

**The Family Permanent Supportive Housing Initiative:
Family History and Experiences in Supportive Housing**

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Executive Summary

Permanent supportive housing for families (FPSH) is a relatively new undertaking throughout the country. FPSH grew from the recognition that some adults have both disabilities that render them unable to maintain stable housing on their own and also children they are trying to raise. Without substantial help, these parents have not been able to provide themselves or their children with a stable residence. FPSH addresses these difficulties by providing these distressed families with affordable housing and access to the same types of supportive services that have proven effective at helping disabled single homeless people achieve housing stability.

In March 2003, the Charles and Helen Schwab Foundation, the Urban Institute, and Harder+Company launched an evaluation of the Family Permanent Supportive Housing Initiative (FPSHI). This evaluation was designed to assess the impact of FPSHI's innovative approach to meeting the long-term needs of formerly homeless families in permanent supportive housing. This report presents findings from interviews with 100 families that were conducted between November 2003 and April 2004, as well as descriptions of the seven FPSH programs from which the study sample was drawn.

FINDINGS FROM INTERVIEWS WITH MOTHERS

The original criteria chosen for the family interview sample were that the family be headed by a single female parent and have at least one child under age 18 living in the household. These criteria were later expanded to include two-parent families. The final sample includes single-mother ($n = 87$) and two-parent ($n = 13$) families, for all of which the interviews were conducted with the mother. The data suggest that while many of these families are still struggling with economic issues and coping with the long-term effects of earlier homelessness and addiction issues, the majority of mothers appear to be maintaining residential stability in the FPSH programs. The findings also imply that families' generally high satisfaction with their current living situations and their ability to access an array of health and social service supports are helping them provide stable home environments for their children.

Demographics

More than half of the women in the study sample were African American (56 percent), and many were in their late 30s and early 40s (38 percent). Nineteen percent of the women were Latina and 10 percent were white, followed by mixed ethnicity (8 percent), Native

American (3 percent), and Asian or Pacific Islander (2 percent). One woman checked “other” and race/ethnicity information was missing for the final respondent.

History of Homelessness

The average age at which mothers first became homeless was 25. However, 28 percent of the mothers reported being a minor the first time they became homeless. On average, mothers experienced four homeless episodes and were homeless for a total of approximately four years over the course of their lifetime.

During the two years before moving into supportive housing, mothers reported living in an average of 3.5 different living situations, suggesting that their living situations were quite unstable. However, 12 percent of FPSH mothers reported living either in their own house or apartment or with a friend or relative for the two years before FPSH move-in, suggesting some possible issues with FPSH selection processes. In light of the residential instability of most mothers before FPSH, it is important to note that mothers in the sample have been living stably at their current residences for an average of 2.2 years.

| Characteristics of Mothers Living in FPSH | | |
|--|----------|----------|
| <i>Characteristic (n = 100)</i> | <i>n</i> | <i>%</i> |
| Ethnicity | | |
| African American | 56 | 56 |
| Latina | 19 | 19 |
| White | 10 | 10 |
| Mixed | 8 | 8 |
| Other | 6 | 6 |
| Missing | 1 | 1 |
| Age (years) | | |
| 17 to 24 | 14 | 14 |
| 25 to 34 | 31 | 31 |
| 35 to 44 | 38 | 38 |
| 45 and older | 17 | 17 |
| Average age first homeless (years) | | 25 |
| Average homeless episodes | | 4 |
| Average time homeless | | 4 years |

Education, Income, and Employment

Most mothers had at least completed high school—71 percent reported completing a general equivalency degree (GED) or having a higher education level. Despite this, employment and income data reveal that women struggle to meet their families’ economic needs.

- Over two-thirds of the mothers were not working (70 percent). Disabilities and illnesses, as well as lack of skills and family responsibilities, accounted for the low proportion of mothers with jobs.
- Only 37 percent of working mothers worked full-time and they generally worked in low-wage sectors. While most (93 percent) made more than the California minimum wage of \$6.75 an hour, nearly two-thirds (61 percent) earned less than \$11 per hour.

- Mothers' monthly incomes varied from a meager \$200 to \$2,600, with an average of \$890 a month, or \$10,680 per year. This annual income was *less than one-fifth* of the median household income in San Francisco (\$58,621). Mothers relied on several sources of cash income to make ends meet, and most also relied on noncash public benefits—particularly on Medi-Cal and food stamps.

| Education and Income | | |
|---|----|---------|
| Characteristic (n = 100) | n | % |
| Educational attainment | | |
| Attended college | 31 | 31 |
| High school diploma/GED | 40 | 40 |
| Some high school or less | 29 | 29 |
| Mothers employed | 30 | 30 |
| Average hourly wage | | \$10.50 |
| Average monthly income | | \$890 |
| Average no. of cash income sources | | 2.8 |

- Having enough food to eat was a problem for many FPSH households (63 percent). Nearly half of the mothers (49 percent) also reported difficulty paying for rent and/or bills during the past 12 months, despite having a housing subsidy that kept their rent at 30 percent of household income. FPSH mothers reported rates of economic hardship (difficulties meeting food and housing costs) that are 13–14 percentage points higher than rates for poor single-parent households in the United States.

The implications are that FPSH households are likely to need significant housing and service supports for long periods. Of course, that is the premise of family *permanent* supportive housing; the situations reported by FPSH mothers confirm that most need the FPSH investment and the investment serves them well.

Children of Mothers Living in Permanent Supportive Housing

Mothers in the sample had an average of 2.3 minor children. The majority (74 percent) reported living with all of their children. Only 44 minor children did not live with their mothers at the time of the interview. According to the mothers, these children were living primarily with other relatives. Almost half of the children currently living in FPSH (41 percent) were 5 years old or younger.

| Children of FPSH Mothers | | |
|-----------------------------------|----|-----|
| Characteristic (n = 177) | n | % |
| Average number of children | | 2.3 |
| Age of children in FPSH | | |
| 5 years or younger | 70 | 41 |
| 6 to 10 years | 55 | 32 |
| 11 to 15 years | 37 | 21 |
| 16 to 17 years | 11 | 6 |

A majority of mothers reported that their children attend school regularly (96 percent), do their homework on a regular basis (81 percent), and care about doing well in school (77 percent). Mothers also reported that they enjoy parenting (81 percent) and that they give their children encouragement on a daily basis (86 percent). Half of the mothers (50 percent)

indicated that at least one of their children was experiencing a health problem. The majority of these mothers (94 percent) indicated that they are getting help for these problems.

Health, Mental Health, and Substance Use

More than half of FPSH mothers (56 percent) rated their current health as being “good,” “very good,” or “excellent.” These results compare unfavorably with those of poor single parents nationally, among whom 70 percent gave similar responses. With regard to mental health, a large majority of mothers (83 percent) reported low levels of symptom distress during the seven days before their interview.

Most mothers said they had had problems with alcohol or drug use in the past. However, the majority reported that they have not had these problems during the past 12 months. While 61 percent used illegal drugs three or more times a week in the past, 78 percent said they had no problems related to drug use during the past 12 months. Similarly, while 35 percent of mothers reported drinking to get drunk more than three times a week in the past, 83 percent said they had no problems related to alcohol use in the past 12 months. While these findings are positive, 11 percent of mothers described recent problems related to drug use, and 4 percent described recent problems related to alcohol consumption.

Living Environment

Mothers consistently expressed feeling “satisfied” or “very satisfied” with regard to various features of their current homes, including affordability, control over visitors, privacy, and how long they can live in their home. They also reported feeling respected by supportive housing providers and having autonomy regarding the services in which they choose to participate. The services that FPSH families used most frequently in the past six months included health care (82 percent), free food or groceries (70 percent), mental health services (41 percent), and employment services (47 percent). Mothers also reported feeling confident and optimistic about their futures.

CROSS-CUTTING THEMES FROM PROGRAM INTERVIEWS

Detailed descriptions of the seven permanent supportive housing programs from which the sample of families was drawn were developed based on interviews with providers and managers of tenant services at Canon Barcus, Cecil Williams House, Community Housing Partnership, Dudley Hotel, 1180 Howard, and supportive housing programs on Treasure Island. Some major cross-program themes emerging from these interviews included the following:

- Each San Francisco FPSH program has crafted a unique blend of services and supports for tenants. Program models included “dedicated buildings” housing only

formerly homeless families; mixed buildings of two types (formerly homeless single adults and/or never-homeless low-income families, as well as formerly homeless families); and scattered site configurations on Treasure Island. No single program model appears to be significantly better than any other at helping tenants achieve the primary goal of housing stability, as long as the model succeeds in creating an environment of respect and trust among tenants and staff and is able to provide the resources that tenants need.

- Constant and open communication between property management and tenant services is crucial to maintaining an effective working relationship and is essential to maintaining stable housing for residents.
- Supportive services offered by the FPSH providers are based on best practices identified by affordable housing policy bodies and studies of permanent supportive housing for single adults, supplemented by supports for children.
- Being receptive to tenants' desires influences tenant satisfaction. FPSH staff are deliberate in developing and planning activities and events aimed at community building. At the same time, providers report that engaging residents in services can be challenging. Program staff must strike a delicate balance when attempting to involve tenants in services and activities.
- Programs have found that tenants and their families do better when the children are involved in activities and have some services available specifically for them. Programs therefore continue to develop and integrate children's services into their supportive housing models, creating the principal difference in program models between FPSH and PSH for single individuals.

In summary, interview findings provide rich information about the lives of mothers and children living in FPSH in San Francisco, as well as about the FPSH programs themselves. These findings offer testimony of tenants and FPSH program staff about the differences that FPSH can make in the lives of families. They tentatively answer several important policy questions:

- **FPSH targeting**—A majority of tenants (88 percent) in the study sample met a criterion of long-term or repeated homelessness before moving to FPSH. However, about 4 percent of mothers said they had never been homeless and 12 percent reported living in their own house or apartment or that of a relative or friend during the entire two-year period prior to moving into FPSH. Targeting of FPSH may need improvement to maximize the value of investments in this housing model.
- **Long-term need for FPSH**—Indicators of economic hardship suggest that FPSH mothers' relatively high levels of education, work history, and vocational training have not translated into economic well-being. Many are still not working, and many still struggle to meet their family's economic needs. Given the lack of employment and the fact that most of the women who are working earn very little money, it

seems that the majority of these families will continue to require cash assistance, housing subsidies, and supportive services for the foreseeable future.

- **Tenant satisfaction and stable residency**—The menu of services provided by FPSH programs, both on- and off-site through collaborations and referrals, is designed to be voluntary—helping residents address issues as they arise and supporting residents in creating a sense of community and optimism about their futures. Overall, interview findings reveal satisfied tenants who access an array of services and who are able to think about a better future for themselves and their children. This may be a key aspect of families’ stable residency at FPSH.

Chapter 1: Introduction

In March 2003, the Charles and Helen Schwab Foundation, the Urban Institute, and Harder+Company launched an evaluation of the San Francisco Family Permanent Supportive Housing Initiative (FPSHI). Permanent supportive housing for families (FPSH) is a relatively new undertaking throughout the country. FPSH grew from the recognition that some adults have both disabilities that render them unable to maintain stable housing on their own and also children they are trying to raise. Without substantial help, these parents have not been able to provide themselves or their children with a stable residence. FPSH addresses these difficulties by working with families in the types of housing coupled with supportive services that have proven so effective at helping disabled single homeless people achieve housing stability.

The evaluation was conducted by the Urban Institute, one of the nation's leading centers for applied research on homelessness, and Harder+Company Community Research, a San Francisco-based firm with 18 years of experience in assessing the effectiveness of local programs for low-income individuals and families. Under the direction of Dr. Martha Burt, director of the Urban Institute's Social Services Research Program, and Michelle Magee, vice president of Harder+Company, the evaluation was designed to further understanding of the impact of FPSH's innovative approach to meeting the long-term needs of formerly homeless families in permanent supportive housing.

FPSH IN SAN FRANCISCO

FPSH faces the unique challenge of simultaneously meeting the complicated and varied housing and service needs of adults, their children, and, ultimately, the family unit. While providers in the San Francisco Bay area continue to be innovators in testing and adapting adult permanent supportive housing models, the same housing and service providers have until recently had little experience with children and youth services. FPSH in San Francisco, as well as nationally, is an emerging component of the homeless assistance network. Currently, gaps exist in both public policy focused on the unique needs of families who are homeless and available studies on best practice service models.

The recognition of families as a growing segment of people experiencing homelessness has drawn a rapid response from San Francisco adult housing and service providers. Between May 2002 and the March 2003 launch of this evaluation, the city's number of family permanent supportive housing units doubled. In May 2002, only 210 such units existed in San Francisco County. By March 2003 an additional 285 units had opened on Treasure Island, bringing the total to 504 units in 15 FPSH programs at the beginning of the evaluation period. By the end of 2004, an additional 213 units became available through

two new programs on Treasure Island and in the South of Market area of San Francisco, and more are still scheduled for completion.

Two other things make the San Francisco Bay area an important place to evaluate FPSH. First is its tested and well-documented success as an innovator in developing and providing permanent supportive housing for single adults. The second is the presence of an established and effective Family Supportive Housing Network, which helped the evaluators to link with FPSH providers and worked with us to develop the best possible evaluation design.

In addition to these long-standing characteristics of the homeless services environment for families in San Francisco, homelessness became a highly charged public issue in the 2003 mayoral campaign, and ending homelessness of all types is a cornerstone of Mayor Gavin Newsom's commitments for city action. As a February 1, 2004, *San Francisco Chronicle* article began, "After years of frustration and despair, San Francisco has its best opportunity in a decade to solve its long-festering homeless crisis." The opportunity lies not only in the mayor's commitments, but also in a convergence of opinion among most stakeholders that supportive housing is a key to solving the problem. The city has developed a 10-year plan to end chronic homelessness, and the mayor has pinpointed important areas of intervention to address both chronic and shorter-term homelessness. This concatenation of events highlights the relevance of investing in both services and evaluation for FPSH. The results of this evaluation can make an important contribution to the discussion of what can be done to end homelessness.

THE EVALUATION'S PROVIDER-ORIENTED APPROACH

From the beginning, the evaluation team was committed to reflecting as much as possible the programs' own views of what they are doing, how they are doing it, and what they hope to achieve. To this end the evaluation team spent considerable time getting to know the FPSH providers. At the launch meeting early in the evaluation, the team met staff from all nine FPSH programs connected to Schwab Foundation funding through Children's Health Network services, visited programs, and conducted informational interviews. These activities were designed to exchange information with providers about the study and to learn about their activities and goals. During the evaluation's first two months we extended our contacts with the FPSH providers, developing an initial sense of what would be possible with the FPSH programs and beginning to design the instruments for collecting data from families.

We spent considerable time developing relationships with FPSH providers, assuring that they had significant input and developing a sense of shared ownership of the evaluation and its potential to show the effects of their programs. Evaluation team members met with FPSH providers to discuss the evaluation design changes and gather advice from providers

about interviewing families. These meetings stimulated significant changes in the original evaluation design. Meetings also helped us identify criteria for selecting housing programs, identify possible programs, and clear the way for talking with all providers about their activities.

We also held meetings to develop a FPSHI logic model to guide the evaluation. Lively discussion produced a fully elaborated logic model that included the elements providers feel are important about their programs and the outcomes they are working toward. This logic model helped guide subsequent development of data collection instruments. We also discussed and decided on the criteria for selecting parents for the family sample.

We created an Evaluation Working Group and identified volunteers from several FPSH programs to serve on it. The Evaluation Working Group met and reviewed several drafts of the family interview, giving valuable feedback to make the interviews with FPSH mothers go as smoothly as possible. Feedback included question selection (whether to include or exclude certain questions and issues), wording (for understandability and potential negative connotations), order (which questions it would be easier or better to ask early in the interview and which should wait until later), and content (what to ask about).

The Evaluation Working Group was also invaluable in helping us develop feasible strategies for recruiting tenants and gaining their consent for interviews. The group suggested incentives (which turned out to be vouchers to popular stores), best recruitment times and places, and interviewing venues (most programs supplied us with one or more interviewing rooms). All recruitment, informed consent, and interviewing procedures were reviewed and approved by the Urban Institute's Institutional Review Board. During recruitment and interviewing, Harder+Company staff became well-known visitors to FPSH programs, developing rapport with clients and staff alike. Their experiences have allowed us to write fairly detailed FPSH program descriptions to give the reader a good idea of the FPSH context in which these families live and the types of supports available to them (chapter 2).

SAMPLING AND DATA COLLECTION

This section briefly describes how we selected FPSH programs at which to seek tenants to interview, the formal interviews we conducted with FPSH providers, and the sampling and interview strategies we pursued for tenants (including issues related to sample size, recruitment strategies, and approaches to data analysis). It ends with a brief discussion of the limitations of data and interpretation.

This evaluation used both quantitative and qualitative data collection methods. We conducted eight key informant interviews with program providers (qualitative data) and

100 family interviews with mothers living in seven different FPSH programs (quantitative data).

Provider Interviews

We gathered program implementation data from FPSH providers through formal interviews with program staff, as well as from informal interactions with program staff and other interested parties. These interactions gave us contextual knowledge and information about ongoing FPSH program operations, issues, and challenges. Interviews with two key program staff at Cecil Williams House and one each at Treasure Island Supportive Housing Programs/Catholic Charities, Treasure Island Supportive Housing Programs/CHP's Island Bay Homes, Community Housing Partnership in San Francisco, the Dudley Hotel, 1180 Howard, and Canon Barcus helped us develop an understanding of the different program structures and service delivery models. We used information from these interviews to describe each FPSH program, its service delivery model, staffing configuration, and tenant service use, including barriers to services, issues in working with families, collaborative partnerships, and challenges and successes of the program.

Family Survey

The original criteria chosen for the family interview sample were that the family be headed by a single female parent and have at least one child under age 18 living in the household. When fewer than expected households met the single mother criterion, we expanded the selection to include two-parent families, but still interviewed the mother. At the start of the evaluation, there were 208 eligible households in the seven permanent supportive housing programs. The sample consists of the 100 mothers who responded to recruitment efforts and were interviewed between November 2003 and April 2004. Interviews were conducted in both English ($n = 97$) and Spanish ($n = 3$).

Recruitment Strategies

Interview participants whose data are included in this report were recruited at the following permanent supportive housing programs: Cecil Williams House (GLIDE), the Senator and Iroquois Hotels (Community Housing Partnership), Canon Barcus (Episcopal Community Services), the Dudley Hotel (Hamilton Family Services), 1180 Howard (Citizens Housing Corp.), and Treasure Island Supportive Housing Programs (Catholic Charities and Community Housing Partnership's Island Bay Homes). Service providers at each program gave valuable input on what recruitment strategies they thought would be most effective for families. Program staff were also instrumental in providing appropriate spaces in which to conduct the interviews, as well as getting the word out to families about the opportunity to participate.

In addition to posting information about the interviews at each program (e.g., bulletin boards, tenant services offices), information was mailed directly to families. In an effort to put a face to the research, the evaluation team also took opportunities to participate at community events and social gatherings where we met families and talked to them about the evaluation.

Recruiting families living on Treasure Island required more intense outreach efforts primarily because of the neighborhood’s suburban layout. While residents at other programs are housed in one building, residents in the Treasure Island FPSH programs are scattered throughout unidentified multiplex apartments on the northern residential part of the island. In addition to posting information in the facility that houses the island’s supportive services, the evaluation team also accompanied the providers during their outreach work with families. Outreach efforts by the evaluation team at the weekly food pantry on Treasure Island were also successful.

The risks and benefits of participating were carefully discussed with each mother, who signed an informed consent protocol approved by the Urban Institute’s Internal Review Board before proceeding with the interview. Interview participants were offered a \$50 gift card to Safeway, Old Navy, or Target stores in appreciation for their time.

| |
|---|
| RESULTING SAMPLE: $n = 100$ |
| 87 single-parent families |
| 13 two-parent families |

| Length of Residency in FPSH $n = 99$ | |
|--|--------------------------------|
| 0–6 months | 21% $n = 21$ |
| 7–12 months | 6% $n = 6$ |
| 13–24 months (1–2years) | 35% $n = 35$ |
| 25–48 months (2–4 years) | 19% $n = 19$ |
| 49+ months (over 4years) | 18% $n = 18$ |

Limitations

The findings we present in this report offer only point-in-time data. We cannot say anything *prospectively* about FPSH impact, although we do have the *retrospective* testimony of tenants and providers about the differences in tenant lives that they attribute to FPSH. Second, the sample for this analysis is small—100 mothers. Further, the sample contains some important subgroups (two types of families, different lengths of tenancy in FPSH, different program configurations). The results are suggestive rather than definitive as the small sample constrains statistical measures of significance.

ORGANIZATION OF THE REPORT

Remaining chapters of this report describe FPSH programs and their families, concluding with some interpretations of the FPSH Initiative. Chapter 2 presents descriptions of the seven FPSH programs included in this study. Chapter 3 provides findings from interviews with 100 mothers, including their basic demographic characteristics; housing history and prior homelessness; employment and earnings; children's living situation and well-being; parental health, mental health, and substance use; and parents' perceptions of the FPSH living environment. Findings sections pose one or more important policy questions with respect to FPSH, briefly describing their origins in previous homelessness research and relationship to the goal of ending homelessness for families. Data to address these questions are presented in narrative form and in tables, as appropriate. Where available and sufficiently parallel, we compare the results from FPSH tenant interviews with information about currently homeless family heads and nonhomeless poor single-parent households. In chapter 4 we summarize significant cross-program themes with respect to FPSH program configurations and staff perceptions, some important implications of our findings on FPSH tenants, and some interpretations of the FPSH Initiative.

Chapter 2: What Do Family Permanent Supportive Housing Programs Look Like?

To describe as well as capture the similarities and differences between the various supportive housing programs participating in the Family Permanent Supportive Housing (FPSH) Initiative evaluation, the evaluation team interviewed eight service providers from seven different supportive housing programs: Canon Barcus, Cecil Williams House, Community Housing Partnership, the Dudley Hotel, 1180 Howard, and supportive housing programs on Treasure Island. In addition to telephone interviews, the evaluation team also conducted several visits to each of these programs throughout the course of the evaluation and spoke with various staff members. The following project program descriptions combine findings from the interviews and site visits as well as information obtained from a review of the participating agencies' annual reports, marketing materials, web sites, and other secondary documents.

In addition to presenting information about service delivery models, property management, collaborative partnerships, achievements, and challenges, these program descriptions also tell the story about the innovations of family permanent supportive housing programs at work. The final chapter of this report includes a summary of cross-cutting themes.

CANON BARCUS COMMUNITY HOUSE

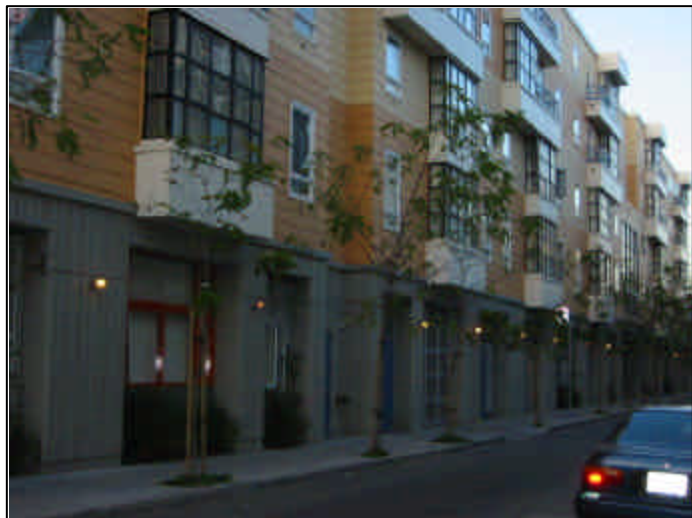
Canon Barcus Community House, a newly constructed building sponsored by Episcopal Community Services (ECS), opened in March 2002. Formerly homeless families occupy 47 of its 48 units, with a resident manager occupying the last unit. This makes it, in our terminology, a “dedicated” building—one in which every tenant is a PSH family. It is located on 8th and Howard Streets, a busy intersection in San Francisco’s South of Market neighborhood. The entrance to the dedicated family housing, however, is on a quiet, tree-lined alley named Natoma Street. Other supportive housing programs surround Canon Barcus Community House—Canon Kip Community House, another ECS supportive housing program that provides housing for formerly homeless single adults, and 1180 Howard, a mixed single adult and family supportive housing program developed by Tenderloin Neighborhood Development Corporation and Citizens Housing Corporation. Canon Barcus is located near various modes of public transportation and is walking distance from Market Street, a main downtown thoroughfare with many retail shops and businesses.

ECS, in partnership with numerous community organizations such as Baker Places and Homeless Children’s Network (HCN), provides on-site supportive services to families, while Mercy Services Corporation provides the building’s property management. This strategic alliance between ECS and Mercy Housing was one of the first of its kind in the realm of supportive housing devoted solely to formerly homeless families, and serves as a model to other programs. Currently, the building is at nearly 100 percent occupancy, with 44 families and 122 children. Of the 44 family households, single mothers head 23, single fathers head 2, and 19 are two-parent households.

Homelessness is an eligibility criterion at Canon Barcus; all tenant families in the program had been homeless. Three different sources subsidize rents for these families: Shelter Plus Care (15 families), Housing Opportunities for People with AIDS (HOPWA) (5 families), and project-based homeless Section 8 (32 families). With a subsidy, each family pays 30 percent of its total household income in rent. Families live in units of two to four bedrooms. Some units overlook a small plaza and children’s play area. The sense of community among the residents is most evident when families gather in this area for joint activities and events.

Snapshot

In the late afternoon on a recent October 31st, close to 50 children and parents gather in the community room to attend a Halloween party for residents. The children, ranging in age from 5 to 12 years old, wear various costumes; princess seems to be the most popular costume choice this year. Various stations around the room offer different activities such as making skeleton jewelry or creating a mummy using toilet paper. The mood is upbeat and parents and kids are equally



enjoying the pre-trick or treat festivities. It is evident that most of the residents know each other and the children. These parties are just one of the many kinds of programs and services Canon Barcus offers to support its residents.

Supportive Services

Canon Barcus is committed to providing a menu of supportive services to help residents settle in and maintain housing stability. Tenants may choose whether or not to participate in any of the available services and do not have to sign consent forms to receive services or participate in programs. Nevertheless, case managers encourage residents to form a service

plan identifying goals and to think about how they want to pursue those goals. Case managers will then help residents work toward accomplishing their goals.

Canon Barcus helps to support every member of a family using a collaborative approach involving all staff. For example, if a family member has a problem, that person might work with the family's case manager. However, other family members may experience fallout from the initial problem. To help all family members, everyone on staff involved with the particular family (from young kids, to teenagers, to the parent[s]) participates in discussing how each family member might be affected and how to prevent fallout or deal with it should it arise. For example, if a parent in substance use treatment were to have a relapse, a staff member would meet any children in the family at school to make sure they have support. Staff members try to mitigate the negative effects that such situations might have on children by having a support network for them. St. Luke's Medical System maintains a health clinic in the Canon Barcus building, and can arrange for tenants to receive higher levels of care if needed.

In addition to in-house staff working together, ECS has an elaborate collaborative network of organizations that extend the variety of services offered to its residents. The provider explained the significance of these relationships as follows:

Collaborative relationships are extremely important because you can't do everything in-house. We have an excellent staff but we can't have a YMCA in our building. We are not a treatment facility. We can't do substance abuse or mental health treatment. Our partners can.

Overall, services provided through Canon Barcus include

- mental health services for children and families, offered on site by HCN;
- a family literacy program that involves parents in reading with their children so they can follow their children's school progress;
- parenting skills training to help residents deal with various family issues and find resources that will help their families on a day-to-day basis;
- an on-site medical clinic managed by St. Luke's Medical Center;
- partnerships with the YMCA for youth recreational activities; and
- collaborations with other service providers to offer residents additional critical services such as substance use treatment programs, mental health support, and job skills training.

Working with other organizations can bring challenges; ECS then has to "surrender control over certain things." To ensure quality services, ECS developed certain monitoring systems to make sure "things don't happen that you don't want happening." One added

consideration is the vulnerability of some collaborative partners to funding losses that might mean a partner could no longer offer the services on which ECS has come to rely to help its residents.



Collaborating on Property Management

Besides its network of service providers, ECS collaborates with Mercy Services Corporation to manage the Canon Barcus property. The two organizations work together on virtually everything. Tenants must have entry interviews with both property management and tenant services staff. The property management staff determine if a candidate

meets the criteria to live in the building; tenant services staff meet a potential resident to determine what kind of services the family might need to achieve housing stability. Case managers work with the incoming families to get them connected to service providers or to make necessary arrangements such as getting their children vaccinated so they can quickly begin attending school after moving in.

Communications between ECS and Mercy Services happen frequently. The property manager and support services manager hold formal weekly meetings, as do members of the property management and tenant services teams. In addition, monthly operations meetings with the senior supervisors of property management and support services staff focus on global issues regarding the building. Mercy Services and Canon Barcus staff each play a different role in their common goal to make sure that tenants are able to pay their rent.

The property management arrangement seems to work well for both parties involved. Mercy Services Corporation brings a national perspective and tremendous experience to the process of property management. This leaves the staff at Canon Barcus free to advocate on behalf of the residents should a difficulty arise with property management.

Staff Commitment to Quality

The client services staff are very committed to the goals of Canon Barcus. Currently, seven staff members work with families and/or their children—a director of services for primary

school-age children, a case manager who works with teenagers, four case managers who work with families, and a case coordinator who manages community outreach and engagement with the residents. Canon Barcus seeks staff with both case management experience and experience with primary school-age children, as well as candidates who have backgrounds in substance abuse and mental health treatment.

The program maintains a strong commitment to cultural competency. A service provider for Canon Barcus explained their philosophy of providing culturally competent services:

Cultural competency for us has to do with understanding family dynamics and how homelessness is woven into and through family dynamics. We make sure our case managers understand how homelessness affects families intellectually and emotionally, and how it manifests itself in difficulties remaining consistent with household responsibilities (e.g., paying bills may not be in a resident's history).

In addition, half of the Canon Barcus staff were once homeless themselves, so they understand the adjustment process that residents experience upon moving into Canon Barcus.

Tenant Participation

Without prompting from Canon Barcus staff, the tenants began a tenant council. After acclimating to the building and living arrangement, families began to take pride in the space and wanted to take an active role in helping guide the direction of the programs and services offered to residents. As a result, the tenant council now works collaboratively with the staff in making recommendations about proposed program changes and offerings. Now staff and residents maintain an ongoing dialogue through various channels including a weekly coffee hour where staff and residents informally interact. Staff members are committed to making the building reflect the residents' desires.

Working with Children

Canon Barcus is working toward a variety of goals for the children in tenant families, including academic stability and success, emotional stability, successful emotional and psychological development, and healthy families. According to staff, one of the program's greatest successes has been in working with children. The provider described how receptive the children have been to the programs offered at Canon Barcus:

The children were so open to receive the kind of care and attention that we have offered; we have served every one of the children at some point. We are helping them work through their family situations. We take them on overnights, field trips, to the movies, and on trips.

While the program has made great strides with children, it is challenging to prevent parents' issues from becoming detrimental to their children. One provider added, "If a

parent has a substance use problem, it is impossible to prevent that from affecting the child.” On the other hand, knowing that their children will suffer if they relapse may keep a parent working on recovery.

Achievements and Challenges

When asked about Canon Barcus’s most important achievements, a service provider shared,

Our biggest achievement has been family stability in housing. We had a question mark of how stable a family could become. How well could we [Canon Barcus staff] do? What we have been able to see is that we have done an incredible job of getting families stabilized in housing. As the family structure changes, where Child Protective Services reunification is in play, our assistance in linking parents to their children has been a great success. They [the reunification processes] are happening the way they should happen in a healthy way. The core things have been a great success. We have seen tremendous school participation and consistency—before a lot of kids bounced around; now they are attending school in a stable way. We know this because we get feedback from the school district, and see the kids’ report cards. A lot of the stability factors that we hoped would manifest have happened.

Although Canon Barcus offers its residents a variety of supportive services, residents are not always eager to take advantage of them. A service provider explained the challenges around engaging residents in services:

Sometimes they have a little ambivalence. I think [parents] can recognize that having a doctor on-site is a good thing, but if they haven’t monitored their own health as a priority, it is hard to go there. . . . They lack the experience to understand the value of even counseling services for their children, or tutoring for their children. . . . Sometimes parents don’t know how to interpret these opportunities and it requires education.

Additional barriers include substance use and mental health problems: “One of the barriers, in stark terms, is parental substance use. This drives people into behavior patterns that don’t allow them to be the best parents they could be or the best people they could be.”

What Tenants Like Most and Least about Canon Barcus

During their interviews, the 19 mothers living at Canon Barcus were asked to share aspects about living there that they liked the most and the least. The most popular aspects included tenant services ($n = 7$), having a space of one’s own ($n = 6$), the staff ($n = 6$), and security ($n = 5$). Additional well-liked aspects of the program were the children’s program, privacy, the location, the nice landlord, and the amount paid for rent. Lack of places for children to play ($n = 5$), the lack of supervision over children in the building ($n = 5$), and rules/curfew ($n = 5$) were the least liked aspects by tenants who participated in the survey.

Conclusion

During its short existence, Canon Barcus seems to be helping its residents make strides in transitioning to permanent supportive housing. Children are responding well to its supportive services and educational opportunities. Teenagers have a vibrant teen program to tap into, which helps them envision a brighter future. Parents have access to literacy programs, job skills development, mental health and substance use treatment support, and primary health care services, all on-site, to help them achieve housing stability.

One service provider shared reflections on Canon Barcus's supportive housing model:

Canon Barcus has exceeded most of the expectations surrounding supportive housing for formerly homeless families. It would be a real shame if funders began to minimize the importance of the supportive networks that make supportive housing what it is.

CECIL WILLIAMS HOUSE

Opened in 1999 and sponsored by GLIDE Memorial Foundation, the Cecil Williams House is a 52-unit newly constructed building located in the heart of the Tenderloin neighborhood. Although it is a project of GLIDE Memorial Foundation, it has its own board of directors and conducts fundraising activities and submits grant proposals independent of the umbrella agency. Its residents include 12 families and 18 children, as well as a number of single adults.

Cecil Williams House was originally built as a permanent supportive housing program dedicated specifically to families. However, upon opening, the building experienced a high vacancy rate and so eligibility was extended to formerly homeless single adults with Housing Opportunities for People with AIDS (HOPWA) or Shelter Plus Care benefits. As a model it would be considered "mixed," as some tenants are not families with resident children (although all have been homeless). The rental structure is set up so that all residents pay 30 percent of their total household income for rent. Rent subsidies usually come from three sources: Shelter Plus Care, Section 8, and HOPWA.

Cecil Williams House staff work directly with families to provide support services. In addition, staff coordinate an array of services through the GLIDE family of services as well as through additional nonprofit and service organizations such as the Homeless Children's Network and the Harm Reduction Therapy Center. The John Stewart Company provides the building's property management.

Upon entering Cecil Williams House one immediately notices the lobby's glass walls, etched with important historical figures and inspiring quotes. In addition to the housing units, the impressive facility contains a community room, a solarium, an outdoor

communal area, access to a rooftop garden, offices for supportive services, and private counseling rooms. Security is provided 24 hours a day.

Snapshot

It is six o'clock on a Tuesday morning and two mothers gather in the community kitchen. They are quietly preparing breakfast for the kids in the building. The Breakfast Club, as it is affectionately called, began in the fall of 2003. Some parents were concerned about kids not getting fed in the mornings. One of the mothers figured she was already up cooking for her child, what would be the difference to feed a few more



kids? So, the parents solicited some help from the staff at Cecil Williams House. As a result, staff provide some of the food, the space, and the utensils. Parents carefully prepare the food, taking turns with cooking duty. The Breakfast Club has quickly become a popular event for the children at Cecil Williams House. In addition to a hearty warm breakfast, kids have an opportunity to eat a meal together, building a sense of community and family they might not otherwise experience.

Supportive Services

When new residents move into Cecil Williams House, they are invited to an orientation about all the programs and services provided through the House. Participation in tenant services is purely voluntary, with no mandates for attendance. Residents only sign release of confidentiality forms if the staff anticipate speaking to another organization on behalf of an individual resident.

Residents receive monthly calendars informing them about the myriad activities offered at Cecil Williams House—from birthday celebrations to community forums and board meetings. In addition, flyers circulate and are posted on bulletin boards, and staff talk up events—word of mouth effectively communicates upcoming events.

Staff at Cecil Williams House do not have assigned caseloads but work closely with residents, who tend to gravitate toward those staff members in whom they feel most

comfortable confiding. The staff have also established a note-taking system that helps keep them updated on residents' life situations. If an incident comes up and a particular staff person is not available, other staff can read the chart and know what is happening in the resident's life. Everything is carefully documented.

A variety of services are available to residents on-site:

- Medical/mental health—drop-in medical clinic, access to a family nurse practitioner, women's support group;
- Food—weekly produce drops, farmers' market food bank, food voucher program, Breakfast Club for children;
- Community building—different activities such as game nights, book club, spiritual empowerment evenings, weekly film festivals;
- Children and youth—after-school tutoring program, youth services, summer youth intern program, HCN therapists, teen rap group, monthly game nights;
- Substance use—family nurse practitioner, smoking cessation classes;
- Eviction prevention—money management classes; and
- Employment and training—adult tutoring, GED/literacy guidance, work entry/re-entry programs.

In addition, the GLIDE family of services makes other resources available to residents at Cecil Williams House.

Collaborating on Property Management

The John Stewart Company handles the property management for Cecil Williams House. Cecil Williams House and property management staff work closely together on many issues including consistent payment of rent and establishing “good neighbor rules” that provide safety within the building for all residents. Since staff from both tenant services and property management have offices in the same building, they talk daily. In fact, tenant services providers often pull property management staff into meetings to discuss important issues. The property manager also attends staff meetings.

Cecil Williams House has a variety of forms that residents can complete to communicate with property management about a host of issues. Once completed, a form is distributed both to property management and tenant services so everyone knows the issue and can follow up if necessary. These forms include

- a work order form—to request for repairs in a unit;
- an incident report form—to report an incident in the building; and

- a grievance form—for tenants to express their dissatisfaction with decisions made by property management.

Providers shared opinions on the advantages and disadvantages of having the property management handled by a separate agency from tenant services:

One disadvantage is that property management is worried about collecting the rent. Tenant services are more worried about the person—his or her mental well-being—and sometimes the two don't mix. It would be nice if property management could become more sensitive to a person's issues before it makes harsh decisions on eviction or other decisions. We have been fortunate because our property management is on-site. We can inform them about some things, which can convince them to slow down actions before making any punitive decisions.

Another service provider described an advantage of having property management handled by a separate agency:

The advantage of having it separate is that the service elements can stay more pure without there being any leverage. Property obviously has leverage over the residents. It would seem it would be difficult if they were one and the same.

This staff person was also quick to acknowledge a lack of experience with alternative arrangements, so no comment was possible with respect to what it is like when the same organization handles property management and tenant services.

Staff Commitment to Quality

Four dedicated staff members are the main service providers for residents; three focus primarily on families. There is a family nurse practitioner, a family service provider, a youth services coordinator, and a service provider who works with individuals. The staff come from a variety of backgrounds.

Staff participate in a number of training sessions, including in-house training and training provided by GLIDE's other programs. A licensed clinical social worker comes once a week to facilitate case conference discussions. In addition, cultural competency is a big training issue for the staff at Cecil Williams House. All staff attend an annual African-American mental health conference. Cultural competency is infused in all of their trainings and they try to maintain a culturally diverse staff. In addition, the program staff celebrate a different culture each month where the activities, lectures, workshops, and celebrations focus on that theme.

Tenant Participation

While in the past there were some opportunities for active tenant leadership roles, formal opportunities have declined. One service provider explained that at one time Cecil



Williams House had a tenant ambassador and a tenant board, but those no longer exist. However, the service provider was quick to add that if parents approach staff about wanting to start a new program, the staff will usually find a way to help make it a reality. The Breakfast Club was entirely parent-driven, and staff helped get it off the ground. The service provider shared another example of how tenant interest is prompting a new program:

A resident saw a squash in a pile of items that we get from the farmers market and asked, 'How do you cook it and eat it?' There seemed to be interest from a number of residents for a class on cooking vegetables. We have a resident in the building in culinary school, and we are negotiating with him to do a cooking class for the building.

In addition, the women's support group used to be facilitated by different female residents but when people's schedules got too complicated, the women in the support group asked Cecil Williams House staff to take over facilitating the group.

Working with Children

Cecil Williams House works on providing mentoring services for kids and helping kids with socialization skills. Many of the children in the House need help facing the issues going on in their homes such as substance use and domestic violence. The activities offered through Cecil Williams House provide opportunities for children to get positive feedback that they might not be getting at home. A service provider described some of the mental health services offered to children at Cecil Williams House:

It is a challenge to find and provide services that help children deal with their mental health problems and the trauma they see every day. Parents need to be involved to get their consent. Helping kids grow emotionally with what they see every day is our biggest challenge.

The Cecil Williams House staff continue to change and shift their services as needs evolve. One service provider explained, "We are always looking for new services to bring on-site. We bring in new professionals who can provide the needed services."

Achievements and Challenges

Service providers shared their ideas on Cecil Williams House's greatest achievements. One provider commented,

One of our biggest achievements is that the community is taking responsibility for the community. They are concerned and care about one another and the children. The communication is rocky but there. There are not a lot of violent episodes here because we offer so many services that support a sense of community and a sense of pride.

While supportive housing is succeeding in helping to build the community, some challenges remain. Cecil Williams House and the GLIDE family offer a wide menu of supportive services to its residents, but there are still challenges to encouraging residents to take advantage of all that is available to them. One service provider elaborated on some of the barriers families encounter in getting the services they need:

I think a lot of it is perception of being reported to somebody, especially with parenting. They think they will be reported to Child Protective Services or other legal involvement. . . . Many residents operate in a crisis mode and feel they are going to get evicted if they ask for help. It's hard to engage people in a process [of getting treatment or help] between crisis episodes.

In other cases the barriers for families are more straightforward, as one service provider explained:

One barrier to employment is having a criminal record—a huge barrier to becoming employed. Many tenants' reading level is at a minimum and some sign papers they don't understand.

Another issue service providers acknowledged is the challenge in helping educate parents about money management. While many parents need some assistance in this area since they have to manage their budgets to pay rent and other household expenses, residents are reluctant to take advantage of course offerings. One service provider said,

Few residents take advantage of the money management training. It's very personal and parents associate needing it with failure on their part. To get a group of people to come to a room to talk about their failures is not an easy thing to do. It's looked upon as being irresponsible.

Finally, some residents struggle with seemingly intractable substance use problems, yet do not seek help from service providers.

What Tenants Like Most and Least about Cecil Williams House

As part of this study's survey, the 10 mothers living at Cecil Williams House reported the things they liked the most and least. What they liked most were the support services ($n = 8$), security ($n = 7$), and having an apartment ($n = 3$). Additional well-liked aspects of living in supportive housing that respondents mentioned were the staff, the convenient location of the building, that everyone looks out for everyone else, and privacy. The presence of drug users inside and outside the building ($n = 3$) and the policy limiting overnight visitors ($n = 3$) were two of the least liked aspects mentioned by tenants.

Conclusion

Provider interviews and the tenant survey results show that Cecil Williams House is helping the families who live there. Children receive warm breakfasts thanks to the industrious spirit of the mothers. Families can attend money management training on-site. The HCN provides mental health services to both children and families. Many services that can help individuals and families maintain their housing are available either on-site or a short walk away at GLIDE's other programs.

A service provider shared a contemplative thought about supportive housing:

Having supportive services on-site in low-income housing will only help more and only empower the families to want to provide more or want to advance more—without the guidance, and trust in the system, it doesn't happen.

COMMUNITY HOUSING PARTNERSHIP IN SAN FRANCISCO— THE SENATOR AND IROQUOIS HOTELS

Community Housing Partnership (CHP) is a nonprofit corporation established to own or lease and manage permanently affordable, safe, and well-maintained housing for homeless persons in San Francisco. The nonprofit was formed in the early 1990s after a group of homeless advocates, social services providers, and housing developers came together to design alternative approaches to ending homelessness in San Francisco. CHP now manages four different supportive housing residences in San Francisco. Only two of these, the Senator and Iroquois Hotels, participated in this evaluation. The Senator Hotel (519 Ellis St.) and Iroquois Hotel (on O'Farrell St.) are located within a few blocks of each other in the Tenderloin neighborhood and offer a model that mixes families and single adults, all of whom were once homeless. Both are surrounded by small businesses and mixed residential single-room occupancy (SRO) housing. An attendant greets everyone entering either building from a desk located in the hotel lobby.



The Iroquois—CHP acquired the Iroquois Hotel in 1994. The Iroquois, originally built in the 1920s, is a brick building that once housed merchant seamen. CHP refurbished and rehabilitated the building and re-opened it in 1996 for its current purpose. In addition to apartments, it contains a community lounge and an office space for supportive services and employment services. Sixty-three formerly homeless adults and 10 formerly homeless families live at the Iroquois Hotel.

The Senator—Built in the 1920s, CHP acquired the Senator Hotel in 1991 and re-opened it in 1992. Apart from the units, it houses a playroom for children, a computer room, a tenant lounge, a conference room, and a historic lobby. It also has offices for on-site supportive services and employment services. The Senator has 69 units for single adults and 17 for families.

Both the Iroquois and the Senator are refurbished SRO buildings. CHP provides both property management and on-site supportive services for tenants. Residents pay no more than 30 percent of their income in rent. Applicants must be homeless to qualify for housing. It takes anywhere from one to three years for people on the waiting list to obtain an apartment in these CHP buildings.

Snapshot

In a meeting room, tenants from the Senator gather for a tenant summit. This summit gives tenants an opportunity to hear directly from the executive director of CHP about the Senator's property management and learn explicit details regarding the budget. The summit gives tenants a chance to learn more about the agency and to help set priorities for services in the coming months. Tenants initiated the tenant summit, and the staff obliged. The summit includes training for the tenants, which occurs in four breakout groups where tenants set goals for themselves and set next steps. Staff are committed to helping tenants make their goals a reality.

Supportive Services

CHP provides eight core types of services for residents at the Senator and the Iroquois. All services operate on a philosophy of harm reduction, with participation being completely

voluntary. Staff agree that services are a partnership with residents and the residents are the ones who drive the services provided. These core services include:

- Housing retention—intervention to help tenants maintain housing;
- Crisis intervention—psychiatric, child protection or juvenile justice intervention if necessary;
- Information and referral—referrals to additional services when applicable;
- Counseling and case management—helping residents manage their life challenges;
- Community advocacy—advocacy for residents related to both CHP and external services and opportunities;
- Community building—opportunities through tenant councils and resident participation on the CHP board to help meet residents’ needs;
- Vocational services—pre-employment and vocational activities to help tenants identify desirable and accessible job paths; and
- Youth and family services—after-school programs, parent groups, and field trips.

In addition, children and families may receive mental health services as part of CHP’s membership in the Children’s Mental Health Collaborative.

CHP recognizes that families who are just moving into permanent housing from homelessness have different needs than families who have been in housing for a while. For those just making the move, move-in costs are a huge issue. Purchasing furniture and household goods is frequently out of reach, especially for chronically homeless families. A lot of families do not know the ins and outs of setting up a household. It is also critical to connect families to services so they become aware of the resources of their new home. Learning money management skills is also essential if they are to maintain their new household.

In contrast, families who have been in supportive housing for some time, as is true for most Senator and Iroquois tenants, tend to have different needs. They frequently need help learning how to move beyond their current economic status. It is very challenging for low-income families who may need larger spaces to afford market-rate homes that can accommodate a growing family. It is also a struggle to be able to keep their children connected to supportive environments when supportive housing or low-income housing tends to be located in poverty-ridden neighborhoods.

Property Management

Community Housing Partnership is unique among the supportive housing programs participating in this evaluation in that it does both the property management and the tenant supportive services, albeit from separate divisions. (In the other FPSH programs, two different agencies supply these functions.) CHP feels strongly that this all-in-one model is a huge advantage for the residents: “By doing our own property management and tenant services, we can use the same approach providing all those services. We can work in a collaborative approach to make sure the tenants get what they need.” According to staff, this relationship has a strong impact on tenancy: “We have close to a 90 percent retention rate [over many years] because each department in the agency has the same philosophy and we can be realistic about what services we can and do provide.”



As one might expect, this model fosters communication between property management and tenant services. The site supervisor for tenant services and the property manager meet once a week using a very structured meeting format to discuss lease violations, upcoming events, and wider program issues. There are discussions about residents at risk for eviction and those whose health is deteriorating. In addition, once a month the director of property management and the director of tenant services meet and review the situations of all tenants who are at risk for eviction and make joint decisions about next steps. Besides these formal meetings, tenant services and the property management staff hold forums and community meetings at which tenants may give feedback and hear new ideas for programs and services.

Staffing and Client Participation in Service Delivery

The staff at the Senator and the Iroquois come from diverse backgrounds; 40 percent were once homeless themselves. In recruiting a diverse staff, the directors do not require particular educational experience. Frequently, they hire people who have been through CHP’s own vocational training programs. Each program has two counselors, and two vocational counselors float across the different programs. The number of counselors is

based on the number of units in the residence. As part of CHP's membership in the Children's Mental Health Collaborative, the Homeless Children's Network (HCN) provides family therapy.

CHP faces some challenges retaining staff, because nonprofits cannot offer salaries as competitive as for-profit companies can. In addition, tenant services work can often cause burnout. One service provider explained:

In tenant services it's a day-to-day kind of work, it's hard for counselors to recognize change in tenant behaviors—there is a high level of burnout. A lot of times families repeat patterns and behaviors. It's hard for counselors to work with people day in and day out.

Tenant Participation

CHP has a strong commitment to engaging tenants in the process of service delivery. They conduct focus groups and survey residents at least twice a year. They often hold follow-up focus groups to help clarify findings. In addition, CHP goes through a strategic planning process every 18 months during which tenants are asked to help set priorities for the agency. As already noted, every program has a tenant council that brings program ideas and concerns forward to staff. Most important, a representative from each program's tenant council sits on CHP's Board of Directors. Resident voices help the Board of Directors stay grounded in its purpose of providing supportive housing and meeting residents' needs.

Working with Children

CHP aims to help create family stability through its children's programs. The agency also strives to help with increasing socialization skills and participation in the community. The biggest challenge, however, has been engaging children, since the area has many other services and after-school programs. For example, five other youth programs are offered within a 10-block radius of the Senator.

Achievements and Challenges

Overall, CHP seems to be succeeding in helping families achieve housing stability. One service provider noted the agency's greatest achievement: "Our crowning achievement is our housing retention numbers. Families stay housed." While CHP is making inroads in helping families maintain housing, challenges remain. A service provider commented, "The greatest challenge is the lack of general resources in the community for substance abuse and mental health treatments, lack of family focus, and outpatient drug and alcohol treatment."

The service provider also described a number of variables that prevent residents from accessing potentially useful services. Some of these barriers include lack of adequate child

care and scarce funds for transportation. Additional factors that can act as barriers for residents tend to be internal, such as learning to trust service providers. As one staff person explained,

Families in supportive housing are savvy about what they want to reveal and services they want to access. Some of the barriers they create themselves. Past interactions with systems such as domestic violence situations [may make them] assume Child Protective Services will be called or they will lose housing. These fears stop them from accessing services.

Aside from the internal and external barriers to accessing services, there is the reality of families facing an end to Temporary Assistance for Needy Families (TANF) support. Many of the families living in the Iroquois and the Senator have lived there for many years. Many are starting to lose TANF benefits and are facing challenges in reaching a level of economic self-sufficiency adequate to allow them to remain in their present housing.

What Tenants Like Most and Least about the Senator and the Iroquois

The 13 survey respondents living in the Senator and Iroquois reported the three aspects they like most and least about living there. The three things tenants liked the most included support services ($n = 4$), children's activities ($n = 3$), stability ($n = 2$), and the new manager ($n = 2$). Additionally, tenants said they liked the convenient location, quick maintenance on things that need fixing, the cleanliness, the fact that the tenants support each other, and the friendly desk clerks. The limited availability of supportive services ($n = 5$) and dissatisfaction with the desk clerk services ($n = 5$) were among the least liked aspects.

Conclusion

CHP provides a variety of helpful tenant services. Through a collaborative approach between property management and tenant services, the staff provide a united front in working with residents to support them in their everyday lives. Whether it is through crisis intervention, housing retention, counseling, vocational services, or family and youth programs, staff are committed to a harm reduction approach for the tenants living at the various CHP programs. One service provider expressed a hope to see more foundations embrace supportive housing: "I would hope that more foundations would come to the table to fund homelessness issues. We are really excited to see this evolve."

THE DUDLEY

The Dudley Apartments (the Dudley) is a collaboration between the Hamilton Family Center and Mercy Housing of California. The Dudley is located on 6th street near Howard Street in close proximity to other family permanent supportive housing programs. The

Dudley contains 75 units—25 single-room occupancy units, 25 studio units, and 25 one-bedroom units. Residents include a mix of single adults and 20 families.

Snapshot

It's Tuesday afternoon just after 3:30 p.m., and residents are trickling in to the community room for coffee hour. This weekly social hour gives residents a reason to congregate and visit with one another. One of the residents brews the coffee and sets out the snacks (which are provided by tenant services). There are cookies, pretzels, and fruit to munch on. Punch is also available for the non-coffee drinkers. There are a number of toddlers wandering around playing with the adults. A few of the adults have brought popsicles to share with the kids. The 12 attendees are enjoying the coffee hour and the opportunity to talk with one another.

Supportive Services

The Dudley offers a variety of voluntary supportive services to residents, of which case management is the most pervasive. Tenants can work with one of three different case managers that each have a different specialty: (1) employment and education; (2) substance abuse/mental health; and (3) a peer counselor who has a personal history of homelessness.

Other service providers offer additional services, including Alcoholics Anonymous (weekly support group), mentoring by San Francisco State University students, and employment-related services from relevant providers. The Homeless Children's Network provides youth-oriented activities such as arts and crafts.

Collaborating on Property Management

Mercy Housing of California does the Dudley's property management. The property management staff work closely with social services to manage problems as they arise. Social services staff facilitate a monthly meeting with property management—the property supervisor, the program manager, the property manager, and the director of operations attend. A staff person describes these meetings:

[It's about] supporting each other about issues in the facility and coming up with ideas to resolve the issues. We are creating an operations manual to outline our roles.

The two departments communicate via e-mail and meet twice weekly—once with the property manager and once at the program meeting. A memorandum of understanding between social services and property management outlines specific policies. Tenants forward client concern forms, incident forms, and maintenance task request forms to property management to handle concerns. Copies of these forms are given to social services if it relates to them.

One staff person shared both the advantages and disadvantages of having two separate agencies working on aspects of the tenant's needs:

Advantages—There are two separate agencies working on two different things and two different opinions with one side focusing on supportive services and one side on property management. There is more diverse feedback on how to do things, and less work when one agency focuses on one thing.

Disadvantages—Conflict. We've gone through staff turnover and property management turnover. We've had issues related to holding each other accountable and pointing fingers. . . . It's a challenge.

Staff Commitment to Quality

The Dudley tries to hire staff with degrees in social work. While it is preferable to find people with experience in permanent supportive housing, that is not always possible. Staff retention is a challenge and currently they are short staffed.

Tenant Participation

A tenant council meets periodically. The tenants offer suggestions to the social services staff about things they want changed. A staff person explains how the tenants share input:

A lot of times they will let us know. They let us know if they have an issue. We also have evaluations twice a year—HUD [Department of Housing and Urban Development] evaluations.

Working with Children

The Dudley social services staff work hard to ensure children are enrolled in school and after-school programs. A staff person explains the program's goals regarding youth:

On a programmatic goal, we provide them with opportunities in regard to education, employment, peer groups. We try to connect them with as many resources as we can.

The staff try to connect children with positive role models such as university students from the University of California or Stanford. They also send the kids to camp to explore nature or go mountain biking. They also try to make sure the kids are getting their immunizations and seeing their doctors regularly. Because the Dudley is part of the Hamilton Family Center, it offers the Center's programs for children at the Dudley.

Achievements and Challenges

A staff member elaborated on some of the significant achievements of the Dudley's programs:

Opening the doors . . . We have one client who got enrolled in an electrician program, went out of state, came back, and moved out. We've had children do well in school. They are happy. That's an improvement. Creating a tenant council was a huge accomplishment. We've created a sense of community in the Dudley.

While many of the tenants are making improvements in their lives, there are still challenges. A staff member explains,

Consistency as a program, and in a sense of policies established . . . Getting to know our clients 'cause we are brand new . . . Policies between Mercy and case management in having everybody on the same page with protocols for case management. Also, facility issues—moving in is difficult and how they built the units.

What Tenants Like Most and Least about the Dudley Hotel

When asked which aspects of living at the Dudley they liked the most, many ($n = 8$) of the 14 residents in the study sample responded that the staff and services they provided were what they liked most. Residents also liked the community meetings and activities ($n = 7$). The neighborhood/area around the building was the aspect of living at the Dudley that residents liked the least ($n = 7$). Other things residents disliked included rules, particularly ID checking ($n = 5$) and ongoing problems with the elevator ($n = 4$).

Conclusion

While the Dudley is a relatively new permanent supportive housing facility, it is proving to be a success. It already has a waiting list for families and individuals to move in. The unique mix of families and individuals seems to be working well. Indeed, one staff member shared how some of the adults try to encourage each other not to engage in taking drugs or drinking alcohol in the hallways so as not to expose the children to their activities. While there are supportive services available for the tenants, currently the short staffing puts a tremendous burden on the one case manager who is trying to juggle more than one hundred cases. Once they are back up to a full staff, however, they are confident new supportive services can be added.

1180 HOWARD

1180 Howard is a 162-unit mixed-use housing facility located in the South of Market neighborhood of San Francisco. Citizens Housing Corporation (CHC) and Tenderloin Neighborhood Development Corporation (TNDC) developed the building together. It houses two separate residential projects, one for families (74 units) run by CHC, and one for single adults (88 units) run by TNDC. The building also contains a child care facility and 18,000 square feet of storefront space that houses Harvest Market, an upscale grocery store. The child care facility serves both residents and community members.¹ Differing significantly from the other programs that make up the Family Permanent Supportive Housing Initiative evaluation, homelessness is not an eligibility requirement to live at 1180 Howard. It is geared to residents who are predominantly low-income and at risk of homelessness. It is thus a “mixed” model of a unique type, blending both formerly homeless single adults and families with children and never-homeless single adults and families with children.

Supportive Services

While 1180 Howard participates in the Supportive Housing Network, it is managed by CHC, which develops and manages housing but does not offer supportive services. A CHC staff person explains their philosophy of providing support services to residents:

We are a housing provider, not a services provider. We link our tenants to the community organizations that do it [provide services] well. So we have service coordinators on-site at our family properties that do the linking.

CHC depends on multiple collaborations and partnerships to provide residents with a variety of supportive services. At 1180 Howard, various providers come on-site to support residents. To determine which services are most needed, service coordinators do a tremendous amount of outreach to residents by going door to door, posting flyers on announcement boards, and holding informational sessions.

Participation in supportive services is completely voluntary. The responsibility lies with the individual to identify which services he or she might want. One staff person explains how 1180 Howard provides services:

We usually connect with one larger service provider like ECS.² They're right across the alley from 8th and Howard and we will be using more of their case managers and youth services and programs. We've kind of tried to share where they're overflowing and where we're

¹ Please see <http://www.citizenshousing.org/> for more information about 1180 Howard.

² Episcopal Community Services, another supportive housing service provider in the neighborhood.

overflowing. They've run out of space, so we've collaborated in a way where we're sharing rooms. It works out for both. We have MOU³s and contracts.

The kinds of services tenants might want include substance abuse counseling, mental health services, health care, obtaining a GED, ESL (English as a second language) classes, and children's services.

Collaborating on Property Management

CHC and TNDC both do property management at 1180 Howard, one for the family program and one for the single adults program. 1180 Howard is a unique housing model since it consists of both family and individual units managed by two different agencies. A CHC staff person explains,

For [1180 Howard], we [CHC] do the family program. TNDC manages the property for the studio program. Since we are both equal, it's like we split the building. We have contracts and MOUs and regular meetings. It's really nice because they've created a really nice team with the staff on-site.

The two organizations have found a way to work together on the property management. A CHC staff person explains why having both the property management and tenant services management handled by the same organization is an advantage:

I really think it's better. I find that when the management company is outside, things get so lost. Who handles this? Who handles that? It goes up to the top and comes back down and goes back up and nothing ever gets dealt with or it takes a long time to get there.

Staff Commitment to Quality

1180 Howard hires a variety of staff members to assist with service coordination. Staff members also extend their reach beyond the regular providers who come on-site to deliver services. The management hires qualified staff and puts a premium on people who have worked for the community.

From management to maintenance, CHC tends to hire staff who have high levels of sensitivity to the diverse tenants who live at 1180 Howard. In addition, the services staff and management work closely together to "make sure that holidays and cultural days are observed in ways that tenants want them to happen."

³ Memorandum of Understanding.

Tenant Participation

Tenants can participate in the process of service delivery in several ways. There is a neighborhood watch program to help address some of the safety concerns near the building. In addition, tenants have monthly meetings to share their concerns with staff and offer suggestions for improvements.

Working with Children

1180 Howard offers children and youth a variety of activities through partnerships with other agencies. For example, CHC collaborates with Canon Barcus to offer a teen program. CHC also provides an on-site child care center that is crucial for working parents. Through support from the Schwab Foundation, a child therapist comes on site to provide mental health support.

Achievements and Challenges

One of the greatest achievements for 1180 Howard has been its ability to collaborate. By tapping into the services offered by other providers, 1180 Howard is able to extend the reach of services and support they can offer residents. The greatest challenge for 1180 Howard is the neighborhood itself and the safety concerns it presents to residents. A staff person explains,

There are safety issues with the neighborhood, but of course that's why you can build affordable housing. There have been some challenges on the studio side because of the kind of populations around. It has made security challenging.

What Tenants Like Most and Least about 1180 Howard

Only one mother in this study lived at 1180 Howard. The aspects of living here she liked the most included the quiet, new building the running water, and the staff. The three aspects she liked least were the lack of parking, the broken elevator, and the lack of security at the door.

Conclusion

1180 Howard provides “independent living with a support system.” While not quite as independently service-rich as some of the other family permanent supportive housing programs, with the cooperation of TNDC, CHC is able to offer affordable housing to families and individuals. By maximizing partnerships with other service providers who come on-site, they are able to offer a variety of services to tenants. As the tenants become more comfortable in the facility (which only opened in April 2003), they will continue to advocate for services they need and the management will work to meet the needs of its tenants and support families.

TREASURE ISLAND SUPPORTIVE HOUSING PROGRAMS— CATHOLIC CHARITIES

Treasure Island, located in San Francisco Bay, is a former naval base selected for closure in 1993. The federal act that decommissioned the base, the Base Closure Community Redevelopment and Homeless Assistance Act of 1994, required San Francisco to propose a plan to reuse Treasure Island that included a component to assist homeless persons. In response, a collaboration of 20 organizations formed to develop this homeless component, which became known as the Treasure Island Homeless Development Initiative or TIHDI (pronounced “tie-dye”). TIHDI’s plan, approved by the Department of Housing and Urban Development, established a legally binding agreement to use 375 multi-bedroom housing units as permanent housing for homeless families and to create economic development opportunities on the island. In addition, the plan called for reserving at least 25 percent of all permanent jobs on Treasure Island for homeless and low-income San Franciscans.



TIHDI facilitates and advocates for community development opportunities on the island, in collaboration with partner agencies such as Catholic Charities, Community Housing Partnership, and Boys & Girls Club of San Francisco. TIHDI focuses its activities on four major areas: housing, support services, employment, and economic development. In an effort to create a sense of community on the island and help with developing San Francisco’s newest neighborhood, TIHDI initiates various community-building opportunities for partner agencies and residents such as island-wide community meetings and social events. It also develops or coordinates access to support services for residents such as a food pantry, recreational activities, health services, and children and youth programs. TIHDI also plays a role in community

integration efforts among Treasure Island’s formerly homeless families and the broader community of residents that includes students, families, and individuals living in market-rate housing.

Over the past few years, TIHDI has coordinated the development of 218 units of affordable supportive housing throughout multiplexes of six to eight units on the island. One of TIHDI’s partner agencies, Catholic Charities, has helped develop some of this housing and has served formerly homeless families on Treasure Island for the past five years.

Background

Catholic Charities provides support services for the supportive housing programs on Treasure Island, including two dedicated family housing developments with two- to four-bedroom apartments interspersed throughout Treasure Island's multiplex buildings. Catholic Charities and Rubicon Programs Inc., a nonprofit organization serving homeless and economically disadvantaged persons in the Bay Area since 1973, renovated the units. Catholic Charities renovated 66 housing units for formerly homeless families and provides a subsidy to families through the Shelter Plus Care program. Rubicon Programs Inc. renovated 44 units, collectively known as Rubicon Villages, and provides subsidized housing to formerly homeless families through project-based Section 8 vouchers. All residents pay 30 percent of their total household income in rent.

Rubicon Villages opened in November 2002 while Catholic Charities' Shelter Plus Care Program first opened its newly renovated units to families in December 1999. A second round of renovation was completed in December 2000. All families living in the Catholic Charities Shelter Plus Care Program have one family member with a special need in addition to being formerly homeless (e.g., mental health, substance use, HIV/AIDS). Currently, these Treasure Island supportive housing programs are at 90 percent occupancy, with 99 families and 137 children through age 18. Of these families, single mothers head 74, single fathers head 10, and 15 are two-parent households.

John Stewart Company provides property management for these renovated housing units scattered around Treasure Island and works closely with Catholic Charities to help residents remain in housing. In addition to its existing partnership with TIHDI, Catholic Charities also coordinates a wide range of services for families through several partnerships with nonprofit service organizations such as the Homeless Children's Network (HCN) and other supportive housing programs on the island, including Community Housing Partnership's Island Bay Homes (see below).

Snapshot

Surrounded by the bay and exceptional views of the city, Treasure Island is a mix of residential and abandoned buildings, open fields, a private marina, and some industrial areas, creating a unique environment. The residential area of Treasure Island is clustered on the northern end of the island. Here, children can be seen walking their dogs or riding their bikes, and neighbors chat with each other at the entrance of their homes.



One late afternoon, a case manager and a peer advocate take the Catholic Charities van to the residential area of Treasure Island, driving through small cul-de-sacs and quiet streets along the neighborhood's suburban layout. These staff are doing outreach to families to inform and remind them of the array of services available to their families and children. The residential units are indistinguishable by program (i.e., no signs identify which units are

affiliated with certain housing programs and which are market rate). As the van turns onto Sturgeon Street, the peer advocate steps out to talk with a young girl whom he recalls has been absent from school for the past two days. He talks with her and also makes a plan to check in with the girl's mother. On Exposition Street, two women spending time outside in their small front yard area recognize the van and one of them signals for the case manager to meet with her. After talking for about 15 minutes, the woman agrees to attend an appointment with the case manager at the Family Service Space the next day.

As the case manager and peer advocate complete the day's outreach efforts and return to the Family Service Space, a young boy pleads with the peer advocate to give him a ride. They encourage him to keep going—"We'll race you there!"—and the young boy runs excitedly through the grass and in between the apartment units to the Club House, a program of the Boys & Girls Club of San Francisco, where he and other youth participate in a variety of after-school activities. Interactions such as these are one of the most important ways that Catholic Charities engages families in the Treasure Island supportive housing programs. The relationships that staff forge with residents help create a sense of community that is sometimes elusive in the frequently isolated environment of the island.

Supportive Services

When families move into one of Treasure Island's supportive housing programs, they are invited to attend an orientation meeting with an assigned case manager. They are immediately informed of the array of services and activities available to families living on Treasure Island. Aside from the case manager, families also have an intake meeting with the



substance use treatment provider and job skills counselor, as needed. In addition, all families receive a binder listing all of the services available to residents on the island. While all tenant support services are voluntary, families are assigned a case manager and at a minimum are required to meet with their case manager or peer advocate once a month. Language needs as well as individual and family needs are taken into consideration when families are assigned a case manager or peer advocate. Families do not have to sign a formal client agreement to obtain services or participate in activities. However, they do have to sign a form acknowledging that although services are voluntary, they know they are encouraged to access supportive services as needed.

Both Catholic Charities and Community Housing Partnership share a designated space on the island that houses tenant support services staff. The same space also contains a community room as well as Catholic Charities' children's activity program. Officially referred to as the "Family Service Space," some families have also come to know it as "the bungalows."

While the Family Service Space is open and serves families on the island, the most important way to engage families has been through intensive outreach. Case managers and peer advocates conduct intensive outreach to families by cruising the neighborhoods four or five times a week, distributing flyers on doorknockers to announce available services and upcoming activities. In addition to the services offered through Catholic Charities, case managers and peer advocates also inform families of island-wide activities and programs such as the weekly food pantry.

Services available to families through Catholic Charities include

- substance use and mental health counseling;
- employment services;
- peer advocacy and case management;
- health support groups;
- children's activities such as an after-school program and a youth/teen job program; and
- social events and community-building opportunities such as monthly life skills workshops, summer family field trips, and holiday parties.

Services and activities available to families through Catholic Charities' collaborative partners (e.g., TIHDI, Community Housing Partnership, Boys and Girls Club of San Francisco, and others) include

- food pantry;

- mental health services for children and families, offered on-site by the HCN;
- after-school and summer programs, summer camp, and a teen program offered by Boys and Girls Club of San Francisco;
- TIHDI community school coordinator;
- youth leadership training offered by CHP;
- Alcoholics Anonymous and Narcotics Anonymous meetings on the island;
- Community Leadership Training Program and Recreational Task Force organized by TIHDI;
- job training and life skills workshops offered by CHP; and
- community building events organized by TIHDI such as island-wide picnics and monthly community meetings.

A provider summarizes the importance of the support that families may receive through supportive housing:

Providing families with assistance that helps them adjust to housing [is key]. There is a misconception that by putting a family in housing, everything will fall into place. That is just not true.

Both the isolation of Treasure Island and its lack of established resources and services have made collaborations among organizations and community agencies an integral part of Catholic Charities' service model on Treasure Island. One provider commented,

The collaborative relationships we've formed are extremely important. We wouldn't be as far along as we are if we hadn't collaborated. Everything we do—even the space we use—is a collaboration.

Catholic Charities creates formal partnerships with organizations and community agencies through formal memoranda of understanding, to create clear program expectations and goals. One of the most important collaborations Catholic Charities has established is with other permanent supportive housing programs on the island, including Community Housing Partnership (CHP). Catholic Charities collaborates with CHP on a number of services and activities including running a life skills workshop for tenants, organizing joint community events, and even sharing staff to provide support services to families. Tenants can access and use the many life skills workshops available through both programs.

A recent collaboration with HCN has also proved to be an essential part of Catholic Charities' menu of services. One of the most effective aspects of the mental health services provided through HCN is that services are provided on the island so residents do not have

to venture far from their homes. In addition, residents can access the program anonymously. A service provider observed,

We have four therapists and they are busy. We provide families with a service and they are getting the treatment they need here on the island. They can go to the offices on the island, where services are free and admitting to problems doesn't jeopardize their housing. Families are keeping their appointments. Not every family follows through, but about 60-70 percent actually follow through for an initial meeting with HCN.

While formal partnerships have been essential to providing the families with needed services, informal linkages with other organizations and community agencies on the island have also been important in bringing the limited resources and services directly to the families. A service provider explained that some major benefits of such linkages and collaboration include avoiding duplication of services and being able to access services and resources when needed. This provider gave an example of a situation when having a linkage with another community agency on the island proved to be valuable for the stability of some families:

My program focuses on housing. And, for drug treatment, we've worked with Haight Ashbury Free Medical Clinic, which has a detox program on the island. I have a couple of mothers who have gotten into their program. The women can stay on the island and remain close to their kids. There is a small window of opportunity to get someone into treatment when someone wants treatment, so the proximity of the island clinic is great.

Collaborating on Property Management

The John Stewart Company does the property management for Treasure Island supportive housing programs. Tenant services staff and the property manager have weekly meetings to discuss any lease violations and other issues, including timely and consistent payment of rent. The director of tenant services generally speaks with the property manager every day.

When a lease violation is identified, either the case manager or a peer advocate assigned to the family will contact the head of household immediately to discuss the issues of concern and develop a plan for addressing them. The case manager or peer advocate will often act as an advocate for the client, assisting him or her in addressing the immediate issue at hand, such as the need for rental assistance, as well as addressing the root cause of the issue that may have led to the lease violation. A provider explains,

In an instance of domestic violence where the police are called, getting written up by the police is a lease violation and violence is a program violation. We work with the family to figure out what they need—counseling or a temporary restraining order.

A provider discussed the advantages and disadvantages of having a separate agency handle the property management responsibilities:

We did our own property management initially, [but] it blurred the lines between services and property management. [Tenants] were afraid to approach the case manager [or peer advocate] and it blurs the lines for the families and staff. Another disadvantage is that naturally, it puts you in an adversarial relationship with the tenants.

Due to the challenges that arose with providing both tenant services and property management, Catholic Charities decided to hire a property manager. In hiring a separate agency to handle property management, Catholic Charities had to create a system that clearly defines the two roles as well as develop a working relationship that is collaborative and understanding of the needs of the families. Also important was the training that Catholic Charities provided to property management staff, emphasizing the significant differences between managing a supportive housing program and a market-rate property.

The effort taken to provide training and the close working relationship that now exists between Treasure Island supportive housing programs and John Stewart Company seems to be succeeding. In the past three years, they have maintained a high housing retention rate, with only two or three evictions and a single instance of a family abandoning a unit. In addition, tenants participating in this study's survey indicated that the manager was one of the aspects of living in the program that they liked most. One commented, "The new manager puts tenant needs first." Another remarked, "The building manager has compassion for serious situations involving families."

Staff Commitment to Quality

Case managers and peer advocates have a caseload of 11 to 15 families. Peer advocates work with families in Catholic Charities' Shelter Plus Care program while case managers work with families in Rubicon Village's Section 8 housing program. When fully staffed, Catholic Charities has 15 people working directly with families, including one substance use and mental health specialist, one employment specialist, and a coordinator for the Children's Activity Program, which provides a variety of after-school and summer activities for children and youth living in Treasure Island's supportive housing programs.

Catholic Charities maintains a staff with diverse backgrounds whose members understand how homelessness affects families and know about substance use and mental health issues. To provide support for staff, Catholic Charities trains them in a variety of issues relevant to the work they do with formerly homeless families. Staff representatives also go to trainings and conferences offered by other agencies. In addition, the director of tenant services supports the staff with supervision and guidance in the many issues and needs that may arise for families and children living in the program.

Tenant Participation

One of the most important approaches that Catholic Charities staff take in engaging tenants is offering events that recognize the diverse cultural backgrounds of TIHDI families:

One of the things we know is that we need to meet clients where they are, including the family's ethnic background. We celebrated Christmas, Kwanza, winter solstice, and other events. The staff put together a display board and encouraged parents and children to participate.

To increase tenant participation, Catholic Charities also conducts annual surveys of parents and children to determine what type of activities families and their children would like most. At a Mother's Day event, for example, a survey conducted with mothers in the program found that they would enjoy a "pampering" event. The staff then provided a massage therapist to give all the mothers in the program a ten-minute massage. In addition, the program invites tenants to complete a satisfaction survey after each event to help the program improve activities and address the needs and interests of the tenants.

While engaging tenants in the activities and services that Catholic Charities offers is important, it is also important to provide opportunities for tenants to help deliver tenant support services. For example, Catholic Charities has developed part-time paid positions in the children's activity program specifically for parents. Currently, the children's program has one parent staff person, and one or two part-time parent positions will be added in the future. A provider spoke highly of the parent staff member:

She has become a leader; the word of mouth outreach that she did was great. People felt safe dropping off their kids there [at the children's program]. I am looking forward to adding more part-time parent positions.

In addition to the paid parent positions, parents also have the opportunity to volunteer their time with the children's program. Parent volunteers help with planning activities such as cooking classes, and they chaperone field trips. As an incentive, parents receive a \$250 Target gift card after volunteering for three months. According to a provider, parents enjoyed the opportunity both to volunteer and to spend time with their children.

Catholic Charities has also been able to offer similar opportunities to youth living in the program. For instance, the program has hired youth to assist in distributing event flyers to families on the island. In the future, Catholic Charities is hoping to hire a junior staff person for the children's activity program that would offer stipends for the youth.

Working with Children

One of the biggest achievements of Catholic Charities has been the addition of the children’s program as part of the array of services available to families. Providing activities for children and a safe and fun environment on the island has been one of the program’s primary goals. In the past summer, 100 of the 137 children who live in Treasure Island’s supportive housing programs participated in the children’s program. A provider notes:



In the after-school program, kids are now spending an hour doing homework. We are excited to see how that affects their school performance. It has been a real big achievement. . . . Many of the kids have special needs. We work with them to make sure they are getting the services they need. Many of these kids were living in the Tenderloin, and when they move to Treasure Island, they are shocked there is all this open space. It’s empty here and they perceive it as there is nothing to do.

The limited resources and activities for children on the island has been a challenge. As one provider states, “We are a new community, we don’t have much here, it is not sufficient. The city has established clubs, activities, and community centers where kids can go and have something to do on the weekend.” Despite this challenge, the program is constantly seeking creative ways to enhance and enrich the services available for children and youth on Treasure Island.

Catholic Charities also has a partnership with the Treasure Island K–8 School. Sixty-nine of the 500 children attending the school live in Treasure Island’s supportive housing programs. Catholic Charities has identified a need for specific training for teachers on the issues of homelessness and children’s experience with homelessness. The challenge, however, has been the lack of resources available to schools to provide teachers with such training.

Achievements and Challenges

In addition to developing a children’s component within tenant services, a provider noted two other significant achievements of the program—securing space on the island to build and create the Family Service Space in collaboration with Community Housing Partnership, TIHDI, and other community agencies on the island; and achieving a 97 percent housing retention rate through the past year. The provider commented, “We have a reputation for

having some of the most difficult families. These families are struggling but they are staying housed.”

Providers reported that although many supportive services are available for families to help them remain in stable housing, staff often lack leverage with families because participation in services such as case management is voluntary. Getting families to use services has been the biggest challenge:

The program is voluntary. The only way families leave here is by violating their lease. One can do a lot of damage to him or herself before problems are addressed. For example, one mom still uses drugs, is in a violent domestic situation, and has lost her kids to CPS three times. I can say she has to address her issues, but there is nothing I can do to make her.

Despite this challenge, Catholic Charities continues its consistent outreach efforts and a constant presence at the Family Service Space. The provider continues:

We are here, we are ready. In the beginning, we were building trust and putting out fires. With the development of the children’s activity program, job counseling, and mental health services, we offer more ways for families to have contact with us so they are starting to see us in a different light.

Another barrier to delivering and coordinating services for families is the difficulty in creating linkages with off-island organizations and community agencies. Because community agencies off the island are generally less accessible to residents on Treasure Island, these linkages are less effective. One provider explained the importance of bringing resources and services near where families live, saying “I think that having services here is essential. Putting folks here without services would make it much more difficult for them to maintain their housing.”

What Tenants Like Most and Least about Treasure Island’s Catholic Charities Programs

Thirty-five mothers in this study’s family survey lived in Catholic Charities’ supportive housing programs on Treasure Island. The positive aspects of these programs they cited most frequently included the island’s open space and beautiful views ($n = 15$), peace and quiet ($n = 13$), and safety and security ($n = 12$). Some tenants noted that having police on the island helps with feeling safe. Additionally, tenants said they liked the children’s activities, support services available to tenants, quick maintenance available for units, and the availability of convenient 24-hour public bus transportation. The most frequently cited negative aspects of living on Treasure Island included the lack of grocery stores and other retail amenities ($n = 25$), dissatisfaction with neighbors’ behavior ($n = 6$), the presence of drug users and dealers on the island ($n = 5$), and few programs and play areas for children ($n = 5$).

Conclusion

Treasure Island's supportive housing programs are working hard to support the people living on the island. Despite the lack of social services infrastructure other neighborhoods in the city enjoy, Treasure Island's supportive housing programs are making great strides in providing supportive services. Through a variety of collaborative relationships, Catholic Charities is now able to provide a children's program, life skills, education, job retention skills, and a substance use and mental health component. Its impressive housing retention rate seems to indicate that Treasure Island's supportive housing programs are succeeding in helping families achieve more stable living arrangements.

A provider shared some thoughts on the effectiveness of permanent supportive housing:

To sum it up, permanent supportive housing is beautiful. Your success rate is going to go down if you don't provide them with supportive services. People need support that teaches them how to pay bills or how to get a higher paid job. Without support and just housing, it's like giving people fish but not teaching them how to fish. I think supportive housing works. It's the city's and the country's best bet in getting people off the streets.

TREASURE ISLAND SUPPORTIVE HOUSING PROGRAMS— COMMUNITY HOUSING PARTNERSHIP'S ISLAND BAY HOMES

Island Bay Homes (IBH) opened in the fall of 2002 with 24 apartments for formerly homeless families with children. Community Housing Partnership (CHP) owns and operates Island Bay Homes. The Island Bay Homes project is a part of the Treasure Island Homeless Development Initiative (TIHDI), a collaboration of over twenty organizations that has procured leasing options, employment contracts, and economic development opportunities on Treasure Island for homeless people. There are currently 20 families living at IBH with a total of 20 children.

Snapshot

It's late morning on a Saturday, and the smell of food fills the air. Music is playing and children are wandering around and playing. A small group of women are congregating in the community room at Island Bay Homes. On this particular morning, these residents have gathered to learn how to cook some soul food, and the menu for the day includes collard greens, yams, and cornbread with real corn. The tenant services manager realized many of the residents were having a hard time making ends meet and while many of the IBH tenants wanted to cook, many had never learned how to cook some of their favorite foods. So the tenant services manager took it upon herself to organize some cooking classes. Now these occasional courses have become much anticipated. When the women

get together for the lesson, it's not just about cooking. The gathering becomes somewhat of an impromptu support group as the conversation quickly turns to discussions about health and relationships. The wise "elders" of the group counsel the younger women and give advice. While the cooking lesson is only scheduled for a couple of hours, the lessons often run late into the afternoon as the women enjoy eating, chatting, and learning from each other.

Supportive Services

IBH provides a variety of supportive services to its tenants. Participation in services is voluntary and not mandated. The services IBH offers tenants include:

- Vocational services—employment training in various fields; assistance with job searches by offering help with resumes, cover letter writing, and access to office equipment such as fax, phone, and copy machines.
- Counseling services—for adults and children (but they do not provide case management to tenants).
- Information and referrals—referrals to additional services such as food, clothing, medical services, and rental assistance.
- Moral support—The staff are available to listen to the tenants and offer advice and suggestions.
- Youth services—after-school programs for kids in collaboration with Catholic Charities and the Boys and Girls Club of Treasure Island.

In addition, the tenant services manager often organizes informal gatherings to welcome new residents so they can meet the current residents. New residents are given a welcome kit that includes a laundry basket and other home essentials. One of the goals of bringing new and older residents together is that they will get to know each other and begin to share resources with each other (e.g., transportation sharing for those with and without cars, babysitting swapping for those with kids).

The tenant services manager is the first point of contact for most tenants and she helps put them in contact with other needed services. IBH frequently refers tenants to agencies such as Catholic Charities and GLIDE.

Collaborating on Property Management

CHP does both the property management and the tenant services for IBH. There is a solid relationship between the building manager and the tenant services manager with ongoing

communication. Since their offices are located in close proximity to each other, communication is easy and frequent. The staff from both divisions meet weekly to exchange information about rental payments and possible payment problems. Pertinent information is documented on one form and turned in to the property supervisor. Property management staff tell tenant management staff which tenants are late in paying rent. Then, the tenant services manager will contact tenants by calling or doing outreach to determine why rent is late. There are many policies and procedures in place for both property management and tenant services when dealing with rent notices and other facilities issues.

Staff Commitment to Quality

IBH has two staff members who work closely with families and their children—the tenant services manager and a youth counselor. The staff are trained on various topics at least once a month and additional trainings are available to staff and paid for by CHP. In addition, since there is such a strong collaboration between the various service providers on the island, often staff from IBH may be invited to participate in trainings offered through one of the other groups.

Tenant Participation

There is a tenant council complete with a president, a vice president, secretary, and treasurer. The council comes together to discuss issues of importance to tenants. For example, they recently met to discuss a block party for the CHP tenants. Community meetings are also held, and food is served. Tenants may participate in many activities, such as,

At community meetings we have a raffle and serve food; there's cooking class and a book club. We are about to take a field trip to Marcus Book Store. There is a lot of engagement and encouragement for tenants. We have a gym—with dance, aerobics, and yoga classes. We also have a library and tenants can check out a book.

Working with Children

IBH offers youth programs and collaborates with other organizations on the island such as Catholic Charities or Kidango to offer additional activities. As one staff member said,

The youth counselor works with CAP and gets to do hands-on stuff with kids. Our goal is to meet the special needs of our kids. We work with the schools and with teachers and counselors. We case manage and discuss whether to refer a child to the Children's Network. Maybe TIHDI will come up with a program that shadows kids to see how we can better serve them. As a collaboration, we are on the same page.

Achievements and Challenges

Both the greatest achievement and the biggest challenge is engaging tenants in the service offerings at IBH. A staff member explains,

Our biggest achievement has been to get the tenants engaged in events and increase their enthusiasm and get them to participate in the services we offer. . . . Our challenge is to make sure they are aware of our services and getting them involved. We do a lot of outreach and talk to them as they get off the bus and send letters, flyers, and mail important information.

What Tenants Like Most and Least about Island Bay Homes

Among the eight mothers in our survey living in Island Bay Homes, nearly all of them ($n = 7$) said that the peace and quiet was what they liked most about living here. Residents also enjoyed the spaciousness of the living environment ($n = 3$) and the support services available ($n = 2$). The lack of nearby amenities and transportation to get to them was unanimously ($n = 8$) the least liked aspect of living at Island Bay Homes.

Conclusion

The knowledge and expertise CHP brings to IBH is apparent to its tenants. One staff person explains how CHP's experience in managing permanent supportive housing is an asset to tenants:

CHP is unique and very serious about its tenants and supporting the homeless. Very few organizations will have a policy like CHP's—usually tenants have to follow so many rules before they get the support they need. CHP is very willing to provide services and I am very happy to be working here.

Chapter 3: What Have We Learned About Families in FPSH Programs?

This chapter presents findings from interviews with 100 mothers conducted between November 2003 and April 2004. Findings are organized into six major sections and several subsections, each addressing one or more policy questions about FPSH tenants and their FPSH experiences. The first section describes respondents' basic demographic characteristics, beginning to answer the question, "Who lives in FPSH?" The second section provides information on residents' housing history and prior homelessness, continuing the description of FPSH tenants but also examining the question of how well these FPSH programs have succeeded in targeting the families with histories of long or repeated homelessness that the programs are intended to reach. The third section presents detailed data on employment and earnings—including current income and employment status, sources of income, and ability to meet daily needs. It provides input on questions of tenant capacity for self-sufficiency and the likely need for long-term FPSH support.

Interview Participants by FPSH Site

In San Francisco:

- 19 mothers from Canon Barcus (ECS)
- 10 mothers from Cecil Williams House (GLIDE)
- 13 mothers from the Senator/Iroquois (CHP)
- 14 mothers from Dudley Hotel (Hamilton Family Services)
- 1 mother from 1180 Howard (Citizens Housing Corp.)

On Treasure Island:

- 8 mothers from Island Bay Homes (CHP)
- 35 mothers from CYO and Rubicon (Catholic Charities)

Children's well-being is a major motivation for FPSH—an important assumption for investing in these programs is that they may help save another generation from homelessness by providing a stable environment in which to grow up. The fourth section provides information on the children of mothers participating in the study, for children who currently live with their mothers and also for those who live elsewhere. In addition to children's living situation and current stability, this section describes the mothers' perceptions of how their children are doing since moving into FPSH.

Findings related to health, mental health, and substance use are presented in the fifth section, shedding light on questions about appropriate FPSH targeting (toward parents with disabilities that contribute to their homelessness) and about ongoing service needs. The last section explores mothers' satisfaction with their FPSH environment and characteristics, service use, and sources of support among tenants participating in the study. These findings may help FPSH providers fine-tune their program offerings and ways of relating to tenants, and give funders some guidance in determining the most important aspects of FPSH to support.

BASIC CHARACTERISTICS OF STUDY PARTICIPANTS

The first questions people ask about any population relate to who they are; they want descriptions on some very basic characteristics, including gender, ethnicity, age, and marital status. By design this study's sample is 100 percent female. Exhibit 1 displays the basic demographic characteristics of the FPSH sample and provides similar information for the homeless families included in the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC).⁴ Significant differences in the characteristics of FPSH and NSHAPC families may reflect some aspects of FPSH targeting.

1. Women in the study sample were primarily African American, which was less true for NSHAPC families.

The majority of the FPSH women interviewed self-identified as African American (56 percent), followed by Latina (19 percent), white (10 percent), mixed ethnicity (8 percent), Native American (3 percent), Asian or Pacific Islander (2 percent), and other/missing (1 of each). The FPSH women are less likely than NSHAPC female family heads to be white and more likely to report themselves as African American or of mixed ethnicity. These differences reflect the characteristics of San Francisco's poor families, from which its homeless families come, compared with poor families in the nation as a whole as represented by NSHAPC.

| Exhibit 1. Gender and Ethnicity (n = 100) | | |
|---|----------------------------|------------------------------|
| | FPSH Families (n = 100) | NSHAPC Families ^a |
| | % | % |
| Gender | | |
| % female | 100 | 84 |
| Ethnicity | | |
| African American | 56 | 43 |
| Latina | 19 | 38 |
| White | 10 | 15 |
| Native American | 3 | 3 |
| Asian/Pacific Islander | 2 | — |
| Mixed ethnicity | 8 | — |
| Other/Missing | 2 | 1 |

a. Burt et al. 1999, table 3.A1.

⁴ Martha R. Burt, Laudan Aron, Toby Douglas, Jesse Valente, Edgar Lee, and Britta Iwen. 1999. *Homelessness: Programs and the People They Serve, Technical Report*. Washington, DC: Departments of Housing and Urban Development and Health and Human Services. Hereafter, citations of specific data from this report will be accompanied by table references (e.g., table 10.A1), rather than giving the complete citation each time.

2. Women in the FPSH sample were generally older than those in the NSHAPC sample.

Women in the FPSH sample ranged in age from 19 to 55, with a mean age of 36 years. The FPSH sample contained a greater proportion of older women than the NSHAPC sample. For example, 55 percent of women in the study sample were 35 years of age or older, compared with 32 percent of NSHAPC female family heads. Their greater ages reflect the differences in their histories, with FPSH mothers having experienced homelessness over a longer period and more episodes than NSHAPC mothers.

| Exhibit 2. Age (<i>n</i> = 100) | | |
|--|--------------------------------|------------------------------------|
| | <i>FPSH Families (N = 100)</i> | <i>NSHAPC Families^a</i> |
| | % | % |
| Age (years) | | |
| 17–24 | 14 | 26 |
| 25–34 | 31 | 43 |
| 35–44 | 38 | 28 |
| 45 and older | 17 | 4 |

Note: Percentages may not total 100 due to rounding.
a. Burt et al. 1999, table 3.A1.

3. Fifty-three percent of FPSH mothers self-identified as being single mothers.

While more than half of mothers in the sample self-identified as being single (53 percent), one-quarter (25 percent) were either separated (14 percent), divorced (7 percent), or widowed (4 percent), indicating that they had been married at one time. The actual proportion of mothers who have been married in the past may be even higher, given that those who self-identified as single may include both women who have never married and women who have. **[[columns of ex. 3 only total 92 and 91, not 100 and 98 as expected. Please check.]]**

| Exhibit 3. Self-Defined Marital Status (<i>n</i> = 98)^a | | |
|---|----|----------|
| Marital Status | % | <i>n</i> |
| Single | 53 | 52 |
| Currently married | 14 | 14 |
| Separated | 14 | 14 |
| Divorced | 7 | 7 |
| Widowed | 4 | 4 |

a. *n* is less than 100 due to missing responses.

HOUSING HISTORY AND PRIOR HOMELESSNESS

FPSH is intended to serve families that have been homeless for a long time or have experienced repeated episodes of homelessness. The rationale for investing in FPSH for these families is that they have shown themselves unable to become or remain housed on their own, and they and their children have experienced the negative consequences of prolonged or repeated homelessness. So one important policy question that this evaluation's findings can address is whether San Francisco's FPSH programs are well targeted, serving their intended populations.

All the FPSH programs in this evaluation accept families who once were homeless or at risk of becoming homeless. In addition, many of the parents in these families struggle with chronic health, mental health, or substance use issues that may have contributed to their past homelessness or may jeopardize their ability to maintain their current housing. A primary intent of FPSH is to help families cope with the barriers they face in maintaining stable housing by providing an array of supportive services in combination with affordable living situations. To establish a baseline against which to assess whether living in FPSH helps families achieve more stable housing, this section presents information on housing history and prior homelessness.

1. Ninety-six percent of the mothers reported being homeless in the past.

Ninety-six percent of interview participants said they had been homeless at some time in their lives prior to moving into FPSH. For the purposes of this question, homelessness was defined as "when you did not have a fixed, regular, and adequate place to stay at night, including times when you stayed in a shelter, transitional housing, a place not designed for people to sleep in (e.g., park, car, abandoned building, underneath the freeway, empty lot), temporarily stayed with family/friends, or in a hotel/motel, etc." There were four women in the sample (4 percent) who reported that they had never been homeless.

2. Twenty-eight percent of the mothers reported becoming homeless for the first time as a minor.

While 72 percent reported being an adult the first time they experienced homelessness, over one-quarter said that they first experienced homelessness as a minor. Of these 28 women, more than half (58 percent) reported being homeless as a minor on their own, while over one-third reported being

History of Homelessness among Study Participants

- 96 percent reported being homeless in the past
- 28 percent were first homeless as a minor
- Women reported an average of four episodes of homelessness during their lifetime

with their parents at the time. One woman reported being with a boyfriend, while another reported that she was homeless while in foster care.

The age when participants became homeless for the first time varied greatly, from 5 to 52 years of age. On average, women in this study first became homeless at age 25. Twenty-eight percent of FPSH mothers' first homelessness occurred when they were still children or adolescents. This makes them equally as likely as NSHAPC family heads to have experienced homelessness as a minor, among whom this was also true for 28 percent (Burt et al. 1999, table 10.A1).

| Exhibit 4. Age When First Homeless | | |
|------------------------------------|----|----|
| Age Category (n = 94) ^a | % | n |
| 16 or younger | 24 | 23 |
| 17–24 | 27 | 25 |
| 25–34 | 31 | 29 |
| 35–44 | 14 | 13 |
| 45–54 | 4 | 4 |

a. Total n is fewer than 96 due to missing and “don't remember” responses.

3. Mothers reported experiencing an average of four episodes of homelessness during their lifetime.

Participants were asked to recall how many times they had been homeless, either as a minor or as an adult. Women reported being homeless four times during their lifetime, on average. However, the median number of times women were homeless was much lower (median = 2), because four women who reported a high number of episodes (ranging from 20 to 30) raised the average considerably. Nearly two-thirds (64 percent) of the women who responded to this question reported being homeless on more than one occasion (exhibit 5), compared with only 50 percent of heads of NSHAPC's homeless families. Further, 38 percent of FPSH mothers had been homeless 3 or more times, compared with only 23 percent of NSHAPC family heads (Burt et al. 1999, table 4.A3—11 percent 3 times, 12 percent 4 or more times). The FPSH mothers' homeless histories reveal their greater vulnerability compared to the larger universe of all homeless families, and suggest appropriate targeting of FPSH resources.

FPSH women experienced an average of 3.1 homeless incidents as adults and 2.3 incidents as minors. Well over one-third (23, or 39 percent) of those who were homeless as minors = indicated that they were homeless more than once before their 18th birthday. Among those

who experienced homelessness as adults ($n = 81$), over half (51 percent) stated they had been homeless more than once since reaching age 18.

| Exhibit 5. Number of Times Homeless | | |
|---|----------|----------|
| <i>Number of Times (n = 84)^a</i> | <i>%</i> | <i>n</i> |
| One | 36 | 30 |
| Two | 26 | 22 |
| Three | 15 | 13 |
| Four or More | 23 | 19 |

a. Total n is fewer than 96 due to missing and “don’t remember” responses.

4. The average number of months of homelessness experienced by mothers during their lifetime was 49, or just over four years. The median length of time mothers were homeless was 25 months, or just over two years.

Many of the FPSH mothers reported a long cumulative experience of homelessness. The median length of time mothers were homeless was slightly more than two years, and the average time homeless was just over four years. Twelve women, or 14 percent of the mothers who responded to this question, reported being homeless for less than one year over the course of their lifetime.

Among those women who reported being homeless as minors and who answered this question ($n = 23$), the total time they were homeless during this stage of their life varied from 2 months to as long as 9 years. The average total time homeless as a minor was 28 months; the median was 24 months. Fifteen of these women (65 percent) recalled being homeless for more than one year before they turned 18.

Homeless time as an adult exceeded homeless time as a minor. Total adult homeless time ranged from 2 months to as long as 23 years, with an average of 44 months and a median of 24 months. Nearly three-quarters of the women who responded to this question (74 percent, $n = 62$) said they were homeless as an adult for more than one year, while 10 women reported adult homelessness 10 years or longer.

5. Thirty percent of FPSH mothers reported never having had a home or place to stay for six months or more with a lease in their own name or that of a spouse, partner, or roommate.

FPSH mothers’ disconnection from stable housing is reflected in the way they describe their experiences with leases. Holding a lease is a reflection of a landlord’s assessment that the

renter will be able to fulfill the lease obligations to pay rent regularly and otherwise maintain the housing. Never having had a lease in one's own name was one of the factors differentiating homeless from never-homeless welfare recipients in a longitudinal study of family homelessness done in New York City.⁵

Among FPSH mothers, 30 percent had never lived for six or more consecutive months in a dwelling leased by themselves and/or a spouse, partner, or roommate. Further, among those who did report this experience at least once in their lifetimes, 57 percent had not done so for at least a year before moving into FPSH and 9 percent had not done so for at least five years before move-in.

6. A large majority of mothers (89 percent) did not have a stable, adequate place to live during the two years before moving into supportive housing.

Even if they may have had stable housing at some time in their lives, this experience eluded most FPSH mothers during the two years before they moved into FPSH. Mothers were asked to identify the different types of places they had lived during the two years before moving into permanent supportive housing. The mean number of place types reported is 3.5, suggesting that their living situation was quite unstable. It may be even more unstable than these figures depict, as the interview only asked about different *types* of living situations, but did not ascertain how many moves occurred within a particular type. Thus a family might have stayed with one relative the whole time, or with five different friends or relatives, and

The most common places FPSH mothers lived during the two years before moving into supportive housing included a friend or relative's house or apartment (58 percent); their own house or apartment (40 percent); an emergency shelter (49 percent); and a hotel or motel paid for by the respondent (40 percent). Exhibit 6 provides further detail on previous housing situations.

Housing History Two Years Before Program Entry

- 89 percent of mothers did not have a stable, adequate place to live during the two years before moving into FPSH
- During this period respondents stayed in 3.5 types of places, on average.
- 58 percent said they stayed with friends or relatives during this period

⁵ Marybeth Shinn, Beth C. Weitzman, Daniela Stojanovic, James R. Knickman, Lucila Jimenez, Lisa Duchon, Susan James, and David H. Krantz. 1998. "Predictors of Homelessness among Families in New York City: From Shelter Request to Housing Stability." *American Journal of Public Health* 88(11): 1651-57.

| Exhibit 6. Where Respondents Stayed During the Two Years Before Moving to Current Residence | | |
|--|----------|----------|
| <i>Residence (n = 99)^a</i> | <i>%</i> | <i>n</i> |
| A friend or relative's house or apartment | 57 | 57 |
| Your own house or apartment | 40 | 40 |
| An emergency shelter | 49 | 49 |
| A hotel or motel you paid for yourself | 40 | 40 |
| In overcrowded housing (with more than one family) | 32 | 32 |
| A transitional housing program | 26 | 26 |
| A voucher hotel or motel | 26 | 26 |
| A domestic violence shelter | 16 | 16 |
| A permanent housing program | 11 | 11 |
| Anywhere outside (streets, parks, etc.) | 12 | 12 |
| A residential drug or alcohol treatment program | 6 | 6 |
| Jail or prison | 7 | 7 |
| A car or other vehicle | 11 | 11 |
| In substandard housing (no water, toilet, electricity, heat) | 10 | 10 |
| An abandoned building | 3 | 3 |

Note: Percentages do not total to 100 since participants could mark more than one response.
a. Total *n* is fewer than 100 due to missing and "don't remember" responses.

To obtain a sense of the number of mothers who were homeless and/or living in unstable or inadequate living situations, the analysis examined the number of mothers who reported living in situations other than their own home or the home of a relative or friend for the duration of the two year period prior to moving into permanent supportive housing. A majority of mothers (89 percent) reported living in these other situations. However, there were eight mothers who reported living in their own house or apartment and four mothers who reported living at a friend or relative's house or apartment for the duration of these two years. Without further probing, it is difficult to tell whether this finding is the result of poor program targeting, or with the way that mothers define their own living situations, or the interview's failure to probe living situations in greater depth.

7. The FPSH mothers have maintained stable tenancy for an average of just over two years.

The majority of interview participants have maintained stable tenancy in family permanent supportive housing, with an average tenancy of 2.2 years. Forty-four percent of all mothers have remained at their current residence for one to three years and

| Average Tenancy by Site with Date Site Opened |
|--|
| • Canon Barcus (March 2002)—1.7 years |
| • Cecil Williams House (1999)—3.0 years |
| • CHP—the Senator/Iroquois (1992)—4.3 years |
| • 8th/Howard (April 2003)—0.4 years |
| • The Dudley Hotel (2004)—0.3 years |
| • Treasure Island |
| ○ Catholic Charities (1999)—3.1 years |
| ○ Rubicon (2002)—1.6 years |
| ○ CHP (2002)—1.5 years |

29 percent have lived at their current residence for more than three years. Considering that most of these FPSH programs opened quite recently, these tenure lengths suggest that the programs have indeed created housing stability and have very low turnover. For instance, the first tenant moved into Canon Barcus in March 2002, 22 months before our interviews, and the facility was not fully rented up until the fall of that year. Thus the average housing tenure of 19 months among FPSH mothers suggests close to the maximum level of stability possible in this program. Cecil Williams House and Catholic Charities/Treasure Island opened in 1999, about four years before our interviews, and FPSH mothers have lived there, on average, for 3 and 3.1 years, respectively. Again, stability is the norm.

EDUCATION, EMPLOYMENT, AND INCOME

A common expectation for FPSH tenants is that they will have little employment experience, and that deficiencies in employment and potential for earned income are among the reasons they have experienced prolonged or repeated homelessness. Interview findings shed light on FPSH mothers' education and employment histories and current activities, as well as on sources of income and ability to meet daily needs. They also have implications for any expectation that many FPSH mothers are likely to become self-supporting through employment.

1. Mothers reported high levels of education—71 percent reported completing a GED or a higher level of educational attainment.

Forty percent of FPSH mothers have their high school diploma or general equivalency degree (GED), and an additional 31 percent have attended or completed college (exhibit 7). FPSH mothers thus have significantly higher levels of education than expected, based on the education reported by the average parent in a homeless family (less than high school completion—53 percent; high school graduate or GED—21 percent; at least some college—24 percent). Further, many have vocational or technical training or are currently furthering their education—58 percent have completed a vocational, trade, or business program, and 23 percent were in school or taking some type of class at the time of their interview, compared with 3 and 20 percent of NSHAPC family heads, respectively (Burt et al. 1999, table 3.A3). Participation in or completion of education and training courses probably reflects the influence of FPSH programs in offering their tenants housing stability and the support of case management to pursue skill-building opportunities.

| Exhibit 7. Educational Attainment | | |
|--|----|----|
| <i>Educational Attainment (n = 100)</i> | % | n |
| Finished 4-year college | 2 | 2 |
| Some college or a 2-year degree | 29 | 29 |
| High school diploma | 27 | 27 |
| GED | 13 | 13 |
| Some high school | 24 | 24 |
| 8th grade or less | 5 | 5 |

2. All but three FPSH mothers have worked at some time in their lives. Of those who have held jobs, 84 percent began working at age 18 or younger.

Nearly every FPSH tenant has been employed at some time (97 percent), though three women never held a job. This is very similar to the 4 percent of NSHAPC family heads who had never held a job (Burt et al. 1999, table 5.A3). The majority of mothers in this study sample started working at a very young age, with 36 percent of mothers holding their first jobs at age 15 or younger and an additional 47 percent first being employed between ages 16 and 18 (exhibit 8). The average age at first job was 17. On other hand, six women said that they started working for the first time after their mid-20s.

Study participants differed in the proportion of their lifetime in which they worked. Nearly one-fourth (24 percent) of women reported working for five or fewer years over the course of their lifetime, while another 32 percent said they have worked for six to ten years. Years of work generally parallel women’s ages—older women reported working more years over the course of their lifetime than did younger women.

| Exhibit 8. Participants’ Employment History | | |
|--|----|----|
| <i>Employment History</i> | % | n |
| Age at first employment (n = 97) | | |
| 15 or younger | 36 | 35 |
| 16–18 | 47 | 46 |
| 19–25 | 10 | 10 |
| 26+ | 6 | 6 |
| Total number of years employed during lifetime (n = 97) | | |
| Fewer than 5 years | 24 | 23 |
| 6–10 years | 32 | 31 |
| 11–15 years | 14 | 14 |
| More than 15 years | 28 | 27 |
| Don’t know | 2 | 2 |
| <i>Note: Percentages may not total 100 due to rounding.</i> | | |

3. Fewer than one in three FPSH mothers is currently employed and only one-third of these women (11 percent of all FPSH mothers) work full-time.

Thirty percent of FPSH mothers currently hold jobs (exhibit 9). Their employment level is only slightly higher than the 29 percent of NSHAPC family heads who do any paid work, but significantly higher than the 19 percent who held a job that had lasted or could be expected to last for at least three months (Burt et al. 1999, table 5.A3). Among the working FPSH mothers, only 37 percent (11 women) work full-time. More than half are working part-time (55 percent), one mother participates in a paid internship/training, one in a temporary position, and three women hold more than one job.

| Exhibit 9. Current Employment | | |
|--|----|----------|
| | % | <i>n</i> |
| Currently employed (<i>n</i> = 100) | | |
| Yes | 30 | 30 |
| No | 70 | 70 |
| Type of Job (<i>n</i> = 29)^a | | |
| Part-time | 55 | 16 |
| Full-time | 38 | 11 |
| Paid training/internship | 3 | 1 |
| Temp/Contract | 3 | 1 |

Note: Percentages may not total 100 due to rounding.
a. *n* is less than 30 due to missing response.

4. FPSH mothers work primarily in service jobs, with the consequence that most earn less than \$ 11 an hour.

FPSH mothers described jobs primarily in the service sector, including clerical, adult/child care, house cleaning, and food services jobs (exhibit 10). However, a few reported holding professional jobs. Even though most hold service jobs, the vast majority of FPSH mothers (93 percent) earn more than the \$6.75/hour California minimum wage in effect at the time interviews occurred.⁶ Interview participants reported hourly pay ranging from \$5.70 to \$20.00, with a mean of \$10.50.

⁶ California sets a statewide minimum wage of \$6.75. San Francisco passed a referendum setting its citywide minimum wage at \$8.50, starting February 23, 2004, after all but 10 of the interviews reported in this study were completed.

| Exhibit 10. Employment Description and Hourly Wages | | |
|--|----------|-----------------|
| | % | <i>n</i> |
| Employment Description (<i>n</i> = 30) | | |
| Clerical | 20 | 6 |
| Adult care | 10 | 3 |
| Professional | 13 | 4 |
| Sales | 7 | 2 |
| Cleaning/Housework | 10 | 3 |
| Food services | 10 | 3 |
| Child care | 7 | 2 |
| Other ^a | 23 | 7 |
| Hourly Wage (<i>n</i> = 28)^b | | |
| Less than \$6.75 | 7 | 2 |
| \$6.76 to \$11.00 | 54 | 15 |
| More than \$11.00 | 39 | 11 |
| a. Other includes landscaper, community advocate, and security. | | |
| b. The total number of participants who reported their hourly wage is less than 30, because two participants declined to answer. | | |

5. Among those currently working, 43 percent have been working at their current job for more than three years.

Despite the low hourly wages, 43 percent had been working at their current job for at least three years (exhibit 11). Fifty percent of women worked in jobs they had held for less than one year. The average length of employment among those currently working was approximately three years.

| Exhibit 11. Length of Current Employment | | |
|---|----------|-----------------|
| <i>Length of Employment (<i>n</i> = 28)^a</i> | % | <i>n</i> |
| 0–12 months | 50 | 14 |
| 13–36 months (1–3 years) | 7 | 2 |
| 37–60 months (3–5 years) | 25 | 7 |
| 61+ months (5+ years) | 18 | 5 |
| a. <i>n</i> is less than 30 due to missing responses. | | |

6. Sixty-nine percent of FPSH mothers receive \$1,000 or less per month from all sources of personal income.

Mothers' reported monthly income varied from the meager sum of \$200 to \$2,600 (exhibit 12). Sixty-nine percent of the women in this study reported their monthly income as \$1,000 or less, with only two women reporting more than \$2,000 per month. On average, FPSH mothers received \$890 per month from all sources, or \$10,680 per year.⁷ This annual income is *less than one-fifth* of the median income of \$58,621 among San Francisco households,⁸ although it is still quite a bit higher than the average total household income of \$476 a month (\$5,712 a year) reported by currently homeless NSHAPC family heads (Burt et al. 1999, table 5.A1).

| Exhibit 12. Income from Past Month | | |
|------------------------------------|----|----|
| Income from past month (n = 98) | % | n |
| \$0–\$500 | 15 | 15 |
| \$501–\$1,000 | 54 | 53 |
| \$1,001–\$1,500 | 19 | 19 |
| \$1,501–\$2,000 | 9 | 9 |
| \$2,000+ | 2 | 2 |

Note: Percentages may not total 100 due to rounding.

7. Disabilities and illnesses account for most of the mothers who do not work.

Over two-thirds of FPSH mothers (70 percent) were not working, among whom 36 women (51 percent) were not currently looking for employment. When asked why they were not working, women cited ill health including their own illness (24 percent), physical disability (22 percent), family responsibilities (22 percent), lack of skills (17 percent), in school or training (16 percent), lack of child care (10 percent), injury (9 percent), and/or mental health issues (5 percent). A total of 27 mothers were not working due to one or more physical or mental health-related reasons, representing 47 percent of all the mothers not working. Exhibit 13 provides additional detail.

⁷ Monthly income refers to the study participants' personal income, not household income. *Median* monthly income was \$757.

⁸ 2002 American Community Survey Profile: Population and Housing Profile for San Francisco County, CA. U.S. Census Bureau. Retrieved from <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Narrative/050/NP05000US06075.htm>. Accessed March 2, 2004.

| Exhibit 13. Reasons for Not Working | | |
|---|----------------------|----------|
| <i>Reasons for Not Working (n = 58)^a</i> | <i>%^b</i> | <i>n</i> |
| Physical or mental health–related reasons | 47 | 27 |
| <i>Illness (self)</i> | 24 | 14 |
| <i>Physical disability</i> | 22 | 13 |
| <i>Injury</i> | 9 | 5 |
| <i>Mental health issue</i> | 5 | 3 |
| Other reasons | 53 | 31 |
| <i>Family responsibilities</i> | 22 | 13 |
| <i>In school or other training</i> | 16 | 9 |
| <i>Lack necessary skills</i> | 17 | 10 |
| <i>Can't arrange child care</i> | 10 | 6 |
| <i>Have enough income from other sources</i> | 7 | 4 |
| <i>No jobs in my line of work</i> | 5 | 3 |
| <i>Jobs don't pay enough</i> | 7 | 4 |
| <i>Not interested in working</i> | 2 | 1 |
| <i>Other reasons^c</i> | 22 | 13 |

a. Total number of participants is less than 70 due to missing responses.
b. Percentages do not total to 100 since participants could mark more than one response.
c. Other reasons included recent birth, transportation problems, uncomfortable with work, and difficulty finding work outside of school hours.

Among those who were not currently working, the average length of time that had elapsed since employment was 3.7 years (median = 2 years). Sixty percent of these mothers reported being unemployed for 24 months or less (exhibit 14), compared with 70 percent for unemployed currently homeless NSHAPC family heads. An additional 19 percent of FPSH mothers indicated not working for 25 to 48 months, while 22 percent had not held a job for 49 or more months. The proportion of FPSH mothers reporting long-term unemployment (49+ months) is lower than for unemployed NSHAPC family heads, among whom close to one-third (30 percent) had not worked for four or more years (Burt et al. 1999, table 5.A4).

| Exhibit 14. Participants' Employment History | | |
|--|----------|----------|
| <i>Length of Time Since Last Employed (n = 65)^a</i> | <i>%</i> | <i>n</i> |
| 0–12 months | 32 | 21 |
| 13–24 months (1–2 years) | 28 | 18 |
| 25–36 months (2–3 years) | 11 | 7 |
| 37–48 months (3–4 years) | 8 | 5 |
| 49 + months (more than 4 years) | 22 | 14 |

Note: Percentages may not total 100 due to rounding.
a. n is less than 70 due to missing responses.

8. Families are dependent upon several sources of cash income to make ends meet. Nearly three-quarters of the mothers in the sample (74 percent) relied on public assistance for cash income during the past 12 months.

A substantial majority of FPSH mothers (76 percent) depended on more than one income source during the past 12 months (mean = 2.2 sources; exhibit 15). Seventy-four percent received benefits from means-tested public cash assistance programs.⁹ Primary income sources included CalWorks/TANF (66 percent), earned income from paid work (46 percent), and money from family and friends (31 percent). Exhibit 15 provides additional detail.

| Exhibit 15. Number and Sources of Cash Income in Past 12 Months | | |
|---|----|----------|
| | % | <i>n</i> |
| Number of sources of cash income (<i>n</i> = 99)^a | | |
| 0–1 | 25 | 25 |
| 2–3 | 62 | 61 |
| 4–5 | 14 | 14 |
| Sources of cash income | | |
| CalWorks /Temporary Assistance for Needy Families (<i>n</i> = 99) ^a | 66 | 65 |
| Earned income (paid work) (<i>n</i> = 100) | 46 | 46 |
| Money from family or friends (<i>n</i> = 99) ^a | 31 | 31 |
| Child support (<i>n</i> = 98) ^a | 20 | 20 |
| Supplemental Security Income (SSI) (<i>n</i> = 99) ^a | 14 | 14 |
| Financial aid grants for school (<i>n</i> = 98) ^a | 7 | 7 |
| Social Security Disability Income (SSDI) (<i>n</i> = 99) ^a | 7 | 7 |
| General Assistance (GA) (<i>n</i> = 98) ^a | 7 | 7 |
| Vocational or training program (<i>n</i> = 98) ^a | 7 | 7 |
| Social Security benefits (SSA) (<i>n</i> = 99) ^a | 5 | 5 |
| Unemployment compensation (<i>n</i> = 99) ^a | 8 | 8 |
| Retirement, investment, or savings income (<i>n</i> = 99) ^a | 1 | 1 |
| Alimony (<i>n</i> = 99) ^a | 1 | 1 |
| Veterans benefits (<i>n</i> = 97) ^a | 1 | 1 |
| a. Total is lower than 100 due to missing and “declined to answer” responses. | | |

⁹ This includes CalWorks/Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and General Assistance.

Study participants have also earned cash through informal economic activity. More than one-third (35 percent) did such work to earn cash during the past 12 months, including child care, adult/elder care, hair styling, house cleaning, laundry, providing transportation, moving, shopping, and cooking. Currently employed FPSH mothers ($n = 30$) were more likely to do such work for cash than were unemployed mothers ($n = 70$)—45 percent versus 31 percent, respectively—suggesting that ability to work at all was a more important determinant than free time for all types of economic activity.

9. Medi-Cal and food stamps were the two primary sources of noncash income for about 80 percent of FPSH mothers.

Most FPSH mothers (93 percent) relied on noncash sources of financial support, reporting participation in 2.8 sources, on average, of noncash assistance during the past 12 months. The most frequently reported sources included Medi-Cal (Medicaid) (83 percent), food stamps (78 percent), and transportation assistance (42 percent) (exhibit 16).

| Exhibit 16. Sources of Noncash Income during the Past 12 Months | | |
|--|----------|----------|
| <i>Sources of Noncash income</i> | <i>%</i> | <i>n</i> |
| Medi-Cal (Medicaid) ($n = 99$) ^a | 83 | 82 |
| Food stamps ($n = 99$) ^a | 78 | 77 |
| Transportation assistance ($n = 99$) ^a | 42 | 42 |
| Other food vouchers/program ($n = 98$) ^a | 28 | 27 |
| Child care subsidies ($n = 98$) ^a | 21 | 21 |
| Healthy Families ($n = 95$) ^a | 15 | 14 |
| Other ^b ($n = 99$) | 15 | 15 |

a. Total is lower due to missing and “declined to answer” responses.
b. Other includes government waiver for school tuition, toys, child care from family.

In addition, 19 percent of FPSH mothers bartered with friends and neighbors, exchanging one service or item for another to make ends meet. Things bartered include many of the same things that FPSH mothers do informally for cash, including caring for children, styling hair, cleaning house, doing laundry and other errands, providing transportation, helping people in recovery, and shopping. What these mothers get in return included groceries, transportation, food, clothes, baby clothes, and house cleaning services.

Ability to Meet Daily Needs

Anticipating FPSH mothers’ low income levels, the interview asked about their ability to meet their family’s basic needs and the possibility of economic hardship. Specific questions related to families’ food security, their ability to pay rent and bills, and their ability to pay for typical household items such as clothing, furniture, transportation, or items for children.

10. Getting enough food to eat was a problem for a majority of households in the sample.

Being “food secure” means that all people in the household have access at all times to enough food for an active, healthy life. At a minimum, nutritionally adequate and safe foods should be readily available, and the family should be able to acquire acceptable foods without resorting to emergency food supplies, scavenging, stealing, or other coping strategies. To assess food security for families, mothers were asked three questions taken from a nationally validated scale used to measure food security on the Current Population Survey and other national surveys. Mothers rated their responses as “1 = never true, 2 = sometimes true, or 3 = often true.”

Nearly two-thirds of FPSH mothers (63 percent) said they sometimes or often worried that their “food would run out before they got money to buy more,” while 65 percent said the food they bought sometimes or often “just didn’t last, and [they] didn’t have money to buy more” (exhibit 17). Fewer (31 percent) said they sometimes or often had to cut portions or skip meals because there wasn’t enough food. All together, 73 percent of FPSH mothers experienced at least one of these problems sometimes or often in the previous 12 months.

| Exhibit 17. Participants’ Food Security During the Past 12 Months (<i>n</i> = 99) ^a | | | | |
|---|---------------------|-------------------------|---------------------|-------------------|
| Statement | Never True % (n) | Sometimes True % (n) | Often True % (n) | Mean ^o |
| I worried whether our food would run out before we got money to buy more. | 36 (36) | 41 (41) | 22 (22) | 1.9 |
| The food that we bought just didn’t last, and we didn’t have money to get any more. | 35 (35) | 49 (48) | 16 (16) | 1.8 |
| We had to cut the size of our meals or skip meals because there wasn’t enough money for food. | 69 (68) | 25 (25) | 6 (6) | 1.4 |
| <i>Note:</i> Percentages may not total 100 due to rounding. | | | | |
| a. Total is lower than 100 due to missing and “declined to answer” responses. | | | | |
| b. The mean is based on a scale of 1 to 3 where 1 = “Never true,” 2 = “sometimes true,” and 3 = “Often true.” | | | | |

The mean scale value of 1.7 indicates that most mothers experienced food insecurity “sometimes.” This puts these mothers and their households in line with other poor households across the nation, although the FPSH figures are a bit higher. The National Survey of America’s Families (NSAF) reports that 59 percent of single parents with household incomes below 100 percent of the federal poverty level experienced food hardship in the 12 months before they were interviewed in 2002.¹⁰

¹⁰ Sandi Nelson. 2004. *Trends in Parents’ Economic Hardship*. No. 21 in series, *Snapshots of America’s Families III*. Retrieved from <http://www.urban.org/url.cfm?ID=210970> on May 1, 2004. An answer of “sometimes” or “often” to

11. Nearly half of the mothers (49 percent) reported difficulty paying rent and/or bills during the past 12 months.

Despite the fact that all of the study participants are living in subsidized housing, 23 percent of women reported difficulty paying both rent and bills during the past 12 months, and 7 percent reported difficulty paying only their rent during this period (exhibit 18). Eighteen percent reported difficulty paying household bills only. Comparing this level of difficulty to the 33 percent of poor single parent NSAF households that had difficulties paying rent or household bills in the year before their 2002 interview¹¹ indicates that despite the housing subsidies that FPSH mothers receive, their very low incomes often leave more of them in difficult economic straits than the average poor single-parent household in the United States.

| Exhibit 18. Ability to Pay Rent and Bills during the Past 12 Months | | |
|--|----------|----------|
| <i>Had Difficulty Paying Rent and Bills (n = 99)^a</i> | <i>%</i> | <i>n</i> |
| No | 51 | 51 |
| Yes, difficulty paying rent and bills | 23 | 23 |
| Yes, difficulty paying bills only | 18 | 18 |
| Yes, difficulty paying rent only | 7 | 7 |
| <i>Note: Percentages may not total 100 due to rounding.</i> | | |
| <i>a. Total is lower than 100 due to missing and “declined to answer” responses.</i> | | |

12. More than half of mothers reported difficulty paying for things such as furniture and appliances, social activities and entertainment, clothing, items for their children, and transportation.

FPSH mothers indicated their ability to pay for typical household items during the past 12 months on a three-point scale where 1 represents “hardly ever or never,” 2 represents “sometimes,” and 3 represents “usually or always.” Many FPSH families “hardly ever or never” had enough money to pay for social activities (53 percent), furniture/appliances (65 percent), and clothing (32 percent) (exhibit 19). These and the preceding indicators of economic hardship suggest that FPSH mothers’ relatively high levels of education, work history, and vocational training have not translated into economic well-being. Many are still unemployed, and many are still struggling to meet their family’s economic needs.

one or more of the three food security questions was enough to classify an NSAF household as experiencing food hardship.

¹¹ Nelson, *Trends in Parents’ Economic Hardships*.

| Exhibit 19. Tenants' Ability to Pay for Certain Items | | | | |
|---|------------------------------------|----------------------------|---------------------------------------|-------------------------|
| <i>During the past 12 months, did you generally have enough money to pay for:</i> | <i>Usually or always % (n)</i> | <i>Sometimes % (n)</i> | <i>Hardly ever or never % (n)</i> | <i>Mean^a</i> |
| Social activities and entertainment like movies or eating at restaurants (<i>n</i> = 97) ^b | 11 (11) | 36 (35) | 53 (51) | 1.6 |
| Furniture, appliances, etc. (<i>n</i> = 96) ^b | 12 (11) | 24 (23) | 65 (62) | 1.5 |
| Clothing (<i>n</i> = 99) ^b | 28 (28) | 39 (39) | 32 (32) | 2.0 |
| Items for your children, including school clothes, school supplies, toys, etc. (<i>n</i> = 99) ^b | 31 (31) | 43 (43) | 25 (25) | 2.1 |
| Transportation for things like shopping, medical appointments, visiting friends, or a job (<i>n</i> = 99) ^b | 42 (42) | 33 (33) | 24 (24) | 2.2 |
| Household cleaners and supplies (detergent, cleaners, sponges) (<i>n</i> = 99) ^b | 53 (52) | 40 (40) | 7 (7) | 2.5 |
| <i>Note: Percentages may not total 100 due to rounding.</i> | | | | |
| <i>a. The mean is based on a scale of 1 to 3, where 1 = "Hardly ever or never" and 3 = "usually or always."</i> | | | | |
| <i>b. Total is lower than 100 due to missing and "declined to answer" responses.</i> | | | | |

CHILDREN'S LIVING SITUATION AND WELL-BEING

This study is unique in that it focuses on formerly homeless families living in permanent supportive housing. Homeless parents struggle with many of the same issues faced by homeless single adults. However, as parents, they must also provide for their children both economically and emotionally. FPSH program staff must work with these families to address the complicated and varied needs of adults, children, and, ultimately, the family unit. This section of the report focuses on findings related to children of mothers residing in supportive housing. The most salient findings fall into the categories of living arrangements, custody issues, children's educational situations, and parenting practices.

1. The majority of minor children (78 percent) of FPSH mothers live with their mothers.

The 100 FPSH mothers interviewed have 226 minor children, an average of 2.3 children each, including children living with their mothers at the time of the interview and those living elsewhere.¹² Overall, the majority of mothers (74 percent) reported that they currently live with all of their children. According to national statistics, 54 percent of all minor children of currently homeless women are living with their

| Children of Mothers Participating in the Study |
|---|
| • 226 children under age 18 |
| • 177 children lived with their mothers (78 percent), while 44 (22 percent) lived elsewhere |
| • 74 percent of FPSH mothers live with all their minor children |

¹² We interviewed one grandmother who has custody of her grandchild at the time of the interview.

parent.¹³ The proportion of children living with their mothers in this sample (78 percent of all reported minor children) is higher because the study focuses on formerly homeless women in permanent housing rather than on currently homeless women, and having at least one child in the home was a requirement of moving into many of the FPSH programs and an eligibility criterion to be selected for this study.

2. The majority of children (73 percent) living with their mothers in permanent supportive housing are 10 years old or younger.

Forty-one percent of children currently living with their mothers were five years of age or younger, and an additional 32 percent were between the ages of 6 and 10 (exhibit 20). Children currently living with their mother tended to be younger than those living elsewhere. For example, none of the children living away from their mother are younger than 6, and half (50 percent) are between the ages of 11 and 15.

| Exhibit 20. Age of Children | | |
|--|----|----|
| Age of Children | % | n |
| Children under age 18 currently living with their mother (n = 173 children) | | |
| 0–5 years old | 41 | 70 |
| 6–10 years old | 32 | 55 |
| 11–15 years old | 21 | 37 |
| 16–17 years old | 6 | 11 |
| Children under age 18 currently living elsewhere (n = 44 children) | | |
| 0–5 years old | 0 | 0 |
| 6–10 years old | 34 | 15 |
| 11–15 years old | 50 | 22 |
| 16–17 years old | 16 | 7 |

Children’s Prior Living Situations and Custody Issues

If a parent cannot provide for herself, it can be even more challenging to provide for one or more children. One of the chief concerns about family homelessness is its effect on children. Children may experience negative effects of actually being homeless with a parent, but may also suffer by being separated from a parent, especially if the resulting living situation is itself unstable such as may happen when children live with relatives or in foster care. Nationally, 65 percent of homeless women who have children live with at least one of them, and 19 percent of the children who do not live with their homeless mothers are

¹³ Martha R. Burt, Laudan Aron, and Edgar Lee. 2001. *Helping America’s Homeless: Emergency Shelter or Affordable Housing?* Washington, D.C.: Urban Institute Press, table 5.3, p. 145.

in foster care.¹⁴ One would expect that mothers qualifying for FPSH would have experienced particular difficulties maintaining residency with their children, as their homelessness was long-term rather than transient. As care and custody of children is a particularly sensitive area for any mother, but especially for homeless mothers, the findings reported below from self-reports may significantly under represent the difficulties these mothers have experienced in being able to maintain care for their children.

3. Considering all of FPSH mothers’ minor children, 40 percent have lived apart from their mother at some time, and some still do.

Counting children currently living apart from their mothers and those living with them, 40 percent of FPSH mothers’ children have been separated from their mothers for at least some period of time (exhibits 21 and 22). This includes the 22 percent of FPSH mothers’ minor children not currently living with their mother (44 children), plus 24 percent of the children who did live with their mother at the time of the interview (42 children).

The distribution of children’s living situations when away from their mothers differs substantially between those who currently live with their mothers and those who are still living elsewhere (exhibits 21 and 22). Minor children now living with their mothers who once lived away were more likely to have been in foster care than those who do not now live with their mother (29 versus 13 percent). The reverse is true for living situations involving the other parent or relatives. Living situations for those not currently living with their mother reflect only *current* living situation, so it is possible that these children may have experienced different types of placements in the past of which we have no knowledge.

| Exhibit 21. Prior Living Situations for Children Currently Living with Their Mothers | | |
|---|-----------------|----|
| <i>Prior Living Situation</i> | % ^a | n |
| Ever a Time When Child Did Not Live with Mother? (n = 143 children)^b | | |
| Yes | 29 | 42 |
| Where Did the Child Live^a (n = 42 children) | | |
| Foster care, group home, other institutions | 29 ^a | 12 |
| Grandparents | 26 | 11 |
| Child’s other parent | 26 | 11 |
| Other relatives | 7 | 3 |
| Other | 17 | 7 |
| a. Percentages do not total to 100 since participants could mark more than one response. | | |
| b. Total is lower than 177 due to missing and “declined to answer” responses. | | |

¹⁴ Burt, Aron, and Lee, *Helping America’s Homeless*, table 5.3, p. 146.

| Exhibit 22. Present Living Situations for Children Currently Living Apart from Mother | | |
|--|----------------------|----------|
| <i>Present Living Situation (n = 48 children)</i> | <i>%^a</i> | <i>N</i> |
| Child's other parent | 31 | 15 |
| Grandparents | 25 | 12 |
| Other relatives | 15 | 7 |
| Foster care | 13 | 6 |
| Other situation | 19 | 9 |
| Adoptive family | 4 | 2 |
| a. Percentages total more than 100 and n's more than 49 because participants could mark more than one response, as a child could be living with a grandparent <u>and/or</u> other relative, <i>and</i> that placement could officially be foster care. | | |

4. Most minor children who still live apart from their FPSH mothers have done so for a very long time; more of those who are back with their FPSH mother were gone for less than two years.

For minor children who ever lived apart from their FPSH mother, the interview asked how long they had been separated. This time period is usually quite long for children who still live away, and bimodal (either relatively short or quite extended) for those who have returned to their mothers (exhibit 23). For example, 55 percent of children currently living with their mother who had lived elsewhere did so for less than two years, while another 15 percent had lived somewhere else for 5 or more years. In contrast, 65 percent of minor children currently living away from their mother had been separated from their mother for five or more years. Furthermore, length of separation for those not currently living with their mother reflects only the most recent period of separation, so it is possible that these children may have experienced additional periods of separation from their mothers of which we have no knowledge.

| Exhibit 23. Length of Time Spent Living Apart from Mother | | | | |
|--|--|----------|--|----------|
| | <i>Children Currently Living with Mother (n = 42 children)</i> | | <i>Children Currently Living Apart from Mother (n = 48 children)</i> | |
| | <i>%</i> | <i>N</i> | <i>%</i> | <i>n</i> |
| Up to 1 year (0–12 months) | 12 | 5 | 6 | 3 |
| 13–24 months (1–2 years) | 43 | 18 | 19 | 9 |
| 25–48 months (3–4 years) | 7 | 3 | 4 | 2 |
| 49–72 months (5–6 years) | 10 | 4 | 10 | 5 |
| 73–96 months (7–8 years) | 0 | 0 | 15 | 7 |
| 96 months or more (more than 8 years) | 5 | 2 | 40 | 19 |
| Don't know/missing | 24 | 10 | 6 | 3 |
| <i>Note: Percentages may not total 100 due to rounding.</i> | | | | |

5. Forty-three percent of children currently living with their mothers who had lived elsewhere in the past had been out of their mother’s legal custody.

For minor children who ever lived apart from their FPSH mother, the interview asked several questions about custody. Forty-three percent of children currently living with their mothers in FPSH had been out of their mother’s custody in the past. Mothers regained custody of all of these children, six of them within the past year. Reunification occurred after their mothers moved into supportive housing for seven children, and six mothers said that moving into their current home made it possible for them to regain custody (exhibit 24).

| Exhibit 24. Custody Issues for Children Currently Living with Their Mother | | |
|---|----------|----------|
| <i>Custody Issue</i> | <i>%</i> | <i>n</i> |
| Ever a Time When Custody of Child Lost (<i>n</i> = 42 children) | | |
| Yes | 52 | 22 |
| How Long Ago Was Custody Regained (<i>n</i> = 17 children)^a | | |
| Up to 1 year ago | 35 | 6 |
| 1–3 years ago | 29 | 5 |
| 3+ years ago | 35 | 6 |
| Custody Regained before or after Moving into Current Home (<i>n</i> = 17 children)^a | | |
| Before | 59 | 10 |
| After | 41 | 7 |
| Did Current Home Help with Regaining Custody (<i>n</i> = 17 children)^a | | |
| Yes | 35 | 6 |
| No | 29 | 5 |
| Missing | 35 | 6 |
| <i>Note: Percentages may not total 100 due to rounding.</i> | | |
| ^a Total is lower than 22 children due to missing responses. | | |

Fifty-three percent of children living apart from their mothers at the time of the interview were out of their mothers’ custody. Custody issues for children currently living apart from their mothers reflect only present status, so it is possible that these children may have experienced other instances of being out of their mother’s custody not captured in the survey data. Seven mothers were working to regain custody of their child (exhibit 25).

| Exhibit 25. Custody Issues for Children Currently Living Apart from Mother | | |
|--|----------|----------|
| <i>Custody Issue</i> | <i>%</i> | <i>n</i> |
| Mother Has Legal Custody of Child (<i>n</i> = 36 children)^a | | |
| Yes | 47 | 17 |
| No | 53 | 19 |
| Mother Currently Working on Reunification with Child (<i>n</i> = 20 children)^a | | |
| No | 65 | 13 |
| Yes | 35 | 7 |
| a. Total number is less than 36 due to missing responses. | | |

Educational and Health Status of Children

This section describes mothers' reports of their children's schooling and health status. For each school-age child (6 to 17 years old) living in the home, mothers were asked about their child's school attendance, how much he or she cares about doing well in school, and whether he or she does homework regularly.

6. Most FPSH mothers (96 percent) reported that their children attend school regularly.

Study participants were very positive about their children's school attendance, attachment to school, and homework practices. According to the mothers, their children's school attendance is excellent. An overwhelming majority replied that their children attend school regularly (96 percent) and do their homework on a regular basis (81 percent). Over three-quarters (77 percent) also stated that their children care about doing well in school. A similar proportion (74 percent) of single parents in poor families who participated in NSAF reported that their children care about doing well in school.

| Exhibit 26. Child's Attachment to School (n = 90) | | | | |
|---|----------------|--------------------|----------------|-------------------|
| Statement | Often % (n) | Sometimes % (n) | Never % (n) | Mean ^a |
| Child attends school regularly. (n = 89) ^b | 96 (85) | 1 (1) | 3 (3) | 2.9 |
| Child does homework regularly. (n = 88) ^b | 81 (71) | 15 (13) | 5 (4) | 2.8 |
| Child cares about doing well in school. (n = 88) ^b | 77 (68) | 21 (18) | 2 (2) | 2.8 |

a. The mean is based on a scale of 1 to 3, where 1 = Never, 2 = Some and 3 = Often.
b. The total corresponds to children who are school-age (ages 6–17) and varies due to missing, "don't know," and "not applicable" responses.

7. Although 76 percent of FPSH mothers rated their children's health as being "excellent" or "very good," half (50 percent) said that at least one of their children is currently experiencing a health problem.

Interview participants were asked about the health status of children with whom they are currently living. They first rated the overall health of all their children in the aggregate. Mothers then described specific health problems that a child was experiencing and whether any of their children's health or other problems might impact school learning. A majority of mothers (76 percent) rated their children's health as being "very good" or "excellent," and only 12 percent rated their children's health as "fair" or "poor."

Exhibit 27 compares responses of mothers in the sample to data on single-parent households with incomes at or below the federal poverty level that participated in the 2002

NSAF.¹⁵ Overall, mothers in the FPSH sample were more likely to rate their children’s health as “very good” as opposed to “good,” when compared to NSAF families, but the distributions at both the high and low ends of the scale are similar for FPSH and NSAF ratings of children’s health.

| Exhibit 27. FPSH Mothers’ Assessment of Children’s Health | | | | | |
|--|-------------|-------------|--------|--------|--------|
| <i>In general, how would you rate the overall health of your children?</i> | Excellent % | Very Good % | Good % | Fair % | Poor % |
| FPSH Mothers (<i>n</i> = 100) | 42 | 34 | 12 | 11 | 1 |
| National Survey of America’s Families, 2002, poor single—parent families | 41 | 28 | 20 | 10 | 1 |

When asked whether any of the children living with them were experiencing any health problems, half of the FPSH mothers (50 percent) responded affirmatively, with 14 mothers saying that two or more of their children had health problems. The most common health problems reported were asthma, allergies, and eczema. Other health or physical problems mentioned included minor and more serious chronic problems such as ear infections, bad colds, stomachaches, headaches, frequent nose bleeding, vision problems, obesity, sickle cell trait, neural disorder, bacteria in blood, and tuberculosis. The majority of mothers (94 percent) also indicated that their children were receiving help for their health problems.

One-quarter (25 percent) of the FPSH mothers with children in preschool or older (*n* = 93) also reported that their children have a health or other problem that impedes their ability to learn in school. Eighteen of these 23 mothers indicated that their children were currently getting help to address these problems.

Parenting

One of the goals articulated by FPSH program staff is to help parents improve their parenting skills. Participants reported their parenting practices, including parental encouragement, satisfaction with parenting, educational and recreational interactions between parent and child, and frustration in parenting. Responses used a scale on which “0” indicates that a given activity “never” takes place and “5” indicates that an activity takes place several times a day. Exhibit 28 summarizes mothers’ responses related to these questions.

¹⁵ *National Survey of America’s Families, 2002*. Washington, D.C.: The Urban Institute. Special runs for this report by Sandi Nelson, May 17, 2004.

8. Overall, the majority of mothers reported enjoying parenting (81 percent) and giving their children encouragement on a daily basis (86 percent).

Most FPSH mothers (86 percent) reported giving their children positive feedback on a daily basis. A majority also indicated that their children make them happy (81 percent) and that they have fun with their children (71 percent) once a day or several times a day. However, it was also true that 63 percent of mothers said their children do something to make them upset or angry on a daily basis.

| Exhibit 28. Parenting Practices | | | | | | | |
|---|----------------|--------------------------------------|----------------------------------|-------------------------------------|---------------------------------|------------------------------------|-------------------|
| Question | Never % (n) | Less than Once a Week % (n) | About Once a Week % (n) | Several Times a Week % (n) | About Once a Day % (n) | Several Times a Day % (n) | Mean ^a |
| How often do you encourage your child(ren)? (n = 98) ^b | 0 (0) | 2 (2) | 4 (4) | 7 (7) | 17 (17) | 68 (68) | 4.5 |
| How often does your child(ren) do something that makes you happy? (n = 97) ^b | 0 (0) | 2 (2) | 2 (2) | 14 (14) | 10 (10) | 71 (69) | 4.5 |
| How often do you and your child(ren) have fun together? (n = 100) | 1 (1) | 2 (2) | 8 (8) | 18 (18) | 19 (19) | 52 (52) | 4.1 |
| How often does your child(ren) do something that gets you upset/angry? (n = 97) ^b | 6 (6) | 7 (7) | 12 (12) | 11 (11) | 20 (19) | 43 (42) | 3.6 |
| How often do you tell stories to or look at pictures in books with your child(ren)? (n = 68) ^b | 3 (2) | 4 (3) | 9 (6) | 19 (13) | 31 (21) | 34 (23) | 3.7 |
| How often do you and your child(ren) read together? (n = 91) ^b | 4 (4) | 7 (6) | 14 (13) | 21 (19) | 34 (31) | 20 (18) | 3.3 |
| How often do you and your child(ren) spend “family time” together? (n = 99) ^b | 2 (2) | 11 (11) | 29 (29) | 28 (28) | 8 (8) | 21 (21) | 2.9 |

Note: Percentages may not total 100 due to rounding.
a. The mean is based on a scale from 0 to 5 where 0 = never and 5 = several times a day.
b. Total number of respondents here is lower due to missing responses.

9. More than half of FPSH mothers reported daily reading to their children, telling stories, or looking at pictures in books with their young children.

Mothers with children of reading age were asked how often they read together. More than half (54 percent) reported that they read together with their children every day. Only 10 women reported reading with their children less often than once a week. Mothers with children too young to read themselves were asked whether they tell stories or look at pictures in books with their children. Nearly two-thirds of these mothers (65 percent)

reported telling stories or looking at pictures with their young children. Only five women reported that they do this less frequently than once a week.

10. In contrast to reading and storytelling activities, mothers were less likely to spend “family time” with their children.

Only 29 percent of mothers reported having “family time” with their children every day; frequencies were similar for answers of “about once a week” (29 percent) or “several times a week” (28 percent). The interview defined “family time” as activities such as going to the park, movies, or playing ball.

PARENTAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE

Many individuals who are homeless struggle with chronic mental illness, acute health issues, chronic health conditions, or substance use. When these factors persist, they can make it difficult for formerly homeless families to maintain stable residency even after moving into permanent housing. This section presents information on the prevalence of these issues among women in the sample. Overall, the majority of women who were interviewed appear to be in good physical and mental health, with few or no current substance use issues. A minority does report such problems, however.

1. More than half of the mothers (56 percent) rate their current health as being “good,” “very good,” or “excellent,” which indicates their generally poorer health compared with the 70 percent of poor single parents who give similar responses.

Participants evaluated their overall health status during the past 30 days on a scale where 1 represents “very poor” and 6 represents “excellent.” This scale corresponds to a standard health status question used on many national surveys. More than half of the mothers (56 percent) rated their health as “good,” “very good” or “excellent.” Not surprisingly, given what has already been reported about the number of FPSH mothers who are not working due to health or disability concerns, their health ratings do not compare favorably to all American adults (88 percent of whom rate themselves in good, very good, or excellent health), or even to the ratings of single parents in poor households (70 percent of whom rate themselves in good, very good, or excellent health).¹⁶

¹⁶ Ibid.

FPSH mothers also answered eight questions that together make up the SF-8 Health Survey (an abbreviated version of the SF-36 population health survey)¹⁷ measuring health concepts including (1) general health, (2) limitations of physical activities because of health problems, (3) limitations in usual activities because of physical health problems, (4) bodily pain, (5) vitality (energy), (6) general mental health, (7) limitations of social activities because of physical problems or emotions, and (8) limitations of usual activities because of emotions. Findings from the SF-8 generally supported the women's self-ratings of their physical health during the past 30 days:

- 49 percent of mothers reported having no difficulty doing daily work because of their physical health, compared with 76 percent of poor single parents participating in NSAF.
- When asked how often physical problems got in the way of their usual activities during the past 30 days, 47 percent of mothers responded "not at all."
- 29 percent of mothers reported that they had no bodily pain during the past 30 days. However, 19 women (19 percent) did report experiencing "severe" or "very severe" bodily pain during this period, and the rest had some pain.
- A majority of women (78 percent) reported having "some," "quite a lot" or "very much" energy during the past 30 days.

Summing responses to all SF-8 questions into a single scale with a range of 8 to 42, we calculated an average SF-8 score of 30.86 (median = 31). Comparing this average to average SF-8 scores found among homeless mothers in the eight programs that are part of the Substance Abuse and Mental Health Services Administration's Homeless Families Initiative shows that FPSH mothers score below the average scores ranging from 32 to 38 among the eight programs.¹⁸ Thus FPSH mothers, even after several years in supportive housing, still experience significant health and behavioral health problems that limit their activities, even when compared with the currently homeless mothers with one or more behavioral health problems who are the focus of the Homeless Families Initiative.

2. A large majority of mothers (83 percent) reported low levels of mental health distress during the past seven days.

¹⁷ Kosinski, Mark, Martha Bayliss, Jakob B. Bjorner, and John E. Ware. "Improving Estimates of SF-36 Health Survey Scores for Respondents with Missing Data." *The Monitor*, Fall 2000 vol. 5, issue 1, 8-10. (An online publication for members of the Medical Outcomes Trust, <http://www.outcome-trust.org/monitor/fall2000mnr.pdf>)

¹⁸ Information provided on May 26, 2004, by Dr. Scott Holupka, Vanderbilt Institute for Public Policy Studies, who is part of the Homeless Families Initiative evaluation. The approximately 1,600 mothers in this evaluation receive case management and specialized services related to substance abuse, mental health issues, and trauma, as well as housing itself.

To understand participants' mental health status, interview participants were asked the 15-item Symptom Distress Scale.¹⁹ This scale measures severity of psychiatric symptoms that an individual may have experienced during the past seven days. Participants were asked to rate how often they were bothered by a particular symptom during the past week on a scale where 1 represents "not at all" and 5 represents "extremely." Responses were then summed to produce an individual score ranging from 15 to 75. A higher score indicates a greater level of symptom distress. Scale scores were split into low (score of 15–35), medium (36–55), and high (56–75) groups. Analysis of participant responses reveals that a majority (83 percent) experienced low levels of distress during the past seven days, 13 percent experienced medium levels of distress, and 4 percent experienced high levels of distress. The mean score for the study sample is 27.

3. While 61 percent of mothers indicated having past issues with drug use, the majority (78 percent) reported no drug issues in the past 12 months.

Sixty-one percent of FPSH mothers reported using illegal drugs three or more times a week at some point in their life. This level of use is often taken as an indicator of having drug-related problems or abusing drugs, and triggered asking a shortened version of the Drug Abuse Screening Test (DAST), a tool used to identify problematic drug use patterns. Exhibit 29 summarizes participant responses to DAST questions. The percentages in exhibit 29 reflect the entire sample ($n = 100$), although only the 61 percent of women who responded affirmatively to drug use in the past were asked these questions.

| Exhibit 29. Responses to Drug Abuse Screening Test (DAST) Questions | | |
|--|-------------|----|
| Statement ($n = 100$) | % Agreed | N |
| In the last 12 months, . . . | | |
| have your friends or relatives known or suspected you used drugs? | 17 | 17 |
| have you used more than one drug at a time? | 12 | 12 |
| have you ever experienced withdrawal symptoms as a result of heavy drug intake? | 10 | 10 |
| have you ever not spent time with your family or missed work because of drug use? | 9 | 9 |
| have you had medical problems as a result of drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? | 9 | 9 |
| have you ever lost friends because of drug use? | 6 | 6 |
| have you engaged in illegal activities in order to obtain drugs? | 6 | 6 |
| have you had "blackouts" or "flashbacks" as a result of drug use? | 3 | 3 |

Responses to DAST questions were summed to produce an individual score ranging from 0 to 8, scoring one point for each affirmative answer. A zero score indicates no symptoms of drug use during the past 12 months, while higher scores indicate increasing severity of

¹⁹ From the Mental Health Statistics Improvement Program *Consumer-Oriented Mental Health Report Card*. For information, please refer to <http://www.mhsip.org/reportcard/sympdiss.pdf>.

issues. The majority of mothers (78 percent) had a zero score for the past 12 months. Sixty-three percent of homeless families included in the 1996 NSHAPC had a zero score for their lifetime. Exhibit 30 compares scores for the two samples.

| Exhibit 30. Drug Abuse Screening Test (DAST) Scores | | |
|---|---|--|
| Score | FPSH families, past 12 months (n = 100) | NSHAPC families, lifetime (n = 465) ^a |
| 0 | 78 | 63 |
| 1 | 8 | 5 |
| 2 | 3 | 6 |
| 3–7 | 11 | 27 |

Note: Percentages may not total 100 due to rounding.
a. Burt et al. 1999, table 8.A4.

4. While 35 percent of mothers indicated past issues with alcohol use, the majority (83 percent) reported no alcohol issues in the past 12 months.

Thirty-five percent of FPSH mothers reported drinking to get drunk more than three times a week during their lifetime, an indicator of prior alcohol abuse. Anyone revealing this level of prior alcohol use was then asked about symptoms related to alcohol use during the past 12 months, using a shortened version of the Michigan Alcohol Screening Test (MAST), a tool used to identify problematic drinking patterns. The percentages in exhibit 31 reflect the entire sample (n = 100), although only the 35 percent of women who responded affirmatively to prior alcohol abuse were asked these questions.

| Exhibit 31. Responses to Michigan Alcohol Screening Test (MAST) | | |
|--|----------|----|
| Statement (n = 100) | % Agreed | n |
| In the last 12 months, have you . . . ? | | |
| attended a meeting of Alcoholics Anonymous? | 11 | 11 |
| not been able to stop drinking when you wanted to? | 7 | 7 |
| experienced problems between you and your wife/husband, parent, or other near relative as a result of drinking? | 7 | 7 |
| lost consciousness or passed out as a result of drinking? | 5 | 5 |
| had blackouts where you don't remember things as a result of drinking? | 6 | 6 |
| been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")? | 2 | 2 |
| experienced tremors or shaking as a result of drinking? | 2 | 2 |
| experienced seizures or convulsions as a result of drinking? | 0 | 0 |

Responses to the MAST were summed across the eight questions to produce a scale score ranging from 0 to 8, counting each affirmative answer as one. A zero score represents no

alcohol-related symptoms, while higher scores indicate more severe issues. The majority of mothers (83 percent) who answered the MAST questions had a zero score for the past 12 months. Sixty-three percent of homeless families included in the 1996 NSHAPC had a zero lifetime score. Exhibit 32 compares scores for the two samples.

| Exhibit 32. Michigan Alcohol Screening Test (MAST) Scores | | |
|---|---|--|
| Score | FPSH families, past 12 months (n = 100) | NSHAPC families, lifetime (n = 465) ^a |
| 0 | 83 | 63 |
| 1 | 8 | 9 |
| 2 | 5 | 7 |
| 3–9 | 4 | 19 |

Notes: Percentages may not total 100 due to rounding.
a. Burt et al. 1999, table 8.A4.

PARENTS’ PERCEPTIONS OF THE FPSH LIVING ENVIRONMENT

FPSH integrates affordable housing with comprehensive services, creating a package of supports for families to help them maintain stable residency. Providers strive to make services easily accessible to residents. Integrating services that can help prevent crises and a return to homelessness is crucial to tipping the scales toward increasing residents’ stability, independence and better quality of life.

The menu of services provided by FPSH programs, both on- and off-site through collaborations and referrals, is designed to be voluntary—helping residents address issues as they arise and supporting residents in creating a sense of community and optimism about their futures. Overall, findings from interviews with mothers reveal satisfied tenants who access a range of supportive services and who are able to think about a better future for themselves and their children.

Feelings about the Supportive Housing Environment

We asked FPSH mothers a series of questions that comprise several subscales of the Program Environment Scale (PES).²⁰ This scale assesses participants’ satisfaction with various aspects of social service programs including relationships with staff, other tenants, and their own feelings of trust, independence, and empowerment. Responses to individual statements were coded on a three-point Likert scale ranging from “agree” to “disagree.” For

²⁰ Burt, Martha R., Amy Ellen Duke, and William A. Hargreaves. 1998. “The Program Environment Scale: Assessing Client Perceptions of Community-Based Programs for the Severely Mentally Ill.” *American Journal of Community Psychology* 26(6): 853-879.

purposes of comparison, subscale scores were then calculated based on participant responses. Possible scores ranged from 10 to 20, with a higher score indicating a higher level of positive feelings about the supportive housing environment. This section summarizes findings from these data.

1. Women overwhelmingly agreed that they felt a sense of autonomy regarding participation in tenant activities.

Interview participants consistently agreed with statements related to having autonomy over how they spend their time. Nearly all (98 percent) felt that “Tenants choose to join activities when they feel ready.” Ninety-six percent agreed that “Tenants have the right to decide how they will spend their own time.” Only a couple of interview participants felt that “Staff sometimes make a tenant go to activities the tenant isn’t interested in.”

| Exhibit 33. Treatment Empowerment | | |
|---|-----------------------|----|
| Statement | % Agreed ^a | n |
| Tenants choose to join activities when they feel ready. (n = 99) ^b | 98 | 97 |
| Tenants have the right to decide how they will spend their own time. (n = 99) ^b | 96 | 95 |
| Staff sometimes make a tenant go to activities the tenant is not interested in. (n = 96) ^b | 2 | 2 |
| Tenants who live here decide for themselves which activities they will do. (n = 96) ^b | 85 | 82 |

a. Based on a scale of 1 to 3 where 1 = agree, 2 = sometimes agree/disagree, and 3 = disagree.
b. Total is lower due to missing and “declined to answer” responses.

When compared to clients of 21 randomly selected community-based programs for the severely mentally ill (SMI) around the country, mothers in the FPSH sample exhibited more positive feelings about treatment empowerment. The mean score for this subscale among mothers in the sample was 19.35 (sd = 1.56), whereas the mean score for the SMI clients was 15.89 (sd = 3.52).

2. More than half of FPSH mothers agreed with statements indicating that they felt respected by program staff.

Overall, women in this study reported feeling respected by permanent supportive housing providers (exhibit 34). For example, 59 percent agreed with the statement, “I feel respected by the staff here.” Only 10 percent agreed with the statement, “Around here, staff act as if they do not respect tenants.” Women also said they felt appreciated; 49 percent agreed that, “Staff act as if each tenant is of great value to this program.”

| Exhibit 34. How Tenants Feel about Staff-Tenant Respect | | |
|--|-----------------------|----|
| Statement | % Agreed ^a | n |
| I feel respected by the staff here. (n = 99) ^b | 59 | 58 |
| Staff act as if each tenant is of great value to this program. (n = 98) ^b | 49 | 48 |
| Staff treat tenants as if they were children. (n = 94) ^b | 14 | 13 |
| Around here, staff act as if they do not respect tenants. (n = 99) ^b | 10 | 10 |
| a. Based on a scale of 1 to 3 where 1 = agree, 2 = sometimes agree/disagree, and 3 = disagree. | | |
| b. Total is lower due to missing and “declined to answer” responses. | | |

When compared with the SMI clients, mothers in the FPSH sample exhibited less positive feelings about staff respect for tenants. The mean score for this subscale among mothers in the sample was 16.22 (sd = 3.89), whereas the mean score for the SMI clients was 17.70 (sd = 2.90).

3. In contrast to feelings about staff, mothers generally reported feeling a lack of respect from other tenants.

Participants were asked how tenants interact with each other, as well as how they perceive other tenants relate to them (exhibit 35). Fifty-two percent of interview participants agreed that, “I always feel respected by other tenants in this program.” Thirty-three percent agreed with the statement, “Tenants yell at each other.”

| Exhibit 35. How Tenants Feel about Tenant-Tenant Respect | | |
|--|-----------------------|----|
| Statement | % Agreed ^a | n |
| I always feel respected by other tenants in this program. (n = 95) ^b | 52 | 49 |
| Tenants yell at each other. (n = 97) ^b | 33 | 32 |
| Tenants do not respect each other around here. (n = 95) ^b | 37 | 35 |
| Tenants interrupt each other around here. (n = 91) ^b | 32 | 29 |
| a. Based on a scale of 1 to 3 where 1 = agree, 2 = sometimes agree/disagree, and 3 = disagree. | | |
| b. Total is lower due to missing and “declined to answer” responses. | | |

When compared with the SMI clients, mothers in the FPSH sample exhibited less positive feelings about tenant respect for other tenants. The mean score for this subscale among mothers in the sample was 13.72 (sd = 4.01), whereas the mean score for the SMI clients was 15.73 (sd = 3.73).

4. Interview participants’ responses to statements about trust and confidentiality were inconsistent.

While only 24 percent of interview participants agreed with the statement, “You sometimes hear staff talk about something a tenant asked them not to talk about,” there was less agreement with other statements about confidentiality and trust (exhibit 36). For example, 45 percent agreed with the statement, “Tenants are careful about telling staff personal things because anything they say might be repeated.” Forty-two percent agreed with the statement, “Tenants do not trust staff to keep secrets around here.”

| Exhibit 36. How Tenants Feel about Whether Confidentiality Is Maintained | | |
|--|-----------------------|----|
| Statement | % Agreed ^a | n |
| Tenants are careful about telling staff personal things because anything they say might be repeated. (n = 86) ^b | 45 | 39 |
| Tenants do not trust staff to keep secrets around here. (n = 83) ^b | 42 | 35 |
| Staff can be trusted not to talk about the personal things that tenants tell them. (n = 88) ^b | 43 | 38 |
| You sometimes hear staff talk about something a tenant asked them not to talk about. (n = 91) ^b | 24 | 22 |

a. Based on a scale of 1 to 3 where 1 = agree, 2 = sometimes agree/disagree, and 3 = disagree.
b. Total is lower due to missing and “declined to answer” responses.

When compared with the SMI clients, mothers in the FPSH sample exhibited less positive feelings about staff confidentiality. The mean score for this subscale among mothers in the sample was 13.23 (sd = 5.05), whereas the mean score for the SMI clients was 16.87 (sd = 3.47).

Feelings about the Future (Self-Efficacy)

Much research indicates that people who feel confident about their ability to determine their own future are more likely to make that future happen. The general concept behind this idea goes by many names (e.g., self-confidence, self-efficacy, internal locus of control) and has been measured in many ways, but all yield generally the same results. Most homeless people have little faith that they can shape their own futures, but the hope of FPSH providers is that the support and structure offered by FPSH programs can help tenants develop a stronger sense of being able to shape their own futures and those of their children. FPSH providers were very interested in gaining a sense of their tenants’ feelings of self-efficacy, and whether those might change over the course of living in FPSH. This study cannot answer the “change” question for most of the sampled FPSH mothers because they have already lived in FPSH for quite a long time. But it is possible to assess current levels of self-efficacy, and the interview did this.

FPSH mothers’ self-efficacy, or perception of optimism about their future, and their confidence in overcoming conflict and obstacles, were assessed using a 10-item self-efficacy scale.²¹ Five additional items—about helping their children and feeling that their children would have better chances than they had—were added to the scale in response to FPSH staff interest in seeing whether FPSH was helping to break the intergenerational cycle of difficulties that contribute to homelessness. These five items are presented first, followed by the 10-item self-efficacy scale. Mothers’ responses were scored on a four-point scale with 1 corresponding to “not at all true” and 4 corresponding to “always true.” A higher mean indicates a higher level of optimism and confidence with regard to the future.

5. Overall, study participants felt confident and optimistic about their own and their children’s futures.

Nearly all FPSH mothers (99 percent) felt they “usually” or “always” can help their children do well if they work at it (exhibit 37). Nearly all of the women also asserted that they have at least one goal for their own future (98 percent), and that they can name a goal and make it happen (95 percent). Ninety-six percent “usually” or “always” feel they can make something of their lives, and 76 percent felt it was “always true” that “I am working to make some good things happen for myself or my kids.” Only two women stated that they did not have any goal. Moreover, women felt self-assured not only of what they can do for themselves but also for what they can accomplish for their children.

| Exhibit 37. Assessment of Participants’ Sense that They Can Influence Their Own and Their Children’s Futures | | | | | |
|---|--------------------------|----------------------|-----------------------|----------------------|-------------------|
| <i>Statement (n = 99)^a</i> | Not at all true % (n) | Hardly true % (n) | Usually true % (n) | Always true % (n) | Mean ^b |
| I think if I work at it, I can help my children do well. | 0 (0) | 1 (1) | 13 (13) | 86 (85) | 3.9 |
| I have at least one goal for my future. | 1 (1) | 1 (1) | 18 (18) | 80 (79) | 3.8 |
| I am working to make some good things happen for myself or my kids. | 0 (0) | 2 (2) | 22 (22) | 76 (75) | 3.7 |
| I feel that I can make something of my life. | 1 (1) | 3 (3) | 26 (26) | 70 (69) | 3.7 |
| I’m able to name a goal—something I want to accomplish—and feel I can make it happen. | 0 (0) | 5 (5) | 40 (40) | 55 (54) | 3.5 |

a. n is less than 100 due to a missing response.
b. The mean is based on a scale of 1 to 4 where 1 = “not at all” to 4 = “always true.”

²¹ Jerusalem, M., and R. Schwarzer. 1992. “Self-Efficacy as a Resource Factor in Stress Appraisal Processes.” In *Self-Efficacy: Thought Control of Action*, edited by R. Schwarzer (195–213). Washington, D.C.: Hemisphere.

6. Nearly all women (98 percent) believe in their ability to overcome obstacles and recover from life’s setbacks.

Nearly all (98 percent) of women in this study perceived that they are “usually” or “always” able to “solve difficult problems if they try hard enough” (exhibit 38). In terms of coping with setbacks, 90 percent reported that they could “usually” or “always” “figure out how to deal with unexpected situations.” In general, FPSH mothers say they can cope with and recover from adverse circumstances. Nearly one-fourth (23 percent) of the women, however, reported difficulty with “sticking to my aims and accomplishing my goals.”

| Exhibit 38. Assessment of Participants’ Self-Efficacy | | | | | |
|---|--------------------------|----------------------|-----------------------|----------------------|-------------------|
| <i>Statement</i> | Not at all true % (n) | Hardly true % (n) | Usually true % (n) | Always true % (n) | Mean ^a |
| I can always manage to solve difficult problems if I try hard enough. (n = 99) ^b | 0 (0) | 2 (2) | 43 (43) | 55 (54) | 3.5 |
| I can solve most problems if I really try and put my mind to it. (n = 98) ^b | 0 (0) | 3 (3) | 51 (50) | 46 (45) | 3.4 |
| If I am in trouble, I can usually think of a solution. (n = 99) ^b | 1 (1) | 4 (4) | 50 (49) | 46 (45) | 3.4 |
| I can usually handle whatever comes my way. (n = 98) ^b | 1 (1) | 4 (4) | 53 (52) | 42 (41) | 3.4 |
| I can figure out how to deal with unexpected situations. (n = 98) ^b | 2 (2) | 8 (8) | 53 (52) | 37 (36) | 3.2 |
| If someone opposes me, I can figure out how to get what I want. (n = 98) ^b | 1 (1) | 16 (16) | 41 (40) | 42 (41) | 3.2 |
| When I am confronted with a problem, I can usually find several solutions. (n = 98) ^b | 2 (2) | 11 (11) | 51 (50) | 36 (35) | 3.2 |
| I am confident that I could deal efficiently with unexpected events. (n = 99) ^b | 2 (2) | 9 (9) | 57 (56) | 32 (32) | 3.2 |
| It is easy for me to stick to my aims and accomplish my goals. (n = 99) ^b | 4 (4) | 19 (19) | 43 (43) | 33 (33) | 3.1 |
| I can remain calm when facing difficulties because I can rely on my coping abilities. (n = 98) ^b | 3 (3) | 18 (18) | 50 (49) | 29 (28) | 3.0 |
| <i>Note:</i> The wording of some scale items was modified to make the language more appropriate for the study’s target population. Percentages may not total 100 due to rounding. a. The mean is based on a scale of 1 to 4 where 1 = “not at all” to 4 = “always true.” b. Totals are lower than 100 due to missing responses. | | | | | |

Responses to these 10 items were summed to yield a composite score with a range from 18 to 40. The mean scale score for mothers in the FPSH study sample was 32.86 (sd = 4.60). This is slightly higher than the mean score for a sample of 17,442 persons from 22 countries, which was 29.46 (sd = 5.33).²²

²² Jerusalem and Schwarzer, “Self-Efficacy as a Resource.”

Satisfaction with Housing Environment

To maintain housing stability, people must feel satisfied with various aspects of their housing such as affordability, safety of neighborhood, safety of building, privacy, house rules, autonomy in program participation, and access to services. This section presents findings on mothers' satisfaction with their current housing environments.

7. Women consistently expressed feeling satisfied or very satisfied with their current home, in relation to features including affordability, control over visitors, privacy, and how long they can live in their home.

FPSH mothers rated their satisfaction with different features of their current housing on a five-point Likert scale, using 1 to indicate “very dissatisfied” and 5 to indicate “very satisfied.” A higher mean score indicates a higher level of satisfaction. The features for which interview participants expressed the highest levels of satisfaction were privacy (mean[m] = 4.4), affordability (m = 4.3), control over who came into their home (m = 4.2) and how long they were able to live in their home (m = 4.2) (exhibit 39). Satisfaction with neighborhood safety was slightly lower (m = 3.3).

Exhibit 39. How Satisfied Residents Feel about Their Housing Environment

| <i>How satisfied do you feel about . . .</i> | Very dissatisfied % (n) | Dissatisfied % (n) | Neutral % (n) | Satisfied % (n) | Very Satisfied % (n) | Mean |
|---|-------------------------|--------------------|---------------|-----------------|----------------------|------|
| how affordable your home is? (n = 99) ^a | 3 (3) | 6 (6) | 4 (4) | 28 (28) | 59 (58) | 4.3 |
| how much control you have over who can come into your home? (n = 98) ^a | 4 (4) | 7 (7) | 5 (5) | 32 (31) | 52 (51) | 4.2 |
| the amount of privacy you have? (n = 99) ^a | 0 (0) | 5 (5) | 10 (10) | 29 (29) | 56 (55) | 4.4 |
| the amount of living space you have? (n = 99) ^a | 7 (7) | 7 (7) | 6 (6) | 37 (37) | 42 (42) | 4.0 |
| how long you will be able to live in your home? (n = 98) ^a | 2 (2) | 2 (2) | 10 (10) | 45 (44) | 41 (40) | 4.2 |
| the condition/state of repair of your home? (n = 98) ^a | 4 (4) | 3 (3) | 15 (15) | 36 (35) | 42 (41) | 4.1 |
| living here overall? (n = 99) ^a | 1 (1) | 6 (6) | 16 (16) | 34 (34) | 42 (42) | 4.1 |
| The opportunities you have to socialize where you live? (n = 99) ^a | 1 (1) | 6 (6) | 26 (26) | 40 (40) | 26 (26) | 3.9 |
| how close you live to agencies where services are available? (n = 99) ^a | 4 (4) | 10 (10) | 15 (15) | 34 (34) | 36 (36) | 3.9 |
| the amount of time it takes to get repairs done in your home? (n = 99) ^a | 5 (5) | 6 (6) | 23 (23) | 37 (37) | 28 (28) | 3.8 |
| the safety and security of where you live? (n = 99) ^a | 8 (8) | 7 (7) | 13 (13) | 37 (37) | 34 (34) | 3.8 |
| how much control tenants have over programs and activities? (n = 98) ^a | 1 (1) | 6 (6) | 36 (35) | 37 (36) | 20 (20) | 3.7 |
| how safe your neighborhood is? (n = 99) ^a | 14 (14) | 21 (21) | 16 (16) | 21 (21) | 27 (27) | 3.3 |
| the amount of choice you had over the place you live? (n = 98) ^a | 6 (6) | 12 (12) | 19 (19) | 43 (42) | 19 (19) | 3.6 |

| | | | | | | |
|---|---------|---------|-------|---------|---------|-----|
| how close you live to shopping, public transportation, post office, etc.? (n = 99) ^a | 19 (19) | 15 (15) | 6 (6) | 31 (31) | 28 (28) | 3.3 |
| <i>Note:</i> Percentages may not total 100 due to rounding. a. Totals are lower than 100 due to missing responses. | | | | | | |

An important and unique aspect of family permanent supportive housing is the provision of services, programs, and activities that tenants may use as they need them. With regard to how close their current housing is to agencies where services are available such as health, mental health, and other services, mothers in general expressed satisfaction (m = 3.9). Tenants were more neutral in their feelings about how close their housing is to shopping places, a post office, and public transportation (m = 3.3).

Another critical aspect of these programs is designing services in which tenants are interested. Study participants rated their satisfaction with the amount of control they and other tenants have over the programs and activities that take place in their housing. More than half of FPSH mothers were either “satisfied” (37 percent) or “very satisfied” (20 percent). But 36 percent reported “neutral” feelings on this issue, which may reflect a lack of interest in shaping programs and activities on the part of some tenants.

Importance of Characteristics of Current Housing

To assess what particular characteristics of housing FPSH mothers consider high priority, participants were asked to rate the importance of a variety of characteristics on a scale where 1 represented “not very important,” 2 meant “somewhat important,” and 3 represented “very important.” A higher mean indicates that respondents place a higher level of importance on a given characteristic.

8. The two housing characteristics most important to FPSH mothers were “having a sense of privacy” and “having a key to your own place.”

All participants rated “having a sense of privacy” and “having a key to your own place” as “very important” (exhibit 40). Other high-priority housing characteristics included “safety and security of where you live” (m = 2.9), “being able to decide for yourself what activities and services you want to take part in” (m = 2.9), and “having vocational and employment services on-site” (m = 2.9). Further, “having activities for your children nearby” (m = 2.8) and “being able to choose when visitors can come over” (m = 2.8) were also important to the mothers in the study sample.

Exhibit 40. Importance of Various Housing Characteristics

| <i>How important to you is . . .</i> | Very important % (n) | Somewhat important % (n) | Not very important % (n) | <i>Mean^a</i> |
|---|-------------------------|--------------------------------|--------------------------------|-------------------------|
| having a key to your own place? (n = 99) ^b | 100 (99) | 0 (0) | 0 (0) | 3.0 |
| having a sense of privacy? (n = 99) ^b | 100 (99) | 0 (0) | 0 (0) | 3.0 |
| the safety and security of where you live (e.g., 24-hour security guard)? (n = 86) ^b | 95 (82) | 2 (2) | 2 (2) | 2.9 |
| being able to decide what activities/services you want to take part in? (n = 99) ^b | 94 (93) | 5 (5) | 1 (1) | 2.9 |
| having vocational and employment services or referrals on-site? (n = 97) ^b | 86 (83) | 13 (13) | 1 (1) | 2.9 |
| having activities for your children nearby? (n = 99) ^b | 86 (85) | 10 (10) | 4 (4) | 2.8 |
| being able to choose when visitors can come over? (n = 98) ^b | 85 (83) | 11 (11) | 4 (4) | 2.8 |
| being able to see a case worker/service staff when you need to? (n = 99) ^b | 71 (70) | 27 (27) | 2 (2) | 2.7 |
| being able to have overnight guests (n = 99) ^b | 73 (72) | 19 (19) | 8 (8) | 2.7 |
| having staff who are peers (like me)? (n = 98) ^b | 60 (59) | 29 (28) | 11 (11) | 2.5 |
| having drug and alcohol counseling on-site? (n = 84) ^b | 64 (54) | 14 (12) | 21 (18) | 2.4 |
| having a tenant council (n = 99) ^b | 57 (56) | 29 (29) | 14 (14) | 2.4 |

Note: Percentages may not total 100 due to rounding.

a. The mean is based on a scale of 1 to 3, where 1 = not very important and 3 = very important.

b. Total number of respondents reported here is lower due to missing responses and some mothers responding “not applicable.”

Conversely, of least importance were “having drug and alcohol counseling on-site” (m = 2.4) and “having a tenant council” (m = 2.4). All of the housing characteristics scored a mean value of 2.4 or more, indicating that all were at least somewhat important to tenants.

Service Use

FPSH’s supportive services may be readily available on- or off-site through a network of referrals. While services are voluntary—that is, tenants do not have to use the services as part of their tenancy—program staff work to ensure that tenants get the services they need to help them maintain housing stability. Typically, tenants work with tenant services staff to access needed services. To learn more about the types of services that tenants actually use while living in permanent supportive housing, FPSH mothers were asked what type of services they had used during the past six months.

9. The two most frequently used services were health care and food assistance.

During the past six months, FPSH tenants were most likely to use health care (82 percent), free food or groceries (70 percent), employment services (47 percent), mental health services (41 percent), and help resolving problems with other tenants (29 percent).

| Exhibit 41. Service Use | | |
|---|----|----|
| <i>In the past six months, have you . . .</i> | % | n |
| received health care for yourself? (<i>n</i> = 100) | 82 | 82 |
| received free food or groceries? (<i>n</i> = 100) | 70 | 70 |
| received mental health services? (<i>n</i> = 100) | 41 | 41 |
| received employment services? (<i>n</i> = 99) ^a | 47 | 46 |
| received help concerning other tenants? (<i>n</i> = 100) | 29 | 29 |
| received services for domestic violence/violence? (<i>n</i> = 100) | 17 | 17 |
| received services for drug/alcohol use? (<i>n</i> = 99) ^a | 10 | 10 |

a. *n* is less than 100 due to missing responses.

The two least used services were those related to domestic violence or violence intervention (17 percent) and drug and alcohol treatment (10 percent) (exhibit 41). All of the women who reported high levels of mental distress on the Symptom Distress Scale and 77 percent of the women who showed medium levels reported accessing mental health services during the past six months.

Support System

Social support networks can be valuable for many individuals, particularly for those who have had considerable hardships and instabilities in their lives. To get a sense of the types of social supports on which FPSH families rely, FPSH mothers were asked to describe their social networks.

10. Many FPSH mothers reported having very strong social support networks, not only with family members including their children, but also with staff and community members.

Most FPSH mothers (89 percent) said they had people in their lives with whom they felt comfortable talking about a problem they might have or other personal issues (exhibit 42). Among these mothers, the majority said they have more than one group of people to which they can turn.

| Exhibit 42. Where Mothers Turn for Support | | |
|--|----------------|----|
| <i>People mothers turn to for support</i> | % ^a | n |
| Friends (<i>n</i> = 89) | 74 | 66 |
| Family members (<i>n</i> = 88) | 68 | 60 |
| Service providers on-site (<i>n</i> = 89) | 61 | 54 |
| Children (<i>n</i> = 88) | 52 | 46 |

| | | |
|--|----|----|
| Service providers off-site (<i>n</i> = 88) | 41 | 36 |
| Spiritual leaders (<i>n</i> = 88) | 40 | 35 |
| Spouse/boyfriend/girlfriend (<i>n</i> = 88) | 41 | 36 |
| Desk clerks (<i>n</i> = 78) | 27 | 21 |
| Neighbor (<i>n</i> = 86) | 23 | 20 |
| Maintenance personnel on-site (<i>n</i> = 86) | 14 | 12 |
| Other people ^b (<i>n</i> = 28) | 36 | 10 |
| a. Percentages do not total to 100 since participants could mark more than one response. b. Other people include police, psychiatrist, security, women's group, therapy, health care professionals, teachers, and "a higher power." | | |

For example, more than three-quarters of these mothers identified three or more groups of people that they talk to when they have a personal problem or issue. For most FPSH mothers, friends and family members as well as on-site service providers are the main support systems they turn to in times of need. However, 11 women (11 percent) revealed that they had no one with whom they felt comfortable talking about their problems. Another noteworthy finding is that women in this study depend on spiritual leaders or incorporate spirituality into their lives; 40 percent said that they go to spiritual leaders when they have a problem. A few women noted that they rely on their therapist or support group for personal support.

11. The overwhelming majority of interview participants (88 percent) report helping others who turn to them for support.

Help is a two-way street. Being asked for assistance and being able to respond may contribute to FPSH mothers' sense of self-efficacy, or it may simply represent a burden for which there is no (or not sufficient) reciprocity. According to FPSH mothers, many people turn to them for support as well as their being able to get support from the same sources (exhibit 43). The primary people who turn to interview participants for support are friends (83 percent), their children (81 percent), family members (66 percent), and their neighbors (52 percent).

| Exhibit 43. Support System, Who Turns to Mothers for Support (<i>n</i> = 89) | | |
|--|----------------------|----------|
| <i>People who turn to mothers for support</i> | <i>%^a</i> | <i>n</i> |
| Friends | 83 | 74 |
| Children | 81 | 72 |
| Family member | 66 | 59 |
| Neighbor | 52 | 46 |
| Spouse/Boyfriend/Girlfriend | 45 | 40 |
| Other tenants | 34 | 30 |
| Other people ^b | 18 | 16 |
| a. Percentages do not total to 100 since participants could mark more than one response. b. Other people include ex-spouses/boyfriends, father of their children, classmates, co-workers, security, strangers, or people on the street. | | |

Chapter 4: Conclusions

These interviews provide rich information about the lives of mothers and children living in FPSH in San Francisco. In all, the data suggest that while many of these families were struggling with economic issues and coping with the long-term effects of prior homelessness and addiction, the very large majority of mothers were maintaining residential stability in the FPSH programs. Implications from the findings include the following:

- The programs appear to be effective at stabilizing chronically homeless families. The mere fact that mothers remain in housing supports providers' comments that retention has been one of their biggest achievements. Retention rates at one and two years post move-in top 90 percent in the programs that have been open long enough to have such figures.
- Families' generally high satisfaction with their current living situations and their ability to access an array of health and social service supports may be linked to their ability to maintain residential stability with their children.
- FPSH programs saw the need for child care, after-school, mental health, and other children's services, and eagerly responded to funding opportunities that have let them incorporate these services into their programs. FPSH mothers reported their beliefs that these services are having a positive impact on their children's well-being.
- Mothers' absence from the labor market and the extent of their homeless history suggest that FPSH programs are targeting and reaching those in need. However, there were some mothers in the sample who reported that they were never homeless and who reported living in their own home for the duration of the two years before entering supportive housing, suggesting that targeting could be tightened a bit.
- Given the lack of employment and the fact that those who were working earned very little money, the majority of these families will continue to require cash assistance, housing subsidies, and supportive services for the foreseeable future.
- While families may not have monetary resources, they have personal and social resources that facilitate their support of others, particularly their children and neighbors.
- An overwhelming majority of women in this study felt a strong sense of confidence and optimism about their own and their children's futures as well as about their ability to overcome obstacles in their lives. While this study does not have the "before" data that would permit measuring the change in self-efficacy for these women from before moving into FPSH to the present, it does appear that they now have a level of self-confidence that may be related to their own achievement in

giving their children a stable residence for what, for many, is the first time in their lives.

Apart from the quantitative data, interviews and observations at FPSH programs led to a number of observations of commonalities across programs. Some of the major cross-cutting themes in this regard can be summarized as follows:

- 1. Constant and open communication between property management and tenant services is crucial to maintaining an effective working relationship and is essential to maintaining stable housing for residents.**

Property management and tenant services each play an indispensable role in maintaining a safe and well-functioning housing environment. Whether through a partnership with a property management company or a separate division of their own agency (as is the case with CHP), the collaboration between the two core functions of supportive housing models is a key factor in achieving the goals of housing stability and retention.

- 2. FPSHI tenant services are based on the components of best practices identified by affordable housing policy bodies such as the Corporation for Supportive Housing.**

The supportive housing model advocates for a menu of tenant services so that each resident has access to the particular support he or she needs to remain in housing with the greatest possible degree of independence. All seven programs provide a wide range of core services either on-site or through off-site collaboration, as well as extensive community referrals. Providers generally characterize these core services as easily accessible so that residents may contact them quickly and as frequently as needed.

- 3. Project staff are deliberate in developing and planning activities and events aimed at community building.**

Providers identified fostering community as an important element of satisfaction with the housing environment for tenants. Staff work hard to identify activities that tenants will enjoy and to make these activities convenient and accessible to participants. Such activities are particularly important on Treasure Island, because this new neighborhood is less established in this regard.

- 4. Engaging residents in services can be challenging for program staff, but it is possible, even in these programs that do not require participation in services.**

Providers expressed some frustration with their ability to connect residents to needed services, particularly services that address issues that historically have been an obstacle to long-term stability—mental health and addiction. Because being receptive to tenants’ desires is critical to maintaining tenant satisfaction, FPSH staff must strike a delicate balance when attempting to recruit participants for services and activities.

5. Programs continue to develop and integrate children’s services into their supportive housing models.

In developing its proposal to the Schwab Foundation, the FPSH Collaborative seized the opportunity to address several needs related to children—after-school tutoring and recreational opportunities, and children and family mental health services. The former were supplied via contracts with established children- and youth-serving organizations such as the YMCA and Boys and Girls Clubs, while the Homeless Children’s Network supplied the latter to tenants in nine FPSH programs including the seven that were the focus of this study. The Collaborative gave up the chance to apply for funding for adult tenant services or housing operations in order to begin to build a model of supportive services for families that included children’s activities. For those programs with dedicated FPSH buildings, implementing children’s activities on-site presents less of a logistical challenge than on Treasure Island, but children living in all FPSH programs in this study had access to child care and after-school activities, as well as mental health services at the time interviews were conducted. Finding the right mix of activities and services for mothers and their children is still in the early stages of development.

6. Funding instability is a challenge for these programs.

All of the organizations in this study cobble together funding from many sources to mount their programs. This piecemeal approach to funding leaves them vulnerable to the need for programmatic shifts, and possibly reductions, when they lose one or more pieces of the funding puzzle. The impetus for this study was foundation funding for FPSH, which concentrated largely on children’s services. Due to various circumstances, that funding ended a year or more before anyone anticipated, leaving the programs with short notice to search for replacement funding. Another recently averted threat to these programs’ efforts to support the children in FPSH families took the form of plans to close the elementary school on Treasure Island attended by all of the school-age children in the Treasure Island FPSH programs. The programs have worked hard with the school to help FPSH children become attached to school and do well. Having one island school has helped build community. This would have been threatened by the bussing that would have been necessary if students had to transfer to one or more off-island schools.

In conclusion, the findings in this report provide retrospective testimony of tenants and providers about the differences that FPSH can make for families. San Francisco's FPSH programs are primarily serving the families for which they were intended (those with long or repeated episodes of homelessness), and are succeeding in keeping these very fragile families housed and their children stabilized.