32%) reported having a chronic medical problem which continues to interfere with their life, and 26 percent (26%) take medication on a regular basis for a chronic physical problem. In the past 30 days, 37 percent (37%) have experienced some medical problems.

When asked how many times psychological or emotional problems have resulted in hospitalization, 33 (15%) reported once, 14 (6%) reported twice, and 20 (9%) reported between three and ten hospitalizations. Thirty-one percent (31%) report being treated in a hospital for psychological or emotional problems, and 41 percent (41%) report being treated as an outpatient or private patient. Treatment as an outpatient or private patient was reported on a one-time basis by 37 (17%), two to four times was reported by 34 (16%), and five or more times was reported by 19 (9%).

Five questions indicative of substance abuse problems are asked on the adult interview. Twenty-three percent (23%) have felt they should cut down on (control) their drinking; 17 percent (17%) have been annoyed by criticisms about their drinking; 23 percent (23%) have felt bad or guilty about drinking; 11 percent (11%) have had a drink first thing in the morning to steady their nerves and/or to

get rid of a hangover. Nineteen percent (19%) indicated that they have been concerned that they might have a drug or alcohol problem. Twenty-one percent (21%) responded "yes" to at least two of the substance abuse questions which is indicative of a substance abuse problem (Ewing, 1984). Of the 46 responding "yes" to two or more of the of the substance abuse questions, 42 also reported that they were concerned that they might have an alcohol or drug abuse problem.

IV.e. Crime and Criminal History

Thirty-nine percent (39%) report that they have been arrested and charged with a crime from the list in Table 4. Nineteen percent (19%) reported that they have been asked to sell drugs. Shoplifting, vandalism, and assault are the most frequently cited criminal offenses for which program participants have been charged; the frequency and percentage of the total for each of the offenses is presented below. Thirty-seven (17%) have been incarcerated, and 28 (13%) are on probation or parole.

**Table 3:
Arrests for Crimes Among Program Participants**

	N Reported	Pct.
Shoplifting/vandalism	35	22%
Parole/probation violation	15	9%
Drug charges	15	8%
Forgery	10	6%
Writing bad checks	24	15%
Weapons offense	2	1%
Burglary, larceny, B&E	5	3%
Robbery	1	1%
Assault	26	16%
Arson	1	1%
Rape	0	0%
Homicide, manslaughter	0	0%
Other	27	18%
TOTAL	161	100%

IV.f. Children

Eleven percent (11%) reported their children have problems attending school regularly and 25 percent (25%) reported that their children suffer performance problems at school. Twenty-seven percent (27%) reported that at least one of their children was performing exceptionally well in school. Twenty-six percent (26%) reported that at least one of their children has a developmental or learning disability. Seven percent (7%) reported that one or more of their children might be "slower" than other children their age, while 43% reported at least one of their children is brighter than other children their age.

One in three (32%) indicated that they have been reported for child abuse, and fifteen percent (15%) have been reported for neglect. Of the 70 families where a child abuse report occurred, 9 cases were founded; of the 32 reported cases of neglect, four were founded (according to respondent reports). For a population of 217, the rate for founded abuse is 4 percent, and for neglect it is 2 percent. Compared to the statewide rate of founded abuse of 4/1000, and 6/1000 for neglect (CWLA, 1995), the rates among HACAP participants are about 10 times greater for abuse, and 3 times greater for neglect. The percentage of reports that were substantiated is 13 percent for HACAP participants compared to a statewide average of 29 percent (CWLA, 1995).

Statewide, out-of-home placement occurs for 19 percent of cases where abuse or neglect is reported. Out-of-home placement of at least one child was

reported by 61 percent of the HACAP families. Where placement occurred, most out-of-home placements were with foster families (33% of placements) or in residential treatment (22% percent of placements). An additional one percent entered group care. Seventeen families reported informal placement with friends or relatives and forty families reported that children had been in emergency shelter, although in this population that statement is ambiguous.

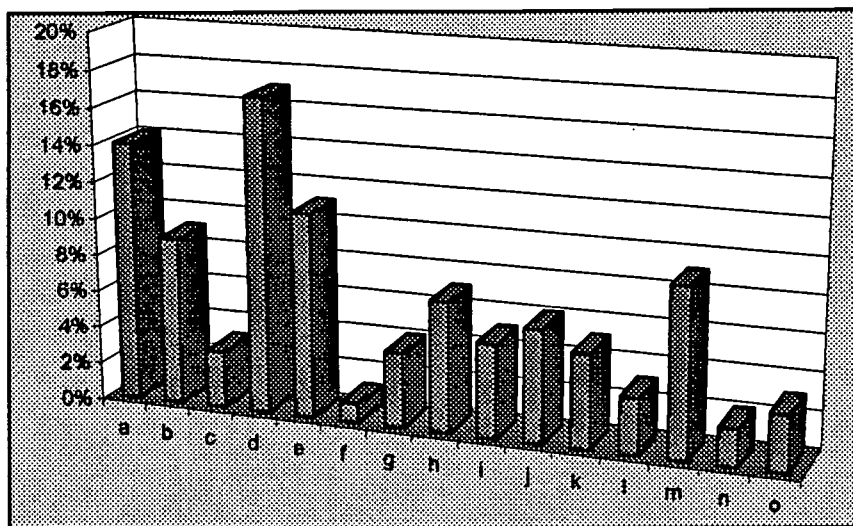
**Table 4:
Child Placement Histories**

	Frequency	Percent	Placement Percent
Informal	17	8%	13%
Emergency	40	18%	30%
FosterFamily	45	21%	33%
GroupHome	3	1%	2%
Residential Tx	29	13%	22%
No Placement	83	38%	
	217	100%	100%

IV.g. Barriers to Progress

Staff are requested to assess factors which have been barriers to each client's progress on the Termination Summary. The most frequently reported barriers to progress are a negative relationship with a mate (boyfriend, spouse), poor motivation, and psychological and/or psychiatric problems. Figure 5 illustrates these data, and they are presented in tabular form below (Table 5):

**Figure 5:
Overall Staff Assessment of Barriers to Client Progress**



Key:

- | | |
|--|--------------------------------------|
| a. poor motivation | h. chemical dependency |
| b. lack of social skills | i. history of sexual abuse |
| c. social isolation | j. lack of affordable housing |
| d. negative relationship with spouse/boyfriend | k. lack of afford. child care |
| e. psychological/psychiatric problems | l. lack of employment opport. |
| f. illiteracy | m. low salaries of avail. jobs |
| g. lack of "school" skills | n. lack of support services in comm. |
| | o. other |

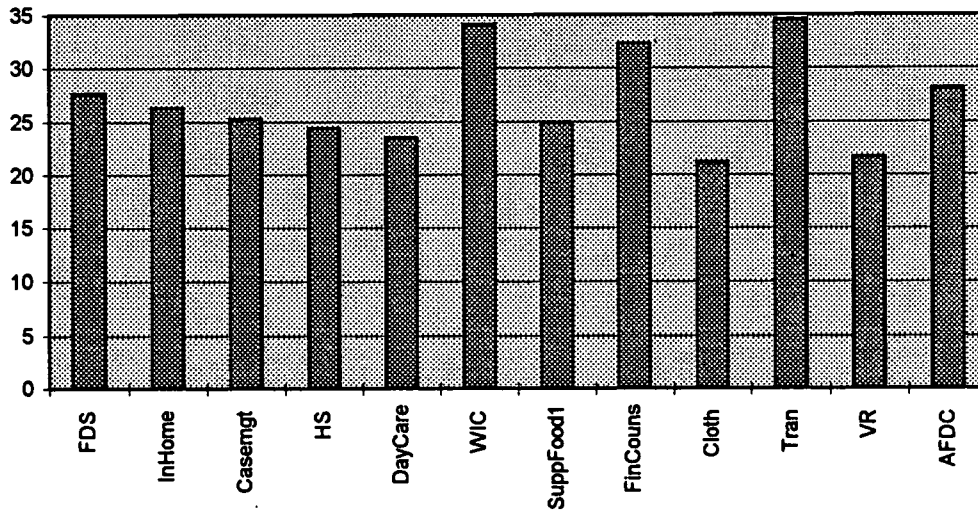
Table 5: Barriers to Client Progress

	#1 Barrier	#2 Barrier	#3 Barrier	Total	Pct.
a. poor motivation	31	10	12	53	14%
b. lack of social skills	4	18	10	32	9%
c. social isolation	1	4	5	10	3%
d. negative relationship with spouse/boyfriend	24	22	16	62	17%
e. psychological/psychiatric problems	18	14	8	40	11%
f. illiteracy	0	4	1	5	1%
g. lack of "school" skills	5	4	6	15	4%
h. chemical dependency	19	4	3	26	7%
i. history of sexual abuse	2	10	7	19	5%
j. lack of affordable housing	7	7	9	23	6%
k. lack of afford. child care	1	9	10	20	5%
l. lack of employment opportunity	1	6	5	12	3%
m. low salaries of avail. jobs	8	8	17	33	9%
n. lack of support services in comm.	3	2	1	6	2%
o. other	7	4	0	11	3%
TOTAL	131	126	110	367	100%

IV.h. Services

Services to which families were referred were reported by staff on a service log attached to the Termination Summary. The average (mean) number of services received by any one family was 6, ranging from 0 to 20 services utilized per family. Twelve of the services listed were received by more than 20 percent (20%) of the families. Figure 6, below, illustrates the service utilization levels of those services which were most frequently reported.

**Figure 6:
Percent Receiving Most Utilized Services**



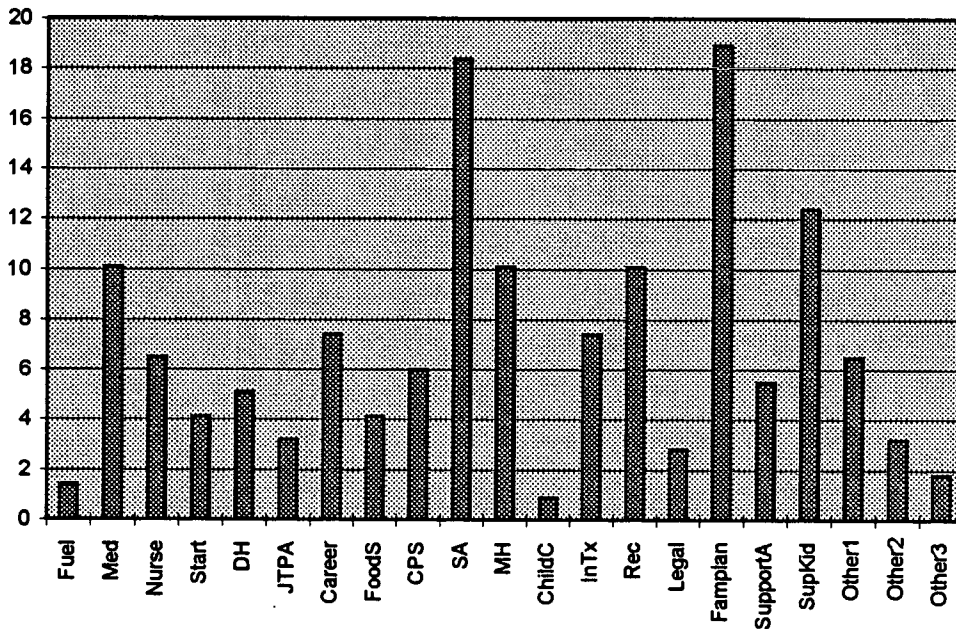
Key:

FDS = Family Development	SuppFood1=Supplemental Food Supplies
InHome=In-home Family Development	FinCouns=Financial Counseling
Casemgt=Case management	Cloth=Clothing Assistance
HS=Head Start	Tran=Tranportation
DayCare=Day Care	VR=Vocational Rehabilitation
WIC=Women,Infant,Children	AFDC=Family Investment Plan

Utilization of transportation services ($r = .18, p < .05$), Project Start ($r = .22, p < .01$) substance abuse counseling ($r = .26, p < .01$), recreational services

($r = .22$, $p < .01$), family planning ($r = .21$, $p < .01$) and attending support groups ($r = .23$, $p < .01$) correlated significantly with successful completion of the program.

**Figure 7:
Percent Receiving Least Utilized Services**



Key:

- | | |
|-----------------------------------|---------------------------------|
| Fuel = fuel assistance | ChildC=Child Counseling |
| Med=medical services | InTx=Inpatient Treatment |
| Nurse=visiting nurses | Rec=Recreational Services |
| Start=Project Start | Legal=Legal Assistance |
| DH=Displaced homemaker | Famplan=Family Planning |
| JTPA=Job Training Partnership Act | SupportA=Support group (adults) |
| Career=Career Counseling | SupKid=Support group (kids) |
| FoodS=Food Stamps | Other1=Other Services |
| CPS=Child Protective Service | Other2=Other Services |
| SA=Substance Abuse Counseling | Other3=Other Services |
| MH=Mental Health Counseling | |

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IV.i. Termination

The Termination Summary is completed by staff following client departure. Reasons for termination were provided for 136 participants.

**Table 6:
Percent of Respondents by Termination Summary Assessment**

	<u>Total</u>	<u>Rural Amer.</u>	<u>Inn Circle</u>
• Client achieved goals	60 44%	33 48%	27 40%
• Client achieved some goals, left voluntarily	45 33%	21 31%	24 35%
• Client was discharged	<u>31 23%</u>	<u>14 21%</u>	<u>17 25%</u>
	136 100%		

Staff reported that 44 percent of the families exiting the program had achieved their goals; 33 percent achieved some of their goals and left voluntarily before completion of their program. Involuntary discharge for non-compliance, rule violation or non-payment of rent was the assessment on 23 percent of the families. In only three instances was the two year time limit reached.

IV.j. Correlates of Successful Program Completion

Successful completion of the program correlated significantly with many variables. The best predictive set of variables are length of time in the program ($r = .21, p < .01$), whether or not the head of family grew up in a home with two parents present ($r = .18, p < .05$), no current involvement with Child Protective Services ($r = .20, p < .01$), and attending adult support groups ($r = .23, p < .01$). Attending adult support groups and time in the program correlated significantly ($r = .17, p < .01$); however, time in the program, involvement with CPS, and

whether or not the head of family grew up in a two-parent household did not correlate significantly suggesting that these influences operated largely independently of one another. Together these four variables account for approximately 19 percent of the total variation in whether or not a participant will be assessed as successful in the program. Using these variables in a discriminant analysis statistical procedure accurately predicted 70 percent of the cases in terms of whether a participant family was classified as successful or not successful in the program. The predictive accuracy, however, was much greater for those who were assessed “unsuccessful” with 79 percent correctly identified, while for those who were “successful,” these variables correctly classified only 57 percent. For the 136 cases for which termination summaries were completed, participants who were not rated as successfully completing the program were less likely to be from two parent homes, spend a shorter period of time in the transitional housing program which reduces the opportunity to receive the benefits of services such as support groups, and were more likely to be involved with CPS. This finding is consistent with other research (Korr and Joseph, 1995) which has found that “the building of a relationship between the case manager and the client” which requires a significant time investment, and a discharge plan which includes accompanying clients through the process of obtaining residency, and engagement, are characteristics of effective interventions.

Successful completion of the program was also correlated with not living away from home as a child ($r = .24$, $p < .05$), and age ($r = .15$, $p < .05$) (not living away from home and age also correlated with growing up in a two parent family). Among those reporting that sexual victimization had occurred in the last six months, none were assessed as successfully completing the program. Similar to the findings of Piliavin et al. (1995), social supports were not correlated with successful completion of the program and exiting from homelessness (i.e., independent exits), rather “accessibility and availability of sustained institutional support influence[s] the likelihood of exits from homelessness.” In addition, Piliavin et al. point out that “the ability to make dependent exits (move in with others) may be due more to external circumstances and less to individual characteristics.”

IV.k. Housing

At the time of departure from the program, at least 86 percent (86%) had secured housing. Sixty-six percent (66%) secured their own housing, 16 percent (16%) moved in with relatives, and 4 percent (4%) moved into other living arrangements (e.g., residential treatment program). The housing situation for 14 percent (14%) was unknown and/or not reported at the time the termination summary was completed.

IV.l. Economic Status

The median income for families at the time they left the program was \$680 per month compared to \$400 per month upon entering the program. For those who successfully completed the program, income rose to a median of \$972 at program termination, while for those who were discharged, a more modest increase to a median of \$645 was realized at the time of program termination. These data indicate that clients who are successful in the program realize a greater increase in income compared to participants who do not complete the program or are discharged from the program, however, even those who are discharged realize an increase in income over the period of their participation.

IV.m. Follow-up

Fifty-one participants were located approximately 6 months after leaving Transitional Housing and completed the Transitional Housing Follow-Up instrument. Long-term housing stability was achieved for at least 65 percent of these former participants; 33 families reported residing in the “same (or better) housing as last contact.” As was the case with status at termination, if the head of household grew up in a two parent household the family was more likely to be in a stable housing situation at follow-up ($r = .26, p. < .01$). Time in the program and successful completion also correlated significantly with housing stability at follow-up ($r = .26, p. < .05$; $r = .25, p. < .01$, respectively).

V. Customer Satisfaction Survey

Program participants received a survey (see Appendix) in the summer of 1995 which requested that they indicate the level of progress achieved in several areas. Table 8 presents the areas in which participants may receive assistance along with participant ratings of progress made in each area. Figure 8 graphically depicts these data. More than 70 percent reported that progress had been made in acquiring job skills, employment, health and nutrition. More than 50 percent reported that no progress was achieved in the area of "housekeeping." (It is likely that many participants perceived that once in a home they were capable of taking care of it.) At first glance it may seem alarming that little progress was reported by over 40 percent in the area of housing assistance, however, the respondents were current residents, and as will be shown, at the time the survey was administered, many of the residents were relatively recent entrants. Child care and parenting were other areas in which the program was reported to have limited success.

Table 7: Please rate the level of progress you feel you have reached

	Levels of Progress Achieved (Self Report)		
	Significant	Satisfactory	Little or None
Employment	43%	34%	23%
Job Skills	30%	50%	20%
Education	24%	43%	33%
Budgeting	17%	50%	33%
Parenting	8%	47%	45%
Housekeeping	8%	40%	52%
Nutrition	8%	64%	28%
Health	8%	67%	25%
ChildCare	13%	40%	47%
Self Esteem	12%	56%	32%
Comm. Invol.	21%	49%	30%
Housing Asst.	20%	36%	44%

Figure 8: Level of Progress Reported by Type of Assistance

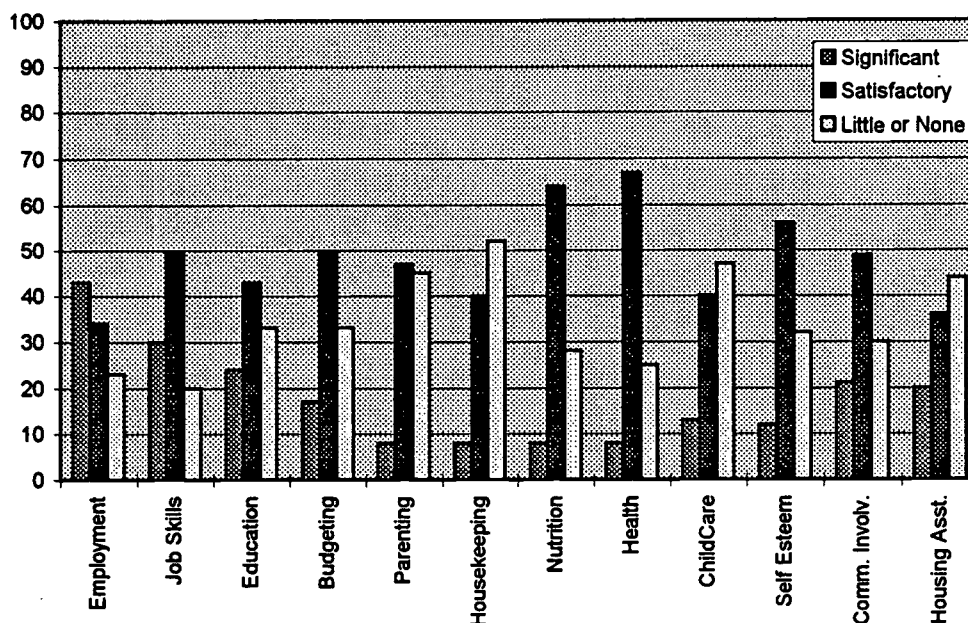
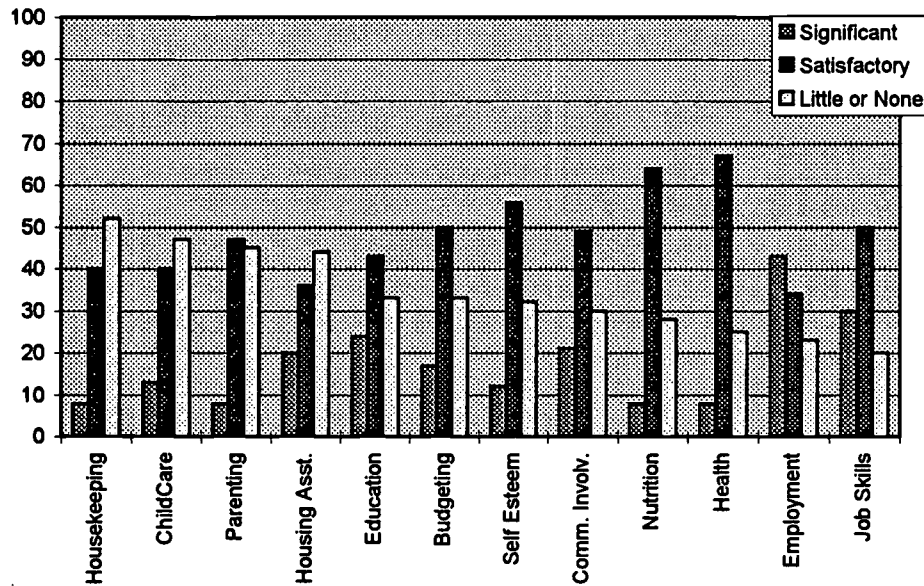


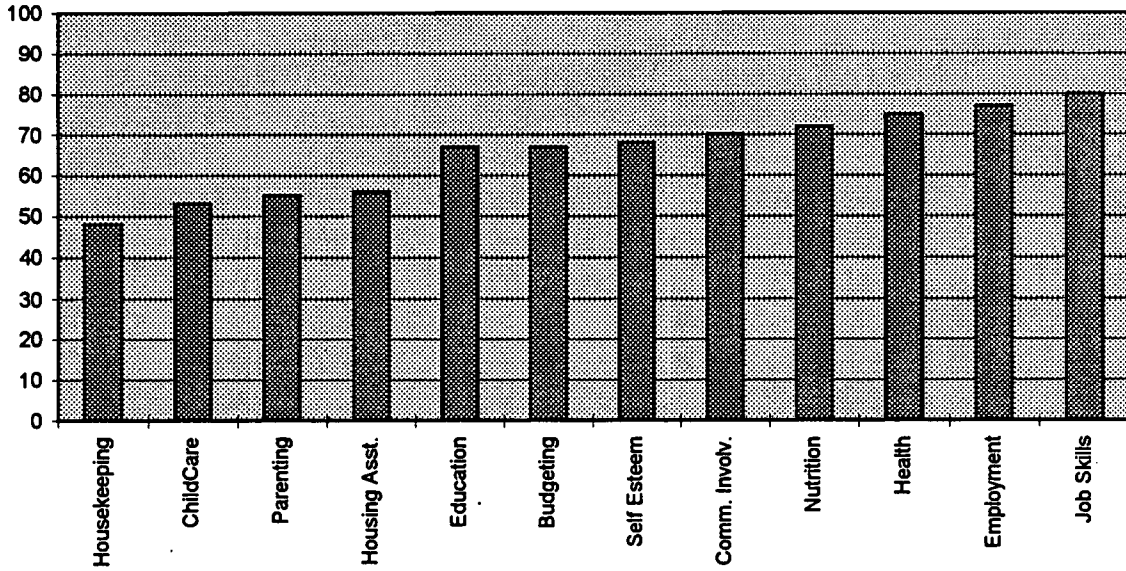
Figure 8 illustrates the data from Table 8. Figure 8 shows the levels of progress made by type of assistance. Using the percent “little or none” as a sort variable, Figure 9, below, presents the progress data in a more readily interpretable manner. For example, the progress made in the area of Job Skills was rated as “little or none” by 20 percent of the respondents. This means that 80 percent made satisfactory progress in the area of Job Skills. In fact, looking at the types of assistance in Figure 9 from right to left, in addition to job skills, more than two-thirds reported that they made significant or satisfactory progress employment, health, nutrition, community involvement, self esteem, budgeting, and education.

**Figure 9: Level of Progress Reported by Type of Assistance
(Descending Order of “Little or No Progress”)**



Focusing on strengths, Figure 10, below, illustrates the percent responding that “significant” or “satisfactory” progress had been made by the respondent. More than 50 percent report making progress in every area except “housekeeping” (see discussion above). More than 70 percent report making progress in the areas of nutrition, health, employment and job skills.

**Figure 10: Level of Progress Reported by Type of Assistance
(Ascending Order of Progress)**



As indicated earlier, these levels of success are especially impressive in light of the limited time that many respondents had in the program. Table 9 presents the percentage of families by number of months in the programs.

Table 8: Length of time for participation in the following programs:

	HeadStart	TH/InnCirc	Scattered	Inf/Toddler	SchoolEnh.
0-3 Mo.	37.5%	40.7%	18.8%	50.0%	41.7%
4-6 Mo.	12.5%	22.2%	25.0%	16.7%	25.0%
7-11 Mo.	12.5%	22.2%	12.5%	16.7%	16.7%
12-24 Mo.	18.8%	11.1%	37.5%	16.7%	8.3%
24+ Mo.	18.8%	3.7%	6.3%	0.0%	8.3%

Fifty percent of those with children in Head Start report less than 6 months of participation. Over 60 percent report participating for less than 6 months in Transitional Housing at Inn Circle, the Infant/Toddler Room, or the School

Enhancement Programs. Only for those participating in Scattered (Scattered Site Transitional Housing) do we find that more than 50 percent with more than 6 months of participation. Figure 11 illustrates the data from Table 9 demonstrating the “mix” of time of participation in each of the programs.

Figure 11: Length of Time Participating By Program

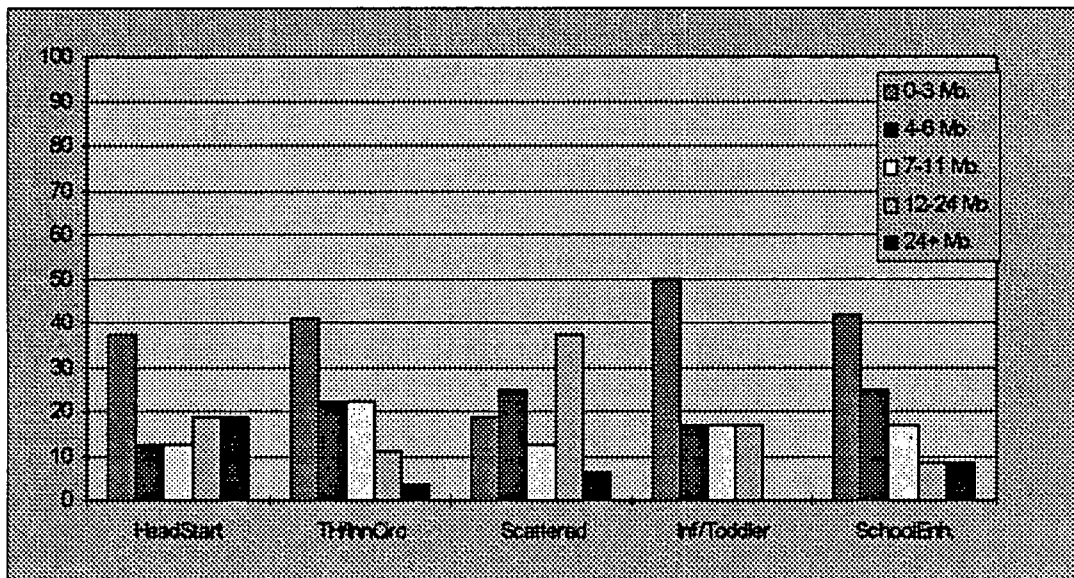


Table 10 presents the breakdown of responses by helpfulness of the assistance received. The program was “very helpful” in keeping the family together and getting a child into Head Start for more than 50 percent of the respondents. Other areas in which the program was, on average, reported to be “very helpful” included dealing with children’s problems, getting other services, helping the family to get along better, getting along with other agencies, and reducing the amount of time that the family was homeless.

**Table 9:
How helpful are the programs in the following ways:**

	Very Helpful	Some Help	Not Helpful
Reduce Stress	23.8	61.9	14.3
Dealing w/Children	28.6	52.4	19.0
Better Parent	30.8	48.7	20.5
Better Self	27.9	53.5	18.6
Family Together	51.2	34.1	14.6
Children's Problems	34.3	42.9	22.9
Family Get Along	32.4	47.1	20.6
Get Along w/Agencies	27.8	61.1	11.1
Get Other Services	32.6	46.5	20.9
Get Child in HS	53.6	32.1	14.3
Get Perm. Housing	10.5	47.4	42.1
Reduce Time Homeless	39.4	39.4	21.2
Securing Employment	21.9	43.8	34.4
Furthering Education	38.2	29.4	32.4
Fulfilling FIP Contract	31.0	37.9	31.0
Reduce Time on Welfare	28.1	40.6	31.3

Participants were also asked in which areas they wished to receive assistance. Although housing and education were the most frequently reported area in which assistance was desired, less than one-half of the participants reported that they wished to receive assistance in these areas. The percentage desiring assistance in other areas reduced to one-third for budgeting and child care, one-fourth for parenting and community involvement, and the percentage diminishes to less than 20 percent for employment, job skills, housekeeping, nutrition, health, and self-esteem. One explanation for these low percentages might be that participants were already receiving assistance, and by responding that they wanted assistance they may be indicating dissatisfaction with the assistance they were already receiving. Alternatively, if a desire for assistance was indicated, it could result in being contacted by yet another service provider. Some participants, especially recent

entrants, may have utilized their coping abilities to the extent that additional outside “stimuli” (c.f. Richardson, 1984; Seligman, 1975; Selye, 1956, 1982) may represent potentially overwhelming circumstances. Therefore, some may be reluctant to act in a way that would draw attention. Examination of Table 11 reveals similar percentages desiring assistance and receiving what was considered “a lot” of assistance.

**Table 10:
Level of Assistance Received and Desired**

	Level of Assistance Received			% Desired Assistance
	None	Some	A Lot	
Employment	67%	17%	17%	17%
Job Skills	64%	23%	14%	13%
Education	34%	28%	38%	45%
Budgeting	29%	36%	36%	32%
Parenting	38%	41%	21%	26%
Housekeeping	38%	42%	21%	17%
Nutrition	44%	39%	17%	15%
Health	36%	32%	32%	13%
ChildCare	34%	38%	28%	32%
Self Esteem	42%	39%	19%	17%
Comm. Involv.	42%	27%	31%	23%
Housing Asst.	23%	17%	60%	47%

Open-ended questions solicited consumer comments on the survey. Section 5 comprises a series of tables containing the verbatim responses of consumers on selected open-ended questions.

VI. Consumer Satisfaction Survey: Verbatim Comments

Table 11:

How do you feel about your decision to participate in the program(s)?

- 01 I feel fortunate that there is a program like this that I can participate.
- 02 I'm glad Head Start is around.
- 03 I feel very positive about my decision. I only wish it could have been done sooner.
- 04 Fine.
- 05 We didn't have any other choice. I lived in a small town. I just want my own yard, flowers, and a garden again.
- 06 Just wish that things hadn't got bad enough that we were where we are.
- 07 Good that I have who I have. Don't like housing inspections. Keep you in line. Help there if you need it.
- 08 I wish we hadn't had to! Glad we did - we were able to accomplish some of our goals. We probably never would have.
- 09 Helpful, gave me a chance to find a place to live when I had no where else to go.
- 10 Very wise
- 11 I am very glad that I chose to participate in this program. I have been able to go to college and spend time with my daughter and not have to work.
- 12 All right.
- 13 Wonderful.
- 14 Very helpful.
- 15 Good decision.
- 16 This was a good decision for me to participate
- 17 Very good, helped me to be independent.
- 18 I am very glad, I am in the housing program.
- 19 It was a good decision to move into transitional housing program.
- 20 I'm glad, because they gave me help in finding housing when I needed it, almost immediately.
- 21 I feel good
- 22 I feel it will better me and my daughter to form a close relationship and for me to be responsible.
- 23 If Inn Circle wasn't here I would be living on the streets at this time.
- 24 I am happy with my decision.
- 25 Great
- 26 God is helping me and my children.
- 27 No decision.
- 28 I had no place to live so I had no choice but, I am grateful for it. I do find it's hard to save any money.
- 29 Some things were helpful others a waste of time.
- 30 Some help.

- 31 Okay. I just hope I can get on my feet and move in the world
 32 Okay.
 33 I'll be glad to move.
 34 Good. But don't like it.
 35 Okay.
 36 I feel that these programs will help me to understand things a lot better.
 37 It was helpful and I learned positive ways to handle discipline and other things.
 Now I know what I'm doing and I feel good about it.
 38 Thankful.
 39 I am glad I made this decision. It provides me and my daughter a home until
 we will be a little more financially stable.
 40 I'm very satisfied with my decision.
 41 I feel very good about being here.
 42 I didn't know if I wanted to participate or not but I'm glad I did.
 43 Okay
 44 Fine.
 45 Very positive. I feel I needed help to get back on my feet.
 46 It's not too good.
 47 I don't know.
 48 I'm glad I am participating in this program. But I feel that in certain aspects it
 doesn't help with assistance.
 49 It's somewhere to stay temporarily.
 50 Very helpful.

Table 12:

What are two things that have changed in your family because of the program(s)?

- 01 1) Son really enjoys going to Head Start and looks forward to it. Increased his
 self-esteem.
 2) Helped with my budgeting and finances.
 02 I realized that some people really do care.
 03 Son is becoming more willing to accept (requesting orders) from me and he is
 learning more about chores but most importantly, social skills.
 04 My son is potty trained!
 05 1) ___ is taking more responsibility with the kids and keeping things cleaner.
 2) Nothing else, besides I walk a lot.
 06 We have a roof over our heads we're together and we're trying to get back on
 our feet.
 07 1)Get on with my life
 2)Better outlook about future.
 08 Reuniting our family since the house was big enough.
 09 Learning to budget money, put my child first and relationships last.
 10 Consumer Ed classes
 11 My daughter and I have been able to spend a lot of time together. Her father
 and I broke up and I realized what he was really like.

- 12 I don't communicate as much with my family and I have learned to take care of things on my own.
- 14 1) Housing situation
2) Reduced our stress level
- 15 I am divorced and have my children and more self esteem
- 16 Stable environment and able to make ends meet.
- 17 1) Better care of housework.
2) Consistency in treatment of children.
- 18 A stable, quiet, no stress, place to live.
- 19 I have my own place again.
- 20 1) I got my bills paid off.
2) I got a new job.
- 21 I feel I am more patient with my child and more organized.
- 22 1) I have become more responsible for my daughter.
2) I have become closer with my daughter.
- 23 My son came home, and I am going to school.
- 24 We have a place to live.
- 26 1) Children education is getting better.
2) Getting along better with my children
- 27 1) Have gotten daycare license.
2) Trying to put family back together
- 28 1) The school enhancement has helped my son deal with improving grades
2) My self-esteem has come up a lot because I don't have to worry about a place to live.
- 29 We are much calmer and ready to move on.
- 30 None.
- 31 We live in our own place.
- 32 We have a home!
- 33 None.
- 34 Privacy.
- 36 N/A
- 37 1) More of a positive family life. 2) Less stress.
- 38 I probably couldn't have survived without AFDC and no other income than what I get from work.
- 39 1) I have become self-sufficient.
2) Child has begun talking more because he is around a lot more children.
- 40 I think we're closer.
- 41 I'm feeling a lot better about myself.
- 43 1) I have become more independently minded. 2) I have become mean.
- 45 I now have secure housing.
- 46 I have a place to live and a roof over my head.
- 47 More stress.
- 49 Stability
- 50 1) All of us are getting along much better. 2) We are a lot cleaner, housewise.

Table 13:

Is there anything you would do differently if re-entering the program(s)?

- 01 No.
- 02 No.
- 03 Don't think so.
- 04 No.
- 05 Make sure I had a lot more money for food, rent, and other things some how.
- 06 Not do it.
- 07 No.
- 09 Get on the leased housing list or find other housing early in the program.
- 10 No.
- 11 No.
- 12 I would do whatever it takes not to have to.
- 13 I wouldn't get divorce so I would have to enter the program.
- 15 No.
- 16 Not really.
- 17 No.
- 18 No.
- 19 No.
- 21 More involved.
- 22 No.
- 23 No.
- 24 No.
- 25 No.
- 27 No.
- 28 No.
- 29 Getting people ready for the end of two years and where to go next for housing.
- 31 Go into off site housing
- 32 Better prepared. Have more money for fun.
- 33 None.
- 34 No.
- 35 Get off-site housing (scattered site)
- 36 Nothing as of yet.
- 38 Keep up work and meeting hours.
- 39 No.
- 40 No.
- 41 There is nothing that I'd change.
- 42 No.
- 46 Stay on top of things out here, don't fall behind.
- 47 Look for somewhere else to live.
- 50 I wouldn't fight help mentally and physically.

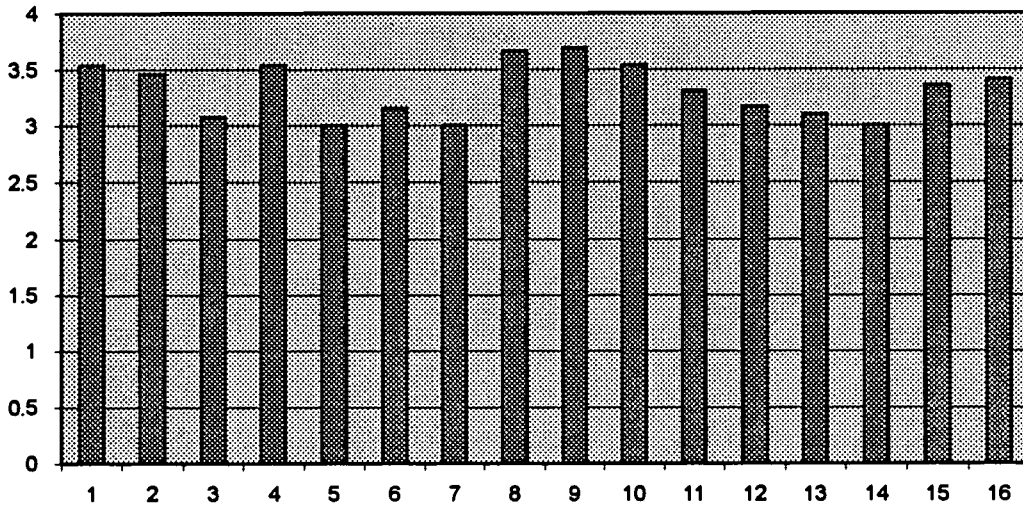
VII. Supportive Services Team Survey Results

In the summer of 1994, during one meeting of the Supportive Services Team (SST), the evaluator administered a survey of the SST members. This survey consisted of five open ended questions and 16 items which were later scored from "4, very helpful" to "0, not needed (the instrument is contained in the Appendix). The results were presented to the SST, and some adjustments to the SST meetings were made based on the survey results.

According to the SST members, at the time the survey was administered the most helpful elements of the meetings were developing stronger relationships with other agencies, gaining understanding about program families, providing information about other services in the community, providing insights to help families cope with problems, finding out about community resources for families, and providing information on ways to deal with families (each item obtained a mean rating of 3.5 or greater) . Reducing the problem of homelessness obtained a mean score of 3.31. The lowest mean scores (3.0) were obtained for job development/job training for parents, improving children's educational future, and keeping families together. Providing follow-up information about families obtained a mean score of 3.08.

As a result of the survey, some changes were made in the format for reviewing cases. In addition, fewer cases per meeting and more follow-up information was presented, and more "positive outcome cases," were reviewed.

**Figure 12:
Supportive Services Team Survey Results
(Mean Scores)**



1. Finding out about community resources for families
2. Providing information on ways to deal with families
3. Providing follow-up information about families
4. Providing insights to help families cope with problems
5. Keeping families together
6. Dealing with children's problems
7. Improving children's educational future
8. Gaining understanding about program families
9. Developing a stronger relationship with other agencies
10. Providing information about other services in the community
11. Reducing the problem of homelessness
12. Getting families into permanent housing
13. Obtaining additional education for parents
14. Job development/job training for parents
15. Overall, for families, how would you rate the SST
16. Overall, for you, how would you rate the SST

Table 15 summarizes the results from the comments written by SST members on the survey.

Table 14:
Summary of Supportive Service Team Survey Results for
Open-Ended Responses

What is most beneficial about the SST meetings:

- **Interagency collaboration**
 - Relationships with other agencies
 - Getting feedback from other in the field
 - Information about services at other agencies
 - Networking
 - Advice from people with specific expertise
- **Consistency and Accountability**
 - Ideas and input
 - Pooled knowledge base
 - Confidence in decisions

What is least beneficial about the SST meetings:

- **Lack of follow-up**
 - Not enough specifics about implementation of referrals
- **Therapeutic approach**
 - Telling people what to do rather than giving choices
 - Crisis orientation

What should stay the same:

- Meeting time and place
- Review of “positive” cases

What should change:

- Institute follow-up reporting mechanism
- Standardize system for presenting cases
- All members having clarity of program
- Fewer families per meeting
- Gender/ethnic balance of SST

VIII. Comparisons with Other Research Findings

Research on homelessness has focused primarily on antecedents of homelessness (e.g., McChesney, 1995; Nunez, 1995; Baum and Burnes, 1993). The present study is concerned with transitioning or exiting “out of homelessness.” Borrowing from the research on factors precipitating homelessness, however, may provide insight into important factors mirroring those risk factors for homelessness as a change process from family homelessness to family stability.

To begin, the HACAP results may be compared to findings from 11 studies in the literature reviewed by McChesney (1995). Eight risk factors for homelessness are identified. Single-female headed family, minority family, or young age of family head are identified as factors which increase the likelihood of family poverty; four risk factors, namely, substance abuse, childhood victimization of the mother, adult victimization of the mother, and pregnancy or recent birth are associated with increased risk of leaving permanent housing. Social support is identified as an intervening variable which may operate as a “buffer” or toggle for homelessness among at-risk families.

Using the level of success in the program (staff rated success at termination) and housing stability at follow-up (living in the same or better housing as last contact) as outcome measures (the correlation between successful completion and stable housing at follow-up is $r = .25, p. < .05$), the HACAP data are used to *mirror* the risk factors for homelessness suggested by McChesney.

Homeless mothers' ages are reported by McChesney to be consistent across studies ranging from 26.8 to 29.5 (mode=28). No difference in age was found between homeless and housed mothers in four studies, and two studies reported homeless mothers to be 7 or 8 years younger than housed mothers in the area. The average age of the HACAP population is 27 (median = 26, mode = 25). Age of the head of household is significantly related to success in the program ($r = .15$, $p < .05$), however, age is not significantly related to long-term housing stability. Since single-female headed families make up 95 percent of the HACAP population, our data do not lend themselves to comparison on that dimension. Minority family status as measured by the race of the head of household did not have a significant relationship with the outcome measures.

McChesney found substance abuse, childhood victimization of the mother, adult victimization of the mother, and pregnancy or recent birth are associated with increased risk of leaving permanent housing. No significant relationships were obtained in the HACAP data. Substance abuse, childhood victimization of the mother, adult victimization of the mother, and recent birth all obtain non-significant correlations with success in the program and long-term housing stability. Time in the program, which is significantly related to outcomes, obtains significant correlations with recent birth ($r = .17$, $p < .05$), being beaten hard as a child ($r = .14$, $p < .05$), and adult victimization of the mother (i.e., lived with abuser, $r = .15$, $p < .05$).

McChesney found the average number of children in homeless families ranges from 1.8 to 2.4. However, the total number of children under age 18 was greater than the total number of children accompanying the mother in the shelter. Homeless mothers were found to be two to five times more likely to have an open child abuse or neglect case than housed mothers. These findings are consistent with the HACAP results where the average number of children was 2, 46 percent said they had been reported for child abuse or neglect case, and 62 percent said that at least one child had been placed in out-of-home care.

Contending that substance abuse is “a significant etiological factor in family homelessness,” McChesney reported drug abuse was two to eight times more likely among homeless mothers than among housed mothers, and this finding was consistent in nearly all of the studies reviewed. The HACAP study instruments included the four CAGE questions (Ewing, 1984) about drug use (tried to Control, Annoy someone, Guilt, Early morning “wake-up”), and a self-report analysis based on the question: “Are you concerned that you may have a drug or alcohol problem?” Nineteen percent of HACAP respondents reported that they were concerned, and 25 indicated a substance abuse problem by affirmatively answering two or more of the CAGE items. However, there was no significant relationship between indicators of substance abuse and long-term housing stability or level of success in the program.

According to the Burt and Cohen study cited, 40 percent reported their physical health and nutrition as either “fair” or “poor.” These authors also pointed out that none of homeless mothers got enough to eat or enough variety to maintain good health. At HACAP, 35 percent reported a chronic medical problem which continued to interfere with their life, and 28 percent reported having been prescribed medication on a regular basis for a physical problem. More than 70 percent of the HACAP respondents to the consumer satisfaction survey reported that they had made progress in the areas of health and nutrition while in the program.

Childhood victimization, according to one study reviewed, was reported at 41 percent of homeless mothers compared to 5 percent of housed mothers. In two other studies (Wood et al. and Goodman), although high levels of childhood abuse were found, no significant differences were found. Thirty-seven percent of the HACAP participants reported being beaten hard as a young child (up until the age of 12), and 33 percent reported sexual abuse or sexual assault (up to age 14). Although these childhood variables did not correlate with outcomes, childhood physical abuse and sexual abuse correlated significantly with adult victimization (i.e., lived with anyone who beat you up; $r = .17, p. < .01$ and $r = .14, p. < .01$, respectively). Bassuk and Rosenberg and Wood et al. also found homeless mothers to be twice as likely to have been battered as housed mothers, while Goodman found no difference when homeless mothers were compared to housed mothers.

Fifty-eight percent of the HACAP respondents reported that since being an adult they have “lived with someone who beat them up.”

Pregnancy or recent birth among homeless women was found to be much more likely compared to housed women (35 vs. 6 percent pregnant; 26 vs. 11 percent gave birth in the preceding year, Weitzman). At HACAP, 28 reported that they had given birth in the last 6 months. Success in the program or long-term housing stability did not correlate with recent birth, however, recent birth did correlate significantly with time in the program ($r = .15, p < .05$), and time in the program correlated with both success in the program ($r = .29, p < .01$) and long-term housing stability ($r = .34, p < .01$).

McChesney found that seventy-five percent of homeless mothers had been housed by kin or friends in the previous year, and 80 percent reported that they could not go back to stay with their mothers or grandmothers now. It is suggested that social support is a crucial buffer which can be exhausted. At HACAP, the only measure from the social support index with a significant correlation to outcome was between knowing more people from whom a participant thought they could borrow \$5.00 and the level of success in the program ($r = .22, p < .05$). Interestingly, the CAGE drug abuse items correlated significantly with reduced numbers of people who would “come to your rescue if you were in trouble with the police” (C: $r = -.16$; A: $r = -.18$; G: $r = -.16$; E: $r = -.16$; $p < .05$). Social support exhaustion was similarly demonstrated as those with chronic medical

problems had significantly fewer people they thought would “give you a ride to the doctor or store,” or who might “prepare food for you and your family when you are sick or out of town” ($r = -.17, p < .05$; $r = -.14, p < .05$).

Nunez (1995) profiled the heads of families who are homeless and reported the following population characteristics:

- 87% percent single,
- 56% less than 25 years of age,
- 63% did not graduate from high school,
- 70% have work experience,
- 40% have held a job for 6 months,
- 30% have never worked
- 71% substance abuse
- 43% domestic violence
- 10% mental illness
- 49% recently gave birth or pregnant
- 20% in foster care as a child

Nunez also compares families on whether or not the head of the family has a history of foster care. Table 16, below, presents comparisons made by Nunez, and where possible similar comparisons are made using the HACAP data.

**Table 15:
Comparison of Families on History of Foster Care
(Nunez, 1995 and HACAP)**

	Nunez		HACAP	
	History of Foster Care	No History	History of Foster Care	No History
Avg. Age of Parent	22	25	23	28
Age at First Birth	18	20	19	21
Children				
Average No. of Children	3	2	1.9	2.1
Pregnant/Recently Gave Birth	60%	47%	13%	13%
Have Children in Foster Care	27%	15%	42%	34%
Have active CPS case	73%	29%	11%	17%
Referred to CPS while in T.H.			8%	5%
Social Welfare Indicators				
Substance Abuse History	79%	60%	46%	19%
Domestic Violence History	60%	41%	74%	54%
Mental Illness History	18%	8%	68%	46%
Housing History				
Previously Homeless	49%	19%		
Employment/Welfare History				
Have 6 Mos. Work Experience	18%	45%		
Age Began Receiving AFDC	18	21		
No. of Yrs. Receiving AFDC	4	2.5		

Parents with no history of foster care are older than those with a history of foster care in both the Nunez and the HACAP samples. HACAP participants are slightly older than those in the Nunez sample. Those with a history of foster care are younger when they have their first child compared to those with no history of foster care, and again, those in the HACAP sample report that their age at first birth is on average about 1 year older than those in the Nunez sample. While the number of children born to those with no history of foster care is similar between the two studies, the average number of children born to those with a history of foster care is about 1 more for each family in the Nunez sample.

In the HACAP sample there is no difference between groups (i.e., history of foster care vs. no history of foster care) in the percentage reporting recent births. Thirteen percent reported a birth in the previous six months in the HACAP sample. Those in the Nunez sample reported a much higher percentage of recent births with the “history of foster care” group reporting 13 percent more than the “no history” group.

The average number of children in foster care for HACAP families is about twice the number of those in foster care in the Nunez sample. Having a history of foster care is associated with higher percentages of families with children in foster care in both studies. Those in the Nunez sample had higher rates of active CPS cases with the “history” group in the Nunez sample reporting an incredible 73% with an active CPS case. There was no comparable measure in the Nunez sample, but it is interesting to note that five percent of those in the HACAP sample with no history of foster care, and eight percent of those in the “history” group were reported to CPS while residing in Transitional Housing.

Substance abuse affected fewer in the HACAP groups than in the Nunez groups, however, in both samples the group with a history of foster care had a higher percentage with a history of substance abuse. Domestic violence was more prevalent among the HACAP participants, those with histories of foster care reported higher rates, in both studies, on history of domestic violence. Similarly, mental illness history was more prevalent among HACAP participants, but both

studies showed higher percentages of mental illness history among those with a history of foster care.

Housing and employment measures are not comparable between the HACAP and Nunez samples. However, 28 percent of those in the Homeless Head Start Project Evaluation report previous homelessness which is within the range of the percentages reported for the groups in the Nunez study (i.e., 49% previously homeless among those with a history of foster care compared to 19% previously homeless among those with no history of foster care).

IX. Discussion

Reasons for homelessness were largely attributable to lack of income, lack of affordable housing, and incidents of domestic violence. The findings support the conclusions drawn in other research that suggest “sustained institutional support influences the likelihood of exits from homelessness” and continued self-sufficiency (Piliavin, et al., 1995).

The data indicate that clients who successfully completed the program realized greater gains in income than those who did not, although even those who were discharged involuntarily from the program also realized an increase in their income. Those who successfully completed the program were also more likely to report maintaining stable housing six months to one year following completion of the program.

Successful program completion correlated significantly with length of time in the program, whether or not the head of family was raised by both parents together while growing up, not being involved with Child Protective Services at the time of program entry, and attendance at adult support groups during involvement in the transitional housing program. Involvement in adult support groups and time in the program correlated significantly suggesting that those who stayed in the program longer were able to access more services which were targeted specifically to their needs. However, time in the program, involvement with CPS, and whether or not the head of household grew up in a two parent

household did not correlate significantly, suggesting that these influences operated independently of one another.

The predictive ability of the four variables discussed above for status at termination was tested. The four variables correctly classified 70 percent of the cases. Fifty-seven percent of the most successful cases were correctly classified while seventy-nine percent of those cases assessed as least successful were correctly classified. Participants assessed as successfully completing the program were more likely to be raised by both parents together, spend more time in the Transitional Housing Program, which in turn increased the opportunity to receive the benefits of specialized services such as support groups, and were less likely to be involved with Child Protective Services. More study is needed to understand the dynamics of these risk factors. Although not being raised by both parents together is a risk factor for not successfully completing the program, a two-parent family history where the parental relationship was characterized by domestic violence would not likely reduce risk.

These findings are consistent with other research (e.g., Korr and Joseph, 1995) which suggests that “the building of a relationship between the case manager and the client” which requires a significant time investment, and a discharge plan which includes accompanying clients through the process of obtaining residency, and engagement are characteristics of effective interventions.

Appendix A

Table 16: Termination Summary Verbatim Comments

**Table 16:
Termination Summary Verbatim Comments**

- 6. Overall, would you assess this client (family) as having made positive changes during their participation in the transitional housing program? Please describe those areas of positive change:**
- 9 - Continued to work toward degree in nursing.
 - 9 - Family continued education but...
 - 272 - No.
 - 264 - No. She tried but was pregnant and had a one year old too!
 - 254 - Client and ex-husband moved in with children - then ex-husband moved out - then moved back in - then moved back out. Children are very restless with all the instability.
 - 232 - No.
 - 224 - Yes, set goals and achieved them, began counseling services and has continued in it.
 - 222 - None - Client had a job when he moved in then quit job. No motivation to get another. Female partner kicked him out because he wouldn't work and wanted her FIP to support him.
 - 201 - Really tried to make a go of it, had lots of agencies services in place. Worked hard towards GED, enrolled youngest in high school, son was at Child Psych. Everything seemed to be falling in place.
 - 189 - Yes.
 - 63 - Small changes.
 - 67 - Definitely, she became a more assertive and self reliant/independent person who really wanted to improve herself and present situation. Graduated from 2 yr. nursing program, went on to U for 4 yr. degree.
 - 89 - Employment - always had job! Relationship with Sig. other, secured permanent housing.
 - 92 - Some positive changes in area of employment.
 - 126 - Actually due to poor motivation by client, little to no progress was made.
 - 122 - Budgeting--working on back medical bills.
 - 125 - Yes--she decided to go back to husband after treatment at ____ for a long time.
 - 148 - Yes, she did very well in our program.
 - 150 - Almost through two year program at community college. Received block grant for daycare; secured apartment; looking for internship.
 - 153 - Found permanent housing and job.
 - 176 - None.
 - 182 - She started school, but due to chemical dependency, dropped out.
 - 4 - She was a good resident, a very good worker, needed substance abuse counseling, and was going too. Hopefully will continue to do so.
 - 10 - Continued and completed schooling. Also counseling.
 - 11 - No.
 - 15 - It took client several months to get started but once she began school she did well. Social skills improved. Children got needed counseling.
 - 18 - Self-esteem; husband's participation - alcoholic program.

- 19 - Stayed for short time, less than a week, very difficult to assess progress.
- 20 - Marked improvement in self-control. Went on an abuse. Secured reliable vehicle and positive relationship (both were long-term goals).
- 24 - She completed her G.E.D., attended regularly and graduated from a pre-vocational program at the U and got a job as a clerk.
- 25 - Client had and maintained an open relationship with counselor. Knew how and when to ask appropriate questions. Good at seeking out community services.
- 26 - Client did very well in school! Parenting skills were good. Kept apartment clean and in good shape.
- 27 - Client worked very hard on daily living skills. Client made little progress while in program, but in some ways tried very hard.
- 29 - Client was very close to due date of pregnancy upon moving in - soon after baby was born, after her 6 week maternity leave, she was hard to motivate and did not work or go to school.
- 30 - Changes were small and hard to really judge.
- 32 - Enrolled in school and was attending regularly. Participated in groups at Domestic Violence Shelter.
- 33 - Yes, continued education at Kirkwood, gained work experience, she benefited from Headstart, accepted by Habitat Housing, saved money.
- 35 - Completed 2 yr program and moved on to 4 yr program at college. Secured affordable housing and childcare.
- 37 - This client showed very little initiative in meeting program requirements. She did keep most of her counseling appointments.
- 39 - Client did the best to her ability to follow program rules. Once she decided education was the route she wanted to go and enrolled she did a fine job.
- 40 - Education, employment, child determined to be in need of assistance - juvenile court, she can focus on her needs - Therapy for mental health, substance abuse support groups, developed a sense of community and made friendships.
- 41 - Her son was enrolled in Head Start and she was good at following through with school referrals. She received her GED while at Inn Circle.
- 42 - She really was a positive role model for the other residents. She was an excellent student with straight A grades. She was very involved in all components of the Inn Circle program.
- 54 - Started GED classes and attended regularly. Decided to take control of her own life and not be influenced by estranged husband and other negative influences. Realized own strengths.
- 55 - Improved greatly in parenting skills. Began KCC program.
- 56 - She received H.S. completion (not GED), obtained permanent employment with good benefits. He came into program near the end but immediately obtained employment also.
- 57 - She made much progress in employment.
- 58 - Secured permanent housing (are living in a 3 bedroom mobile home). Secured and have maintained permanent full-time jobs.
- 59 - Yes - family has learned to handle stress, has been able to learn that choices need to be made in order of priority.
- 60 - She made tremendous progress in learning to communicate open and freely. She became very involved with the Project Council while living at Inn Circle and was the only resident to be at every meeting!
- 61 - Very positive changes. Able to get and maintain very good, well paying, job with benefits. Self-esteem went sky high after completing GED and securing the job.
- 62 - Client learned to maintain her apartment more appropriately.
- 64 - Very positive changes! Client has learned to trust. Client has learned she is capable of taking care of and supporting her family through AFDC. Client has learned she needs Mental Health Counseling and is now receiving services.
- 65 - Client communicated very openly with counselor, she felt very comfortable showing and expressing her feelings, problems, etc.

- 66 - She attended college 1 semester, empowered to do things for herself. Children: Benefited from Headstart and Childcare programs (security, routines, language, positive attention, stimulation appropriate for age).
- 68 - She finished GED and gained employment while in the program. Children - In Headstart and daycare (positive role models).
- 69 - I only worked with her from mid-October to end of November, which at this time her tenancy had expired. She had secured other housing and also was hoping to go back and finish school - for her 2 yr college degree. Reading through the files; she completed the program quite satisfactorily.
- 70 - Yes, She was able to abstain from substance abuse, had opportunity for employment and Headstart services on sight. She started her own NA group and facilitated it at Inn Circle and became a leader on resident council, policy council. She is involved in community projects and plans to continue being a supporter of Inn Circle.
- 71 - Gained job skills, children enrolled in Headstart, stable housing while in program.
- 72 - She did very well in school with grades and attendance. She was a very private person and tended to keep to herself a great deal which made it very difficult to know anything personal about her. She did start to get much better prior to her moving.
- 73 - This client admits she has a substance abuse problem but does not understand the need for treatment.
- 74 - Employment, self-esteem gained.
- 75 - School - she completed Kirkwood program.
- 76 - Some improvement in housekeeping, parenting skills.
- 77 - Mother made excellent progress in dealing with depression problems. She got needed services and counseling for children to deal with anger and abuse.
- 78 - Stayed with one job for longer than she ever has.
- 79 - No.
- 80 - Continuing with decision to leave former situation and start new life and education.
- 82 - Completed school successfully with good G.P.A.
- 84 - Slight improvement in parenting, housekeeping.
- 85 - None, this client only wants someone to TAKE CARE of her - she doesn't WANT to make any positive changes in her life.
- 86 - We saw many good changes during the 1 1/2 yrs client was with us. She had much better self-esteem, was more self-assured. Could hold her own and not let people "walk" on her - more assertive.
- 88 - Yes, the family seems to feel they have bettered their life. Now have a large farm house to live in - lots of room - large yard. Room for boys to run - one son likes working with the hogs.
- 90 - Psychiatric evaluation done.
- 91 - Found employment.
- 92 - No.
- 95 - Some progress - budgeting.
- 96 - Was here only 1 month - moved in with friend!
- 98 - No.
- 100 - Employment.
- 102 - Employment.
- 109 - Yes and no, she did well but was only in a short time. She was making progress but it turned out she was seeing the abusive boyfriend all along and left the program to live with him again before any real changes could be made. Good job offer.
- 111 - Was not here long enough to assess family (3 months). Baby was 3 weeks old.

- 114 - Enrolled in school and appears to be committed. Consistently gets child to Head Start.
- 115 - None.
- 116 - None.
- 117 - Got GED.
- 118 - No.
- 120 - Only in program 4 or 5 weeks. Little progress.
- 123 - No.
- 124 - Worked on staying away from people who are a bad influence.
- 38 - Was willing to learn new things in regard to preventing.
- 131 - Yes, she got a good job and moved out.
- 133 - Yes, became more self-sufficient.
- 134 - Yes, definitely positive changes! She and her husband have begun counseling and are trying to work things out. Janet secured a permanent job and volunteered at the YWCA Domestic Violence Shelter.
- 135 - She had a job when she left here!
- 137 - Yes, getting along with others she was starting to interact with confidence - received permanent, well-paying job.
- 143 - No, she and family participated in the transitional program for approx. 2 months with little to no change.
- 144 - She attended Kirkwood Community College, regularly received A's and B's.
- 146 - Mom worked hard on family relationships with children. Maintained sobriety. Mom has stayed with same job as waitress.
- 147 - She worked in the HACAP/Inn-Circle office acquiring typing, filing, and receptionist skills. As she gained skills her self-esteem improved. She and her significant other formed a more stable relationship.
- 155 - I would not assess this family as having made positive changes. I believe Inn Circle was another quick stop in a long chain.
- 157 - Yes - increased self-esteem, able to live independently without spouse, developed strong support system.
- 162 - She did make boyfriend and baby's father move out of her life, she left here without him.
- 163 - Definite positive changes! She came with her three children from a physically abusive home in [another state]. The family has gone through counseling, obtained leased housing and she has a full time job she enjoys.
- 164 - Getting services for child, working full time.
- 165 - Yes, she paid off back phone bill and it was reconnected. Worked full time at church school as a teacher associate. Little boy attended Head Start. Three older children attended school regularly.
- 166 - Employment was a big improvement for this client. However, she really had a very negative, use the system, outlook or attitude. Her style was to attempt intimidation.
- 168 - Work done on resume.
- 170 - Worked well on budgeting.
- 171 - She worked on refresher courses at Kirkwood Maiden Lane, obtained a job at [fast food store] and call backs to others. She always paid rent on time.
- 173 - No.
- 174 - Yes. Stabilized employment, improved work history. Showed good work habits. Divorce - supported in follow up and support. Supported in helping deal with parenting. Improved self confidence.
- 175 - She was not at Inn Circle very long. I believe she just needed a place to stay for a while.

- 178 - She was employed all the time she was here. Got along well with everyone.
- 183 - She basically kept herself and family stable. She worked 35-40 plus hours a week; and attempted to comply with the program.
- 185 - Semi-positive - was attempting to complete beauty schooling for hair stylist; but fell behind in hrs., accepted and received assistance with budgeting. Got herself turned around financially overall; also made a career decision - not to be stylist -return to school (college) future - seek employment presently.
- 203 - Yes. She was able to obtain permanent housing through Section 8. Her children came back into the home and she enrolled in Kirkwood.
- 209 - Minimal, children benefited from Head Start services. Counseling with mother - some depression relief.
- 210 - None.
- 211 - Mother - excellent self-concept gains. Divorce from abusive spouse. Vocational rehab eval and start of services, good counseling relation and support. Daughter getting psychiatric services; family more stable and decisive.
- 215 - During 4 months in TH, client "cleared up" credit report - enabling her to buy home, secured counseling - Catholic charities, completed MAHP home ownership classes, obtained employment.
- 216 - Family entered TH on 9-9-94. In about 4 months they secured counseling for child - Catholic charities, obtained credit report, obtained employment, completed MAHP home ownership classes, and purchased a home.
- 218 - Yes but left the program way too early. Hadn't really dealt with issues.
- 219 - No, she never actually moved into the program. She was given keys but then disappeared at one point it was indicated she was hospitalized but left there. A.M.A.
- 221 - Achieved GED thru Kirkwood. Better self-image (more sure of herself). Now has a job.
- 223 - She has a good job.
- 225 - She had a baby, was pregnant when she came into program, went to work afterward, at temp. services. She got her house back when the divorce was final, and she moved back into it!! Was a success!!
- 231 - "I've become more self sufficient, I've learned to let go of things that bother me. Learning to make decisions for myself." Yes, she learned to adjust and deal w/issues much improved.
- 234 - The family made substantial progress when they moved into Transitional Housing. Two of the children attended school, one was accepted into HeadStart, the other enrolled in the Toddler Room. The mom started an educational program to receive her GED. All this lasted 2 months.
- 247 - Better self-esteem for both clients (him and her).
- 253 - During the two months she stayed with us, I noticed her feelings about herself got better (after she dumped the eight year-old relationship with old boyfriend).
- 258 - She had a good job history when she came here, and continues to do so.
- 274 - No.
- 284 - None.
- 290 - Worked on back fines--getting license reinstated. Got out of a very bad relationship.

7. Overall, would you assess this client (family) as not having progressed during the transitional housing program? Please explain:

- 9 - Family lacked parenting skills, had marriage problems.
- 9 - ... no follow through.
- 282 - Yes, child care arrangements were not appropriate and put him at risk. DHS got involved and removed the children she is out of compliance with the program. Abandoned apartment.
- 281 - Poor motivation, did not attempt to follow program rules.

- 272 - N/A.
- 264 - Yes.
- 254 - Yes, I feel client did NOT progress - on slid by and sometimes worked her program - sometimes didn't.
- 232 - She did not participate in program.
- 224 - Would get involved with abusive partners and move in with them.
- 222 - No progress, see above.
- 201 - At the end she violated probation by using her drug of choice, crystal meth. After this started everything else fell apart rather quickly.
- 92 - Dishonest in many areas, didn't follow through.
- 105 - She was just the same as when she came in.
- 126 - Yes; she wasn't willing got help herself; not get involved with any of the different programs made available to her, wasn't willing to comply with the rules and expectations of the housing program. She could have gained much; but her lack of motivation and concern gained her nothing.
- 122 - Significant other not participating in program caused eviction.
- 125 - She did progress—participant in Iowa City activities; was chair of Business Relation Group.
- 132 - Child was removed from household.
- 152 - Client progressed by attending treatment and obtaining job - but then regressed and lost job due to substance abuse again.
- 176 - She left the same as she came into the program.
- 182 - Yes, she went back to drinking, and left baby alone in another apt. (after leaving home).
- 4 - No.
- 10 - Some progress.
- 11 - Correct.
- 18 - No.
- 20 - Parenting, employment.
- 25 - Could be very manipulative at times - this did get better.
- 26 - Client's school schedule didn't allow her to participate in weekly group meetings on a regular basis.
- 27 - Client had many psychiatrists - psychological problems which made her very difficult to work with. She abandoned her apartment.
- 30 - No.
- 32 - No.
- 33 - No.
- 37 - Client did not meet the education/employment requirements.
- 39 - Child care was an obstacle while in school and created many problems.
- 40 - Child removed placed in foster care and has not been able to make good choices to regain custody, thrives on supportive services.
- 41 - Poor cooperation on her part with program compliance. Did not keep appointments with staff - always forgetting them.
- 42 - Not applicable.

- 50 - Mom was irresponsible while in transitional housing. Dropped out of U of I, in legal trouble for floating or kiting checks. Left her child with sitters almost every night of the week. Would not get child to school daily.
- 54 - N/A.
- 55 - Sporadic attendance - meetings with P.O.
- 56 - Family progressed, but still has areas of need (relationship - both parent/child and adults).
- 57 - Two abuse charges filed against children's stepfather. At time of departure, CINA being filed on children - stepfather had restraining order.
- 58 - No - Family made the 2 above gains plus great increase in self-esteem for both adult parents.
- 59 - Family made excellent progress!
- 60 - It still is very difficult for her to look at her children's "special needs."
- 61 - N/A.
- 62 - Parenting skills extremely poor - some great concerns over possible child neglect.
- 147 - Significant other joined the program with her - they then had to move 6 months later as they were on an exit time when he joined family.
- 64 - No.
- 66 - This person has some sexual abuse issues in the past. She will continue to be a victim until those areas...
- 68 - During the exit of program the children were placed with their father which I have some concerns about his ability to care for the children. Bonnie continued to deny substance abuse problems which lead to them being placed in father's custody. Poor budgeting ability and planning.
- 69 - No.
- 70 - Financially.
- 71 - Budgeting skills, parenting skills lacking.
- 72 - She did not communicate well with the other residents or staff while living at Inn Circle and she tended to exclude herself from all activities.
- 73 - Short term but often relapsed into abuse of substances.
- 74 - Dependent on spouse, responsibility, parenting.
- 76 - Staying with employment opportunities.
- 77 - Family still has some serious problems with which they must deal, but T.H. has guided them in the right direction.
- 78 - Poor attitude toward HACAP program and employer.
- 79 - Still using drugs.
- 80 - Only in program 5-6 weeks - difficult to assess.
- 82 - Development of Headstart child.
- 84 - Education/employment.
- 85 - Yes - I had to evict this client for non-compliance. She didn't want to work, didn't want to study - didn't want to come to the workshops. DIDN'T WANT CHANGE - in any form. "Help me - take care of me."
- 90 - Employment.
- 91 - Budgeting follow through.
- 92 - Client's attitude prohibited success.
- 98 - Family in program very short time.
- 100 - Did not achieve any goals.

- 102 - Problems attending visits scheduled.
- 109 - No change in judgment, social skills or real connection to ongoing mental health - she remains avoidant and in denial of critical social development she would need to maintain stability in her life.
- 111 - She is moderately mentally retarded and probably shouldn't have even been placed here as she was not capable of independent living (went back to correction facility).
- 115 - None.
- 116 - Not motivated.
- 117 - None.
- 118 - Client refused to comply with program rules.
- 120 - Little progress due to short time in program - Poor choices in friends - Alleged drug activities. One warning - then 3 day notice.
- 123 - Family didn't complete several components of program.
- 124 - Not motivated to stay in compliance.
- 38 - This participant had difficulty living within structure. She had difficulty goal setting and with lack of motivation she was unable to make positive changes in her situation.
- 131 - No.
- 137 - No.
- 143 - No, no real significant changes - here only two months; seem to have psychological problems. Started to do an identity change; i.e. wore wigs, changed make up, couldn't make contact with her nor she with us; then abruptly left.
- 144 - Counseling and treatment with substance abuse.
- 146 - No, the family did well while in transitional housing.
- 155 - We were not able to interest client in work or school. She had several medical and emotional disorders that we were unable to address.
- 162 - She had a negative relationship with her boyfriend. He did not believe she should work or go to school and therefore she fell out of compliance.
- 164 - Lack of motivation with program compliance. Followed staff home because she wanted to be her "friend."
- 165 - Yes, she made a snap decision to move to another state. Permanent housing is not lined up. The kids do not want to move again, because they just adjusted to the TH program. I don't think she has thought this through and is running away from problems.
- 166 - Basically little improvement in independent living skills; she appears to believe she doesn't need to adhere to the same rules as the general population. Very defensive nature.
- 168 - Continued to drink. Did not comply - employment.
- 170 - Couldn't get family under control!
- 173 - Yes, she was granted a 6 week waiver due to son's medical problems, waiver was discontinued when son didn't have surgery. No attempt was made to find work.
- 175 - She was here less than 2 months.
- 183 - She was still on the run from ex-boyfriend who did find her and caused her/family problems. She did what she needed to do to get by then packed and left - for Minnesota.
- 185 - Progressed only to what extent client wanted to - this noted by falling behind in Capri schooling hrs. - minor attempt to make up - then completely ceased. Was not in compliance with program for also was not employed at a stand still.
- 203 - Overall, TH was a stepping stone for her, the only problem I see is that she was not able to utilize the resources in the community that were offered to her.

- 209 - Mother's emotional/behavioral problems long established and she was unmotivated to change. Took advantage of the system.
- 210 - Too short time in program to determine.
- 213 - Moved to other housing to avoid eviction due to program non-compliance. Stalled attending workshops, school, etc. and used baby as excuse, many excuses, when pushed, they moved.
- 215 - Continue to work on budget (with HACAP) and counseling. Still dealing in court with ex-husband on child support and custody.
- 216 - Family will need to continue to work on budgeting and counseling. Will meet with HACAP staff on going to budget.
- 219 - No progress in my assessment. She will probably re-surface in the future. She was a transfer from INN Circle so there maybe more material available there.
- 221 - She still doesn't "value" money- just something to use & spend.
- 223 - Children still having many problems - not going to school, been reported, but no one can seem to do anything about it.
- 226 - Mom only worked one week while in transitional housing. She was crisis oriented. Needed stability in her life for three months to be considered for the return of her children. She was not willing to make progress. Children in foster care due to mom's abuse charges & ADC fraud.
- 234 - The mom is extremely dependent on the boyfriend. He is physically & verbally abusive towards the mom. He refused to go to Batterer's Ed class because they don't work. It was evident when she came into the office with a black and blue eye. The children went to school with dirty clothes. The apartment was filthy & the mom stopped attending school when the boyfriend was released from prison & moved into transitional housing.
- 247 - This family started off well, came to the workshops—he was working—she got a job waitressing. In April, they filed bankruptcy to get rid of back debts. She quit her job; stopped working their program.
- 253 - No, she made good progress.
- 274 - Since she was in her 8 1/2 month of pregnancy when she came into the program, it's hard to say.
- 284 - This family did not progress during the program. Annie did not go to work, she did not go to school, she did not comply with the program at all.
- 290 - Poor judgment—into another relationship immediately.

8. How did the client feel about her progress in the program? In what areas did she feel she made the most progress, satisfactory and progress, and little or no progress (i.e., employment, education, job skills, self-esteem, budgeting, parenting, social skills, daily living skills):

- 9 - Most progress—Education and school; satisfactory progress—self-esteem and marriage; little or no progress—daily living.
- 272 - Most progress—education; satisfactory progress—self-esteem; little or no progress—social skills.
- 264 - Most progress—self-esteem; satisfactory progress—budgeting; little or no progress—job skills.
- 254 - Little or no progress—client scraped by - only did what she HAD to do to get by.
- 224 - Most progress—getting away from abusive husband; satisfactory progress—finding full time employment; little or no progress—abusive boyfriends.
- 201 - Most progress—education; satisfactory progress—budgeting; little or no progress—self-esteem.
- 189 - Most progress—self-esteem; satisfactory progress—parenting; little or no progress—employment.
- 63 - Most progress—employment, job skills; satisfactory progress—housekeeping; little or no progress—parenting.
- 67 - Most progress—self-improvement, education.

- 89 - Most progress—housing; satisfactory progress—employment; little or no progress—education.
- 92 - Most progress—employment; satisfactory progress—parenting; little or no progress—education.
- 105 - Most progress—self-esteem; satisfactory progress—parenting; little or no progress—education.
- 126 - Saw no progress due to her own lack of self motivation and follow through; not because the means and program not made available to her.
- 122 - Most progress—budgeting; satisfactory progress—self-esteem; little or no progress—education.
- 125 - Most progress—education; satisfactory progress—self-esteem.
- 132 - Most progress—job skills; satisfactory progress—employment.
- 148 - Most progress—employment; satisfactory progress—parenting.
- 150 - Most progress—education.
- 153 - Most progress—job; satisfactory progress—housing; little or no progress—education.
- 176 - Most progress—self-esteem; satisfactory progress—parenting.
- 182 - Most progress—parenting.
- 4 - Most progress—employment; satisfactory progress—daily living skills; little or no progress—parenting skills.
- 10 - Most progress—education; satisfactory progress—counseling; little or no progress—daily living skills.
- 11 - Most progress—daily living skills; satisfactory progress—employment; little or no progress—education.
- 15 - Most progress—self-esteem; satisfactory progress—social skills; little or no progress—employment.
- 18 - Most progress—self-esteem; satisfactory progress—education/parenting; little or no progress—employment.
- 24 - Most progress—education; satisfactory progress—self-esteem; little or no progress—employment.
- 25 - Most progress—parenting; satisfactory progress—school; little or no progress—job skills.
- 26 - Most progress—education; satisfactory progress—budgeting.
- 27 - Satisfactory progress—daily living skills; little or no progress—parenting.
- 29 - Most progress—parenting.
- 32 - Most progress—education, parenting, social skills; satisfactory progress—self-esteem, job skills; little or no progress—budgeting.
- 33 - Most progress—housing; satisfactory progress—school; little or no progress—job.
- 35 - Most progress—education, parenting.
- 37 - Most progress—parenting; satisfactory progress—budgeting; little or no progress—employment, education.
- 39 - Most progress—education; satisfactory progress—parenting; little or no progress—budgeting.
- 40 - Most progress—education, employment, social skills; satisfactory progress—payee for budgeting?, job skills, self-esteem; little or no progress—parenting, daily living.
- 41 - Most progress—education - GED; little or no progress—parenting.
- 42 - Most progress—education; satisfactory progress—parenting; little or no progress—N/A.
- 45 - Most progress—education; satisfactory progress—budgeting.
- 50 - Most progress—social skills; little or no progress—self-esteem, parenting, budgeting, education.
- 54 - Most progress—education; satisfactory progress—self-esteem; little or no progress—social skills.
- 56 - Most progress—employment; satisfactory progress—budgeting; little or no progress—self-esteem.

- 57 - Most progress--employment; satisfactory progress--parenting; little or no progress--education.
- 58 - Most--employment, education, job skills, self-esteem, daily living; satisfactory --budgeting, parenting, social skills.
- 59 - Most progress--stress management.
- 60 - Most progress--completing Hamilton Business School with honors; satisfactory progress--daily living skills; little or no progress--social skills.
- 61 - Most progress--employment, education, parenting, self-esteem; satisfactory progress--relationship with step-son.
- 62 - Most progress--social skills; satisfactory progress--daily living skills; little or no progress--parenting.
- 147 - Most progress--job skills; satisfactory progress--self-esteem; little or no progress--daily living skills.
- 65 - Most progress--parenting; satisfactory progress--social skills; little or no progress--employment/education.
- 66 - Most progress--school; satisfactory progress--self-esteem?; little or no progress--budgeting?
- 68 - Most progress--finished GED; satisfactory progress--work; little or no progress--budget.
- 73 - I don't feel that she thought she made any progress in the program.
- 75 - Most progress--education; satisfactory progress--parenting; little or no progress--employment.
- 76 - Most progress--housekeeping; satisfactory progress--education; little or no progress--employment.
- 78 - Client would not admit to any progress.
- 79 - Most progress--daily living skills; satisfactory progress--self-esteem; little or no progress--substance abuse battle.
- 82 - Most progress--school/job skills; satisfactory progress--budgeting; little or no progress--social skills.
- 92 - Client felt he made no progress.
- 96 - Most progress--didn't know.
- 100 - Most progress--employment; satisfactory progress--budgeting/savings; little or no progress--education.
- 109 - Most progress--good job offer - school; satisfactory progress--good housekeeper; little or no progress--relationship issues, ability to be honest, money management.
- 111 - Most progress--excellent in math classes; satisfactory progress--attended all workshops; little or no progress --very poor decision-making skills, very poor housekeeping skills.
- 114 - Most progress--education; satisfactory progress--parenting; little or no progress--budgeting.
- 117 - Most progress--education; satisfactory progress--employment; little or no progress--daily living skills.
- 38 - Most progress--parenting; satisfactory progress--daily living skills; little or no progress--social skills.
- 131 - Most progress--employment.
- 133 - Most progress--self-esteem; satisfactory progress--budgeting.
- 134 - Most progress--employment; satisfactory progress--self-esteem; little or no progress--budgeting.
- 135 - Most progress--employment; satisfactory progress--education.
- 137 - Most progress--parenting; satisfactory progress--budgeting.
- 143 - Don't know - little contact to pursue this area.
- 144 - Most progress--attended school; little or no progress--self-esteem, treatment, parenting.
- 146 - Most progress--maintained sobriety; satisfactory progress--employment.
- 155 - No exit interview - left quickly without 30 day notice.
- 157 - Most progress--self-esteem; satisfactory progress--employment; little or no progress--job skills.
- 160 - Most progress--self-esteem, parenting.

- 162 - Most progress—parenting; satisfactory progress—self-esteem.
- 163 - No exit interview.
- 164 - Don't know how she felt.
- 165 - Most progress—employment, job skills; satisfactory progress—self-esteem; little or no progress—daily living skills.
- 166 - Most progress—employment skills; satisfactory progress—some insight into mental health issues; little or no progress—housekeeping.
- 168 - Most progress—daily living skills; satisfactory progress—self-esteem; little or no progress—employment.
- 171 - Most progress—employment; satisfactory progress—daily living skills; little or no progress—self-esteem.
- 173 - Unknown - family left program without giving notice.
- 174 - Most progress—self-esteem; satisfactory progress—parenting; little or no progress—employment.
- 175 - Most progress—employment, job skills, education; satisfactory progress—budgeting, parenting, housekeeping.
- 178 - Most progress—parenting, self-esteem.
- 183 - Never got an exit interview; didn't stay long enough.
- 185 - Most progress—budgeting, financial matters; satisfactory progress—obtained employment, eventually; little or no progress—seeking other areas of education.
- 203 - Most progress—education, children back in the home; satisfactory progress—self-esteem; little or no progress—job skills.
- 209 - Most progress—self-esteem; satisfactory progress—parenting; little or no progress—employment.
- 211 - Most progress—self-esteem, social skills; satisfactory progress—parenting, budgeting; little or no progress—employment, psychiatric - mother.
- 213 - Most progress—birth of baby, counseling; satisfactory progress—budgeting, self-esteem; little or no progress—job, relationship and child's father.
- 215 - Most progress—credit report; satisfactory progress—parenting; little or no progress—budgeting.
- 216 - Most progress—employment; satisfactory progress—parenting; little or no progress—budgeting.
- 218 - Most progress—education; satisfactory progress—self-esteem; little or no progress—budgeting.
- 221 - Most progress—schooling -GED & self-esteem; satisfactory progress—parenting; little or no progress—budgeting, daily living skills.
- 223 - Most progress—employment; little or no progress—the rest.
- 226 - Little or no progress—daily living skills.
- 227 - Satisfactory progress—began to receive counseling services for parenting.
- 231 - Most progress—Self-esteem, school; Satisfactory progress—decision making; Little or no progress—gaining weight.
- 234 - Most progress—education; Satisfactory progress—social skills; Little or no progress—parenting, self-esteem.
- 247 - Most progress—she felt much better about herself; satisfactory—once she was busy working —budgeting.
- 253 - Most progress—she said it was good to feel good about herself again.
- 258 - Most progress—employment; satisfactory progress—budgeting.
- 274 - Most progress—daily living skills; satisfactory progress—parenting; little or no progress—employment.
- 284 - Most progress—I don't know how she feels.
- 290 - Most progress—financial; satisfactory progress—children; little or no progress—relationship with husband.

Appendix B

Table 17: Follow-up Survey Verbatim Comments

Table 17:
Follow-up Survey Verbatim Comments

6. Please comment on family's overall stability regarding housing, employment, economic and family circumstances at the time of this follow-up:

- 9 - They are still in the same housing as when they left the program. She is working full-time until 1-8-94, and on waiting list for housing at Kirkwood. He is still working same part time jobs. They are starting to receive AFDC again.
- 11 - Family has had stable income with employment, does not receive benefits. Since being in Transitional Housing, she has 3 more children. Between her employment and child support she does not feel she needs any other income assistance.
- 15 - She was very willing to talk with me, she is working mornings with a dentist. Her husband added her and the two children to his health insurance. She seemed positive about herself in her housing and her job.
- 18 - She is back with her husband and they have had a 3rd child. She is happy to be a housewife but plans to enroll in classes sometime. She was very easy to talk to and she was pleasant and willing to answer my questions.
- 19 - In low-income housing one year - Satisfactory employment - "Great", 3 years, moving up in company--assistant manager projected. Paying off previous bills with some larger ones left--but paying regularly. Workable optimistic future in all areas. Program here helped to get started on bill paying, etc.
- 24 - She was recently back in Iowa City visiting her parents. She is living in Des Moines and stated she was very happy in new city. Still having transportation troubles, but she looked good.
- 26 - She was very pleasant to talk to, she is still in the same housing as when she left Inn Circle. She is currently going to school at Kirkwood, studying social work.
- 32 - Secured permanent housing. Permanent custody of boy (child). Case closed. No contact w/abuser.
- 33 - She will be moving into a house as part of Habitat Humanity in December. She has had a number of health problems. Economically she is doing o.k., continues working and will graduate from school in Aug. '94 and is on nursing program waiting list. Continues to be behavior problems with both children--both children are receiving counseling.
- 37 - She is working approximately 20 hrs. a week at Econofoods and taking nursing classes at Mt. Mercy.
- 38 - Client is in full-time educational program. Lived at current address for nine months.
- 41 - Housing seems fairly stable. Mom on SSI for chronic lung condition--repeated hospitalizations. Children's father continues to work and support family, Mom and son are both on SSI for disabilities--Family has moved twice since leaving Inn Circle. Both parents have completed substance abuse recovery programs and appear to be substance free. Family expecting another child. Mother currently in hospital w/lung condition.
- 42 - She completed 2 yrs. at Hamilton Business College certificate in accounting. She married in Nov. '94. She moved into permanent housing with her family (buying a home) recently. Upon graduating from [local college] works full time for City as a permanent employee full-time. Doing Great!
- 45 - Doing just fine.
- 55 - Looking for full time waste water position. Will move and relocate if necessary.
- 58 - They are doing very well.
- 59 - She and children are doing very well now. She will be getting married April 8th. She has purchased her own home.
- 61 - Family has maintained same housing since leaving the T.N. Program. He has been promoted in his job--higher pay--more responsibility.
- 147 - ADC \$426 plus medipass, Rent is 405.00 plus lights and gas looking for employ-secretary, separated from mate.
- 63 - He has moved around quite a bit since leaving the family. Has lived with several different females with children. He has maintained the same job, however.
- 64 - Conquered mental health issues, and currently seeking employment.

- 66 - Financially the family's income is still low, however client has been paying her rent consistently for a while. Drug abuse plays a major factor in the dysfunction of this family.
- 73 - Talked with many from the YWCA, she is planning on moving out of state. She won't be going to VOC-REHAB as planned. She is currently living with her boyfriend who is employed.
- 77 - Family continues to receive extensive counseling & services from Foundation II & Tanager. Making progress in these areas.
- 78 - Applied for job at MCL. Waiting to have interview.
- 82 - She wasn't thrilled to talk with me, gave very short answers. Didn't want to tell me her hourly wage or monthly gross income, but did so grudgingly.
- 85 - Living with parents. As soon as she finds a job she hopes to work; when she also can find housing to meet her financial needs.
- 86 - She got married after she left program (married daughters father). Following summer (1993) she had twins - talked to her last week (1995) and she is pregnant again.
- 88 - She stopped in to visit with us last week. She looks VERY happy - has lost 20 lbs. and was radiant. She is leaving husband (after years of verbal/mental abuse). Finally decided she had had enough. Wants to get on with her life.
- 89 - Family doing well and getting better every day. Is getting easier.
- 90 - Having physical problems - not working.
- 92 - Working approx. 30 hrs per week - delivery route.
- 95 - Returned to Iowa. Obtained part-time employment & housing (shared).
- 111 - She was sent back to the Correction Facility because she broke probation. Her baby girl was put in the Foster Care. She is now working and seems to be doing o.k. She sees her baby daughter once a month on visitation.
- 114 - Moved in with relatives, then to another state.
- 115 - Back with husband. Will be moving to another state where he plans to start a business. She is currently dealing w/health problems.
- 116 - Has started school full time & will get married in 5 days.
- 117 - Continues to live w/friend & work part-time.

Appendix C
Study Instruments

EVALUATION OF THE TRANSITIONAL HOUSING PROJECT
INFORMATION SUMMARY

The National Resource Center on Family Based Services at The University of Iowa School of Social Work is working with HACAP in evaluating the transitional housing project in which you are participating. We will be looking at how successful the project is in helping you achieve your goals, and in what ways the project is not helpful for you. We are also trying to learn more about the problems faced by people who do not have permanent homes, so that we can make recommendations for needed services.

As part of this evaluation, we are asking you to answer some questions about yourself and your family. Some of these questions have to do with your life when you were growing up, some have to do with your medical and legal history, and some have to do with your relationships with family members and community agencies. You do not have to answer these questions, or you may answer some of them. If you do not wish to answer these questions, please tell me. There will be no effect on the services you receive through the transitional housing project or any other service agencies if you choose not to answer.

No identifying information about you (such as your name or address) will be given to the researcher at The University of Iowa. The only information the researcher will have is the answers to the questions. No one will be able to identify information about you or your family individually from the research reports.

Questions about the evaluation can be answered by Miriam Landsman at the National Resource Center on Family Based Services, 112 North Hall, Iowa City, Iowa 52242, (319)335-2200. Thank you for your help with this project.



Miriam Landsman

10-10-71

Date

I have discussed the above information with the client. It is my opinion that s/he understands the risks, benefits, and obligations involved in this project.

Witness's Signature

Date

TRANSITIONAL HOUSING PROGRAM

CONSENT FORM

I, _____ have been told by _____
(subject's name) (worker's name)

that the National Resource Center on Family Based Services, University of Iowa School of Social Work, is conducting an evaluation of the transitional housing program. I have been told that information about my family will be recorded and that data will be available to the researchers at the University of Iowa.

I understand that no identifying information, such as my full name or address, will be given to anyone outside of the transitional housing program without my permission, and that no one will be able to identify my family from the information reported by the researchers.

I have been told that I have the right to ask questions or to refuse to have any information about my family included in this evaluation and that I should contact Miriam Landsman at the National Resource Center on Family Based Services,(319/335-2200) for answers about the evaluation.

I consent to be included in this evaluation.

Signature of Subject

I, the undersigned, certify that I was present during the oral presentation of the written summary attached, when it was given to the above subject.

Signature of Counselor

PRE-APPLICATION INFORMATION

Case #: _____

Pre-application Date: _____

	Name	DOB	Age	Race	Sex	Fam Rel	Mo Ttl\$	Grd	Cty Res Yrs/Month
1									
2									
3									
4									
5									
6									
7									

Mo. Income Source? _____

% of poverty? _____

100% custody? _____

Where was family last a resident? _____ months _____

Does family plan to stay in area? _____

What is present housing? _____

Who is referring agency? _____

TRANSITIONAL HOUSING-ADULT INTERVIEW

Date of interview: _____

Project I.D. # _____

First name of person interviewed: _____

The first questions focus on your family when you were a child and what growing up was like for you.

1. Most of the time, while you were growing up (up until you were 16), were you raised by both of your parents together?

- 0. No
- 1. Yes

2. IF NO, who raised you for most of the time? (DON'T READ, CODE RESPONDENT'S REPLY BY CIRCLING THE APPROPRIATE NUMBER.)

- | | |
|--------------------------------|--|
| 1. Mother (or stepmother) only | 7. "As if" relatives |
| 2. Father (or stepfather) only | 8. Friend or neighbor |
| 3. Grandparent | 9. Foster parents |
| 4. Aunt/Uncle | 10. Raised in an institution (Specify) |
| 5. Cousin | 11. _____ (Specify) |
| 6. Other relatives | 99. NA, DK |

3. Did you ever spend more than six months living away from the home you were raised in?

- 0. No
- 1. Yes

4. IF YES, what kind of home or place was it? (READ. CIRCLE ALL THAT APPLY.)

	<u>No</u>	<u>Yes</u>
a. Home with relatives, neighbors, or friends	0	1
b. Foster home	0	1
c. Boarding school	0	1
d. Group home/halfway house	0	1
e. Detention facility/incarceration	0	1
f. Residential treatment center/institution	0	1
g. Mental hospital	0	1
h. Other (Specify) _____	0	1

5. Next, I'm going to read you some statements. Please tell me if they are true or not true about you and your family when you were growing up.

	<u>False</u>	<u>True</u>	<u>NA, DK</u>
a. I grew up in a very religious home.	0	1	9
b. Someone living in the home where I grew up was a very heavy drinker.	0	1	9
c. I felt neglected as a child.	0	1	9
d. I went hungry a good number of times while I was growing up.	0	1	9
e. I didn't have decent clothes to wear most of the time.	0	1	9
f. My family did their best for me while I was growing up.	0	1	9
g. My family moved around a lot while I was growing up.	0	1	9
h. My family moved in with other relatives a lot while I was growing up.	0	1	9

6. Did your mother (or the person who was like a mother to you) finish high school?

- 0. No
- 1. Yes
- 9. NA, DK

7. Did your father (or the person who was like a father to you) finish high school?

- 0. No
- 1. Yes
- 9. NA, DK

8. While you were growing up (until the age of 16) how often was your family (the people who raised you) on welfare? Never, hardly ever, some of the time, most of the time? (CIRCLE APPROPRIATE NUMBER.)

- 0. Never
- 1. Hardly ever
- 2. Some of the time
- 3. Most of the time

9. Were you ever beaten hard as a young child (up until the age of 12)?
0. No
1. Yes
9. NA, DK
10. Were you ever sexually abused or sexually assaulted as a child (up to age 14)?
0. No
1. Yes
2. NA, DK
11. Since you've grown up, have you ever lived with anyone who beat you up?
0. No
1. Yes
9. NA, DK
12. Since you've grown up, have you ever lived with someone who had an alcohol or drug problem?
0. No
1. Yes
9. NA, DK
13. In the last five years have you experienced any of the following in your family?
- | | <u>No</u> | <u>Yes</u> | <u>NA, DK</u> |
|---|-----------|------------|---------------|
| a. suicide | 0 | 1 | 9 |
| b. violent death | 0 | 1 | 9 |
| c. loss of property | | | |
| d. loss of children through death, placement, or arrest | 0 | 1 | 9 |

Now I'm going to ask you some questions about your medical history.

14. How many times in your life have you been hospitalized for medical problems? _____ times
15. How long ago was your last hospitalization for a physical problem? _____ years
or
_____ months
16. Do you have any chronic medical problems which continue to interfere with your life?
0. No
1. Yes
17. Are you taking any prescribed medication on a regular basis for a physical problem?
0. No
1. Yes

18. How many days have you experienced medical problems in the past 30? _____ days

19. Have you been diagnosed with a learning disability? 0. No
1. Yes
If yes, what is that disability?

Now I'm going to ask you some questions about your psychological history.

20. How many times have you been treated for any psychological or emotional problems?

In a hospital _____

As an outpatient or private patient _____

21. Have you had a significant period, that was not a direct result of drug/alcohol use, in which you have:

	<u>In Your Life</u>	<u>Past 30 Days</u>
01. Experienced <u>serious</u> depression	_____	_____
02. Experienced <u>serious</u> anxiety or tension	_____	_____
03. Experienced hallucinations	_____	_____
04. Experienced trouble understanding, concentrating, or remembering	_____	_____
05. Experienced trouble controlling violent behavior	_____	_____
06. Experienced serious thoughts of suicide	_____	_____
07. Attempted suicide	_____	_____
08. Have you taken any prescribed medication for any psychological or emotional problem?	_____	_____

22. How many days in the past 30 have you experienced psychological or emotional problems? _____ days

Now I'm going to ask you a few questions about alcohol and drug use.

	drinks	
	<u>NO</u>	<u>YES</u>
23. How many beers, glasses of wine, or drinks of hard liquor do you have a week?		
24. Have you every felt you should cut down on your drinking?	0	1
25. Have people ever annoyed you by criticizing your drinking?	0	1
26. Have you ever felt bad or guilty about your drinking?	0	1
27. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	0	1
28. Have you ever been concerned that you may have an alcohol or drug problem?	0	1

Now I'm going to ask you some questions about legal problems.

29. Has anyone (like a friend, a boyfriend) ever asked you to get involved in dealing drugs?

- 0. No
- 1. Yes
- 9. NA/DK

30. Have you ever been arrested or charged with a major or minor (e.g., speeding) crime?

- 0. No
- 1. Yes
- 9. NA/DK

IF answer to 30 is YES, complete the next page; if NO, go to question 42.

31. Are you on probation or parole?

- 0. No
- 1. Yes

32. How many times in your life have you been arrested and charged with the following offenses:

- 01. Shoplifting/vandalism _____
- 02. Parole/probation violations _____
- 03. Drug charges _____
- 04. Forgery _____
- 05. Writing bad checks _____
- 06. Weapons offense _____
- 07. Burglary, larceny, B&E _____
- 08. Robbery _____
- 09. Assault _____
- 10. Arson _____
- 11. Rape _____
- 12. Homicide, manslaughter _____
- 13. Other _____

33. How many of these charges resulted in convictions? _____

34. How many times in your life have you been charged with the following:

- 14. Disorderly conduct, vagrancy, public intoxication _____
- 15. Driving while intoxicated _____
- 16. Major driving violations (reckless driving, speeding, no license, etc.) _____

35. How many months were you incarcerated in your life? _____

36. How long was your last incarceration? (In months) _____

37. What was it for? (Use codes 1 - 13, 14 - 16. If multiple charges, code most severe. If none, "N".) _____

38. Are you presently awaiting charges, trial or sentence?

- 0. No
- 1. Yes

39. If yes, what for? (If multiple charges, code most severe.) _____

40. How many days in the last 30 were you detained or incarcerated? _____

Now I'd like to ask you a few questions about your children.

41. If any of your children are school-aged, do any of them have problems attending school regularly?

0. No

1. Yes (first name(s): _____

9. NA, DK

42. If any of your children are school-aged, do any of them have problems with their performance in school?

0. No

1. Yes (first name(s): _____

43. If any of your children are school-aged, do any of them perform exceptionally well in school?

0. No

1. Yes (first name(s): _____

44. Have any of your children been diagnosed with a developmental or learning disability?

0. No

1. Yes (first name(s), and specify disability: _____

45. If any of your children are younger than school-aged, are you concerned that any of them might be "slower" than other children their age?

0. No

1. Yes (first name(s): _____

46. If any of your children are younger than school-aged, do you think that any of them are "brighter" than other children their age?

0. No

1. Yes (first name(s): _____

Now I want to ask you some questions about whether you've been involved with the Department of Human Services.

47. Have you ever been reported for child abuse?

- 0. No
- 1. Yes

If YES:

48. How many times were you reported? _____ times

49. How many of these reports were founded (or substantiated)?

- 0. _____ reports were founded
- 1. Don't know

50. Have you ever been reported for child neglect?

- 0. No
- 1. Yes

If YES:

51. How many times were you reported? _____ times

52. How many of these reports were founded (or substantiated)?

- 0. _____ reports were founded
- 1. Don't know

53. Are you currently involved with child protective services?

- 0. No
- 1. Yes

54. If any of your children have lived away from you, please complete the following page.

CHILDREN'S PLACEMENT HISTORY

If any children in this family have spent any time in out-of-home care (i.e., foster care, living with relatives or friends away from primary caretaker, residential treatment settings), please complete the following information for each child who has lived outside the home. Use the following codes for placement setting:

1. Formal/informal placement with friends or relatives
2. Emergency shelter
3. Foster family
4. Group home/halfway house
5. Residential treatment center
6. Detention facility
7. Boarding school
8. Other

	dates (from <u>mo/yr</u> to <u>mo/yr</u>)	placement setting	reason for placement
CHILD 1			
CHILD 2			
CHILD 3			
CHILD 4			
CHILD 5			
CHILD 6			

55. Now I would like to ask you about experiences people sometimes have. Some of these things happen to most people at one time or another, while others happen to only a few people. Please tell me which of the following experiences have happened in your family over the past 6 months. For each one that happened, please tell me if you found it "not so upsetting" or "very upsetting":

During the last 6 months, have you (READ CATEGORIES AND ASK QUESTION "A" FOR EACH EVENT CODED "YES".)

Question A: How upsetting was this for you?

	<u>NO</u>	<u>YES</u>	<u>Not so upsetting</u>	<u>Very upsetting</u>	<u>Unsure</u>
1. Lost a job or got laid off from a job	0	1	0	1	2
2. Moved	0	1	0	1	2
3. Broken up with spouse or boy/girl-friend	0	1	0	1	2
4. Had your house broken into	0	1	0	1	2
5. Been mugged or beaten up	0	1	0	1	2
6. Been arrested or had trouble with the law	0	1	0	1	2
7. Been involved in a serious accident or had a serious injury	0	1	0	1	2
8. Been seriously ill	0	1	0	1	2
9. Experienced death of a close friend or family member	0	1	0	1	2
10. Had an abortion, miscarriage or stillbirth	0	1	0	1	2
11. Broken off a close relationship with someone other than boy/girl-friend or spouse	0	1	0	1	2
12. Experienced death of a child	0	1	0	1	2
13. Been raped	0	1	0	1	2

14. Had a child get kicked out or suspended from school	0	1	0	1	2
15. Had a child get arrested or caught by the police for doing something illegal	0	1	0	1	2
16. Had a child with a very serious illness	0	1	0	1	2
17. Had a child who was in a serious accident or sustained a serious injury	0	1	0	1	2
18. Given birth	0	1	0	1	2

56. Now I have a few questions to ask about your health and the health of your children. Are you or any of your children sick with any of the following illnesses? (READ EACH ILLNESS. CODE A "1" FOR EACH "YES" AND A "0" FOR EACH "NO" RESPOND APPROPRIATE COLUMNS.)

<u>Illness</u>	<u>Respondent</u>	<u>Child</u>
A. Asthma	_____	_____
B. Anemia	_____	_____
C. Diabetes	_____	_____
D. Heart Condition	_____	_____
E. High Blood Pressure	_____	_____
F. Cancer	_____	_____
G. Sickle Cell Anemia	_____	_____
H. Multiple Sclerosis	_____	_____
I. Mental Retardation	_____	_____
J. Blindness	_____	_____
K. Deafness	_____	_____
L. Physically crippled	_____	_____
M. Other (specify)	_____	_____

SUPPORT INDEX

In the next set of questions, I would like you to think about who you can count on for help if you need it. For each question, tell me, "No one," "Yes, one or two people," or "Yes, three or more people," OK? How many people do you know, if any, that would:

	<u>No One</u>	<u>Yes, 1 or 2</u>	<u>Yes, 3 or More</u>
a. Loan you \$5	0	1	2
b. Loan you food or clothing	0	1	2
c. Comfort you when you are down	0	1	2
d. Prepare food for you or your family when you are sick or out of town	0	1	2
e. Give you a ride to the doctor or the store	0	1	2
f. Come to your rescue if you were in trouble with the police	0	1	2
g. Listen with sympathy to your concerns and problems	0	1	2
h. Babysit for your children	0	1	2

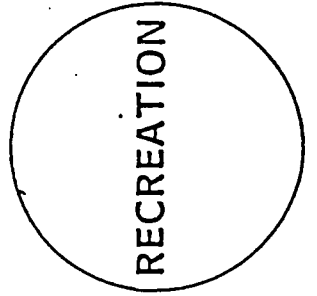
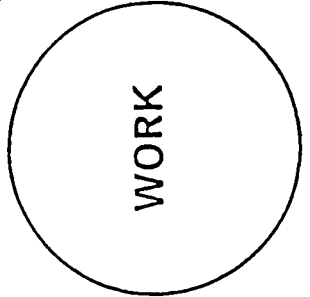
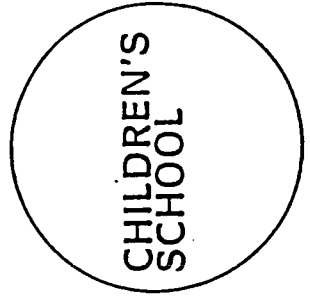
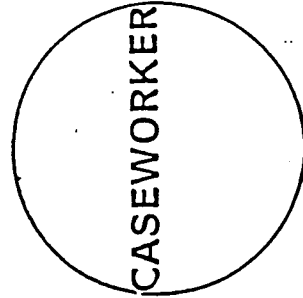
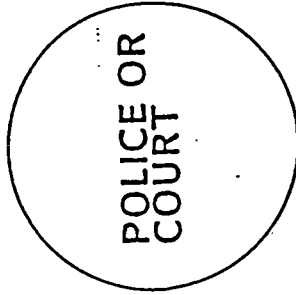
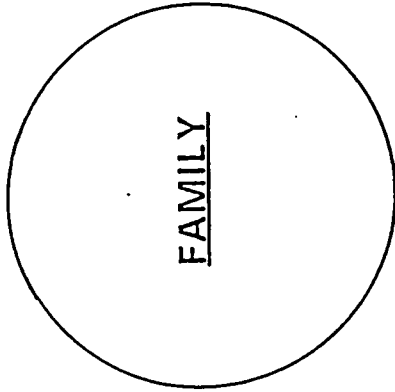
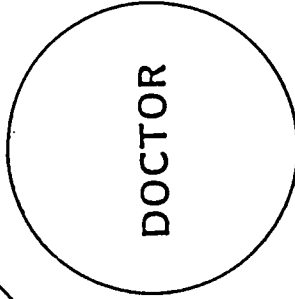
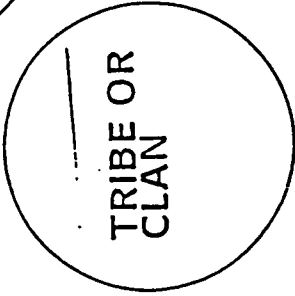
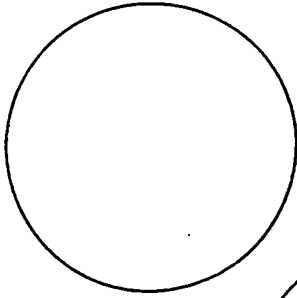
Next, I would like you to look at this picture (give CARD A) and imagine your family at the center of the picture in the big circle. Now as we move around the outside circles, please tell me what kind of relationships you have with each of these groups. If you don't have any contact with them, just say so. Let's begin with your church or spiritual leader. Would you say your family's relationship with your church or spiritual leader is helpful, just OK, not helpful, or bad?

	<u>Helpful</u>	<u>OK</u>	<u>Not Helpful</u>	<u>Bad</u>	<u>NA/DK</u>
1. a. Church/spiritual leaders/temple	1	2	3	4	9
b. Any other church?	1	2	3	4	9
2. a. Health clinic/doctor	1	2	3	4	9
b. Any other health clinic/doctor?	1	2	3	4	9
3. a. Welfare services/case-worker	1	2	3	4	9
b. Any other social service worker	1	2	3	4	9
4. a. Workplace/employer	1	2	3	4	9
b. Any other work?	1	2	3	4	9
5. a. Recreation/community center	1	2	3	4	9
b. Any other recreation?	1	2	3	4	9
6. a. Children's school	1	2	3	4	9
b. Any other school?	1	2	3	4	9
7. a. Court?	1	2	3	4	9
b. Police?	1	2	3	4	9
c. Any other (e.g., probation)?	1	2	3	4	9
8. a. Tribe?	1	2	3	4	9
b. Clan?	1	2	3	4	9
c. Any other?	1	2	3	4	9

Who in the community (other than family or friends) would you put in the empty circles? [Prompt: Any other groups that are either helpful to you or who give you problems?]

9. a. Other circle	1	2	3	4	9
b. Other circle	1	2	3	4	9

COMMUNITY CONTACT



FAMILY CONTACT

Now, I would like you to look at this picture (GIVE CARD B.) and imagine yourself in the big circle in the center. Again, like before, as we move around the outside circles, tell me if your relationship with these people is helpful, just OK, not helpful, or bad. I'm also interested in knowing how far away they live and how frequently you talk with them (in person or on the telephone). OK, let's begin with your parents.

1. How far away from you does your mother (etc.) live?
2. How frequently do you have contact with your mother (etc.)?
3. Is the relationship "helpful," "just OK," "not helpful," or "bad."

CODE

Location

1. More than 50 miles
2. 11 to 50 miles
3. 1 to 10 miles
4. Under 1 mile
5. Lives in the household

Contact

1. One time a year or less
2. One time every 6 months
3. At least one time a month
4. At least one time a week
5. Almost daily

Helpfulness

1. Helpful
2. OK
3. Not helpful
4. Bad
9. NA, DK

WRITE IN FIRST NAME OR INITIALS. If more space is required, attach a second sheet.

	<u>Location</u>	<u>Contact</u>	<u>Helpfulness</u>
1. Spouse/Child's Father			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
2. Mother/Stepmother			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
3. Father/Stepfather			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
4. Brothers/Sisters			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
5. Grandparents			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
6. Aunts/Uncles			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
7. Cousins			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
8. Other relatives/In-laws			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
9. "As if" relatives (c.g., Godparents)			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
10. Neighbors			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
11. Other Friends			
a. _____	_____	_____	_____
b. _____	_____	_____	_____

CHILD &
FAMILY CONTACT

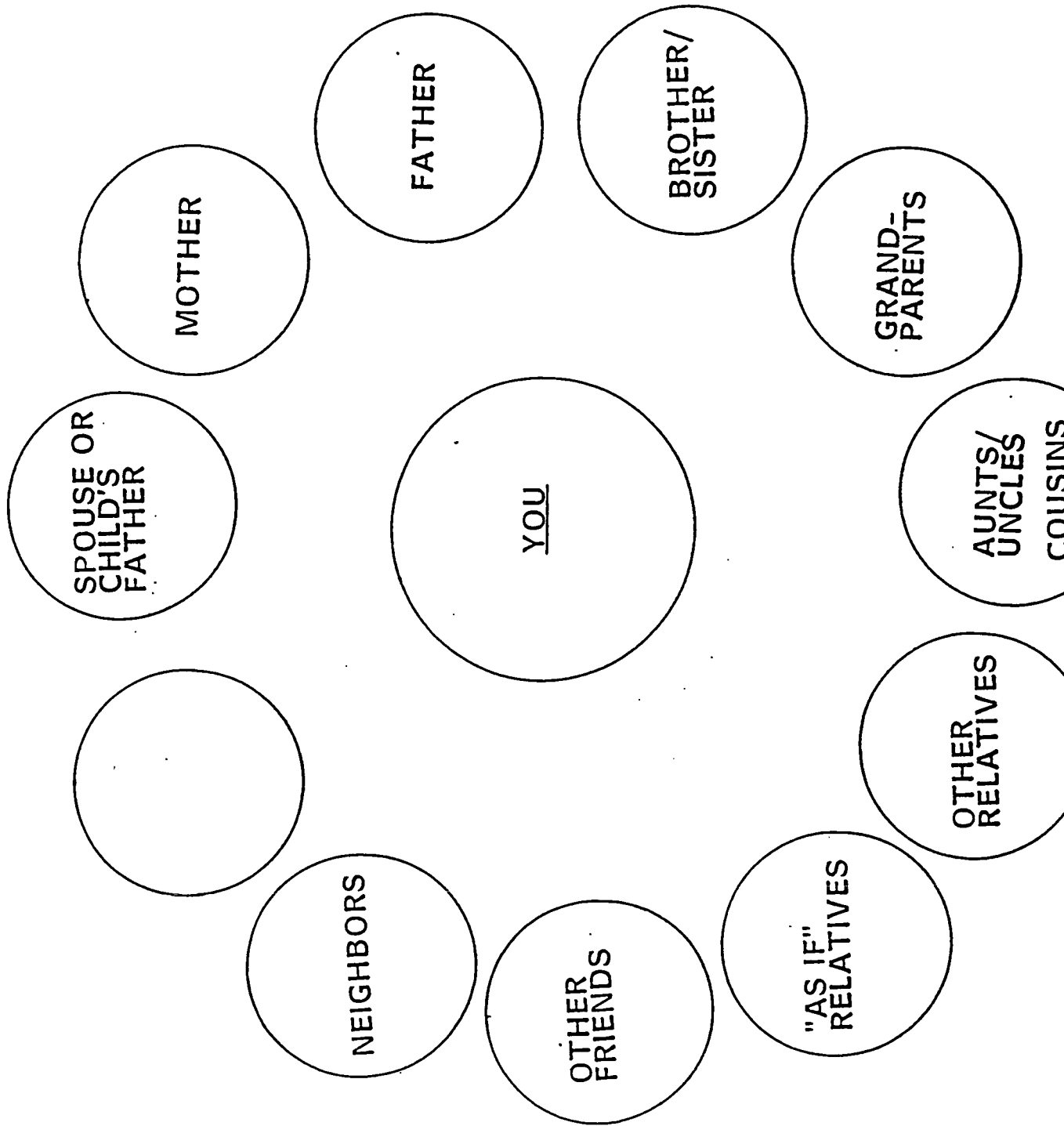
HELPFUL

OK

NOT HELPFUL

BAD

08



95

94

SELF-SUFFICIENCY MEASURES AT INTAKE

Case #: _____

Date completed: ____ / ____ / ____

1. ECONOMIC STATUS

check all sources of income/assistance at the time of intake:

- a. _____ employment income
- b. _____ AFDC
- c. _____ food stamps
- d. _____ fuel assistance
- e. _____ unemployment compensation
- f. _____ child support
- g. _____ social security
- h. _____ SSI
- i. _____ other (specify: _____)

2. EMPLOYMENT STATUS

- a. ___ client is employed
- b. ___ client is not employed
- c. ___ client is not employed, but is enrolled in an educational program (complete section 3 on next page)
- d. ___ client is not employed, but has received a waiver from the program (complete section 4 on next page)

If employed, complete 1-15

- 1. job title: _____
- 2. company/firm: _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO JOB:

- 3. ___ full-time
- 4. ___ part-time (approximate hrs per week: ____)
- 5. ___ permanent position
- 6. ___ temporary position
- 7. ___ health insurance
- 8. ___ disability
- 9. ___ life insurance
- 10. ___ sick leave
- 11. ___ vacation leave
- 12. ___ retirement
- 13. ___ other fringe benefits:

- 14. hourly salary, if known: \$ _____
- 15. gross monthly salary, if known: \$ _____

3. EDUCATION/TRAINING STATUS

client is enrolled in an educational/training program
type of program:

- a. ___ high school
- b. ___ GED
- c. ___ refresher program (reading, math, etc.)
- d. ___ community college
- e. ___ 4-year college
- f. ___ other: _____

g. field/type of training program:

4. WAIVER STATUS

client has obtained a waiver for employment/education
requirement based on:

- a. ___ treatment for chemical dependency
- b. ___ psychiatric treatment
- c. ___ other medical treatment
- d. ___ pregnancy
- e. ___ sick child
- f. ___ other (_____)

g. length of time for the waiver: _____

TERMINATION SUMMARY

Case #: _____

Date client terminated from the program: _____

1. Reason for termination:

- a. ___ client successfully completed the program
- b. ___ client achieved goals, but left before 2 years
- c. ___ client dropped out w/out successful completion
- d. ___ time limit (2 years) was up
- e. ___ client was discharged from the program
reason: ___ non-compliance with program
 ___ program rule violation
 ___ non-payment of rent
 ___ property violation
 ___ other (_____)

2. At the time the client left the program, indicate her/his status in the following areas:

A. HOUSING

- 1. ___ client secured permanent housing
- 2. ___ client secured housing, but stability is questionable due to:
 - ___ mental illness impairing capacity for independent living
 - ___ poor budgeting
 - ___ chemical dependency
 - ___ unstable living arrangement with friend/boyfriend
 - ___ other (_____)
- 3. ___ client moved in with friends/relatives
- 4. ___ unknown
- 5. ___ other (_____)

B. EMPLOYMENT

- 1. ___ client was employed in the type of occupation she/he was seeking
 - a. job title: _____
 - b. company/firm: _____
- 2. ___ client was employed, but not in a position she/he was seeking
 - a. job title: _____
 - b. company/firm: _____
- 3. ___ client was not employed
- 4. ___ client was not employed, but was enrolled in an educational program
- 5. ___ unknown

CHECK ANY OF THE FOLLOWING THAT APPLY TO JOB:

- 5. ___ full-time
 - 6. ___ part-time (approximate hrs per week: ___)
 - 7. ___ permanent position
 - 8. ___ temporary position
 - 9. ___ health insurance
 - 10. ___ disability
 - 11. ___ life insurance
 - 12. ___ sick leave
 - 13. ___ vacation leave
 - 14. ___ retirement
 - 15. ___ other fringe benefits:
-
-

- 16. hourly salary, if known: \$ _____
- 17. gross monthly salary, if known: \$ _____

DID ANY OF THE FOLLOWING JOB CHANGES OCCUR DURING THE TIME THE CLIENT PARTICIPATED IN THE TRANSITIONAL HOUSING PROJECT? (check all that apply)

- 18. ___ client was promoted at work
- 19. ___ client was laid off from a job (not performance related)
- 20. ___ client was dismissed from a job for poor performance
- 21. ___ client left a job due to child care problems
- 22. ___ client left a job due to transportation problems
- 23. ___ client left a job to take a better job
- 24. ___ client left a job for an educational program
- 24. ___ other: _____

C. EDUCATION/TRAINING

- 1. ___ client completed an educational/training program while in transitional housing
type of program:
 - a. ___ high school degree
 - b. ___ GED
 - c. ___ refresher program (reading, math, etc.)
 - d. ___ community college
 - e. ___ 4-year college
 - f. ___ other: _____
- g. field/type of training program: _____

2. ___ client enrolled in an educational/training program while in transitional housing, not yet completed

type of program:

- a. ___ high school
- b. ___ GED
- c. ___ refresher program
- d. ___ community college
- e. ___ 4-year college
- f. ___ other: _____

g. field/type of training program: _____

3. ___ client dropped out of an educational/training program

type of program:

- a. ___ high school
- b. ___ GED
- c. ___ refresher program
- d. ___ community college
- e. ___ 4-year college
- f. ___ other: _____

g. field/type of training program: _____

D. ECONOMIC STATUS

check all sources of income/assistance at the time of termination:

- 1. ___ employment income
- 2. ___ AFDC
- 3. ___ food stamps
- 4. ___ fuel assistance
- 5. ___ unemployment compensation
- 6. ___ child support
- 7. ___ social security
- 8. ___ SSI
- 9. ___ other (specify: _____)

3. In your assessment, which of the following factors have been barriers to this client's progress:

- a. ___ poor motivation
 - b. ___ lack of social skills
 - c. ___ social isolation
 - d. ___ negative relationship with spouse/boyfriend
 - e. ___ psychological/psychiatric problems
 - f. ___ illiteracy
 - g. ___ lack of "school" skills
 - h. ___ chemical dependency
 - i. ___ history of sexual abuse
 - j. ___ lack of affordable housing
 - k. ___ lack of affordable child care
 - l. ___ lack of employment opportunities
 - m. ___ low salaries of available job opportunities
 - n. ___ lack of supportive services in the community
- (describe: _____)

o. ___ other (please describe: _____)

_____)

4. Of those barriers listed in question #3, indicate the three most important ones, using letter codes. If fewer than three apply, indicate these:

most important: _____
2nd most important: _____
3rd most important: _____

5. In your assessment, how have the children in this family progressed during the time they participated in transitional housing?

School-aged children:

- a. ___ attend school regularly
- b. ___ have problems with school performance
- c. ___ have any learning or developmental disabilities
- d. ___ have problems with relationships with teachers or peers

Please describe problems: _____

Pre-school aged children:

- e. ___ participate in a pre-school or Head-Start program
- f. ___ have any learning or developmental disabilities

Please describe problems and indicate services they are receiving: _____

6. Overall, would you assess this client (family) as having made positive changes during their participation in the transitional housing program? Please describe those areas of positive change:

7. Overall, would you assess this client (family) as not having progressed during the transitional housing program? Please explain:

8. How did the client feel about her progress in the program? In what areas she did feel she made the most progress, satisfactory and progress, and little or no progress (i.e., employment, education, job skills, self-esteem, budgeting, parenting, social skills, daily living skills):

most progress: _____

satisfactory progress: _____

little or no progress: _____

TRANSITIONAL HOUSING PROJECT

Project I.D.: _____

Dates: ___/___/___ to ___/___/___

For any of the applicable services, check all for which the family was referred and all which the family received during this 3-month period. Note which services were provided by HACAP and which by other community agencies. Write in any additional services at the end.

Service	Referral made	Service provided	
		HACAP	OTHER
Family development			
In-home family dev.			
Case management			
Headstart			
Day care			
WIC			
Supplemental food supplies			
Fuel assistance			
Financial counseling			
Clothing assistance			
Transportation			
Medical services			
Visiting nurses			
Project Start			
Displaced homemaker			
JTPA			
Vocational Rehab			
Career counseling			

Service	Referral made	Service provided	
		HACAP	OTHER
Transportation			
AFDC			
Food stamps			
Child protective serv. (DHS)			
Substance abuse couns.			
Mental health couns.			
Tannager or other child counseling			
Inpatient treatment			
Recreational services			
Legal assistance			
Family planning			
Support groups (adult)			
Support groups (kids)			

TRANSITIONAL HOUSING FOLLOW-UP

Case #: _____
Follow-up period (check one): 1 month 3 months 6 months
Date client terminated from the program: _____
Date follow-up completed: _____

1. HOUSING STATUS SINCE LAST CONTACT

Is client residing in the same housing as last contact?

YES
 NO

If NO,

- A. # of moves since last contact: _____
B. reason(s) for moves (check all that apply):
1. unable to pay rent
2. acquired more permanent housing (i.e., own home, trailer, etc.)
3. change in partners (i.e., marriage or divorce)
4. moved in with boyfriend/friend
5. evicted for reasons other than non-payment (i.e., failure to maintain property, lease violations)
6. evicted due to sale of property, expiration of lease, etc.
7. other (specify: _____)

2. EMPLOYMENT STATUS SINCE LAST CONTACT

A. Is client currently employed?

NO
 YES

If YES,

1. job title: _____
2. company/firm: _____

B. Have any changes in employment occurred since last contact?

NO
 YES

C. If answer to B is YES, check any of the following job changes that have occurred since last contact:

1. client was promoted at work
2. client was laid off from a job (not performance related)
3. client was dismissed from a job for poor performance
4. client left a job due to child care problems
5. client left a job due to transportation problems
6. client left a job to take a better job
7. client left a job for an educational program
8. other: _____

EMPLOYMENT STATUS (CONTINUED)

D. Check all that apply to current job:

1. ___ full-time
2. ___ part-time (approximate hrs per week: ___)
3. ___ permanent position
4. ___ temporary position
5. ___ health insurance
6. ___ disability
7. ___ life insurance
8. ___ sick leave
9. ___ vacation leave
10. ___ retirement
11. ___ other fringe benefits:

12. hourly salary, if known: \$_____

13. gross monthly salary, if known: \$_____

3. EDUCATIONAL STATUS SINCE LAST CONTACT

A. Is client currently enrolled in an educational/training program?

- ___ YES
___ NO

If YES,

type of program:

- a. ___ high school
- b. ___ GED
- c. ___ refresher program (reading, math, etc.)
- d. ___ community college
- e. ___ 4-year college
- f. ___ other: _____
- g. field/type of training program: _____

B. Have any of the following occurred since the last contact?

1. ___ client completed an educational/training program

type of program:

- a. ___ high school
- b. ___ GED
- c. ___ refresher program
- d. ___ community college
- e. ___ 4-year college
- f. ___ other: _____

g. field/type of training program: _____

EDUCATIONAL STATUS (CONTINUED)

2. ___ client enrolled in a new educational/training program

type of program:

a. ___ high school

b. ___ GED

c. ___ refresher program

d. ___ community college

e. ___ 4-year college

f. ___ other: _____

g. field/type of training program: _____

3. ___ client dropped out of an educational/training program

type of program:

a. ___ high school

b. ___ GED

c. ___ refresher program

d. ___ community college

e. ___ 4-year college

f. ___ other: _____

g. field/type of training program: _____

4. ECONOMIC STATUS SINCE LAST CONTACT

check all sources of income/assistance at the time of follow-up contact:

1. ___ employment income

2. ___ AFDC

3. ___ food stamps

4. ___ fuel assistance

5. ___ unemployment compensation

6. ___ child support

7. ___ social security

8. ___ SSI

9. ___ other (specify: _____)

5. FAMILY CHANGES SINCE LAST CONTACT

Check any of the following changes that have occurred in the family since the last contact:

1. ___ marriage

2. ___ divorce or separation

3. ___ out of home placement of a child

4. ___ return of a child from out-of home placement

5. ___ birth of a child

6. ___ serious illness of a family member

7. ___ inpatient treatment of a family member (psychiatric, substance abuse, etc.)

8. ___ incarceration of a family member

6. Please comment on family's overall stability regarding housing, employment, economic and family circumstances at the time of this follow-up:

**HACAP TRANSITIONAL HOUSING
AND HEAD START PROGRAMS SATISFACTION QUESTIONNAIRE**

The staff request that you take a few minutes to fill out this questionnaire. Your comments are sincerely appreciated. They will help us to improve our program and serve families in our community who find themselves in need of our services.

1. Please indicate the length of time you have participated in the following programs:

	N/A	0-3 mos.	4-6 mos.	7-11 mos.	12-24 mos.	24 mo. +
Head Start						
Transitional Housing/Inn Circle site						
Transitional Housing/Scattered sites						
Infant Toddler(Inn Circle site)						
School Enhancement (Inn Circle site)						

2. Please answer the following questions by marking the appropriate box:

	With which of these did you wish to receive assistance?	How much assistance have you received? 1=none 2=some 3=a lot	From whom have you received the assistance?
Employment			
Job Skills			
Education			
Budgeting			
Parenting			
Housekeeping			
Nutrition			
Wellness/Health			
Child Care			
Self Image/Esteem			
Community Involvement			
Housing assistance			

3. What were your goals upon entering the program(s,) both short term and long term?

4. In what ways has Transitional Housing or Head Start staff assisted you in reaching your goals?

5. Do you feel the program(s) were explained to you thoroughly and you fully understood the expectations and purpose(s) of the program(s)? Why or why not?

6. Please rate the level of progress you feel you have reached in the following areas:

	Significant Progress	Satisfactory Progress	Little or No Progress
Employment			
Job Skills			
Education			
Budgeting			
Parenting			
Housekeeping			
Nutrition			
Wellness/Health			
Child Care			
Self Esteem			
Community Involvement			
Housing Assistance			

7. How helpful are the program(s) in the following ways:

	Very Helpful	Some Help	Not Helpful	Doesn't Apply
Helping to reduce family stress				
Teaching you new ways to deal with your children				
Helping you to feel like a better parent				
Helping you to feel better about yourself				
Helping to keep your family together				
Helping your children with their problems				
Helping your family to get along better				
Helping you to get along with other agencies				
Helping you to get other services				
Enrolling your child in Head Start				
Helping you to get permanent housing				
Reducing the time you would have been without permanent housing				
Helping you in securing employment				
Helping you in furthering your education				
Helping you in fulfilling your FIP contract				
Helping you to reduce the amount of time you would be on full public assistance				

8. How do you feel about your decision to participate in the program(s)?

9. What suggestions, changes or ideas do you have concerning the program(s)? How can we improve the program(s)?

10. What are your future goals and plans?

11. What is most helpful about the program(s)?

12. What is least helpful about the program(s)?

13. What are two things that have changed in your family because of the program(s)?

14. Is there anything you would do differently if re-entering the program(s)?

15. What other agencies are you working with while involved with HACAP?

Upon entry	HACAP Staff Initiated
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Thank you for your comments and suggestions. We appreciate your input!

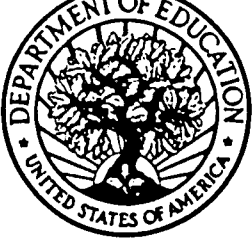


Bibliography

Bibliography

- American Public Welfare Association Memo. (1993). Housing law and self-sufficiency. APWA, Vol. 5 (1), 7-12.
- Annie E. Casey Foundation. (1995). Kids count data book: State profiles of child well-being.
- Baum, A. S., & Burnes, D. W. (1993). Facing the facts about homelessness. Public Welfare, 51 (2), 20-27.
- Cohen-Schlanger, M., Fitzpatrick, A., Hulchanski, J. D., & Raphael, D. (1995). Child Welfare, Vol. LXXIV (3), 547-561.
- Curtis, P. A., Boyd, J. D., Liepold, M., & Petit, M. (1995). Child Abuse and Neglect: A Look at the States. Alexandria, VA: CWLA Press.
- Child Welfare League of America. (1993). Keeping families whole. Children's Voice 2 (3), 13-.
- Ewing, J. A. (1984). Detecting alcoholism: The CAGE questionnaire. Journal of the American Medical Association, 252, 1905-1907.
- Fitzgerald, M. D. (1995). Homeless youths and the child welfare system: Implications for policy and service. Child Welfare, Vol. LXXIV (3), 717-731.
- Koblinsky, S. A., & Anderson, E. A. (1993). Serving homeless children and families in head start. Children Today, 22 (3), 19-23.
- Korr, W. S., & Joseph, A. (1995). Housing the homeless mentally ill: Findings from Chicago. Journal of Social Service Research, 21 (1).
- Marin, M.V., and Vacha, E.F. (1994). Self-help strategies and resources among people at risk of homelessness: empirical findings and social services policy. Social Work, 39, 6 (November), 649-657.
- McChesney, K. Y. (1995). A review of the empirical literature on contemporary urban homeless families. Social Service Review 69 (3), 429-460.
- Nelson, K. (1995). The child welfare response to youth violence and homelessness in the nineteenth century. Child Welfare LXXIV (1), 56-70.
- North, C. S., and Smith, E. M. (1994). Comparison of white and nonwhite homeless men and women. Social Work, 39, 6 (November), 639-647.
- Nunez, R. d. (1995). The new poverty in urban america: Family homelessness. Journal of Children and Poverty : A Journal with Intellect, a Journal with Ideas, a Journal with Impact 1 (1), 7-28.
- Nurss, J. R., et al. (1993). More than babysitting: A homeless children's day shelter program. Children Today 22 (2), 7- 9.
- Piliavin, M. S., et al. (1993). The duration of homeless careers: An exploratory study. Social Service Review, 67 (4), 576-598.
- Piliavin, I., Entner Wright, B. R., Mare, R. D., & Westerfelt, A. H. (1996). Exits from and returns to homelessness. Social Service Review, (March).

- Richardson, B. (1984). Social response to technological disaster: The accident at three mile island. Ann Arbor: University Microfilms International.
- Richardson, B. (1993, March 29). Mixed results in child survey, as quoted by Darain Metz. Iowa City Press Citizen
- Seligman, M. E. P. (1975). Helplessness: On depression, development, and death. San Francisco: Freeman.
- Selye, H. (1982). History and present status of the stress concept. In L. Goldberger and S. Breznitz (eds.) The stress handbook (pp. 7 - 20). New York: Free Press.
- Selye, H. (1956). The stress of life. New York: McGraw-Hill.
- Sheridan, M. J. (1993). Developing a practice model for the homeless mentally ill. Families in Society, 74 (7), 410-421.
- Teare, J. F., Peterson, R. W., Furst, D., Authier, K., Baker, G., Daly, D. K. (1994). Treatment implementation in a short-term emergency shelter program. Child Welfare, LXXIII, (3), 271-281.
- Wagner, D. (1993). Checkboard square: Culture and resistance in a homeless community. Boulder, CO: Westview Press.
- Weinreb, L., Rossi, P. (1995). The american homeless family shelter system. Social Service Review, (March), 87-107.
- Zeisemer, C., Marcoux, L., and Marwell, B.E. (1994). Homeless children: Are they different from other low-income children? Social Work, 39, 6 (November), 658-668.



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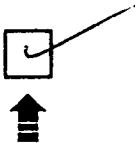
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Family Resource Coalition's National Conference "CHANGING THE WAY AMERICA WORKS FOR FAMILIES" (May 1-4, 1996, Chicago, IL)

University of Illinois
at Urbana-Champaign



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