

EVALUATION OF THE SOUND FAMILIES INITIATIVE

FINAL FINDINGS REPORT: A COMPREHENSIVE EVALUATION OF THE SOUND FAMILIES INITIATIVE

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SOUND*families*



PREPARED FOR THE BILL & MELINDA GATES FOUNDATION
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This report was independently prepared for the Bill & Melinda Gates Foundation by Evaluation Services of the Northwest Institute for Children and Families at the University of Washington School of Social Work. The mission of Evaluation Services is to partner with agencies to inform practice and policy to benefit children and families. This report was prepared by Jami Bodonyi, M.S.W. Contributors include Laura Orlando, M.S.W., and Briana Yancey, M.S.W., both of whom conducted hundreds of interviews with the families and worked tirelessly with program staff to make the evaluation a positive and useful experience for all. Additional preparation support came from Renee Lamberjack, B.A., and Oma McClaughlin. For more information about this report, please contact Jami Bodonyi at jamib@u.washington.edu or (206) 616-9105.

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SECTION I: INTRODUCTION

INITIATIVE OVERVIEW

Launched in 2000, Sound Families was a multiyear, \$40 million investment by the Bill & Melinda Gates Foundation to triple the number of service-enriched housing units for homeless families in Pierce, King, and Snohomish counties in the state of Washington. Over the life of the initiative, 1,445 units were funded, the majority of which implemented a transitional housing model.¹ As of June 2007, more than 600 of these units were operational and had served almost 1,500 families and more than 2,700 children. The initiative involved many collaborative relationships among nonprofit and for-profit housing developers, property managers, service providers, and local housing authorities.

Families were screened by individual programs for entry into the transitional housing units. Many programs had a maximum two-year stay, though the average length of stay was a little more than 12 months.² Several strategies to obtain permanent housing were available to families at exit: Families could receive portable Section 8 vouchers, a housing subsidy that caps their rent at 30 percent of income, through agreements with local housing authorities; they could receive priority for a public housing unit; or they could work with case managers to locate a unit in a low-income or fair-market complex. Since its inception, the Sound Families Initiative encouraged a transition-in-place strategy at program sites where such a model was feasible. This allowed families to remain in the same housing complex, if not the same unit, once they finished receiving services as participants in the transitional program.

All Sound Families programs provided intensive case management, broadly defined as in-home weekly case management, plus phone contact that was often more than once per week. The average caseload was 15 families per full-time case manager. Families who needed specialized services, such as drug and alcohol treatment, education, job training, and mental health services, were usually referred to off-site providers. Typically, there were no formal services offered following a family's exit from the transitional program. More detailed descriptions of each case study program, as well as selected individual program findings, can be found in Appendix B of this report.

EVALUATION APPROACH/METHODOLOGY³

Ten programs were selected as case study sites. They were distributed across the three counties and represented nine separate service providers. The case study sites began serving families

¹ Beginning in 2005, Sound Families also funded permanent supportive housing units.

² Section 8 vouchers typically became available to families after 12 successful months in a program, thus effecting a shorter average length of stay.

³ A more detailed summary of the methodology is found in Appendix F.

between November 2001 and December 2003. They were selected to represent the range of housing and service models as well as geographic distribution. While the case study sites were chosen to be *reflective* of all funded programs, they are not representative of all Sound Families programs from a research standpoint since they were selected before all programs were funded. It is, therefore, important to recognize that the findings presented in this report cannot be assumed to extrapolate to all funded programs. However, the common themes, having been drawn from this array of program models, hold truths and lessons that apply across the service-enriched transitional housing model.

Each family who entered a transitional unit in one of these 10 programs during the enrollment period was invited to participate in the evaluation; more than 90 percent chose to do so.⁴ Ultimately, 203 families were enrolled in the evaluation. Case managers completed intake data on each family, as well as exit data if an exit interview could not be scheduled. The primary caregiver in each family was interviewed by the evaluators after six months in the program and at exit. Follow-up interviews were then conducted at six months, and at one, two, and three years following exit. In all, 582 interviews were conducted by the evaluation team, and an additional 258 intakes and exit interviews were completed by case managers. (Specific interview numbers are given in Appendix F.) The number of interviews conducted at each time point was determined by two factors: retention and when the family actually entered and exited transitional housing. Many families enrolled in the study did not have the opportunity to reach their one-, two-, or three-year follow-up interview. For example, a family who exited a unit in the fall of 2005 would not have had the opportunity to be interviewed two or three years following their exit.

Data in the tables in this report are mostly complete data (i.e., all of the data available at each time point is included), while the longitudinal trends described are based on an examination of various follow-up subgroups (e.g., all families reaching a three-year post-exit interview) in order to accurately describe change over time for the same group of families. Caution should be exercised when drawing longitudinal conclusions from complete rather than subgroup data.

The retention rate of families as active participants in the study was approximately 69 percent. In addition to the 31 percent of families with whom we had lost contact by the end of the six-year study, another 12 percent of families with known contact information were overdue for interviews at the time the study ended. The retention rate through the follow-up period was very high if we were able to conduct a six-month post-exit interview with a family. Appendix F includes information on this group, as well as what was known about the housing stability of these families, in order to acknowledge the bias toward positive findings inherent in this type of longitudinal study. In other words, we were more likely to maintain contact with, and therefore interview, families whose lives were more stable.

⁴ The only exception to this was Pacific Courtyard, which has 23 transitional units. Because of the large number of units, families in only half of the units were invited to participate in the evaluation, with sample selection prioritizing veterans and two-parent families.

Two Data Sources: All Family Data and Longitudinal Data

Findings presented here draw on two types of evaluative data: The first type is basic data reported by case managers on all families entering and exiting a Sound Families unit from the start of the initiative in 2000 through June 30, 2007. These data provide a broad overview of outcomes on a large number of families and also allow the examination of findings on county and local levels. The second dataset is longitudinal, providing quantitative and qualitative data on 203 families in 10 programs from the three counties who were interviewed by evaluators while in the program, at exit, and at multiple points after exit. These longitudinal data allow for a deeper examination of families' experiences and trends over time. Since families entered and exited programs at different points in time, and some were not able to be tracked over time, the number of families for whom data is available at each time point varies. For example, one year following exit from the programs, data are available for 85 families; at two years, 57 families; and at three years, 27 families. These families were demographically similar to all families served, though case study families were more likely to have more than one child due to a higher proportion of these 10 programs having more units with multiple bedrooms than the overall portfolio of programs.

THE PROGRAMS: HOUSING + SERVICES

Linking housing with supportive services, which had previously been a relatively underutilized strategy in confronting family homelessness, was the cornerstone of the Sound Families Initiative. The housing provided the obvious stability families so desperately needed to address other issues, while the service component brought structure, motivation, and resources to bear on identifying and addressing the issues that would help families create more stable futures for themselves and their children.

Programs funded by Sound Families had the freedom to design and implement their service component to suit their client population, but did have to abide by one requirement: there had to be a case management component. Due to the time limitation on the transitional stay, a goal-oriented case management was developed in all programs. Families teamed up with their case managers to set goals that addressed both the root causes of their homelessness and the steps to increase their family's stability and self-sufficiency, particularly identifying and securing permanent housing prior to exit.

As discussed in prior reports, the success of a family was in large part dependent on an accurate, upfront assessment of its needs and strengths, which included an initial screening and early goal development. This helped determine whether a given program was equipped to provide the services necessary to achieve the family's goals. For example, with adequate upfront screening a program was more likely to recognize active substance abuse and determine its capacity to support and sustain success in a family's recovery process. While

screening procedures were markedly different from one program to another, all models revolved around a goal identification and development approach. As one service provider stated, “Each and every program helps families create positive plans for their future.”

Level of Need Among Families Served

The Rapid Exit Program,⁵ a model used to assess housing barrier levels developed by the Hennepin County Homelessness Prevention Programs, provides a useful framework to describe the level of need of families served in Sound Families programs. In the Hennepin model, families are characterized as having barriers on one of the five levels briefly described below.

- Level 1 families have zero to minimal barriers, defined as a fairly good rental history with no evictions and no criminal histories, as well as no active chemical dependency use or domestic violence.
- Level 2 moderate barrier families have a range of barriers, such as limited educational achievement, one eviction or no rental history, history of domestic violence, limited income, physical disabilities, single parent, and large family. They do not explicitly have a criminal record or active chemical dependency issues.
- Level 3 families with serious barriers may have some of the above-listed Level 1 and 2 barriers, as well as one or more of the following: poor rental history, recent domestic violence with abuser in the area, history of chemical dependency, active Child Protective Services (CPS) case, and mild behavioral barriers in adults or children.
- Families in the Level 4 category meet the definition of long-term homeless, with at least four documented episodes of homelessness in the past three years or one continuous year of homelessness. Most of these families have some of the housing barriers listed in the other levels.
- Families in Level 5 typically have some of the barriers listed above as well as some of the following: active substance abuse, an adult or child with severe behavior problems, recent serious criminal history, current sexual abuse in the family, and current domestic violence with the abuser in the home.

The majority of families served by Sound Families have barriers that would place them in Level 3 or 4. Level 3 and 4 families were a good fit for the support services available in Sound Families programs. The 12 to 24 months in which families typically participate in a transitional program provide them with enough time to stabilize and take initial steps toward self-sufficiency, such as re-entering the workforce, creating positive rental histories, addressing credit issues, and completing a GED or vocational education program. Consistent support and goal-setting over time allow them to experience success and create more positive self-images that translate into better permanent housing retention and support better parenting. While families may no longer need intensive support services once they leave a transitional program, most continue to need rent subsidies to access permanent housing, and some also need at least intermittent support

⁵ Rapid Exit Program, Hennepin County, Minnesota

services. Level 5 families served in Sound Families programs have largely been unsuccessful, accounting for a majority of the 25 percent of families asked to leave programs. Given that programs typically have more than several families in recovery, active substance use cannot typically be tolerated, as it puts other residents at risk for relapse. Level 5 families require a tremendous amount of specialized support, which also requires more resources, and, as reported in the *Early Exits* report, are arguably better suited to a harm reduction Housing First model. These families also require intensive support and services and a longer program stay than transitional housing offers.

Building Family Assets

Case managers work with families to complete housing applications, create budgets, deal with poor credit, and build rental histories. Depending on the family's individual goals, case managers may also work with family members to find employment, enroll in school, apply for Supplemental Security Income (SSI), or seek mental health or substance abuse services. All of these activities can indirectly help them find and maintain permanent housing. Many programs also provide life skills classes on a variety of topics, such as food and nutrition, parenting, self-esteem, conflict resolution, and healthy relationships.

The transitional programs differed in their approaches to building skills in families and supporting the goals identified in the initial screening process. Several factors influenced an agency's approach, including its internal capacities and structure (e.g., whether services are available in-house) and the mission driving the agency's service provision. For example, one program, whose goal is to address the mental health issues at the root of homeless families, hired master's-level case managers with the training and education needed to provide the type of case management necessary to accomplish this goal. Other programs that were not able to meet the mental health needs of families directly instead connected families with mental health services outside of their agency. The success of the latter referral model depended in large part on the availability and accessibility of the external services, as well as the families' motivation and engagement with the external provider.

Building Relationships

The typical Sound Families transitional housing model involves case managers making home visits on a weekly basis for approximately one hour. Case managers often saw families more frequently early in their stay as they were getting situated and setting goals. Families also reported that they regularly spoke with their case managers on the phone.

Independent of the quantity or quality of services families received during their stay in transitional housing, the case manager relationship appears to have had the capacity to facilitate emotional healing, often a prerequisite for a client to successfully engage in services. Families described the healing power of the case manager's presence in their lives as therapeutic. Caregivers who had experienced trauma, distrust, depression, or isolation benefited from

having a relationship with someone who was positively invested in their lives. For some women who had been victims of isolation as a result of domestic violence, the relationship with their case manager was their first meaningful relationship in several years.

The nature of this home-visiting model allowed for a shift from typical case management patterns, where tasks and goals are usually the primary focus, toward becoming involved in communal relationships: eating with the family, praising children's art projects, and listening to and understanding parents' histories and traumatic experiences. In this role, case managers found themselves acting as both a therapeutic agent and a participant in families' daily lives. Many case managers were advocates for children at school, attended funerals and birthday celebrations, and were physical participants on moving days.

As discussed in prior reports and reiterated in this report, families identified case managers as the factor making "the most difference" for them while in the programs. Families repeatedly referenced the case management as a service from which they greatly benefited. Literature also suggests that the strength of the case manager relationship or the therapeutic alliance mediates clinical outcomes.⁶ Of course, not all residents felt this therapeutic alliance with their case manager. This could have occurred for many reasons, such as case manager turnover, lack of a quality interpersonal relationship, or lack of engagement on either the part of the family or provider.

Building Community

Most programs also provided the opportunity for families to build relationships with one another, including between permanent and transitional residents in the same housing complex. Many programs focused on building community between the residents, realizing that a healthy, safe, and functioning community fosters retention of families in the transitional program. Families' strong sense of belonging is evidenced by their participation in community-building activities, many of which were resident-driven and included community gardens, potlucks and barbeques, and after-school homework clubs. Programs with an on-site common area or place to gather had an advantage when trying to build community among residents.

Thinking about these community things [helps clients] realize that even though things are rough right now, they have strengths that they can give back to the community—empowering themselves after feeling perhaps not so powerful.

~ Housing Hope case manager

In addition to increasing families' social support networks, by building community these programs helped foster a sense of belonging and a sense of place, both of which helped families establish connections that kept them engaged and prevented social isolation.

⁶ Chinman et al., 2000.

I enjoyed being part of the community...I had built my own social life and all of our activities. I felt like I was a little safer there.

~ Former transitional housing resident

One powerful way to foster community is to design transitional programs in which families have the opportunity to remain in their housing once they have graduated from the services. This prevents or delays additional moves, many of which are to new neighborhoods or communities. Sound Families transition-in-place models fostered community by allowing children to stay in the same child-care program or school and encouraging adults to maintain the connections they made with other residents or community members while in the program. In addition, many programs had staff on site who occasionally checked in with families after they graduated, which increased the accessibility of support if needed. Families who transitioned in place often reported feeling more comfortable informally asking program staff for help while still living in the housing complex than they did calling the agency once they had moved on.

We've been here for so long. It's allowed us to develop a consistent family structure. We know the rules, we have roots. We know where to go if we need help.

~ Transition-in-place resident

SECTION II: ALL FAMILIES SERVED

BRIEF DEMOGRAPHICS

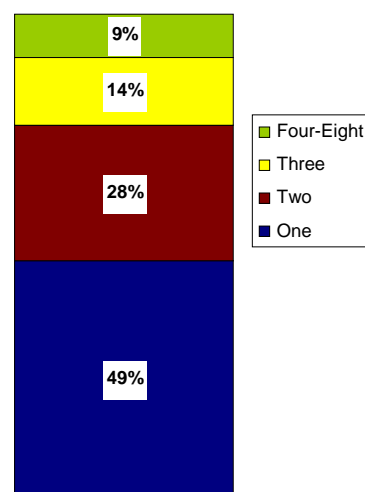
A total of 1,487 families—including 1,717 adults and 2,738 children—were served in 610 Sound Families units within 52 programs, with services provided by more than 35 separate provider agencies. Two-thirds of these families (942) had exited transitional housing as of June 2007.

Numbers of Programs, Housing Units, and Families by County

County	Programs	Units	Percentage of All Units	Families Served	Percentage of All Families
Pierce	10	145	24%	392	27%
King	28	315	52%	693	47%
Snohomish	14	150	25%	390	26%

Eighty-five percent of families were headed by a single caregiver, typically a single mother. Nearly half of families had one child living with them in transitional housing; one-fourth had two; and one-fourth had three or more. (See chart at the right.) Primary caregivers' average age was 31, ranging from 16 to 67 years old, and the average child age was 6.5 years. More than half of families had at least one child who was 2 years old or younger. Children's schooling was unstable: 52 percent had attended two or more schools in the school year prior to entering transitional housing, including 3 percent who had attended four or more schools within a single year (n=668).

Number of Children per Family



Seventy percent of primary caregivers had at least a high school diploma or GED upon entry into the transitional program.

Education Levels of Caregivers

Highest Education Level Achieved	Primary Caregiver (n=1,463)	Secondary Caregiver (n=179)
8th Grade or Less	5%	3%
Some High School	25%	25%
High School Diploma or GED	35%	43%
Some College	22%	14%
Technical/Vocational School	9%	12%
College Degree	4%	4%

As with the general population in the three counties, the race and ethnicity of adults served varied by county and within counties, with urban areas being predictably more racially diverse than rural areas. The table at the right shows overall racial/ethnic breakdowns for primary and

Race/Ethnicity of Caregivers

Race/Ethnicity of Caregivers	Primary Caregiver (n=1,483)	Secondary Caregiver (n=171)
Caucasian	51%	53%
Black/African American	27%	23%
Hispanic/Latino	6%	7%
American Indian/Alaskan Native	4%	6%
Asian/Asian American	3%	2%
Native Hawaiian/Pacific Islander	2%	5%
Biracial/Multiracial	5%	1%
Other	3%	4%

secondary caregivers served by Sound Families.⁷ Eleven percent of families were refugees or immigrants from countries spanning the globe. Additionally, case managers reported that 19 percent of families needed some type of culturally specific services, most frequently communication services and culturally relevant case management and mental health counseling.

To the extent that their intake and assessment procedures allowed, case managers were asked to identify caregivers with a mental illness or disability. No consistent assessment tools were required across programs. Anecdotally, the percentage of caregivers with a mental illness appears under-reported at intake. As case managers become more familiar with each family and their issues over time and as families receive further assessments and support services, case managers are better able to identify mental illness.

Mental Illness and Disabilities of Caregivers at Intake

	Primary Caregiver (n=1,463)	Secondary Caregiver (n=179)
Identified Mental Illness	23%	15%
Physical Disability	9%	16%
Developmental Disability	4%	9%

Homeless History

Precipitating causes of homelessness as reported by case managers were multiple and interconnected, but most included lack of affordable housing or a living wage, loss of income, and domestic violence. Other common precipitating factors for homelessness included drug abuse, divorce/loss of roommate, poor financial management, mental illness, an eviction history making it difficult to find a home to rent, alcohol abuse, and a medical or health issue among

⁷ See Appendix E for race/ethnicity breakdowns by county and county-level comparison data.

one or more family members.⁸ What is clear is that for a majority of these families, homelessness was not an easily resolvable temporary situation. Nearly two-thirds of families (64 percent) had a previous episode of homelessness, with some having four or more episodes. While 13 percent had been homeless less than one month in their current episode, 69 percent of families' current homeless episodes had been two to 12 months long, and 18 percent had been one year long.

Forty-four percent of families came to the transitional program from an emergency shelter, and 30 percent came from the home of a relative or friend. Other families came from non-housing situations, inpatient drug/alcohol treatment facilities, hospitals, and permanent housing from which they were evicted or fled domestic violence.

KEY EXIT OUTCOMES

Housing

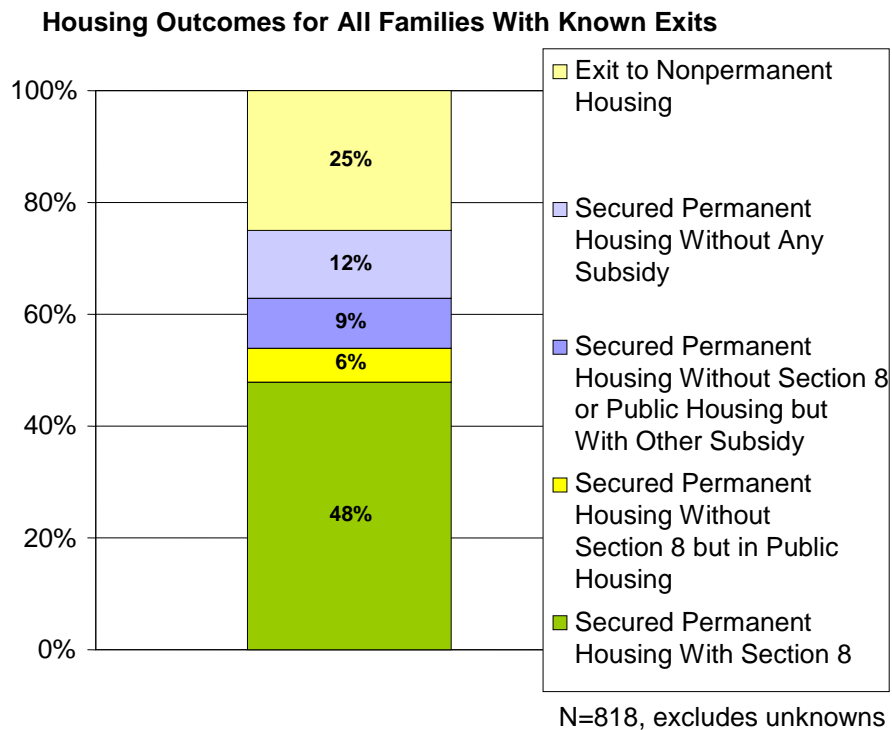
Two-thirds (68 percent) of all exiting families moved into permanent (non-time-restricted) housing after an average of 12.3 months in transitional housing. Among families who successfully completed transitional programs, 89 percent were able to secure permanent housing after exit. Families who successfully completed programs resided in their transitional housing units nearly four months longer (13.1 months), on average, than those who were evicted or asked to leave (9.6 months).

One in four families was evicted or asked to leave their transitional housing unit, most often for issues related to chemical dependency and/or mental health. Only 16 percent of these families were able to secure permanent housing; 38 percent moved in with family or friends; and 15 percent entered inpatient treatment programs, returned to an emergency shelter, or entered another transitional program. The needs of families struggling with mental illness and chemical dependency often exceeded the capacity of what programs could provide, ultimately resulting in a family's departure. These families may be better served in permanent, supportive housing programs in which a harm reduction model is implemented. (See the April 2006 report examining this group in greater detail.)

Sixteen percent of all exiting families were able to transition in place, meaning they were able to remain in the same unit or at least the same apartment complex after services ended. This was typically possible only if a Section 8 voucher was available to the family following exit and an appropriate unit was available when needed. Several programs successfully implemented a transition-in-place model; some programs did not offer this as an option; and some did offer it but due to availability of units or the cost of rent, families were not typically able to transition in place.

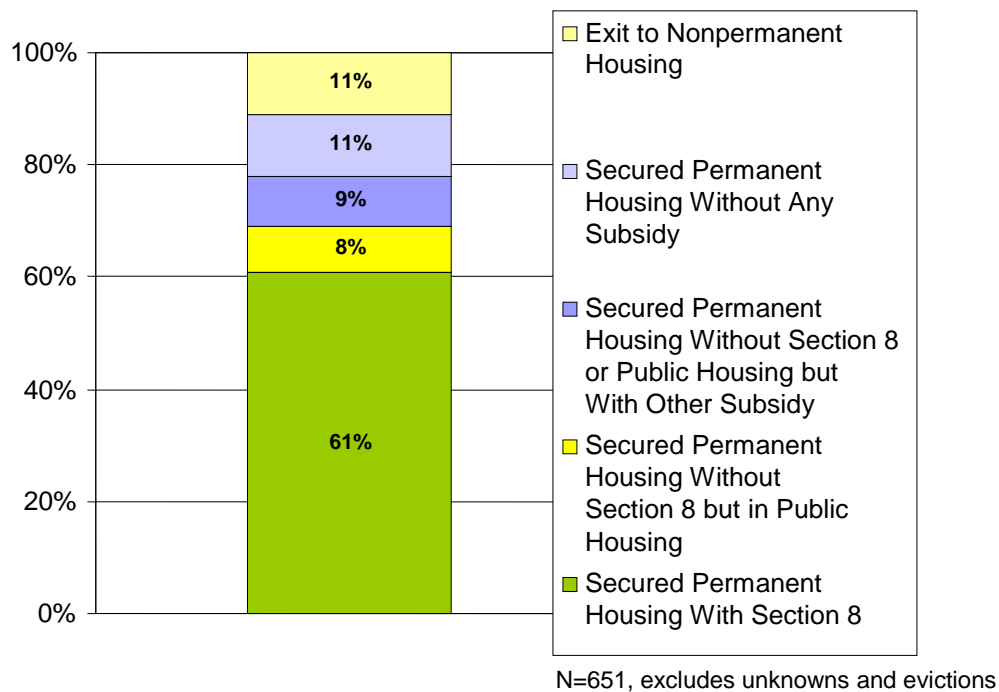
⁸ A more detailed discussion of the causes of family homelessness can be found in prior Sound Families evaluation reports (2004 and 2005).

When looking at how permanent housing was secured, it is clear that housing subsidies were instrumental in helping families afford permanent housing following a homeless episode. Nearly half of families secured permanent housing using a Section 8 voucher; another 6 percent did so using publicly subsidized housing; and 9 percent did so with some type of subsidy other than Section 8. Only 12 percent secured housing without any type of assistance. The chart below includes *all* families exiting transitional housing whose exit housing was known.



In order to better understand housing outcomes for families who successfully completed programs, the chart below breaks down how permanent housing was achieved and also shows that **11 percent of families who successfully completed programs were not able to secure permanent housing**, typically due to the lack of affordable housing in the region and not having a subsidy available to them. The majority of families completing a program (61 percent) secured permanent housing using a portable Section 8 voucher received through partnerships between service and housing providers and local housing authorities. Another 8 percent of families were able to move into publicly subsidized housing—a strategy used largely in the one county that had fewer Section 8 vouchers available—and 9 percent moved into another type of subsidized housing. Eleven percent were able to secure permanent housing without any type of subsidy.

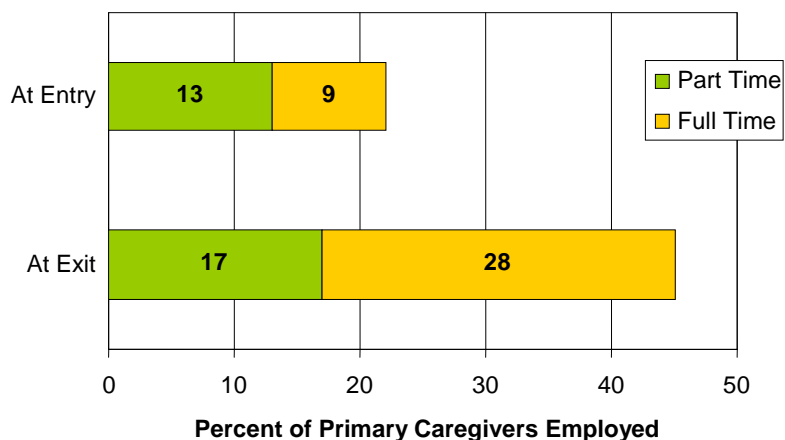
Housing Outcomes for Families Successfully Completing Transitional Programs



Income and Employment

Nearly half of households (48 percent) increased their incomes between entry and exit. Forty percent of households had approximately the same income level at exit, and 12 percent had lower incomes. These increases were largely due to higher employment levels; modest wage gains; and accessing additional benefits for which they were eligible such as Medicaid, child support, and food stamps.

Overall employment among primary caregivers increased from entry to exit: 45 percent were employed full time or part time at exit, compared to 22 percent at entry.

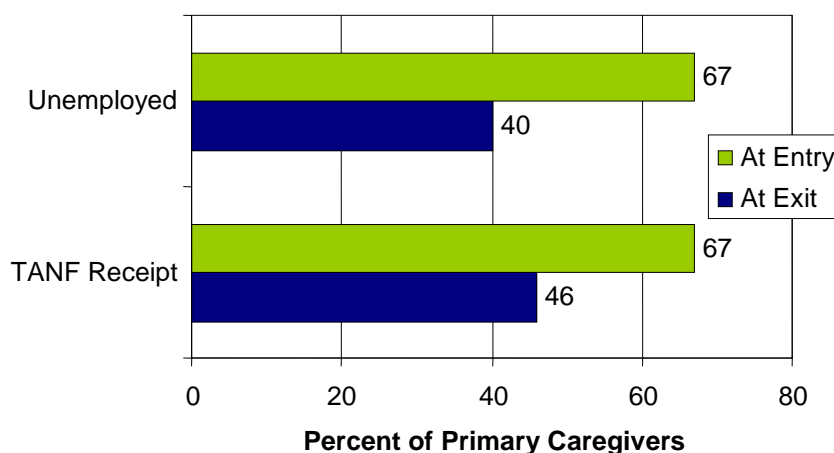


N=1,472 at intake; N=942 at exit.

Full-time employment tripled from entry to exit. An additional 7 percent were disabled or unable to work at entry and 10 percent were at exit.

When a second caregiver was present, employment patterns were similar: 12 percent were working full time at intake and 33 percent were at exit; 11 percent were working part time at intake and 13 percent were at exit. Fourteen percent were disabled or unable to work at intake, and 6 percent were at exit. Despite the positive gains in employment levels—and even an average wage gain of \$1.18/hour to \$10.04/hour between intake and exit—wages remained far below self-sufficiency wages in the region, which are typically more than \$20/hour for families. Wage progression over time is discussed more fully in the section of the report presenting longitudinal outcomes.

The percentage of families receiving Temporary Assistance for Needy Families (TANF) decreased commensurately with increases in employment. The chart at the right shows unemployment dropping from 67 percent at entry to 40 percent at exit, and TANF receipt



N=1,472 at intake; N=942 at exit

declining from 67 percent at entry to 46 percent at exit. Very few families were known to lose their benefits because of five-year time limits placed on TANF receipt by the state of Washington. Rather, most had increases in other sources of income, such as employment earnings, so that they were no longer eligible.

Examining these aggregate findings by county illustrates differences in client populations and policies and how they impacted family outcomes in each county. Such analyses are included in Appendix A.

SECTION III:

LONGITUDINAL OUTCOMES FOR FAMILIES IN CASE STUDY PROGRAMS

To understand what happened to families after they exited and moved away from the supportive environments of their transitional programs, as well as from their weekly contact with case managers, we turned to the subgroup of families who were interviewed and tracked over time. First, brief demographics of this group are presented.

DEMOGRAPHICS OF THE 203 CASE STUDY FAMILIES

The demographics of this subgroup of families in the 10 case study programs were in many ways very similar to the overall group of families served by Sound Families programs. Eighty-eight percent were headed by a single caregiver, typically a single mother. Among primary caregivers, 47 percent were Caucasian, 27 percent African American, 7 percent American Indian, 6 percent Hispanic, 3 percent Asian/Asian American, 2 percent Native Hawaiian/Pacific Islander, and 7 percent multiracial or other. Ten percent were refugee or immigrant families. The highest education levels achieved were as follows: 32 percent had a high school diploma or GED; 21 percent had attended some college; 14 percent attended technical or vocational school; and 5 percent had a college degree. Twenty-nine percent did not complete high school. Case study families tended to be larger than the overall Sound Families population, mostly because there was a higher proportion of multiple bedroom units in the 10 case study sites. Forty-two percent had one child living with them in transitional housing, 22 percent had two, 19 percent had three, 12 percent had four, and 6 percent had five. From the more detailed information collected from these families, we also learned that 25 percent had one or more minor children who were *not* residing with them in transitional housing.

Twenty-percent of primary caregivers had an identified mental illness at intake, and 11 percent had a physical disability. Additionally, 4 percent were developmentally delayed and 4 percent were pregnant. Nine percent were veterans—higher than the overall group due to one case study program focusing on veterans.

Location of Last Permanent Home

Same Neighborhood as Program	2%
Same City/Town as Program	28%
Same County as Program	36%
Another County in Western Washington	13%
Eastern Washington	2%
Outside Washington State	17%
Outside United States	2%

For nearly two-thirds of families, their last permanent home was in the same county as the transitional program they entered. But nearly one in five families came from outside of Washington state, meaning that they did not have a permanent residence in this state prior to entering a transitional program.

Forty-five percent of families were homeless for the first time. Among those who were not, 84 percent had one to three prior homeless episodes in the past five years; 12 percent had four to six episodes; and 5 percent had more than six episodes. Regarding the length of time families were homeless in the past two years, 11 percent were homeless less than one month; 27 percent one to three months; 26 percent four to six months; 20 percent seven to 12 months; and 17 percent longer than one year.

Emergency Shelter	51%
Living With Relatives/Friends	28%
Nonhousing/Motel/Transitional Housing	8%
Nonsubsidized Housing (Including Fleeing Domestic Violence in One's Own Home)	6%
Subsidized Housing	3%
Chemical Dependency Treatment Facility	2%
Other (Trailer Home)	2%

Type of Last Housing Situation

Half of the case study families came to their transitional programs from an emergency shelter. One-fourth had previously been doubled-up with family or friends in situations that were no longer tenable, and the remainder came from a range of housing and nonhousing situations. Primary causes of homelessness echoed those of the entire group: lack of living wages, affordable

housing, and income were most frequently cited by case managers, followed by domestic violence, divorce/loss of roommate, poor financial management, eviction history, and drug abuse.

Reasons Left/Lost Prior Housing

Financial Problems	34%
Unable to Afford Housing	32%
Domestic Violence	26%
Eviction	22%
Divorce/Separation/Loss of Roommate	22%
Job Loss	20%
Trouble With Parents/Roommate	11%
Medical/Health Issue	7%
Unsafe Housing/Neighborhood	5%
Overcrowded Housing	5%
Other	20%

Families were also asked about the reasons they left their prior housing—not why they were unable to find another home and became homeless per se, but what happened to leave them without housing. Answers to this question were most frequently financial problems or unable to afford housing, followed by domestic violence, eviction, divorce/separation/loss of roommate, and job loss.

This program was the first thing that helped us and grew our life. If you don't have a home, you don't like your life... so, the program was the first positive thing for us.

Angel's Story

Angel, a 19-year-old mother of an infant, entered a Sound Families program in Snohomish County that focused on young, single mothers. She had been living with friends and relatives, was unemployed, and her TANF grant was less than \$500 per month. Angel had been unable to complete high school but was enrolled in a GED school program at intake.

Angel's case manager anticipated that she would need several supportive services during her stay in transitional housing, including mental health services, education/GED services, parenting skills classes, assistance in accessing health and dental care, and counseling. Having recently completed inpatient drug and alcohol treatment, Angel also needed follow-up supportive services in those areas.

To explain how she became homeless, Angel said: "I was using drugs. I got sober and got a brain...I was pregnant and transitioned back to Washington. I decided to keep my baby but it got too crowded and I decided I needed to find somewhere to go." The transitional housing unit was Angel's first apartment: "It's big. [I like] the fact that it was already furnished and my own space. We pretty much have everything we need. But probably [I could use] scholarships for school and cookbooks. I've been trying to teach myself how to cook!"

Angel lived in a transitional housing unit for 16 months before moving to a fair market rate apartment using a Section 8 voucher. She accomplished several of her goals: "I got my diploma... I've had several jobs since living here. I purchased a new car...It wasn't until recently that I was able to save money...I kind of learned how to cook." At exit, Angel was making \$1,000-\$1,500 a month working approximately 35 hours a week. She was no longer receiving TANF financial assistance, but she still qualified for food stamps. She was enrolled at a nearby community college. For Angel, the most helpful things she learned about obtaining permanent housing were "paying bills on time and keeping my unit clean...and trying to keep peace with my neighbors. In an apartment, you see them all of the time."

Six months after leaving the program, Angel continued to work and go to school. Her child attended a child-care program during the week so Angel could stay engaged in school and work. As her school-load increased, Angel cut back her work to 25 hours a week, earning \$9.50 an hour. She still qualified for food stamps. Although her employer did offer health coverage, Angel decided to enroll herself and her child in Medicaid, thinking that the medical coupon issued through the Department of Social and Health Services was more reasonable with her current income. When asked what services were most important to help her remain in permanent housing, Angel responded, "Medical care and Section 8. If I had to pay for [my daughter's] antibiotics and health care, there's just no way I could make it...she's had so many ear infections!" Angel's Section 8 subsidy, which has allowed her to pay just \$125 per month in rent, has also been vital given her income.

Angel said her and her daughter's lives have greatly improved in the six months since leaving the program: "We're not at my parent's house, which drives me crazy; I have a new car that runs well; I have money set aside in the bank. And, I'm nearly done with my chemical dependency certification and my associate's degree."

One year after exiting transitional housing, Angel enrolled in community college full time. She was working approximately 18 hours per month, still at \$9.50 an hour. Given the decrease in income, her rent was now \$26 per month. Angel was still able to set aside savings of \$2,000. Angel's daughter was in swimming lessons. "I'm pretty much involved in everything I want. We have more time together... We're just overall happier." As Angel reflected on the goals she set while in the program, she said, "I think I am [closer to achieving them]. I'm really feeling like we're doing great. I'm still going to school and saving money and I'm right where I want to be. I have a great job and there's no drama—people there are great!"

HOUSING FOLLOWING EXIT

The study sample had housing outcomes similar to those for all families: 73 percent moved into permanent housing and 14 percent went to live with family or friends. Nineteen percent were evicted or asked to leave their program.⁹ Case study families who successfully completed their program resided in their housing unit slightly longer than the overall group (14.7 months). Families who were asked to leave remained nearly the same average length of time (9.5 months).

Approximately 90 percent of the families who were followed for three years after exit were able to maintain permanent housing over time. Those not doing so were either living with family or friends or residing in a transitional program or emergency shelter. Some of the situations in which families were living with relatives or friends were seen as temporary residences in between more permanent homes. Of the five families who returned to a shelter or transitional housing by their one-year follow-up interview, two were due to Child Protective Services involvement, one to domestic violence, another to eviction, and the last just “had nowhere to go.”

Among families who were able to remain housed, the following issues often put their housing in jeopardy: living with people whom they might not otherwise choose to live with (e.g., abusive partners, unsafe or unsupportive environments with friends or families) in order to afford housing; and evictions or the threat of eviction related to chemical dependency, child abuse/neglect issues, or nonpayment of rent.

Housing-Related Outcomes for the Three Years Following Exit From Transitional Housing

	At Exit	6 Months Post-Exit	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
Living in Permanent Housing	89%	93%	96%	89%	89%
Living With Family/Friends	7%	4%	4%	7%	7%
Living in Shelter/Transitional Housing	4%	4%	-	4%	4%
Using Section 8 Voucher	78%	82%	74%	70%	59%
Median Rent Paid by Family	-	\$116	\$271	\$271	\$400

Data above are for the three-year subgroup of families, N=27.

Even as household incomes increased, the majority of families continued to rely on Section 8 subsidies to afford housing three years after exit. The median rent assumed by families increased steadily over time, from \$116/month to \$400/month three years after exit, although it remained less than half of median fair market rents throughout the region.

⁹ Much more has been examined about these families in the Sound Families *Early Exits* report (2006).

Transition in Place

Overall, 16 percent of case study families were able to transition in place. While six of the 10 sites intended to implement a transition-in-place model, the percentage of exiting families at these sites able and choosing to do so ranged from 4 percent to 60 percent. Rates varied, largely due to the desirability of the housing location, the family's sense of neighborhood safety, availability of an appropriate unit at the needed time, and availability of Section 8 to support the family's rent payments. Indeed, 97 percent of families who transitioned in place used a Section 8 voucher to afford rent. Six months after exit, median rent paid by the families was \$74/month, lower than that for all families in the sample. Demographically, families who transitioned in place did not look significantly different from the overall sample. Their income and employment levels, in particular, were very similar.

Section 8 usage remained high one year after exit, with 91 percent of families continuing to use a voucher. Housing stability was only slightly less tenuous for this group compared to those who did not transition in place. By one year after exit, 14 percent had been late on rent at least once, 19 percent had received a utility disconnection notice, 11 percent had been evicted, and 5 percent had entered a shelter at least once. Still, by one year after exit, 95 percent were residing in permanent housing and the remaining 5 percent were temporarily living with family or friends. One unexpected finding, which is discussed below, was that transitioning in place did not dramatically reduce the rate of families moving to new locations, but it did delay the moves in that families tended to wait to move until at least six months after completing services.

Housing Stability

While case managers worked with families to create exit plans that would cause the least disruption possible, some families' initial moves out of transitional housing were either temporary until they were able to move to a desired location or did not work out. The result was a high level of mobility, with 20 percent of families living in more than one place within six months of exiting and twice that number in the next six months. Families continued to move frequently even after the first year following exit, though these moves appeared less disruptive to their lives and their children's schooling. Most moves were by choice rather than forced by a loss of housing, such as eviction, loss of a subsidy, or insurmountable rent increases. By three years after exit, 63 percent of families had lived in more than one place and half of them in more than two places. The majority of moves were to new neighborhoods, potentially disrupting local support networks.

A fair number of families also doubled-up with family or friends, sometimes temporarily in between moves, or lived in a nonpermanent housing situation at some point in between interview periods (either six months or one year).

Rates of mobility were also high among families who originally transitioned in place. Within one year of exit, 32 percent of families who transitioned in place had moved. However, those who transitioned in place were less likely to live with family or friends between moves, implying better timing or more intentionality in their moves than non-transition-in-place families. Qualitative data indicates that transitioning in place allowed families to wait for an appropriate unit to become available or to finish school or a training program before moving. Additionally, the moves for families who had transitioned in place were less likely to cause a change in the children's school when compared to other families, implying that there may have been more intentionality in the decisions as to when and where to move. One mother described her decision to transition in place then move later:

I decided to stay here until I finish school. With my school schedule it works best to be here given the extra support. I would like to move but not until I am done with school.

In addition to moving frequently, families' limited incomes threatened their stability, even several years after exit. Approximately one-fourth of families made at least one late rent payment in between interview periods, and a higher percentage received a utility disconnection notice, indicating overdue payment. By three years after exit, 15 percent of families had been evicted from their housing, typically for nonpayment of rent.

Housing Stability in the Three Years Following Transitional Housing (Complete Interview Data)				
Percentage Who:	6 Months Post-Exit n=98	1 Year Post-Exit n=85	2 Years Post-Exit n=57	3 Years Post-Exit n=27
Lived in More Than One Place Since Last Interview	16%	21%	30%	26%
Lived With Family/Friends Since Last Interview	13%	7%	7%	7%
Lived in Shelter, Transitional Housing, Motel or Car at Any Point Since Last Interview	4%	6%	9%	0%
Late on Rent at Least Once Since Last Interview	-	22%	25%	31%
Received Utility Disconnection Notice Since Last Interview	-	28%	29%	41%
Evicted or Asked to Leave Housing Since Exit	-	6%	5%	15%

Housing Satisfaction

Six months after exit, families frequently expressed pride in being stably housed and taking care of their responsibilities, most importantly being better able to care for their children. While they appreciated the support and skills learned through their programs, they definitely welcomed

their independence from the programs' structure. Six months after the program, families were satisfied overall with the location of their homes, though satisfaction with the safety of their neighborhoods decreased, perhaps because they had to move to less desirable areas to afford rent or to access low-income housing. While families were happy with the homes and apartments they accessed with Section 8 vouchers, they were not always aware of the extra expenses such as utilities. Help with utility bills was commonly needed by families after leaving programs.

CHANGES IN EDUCATION

Seventy percent of primary caregivers entered transitional housing having at least a high school diploma or GED, typically setting the stage for them to focus on job training or further education rather than completing basic education courses. Given that most families spent an average of one year in a program, there was not ample time to complete an educational or training program. Therefore, completion for many primary caregivers occurred sometime after exit. Still, 19 percent of families exited programs without a GED or diploma. Families without this basic level of education were somewhat more likely to have been asked to leave a program, but many successfully completed their program.

The level of emphasis placed on higher education or job training varied from program to program, with most programs emphasizing compliance with WorkFirst and basic job preparedness and fewer prioritizing supporting caregivers in completing comprehensive vocational training or higher education. In follow-up interviews, many caregivers expressed a desire to return to school if they had the time and the money to secure better paying jobs.

I think they [the transitional program] should make it possible for people to go back to school. I think schooling is a major thing to being able to get a good job and one that you want to keep.

I'm working two jobs right now—Monday through Saturday... So, I'm just not pursuing my GED right now.

I've got a lot more to do... But, I got my GED and I have permanent housing now. In the next year, I want to go back to school. I just don't know what I want. I want to be a good mom and make better choices. My dream is to get off SSI and have a job.

Some caregivers were able to make gains in their educational and training levels while in transitional housing. While it is difficult to determine from these data exact changes in educational levels, it appears that 15 percent of families did increase their education levels between intake and exit. Additionally, of the 47 percent of families who said they needed job training while in the program, the majority (76 percent) received it, though more than one-third (34 percent) felt this would be an ongoing need after they left the program.

Connie's Story

After immigrating to the United States, Connie separated from her husband and found herself and her two teenage children homeless for nearly six months. Before entering Sound Families transitional housing in South Seattle (King County), the family lived in a hotel for two months. Connie had an eighth-grade education. While homeless, she worked full time for \$8.25 an hour, with a take-home income of less than \$1,000 per month.

Connie's case manager decided that Connie would benefit from culturally competent mental health counseling, parenting and life skills classes, and English as a second language (ESL) classes. Connie felt settled once she moved into transitional housing. She said, "The apartment is nice and clean. We have enough space. I think it's nice and quiet." When Connie was first interviewed, she felt her oldest daughter was doing "very well" in school. She also mentioned some of the help she felt would make the biggest difference for her and her family: "To find a better job so that we can improve our lives, but probably going to school in order to get the best job possible and improve my English." Connie also expressed three of her hopes for the future after leaving the program: "I'd like to continue to learn to read and write English better. I'd like to be close to buying my own home. Have my children enrolled in a good school and preparing for college."

Connie continued to work full time throughout her stay in transitional housing. She received a slight raise and was making \$8.32 an hour. When interviewed just after her exit from the program, Connie had been able to realize many of the goals she had set the year prior: "Well, I've bought my own home and I've submitted an application for my daughter to get braces. I'm waiting to go back to school and looking for information." Connie and her children had reunited with their father, who was working 50 hours a week and making about the same wage as Connie. Connie's sister was also a partial owner of the house. Due to a lack of affordable housing in the neighborhood, the family had moved to a new neighborhood nearly 20 miles away, and the oldest child experienced another move in schools.

Connie was proud of her new home: "I think buying your own home is not like throwing your money away to a landlord... this is for me to keep and improve my credit. It takes a while, but little by little it's getting better." One year after exiting from the program, Connie and her husband continued to work extremely hard to pay for their home. The family's combined income was less than \$2,000/month and their mortgage payment was \$1,700. The family had little money set aside for emergencies and was making occasional trips to the food bank. Connie's sister was able to supplement their income with necessities for the house.

Despite the hard work of maintaining her home and her family, Connie reported that life had improved. "I have my husband now and we are working on things. I'm financially better off." Connie reflected positively on the program, "It was helpful and I felt good about my case manager checking in with me to see what I needed. She would bring me things, too, like food and soap."

CHANGES IN EMPLOYMENT AND HOUSEHOLD INCOME

At entry into programs, primary caregivers often lacked the stable employment histories, education, and skills that would allow them to access well-paying jobs. The relatively short length of time in programs, combined with families working on other issues such as mental health, often affected their ability to make substantial gains in job skills. Employment obtained while in programs was often in entry-level, low-paying jobs and did not provide benefits such as sick or vacation leave and health care. One consequence of this was that when a parent had a child with a prolonged sickness, they were more likely to be put in the untenable position of either being fired or having to quit.

Most jobs did not offer opportunities for advancement and growth, and sometimes when they did, increases in wages resulted in a loss of means-tested benefits that reduced a family's overall income. Helping homeless families find and keep jobs that offer wage progression over time requires addressing individual and system-level barriers to employment. Homeless families often have multiple barriers that make finding and keeping jobs challenging, including domestic violence, chemical dependency, physical disabilities and chronic health problems, mental health issues, criminal records, low basic skills and learning disabilities, and language barriers.

Appendix C offers a more carefully considered focus on these critical workforce development issues. The following pages summarize Sound Families' impact on families' employment and economic stability.

Those of us caught in the low-income, not the low-low-income, have a really hard time. I have \$1,500 in medical bills. It seems like I make a lot per hour (\$16), and it's not like I am gambling it away. It goes toward car insurance, gas, child care, and rent. My child care went up as well as my housing costs.

The Sound Families Impact on Economic Stability

Improving Families' Readiness for Work

Families in Sound Families transitional housing programs received assistance in multiple areas to improve their economic security. Soon after families entered transitional housing, their case managers worked with them to set goals, determine TANF eligibility and requirements, and either develop employment strategies or find assistance through an employment office. In cases where primary caregivers were encouraged and desired to attend educational or vocational programs, Sound Families programs helped with the cost of entrance exams, textbooks, and, in some cases, tuition. Similar to Project Match in Chicago (2003), families participated in a number of activities designed to build their self-efficacy:

- **Provided mastery experiences:** Programs provided a broad range of activities that allowed each family to take incremental, manageable, and meaningful steps toward economic and family stability. Examples included learning to budget, improving credit, and starting and finishing a vocational or educational program.
- **Increased success potential:** Case managers helped families break their goals down into small, incremental steps in which progress could be evaluated over time. Through weekly check-ins, case managers could provide feedback, support, and positive reinforcement for families.
- **Addressed failure promptly and built on successes:** Frequent interaction with families allowed case managers to monitor their progress toward their goals, help them problem-solve difficulties to prevent failure, and encourage them to move forward when they experienced difficulties.

Additionally, programs promoted skill development in areas such as budgeting, creating savings accounts, and learning to pay bills on time, and encouraged or required participation in various activities connected to job training and readiness. Programs often had computers with Internet access to assist with job searches. Larger programs sometimes had employment specialists available to assist families with assessment and career planning; smaller programs were typically able to collaborate with TANF offices for these services. At times, case managers advocated for families among TANF caseworkers to help families avoid sanctions so that they could attend or finish educational programs or to relieve them of having to work due to mental or physical disabilities.

Finding transportation and other job-related requirements frequently posed additional hurdles for families. Programs provided varying degrees of assistance with transportation, ranging from bus tickets to gas money to helping repair cars to purchasing a car for a family. Some programs supported families in obtaining a GED, paying for textbooks, and helping with tuition. One caregiver described the barriers she faced in arranging logistics for her job search:

I'm starting to job search independently of TANF, but it's [been] difficult to arrange child care throughout this month because I tried looking for a job. I had three interviews and had to hire a sitter, pay for gas, and I need to keep looking because I won't settle for just anything. There's a lot of barriers.

Household Income

Monthly household income increased substantially in the first year following exit. After that, incomes leveled off and fewer gains were made, though losses were not experienced overall. The percentage of families with little or no income (less than \$500 per month) declined from 42 percent at entry to 5 percent one year after exit. Families with incomes greater than \$1,000 per month more than doubled between intake and six months post-exit, from 26 percent to 52 percent. The majority (70 percent) of families' monthly incomes from all sources were still less than \$2,000 even three years after exit. With self-sufficiency income levels in the region typically more than \$3,000 per month, the gains these families have made, for the most part, still lag behind what is necessary to adequately support their families.

Household Income Over Time						
	Entry	Exit	6 Months Post-Exit	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
\$0 - 500	34%	19%	15%	7%	4%	4%
\$501 – 1,000	41%	44%	33%	22%	26%	22%
\$1,001 – 1,500	19%	26%	33%	26%	22%	15%
\$1,501 - \$2,000	7%	7%	4%	22%	26%	30%
More Than \$2,000	0%	4%	15%	22%	22%	30%
More Than \$1,000 (Cumulative)	26%	37%	52%	70%	70%	75%

Data in this table are for the three-year post-exit subgroup of families, N=27.
Complete interview data on household income are found in Appendix G.

The chart below shows the percentages of families with monthly household incomes greater than \$1,000 and those with incomes greater than \$2,000. Overall, incomes leveled off one year after exit, though there was a small increase in the highest income earners three years post-exit. This change is consistent with the similar pattern of plateaus in employment and wages occurring one year after exit.

**Change in Household Income Levels Over Time: Percentage of Families
With Incomes Greater Than \$1,000 Per Month**

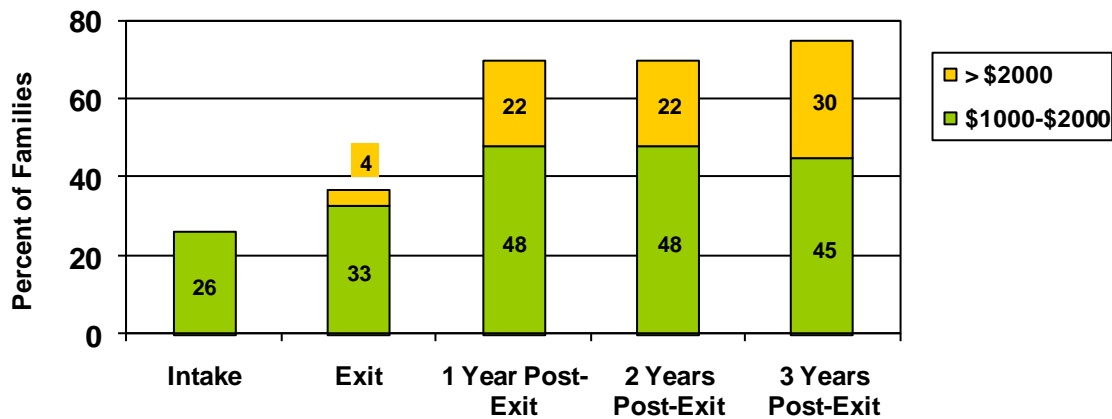


Figure above is for the subgroup of
27 families with data three years post-exit.

After exit, more families received income support from Supplemental Security Income (SSI), Medicaid, and child support. Many of these benefits were applied for during the programs with case managers' assistance and were finally received after exit. SSI, for example, increased nearly five-fold from intake to three years after exit. The percentage receiving Medicaid went up ten-fold in the same period. As other income sources increased, the percentage of families receiving TANF decreased. There was little evidence of families losing TANF due to five-year time limits.

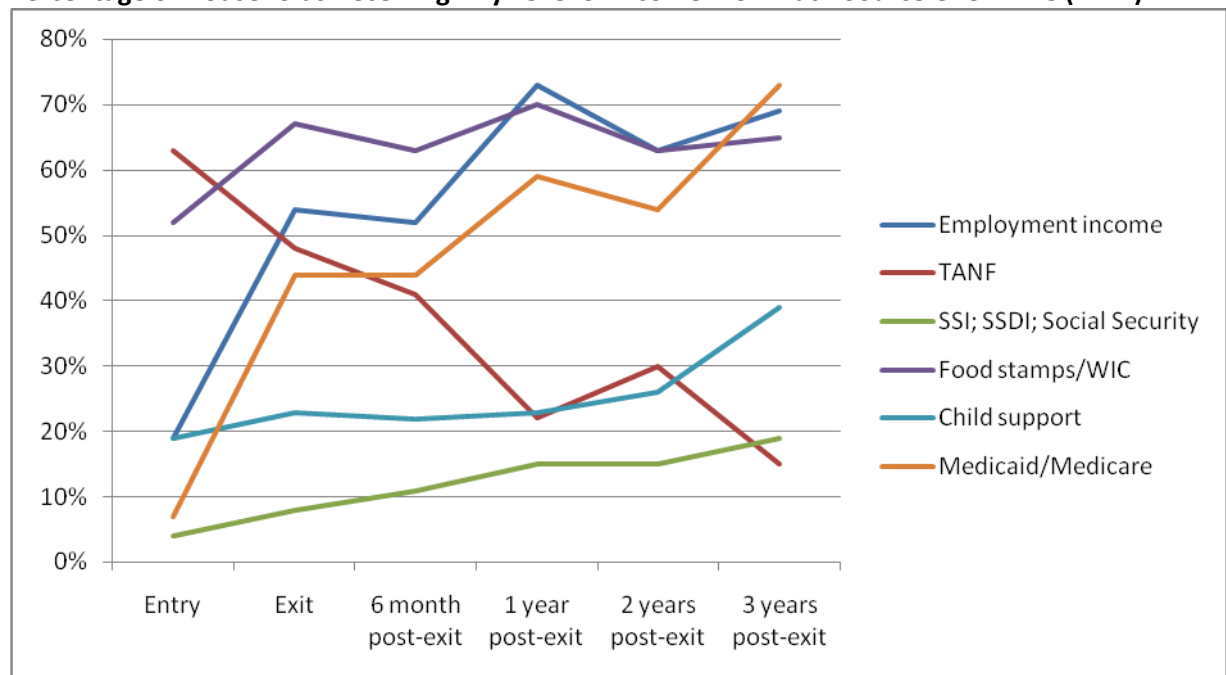
Major Sources of Household Income Over Time						
	Entry	Exit	6 Months Post-Exit	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
Employment Income	19%	54%	52%	73%	63%	69%
TANF	63%	48%	41%	22%	30%	15%
SSI; SSDI; Social Security	4%	8%	11%	15%	15%	19%
Food Stamps/WIC	52%	67%	63%	70%	63%	65%
Child Support	19%	23%	22%	23%	26%	39%
Medicaid/Medicare	7%	44%	44%	59%	54%	73%

Data in this table are for the three-year post-exit subgroup of families, N=27.

The chart below shows the change over time in receipt of the top six income sources. The sharp increases in Medicaid, employment, and, to a lesser extent, food stamps between entry and exit are reflective of the assistance program staff provided to families in securing additional income

sources and gainful employment. Enrollment in Medicaid increased the most over time, while TANF declined the most. Child support and SSI increased more slowly, reflective of the length of time it usually takes to initiate these funds.

Percentage of Households Receiving Any Level of Income From Each Source Over Time (n=27)



Employment Findings

Among the subsample of 27 caregivers who were followed for three years, overall employment levels (full time and part time) increased the most between intake and exit (23 percent to 39 percent). They increased slowly in the first year following exit, did not show much change in the next year, then made another jump to 60 percent by three years after exit.

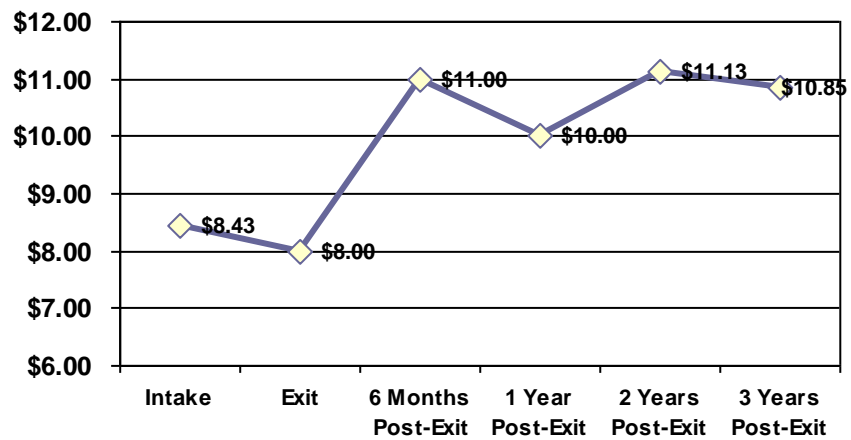
The actual jobs were not very stable for working individuals. Nearly 60 percent of working caregivers changed jobs in the prior year at both two and three years post-exit. Employment patterns were also erratic. Caregivers did not necessarily experience movement from unemployment to part-time work to full-time work, nor did they receive consistent increases in their wages. Initially, wages rose following exit to \$8.00/hour for this group, then flattened in the following years to approximately \$11/hour—still well below self-sufficiency levels. Some of the wage gains were tied to completion of job training or vocational education programs. When wage increases were obtained, some means-tested benefits such as child care, medical coupons, and food stamps were reduced or eliminated, leaving a family less financially well off.

Employment Over Time for Primary Caregivers

	Entry	Exit	6 Months Post-Exit	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
Full Time	4%	12%	19%	22%	30%	30%
Part Time	19%	27%	15%	22%	15%	30%
Not Employed	70%	50%	41%	37%	30%	30%
Disabled/Unable to Work	7%	8%	19%	11%	22%	7%
Average Hourly Wage	\$8.43*	\$8.00	\$11.00	\$10.00	\$11.13	\$10.85

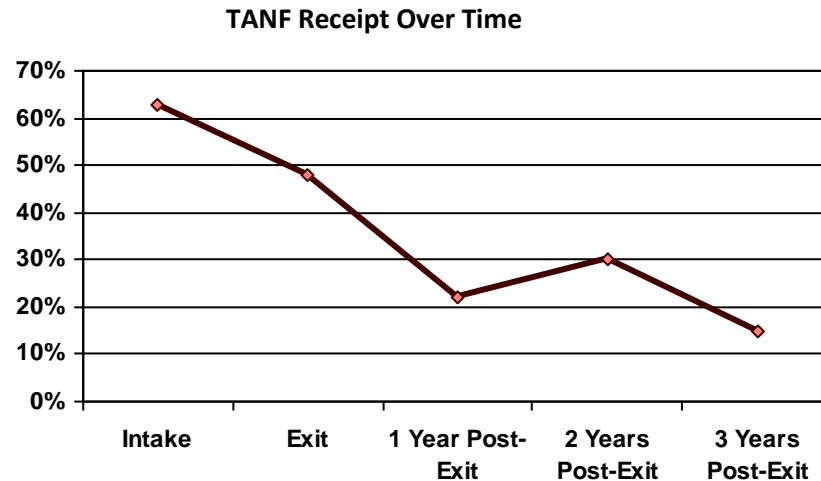
N=27; *Wage at last job held or prior to entry

Wages Over Time¹⁰



¹⁰ Figures on this page are for the subgroup of 27 families with data three years post-exit.

Mirroring the increases and plateaus in employment and household income, TANF receipt declined steeply from intake to one year after exit, but over the next two years the level of receipt stabilized at approximately 20 percent of families.



Tenuous Stability

Financial strains weighed heavily on families throughout the post-exit period and potentially put their housing at risk. As discussed in the section on housing stability, each year after exit more than one-fifth of families had made at least one late rent payment in the prior year; more than one-fourth received at least one utility disconnection notice in the prior year; and 15 percent had been evicted or told to leave their homes by three years after exit. While families prioritized their budgets to pay rent and bills as well as buy food, many struggled to buy clothes for their children or pay for their children's activities. Consistently over time, more than one-third of families had accessed a food bank in the past six months to supplement their incomes.

The percentage of families "very able" to manage aspects of their concrete needs such as paying bills, buying food and clothing, and building savings decreased over time. This shows that the plateau in household income actually represents a real *decrease* in spending power. Without ways to increase their incomes to keep pace with inflation, many of these families' financial situations are tight enough that their housing could again be at risk.

Indicators of Financial Stability in the Three Years Following Transitional Housing			
Since Last Interview, Percentage Who Reported Being “Very Able” to:	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
Manage Bills	44%	35%	39%
Buy Food/Necessities	64%	46%	50%
Buy Children’s Clothes	40%	31%	27%
Set Aside Money for Emergencies	16%	12%	8%
Allow Children to Participate in Activities	46%	46%	50%
Accessed Food Bank at Least Once	39%	58%	48%

Data are for the subgroup of 27 families interviewed for three years after exit.

Given that most families were not making enough money to cover all of their expenses, it is not surprising that saving money for emergencies remained a challenge. All programs encouraged families to set aside money, even if only \$10 a month, to build a savings account for unexpected crises such as an illness or job loss. While many families made progress with savings during the programs, the majority were not able to maintain savings once they left the program. Three years after exit, 41 percent of families had no money set aside for an emergency, and the majority of those who did had less than \$300 saved. One year after exit, only 12 percent of families had more than \$300 saved. This increased to 22 percent three years after exit.

Families’ Savings Over Time			
Money Set Aside for Emergencies	1 Year Post-Exit	2 Years Post-Exit	3 Years Post-Exit
None	46%	42%	41%
\$ 0 - \$50	19%	23%	22%
\$51 - \$100	8%	8%	7%
\$101 - \$300	15%	4%	7%
More Than \$300	12%	23%	22%

Data are for the subgroup of 27 families interviewed for three years after exit.

Susan's Story

After being laid off from her job, Susan moved in with family because she could no longer afford the fair market rent she was paying. The living situation soon became unbearable for her and her child, and Susan had no choice but to leave. The shortage of affordable housing in the area combined with her lack of landlord references made it impossible for her to find a new place. Susan was pregnant at the time, had one young child already, and knew she had to find a place to go. Someone told her about an emergency shelter in the area, so she called to see if they had a vacancy.

When Susan moved from the shelter into a transitional housing program, she was working part time at an internship she found through the welfare office for \$9/hour, though she would have preferred a job that could have provided her with more financial self-sufficiency. Susan's long-term goals were to have a full-time job, be able to care for her family financially, and own her own home. At their first meeting, Susan and her case manager agreed to work on housing, prenatal care, budgeting, and school. In addition to providing an affordable place to live, Susan hoped the transitional housing program would give her the support she needed to fulfill her goals.

Susan gave birth to her second child while living in the transitional housing. With the support of her case manager, Susan still managed to work on all of the goals she had set. In addition, she received help in accessing health and dental care, improved her credit, and attended life skills and parenting classes. When Susan graduated from the program, she was very happy with the support her family had received: "For me, it was a really successful program. The resources and assistance I got were tremendous."

The thought of uprooting her family again was overwhelming, so Susan decided to transition in place and stay in her unit after she graduated the program. At that point, Susan had a new baby at home and was not working. Shortly after graduating, however, Susan found a full-time job making \$15/hour. Six months after exiting the program, Susan felt her family's life was "a lot better" because they had a stable home environment, she was working full time, and they were feeling "emotionally safe."

Just over one year after graduating from the program, despite a one dollar per hour raise in her wage, Susan began to struggle financially. Even with Section 8, her portion of the rent increased to more than \$700/month, and with her wage increase her means-tested benefits declined, causing her child-care costs to increase. After her rent increased, Susan was late on her payment three times and had her utilities disconnected once. Even with help from the food bank, she struggled to buy food, clothing, and other necessities each month. She was once again forced to think about where she would turn if her family lost their housing.

In spite of her financial difficulties, Susan said she wouldn't change anything about her situation. She was proud of her accomplishments and remained grateful for the help she was given in the program. She recognized how the systems intended to help her were creating new hurdles. When asked how families could be better prepared for permanent housing during the program, she said, "I would work more on credit and savings. Other than that, I don't think the problems I have now are anything [the program] could help me with. It's a government problem."

CHILDREN'S ISSUES

As children's lives became more stable in transitional housing, improvements were seen in many areas, including education, behavior, emotional regulation, and the quality of their relationships. (See the January 2007 report examining children's issues in greater detail.) The most positive change in children's lives while in transitional housing was increased school stability. The number of school-age children who attended two or more schools within a single school year significantly decreased from 53 percent at intake to 17 percent at exit and 9 percent three years after exit. For children with three or more moves per school year, the improvements were even more dramatic, dropping from 17 percent at entry to near 0 percent at or after exit.

Number of Schools Attended by Children Within the Past School Year

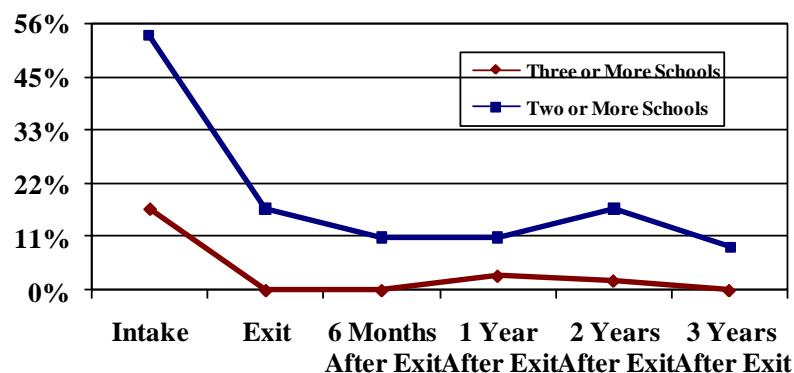


Figure above is for the subgroup of 27 families with data three years post-exit.

Data for all families show similar percentages at each time point and the same overall patterns of change, reinforcing the findings from the subgroup:

Number of Schools Oldest Child Attended in the Past Year (Complete Interview Data)

	Intake N= 135	Exit N=118	1-Year Follow-Up N=59	2-Year Follow-Up N=41	3-Year Follow-Up N=23
1 School	47%	74%	81%	74%	91%
2 Schools	38%	21%	15%	32%	9%
3 Schools	11%	3%	3%	3%	-
4 or More Schools	4%	2%	-	-	-

Somewhat surprisingly, transitional housing did not have a similar impact on the percentages of children with high levels of absenteeism, though the primary reasons for missing school shifted over time. With the exception of the school year preceding the one-year follow-up, approximately one-fourth of children missed at least a few weeks of school each year. Over time, absences were more frequently due to illness rather than lack of transportation (largely only an issue in the transitional programs) or moving around too much (only an issue prior to transitional housing). More data would need to be collected to draw additional conclusions from these findings.

School Absenteeism Among Children					
	Intake	Exit	1-Year Follow-Up	2-Year Follow-Up	3-Year Follow-Up
Absent at Least a Few Weeks	24%	25%	6%	22%	26%
Absences Primarily Due to Illness	28%	33%	67%	56%	65%
Absences Primarily Due to Lack of Transportation	6%	33%	0%	0%	4%
Absences Primarily Due to Moving Around	11%	0%	0%	0%	0%

Data are for the oldest child in each family in the subgroup of 27 families interviewed for three years after exit.

Rates of involvement with Child Protective Services were somewhat lower than expected, possibly because active substance abuse precluded eligibility for most Sound Families programs and the incidence of substance abuse issues and child neglect are highly correlated. Still, approximately 17 percent of families had some type of CPS involvement at entry, decreasing after exit from programs. Caregivers and program staff described transitional housing programs as central in helping to ensure parent-child reunification. Several families were reunified with their children as a result of having obtained safe and stable housing. As one mother shared:

I didn't get my first child home until I was actually guaranteed transitional housing. That's what gave the judge the decision to bring her home. If I hadn't had transitional housing, she would have never come home.

Family Involvement With Child Welfare Services (Complete Interview Data)

	Intake N=203	Exit N=168	1-Year Follow-Up N=85	2-Year Follow-Up N=56	3-Year Follow-Up n=27
Families With CPS Involvement in Past Year	17%	16%	8%	11%	-
Families Who Had a Child Placed in a Foster or Relative's Home in Past Year	5%	8%	3%	3%	-
Families Who Were Reunified With Some or All of Their Children	82%	50%	100%	-	n/a

Caregivers described many ways in which programs were beneficial to their children. They most frequently reported that having stable housing enabled them to provide a sense of routine and security for their children. Many parents also noted the positive influence that the community experience had on their children and the increased access to services and activities that benefited their children. Many parents applauded the support they received from their case managers and other program staff, such as the children's advocates and specialists who worked in some programs. According to one single mother: "I just feel that working with my case manager has taught me to be more family oriented and that has reflected into how I am now with my family."

Over half of primary caregivers said their children's behavior improved while in the programs:

[My children] are more situated. Like, my middle child doesn't wet the bed anymore...my oldest doesn't have that worried look on her all of the time and she has made friends. My youngest is growing and blossoming.

[Our life] is pretty consistent...I've gotten a routine down, we're not struggling to make things happen or worrying about how to survive. We know we're going to have dinner and we're all going to have a bath.

My kids are happy and mentioned that they can tell we haven't moved as much and know they've made more friends.

SERVICES NEEDED AND RECEIVED

Programs differed in their capacities to provide various services. Some larger programs with a well-established social service delivery model were able to meet families' needs without having to identify many community resources. Smaller programs, less-established programs, those

with limited common spaces, and those with few on-site services were more likely to depend on outside community services to help meet the needs of their clients.

For the most part, the support services needed by families in the programs were delivered. Gaps between services needed and received while in programs most often occurred in the following areas: GED and continuing education, job training, dental care, legal services, and help with credit issues. After exit, services were much less frequently received, even if caregivers expressed an ongoing need. Services most needed and *not* received, even in the six months following exit, were GED/school classes, job training, parenting and life skills, legal and credit help, health and dental care, and domestic violence services.

That many families continued to need support following exit was evident by the number who contacted their transitional housing case manager for support or assistance. Even as long as three years after exit, 19 percent had contacted their case manager in the prior year. This percentage would likely have been higher if all case managers had remained in their positions over time. By three years after exit, only mental health and counseling services were regularly accessed (22 percent and 19 percent, respectively). One resident described how case managers can facilitate the transition away from the program to a new community:

Try to help people realize how you can meet your needs elsewhere. Like, it was hard for us... we felt isolated... It's like a loss when you've had a powerful relationship with your case manager. Try to have people plan for who else or what else can be in place before they exit.... Always be thinking ahead and creatively about what exceptions can be made for those families.

Many factors may have contributed to the decline in service use following exit. Given that the majority of families moved to new neighborhoods following exit, the lack of familiarity with a new community's resources may have negatively impacted engagement and continuity in services. As families increased their time spent at work and/or in school and job training, it often became more challenging to remain connected to services or initiate new services because of scheduling conflicts, accessibility, or other barriers. Some services took on a lower priority given that accessing them may have improved the quality of a family's life but they were not necessary for day-to-day functioning. Additionally, without regular check-ins during which case managers provided support, guidance, and accountability, families may also have been less likely to follow through on referrals or engage in services.

It would have been nice to hold the parenting classes near our home. It took a lot to travel back and forth. I ended up stopping. If it were closer, I would have continued.

Services Needed and Received During and After Transitional Housing (Complete Interview Data)

	Needed During Program N=197	Received (If Needed)	Ongoing Need N=197	Receiving at 6-Month Follow-Up N=99	Receiving at 1-Year Follow-Up N=85	Receiving at 2-Year Follow-Up N=57	Receiving at 3-Year Follow-Up N=27
Mental Health Services	46%	88%	41%	27%	22%	38%	22%
Alcohol Abuse Services	10%	81%	10%	3%	3%	4%	4%
Drug Abuse Services	16%	75%	15%	3%	5%	2%	4%
Domestic Violence Services	31%	80%	21%	6%	9%	5%	4%
Child Care	65%	88%	65%	37%	*	*	*
GED or School Classes	49%	70%	43%	11%	12%	13%	11%
Job Training	47%	76%	34%	10%	3%	11%	0%
Pre-employment Training	32%	73%	19%	5%	0%	4%	0%
Parenting Skills	59%	90%	38%	6%	3%	4%	0%
Life Skills Classes	56%	94%	30%	2%	3%	0%	4%
Help in Accessing Health or Dental Care	50%	74%	37%	7%	0%	2%	4%
Counseling or Support Group	59%	84%	48%	16%	21%	25%	19%
Legal Services	47%	76%	32%	12%	11%	13%	4%
Help With Credit	58%	63%	49%	3%	1%	4%	4%

* Child-care data was collected using new measures.

Data are self-reported by primary caregivers.

LIFE AFTER TRANSITIONAL HOUSING

Quality of Life

Although most families interviewed following exit from the program were maintaining permanent housing, their day-to-day lives suggested that housing subsidies were critical to maintaining their stability, as were other income supplements such as food banks. Families found it especially difficult to set aside money for emergencies, with just over half able to do so at most time points. (See table on page 33.)

Despite the fact that many families were still living in poverty and reliant on economic subsidies, the majority of all families at all time points reported that their lives were

“somewhat” or “a lot” better than before transitional housing. Caregivers described ways in which life was better than when they were homeless and their situations often felt hopeless. Most of their comments echoed the themes of an improved sense of self-efficacy, independence, hope for the future, an orientation toward future goals, and improved relationships with their peers and their children:

Because we got out of my mother's and we now have good structure. Even if we moved out on our own, it wouldn't have been as good because I've grown up a lot and my relationship is better with my child.

They [program staff] really helped me. I learned a lot from them. Despite [my family being evicted], the program did help me and my family. I have a lot of strength now and I'm not going back to my old way of life.

I've got a lot more that I want to do. I got my GED and I have permanent housing now. In the next year, I want to go back to school.

Back when I was in the program, I never thought I would be where I am. People told me to have hope. It is up to the individual to make the change. I am so appreciative of where I am today.

The most meaningful change for me has been my independence...my self-sufficiency. Section 8 has allowed me to keep housing. We have a better sense of what it takes to run a household.

I am [closer to achieving my goals]. For one thing, low-income permanent housing allows me to have a peace of mind so that I am working towards self-sufficiency. Like right now I'm going to school and last year I was further away from all that, just trying to situate the kids.

Just being able to stand up for myself. I've been able to take a stand as a mother and our whole household is better. For the first time in a long time, I'm looking forward to things.

[Transitional housing] was a challenging program that taught me not to give up. Because of this attitude, I've been able to get through many things that were difficult and push through.

Terri's Story

After her husband sexually assaulted her daughter from another marriage, Terri and her three children immediately left their home but had nowhere to turn for housing. "I found this out... I just left," Terri said. "I was a stay-at-home mom who didn't have any skills to get a job." Then Terri found Sound Families transitional housing through a program in Northern Snohomish County serving single and two-caregiver households. At intake, she received less than \$500 per month in TANF and child support.

For Terri, stabilizing her family also meant accessing mental health services. She explained that finding consistent, quality mental health services had been a challenge. "No one wants to take [medical coupons]... I've sat on the phone for hours trying to find someone to do a mental health evaluation...I keep trying to tap resources but I come up with nothing." In addition to counseling, she believed her daughter needed tutoring services.

Other support needed by Terri and her family was help with college admissions, especially financial aid. "College—the process of getting into it—seems so hard, maybe not for others but for me. I would need a lot of support to fill out the papers, get day care set up." Terri dreamed of completing the ultrasound program at the local community college.

Many of Terri's goals included her physical health. While she was living in transitional housing, Terri had leg surgery. "Getting my leg better and in better physical shape in general... taking care of doctor appointments and physical therapy [is important]," she said.

At exit, Terri said, "Two years ago, my life was as bad as it could be...I absolutely feel things are getting better. I'm getting excited to move into my new house. My daughter got access to medication and mental health services." Terri reflected on how the program helped her most: "Meeting every week helped me keep myself in check. I bought a planner and got organized. Over the last year, I needed so many resources and they were there to support me—from food and gas to health care."

After one failed move into housing and with the assistance of the program, Terri found a home close to the program where she could use her Section 8 voucher. She was very happy with the space and pleased it was in the same community. After exiting the program, Terri qualified for SSI. Her income was now \$1,000-\$1,500/month. Her portion of rent was \$120/month.

One year after exit, Terri wanted to start the ultrasound technician program. "All in all, I feel we are settled. I can relax and go do those things, like go to school. I know we're going to be here for a while... Before, I wasn't quite ready to sign up." Terri had many positive things to say about the program and its staff. "[They helped with] all the holidays... everything that comes up that's extra. Like Easter baskets, bus vouchers, Christmas stockings, help going back to school, help with shampoo and all of that... Sometimes I think about where I'd be without them." She said that while the program was still there if she needed support, she could have benefited from more follow-up services. "I would appreciate ongoing communication and advice to work with my current landlord."

Two years after exit, Terri said the most meaningful change in her family's life was her "being self-sufficient. I went from being a wife and not knowing much other than raising kids, cooking, and cleaning, to being mom and dad and being independent...paying bills and doing all the fix-it things. And, being the protector, now I'm the one the kids go to."

Social Support Networks

Transitional housing created space and support for families to heal old relationships, reconnect with support persons, and create new and often healthier social support systems. These systems were critical to families developing their own resources to draw on in times of crisis, to feel a sense of belonging, and to receive emotional and concrete support from people in their lives.

[I enjoyed] being part of the community, because once I left it was scary. I had built my own social life and all of our activities. I felt like I was a little safer there.

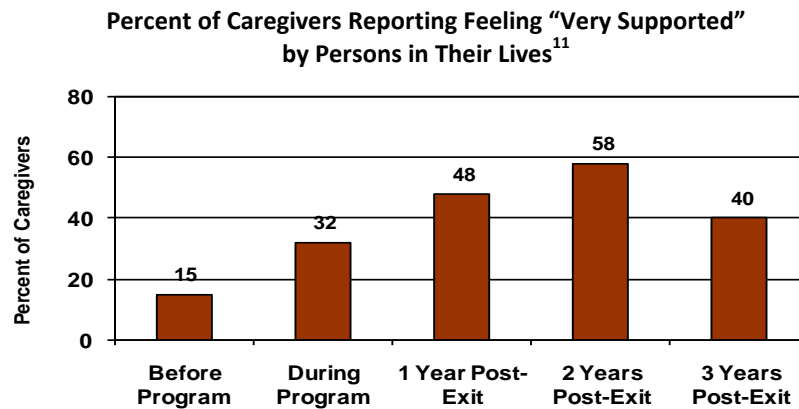
One caregiver shared a lesson learned about “not letting bad people back into your life. Think about if taking the person back will be good for you and your mental health.”

Families often mentioned that the consistency and quality of the case management was extremely helpful in goal-setting and making positive changes toward realizing their goals. For many families, either continuing to see their case manager or at least knowing that they could call if they needed anything was an important factor in feeling connected even after exiting the program.

When I realized [the program] was working, it helped with my mental well-being. To have someone to come to talk to, even if it's not to address an immediate need or concern, you realize how much you've progressed when you can talk to someone about it. It's been extremely helpful. It's done a lot... Without [my case manager] and the program, I would not have gone this far. They offer encouragement that sometimes friends and family don't offer enough of.

Given how many families moved to new communities following exit, several caregivers described how important it is for staff to help families make this transition and both carry forth their current support networks as well as learn the skills to make connections in their new communities.

Families also became more connected to other residents in the programs and members of the broader community. Caregivers reported an increasing sense of support from their social support networks while in the programs and after exit, with a decline seen only three years out. (See chart below.) The reasons for the decline are not well understood, but it is possible that it is due to a combination of factors, including the cumulative effect of moving, sometimes repeatedly; changing jobs; and losing touch with case managers or others from the program. After a period of gains—sometimes offset by a loss of means-tested benefits—the strain of day-to-day living may also have been eroding a sense of “getting ahead” for some families, resulting in their feeling less supported or possibly more isolated. Even so, perceived social support remained much higher at three years out than prior to program involvement.



Complete interview data reveals the same overall trends, reinforcing the conclusions drawn from the subgroup.

Self-Reported Levels of Social Support (Complete Interview Data)

	Not at All Supported	Not Very Supported	Somewhat Supported	Very Supported
Before Transitional Housing (n=81)	31%	38%	16%	15%
During Transitional Housing (n=81)	9%	24%	35%	32%
One Year After Exit (n=81)	6%	16%	30%	48%
Two Years After Exit (n=55)	4%	15%	24%	58%
Three Years After Exit (n=25)	4%	16%	40%	40%

A number of other measures were used to assess social support levels. Most noteworthy among these findings were that families at exit had an average of fewer than two persons they could turn to if they needed to borrow money and an average of a little more than two people they could talk to if they were feeling frustrated or depressed. One year after exit, 71 percent of families had at least one person they could turn to if they were about to lose their housing again. Considering the reverse is more disconcerting: one in four families had *no one* they felt they could turn to for help should they again become homeless.

¹¹ Figure is for the subgroup of 27 families with data three years post-exit.

FAMILIES REFLECT ON THEIR EXPERIENCES IN PROGRAMS

Initial evaluation reports examined families' experiences in programs in much more detail, so we just highlight a few aspects here. A little more than half of families were "very satisfied" with the location of their transitional housing program. Families appreciated having homes that were near schools, public transportation, and stores, given that many families struggled with transportation issues such as having no driver's license, no vehicle, and no insurance. Additionally, they liked having newer units with easy access to property managers for help when needed. Programs with on-site case management also allowed frequent interaction between participants and staff. With each type of on-site staffing, issues could often be addressed before they became a crisis. Depending on the location of the program, families had varying degrees of satisfaction with the safety of their neighborhood. Urban programs had greater challenges with this and frequently had to implement safety measures, such as security cameras and additional lights, to increase safety within the complex. Programs that had units further from stores and work and limited transportation often had to help provide access to vehicles to families. Programs that had play areas for children and children's activities also worked better for families, which in turn helped defuse stress and enable parents to focus on their goals.

It's set-up like a home; I appreciate that. You don't feel like you're in transition. The units are really beautiful and comfortable. There is really no way to identify what the program is from the building.

Satisfaction With Location of Transitional Housing (N=166)

	Not at All Satisfied	A Little Satisfied	Somewhat Satisfied	Very Satisfied
Safety of Neighborhood	5%	17%	28%	49%
Nearness to Family	26%	11%	19%	36%
Nearness to Friends	12%	15%	30%	36%
Nearness to Public Transportation	12%	8%	11%	54%
Nearness to Stores/Businesses	7%	5%	30%	58%
Neighbors	7%	15%	31%	41%
Overall Location	4%	8%	34%	54%

Percentages may not add up to 100 percent because of interviewees responding "do not know."

Once in stable housing, families were able to make many changes in their lives that would benefit them once services ended. They described tangible and intangible benefits of the transitional programs, most often in the following areas:

- Asset development: “I’ve learned how to utilize everything [program staff] taught me to my advantage.”
- Self-sufficiency: “I’m able to support us on my own. I’ve never been able to do that.”
- Improved financial stability: “We’re not doing financially great, but everything seems to work out.”
- Therapeutic gains: “Our healing process has started. We are working out issues.”

One caregiver even described moving beyond herself to be able to help others with the knowledge and confidence she gained in the program:

I’ve met a lot of people in my situation and I’ve been able to give a lot of advice and recommendations to help people out. I feel I have the know-how on how to make things better. Overall, the program has helped me to become a better person and stay on the path I want to stay on.

When asked what made the biggest difference for them in bringing about these changes, families identified having a safe and stable place to live and the support and guidance provided by their case managers in equal measure. Other services families found most helpful were child care, parenting classes, budgeting, and counseling. They also talked about the overall support they received and how case managers and other program staff believed in them. For many, it was the first time someone truly believed they could effect positive change in their own lives and their children’s lives. Concrete goods provided by the program or other partner agencies were also described as helpful. Many families described the benefits of new support networks, the friendships that grew out of shared participation in services, and a sense of community fostered by the transitional housing programs. Lastly, while families acknowledged and appreciated the help provided by programs, they mentioned that it took work and dedication on their part as well.

[I had] time and space to heal and deal with some very emotional things that were as important as the housing. [There was a] sense of community with the other women.

[I was able] to find new personal strengths. I didn’t think I could finish school and could turn things around...just having a hope that things could get better [made the biggest difference].

The program worked because I made use of all of the things the program had to offer and I was able to use them to my advantage and prosper.

The program in the beginning was a little rough...I got lots of help, but I needed to put effort into it myself or it wouldn't work. The more I used the services, the more I grew up.

It got me into a routine and helped me prioritize things at the most complex time in my life.

[The program staff] make me realize I can do things on my own and have the skills to take with me. I know that they would be here for me. If I needed something I could call them for support.

Maintaining Permanent Housing

Families also described the role programs played in helping them maintain permanent housing. Six months after exit, one-third said the transitional housing program, case manager, or services they received had helped keep them on track and not return to homelessness. One-third said they gained knowledge about budgeting, financial goals/prioritizing, or improving their credit histories. One-fifth identified personal responsibility, prioritizing, or goal-setting. Others said knowledge of available resources and maintaining employment helped with housing stability.

One family stated, “[My case manager] drilled into my head that you pay the rent first, even if you can only put \$20 in savings, do it.” Another illustrated the ongoing role a program can play in a family’s sense of security even if no contact is again made: “If I needed anything, I could always go [to the program]. Even still, if I need help, my old case manager will help me out.”

Lessons From the Families

Understanding that those who have actually lived the experience of moving from homelessness to permanent housing hold the best information about what it entails, caregivers were asked to share what they had learned about transitioning out of homelessness. The following are some of the core elements—*beyond stable housing and housing subsidies*—they believe are needed to help families make the transition out of homelessness:

- Case managers made a tremendous difference. The housing provided stable ground on which to build a better future, but the support, guidance, and encouragement provided by the case manager often made the difference. Case managers helped families create a vision for a better future for themselves and their children. They helped families set goals, break goals down into actionable items, and realize success. Without the vision, support, and safety families experienced, many did not think they could have reached the level they did during their time with the program and after.

In terms of my family, the stability of the housing was the key to every other successful step I took forward. For some families, it could be the mental health or some other area of focus. I really appreciated the program. A case manager is key to address the barriers that get in the way...it takes dedication from staff.

- Families need help accessing better paying jobs. Families wanted access to jobs that paid livable wages, not jobs that left them working harder yet falling further behind. They felt that educational programs should be encouraged as well as job training.
- The following is a list of services that families most often mentioned that programs should have available or that case managers should be very familiar with. They also recommended that each family be assessed on an individual basis for which services should be mandatory and which should be optional.
 - ✓ Credit counseling and budgeting guidance
 - ✓ Life skills classes, including cooking, nutrition, and cleaning
 - ✓ Information readily available on permanent housing
 - ✓ On-site child care
 - ✓ A place for kids to play
 - ✓ Job assistance
 - ✓ Food assistance and concrete help
 - ✓ Counselors
 - ✓ Legal assistance
 - ✓ Transportation or assistance with cars
 - ✓ Community meetings

Having regular meetings with the families and make sure they know their local resources. You have a lot of people that really don't know what do even if they have a list in front of them. These are the people who need more intensive time. They just need a little bit more from case managers. [If I were director] I would be sure my staff knows each community resource extremely well—like their criteria, waiting lists, and accessibility.

- Families also emphasized that after successfully completing the program, help in moving to their permanent homes should be available. Many families did not realize how expensive moving costs would be. They asked for help borrowing moving trucks, making deposits on new rentals, and getting support after they moved as they adjusted their budgets to accommodate “new” expenses like utilities.
- Families need help connecting with resources in their new community.
- Follow-up contact by case managers to check in on families periodically during the first year after exit would be beneficial.

Improving the Programs

Many suggestions to improve programs were proffered by families and were reported on in earlier evaluation reports. A few recurring themes: Many families felt that their program's screening criteria could have been stricter in order to screen out families with active chemical dependency issues. Other families felt that it would be important for those families struggling with substance issues to have staff members trained in chemical dependency. Some expressed strong feelings about the strictness of some program rules, saying rules should be congruent with the nature of each family's issues and circumstances. For some families, the presence of permanent housing made it even more difficult to comply with and agree to rules that were solely for families in transitional housing.

One former resident described the elements she felt programs should have in place:

I would change people's budgeting habits. I have seen this as a big problem. Start teaching people to budget and plan ahead. Training on daily living expenses. More mentoring programs for families, not just individuals or children. More parenting classes. This is important because people need to learn new ways of interacting with their kids. More free family activities. Discount tickets for community activities.

Two others offered specific advice to case managers:

Make sure you don't rush people out. I should have taken more time to make more quality decisions before I left instead of after. I felt pressured to do things quickly.

Good health and mental health care are the key to addressing any homeless situation. Also, if you are a social worker or service provider, keep in contact. A lot of things could change in a week, sometimes even in two days, when you're in crisis.

Improving the System

As part of learning from their valuable first-hand experiences of the existing homeless services system, families were asked to think about systemwide solutions during the three-year follow-up interviews. When families were asked what they would change if they were part of a committee to end homelessness in their community, they said they would:

- Increase outreach to struggling families so that they are aware of the resources in their community and how to access them

- Create more programs for families with challenging issues such as chemical dependency, since families with more difficult issues are often screened out of programs and would greatly benefit from this type of support
- Work to create more affordable housing or access to housing vouchers or other subsidies, since the lack of living wages and affordable housing are at the root of family homelessness
- Make education a priority and help pave the road to better-paying jobs
- Decrease food insecurity and increase access to food banks
- Help families learn to access resources independently and help them acquire the skills to be more self-reliant
- Help connect families to their communities to reduce isolation

I would work for more transition-in-place housing. I would do more community-based programs. [I would provide] more supportive long-term housing and help people to be able to buy homes. I would like moms to be able to be moms first and then to figure out how people can contribute to the community. People can have Section 8, but they are cut off and lonely.

Jessica's Story

In May of 2002, Jessica moved to a Sound Families transitional housing program with four of her children, ages 17, 11, 7, and 5. Jessica's fifth child, in her early 20s, lived nearby. Jessica entered the Snohomish County program with a history of evictions, domestic violence, and severe drug and alcohol abuse, which eventually led to the removal of her children through Children's Protective Services. Fortunately, all of the children were placed into relative foster care and were able to transition smoothly back into their mother's care because of the many supportive services available to the family.

At intake, Jessica was not employed and her sole source of income was TANF. Including food stamps, her monthly income was less than \$1,000. While in the program, Jessica took advantage of several services, including drug and alcohol treatment, domestic violence counseling, GED classes, anger management instruction, and parenting classes. Jessica also received legal help.

After one year, Jessica was working 30 hours a week and no longer receiving TANF. She had obtained her GED and increased her income to \$1,200 a month. Upon completing the program, she transitioned in place and agreed to a year's lease using her Section 8 voucher. She said, "The big thing for me [about transitioning in place] is that the kids don't have to make new friends or go to a new school, which they always had to do before. It's all about trying to give them stability. If I ever need my old case manager, she's already here. I already know the neighbors, and I feel safe and comfortable. When you move, you have to set up new things each time, like child care and new schools. It would have been too much of a hassle for me and my kids."

Six months after exiting, Jessica said her life was "a lot better. I am not dealing with alcohol abuse; we are not dealing with domestic violence; our life is just a lot more stable and consistent." By one year post-exit, she had moved into a four-bedroom house. Her income had increased to more than \$2,000 a month and she had a vehicle for the first time in years. Jessica was no longer receiving any services, although she hoped to access financial aid to take courses at a nearby community college. Jessica shared a conversation she had with her son: "[He] told me that when he grows up and has a lot of money, he would buy an apartment building and let homeless people stay there. I told him to think about what if he met a man in the forest who was starving and he had a lot of fish, and so he fed him that night. I asked him to think how that man would feel if he woke up in the morning. And then I asked him what he thought would happen if he taught the man to fish... That's kind of what [the program] did—they taught me how to fish."

Two years after completing the program, Jessica was working full time and making more than \$2,000 per month. She was not using Section 8 and was paying \$1,400 in rent so that her children could have their own rooms. She said that their lives are "pretty consistent...I've gotten a routine down, we're not struggling to make things happen or worrying about how to survive. We know we're going to have dinner and we're all going to have a bath."

Three years after program completion, Jessica was going to school for a business information technology certificate. Because she had to work less in order to attend school, she was making between \$1,000-1,500/month. Still, she was not using Section 8 and had moved into a smaller apartment. She said that she feels the family is a lot more stable, that she's learned how to make good decisions, and that she has "continued to excel during challenging times" and attributes her attitude to the program.

SECTION IV: CONCLUSION

After six years of collecting data and interviewing families, case managers, program directors, child advocates, and key stakeholders, it can be difficult to distill all that was learned into a few key findings. The entire body of Sound Families evaluation reports documents many findings in more detail than this report and should be consulted for a deeper understanding of children's issues, families who were not successful in these programs, guidance on implementation of these types of programs, and the experiences of homeless families prior to and while in transitional housing.

The following sections attempt to provide a brief summary of our collective wisdom on what helps programs realize success and reflections on future directions in the ongoing work to end family homelessness. They also briefly address several of the core questions the evaluation set out to find answers to seven years ago.

CHARACTERISTICS OF EFFECTIVE PROGRAMS

This study was not designed to compare the efficacy of different models of transitional housing in attaining certain outcomes for families. However, after more than five years of collecting data from numerous programs; discussing findings with case managers, program directors, and other program staff; and listening to families describe their experiences before, during, and after the programs, a set of common characteristics emerged that seemed to enable families to be best served and achieve the best outcomes. No program had all of these characteristics in place at any given time, and many very successful case managers and programs lacked so-called "essential" characteristics, which demonstrates that the final mix of physical structures, service provision, staffing, and available resources that makes for the "best" program goes far beyond a set list of defined elements. The best programs, indeed, seem to be those that provided the best match of service levels with families' needs and had case managers who could readily engage with families to establish meaningful relationships as resource persons as well as support persons. The most effective programs also had strong partnerships and good communication among all entities involved. As one agency director intoned years ago, "A healthy collaboration benefits everyone, but especially the families."

The following key characteristics are divided into five groups: program structure, services, case management, specific practices of effective case managers, and effective partnerships. Previous evaluation reports include further discussion of many of these characteristics, particularly those relating to program structure and effective partnerships.

Program Structure

- Housing subsidies available while in transitional housing and guaranteed at exit
- Smooth partnerships among the housing provider, service providers, property manager, and local housing authority
- Integration of transitional units within the overall housing complex
- A transition-in-place model with several conditions: subsidy available following completion of the service component; housing complex of an adequate size to allow appropriate units to be available when needed; and a location and housing community that residents desire to remain in
- Adequate screening and assessment of families at intake to ensure that available services match families' needs and that there is early recognition of active substance abuse and resources to address chemical dependency
- Clear and consistent protocols when families fail to follow case management plans or the program rules
- Adequate interior and exterior play spaces for children
- An enhanced property management approach that organizes informal social events and children's activities; creates a supportive social environment; defuses conflicts and emergent crises; and has property managers who often function as a resource to residents and as front-line staff addressing immediate issues

Services

- Appropriate fit between families' level of need and services available to them
- Experienced case managers in a supportive agency
- Adequate children's activities and services, including play groups, child care during groups, and therapeutic care for children
- Activities that foster a sense of community at the housing site, particularly among transitional and permanent residents
- Adequate transportation available to families
- Support for families after exit from transitional housing, including the actual moving process and settling into a new neighborhood

Case Management

- Strengths-based, client-centered practice
- Caseload size of 12-14 families per full-time case manager
- Appropriate level of education and experience to work with families in the program
- Adequate consultation and clinical supervision
- Ability to work with clients in various stages of recovery from chemical dependency
- Case management approach that is flexible with time and content
- Case managers and other program staff who are well-connected to community resources and other agencies

Specific Practices of Effective Case Managers:

- Conduct holistic assessments of clients
- Accurately gauge a client's readiness for change
- Work with clients to develop their own goals
- Follow up with clients to make sure progress is being made towards goals
- Give clients positive feedback about progress
- Be aware of and help connect clients with local community resources and systems
- Help clients heal from trauma
- Focus on the needs of the whole family unit, not just the adults
- Create an environment of mutual accountability
- Create an exit plan with families

Effective Partnerships

- Have leadership within each partner agency that aligns often distinctive missions among different partners, resulting in a shared commitment to residents' success, a better understanding of homeless families and their needs, and a more flexible approach to serving families
- Use early and ongoing communication among all parties, including the property manager, that addresses each organization's mission and values, specific characteristics of the service population, resident eligibility criteria, and safety and confidentiality issues; such communication fosters success for families, reduces unit vacancies and waiting time for families, enhances program retention, and allows higher need families to be served

As described by one program director:

You need to really discuss expectations about the program up front. Get to the substance of what you want to happen, what each agency's mission is. Business and nonprofits have very different missions, especially if the nonprofit is a grassroots agency. Discuss value systems — where they meet and diverge. How will differences affect a collaboration?

- Have a written agreement or a memorandum of understanding that defines expectations, roles, responsibilities, and financial arrangements

BRIEF ANSWERS TO CORE QUESTIONS

The following are brief responses to six questions posed at the beginning of the evaluation process:

1. What have we learned about which families benefit the most from transitional housing?

Homeless families with a moderate level of service needs are best served in time-limited, service-enriched transitional housing. The needs of families struggling with severe mental illness and/or active chemical dependency often exceeded the capacity of what a program could provide and would likely have been better served in permanent supportive housing programs in which a harm reduction model is implemented. At the other end of the spectrum, families with only economic needs to afford stable, permanent housing were not the best fit for the valuable resources used in programs with mandatory services.

2. Are the gains made by families sustained or built upon after exit?

Permanent housing was largely maintained, especially for families receiving housing subsidies. Wage, household income, and employment gains were seen up to one year after exit, then reached a plateau. Increases in social support continued up to two years post-exit, but even at three years support was much higher than prior to transitional housing. Increases in children's school stability were maintained up to three years post-exit. Self-reports of improved quality of life, more hope for the future, and increased self-efficacy were sustained throughout the follow-up period.

3. What challenges remain for families?

- Struggling to pay the rent and bills on time, afford basic necessities, and build a savings account
- Losing critical means-tested benefits as families' incomes rise just over eligibility thresholds, causing a net loss of resources
- Maintaining stable employment and realizing wage increases (keeping up with inflation)
- Accessing further education that would help secure better jobs with higher future potential earnings
- Accessing specific support services as needed to address chronic issues or prevent future setbacks or another episode of homelessness

4. For families who re-experience homelessness, what were the causes?

Of the five families who returned to shelter or transitional housing by their one-year follow-up interview, two were due to CPS involvement, one to domestic violence, another to eviction, and the last just "had nowhere to go." Among families who were evicted or asked to leave transitional housing, root causes were most often chemical dependency, mental illness, or dual diagnoses.

Among families who were able to remain housed, the following issues often put their housing in jeopardy: living with people whom they might not otherwise choose to live with (e.g., abusive partners, unsafe or unsupportive environments with friends or families) in order to afford housing; and evictions or the threat of eviction, typically related to chemical dependency, child abuse/neglect issues, or nonpayment of rent.

5. What have we learned about the benefits of services in conjunction with housing subsidies or other forms of support to secure permanent housing?

A majority of families reported that services gave them tremendous tangible and intangible benefits, many of which appear to have long-lasting effects. Case managers and other program staff helped families feel more in control of their lives, have hope for the future, and set both short-term and long-term goals to create the lives they want for themselves and their children. Housing subsidies were critical to helping families afford housing after exit and reducing the financial strain that ultimately could lead to a loss of housing.

6. How did transitioning in place impact families' outcomes?

Families who transitioned in place looked remarkably like other families both prior to and after successfully completing services, which was a prerequisite for transitioning in place. Among families who transitioned in place, housing moves were delayed and possibly more intentional, though eventually they occurred at nearly the same rate as those who moved at exit. All families faced the same economic challenges following exit. Who transitioned in place tended to depend on the success of the transition-in-place model at each particular site rather than a particular "type" of family.

CONCLUSION

A significant majority of the homeless families participating in Sound Families were able to make strides—sometimes large and sometimes small—toward stability, economic independence, and improved quality of life. As seen in the longitudinal data, families were able to hold on to most of these gains, though not always easily, in the years following transitional housing. Most families required an ongoing housing subsidy to remain stably housed. Many remained dependent on access to ongoing services, including intermittent contact with their prior case managers and mental health services, as well as additional economic supports such as child-care subsidies, food banks, and Medicaid. Their wages remained insufficient to fully support their families and most low-wage jobs lacked benefits. Holding low-wage jobs—often more than one—and ensuring that their children were cared for—including transporting them to child care or school, often without the convenience of a car—left families with little time to pursue the additional education or job training that they desired and would enable them to secure more stable, higher-wage jobs.

For the majority of families served, this initiative was successful in attaining its initial goal of returning homeless families to stable housing situations and increasing income and employment levels. This initiative also furthered local understanding of existing housing and service gaps and how to more effectively serve homeless families. Many aspects worked extremely well and deserve continuation or replication. The Sound Families Initiative was able to achieve success by better coordinating disparate parts of the homeless services system aimed at families, helping agencies to increase their organizational capacity and creating long-term stability for many families. At the core of this work were four cornerstones of success:

1. Transitional housing more seamlessly linked to permanent housing provided much-needed **stable housing** for families to address other issues related to their becoming homeless.
2. Supportive **case management** and other services available through the transitional program helped families move towards equilibrium while maintaining their housing. Low turnover in case managers and solid training and supervision ensured a high level of support to families.
3. For most families, there was a good **fit** between the level of a family's needs and the service capacity of the transition program. Ensuring this match required adequate and quality up-front assessment of each family's needs.
4. **Partnerships** between service providers and housing owners allowed housing to be linked to services, and partnerships with local housing authorities enabled many successful families to secure permanent housing upon exit.

These findings also suggest additional work that is needed to stabilize the lives of homeless families and help them move closer to achieving economic independence. While median hourly wage gains were notable, they remained substantially short of living wages in the Puget Sound

region. Clearly, more effective efforts are needed in the area of workforce development to connect wage earners in families recovering from homelessness to better employment opportunities and continued support in order to maintain jobs and some continuity in their employment histories. Families with greater service needs require a different program model to help them address their often multiple and complex needs without jeopardizing their housing. Services to homeless children, including stronger partnerships with school systems, would also benefit from increased resources in order to interrupt the cycles of intergenerational poverty and homelessness. By continuing to enhance and refine the systems serving homeless families, this region will continue to reduce both the rate of families becoming homeless and the negative impacts homeless episodes have on children and adults alike.

[Transitional housing] has given me a peace of mind and made me take a look at myself, what I want, and what it takes to get there. This is all about helping me to take steps to get ahead in life.

APPENDIX A: County-Level Findings

Examining data on a county level and making appropriate comparisons is instructive on several levels. First, it challenges the notion that families and programs are the same across the region, and, more importantly, it shows how the larger contexts in which programs operate and families work to make changes affect outcomes. It also demonstrates how different programmatic decisions affect which families are served and how varying policy decisions ultimately affect family outcomes. Each county's data is presented in more detail in the sections that follow this initial section in which the counties' data are compared side by side.

The Families

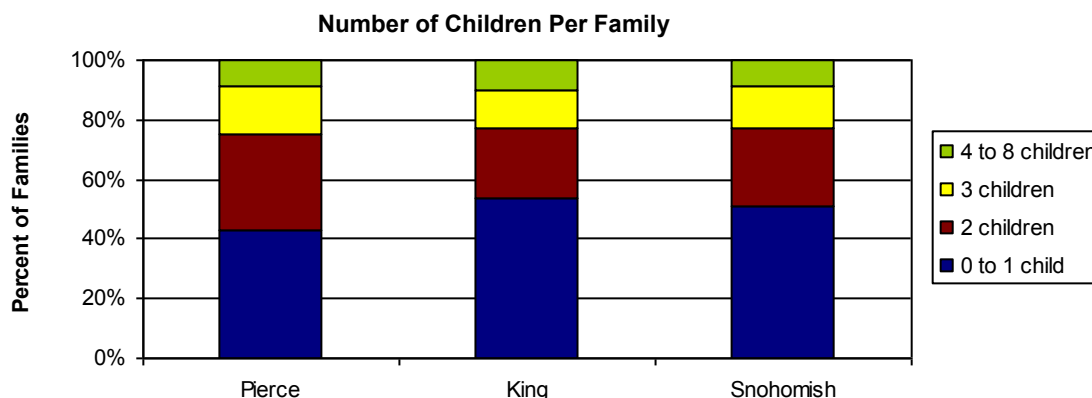
While the majority of families in each county had at least one prior episode of homelessness, families in Snohomish County were more likely to have a longer current episode. In King County, the majority of families came to transitional housing from emergency shelters. In Pierce, families came equally from shelters and the homes of family or friends. Generally, families entering transitional programs from shelters are more of a known entity, and information gleaned from shelter workers can be used in the screening process to ensure a good fit with the program and its services.

Homeless Histories			
	Pierce	King	Snohomish
More Than One Homeless Episode	68%	62%	64%
Homeless Six or Fewer Months in Past Two Years	76%	63%	56%
Homeless Longer Than One Year in Past Two Years	13%	19%	22%

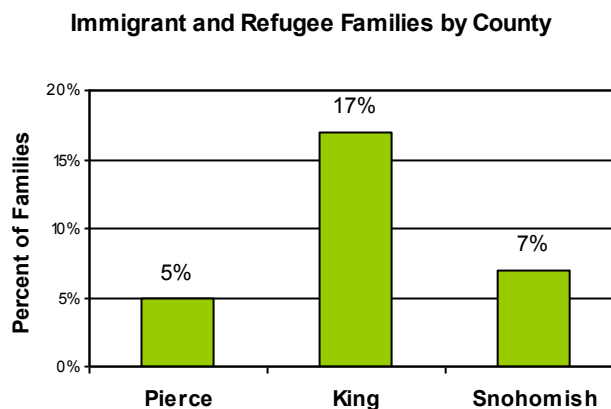
Most Common Residences Just Prior to Entering Transitional Housing			
	Pierce	King	Snohomish
Emergency Shelter	38%	51%	40%
Relatives/Friends' Homes	39%	23%	33%

Fewer than half of school-age children in each county attended only one school in the past year. Many attended **three or more schools** in one year: 9.9 percent did so in Pierce, 11.3 percent in King, and 13.2 percent in Snohomish.

In each county, approximately 85 percent of families were headed by a single caregiver. Pierce County had slightly larger families overall while the average age of primary caregivers varied little by county (29-32 years old).



King County programs served the highest percentage of refugee or immigrant families (see figure to right). Overall, King County served the highest percentage of *non*-Caucasian families (62 percent) followed by Pierce (47 percent) and Snohomish (30 percent).^{*} Case managers reported that many families needed culturally relevant services such as interpretation/translation, case management, counseling, and ESL classes: 23 percent of families in King County, 17 percent in Snohomish, and 14 percent in Pierce.



One-fourth to one-third of primary caregivers had not completed high school before entry into transitional housing. At least one-third in each county had post-high school education:

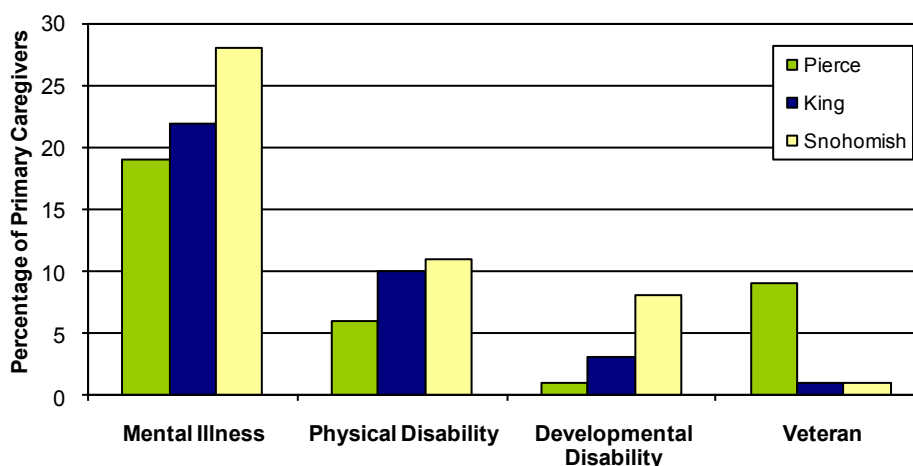
Highest Level of Education Attained by Primary Caregiver at Entry			
	Pierce	King	Snohomish
Did Not Finish High School	31%	26%	35%
High School Diploma or GED	33%	38%	32%
College/Vocational School*	35%	36%	33%

* Includes those who earned a degree as well as those who did not

* Race/ethnicity of primary caregivers is described in more detail in the following sections.

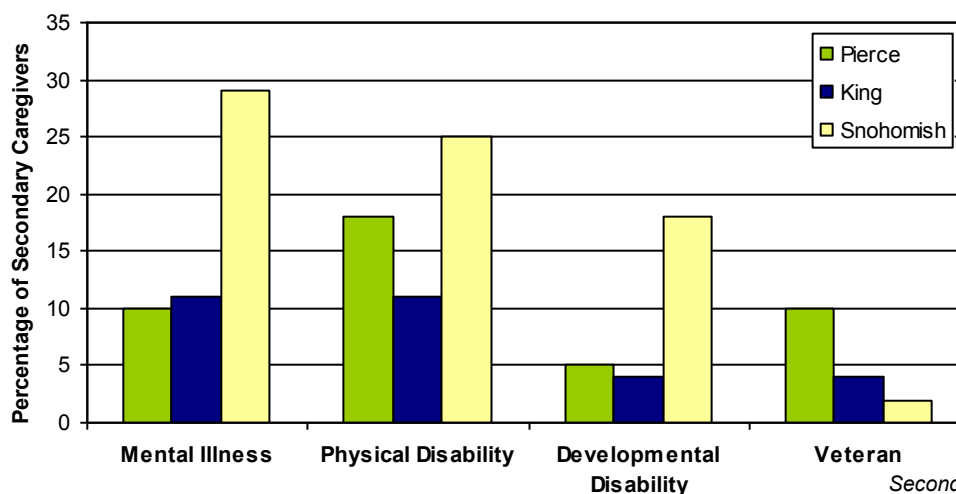
Examining several characteristics of caregivers demonstrates the different types of program models and target populations in each county. Among primary caregivers in each county, mental illness occurred most frequently. It must be noted that there is no standardized assessment in most programs' screening processes to determine the presence of mental illnesses or disabilities. Snohomish County had several programs targeting families with a developmentally disabled adult, leading to their higher percentage of caregivers in that group. Veterans were most frequently served in Pierce County, primarily due to one program having veterans as a specific client target population.

Characteristics of Primary Caregivers



When a second caregiver was present, physical and developmental disabilities were more common, especially in Snohomish County, which has several programs targeting these clients.

Characteristics of Secondary Caregivers

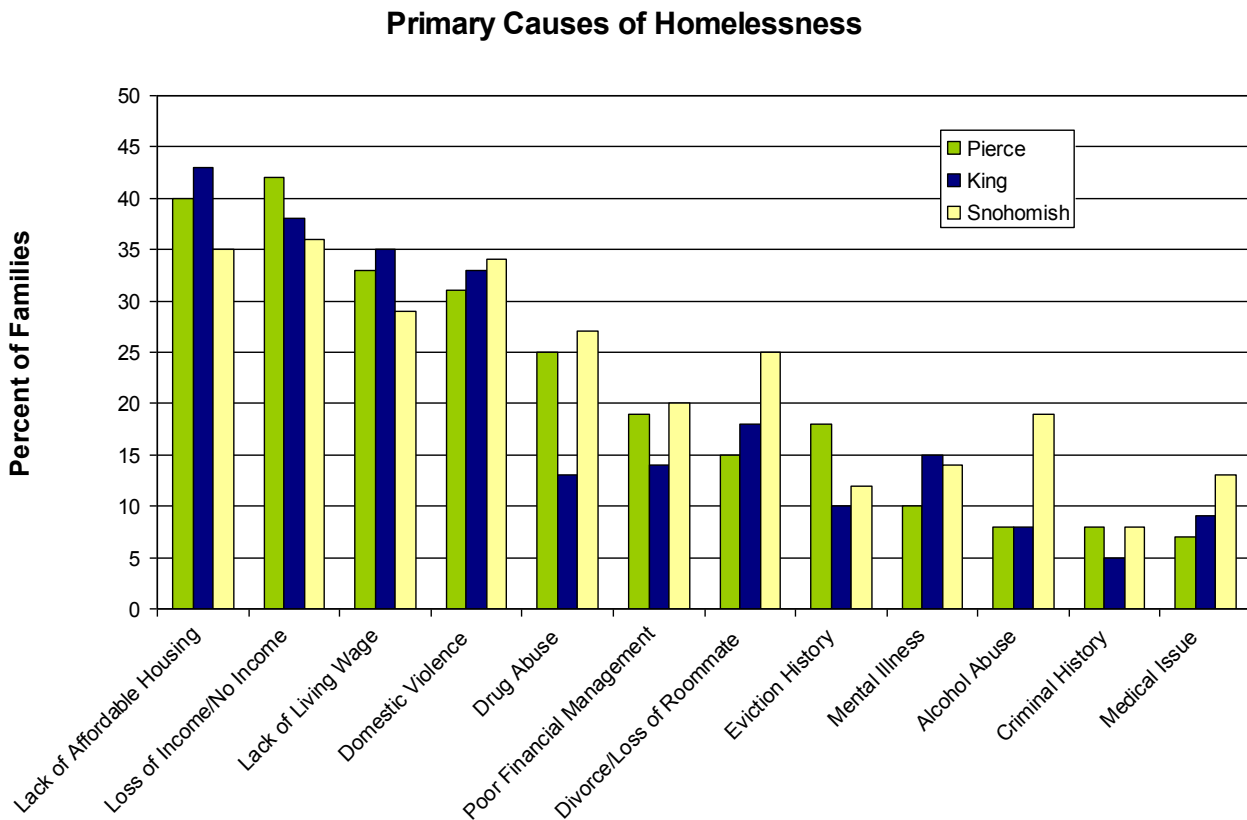


Secondary caregivers:
Pierce County, n=48
King County, n=84
Snohomish County, n=49

Characteristics were identified by case managers at intake.

Causes of Homelessness*

Two structural causes of homelessness—lack of affordable housing and lack of living wage jobs—and two family-level causes—lack of income and presence of domestic violence—were most frequently cited as being responsible for families’ current episodes of homelessness. Causes were similar across counties, with the exception of drug abuse and poor financial management, which were seen as *less* causal in King County, alcohol abuse and divorce/loss of roommate, which had higher rates in Snohomish County, and eviction history, which was highest in Pierce County.



Across the board, household income levels were low at entry to transitional housing. Based on case study data, King County had the highest percentage of families with household incomes exceeding \$1,000/month at 31 percent, followed by Pierce (20 percent) and Snohomish (14 percent). Pierce had the highest percentage of families entering with incomes of *less than* \$500/month at 48 percent, followed by King (41 percent) and Snohomish (37 percent). That the highest percentage of families with the highest income levels were in King County could be reflective of the higher cost of housing in King and the scarcity of available affordable housing.

* Primary causes were determined by case managers.

Outcomes at Exit From Transitional Housing

As of June 2007, more than 900 families had exited programs: 240 families in Pierce County, 441 in King, and 257 in Snohomish. Families spent an average of 12 to 13 months in programs in each county. Families who were evicted spent fewer months on average in the programs: 8.4 months in Pierce, 10.8 months in King, and 9.3 months in Snohomish. Approximately two-thirds of families in all three counties achieved permanent housing; the majority who did not went to live with family or friends.

Where Are Families Moving After Exit?			
	Pierce	King	Snohomish
Permanent Housing*	68%	67%	71%
Family/Friends' Homes	17%	17%	13%
Other: Nonpermanent**	6%	7%	4%
Unknown	10%	9%	11%

* Includes fair market housing, Section 8, subsidized housing, public housing, long-term supportive housing, and home or trailer ownership

** Other includes shelter or transitional housing, prison, treatment facilities, and places not meant for habitation

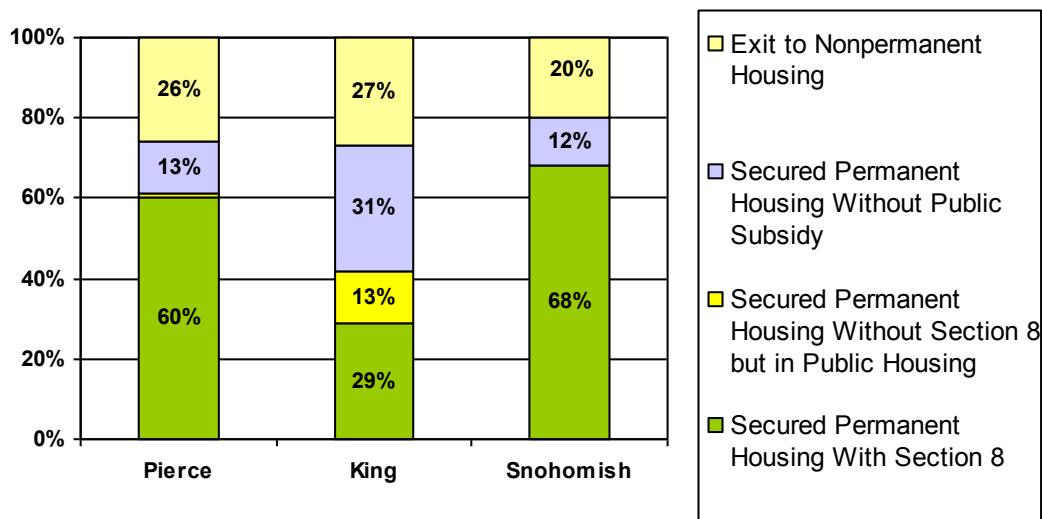
The transition-in-place strategy (i.e., allowing families to remain in their unit or the complex after services ended) was not implemented equally across counties. Among all families who exited, 29 percent of Snohomish County families **transitioned in place**, 15 percent did so in Pierce, and 8 percent in King. The success of transition-in-place models was directly tied to the availability of housing subsidies, namely Section 8 vouchers, to support rent costs following exit.

The use of different exit strategies is evident in several outcomes: Snohomish and Pierce counties more often used Section 8 vouchers at exit to provide families with a pathway to permanent housing, while King County was more likely to help families secure permanent housing through access to public housing units. Hence, 62 percent of all exiting Snohomish County families and 56 percent of Pierce County families received a Section 8 voucher upon exit, while 28 percent of King County families received one.

The figure on the following page shows the differential impacts these decisions had on families' housing outcomes. When Section 8 vouchers were not available, it was essential that alternative supports were provided to families following exit in order for them to move into permanent housing. Alternative strategies included prioritized public housing wait lists, access to private-sector low-income housing, and helping families identify affordable private-sector housing.

Comparing the housing exits for families with known outcomes shows the different exit strategies used by the three counties. King County, which had the lowest eviction rate (21 percent) but the highest percentage of families exiting to nonpermanent housing, also had the least readily available Section 8 vouchers for exiting families though the most families who were connected to permanent housing through public housing.

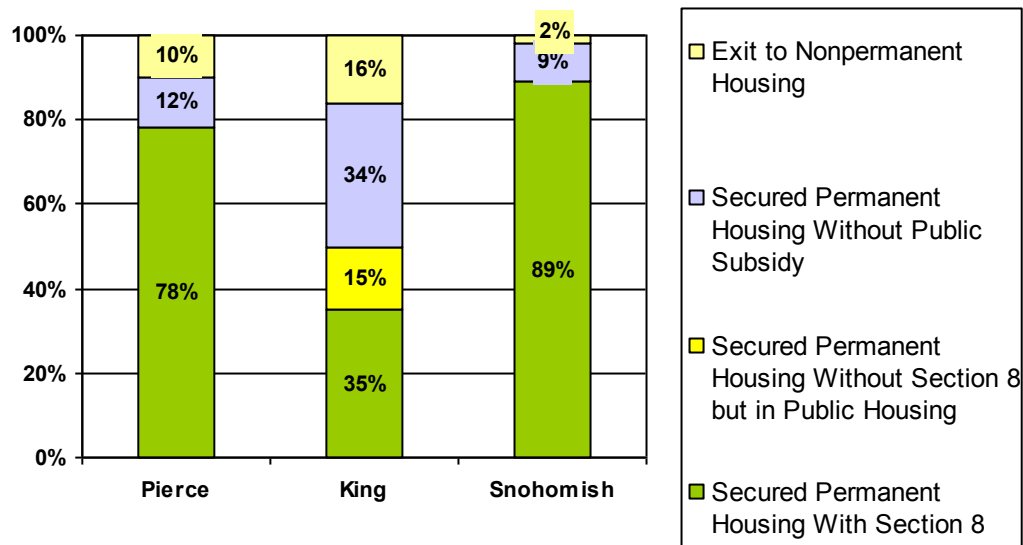
Housing Outcomes for ALL Exiting Families



N=205 in Pierce; N=386 in King; and N=227 in Snohomish (with known housing outcomes); includes families evicted or asked to leave programs

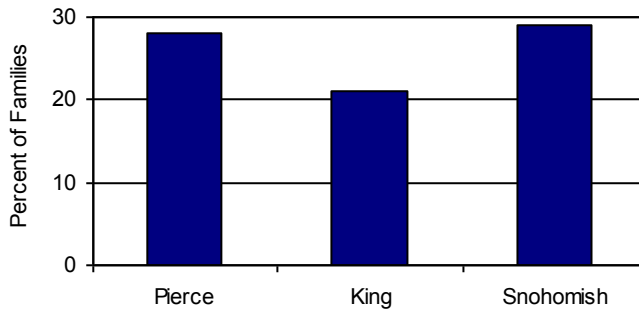
In order to better understand housing outcomes for families who successfully completed programs, the figure below breaks down how permanent housing was achieved. It also shows that **between 2 percent and 16 percent of families successfully completing programs were not able to secure permanent housing**, typically due to the lack of affordable housing in the region and not having a subsidy available to them. This was particularly an issue in King County, where Section 8 vouchers were less available to exiting families and where private-sector housing was out of reach for many families. King County was successful in moving a higher percentage (15 percent) of successful families into publicly subsidized housing, but one-third had to secure permanent housing without public subsidy. Snohomish County, having the highest rate of accessibility to Section 8 vouchers, had the highest percentage of successfully exiting families securing permanent housing.

Housing Outcomes for Families Successfully Completing Programs



N=158 in Pierce; N=326 in King; and N=175 in Snohomish (with known housing outcomes); *excludes* families evicted or asked to leave programs

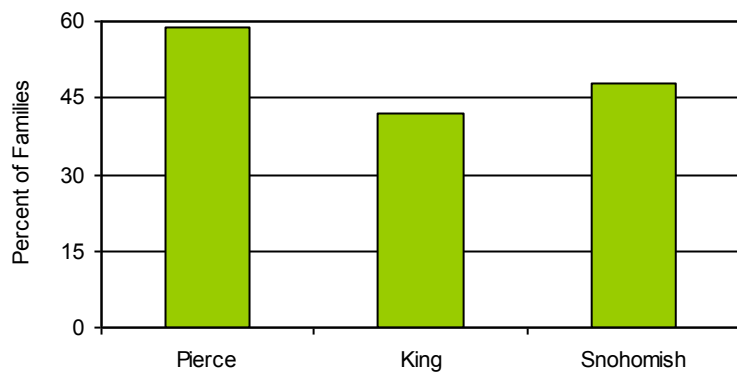
Families Asked to Leave or Evicted



Twenty-one percent to 29 percent of families were evicted or asked to leave their transitional units in each county (see figure at left).

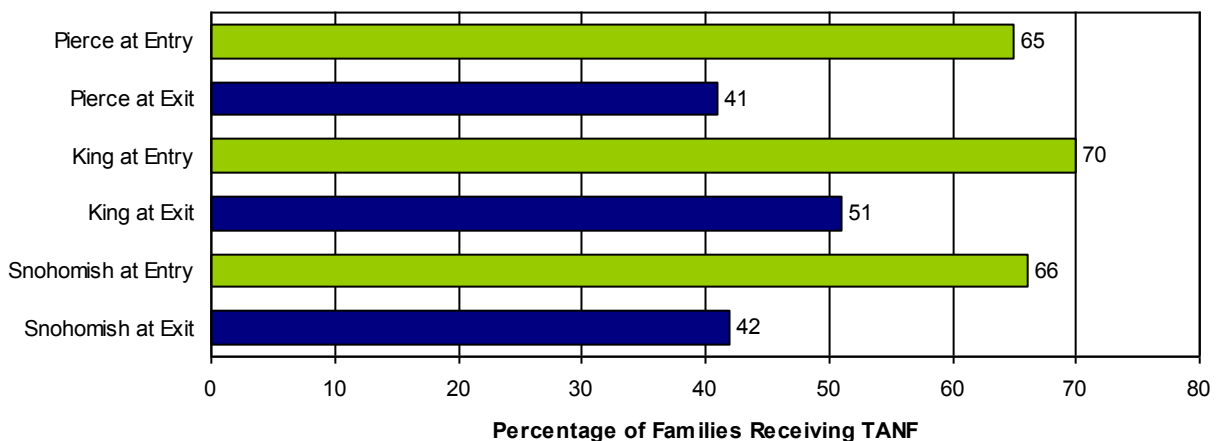
Increases in household income varied across counties. In Pierce County, 59 percent of families increased their incomes between entry and exit; in King, 42 percent increased their incomes; and in Snohomish, 48 percent did so (see figure at right).

Household Income Increased Between Entry and Exit

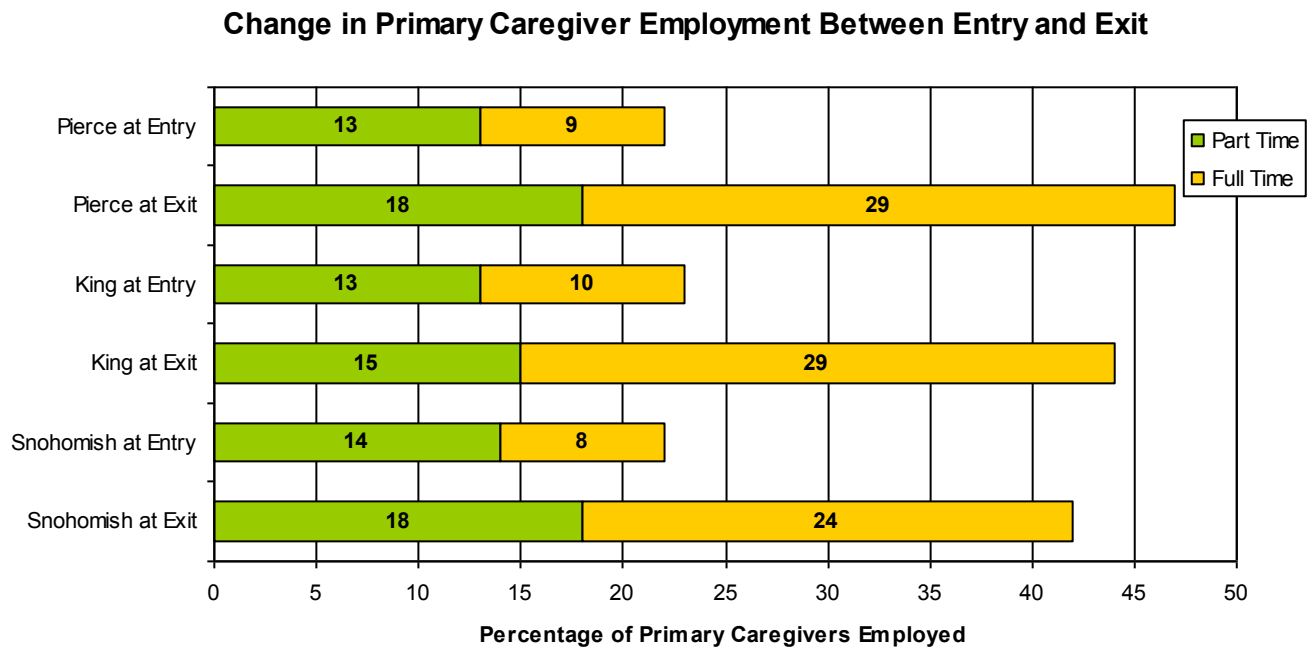


The percentage of families receiving TANF declined between 19 and 24 percentage points, with Pierce and Snohomish counties having the greatest declines (see figure below).

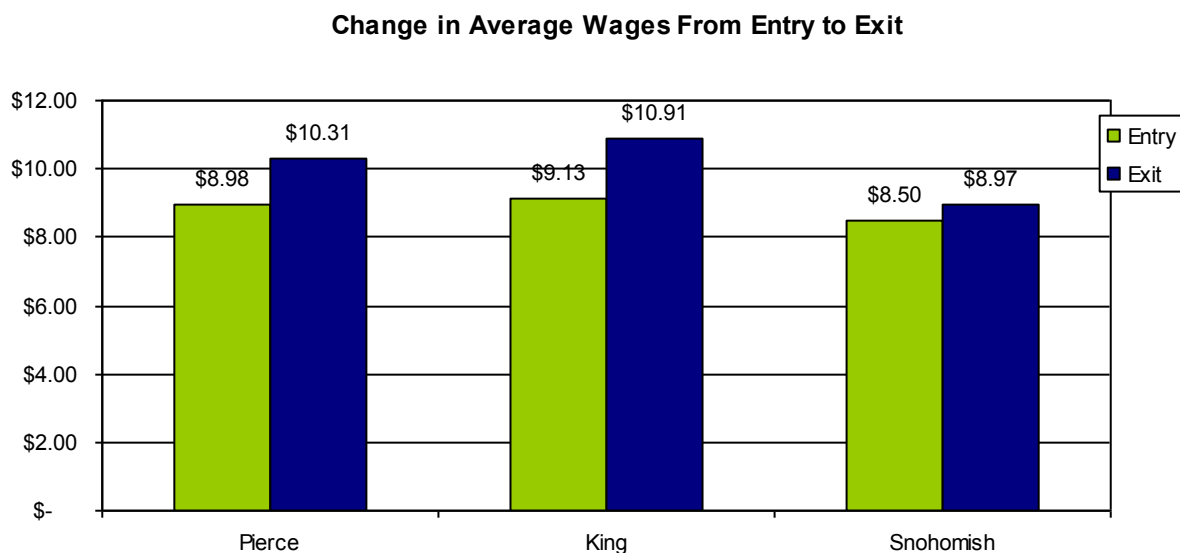
Change in Receipt of TANF Between Entry and Exit



Overall, employment improved significantly in all three counties, as shown in the figure below. The majority of the improvement was accounted for by a threefold increase in full-time employment in each county.



Case study data on a subsample of families allows examination of wages earned by primary caregivers. Average wages increased by 15 percent and 19 percent between entry and exit in Pierce and King counties, respectively, and by 6 percent in Snohomish County, as shown below.



Data in the above figure are based on individuals with wage data for both time points; Pierce County n=26, King County n=16, Snohomish County n=20

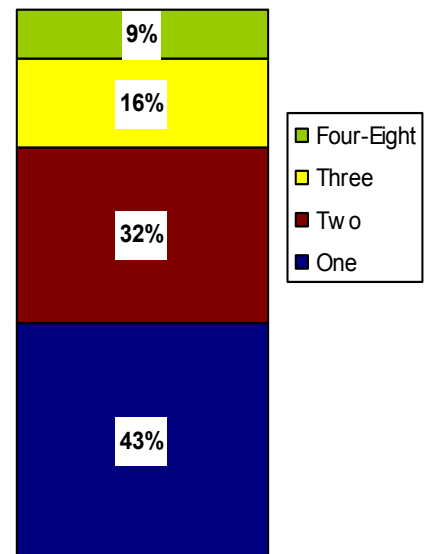
Pierce County

Data on families served in Pierce County were reported by 10 programs that were serving families in 145 Sound Families units. Seven programs were located within the city of Tacoma, and three were outside of Tacoma, including two programs with housing located in multiple locations. Services in these programs were provided by seven agencies in Pierce County.

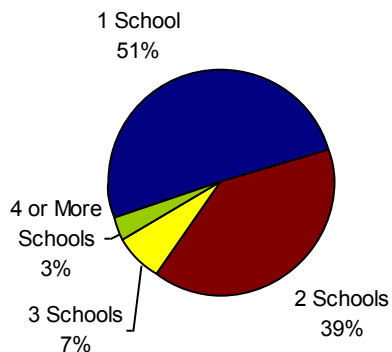
Overview of Families Served

- Total number of families served: **392**
- 68 percent of families were served in programs located in Tacoma
- Total number of adults served: **446**
- Total number of children served: **759**
- **86 percent** of families were headed by a single caregiver
- Average age of primary caregiver: **32** years (range: 17—67 years)
- When there was a second caregiver, their average age was 33 years
- Average age of children: **7.2** years (range: infant—18 years)

Number of Children per Family



Number of Schools Attended in the Past Year Among Families With School-Age Children (n=203)



Among families with school-age children, **49 percent** had attended two or more schools in the year prior to entering transitional housing.

Demographics of Families Served

Race/Ethnicity of Caregivers	Primary Caregiver (n=391)	Secondary Caregiver (n=36)
Caucasian	53%	69%
Black/African American	26%	11%
Hispanic/Latino	6%	3%
American Indian/Alaskan Native	4%	11%
Asian/Asian American	3%	-
Native Hawaiian/Pacific Islander	4%	6%
Biracial/Multiracial	4%	-
Other	1%	-

Some primary caregivers fell into additional categories as identified by case managers at intake:

- 19 percent** had a mental illness
- 6 percent** had a physical disability
- 1 percent** had a developmental disability
- 9 percent** were veterans

When a *second* caregiver was present, 10 percent of them had a mental illness, 18 percent had a physical disability, and 5 percent had a developmental disability. Additionally, 10 percent were veterans.

- **Five percent** of families were refugee or immigrant families from many countries, including Somalia, Vietnam, Cambodia, Mexico, El Salvador, Samoa, the Philippines, Spain, and Germany.
- Case managers reported that **14 percent** of families needed some type of culturally specific services. Among those needing such services, 15 percent needed communication services (such as translation), 23 percent needed culturally specific case management, and 28 percent needed culturally specific mental health counseling.

Highest Education Level	Primary Caregiver (n=389)	Secondary Caregiver (n=38)
8th Grade or Less	2%	10%
Some High School	29%	29%
High School Diploma or GED	33%	36%
Some College	25%	13%
Technical/Vocational School	7%	18%
College Degree	4%	3%

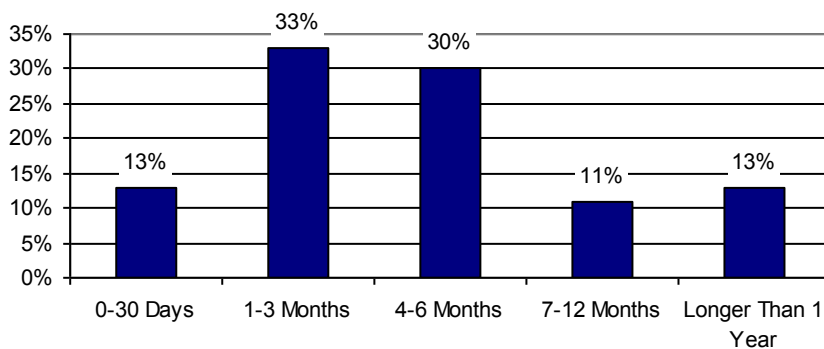
Twenty-two percent of primary caregivers were in educational or job training programs at intake; **26 percent** were at exit.

When a second caregiver was present, **14 percent** were in educational or job training programs at intake; **21 percent** were at exit.

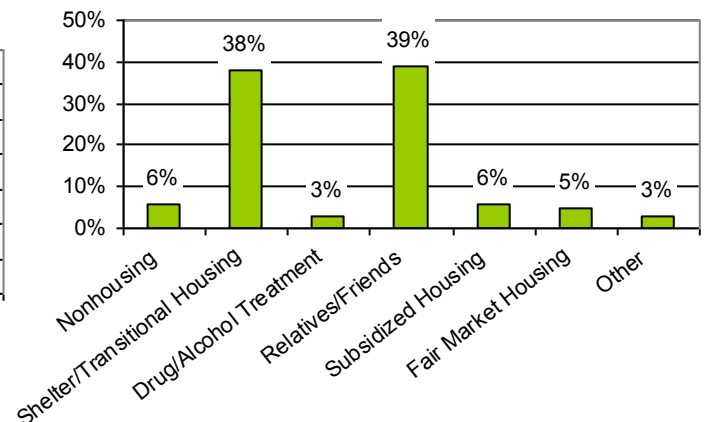
Families' Experiences With Homelessness

- **Thirty-two percent** of families were homeless for the first time, though the length of time they were homeless varies. Most came to transitional housing from emergency shelters or the homes of family and friends.

**Longest Period of Homelessness
in Two Years Before Program Entry**



Residence Prior to Entry



Percentage of Families With Each Primary Cause of Homelessness*

Loss of Primary Income/No Income	42%
Lack of Affordable Housing	40%
Lack of Living Wage	33%
Domestic Violence	31%
Drug Abuse	25%
Poor Financial Management	19%
Eviction History	18%
Divorce/Separation or Loss of Roommate	15%
Mental Illness	10%
Criminal History	8%
Alcohol Abuse	8%
Medical/Health Issue	7%
Other	8%

* As identified by case managers at intake.

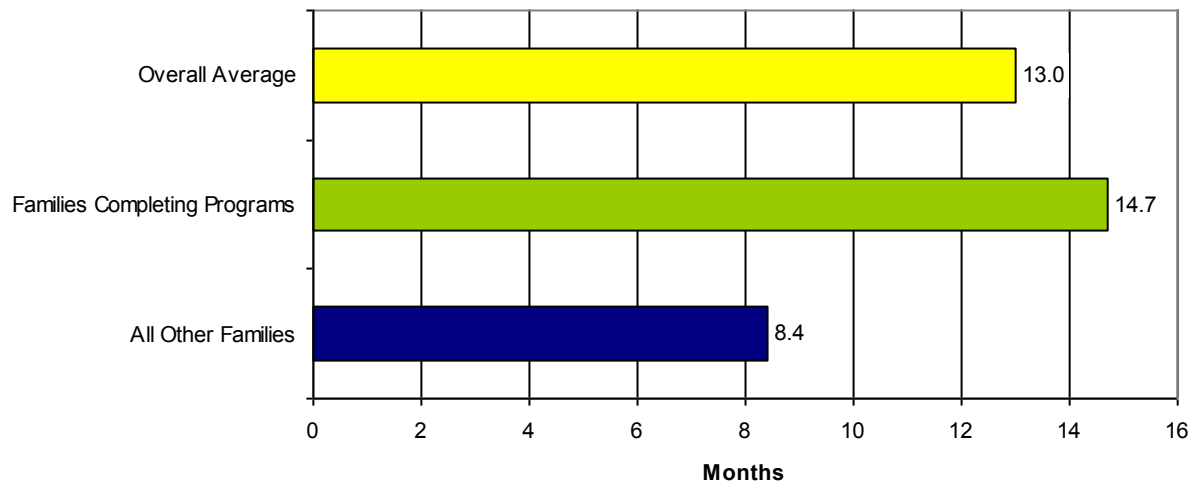
Exit Outcomes (N=240)

- **68 percent** of families moved into **permanent housing** of any type*
- **56 percent** of families exited with a **Section 8** voucher
- **15 percent** of all families **transitioned in place**
- 17 percent moved in with family or friends following exit
- **70 percent** of all exits were seen as **successful** by the case manager

* Permanent housing includes fair market, Section 8, public housing, other subsidized housing, and home or trailer ownership

Exiting families spent an average of **13.0** months in the programs. Families who completed the programs resided in them **14.7** months, compared to **8.4** months for families asked to leave or evicted from the programs.

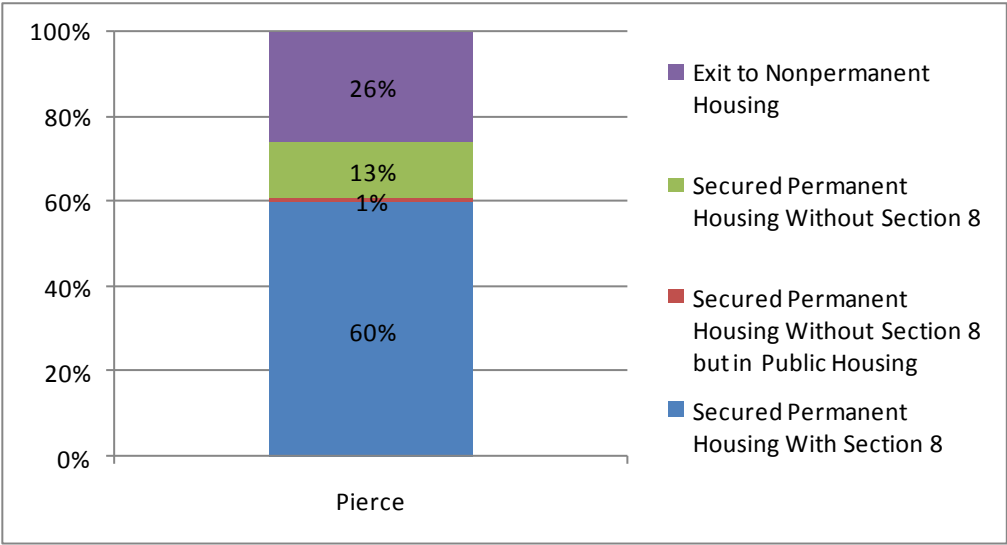
Average Number of Months Families Spent in Transitional Housing



- **Twenty-eight percent of families were evicted or asked to leave their units.** Reasons varied: **43 percent** were due to substance abuse; **34 percent** to violation of program rules; **8 percent** to not working with the case manager; and the remainder due to nonpayment of rent, domestic violence, and mental health or other issues.
- **Sixteen percent** of families asked to leave or evicted (n=67) were able to secure permanent housing. Other housing outcomes for evicted families: **39 percent** moved in with family or friends; **12 percent** entered inpatient treatment programs; **3 percent** returned to shelter or another transitional program; and **3 percent** went to places not meant for habitation. It is unknown where **27 percent** of the families went.

Exit Outcomes

Housing Outcomes for All Families With Known Exit Outcomes

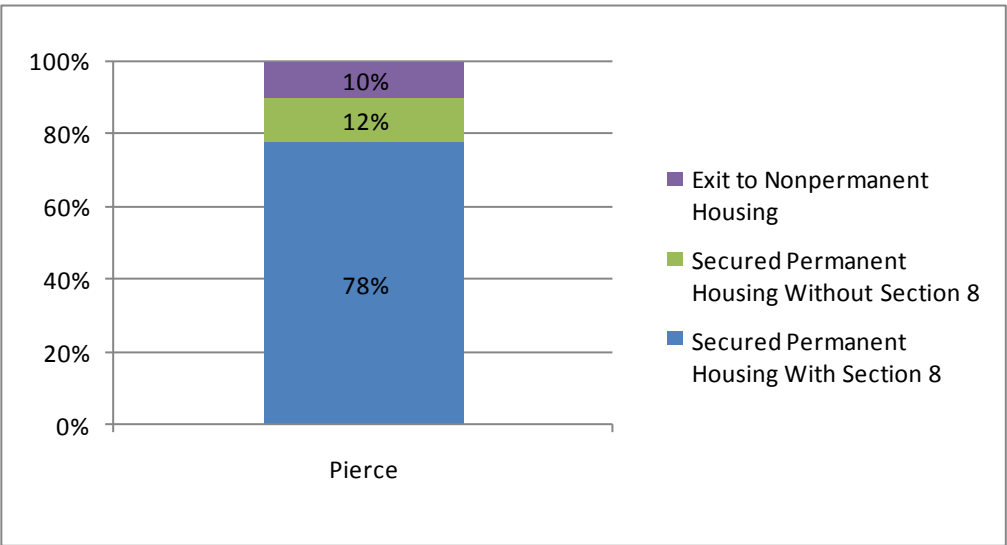


N=205 (with known housing outcomes); *includes* families evicted or asked to leave programs

The top figure shows how permanent housing outcomes were achieved for all families with known outcomes. The majority of families securing permanent housing in Pierce County did so with a Section 8 voucher at exit.

In order to better understand housing outcomes for families who successfully completed programs, the second figure breaks down how permanent housing was achieved. It also shows that 10 percent of families successfully completing programs were *not* able to secure permanent housing, typically due to the lack of affordable housing in the region and not having a subsidy available to them when private-sector housing was out of reach for many families. Twelve percent of successful families were able to secure permanent housing without a public subsidy.

Housing Outcomes for Families Successfully Completing Programs



N=158 (with known housing outcomes); *excludes* families evicted or asked to leave programs

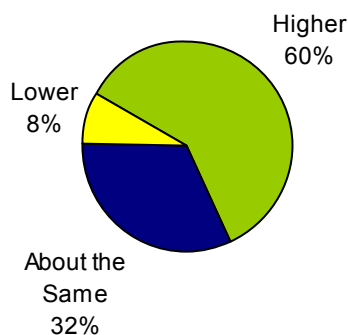
Exit Outcomes

How Did the Primary Caregiver's Employment Change Between Entry and Exit?

Resources	At Entry to Transitional Housing (n=387)	At Exit (n=236)
Receiving TANF	65%	41%
Employed Full Time	9%	29%
Employed Part Time	13%	18%
Employed Sporadically	3%	6%
Disabled/Unable to Work	4%	12%
Not Employed	70%	35%

- Employment increased among primary caregivers: **47 percent were employed full or part time at exit**, compared to 22 percent at intake.
- **Working caregivers made an average of \$10.31/hour at exit.** Average wages increased 15 percent between intake and exit (n=26).
- When a *second* caregiver was present, 4 percent were working full time at intake, 12 percent were working part time, and 20 percent were disabled/unable to work. At exit, 43 percent were working full time, 10 percent were working part time, and 7 percent were disabled/unable to work (n=30).

How Did Household Income Change Between Entry and Exit?



- Financial outcomes were more positive among families who moved to permanent housing (n=162): 69 percent had increased their incomes, 35 percent were receiving TANF, 35 percent were employed full time, and 20 percent part time. Eighty-two percent of these families were using a Section 8 voucher, and 32 percent had transitioned in place.

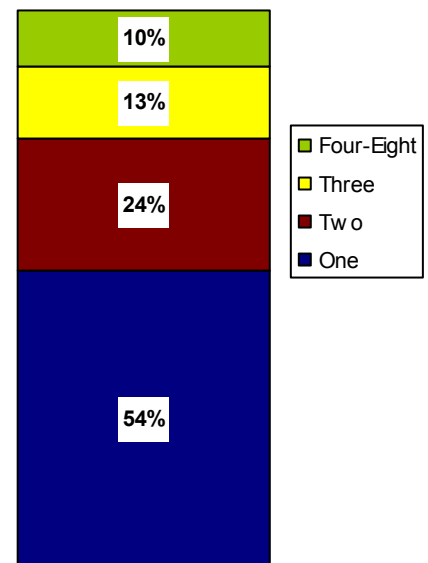
King County

Data on families served in King County were reported by 28 programs that were serving families in 315 Sound Families units. Fifteen programs were located within the city of Seattle, and 13 were outside of Seattle, including Auburn, Renton, Bellevue, Issaquah, Redmond, Bothell, Kirkland, Enumclaw, Burien, and Federal Way. Services in these programs were provided by more than 20 agencies in King County.

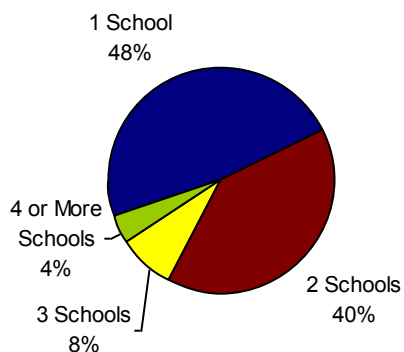
Overview of Families Served

- Total number of families served: **693**
- 42 percent of families were served in programs located in Seattle
- Total number of adults served: **810**
- Total number of children served: **1,258**
- **84 percent** of families were headed by a single caregiver
- Average age of primary caregiver: **31** years (range: 18—67 years)
- When there was a second caregiver, their average age was 33 years
- Average age of children: **6.4** years (range: infant—18 years)

Number of Children per Family



Number of Schools Attended in the Past Year Among Families With School-Age Children (n=389)



Among families with school-age children, **51 percent** had attended two or more schools in the year prior to entering transitional housing.

Demographics of Families Served

Race/Ethnicity of Caregivers	Primary Caregiver (n=692)	Secondary Caregiver (n=81)
Caucasian	38%	38%
Black/African American	37%	33%
Hispanic/Latino	6%	11%
American Indian/Alaskan Native	3%	3%
Asian/Asian American	3%	4%
Native Hawaiian/Pacific Islander	3%	5%
Biracial/Multiracial	6%	-
Other	5%	6%

Some primary caregivers fell into additional categories as identified by case managers at intake:

- 22 percent** had a mental illness
- 10 percent** had a physical disability
- 3 percent** had a developmental disability
- 1 percent** were veterans

When a *second* caregiver was present, 11 percent of them had a mental illness, 11 percent had a physical disability, and 4 percent had a developmental disability.

- **Seventeen percent** of families were refugee or immigrant families from many countries, including Ethiopia, Somalia, Sudan, Kenya, Eritrea, Afghanistan, Jordan, Laos, Vietnam, China, Moldova, Jamaica, Mexico, the Dominican Republic, Samoa, the Philippines, Russia, and Germany.
- Case managers reported that **23 percent** of families needed some type of culturally specific services. Among those needing such services, 44 percent needed communication services (such as translation), 35 percent needed culturally specific case management, and 19 percent needed culturally specific mental health counseling.

Highest Education Level	Primary Caregiver (n=679)	Secondary Caregiver (n=85)
8th Grade or Less	5%	5%
Some High School	21%	22%
High School Diploma or GED	38%	46%
Some College	20%	14%
Technical/Vocational School	10%	7%
College Degree	5%	7%

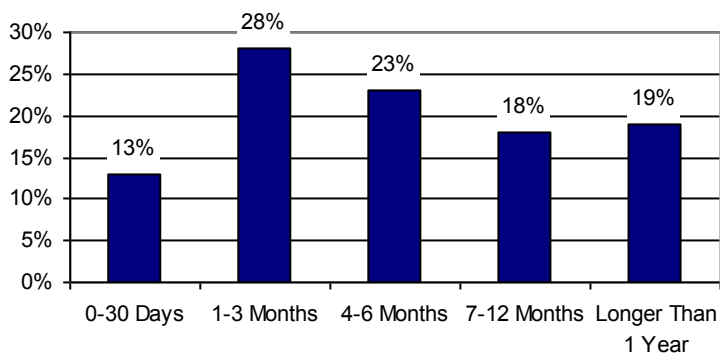
Nineteen percent of primary caregivers were in educational or job training programs at intake; **21 percent** were at exit.

When a second caregiver was present, **12 percent** were in educational or job training programs at intake; **11 percent** were at exit.

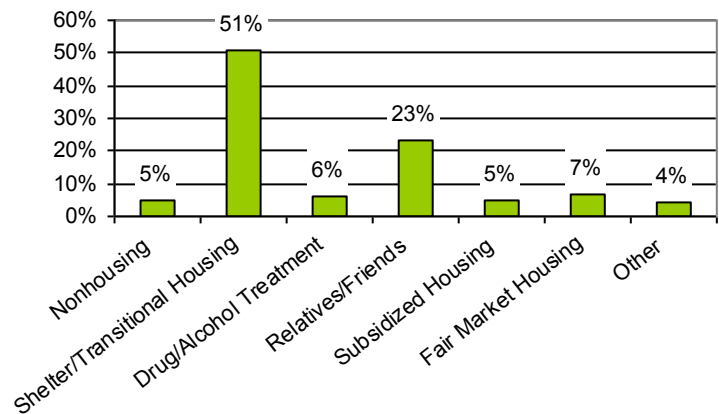
Families' Experiences With Homelessness

- **Thirty-eight percent** of families were homeless for the first time, though the length of time they were homeless varies. Most came to transitional housing from emergency shelters or the homes of family and friends.

**Longest Period of Homelessness
in Two Years Before Program Entry**



Residence Prior to Entry



Percentage of Families With Each Primary Cause of Homelessness*

Lack of Affordable Housing	43%
Loss of Primary Income/No Income	38%
Lack of Living Wage	35%
Domestic Violence	33%
Divorce/Separation or Loss of Roommate	18%
Mental Illness	15%
Poor Financial Management	14%
Drug Abuse	13%
Eviction History	10%
Medical/Health Issue	9%
Alcohol Abuse	8%
Criminal History	5%
Other	8%

* As identified by case managers at intake.

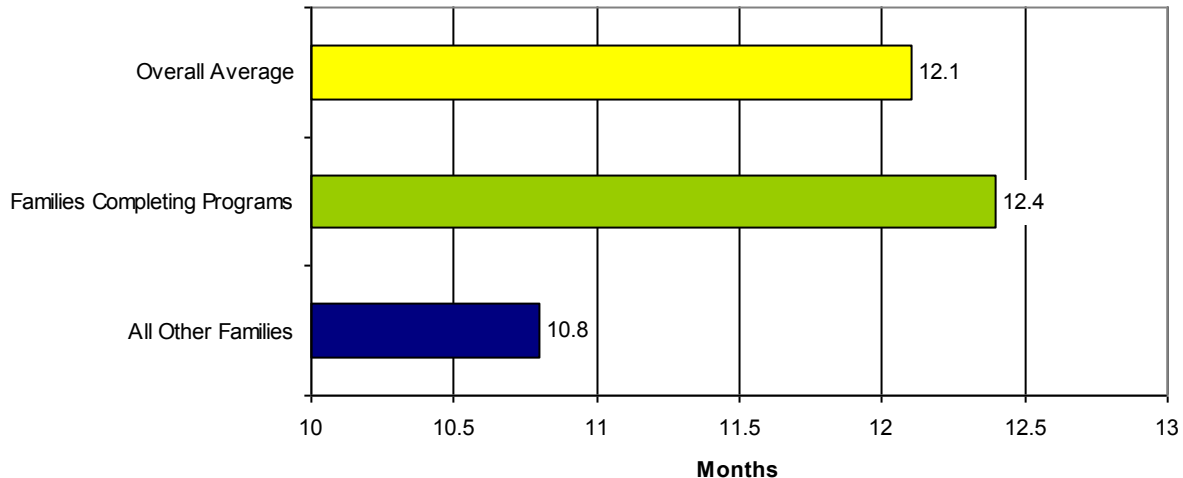
Exit Outcomes (N=441)

- **67 percent** of families moved into **permanent housing** of any type*
- **28 percent** of families exited with a **Section 8** voucher
- **17 percent** of all families moved in with relatives or friends following exit
- **8 percent** of all families **transitioned in place**
- **75 percent** of all exits were seen as **successful** by the case manager

* Permanent housing includes fair market, Section 8, public housing, other subsidized housing, and home or trailer ownership

Exiting families spent an average of **12.1** months in the programs. Families who completed the programs resided in them **12.4** months, compared to **10.8** months for families asked to leave or evicted from the programs.

Average Number of Months Families Spent in Transitional Housing

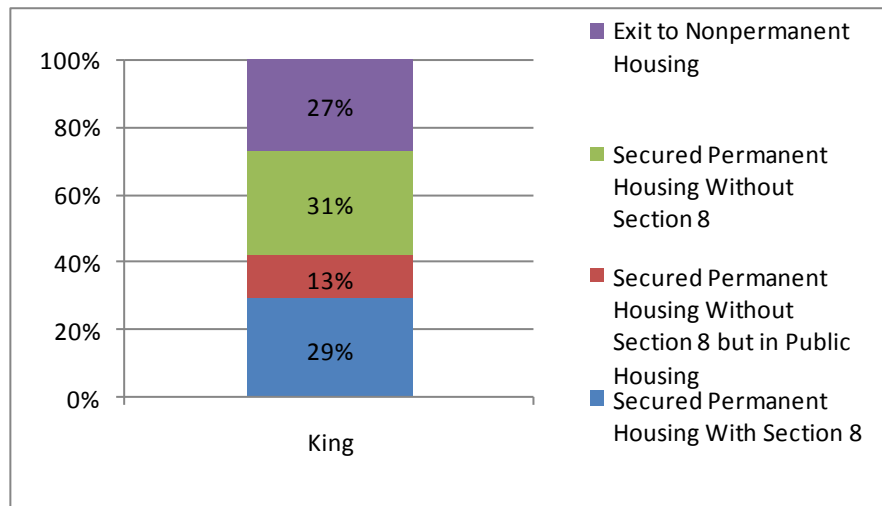


Twenty-one percent of families were evicted or asked to leave their units. Reasons varied: **22 percent** were due to substance abuse, **32 percent** to violation of program rules, **15 percent** to not working with the case manager, **13 percent** to nonpayment of rent, and the remainder due to domestic violence or other issues.

Sixteen percent of families asked to leave or evicted (n=89) were able to secure permanent housing. Other housing outcomes for evicted families: **35 percent** moved in with family or friends; **10 percent** returned to shelter or another transitional program; **9 percent** entered inpatient treatment programs; **2 percent** were incarcerated; and **2 percent** went to places not meant for habitation. It is unknown where **26 percent** of the families went.

Housing Outcomes for All Families With Known Exit Outcomes

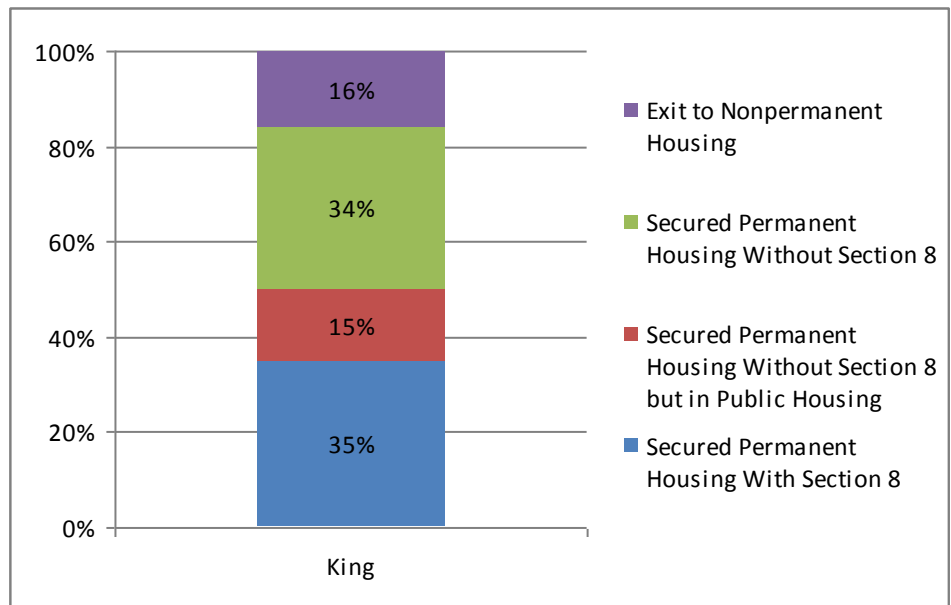
Looking at outcomes for families with known housing outcomes shows the ways in which families secured permanent housing. Despite having the lowest percentage of families evicted or asked to leave the transitional programs, King County had the highest percentage of families exiting to nonpermanent housing as a result of the combination of high housing costs and limited subsidies available to help families at exit.



N=386 (with known housing outcomes); *includes* families evicted or asked to leave programs

In order to better understand housing outcomes for families who successfully completed programs, the figure below breaks down how permanent housing was achieved. It also shows that **16 percent of families successfully completing programs were not able to secure permanent housing**, typically due to the lack of affordable housing in the region and not having a subsidy available to them in a county where private-sector housing was out of reach for many families. King County was successful in moving the highest percentage (15 percent) of families into publicly subsidized housing, but one-third had to secure permanent housing without any type of public subsidy.

Housing Outcomes for Families Successfully Completing Programs



N=326 (with known housing outcomes); *excludes* families evicted or asked to leave programs

Exit Outcomes

How Did the Primary Caregiver's Employment Change Between Entry and Exit?

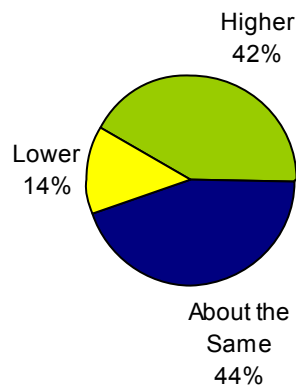
Resources	At Entry to Transitional Housing (n=687)	At Exit (n=433)
Receiving TANF	70%	51%
Employed Full Time	10%	29%
Employed Part Time	13%	15%
Employed Sporadically	4%	5%
Disabled/Unable to Work	9%	9%
Not Employed	65%	42%

Employment increased among primary caregivers: **44 percent were employed full or part time at exit**, compared to 23 percent at intake.

Working caregivers made an average of \$10.91/hour at exit. Average wages increased 19 percent between intake and exit (n=16).

When a *second* caregiver was present, 12 percent were working full time at intake, 13 percent were working part time, and 8 percent were disabled/unable to work. At exit, 26 percent were working full time, 25 percent were working part time, and 3 percent were disabled/unable to work (n=65).

How Did Household Income Change Between Entry and Exit?



Financial outcomes were more positive among families who moved to permanent housing (n=294): 50 percent had increased their incomes, 47 percent were receiving TANF, 36 percent were employed full time, and 16 percent part time. Forty-two percent of these families were using a Section 8 voucher, and 32 percent had transitioned in place.

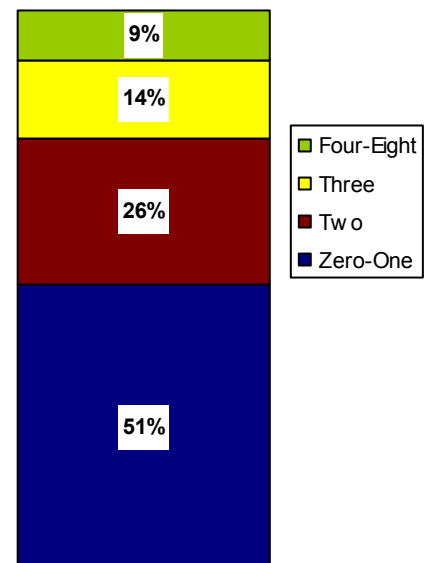
Snohomish County

Data on families served in Snohomish County were reported by 14 programs that were serving families in 150 Sound Families units. Five programs were located within the city of Everett; seven were outside of Everett, including Lynnwood, Edmonds, Marysville, and Arlington; and two had housing in multiple locations in and out of Everett. Services in these programs were provided by eight agencies in Snohomish County.

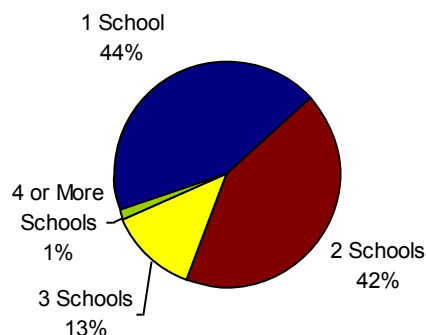
Overview of Families Served

- Total number of families served: **390**
- 30 percent of families were served in programs located in Everett
- Total number of adults served: **445**
- Total number of children served: **691**
- **86 percent** of families were headed by a single caregiver
- Average age of primary caregiver: **29** years (range: 17—65 years)
- When there was a second caregiver, their average age was 32 years
- Average age of children: **5.9** years (range: infant—18 years)

Number of Children per Family



Number of Schools Attended in the Past Year Among Families With School-Age Children (n=189)



Among families with school-age children, **56 percent** had attended two or more schools in the year prior to entering transitional housing.

Demographics of Families Served

Race/Ethnicity of Caregivers	Primary Caregiver (n=390)	Secondary Caregiver (n=46)
Caucasian	70%	67%
Black/African American	12%	13%
Hispanic/Latino	5%	7%
American Indian/Alaskan Native	5%	9%
Asian/Asian American	2%	-
Native Hawaiian/Pacific Islander	1%	4%
Biracial/Multiracial	4%	-
Other	1%	-

Some primary caregivers fell into additional categories as identified by case managers at intake:

- 28 percent** had a mental illness
- 11 percent** had a physical disability
- 8 percent** had a developmental disability
- 1 percent** were veterans

When a *second* caregiver was present, 29 percent of them had a mental illness, 25 percent had a physical disability, and 18 percent had a developmental disability.

- **Seven percent** of families were refugee or immigrant families from many countries, including Ethiopia, Somalia, Kenya, Eritrea, Yemen, Mexico, Guatemala, Colombia, and the Dominican Republic.
- Case managers reported that **17 percent** of families needed some type of culturally specific services. Among those needing such services, 17 percent needed communication services (such as translation), 10 percent needed culturally specific case management, and 8 percent needed culturally specific mental health counseling.

Highest Education Level	Primary Caregiver (n=385)	Secondary Caregiver (n=51)
8th Grade or Less	8%	2%
Some High School	27%	28%
High School Diploma or GED	32%	45%
Some College	22%	12%
Technical/Vocational School	9%	14%
College Degree	2%	-

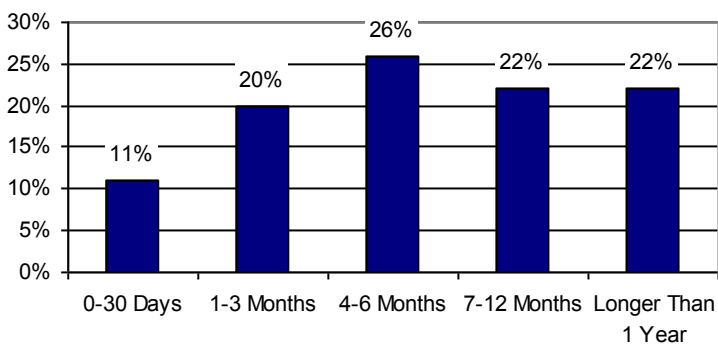
Twenty-five percent of primary caregivers were in educational or job training programs at intake; **28 percent** were at exit.

When a second caregiver was present, **4 percent** were in educational or job training programs at intake; **10 percent** were at exit.

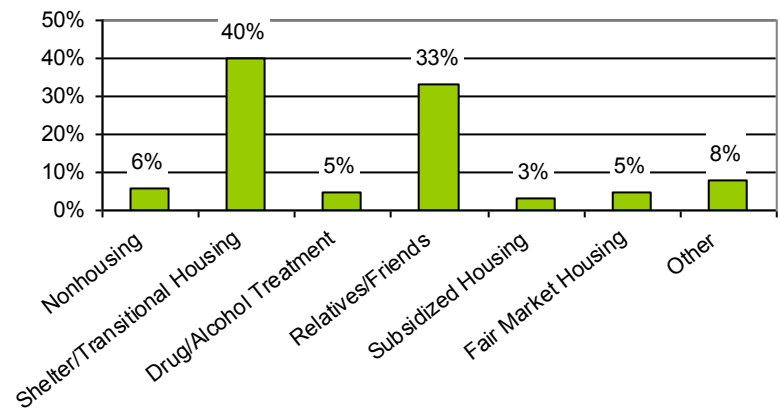
Families' Experiences With Homelessness

- **Thirty-six percent** of families were homeless for the first time, though the length of time they were homeless varies. Most came to transitional housing from emergency shelters or the homes of family and friends.

**Longest Period of Homelessness
in Two Years Before Program Entry**



Residence Prior to Entry



Percentage of Families With Each Primary Cause of Homelessness*

Loss of Primary Income/No Income	36%
Lack of Affordable Housing	35%
Domestic Violence	34%
Lack of Living Wage	29%
Drug Abuse	27%
Divorce/Separation or Loss of Roommate	25%
Poor Financial Management	20%
Alcohol Abuse	19%
Mental Illness	14%
Medical/Health Issue	13%
Eviction History	12%
Criminal History	8%
Other	18%

* As identified by case managers at intake.

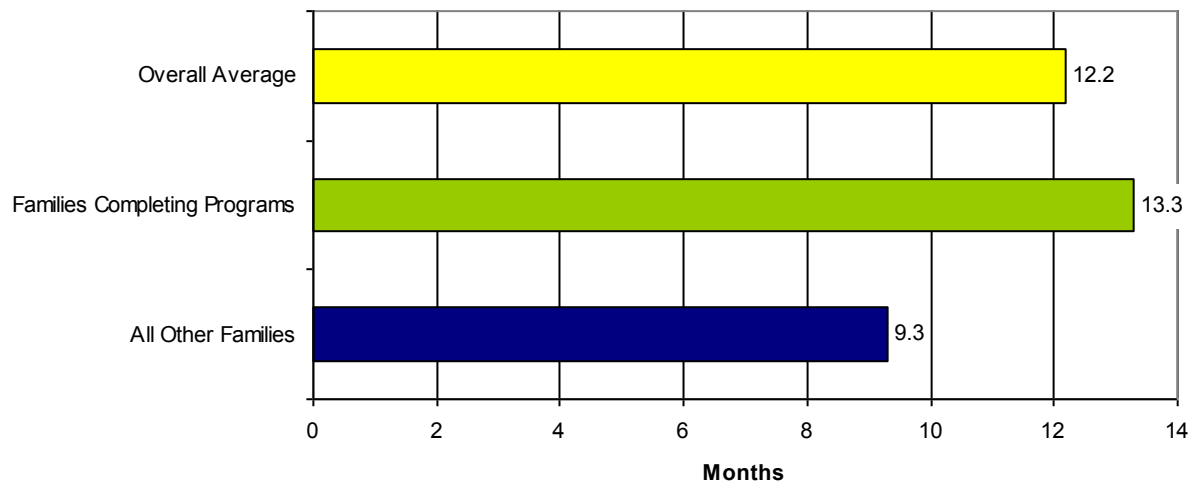
Exit Outcomes (N=257)

- **71 percent** of families moved into **permanent housing** of any type*
- **62 percent** of families exited with a **Section 8** voucher
- **29 percent** of all families **transitioned in place**
- 13 percent of all families moved in with relatives or friends following exit
- **71 percent** of all exits were seen as **successful** by the case manager

* Permanent housing includes fair market, Section 8, public housing, other subsidized housing, and home or trailer ownership

Exiting families spent an average of **12.2** months in the programs. Families who completed the programs resided in them **13.3** months, compared to **9.3** months for families asked to leave or evicted from the programs.

Average Number of Months Families Spent in Transitional Housing



Twenty-nine percent of families were evicted or asked to leave their units. Reasons varied: **44 percent** were due to violation of program rules, **17 percent** to substance abuse, **10 percent** to not working with the case manager, **10 percent** to nonpayment of rent, **7 percent** to domestic violence, and the remainder due to mental health or other issues.

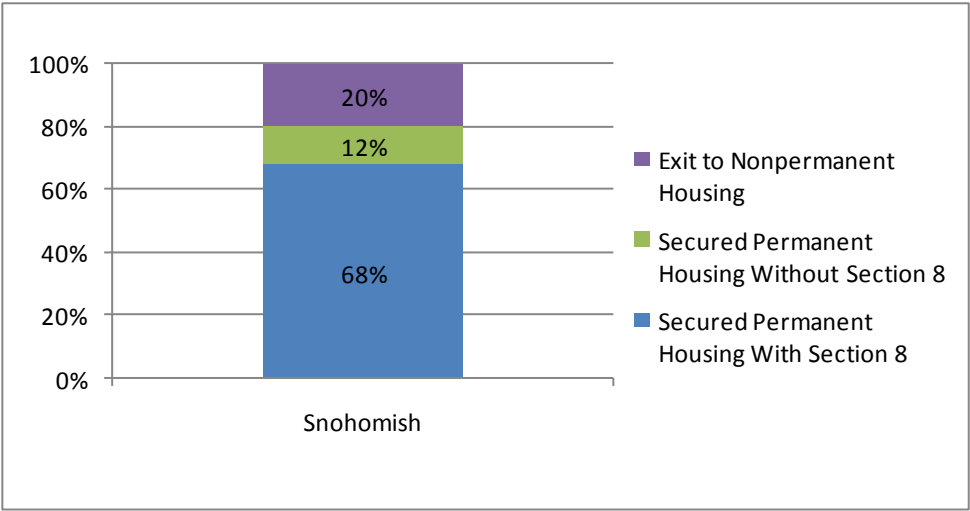
Sixteen percent of families asked to leave or evicted (n=73) were able to secure permanent housing. Other housing outcomes for evicted families: **43 percent** moved in with family or friends, **7 percent** returned to shelter or another transitional program, **4 percent** entered inpatient treatment programs, and **1 percent** were incarcerated. It is unknown where **29 percent** of the families went.

Exit Outcomes

Housing Outcomes for All Families With Known Exit Outcomes

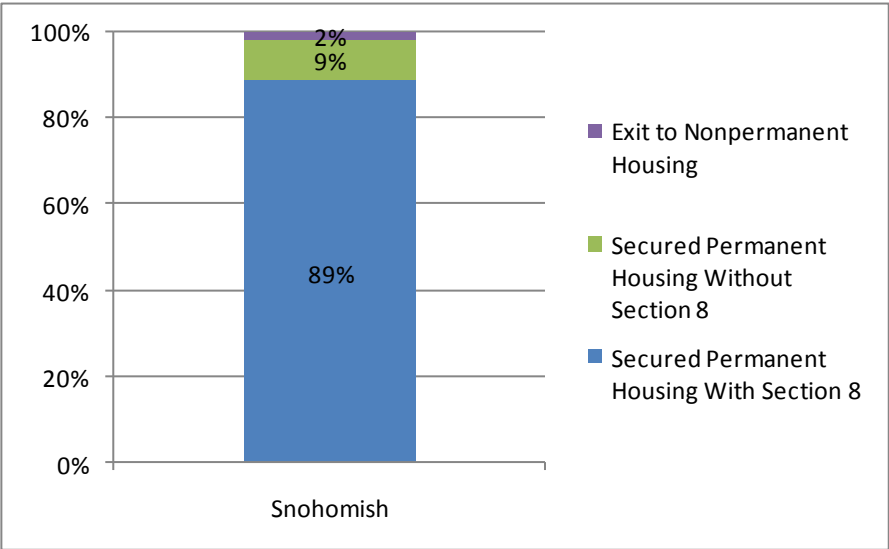
The top figure shows how permanent housing outcomes were achieved for all families with known outcomes. The majority of families securing permanent housing in Snohomish County did so with a Section 8 voucher at exit.

In order to better understand housing outcomes for families who successfully completed programs, the second figure breaks down how permanent housing was achieved. It also shows that **only 2 percent of families, the lowest in all three counties, successfully completing programs were *not* able to secure permanent housing.** Snohomish County, having the highest rate of accessibility to Section 8 vouchers, had the highest percentage of successfully exiting families securing permanent housing. The availability of Section 8 vouchers in Snohomish County also facilitated the highest rate of families transitioning in place (29 percent).



N=227 (with known housing outcomes); *includes* families evicted or asked to leave programs

Housing Outcomes for Families Successfully Completing Programs



N=175 (with known housing outcomes); *excludes* families evicted or asked to leave programs

Exit Outcomes

How Did the Primary Caregiver's Employment Change Between Entry and Exit?

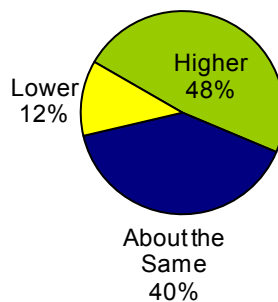
Resources	At Entry to Transitional Housing (n=388)	At Exit (n=251)
Receiving TANF	66%	42%
Employed Full Time	8%	24%
Employed Part Time	14%	18%
Employed Sporadically	4%	6%
Disabled/Unable to Work	7%	11%
Not Employed	67%	40%

Employment increased among primary caregivers: **42 percent were employed full or part time at exit**, compared to 22 percent at intake. Commensurate declines in TANF receipt were seen in the same period.

Working caregivers made an average of \$8.97/hour at exit. Average wages increased 6 percent between intake and exit (n=20).

When a *second* caregiver was present, 18 percent were working full time at intake, 8 percent were working part time, and 20 percent were disabled/unable to work. At exit, 35 percent were working full time, 3 percent were working part time, and 11 percent were disabled/unable to work (n=37).

How Did Household Income Change Between Entry and Exit?



Financial outcomes were more positive among families who moved to permanent housing (n=183): 58 percent had increased their incomes, 41 percent were receiving TANF, 31 percent were employed full Time, and 19 percent part time. Eighty-five percent of these families were using a Section 8 voucher, and 48 percent had transitioned in place.

APPENDIX B: The Case Study Programs

1 RURAL BRIGHT FUTURES

Background

Since December 2001, Helping Hand House (HHH) has been serving clients in its Rural Bright Futures (RBF) program, making it one of the first Sound Families programs to serve homeless families. Rural Bright Futures consists of eight single-family homes located in residential neighborhoods in four communities of rural Pierce County. A primary goal of the program is to allow residents to remain in their communities while receiving supportive services to end homelessness. Families are allowed to stay in the program for up to two years. Through an agreement with Pierce County Housing Authority, families who successfully complete the program are eligible for a Section 8 voucher.



The scattered-site housing model decreases the stigma attached to homelessness and traditional models of transitional housing by integrating the families into residential neighborhoods. Other benefits include encouraging neighbors to become part of the families' social support networks and reducing conflicts among clients about "who is getting what type of help."

Service Provision

Helping Hand House owns the homes and provides both property management and case management services. In its 24-year history, HHH has developed an array of services to help families at risk of becoming homeless and families who are homeless. For the past 18 years, they have been providing emergency housing in addition to support services to homeless families. Emergency shelters are nearly non-existent in eastern Pierce County; HHH is the only provider of emergency housing in this part of the county. Additionally, for 24 years, they have run a rental assistance program to help prevent families from becoming homeless in the first place. They have expanded this service in recent years to include a budgeting class as well as three and six-month follow-ups with families after receiving assistance.

Placing families in scattered housing sites has several implications for screening residents into this program. Staff members believe families coming from emergency shelters are better prepared for transitional housing. The time spent in shelter combined with assessments already done by shelter staff give the RBF case manager a better understanding of the families being served. Families must be able to function in relatively isolated sites with the focus on keeping families in or near their community of origin where they have existing connections and resources. Careful screening of clients is essential to the success of the program and prevents

setting families up for failure. Additionally, families coming from shelter qualify automatically for transitional housing under the McKinney-Vento Act. However, referrals from shelters are not often possible due a lack of shelters, especially family shelters in rural areas, so RBF often accepted clients who had not spent time in shelters prior to entering transitional housing.

Once settled into their homes, families receive weekly intensive home-based case management. Families also have access to other services through referrals to local agencies. HHH requires families to work, attend school, and attend at least 15 hours of life-skills classes each year. To help busy families attend these classes, HHH provides a stipend to pay for child care and provides dinner for parents. These groups not only provide families with the opportunity to learn skills such as parenting, but also help to normalize their experiences. Given the rural location of the homes, Rural Bright Futures regularly purchases vehicles and provides gas vouchers for families to help them access jobs and school. HHH's goal is to have as many families as possible "graduate" to permanent housing without needing a Section 8 voucher.

Families

Through June 2007, Rural Bright Futures had served 36 families, 22 of whom participated in the case study. As of June 2007, 18 families had been interviewed while in the program, 14 at exit, and nine families at least one additional time after exit. Almost one-fourth of primary caregivers (23 percent) had an identified mental illness at intake. Fourteen percent of families had four or more episodes of homelessness in the past. Almost half of families (47 percent) had three or more children. Over one-third of families (36 percent) had domestic violence as a primary cause of homelessness. Case study families spent an average of 16.5 months in the program with 14 percent of families being evicted or asked to leave the program. The case manager reported that 76 percent of families exited successfully. Other outcomes:

- 36 percent of families were using a Section 8 voucher at exit.
- Families were paying an average of \$524/month for their rent six months after exit.
- 18 percent of primary caregivers completed technical/vocational degrees while in the program, and 32 percent of primary caregivers completed an intensive work preparation program through Washington Women's Employment and Education.
- The percentage of those employed at least part time increased from 45 percent at intake to 65 percent at exit, with the greatest gain in those employed full time.
- Families with monthly household incomes over \$1,000 increased from 18 percent at intake to 71 percent at exit, 14 percent of whom were making over \$2,000/month. For the most part, these income gains were maintained or built upon in the years following exit.
- TANF as a source of income declined from 50 percent at intake to zero at exit; only one of the families tracked in the follow-up period received TANF.

Challenges

The time spent in shelter allows families to stabilize and for shelter staff to learn about the issues with which the family is struggling. This knowledge is passed on to the transitional staff, and combined with having time to stabilize, leads families to more successfully utilize the

transitional housing program. Helping Hand House has some shelter space and these families have priority in their transitional program. But given the rural location of this program, families were less likely to come from shelters and contributed to a higher eviction rate among the first families admitted to the program. Additionally, the program has improved its screening process over time, which has led to fewer families being asked to leave the program.

After the first year of the evaluation, Rural Bright Futures' staff noticed that their outcomes around increased earnings were not what they had hoped for. Due to this, they shifted their emphasis from having families get *any* job to aiding families in continuing their education or job training to help them access better-paying jobs in the future. Families are encouraged to pick training or vocational programs in fields they have an interest in and that should lead to higher-paying jobs. An emphasis is placed on programs that can be completed in two years or less. Results are promising: 71 percent of families have graduated from the program with a higher income than when they started, and 71 percent were earning more than \$1,000 per month, compared to 18 percent at intake. Fifty-six percent of families were earning over \$2,000 per month six months after leaving the program.

The program helped me way beyond any expectation. I thought they would just give us a home, but I just cannot think of anything they could have done more.

~Program participant

2 PACIFIC COURTYARD

Background

Metropolitan Development Council (MDC) has been serving clients at their Pacific Courtyard site since late 2002. MDC serves as the developer, property manager, and service provider. Pacific Courtyard is a 46-unit apartment complex located in a mixed commercial and residential area in Tacoma, Washington. Of the 46 units, 23 units are designated as transitional housing with eight of these reserved to serve homeless veterans. The other 23 units provide affordable housing to tenants making at or below 50 percent of the area median income. Pacific Courtyard, as the name implies, has four buildings built around a courtyard with an internal playground and a smaller building that provides a community meeting space used for life skills classes, AA meetings, after-school tutoring and movie nights. This space also has some computers with Internet access to assist with job searches and finding needed resources.



Given its focus on working with homeless veterans, MDC staff have built a partnership with staff at the Veteran's Administration (VA). The Pacific Courtyard case manager works closely with the VA's homeless women's case manager to accept referrals and to help access resources needed by the veterans. The VA case manager meets with the veterans once per month; these families also meet with the MDC case manager. Almost 90 percent of the families have successfully completed this typically one-year program. Forty percent of families decided to transition in place at Pacific Courtyard, which provides them with additional support if needed. Families choosing not to transition in place are encouraged to use their portable Section 8 vouchers to secure housing in the Tacoma area.

Service Provision

Since 1964, Metropolitan Development Council has provided an array of services to aid vulnerable families in Tacoma/Pierce County. MDC offers 38 distinct programs that fall into the following categories: education, children, youth and families, drug and alcohol treatment, housing, homeless services, prevention, economic and career development, and phone services. Families who enter this program are referred by shelter programs, the VA, other MDC programs, and self-referral. Once the family moves into Pacific Courtyard, they receive home-based case management once a week. Families also have access to other services through MDC, including mental health services (individual and group), domestic violence services, pre-employment training, parenting and life skills classes, help in accessing health or dental care, legal services, and help with credit. MDC has had the good fortune of maintaining the same case manager at Pacific Courtyard since the program began serving families. This has helped to maintain continuity in the program and most families have remained in contact with her even after leaving the program.

Pacific Courtyard is located on a busy urban street in Tacoma. During interviews, participants frequently mentioned that there was a lot of unwanted activity happening on the "Ave." To help build a sense of community and safety, MDC encourages residents to participate in monthly potlucks, occasional movie nights, and in a Safe Streets program. Safe Streets encourages residents to take ownership for their community, to report suspicious behavior, and provides residents with resident phone lists to use in case of emergencies. The program also implements a resident council which helps to mediate and resolve conflict among residents. Additionally, the case manager has an on-site office and the resident manager also has an apartment in the complex, both of which help families to feel safe and supported.

Families

Through June 2007, Pacific Courtyard served 133 families, 25 of whom participated in the case study. To help gain a better understanding of homeless veterans, veterans were prioritized for enrollment in the study, comprising 60 percent of the study pool compared to 37 percent of the program's 133 total families served. A total of 91 interviews were completed with case study families over time. Families spent an average of 12 months in the program. Families asked to leave the program (20 percent) spent an average of eight months in the program. Almost one-quarter of families had an identified mental illness at intake, with veteran caregivers slightly

more likely to be struggling with this issue at intake. None of the families were immigrant or refugee families. Over 20 percent of families had four or more episodes of homelessness in the past and almost one-fourth had an eviction history, which created barriers when trying to secure housing upon exiting the program. Veteran caregivers and non-veteran caregivers tended to be fairly educated, with 92 percent having at least a high school diploma or GED. Nearly one-fourth (24 percent) had some college credits at intake. Outcomes included:

- 80 percent of families exited to permanent housing, with 72 percent needing a Section 8 voucher to do so; the majority continued to rely on Section 8 vouchers to help with housing costs in the years following exit.
- 40 percent of families transitioned in place at exit.
- Six months after exiting the program, families were paying an average of \$163/month for their rent; this increased to \$350/month by two years after exit.
- Staff at Pacific Courtyard consistently supported families in obtaining more education/job training in order to access better paying jobs. Staff often utilized economic and employment programs available through MDC. While over one-third of primary caregivers (32 percent) were in educational or job training programs at intake, 46 percent were at exit.
- By exit, 52 percent of families had increased their household incomes. This percent increased to 85 percent one year following the program, perhaps due to completion of educational programs.
- While employment income increased between intake and exit (36 percent to 63 percent) TANF use only slightly declined (52 percent to 46 percent). This was most likely due to jobs that did not pay self-sufficiency wages and/or families who were still in school and working less than full time. Additionally, 20 percent of families were disabled/unable to work at exit.
- The number of children who attended two or more schools in the past year declined sharply from 47 percent at intake to 17 percent at exit.

Challenges

Pacific Courtyard continues to be a program that accepts families with multiple issues, particularly a history of substance abuse and mental health issues. Over one-half of families needed mental health services and counseling while in the program. Many of the veterans were struggling with post-traumatic stress disorder, which often requires medication to regulate. Given that many families came to the program from living with family or friends rather than a shelter, MDC often did not have the benefit of families coming to them from structured settings. A thorough screening process is undertaken by the resident services specialist at MDC's main office, along with input from the case manager; MDC strives to get a good sense of the family and determine whether or not they are a good fit for the program. It is nonetheless impossible to predict if and when a family member is going to start actively using substances again. MDC treats active substance use aggressively by implementing random urinalyses and creating contracts with those who are caught actively using. So as not to jeopardize the sobriety of the community, those who are unable to complete their contracts successfully are asked to leave or

are evicted. Of the five families asked to leave the program, the majority (60 percent) were asked to leave due to substance abuse-related issues. This type of turnover can be quite costly for the program due to the cost of urinalyses, damage to the units, and the time the unit is vacant before it can be leased again.

Because the families at Pacific Courtyard more frequently have chemical dependency and mental health issues, they also have higher rates of involvement with Child Protective Services (approximately one-fourth) than do families in other programs. Additionally, their children are also more likely to have been placed in out-of-home care: 28 percent had a child placed in a relative's home or foster home at intake. This decreased to 8 percent at six months following exit. While at Pacific Courtyard, a number of families were able to reunite with children who had been placed in care. The support and structure of the program, along with the on-site case management services, has helped many families deal with their sobriety issues and retain custody of their children.

I would have never gotten my GED without the program. They give you the initiative to go out and make something of yourself. I learned to cope with my depression and I know who to count on now. It makes a big difference.

~ Program participant

3 ELIZA B. McCABE TOWN HOMES — PHOENIX HOUSING NETWORK

Background

Since the summer of 2003, Intercommunity Housing has housed families in 11 units of transitional housing in the Eliza B. McCabe town home complex. Intercommunity Housing, founded in 1992, is a regional office of Mercy Housing with a mission to create healthy communities through affordable, quality housing for low-income families. The townhomes overlook downtown Tacoma from the Hilltop neighborhood, and have a total of 41 affordable homes for low-income families.



The site includes staff units, common laundry areas, community rooms, computer rooms, office space for management staff, and a parking garage. The transitional units are scattered throughout the 41-unit complex. Intercommunity Housing is given project-based Section 8 vouchers through an agreement with Tacoma Housing Authority (THA).

Homeless families are served at Eliza B. McCabe through a collaboration between Intercommunity Housing, a non-profit developer, and two community social service agencies. Intercommunity Housing staff understand the complex issues facing homeless families, which informs their management model; this transitional program is one of few with an on-site community liaison who is responsible for helping residents connect with resources as well as helping to foster community through potlucks and other events. In addition, Intercommunity Housing hires property management staff who have experience working with homeless families. In order to be accepted into the program, families must be screened by Intercommunity Housing, Phoenix Housing Network, and Tacoma Housing Authority. Upon successful program completion, families have the option to transition in place if a unit is available.

Service Provision

Intercommunity Housing chose to partner with two well-regarded agencies in the Tacoma area: Phoenix Housing Network (PHN) and the UW/Tacoma Parent-Child Assistance Program (P-CAP). PHN provides case management to families in eight of the 11 units, while P-CAP serves the remaining three. Families invited to participate in the case study were those served by PHN staff. PHN has a 10-year history of providing services to homeless families through their shelter program, transitional housing units, rental assistance, intensive case management, and a day center several miles from the town homes. At the day center, families are able to attend life skills classes to help promote self-sufficiency and meet with their case manager. PHN provides flexible case management services, but families are required to have weekly contact with their case manager and face-to-face contact at least monthly. In fall 2005, PHN added a part time counselor for their Healthy Kids, Healthy Lives program. The goal of the program is to provide the needed resources to help children break the cycle of intergenerational poverty and dysfunction in their families. A full time mental health therapist position was added in recent years to work with children and families to help them deal more effectively with the crises and trauma in their lives. This connection proved important to families, several of whom mentioned that the mental health specialist on staff helped them to work through issues and trauma that they otherwise would not have the opportunity to work through. The program also works to match children and youth with mentors to provide friendship, support, and encouragement, and sponsors to help pay for activities such as music lessons, camps, and sports.

Unemployed adults are required to attend meetings and classes at the PHN office, which provides additional contact with the families. PHN also requires clients to simulate a 40-hour work week by accessing services, including doctor appointments, mental health appointments, sobriety support groups, school, job searching, employment, and participating in life skills classes at PHN's day center. In the summer of 2004, Suited for Success joined PHN's list of offered services. This program allows clients to complete pre-employment training and choose clothing appropriate for interviewing.

Families

Through June 2007, PHN had served a total of 17 families with 38 children. A total of 49 interviews were completed with 15 families. Nearly half of families had three or more children. Twelve percent were immigrant or refugee families. Of the families who had previously been homeless, 12 percent had four or more episodes of homelessness in the past. Eighty-two percent of primary caregivers had at least a high school education/GED at intake. Almost one-third of families had domestic violence as a primary cause of homelessness. Seventy-one percent of families exited the program successfully by case manager report, and 24 percent had been asked to leave the program, usually due to breaking program rules.

- 77 percent of families were using Section 8 at exit; 57 percent of the seven families interviewed one year after exit were still using a voucher.
- 59 percent of families transitioned in place at exit.
- Families were paying an average of \$184 per month for rent six months after exiting the program, and \$372/month one year after.
- 59 percent of families had increased their incomes by exit. No families had incomes greater than \$1,000/month at intake, but 71 percent did one year after exit.
- Caregivers employed at least part time increased from 12 percent at intake to 58 percent at exit.
- TANF as a source of income declined from 94 percent at intake to 41 percent at exit.
- The number of children who had attended two or more schools declined from 60 percent at intake to 11 percent at exit.
- No families felt “very supported” by persons in their lives before the program; 80 percent felt very supported one year after exit.

During interviews, families frequently mentioned the value of having both a case manager and a community liaison to help with resources and for support. Concerns with the neighborhood in which the units are located were common among residents over time. Even though the neighborhood has improved in recent years, some issues remain. Families often commented on the alley in front of the units and had concerns that people pass through there at all hours of the night. Intercommunity Housing has taken several measures that were appreciated by families to improve the safety in and around the complex by adding additional lighting and hiring a security service to pass through during the night.

Challenges

At the program’s onset, the units needed to be filled within a short timeframe. While PHN had some families from their shelter program ready for transitional housing, insufficient time was given to adequately screen all clients prior to entry. While the majority of these initial clients did well in the program, drug use was—and continues to be—the primary reason families were asked to leave the program. The program will refer families for a drug assessment and help enroll them in treatment if needed. While families are not automatically terminated for having

tested positive for drug use, their use often leads to other problems such as non-payment of rent, neglect of the children and the home, and letting unauthorized people stay with them, all of which can eventually lead to a family's stay being terminated. The program is making an effort to catch substance abuse issues earlier through random drug screening and by intervening more aggressively. Additionally, given the program's urban location, outdoor play space has been a challenge. The community room is used for activities throughout the week, but families have mentioned there is nowhere outside for their children to play safely and without disturbing others. A vacant lot next to the units has been mentioned as a possible site to develop an outdoor area for families and children to use.

Recently, with so many families choosing to transition in place, the availability of transitional units for new families has become a challenge. Currently, most families graduating from the program are asked to move to make room for incoming families. Finding another apartment can be difficult for some families, particularly those with criminal backgrounds and/or those who have had prior evictions. The program works with these families to find suitable housing.

The program was good. I had never had my own place...I was always living with others and getting kicked out. It helped me to get on my own feet and to be more self-sufficient.

~ Program participant



VISION HOUSE

Background

In December of 2001, Vision House, a faith-based organization, began serving homeless single mothers in the second phase of its Single Mother's House program in a residential area of Renton, King County. Since 1990, Vision House has provided confidential transitional housing for homeless mothers and their children, and, at a separate site, for homeless single men in recovery. Vision House owns its properties and provides both property management and case management services. The number of families served at any one time fluctuates depending on family size because often two families share a unit; typically, between seven and 11 families are in residence. An enclosed courtyard play area is available for children to safely play within sight of the units. Last year, Vision House completed an interior children's play space that provides separate activity areas for different age groups. As part of the completion of additional transitional units, Vision House incorporated a licensed child care facility that all families are able to utilize.



Service Provision

Vision House's goal is the successful reintegration of families back into the community through a range of services tailored to the individual's and families' needs, which may include: education, life skills, money management skills, parenting skills, counseling, discipleship, employment, permanent housing referrals, and building self-esteem. The case manager refers families to additional local resources as needed. The case manager's office is located on-site and weekly case management services are provided to the women. The program also provides on-site counseling. The women have regular house meetings in which issues can be raised and time is given to life skills training. Donations and volunteers are actively sought to augment core program services. Volunteers help to provide services, including tutoring and child care during parent meetings. The units have been fully furnished with donations and the program is working to connect women with needed legal and dental services through their network of volunteers.

Vision House is one of the few Sound Families funded programs to also have a children's advocate. The children's advocate works to ensure that all children are enrolled in school and have opportunities to receive tutoring and mentoring. In addition, this position helps cultivate a wide range of activities for children, including: children's activity nights (while their mothers are attending house meetings), children's Bible study, a learning lab, teen/peer groups, and birthday and holiday celebrations.

Women in Vision House are often survivors of domestic violence, although the program does not specifically target domestic violence survivors. In order to maintain the safety of all the women and children in the program, confidentiality is strictly enforced and no male guests are allowed on the premises. Families are allowed to stay in the program up to two years and may stay longer if they are pursuing a four-year college degree. Since Vision House is privately funded, they have more flexibility in programmatic decisions than many other programs.

Families

Through June 2007, Vision House served 44 families, 23 of whom participated in the case study. A total of 64 interviews were completed with families. Case study families spent an average of 14.2 months in the program and 25 percent of families were asked to leave the program. Seventeen percent of families had four or more episodes of homelessness in the past and 17 percent were pregnant when they entered the program. The majority of families (84 percent) exited the program successfully. Twenty-five percent of families were evicted or asked to leave their unit for breaking program rules or for other reasons. Seventeen percent of families were immigrant or refugee families. Forty percent of families had domestic violence as a primary cause of homelessness. Most primary caregivers (73 percent) had at least a high school education/GED at intake into the program. Outcomes included:

- 10 percent of families were using a Section 8 voucher at exit; several families were able to secure vouchers after exit to support their housing costs.

- Families were paying an average of \$347 per month for rent six months after exiting the program.
- TANF as a source of income declined slightly from 65 percent at intake to 55 percent at exit and declined somewhat during follow-up periods.
- 60 percent of families had increased their incomes by exit, though only one-third had incomes greater than \$1,000/month at exit.
- The number of caregivers employed at least part time more than doubled from 17 percent at intake to 47 percent at exit. Most of these employment gains were maintained in the years following exit.
- Given that 93 percent of families moved to new neighborhoods after exiting the program, a decline in the percentage children who attended two or more schools was not seen. The school changes, however, did not result in a high level of absenteeism; no children missed “at least a few weeks” or more.

Challenges

The shared units provided both a source of support and created tension for families. While each family has their own living space, stove, and refrigerator, they share a phone line and eating area. The case managers and management staff have had to move several women due to interpersonal conflict, but at the same time many women have appreciated the additional support provided by sharing units with families in similar situations. To help minimize this as an issue, Vision House tries to put new families either in their own units (if the number of family members allows) or with another family who will be a good fit.

The first group of women to graduate from the program was not eligible for Section 8 vouchers as part of their participation in the program. Through an agreement between the Housing Authority of Snohomish County and the Renton Housing Authority, women who successfully complete at least one year of the program are now eligible for Section 8 vouchers, if available, or they are given super-priority on King County’s public housing waitlist. At the time of exit, 10 percent of families were using a Section 8 voucher and another 20 percent had moved into low-income housing. Despite the low rate of Section 8 use, 70 percent of families leaving the program moved into permanent housing. Several families moved into more permanent situations with friends in which both families were paying rent.

I received a lot of support and knowledge of a lot of resources. Because of the program, I had a chance to go back to school and get my Certified Nursing Assistant (CNA) certificate.

~Program participant

5 MEADOWBROOK VIEW

Background

Meadowbrook View opened its doors to families just before Christmas morning of 2002. The developer, the Low Income Housing Institute (LIHI), has grown to be a productive non-profit housing developer in the Pacific Northwest, having completed the development of several thousand affordable housing units. Meadowbrook View is a four-building complex featuring sidewalk-fronting retail space with a "village" feel that includes courtyards, front porches, a community room, and a computer center. Permanent units in the 50-unit complex are affordable to households with incomes ranging from 0 to 60 percent of area median income. The 15 transitional units offer large three and four-bedroom project-based Section 8 units to families; this is one of the few Sound Families sites to have such a high number of multi-bedroom units. As one of the more urban Sound Families programs, Meadowbrook View has a higher percentage of African American and immigrant and refugee populations than many of the other programs; overall, only 12 percent of families served through June of 2007 were Caucasian.



Service Provision

Because of its capacity to serve larger families, Meadowbrook View has served a high number of children over the years. The first cohort of families alone brought in nearly 50 children. Consequently, the initial contracted service provider, Seattle Emergency Housing Service (SEHS), needed to creatively respond to the needs of families with several children. One of the first things SEHS did was access a free retail space provided by LIHI as a drop-in center for the older children. This space was intended for after-school activities and summertime use, and was appreciated by SEHS staff and the families. Additionally, SEHS hired two part time on-site case managers whose case management model approach included "serving the entire family." SEHS case managers included children in case management as deemed appropriate by parents; this allowed the case managers to address both the property and program rules directly with the children.

Within 18 months of serving families at Meadowbrook View, SEHS had to withdraw as service provider as the organization faced increased funding challenges. In response, LIHI enhanced their own service division, LIHI Resident Services, to provide a higher level of case management to families. LIHI Resident Services has been in operation since early 2002, serving families and individuals. LIHI has been working to put in place the organizational infrastructure necessary to provide intensive case management at additional transitional housing sites. Toward the latter part of 2004, The Homelessness Project (THP) of the Church

Council of Greater Seattle partnered with LIHI to provide case management services to some of the families at Meadowbrook View.

LIHI Resident Services' program components include case management, housing referrals, life skills classes, and children's activities. After intake, the case manager performs a needs assessment and sets up an individualized long-term self-sufficiency plan with every family. The self-sufficiency plan may address the following areas: housing, education and/or job training, ESL, employment and increased income, health care, counseling/treatment, children (school and child care), financial issues, and literacy. The case manager meets regularly with the families in their home and addresses the needs of the whole family, not just the head of household. Participants are required to attend at least one life skills class per month.

Within their first month in the program, all families are required to apply to get on the waiting list at four different housing authorities. Families receive assistance in applying to other subsidized housing programs available to them, including LIHI's permanent units. After a family has been in LIHI's transitional program for one year, the case manager also works to get them on the Seattle Housing Authority's expedited wait list.

Families

Since the start-up date in December 2002, Meadowbrook View has been home to 52 families including 191 children. Twenty-seven families participated in the evaluation (primarily from the first two cohorts to enter the program); over 80 interviews were completed with these families, including six interviews three years after exit. Nearly half of these families' last permanent home was outside of Washington state. Seventy percent of families were headed by a single caregiver and 59 percent had four or five children. Many primary caregivers had special issues: 29 percent of primary caregivers had a mental illness and 19 percent of primary caregivers had a physical disability. Nineteen percent of families were refugee or immigrant families, and case managers reported that nearly twice as many families needed some type of culturally specific services. Family outcomes included:

- 71 percent of families moved into permanent housing following exit.
- 42 percent of families used a Section 8 voucher at exit. One-fourth of families exiting without one most often went to live with family/friends. Forty-two percent were able to secure some other subsidized or unsubsidized housing, and 17 percent entered shelter or another transitional program.
- Despite intending to implement a transition-in-place model, only one family was able to do so because the larger bedroom units were set aside for transitional residents. Consequently, over 80 percent of families moved to a new neighborhood after exit.
- Employment gains were more moderate than in other programs, largely because Meadowbrook serves large, single-parent families. Many caregivers were working on furthering their education and meeting requirements for WorkFirst. For this same reason, the number of families receiving TANF remained at approximately 50 percent at intake and at exit.

Challenges

While the model was designed to allow families to transition in place (TIP), only one family was able to do so. The TIP model faltered because many of the larger units were reserved for transitional families, so the option to transition in place was possible only if a large permanent unit was available when a family was graduating from services. This obviously did not occur for most families, and, consequently, a large number of families (83 percent) moved to a new neighborhood when exiting the program.

High case manager turnover as well as entirely changing service providers resulted in a lack of continuity in service provision over time as well as for individual families who lived there during the most change. This turnover clearly hampered relationships with the property manager, service provider/housing provider, and even families themselves. As one family described it, “Having one case manager would have helped out a lot. I’ve had almost five case managers this year. That would have been more stable for us all. It’s like I had to re-express myself every time I turn around.” Another caregiver suggested that a program facing such changes help families prepare by involving them in the process when and where appropriate and providing adequate notice.

Meadowbrook View had a high concentration of children on busy road and no place to play on-site (indoor or outdoor); many rules governing children’s behavior in the complex; and no transportation to nearby facilities. Many moms did not have cars, or time to transport their children to places such as the community center or afterschool activities using the bus system. Early on, the first service provider sought to remedy some of this situation by creating a storefront youth center, but funding for this was ultimately lost. The mixed-income site would have also benefited from more general community space, especially for children as mentioned, as well as community-building events. Some families expressed being “afraid” of the property manager instead of seeing them as someone to go to to help resolve conflicts or find solutions to problems. Early on, there were conflicts between the permanent and transitional residents, heightened by the tensions of many active children living in close quarters without adequate play areas.

“Getting low-income permanent housing allowed me to have a peace of mind so that I am (closer to) self-sufficiency...like right now I’m closer to school and last year I was further away from all that—I was just trying to situate the kids.”

~ Program participant

6 PROJECT PERMANENCY

Background

Three organizations, representing the non-profit, private, and public sectors, joined together in the fall of 2002 to convert 15 market-rate apartments to transitional units. Family Services, a longtime Seattle non-profit service provider, serves families in the 15 units at two different locations: one in Federal Way in south King County and another in Shoreline in north King County. Two separate private property owners collaborated with both Seattle Housing Authority (SHA) and King County Housing Authority (KCHA) to offer rent subsidies and ensure project-based vouchers to families for up to two years. Both sites allow families to transition in place once they have completed the transitional program.



The Federal Way site, Village at the Lake, was chosen as a case study program in part because of the collaboration and Family Services' focus on and capacity to serve the chronically homeless population. Eight transitional units are scattered throughout the large complex at Village at the Lake.

Service Provision

Family Services has a long-standing commitment to serving the community by providing a range of services, such as community violence prevention, homeless and family stabilization, and mental health counseling services. Similar to other programs within Family Services, Project Permanency is distinguished by its therapeutic focus, enabling staff to address acute problems and root causes of homelessness. Families in Project Permanency are served by a Master's level case manager with experience in clinical mental health issues.

Family Services' initial screening process involves a comprehensive psycho-social assessment. This assessment guides the case manager in establishing realistic goals for clients, with a clinical understanding of the role that past life experiences and current issues ultimately play in impacting a family's ability to stabilize in housing and follow through with goals. With this knowledge the case manager is in a position to anticipate some of the crises that may arise during the course of working with the family. In addition to case management—which emphasizes obtaining specific life skills—attention is placed on building a therapeutic relationship that enables the case manager to make use of teaching moments. The case manager also supports each family's connection to the appropriate community supports and assists them in their decision-making processes.

Families

This program has fewer data available as a result of being one of the last case study sites to serve families, as well as delays in screening families and challenges with the original site as described below. Despite these challenges, Project Permanency served 29 families—37 adults and 40 children—as of June 2007. Eleven of these families participated in the evaluation. Because of lead paint issues, average child age at the case study site was 10 years old, and the average parent was 41 years old. Seventy-three percent of primary caregivers and 100 percent of secondary caregivers had an identified mental illness at intake; additionally, 18 percent of primary and 67 percent of secondary caregivers had a physical disability. One-third of the study families had last lived in Eastern Washington or outside of the state.

Eight-two percent of families moved into permanent housing and all maintained it in the follow-up period, despite only 27 percent receiving a Section 8 voucher at exit. Only one family was evicted (very low rate).

Primary caregivers' education levels remained about the same between intake and exit. This reflects the goals caregivers created early on in the program with their case manager. Although a few caregivers mentioned having a long-term goal of schooling, it was not the priority focus for most families during their time in Project Permanency. The majority of families focused on goals relating to physical and mental health. One caregiver was able to complete a year of vocational training and graduated from an advanced cosmetology school.

Challenges

Family Services' experience with private property owners points to some of the problems that can be encountered when two very different missions—serving families versus maintaining a profitable enterprise—come together. Breakdowns in communication, or even the partnerships themselves, can be costly and have negative impacts on the families.

Although they had hired a case manager and screened some families for entry into the program in the early fall of 2003, Family Services was prevented from serving families relating to issues between KCHA and the property manager. Before signing a contract, the housing authority determines the rental value of each unit. KCHA was unable to agree to the amount that the property manager was requesting, which was higher than commensurate units elsewhere in the area due to “one month free” rental agreements prevalent at the time.

This issue was resolved by December 2003, when Family Services moved the first family into Village at the Lake. However, further challenges arose between the property manager and the housing authority following inspection of the units. Because the units contain lead-based paint, the housing authority had to enforce specific regulations that included preventing children under 7 years of age to reside in any of the project-based Section 8 units. Family Services then had to re-screen their families based on the new criteria, accepting only families with older

children. Subsequently, the average age of children was nearly 12 years old, markedly older than that in other Sound Families programs.

By the spring of 2004, Family Services had moved in six families, although the initial plan was to move in eight families. Due to the property owner's decision not to make the changes necessary for recertification for the project-based Section 8 vouchers, the partnership prematurely ended as families successfully completed one year of a lease agreement. Family Services and KCHA entered into a new partnership with the property owner at Linden Highlands to make seven units available for Project Permanency families in Tukwila. According to Family Services staff, families who moved from their prior units to Tukwila were pleased with this change as the location is closer to Seattle, making services more accessible. Two families chose to transition in place at Village at the Lake.

The lack of Section 8 vouchers or other access to subsidized permanent housing confounds the transitional model for higher-need families who are least likely to have made economic strides that would enable them to independently afford market-rate housing after the services have ended. Indeed, when offering suggestions for improving the program, most families gave feedback related to the shortage of permanent housing. Specifically, families were disappointed about not having a Section 8 voucher upon completion of the program, and they didn't like the ambiguity of not knowing where they were exiting to. One caregiver said, "While I was in the program, I felt stable, but then reality hit, and the case manager told me there was no voucher available, and I was freaking out and on the verge of a mental breakdown."

"When I realized [the program] was working, it helped with my mental well-being. To have someone to come to talk to, even if it's not to address an immediate need or concern, you realize how much you've progressed when you can talk to someone about it. It's been extremely helpful. It's done a lot."

~ Program participant

7 EDMONDS HIGHLANDS

Background

YWCA Pathways for Women (YWCA) has provided prevention services, shelter, and transitional and permanent housing in south Snohomish County for almost 30 years. In the summer of 2001, YWCA Pathways for Women began serving clients at Edmonds Highlands in 12 transitional housing units. Edmonds Highlands is a 120-unit apartment complex owned by the Housing Authority of



Snohomish County (HASCO) and situated in a mixed commercial and residential area in Edmonds. Approximately 60 percent of current tenants earn below 80 percent of the median income, making this a mixed-income rental community.

The partnership between Pathways and HASCO has been relatively smooth and successful. Approximately three-quarters (75 percent) of the families who have successfully completed the one-year program have decided to transition in place at Edmonds Highlands—a higher percentage than at other Sound Families sites with a transition in place option. To date, many of the families have remained at Edmond Highlands for a fourth, and even a fifth, consecutive year. As a result, families have been able to keep their children in the same schools and avoid changes associated with moving to new neighborhoods.

Service Provision

Nearly all families who enter the transitional program have previously completed either the YWCA's shelter program or another program, demonstrating preparedness for transitional housing. Once transitioned into Edmonds Highlands, families receive weekly intensive home-based case management. Families have access to additional services through Pathways, including mental health services (individual and family), domestic violence counseling, pre-employment training, parenting and life skills classes, help in accessing health or dental care, legal services, and help with credit. Case managers also may maintain contact with clients for up to one year after exit. An additional benefit for families living at Edmonds Highlands, adding to the uniqueness of the program, is the consistency provided by Pathways' case manager who provided services throughout the entire five year initiative.

Families

Through June 2007, Edmonds Highlands served 56 single mothers (and one grandmother head-of-household) with 110 children; 30 families participated in the case study evaluation. Edmonds Highlands has been a significant source of interview data, providing over 100 in-person interviews through June 2007—more than a dozen families were interviewed on at least four occasions during and following the program. Edmonds Highlands families were more ethnically diverse than other Snohomish County programs. Fifty percent of primary caregivers were Black/African American, Hispanic/Latino, American Indian/Alaskan Native, or multiracial. One quarter of families were immigrant or refugee families. Nearly two-thirds of families had been homeless at least once prior. Families spent an average of 11.4 months in the program. Outcomes included:

- 87 percent percent of families exited to permanent housing. All of these families used a Section 8 voucher at exit, and 90 percent continued to use a voucher two years after exit. Nearly all families maintained permanent housing throughout the follow-up period.
- Only 11 percent of families were asked to leave the program.
- 60 percent of families opted to transition in place at Edmonds Highlands after successfully completing the program. Many factors accounted for families' continued stays. The Pathways case manager emphasized the stability that comes with

transitioning in place, as well as the financial relief from not needing a deposit or the first/last month's rent that is typically required when moving to a new residence. For families, having the option to transition in place has been monumental in creating further stability. One resident shared that having the option to transition in place created a sense of comfort for her because she was "in a stable environment and not feeling threatened to leave."

- Employment increased from 24 percent (all part time) at intake to 41 percent at exit and 67 percent one year after exit.
- 44 percent of families increased their household incomes by exit and 57 percent did so by one year after exit. Still, at exit the majority of incomes were less than \$1,000/month. In the years after exit, approximately 60 percent of families had monthly household incomes over \$1,000.
- The percentage of children attending two or more schools in the past school year declined from 59 percent at intake to 15 percent at exit, and remained below 17 percent for the three years after exit.

Challenges

Near the end of 2004, a handful of families who had successfully completed one year of the program were prevented from exiting on schedule because of the housing authority's freeze on portable Section 8 vouchers. As Section 8 vouchers were made available in the beginning of 2005, families were able to exit the program into permanent housing. Families benefited from HASCO being the property owner, as exceptions were arranged without difficulty for "delayed" families to continue their stay until vouchers became available. Another challenge was presented in a prior year when the housing cap for Section 8 vouchers in Snohomish County fell short of the market rate cost of one and two-bedroom units at Edmonds Highlands. HASCO, as property owner, allowed families who successfully graduated to transition in place for the first year without having to pay any amount greater than the Section 8 cap.

"Overall, it is a great program. They do and offer practical things to help you reach goals and get you connected to resources. I found it a supportive place with special people."

"The whole program together [was beneficial]... the structure and goal setting. When I first came, goal setting was really hard. I learned how to budget. That was really good... There was a budgeting class that I hated, but I turned around and loved it."

~ Program participants

8 NEW CENTURY HOUSE

Background

New Century House, a Housing Hope project in Snohomish County, was designed to serve homeless teen parents and their children. The transitional units are located in a ten-unit apartment complex initially consisting of four shared transitional apartments and six permanent units intended for graduates of the New Century House transitional program. Housing Hope intentionally designed a shared-unit housing model for this population to foster supportive relationships between residents, but this model proved in many cases to be unsuccessful. Housing Hope's solution to this situation is discussed further below.

Service Provision

For nearly 20 years, Housing Hope has created housing and programs seeking to respond to the needs of special populations in Snohomish County. The young residents of New Century House are offered services tailored to their unique situations as pregnant and parenting teens, such as parenting education, child care, and a high school completion program. In addition, they are able to participate in the customary services offered to Housing Hope clients such as access Tomorrow's Hope Child



Care facility (pictured) and the College of Hope classes, which include parenting, landlord/tenant relations, nutrition/cooking, and budgeting/finance. Many of these courses are now offered on-site as a result of the New Century Village expansion in 2007. As a result of the collaboration with Deaconess Children's Services in the original conception of New Century House, a family support specialist was hired to facilitate weekly group seminars at the apartment complex. The Housing Hope case manager integrated this programming into her scope of work over time. The new on-site courses include a renewed partnership with Deaconess Children's Services. Their staff, in coordination with Division of Child and Family Services staff, teaches regular parenting classes with an emphasis on preventing these high-risk families from becoming chronic neglectful parents.

The case management approach adopts traditional education and supportive services while valuing a mentoring model to facilitate the beginning of the young mothers' journeys toward self-sufficiency and stability. The case manager works closely with the Housing Hope child specialist to help with first-time parenting questions, such as coping with postpartum depression, toilet-training, and toddler tantrums. Ultimately, the case manager seeks to provide both emotional and concrete resources that maximize the development of each child and parent.

Families

New Century House welcomed its first mothers in the fall of 2002. Eleven young women participated in the evaluation. Due to the high level of resident turnover in this program towards the beginning, many of the young women were not enrolled in the evaluation or left prior to the initiation of the interviews, making it difficult to draw conclusions from the longitudinal data. The average primary caregiver was 18 years of age with a 1-year-old child. Two-thirds of the young families came to the program from outside Snohomish County, and 82 percent had not yet earned a GED or high school diploma at entry. Two-thirds were living with relatives and friends prior to entry and the majority had been homeless less than six months (in the current episode). Eighteen percent came to New Century House from drug/alcohol treatment programs. Some of the young women's outcomes:

- 25 percent were asked to leave the program.
- 55 percent moved into permanent housing, all using Section 8 vouchers; 18 percent moved in with family or friends; and 9 percent (one resident) went to serve a jail term.
- Follow-up interviewees, while small in number, were able to maintain stable housing, though all moved once again following exit. These families experienced increased stability in their lives, additional earning power, and parenting knowledge.
- Many participants expressed learning the basics of getting and keeping a home while in the program.
- Several clients were able to complete their GEDs or a certificate program while in the program.
- Overall, employment increased, TANF decreased, and 83 percent increased their incomes while in the programs often by securing child support, Medicaid, and food stamps.

The residents point to several parts of the program that fostered their personal success. There was a strong sense of community among many of the women, which contributed to a sense of safety as well as companionship for these young mothers who were typically living independently for the first time. The children's advocate provided essential parenting education and nurturing of these women in their new roles as mothers. Similarly, case management provided balance between nurture and information and helped the women create structure in their lives. Caregivers also valued the resources provided through Housing Hope, such as the child care and parenting classes. Many caregivers described an increase in self-esteem and competence in progressing toward permanent housing and maintaining a structured living environment for their young children.

Challenges

One factor greatly influencing program success and length of stays for the first cohort of residents was the shared-unit model. Conflicts between residents that arose from the shared-unit model seemed to decrease the chance of completing the program successfully and increase the chance of moving out prematurely. Many of the young women's situations were

exacerbated by the dynamics inherent in a shared living situation due to differences in age, their children's ages, temperament, lifestyle, income, maturity level, personal boundaries, and emotional/mental health issues. These issues became a distraction to the young women's work on their goals and many left the program early. Housing Hope discontinued the shared-unit model within several years and slowly transitioned the larger three-bedroom units into permanent housing for families with multiple children. Teen mothers entering the transitional program then moved into the smaller units in the complex.

The central issue with this model was that only one of the teens in each unit could be designated as head-of-household for purposes of using the project-based Section 8 voucher. This teen was the only one eligible at the end of one year to be referred for a portable Section 8 voucher. The second teen, at exit of the first teen, would then be designated at the head-of-household and would then be eligible, in one year, to receive her exit Section 8 voucher. This was an obvious hardship for this second teen who might have to wait up to two years to receive her voucher. Additionally, due to the shared living situation, Housing Hope was paying the utilities (teens then paid Housing Hope) and as result the teens were not eligible for any energy assistance programs. The arrangement became economically unfeasible for the teens. The project, initially intended to serve eight teens in four shared-living units, now houses six teens in individual units. The issues addressed above have been resolved and more success is apparent.

Case manager turnover also had a negative impact on many of these young families who became attached to their case managers, often seeing them as maternal figures. Caregivers mentioned that they would have appreciated being involved in the hiring process for a new case manager, to ease some of their feelings of powerlessness.

"The program has taught me a lot. They have everything. I like my weekly meetings with my case manager. I had my son when I was 16 and I didn't really know how to parent. Now, I'm trying to work on things – I'm involved in services."

~ Program participant

9 PARTNERSHIP FOR POSITIVE TRANSITION

Background

In the spring of 2002, 12 transitional housing units were funded to establish Partnership for Positive Transition (PPT). This project was the result of a new collaboration among three sectors of the Snohomish County community: a private real estate developer, the local housing authority, and the non-profit agency Center for Battered Women (CBW). The focus of the newly-formed collaboration was to serve women and their children who are victims of domestic violence. The location of the units is confidential so identifying details are withheld from this description.

PPT's 12 transitional units are scattered among a complex of nearly 250 units, which are buffered by green belts on either side. Families have access to recreational facilities, two play areas, and the complex's business center which offers use of a fax machine, computer, and other office equipment. Families also benefit from other amenities including a pool, fitness center, and on-site laundry. Transitioning in place at the time of exit is an option, and several families have chosen to stay for years following their exit.

Service Provision

CBW was founded in 1976 and has grown to serve families fleeing domestic violence through a continuum of services including resource and referral services, a 24-hour domestic violence crisis line, a crisis shelter, and transitional housing units at two separate locations. Units made available for women and their children through the project-based Section 8 vouchers are available for up to two years.

All families screened and accepted into CBW's transitional housing programs are homeless women and children who have resided in the agency's shelter. While residing at the shelter, mothers receive assistance from advocates in the development of their individual family safety and self-sufficiency plans. Families are also paired with child advocacy specialists who focus on the unique developmental needs and issues of children and youth. Once women are screened into the transitional program from the crisis shelter, they begin working closely with their transitional housing case manager. An individualized family service plan is developed, including identification of existing barriers to self-sufficiency, setting housing and income goals, and developing an action plan. While in the transitional housing program, families meet with their case manager on a regularly-scheduled basis to identify and assist in the removal of barriers to self-sufficiency.

Families

Through June of 2007, 23 families and 49 children had been served by PPT. Fifteen families participated in the evaluation process. All of the families were homeless due to fleeing domestic violence; two-thirds are from outside of Snohomish County seeking confidential housing safe from their abusers. Half are homeless for the first time, and two-thirds were homeless less than six months. Eighty percent of primary caregivers had at least a high school diploma or GED at intake. Furthering their education was a common goal among caregivers in PPT. One-fourth of primary caregivers had an identified mental illness at intake, often depression, anxiety, or post-traumatic stress disorder. Forty percent of these now single mothers had three or more children. Families remained in the program for an average of 16 months. Some of the families' outcomes:

- 73 percent of families exited to permanent housing and the majority interviewed were able to maintain stable housing throughout the follow-up period, though several returned to shelter or transitional housing in the ensuing years. One-third were using a Section 8 voucher at exit.

- One-third of families were able to transition in place.
- Over half (58 percent) of families had increased their household incomes at exit compared to intake, though only 31 percent had incomes of at least \$1,000/month. Income gains primarily came from new employment or working more hours.
- Reliance on TANF declined from 73 percent at intake to 54 percent at exit with slight declines seen after exit.
- Few caregivers were employed at intake, and by exit nearly 30 percent were. Employment rates continued to increase in the two years after exit.
- At intake, 75 percent of children attended two or more schools in the prior year, but only 18 percent had at exit.
- Despite 70 percent of caregivers reporting that they would need ongoing domestic violence services after exit, few accessed such services.

“I’ve really learned a lot about identifying a healthy relationship. We do group—they make sure I don’t fall into depression. We meet twice a week. I go to a meeting once and my case manager comes here once a week. And I get diapers every once in a while.”

Challenges

The transitional units in this housing program are secluded and remote. This presents both benefits and challenges. Because these women were fleeing domestic violence, the seclusion offers a welcome layer of protection. However, the inconvenient bus lines make it challenging for women to be mobile—especially if they do not have their own transportation—and engage in many desired services or stay in close contact with family members. The bus line followed a schedule that served the local industrial workforce—very early morning and early evening and no weekend shifts. This complicated matters for these women, who needed transportation at other hours while trying to maintain or find jobs. As one resident described the location:

“If I didn’t have a car, I’d have to call a taxi to get around on the evenings and weekends. It’s a little rough being where we are at with the bus lines, but because of the confidentiality, it balances out and we feel safe.”

The timeline for the start-up phase initially allowed for the case managers to screen and enroll families for the transitional units in the latter half of 2002. However, issues arose that delayed this process, primarily due to the stipulations on criminal and background credit history set by the private property owner/manager. This impacted CBW’s ability to identify families who could meet the criteria, and case managers were asked to postpone screening families until the issue was resolved. Families who learned of the screening criteria also refrained from applying. CBW did not move in the first families until spring of 2004, and even at that point, screening for eligible families was moving slowly. At one point, CBW “shuffled” families by moving eligible families from other CBW transitional units into PPT in order to release units with less stringent criteria for other families. Later in 2004, the apartment complex was bought by another entity that allowed some of the previous criteria to be relaxed.

A significant service challenge for this population is obtaining legal help for the women. Often when dealing with domestic violence in the courts, especially when children are involved, help beyond advocacy and legal consultation is needed:

"I need legal representation through the criminal process of trying to rectify what my ex-husband did to me. It's one thing to have an advocate for support... but when you don't have the legal support through this process, you wonder why you are even going through this...But, I am still grateful for the program – where would I be if it wasn't there?"

"Even though I was here and involved in the program with rules, they still gave me my privacy and freedom. I liked the fact that the staff and workers knew where I was coming from: being single, having kids, being in a DV situation. I felt like they understood me."

~ Program participants

110 MAPLE LEAF MEADOWS

Background

In the early 1990s, Snohomish County experienced an upsurge in population growth, and, by the late 1990s, a 41 percent increase in poverty. Unprecedented housing costs and low vacancy rates made Snohomish County a challenging rental environment for families seeking affordable housing. Housing Hope's project, Maple Leaf Meadows, was funded in 2002 in response to the county's unmet housing needs. Maple Leaf Meadows added twelve newly-constructed transitional housing units to an affordable housing community owned and operated by Housing



Hope in Arlington, a rural area of the county. Although Maple Leaf Meadows is in a rural area, it is rapidly suburbanizing and is less than two miles from a Park & Ride, a community mental health agency, and several grocery stores. A mile further is the post office, restaurants, a daycare, and several banks.

The 20-unit complex is also home to eight permanent units for residents who have incomes below 60 percent of the area median. Families in the transitional units are involved in more

intensive services than those families residing in the permanent units, though Housing Hope provides skill-enhancing services to all Maple Leaf Meadows residents.

Service Provision

Since 1987, Housing Hope has provided housing and supportive services to homeless and low-income households in Snohomish County. Housing Hope provides a full range of social and support services to its residents and clients, including case management, health counseling, life-skills training, employment training, and placement assistance. Housing Hope also operates Tomorrow's Hope child care facility in Everett, the only licensed child care facility in Snohomish County serving homeless children. This facility has the capacity to serve more than 100 children, offering daycare for infants and toddlers, a Head Start school readiness program, and before and after-school programs for children under age 12.

Case management at Maple Leaf Meadows has emphasized community-building. The case manager sets aside a portion of individual case management time to discuss with the community the goal of encouraging families to be more interested and engaged in their local neighborhood. For example, residents identified gaps in the community such as the site's cleanliness and the need for a common barbeque area. Residents have also participated in Earth Day and sponsored speakers from the larger community to provide education on energy and money-saving strategies. In collaboration with Western Washington University, Maple Leaf Meadows created a community garden. The case manager also makes the community room, which has a number of computers, accessible to clients as regularly as possible. This allows the residents to check e-mail, research jobs, and complete résumés or homework.

Families

The first transitional families were screened into Maple Leaf Meadows in April 2003, filling 10 of the 12 units within one week. By June 2007, the transitional housing units at Maple Leaf Meadows had been home to 39 families with nearly 100 children. Maple Leaf Meadows serves primarily Caucasian families (87 percent), which is representative of rural Snohomish County. Nearly two-thirds of families had three or more children. Two-thirds of both primary and secondary caregivers had an identified mental illness at intake. Nearly one in five had been homeless longer than one year, and half had been homeless at least once before. Over 70 percent of families served were residents of Snohomish County. Sixty-eight percent of primary caregivers had at least a high school diploma or GED, and 46 percent had some college-level education. The primary reason for homelessness among families (31 percent) was attributed to divorce and/or separation. Some outcomes:

- The shortage of Section 8 vouchers available to families at exit resulted in longer lengths of stay for some families. Ultimately, 67 percent of families exited with a Section 8 voucher; all of those who successfully completed the program but did not receive a voucher went to live with family or friends at exit.
- The program had a relatively low eviction rate, at 14 percent.

- All permanently housed families remained in permanent housing at follow-up interviews; Section 8 usage remained high throughout the follow-up period, though average rent increased from an initial \$232 to \$422 per month two years after exit.
- 88 percent of families moved into new neighborhoods when exiting, causing 39 percent of children to change schools at exit. Families were, however, able to move to places where they were satisfied and intended to stay. Two years after exit, 75 percent of families were still residing in the same place.
- School stability increased significantly for children while in the program. Those children attending two or more schools in the past year decreased from 53 percent at intake to zero at exit. These data also suggest that housing stability impacted children's attendance. Children missing at least a few weeks of school in the past year decreased from 19 percent at intake to zero at exit. One caregiver expressed the positive changes in their household: *"Stability... which is one of the reasons I want to keep it going. My kids are happy and mentioned that they can tell we haven't moved as much and know they've made more friends."*

Caregivers also mentioned the benefit of having a case manager to talk with on a weekly basis, to seek advice from and/or increase their awareness of community resources. The child advocate was also useful to families, especially for those who were first-time mothers. Families highlighted the resources that Housing Hope provided, particularly College of Hope classes and resources. Parenting classes were among the most valued resources offered by College of Hope. Many families also believed their budgeting and credit improved greatly as a result of being engaged in the program.

Challenges

Similar to other housing authorities in the region, HASCO needed to freeze vouchers at the end of 2004 and again at the end of 2007, thus impacting the rate at which families in project-based transitional housing units could obtain portable vouchers. Consequently, some exits were delayed and families remained in transitional housing until the vouchers were once again made available. Although disappointed in needing to delay their move into permanent housing, these families used their additional time to continue progress on their goals: school, employment, parent education, savings, and so on.

"I'm pretty close to where I want to be. Housing Hope was a step. They helped me focus and center on things that were hard for me to focus on. There's no way in God's green earth that I could afford what I have now without getting through the program."

~ Program participant

APPENDIX C

SPECIAL FOCUS: Economic Stability and Homeless Families

Barriers to Obtaining and Maintaining Economic Stability

Helping homeless families to find and keep jobs requires addressing individual and system-level barriers to employment. Homeless families often have multiple barriers that make finding and keeping jobs challenging. These barriers include histories of domestic violence, substance abuse, physical disabilities and chronic health problems, mental health, criminal records, low basic skills and learning disabilities, and language barriers. Additionally, education levels, which tend to be lower for this population, can limit access to higher paying jobs without further education or training. The homeless experience and all that leads up to it can often leave families feeling that they have little control over their lives and their futures. Part of the relationship with transitional housing case managers helps instill a sense of hope in families. Families need to rebuild their sense of hope through incremental successes that the program can help them achieve. Increasing a family's feelings of self-efficacy or control over what happens to them can also improve their economic stability (Herr & Wagner, 2003).¹

Further hindering families' efforts to obtain and maintain gainful employment are a number of system-level barriers such as methods used to determine the federal poverty level and disincentives to working additional hours. For example, families are often encouraged and able to obtain minimum-wage paying jobs that come with few benefits. When they do obtain even a small wage increase either through working more hours or a raise, they can lose means-tested benefits such as child care, medical coupons, and food stamps, leaving the family less well off by working. While transitional housing programs try to help families obtain an education and job training that will help them to access better paying jobs, much of the time case management efforts are directed towards helping to stabilize the family while they are in the program. Housing programs often need to work with other assistance programs to increase an individual's ability to find and keep employment. Once families graduate from transitional housing programs, they are frequently in need of support and follow-up to navigate complex systems to continue to make strides in the employment sector.

Personal Barriers

Many families have a number of issues that may require time and energy to work through before gainful employment is even possible. These include but are not limited to: low sense of self-efficacy, histories of mental illness and substance abuse, domestic violence, and low skill

¹ Herr, T. & Wagner, S.L. (2003). *Self-Efficacy as a welfare-to-work goal: emphasizing both psychology and economics in program design*. Chicago, Illinois. Project Match-Families in Transition Association.

levels. Two of the more prevalent issues, domestic violence and low self-efficacy, are examined in more depth below.

Domestic Violence

Families fleeing domestic violence or having experienced domestic violence in the past make up a large portion of families served by shelters, transitional housing programs, and the welfare system (Lindhorst, Oxford, & Gilmore, 2007).² Sound Families found that one-third of families had domestic violence as a primary cause of their homeless episode, which did not include families who had experienced domestic violence in the past. Currently, there are no studies available that have examined the long-term effects of domestic violence on outcomes such as employment and welfare receipt since the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) was passed (Lindhorst, Oxford, & Gilmore, 2007). Women receiving welfare benefits experienced domestic violence in their lifetime at triple the rate of women in the U.S. population (Lindhorst, Oxford, & Gilmore, 2007). It is not clear how this abuse impacts their ability to obtain and maintain stable employment, but it has been demonstrated that the effects of domestic violence on a woman's mental health are significant and long lasting. Lindhorst, Oxford, & Gilmore (2007) found that women with a history of domestic violence were not more likely to be on welfare than non-abused women, but they were more likely to be unemployed following welfare reform efforts. Additionally, they found that domestic violence can have long-term negative effects on the mental health and economic capacity of women experiencing the abuse. These long-term effects should be considered when crafting policies that support these women as they rebuild their lives.

Lack of a Sense of Personal Efficacy

Homeless families have often experienced high levels of emotional and physical stress, and those with a history of domestic violence particularly so. Soon after entering a transitional housing program they are required to fulfill many program obligations (getting children enrolled in school, enrolling in TANF and medical coupons, attending life skills classes, signing up for classes or looking for a job, etc.) which can feel overwhelming to someone who is either struggling with depression or who does not think that they can effect change in their lives. Project Match, a Chicago-based research and case management program with activities in the welfare-to-work and workforce development, found that families participating in a community-based employment program who had low-senses of self-efficacy displayed the following: inactivity, passivity, unassertiveness, and lack of persistence (Herr & Wagner, 2003). A lack of moving forward on goals, which may be viewed as non-compliance or "laziness," may be in fact be attributable to feelings of low self-efficacy in the client and recognizing this a key to helping families make gains in the economic arena.

² Lindhorst, T., Oxford, M. & Gilmore, M.R. (2007). Longitudinal effects of domestic violence on employment and welfare outcomes. *Journal of Interpersonal Violence*, 22 (7), 812-828.

System Barriers

System-level issues present particular barriers to families making strides in employment. When families make gains in one area, increasing their wages earned, they often experience a loss in another area such as health care benefits or child care, leaving the family less well off for having worked.

A fundamental failing in dealing with poverty begins with the way that it is measured in the United States. The federal poverty level was developed 40 years ago based on a formula that families spent an average of one-third of their incomes on food. This average was then multiplied by three and those making below this amount were considered to be living in poverty (Cauthen & Lu, 2003).³ The federal poverty level for a family of four in 2007 was \$20,650. Double this amount or \$41,300 is the amount needed by families to afford basic necessities such as food, housing and health care. Today, families spend much less than one-third of their income on food, while housing costs, transportation, and child care costs have all increased disproportionately (Cauthen & Lu, 2003). If the federal poverty level was adjusted to reflect the true cost of these basic needs, many more Americans would be considered living in poverty.

Working more hours and/or increasing hourly wages can lead to low-income wage earners experiencing a reduction in benefits and an increase in taxes. Romich, Simmelink, & Holt (2007)⁴ refer to this as implicit taxation. Implicit taxation is the combined effect of the income tax system and the tax-like reduction in means-tested benefits that happens as low-income workers increase their earnings (Romich & Simmelink, 2005). In essence, the effect of making more money is like that of being taxed. This combination of factors can discourage families from increasing hours and can cause families to leave jobs when forced to make a choice between working and losing vital benefits like health care. Over the last decade, policy changes have driven changes in implicit taxation. Welfare reform in the 1990s aimed at reducing the number of families receiving case benefits, while providing supports to low-income working families (Romich & Simmelink, 2005). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) was based in part on the belief that family income should be raised from earnings from employment instead of welfare benefits (Romich & Simmelink, 2005). Reforms that aimed to support employment for low-income families include: a decentralized combination of time-limited grants with earnings disregards, earnings-based supports paid through the tax system like the Earned Income Tax Credit (EITC), and subsidized benefits through child care grants and the expansion of public health insurance, mainly the

³ Cauthen, N.K. & Lu, H.H. (2003). Employment Alone is not enough for America's low-income children and families. National Center for Children in Poverty. Living at the Edge Research Brief No. 1., Columbia University.

⁴ Romich, J.L., Sommelink, J., & Holt, D. (2007). When working harder does not pay: low-income working families, tax liabilities, and benefit reductions. *Families in Society*, 88 (3), 418-426.

State Children's Health Insurance Program (SCHIP) (Romich & Simmelink, 2005). For low-income families utilizing multiple means-tested programs, a wage increase—even a small increase—may result in a sharp decline in those benefits. Not only can families experience a decrease in means-tested benefits, but small wage gains can also cause them to lose eligibility for income-based scholarships to after-school and summer programs, Head Start, and legal assistance (Romich, Simmelink, & Holt, 2007). This combination of factors can create a “welfare wall” if low-wage earners are unable to take on more hours or better paying jobs without making true gains (Romich, Simmelink, & Holt, 2007). *(See Susan's story below for an example of a family negatively impacted by a wage increase.)*

Due to welfare reform, more low-income families have joined the workforce; however, many of these families have not experienced increased economic security. In some cases, families have chosen to either decrease the number of hours worked or left employment altogether to prevent the loss of basic needs such as health care. For families, real economic security includes the following: 1) stable, predictable income, 2) savings and assets that help a family to survive crises and make plans for the future, and 3) human and social capital such as education, skills and a support network (Cauthen & Lu, 2003). Transitional housing programs work with families to achieve this by the time they graduate, but due to the personal and system-level barriers faced by homeless families, typically only modest gains are made in these areas during the program.

Strategies to Help Homeless Families Make and Maintain Economic Gains

Homeless families need support and development to help them gain and sustain employment. In order to maintain and increase their economic stability, long-term support is needed so that the gains made while in transitional housing continue and can be built upon.

- Train case managers to assess potential barriers to employment or refer families to employment programs that can do this.
- Educate case managers and families to understand when high rates of implicit taxation may occur and how this might affect benefits.
- Work with primary caregivers to create employment plans and monitor these plans over time.
- Form partnerships with state and local departments of rehabilitation, health, mental health, substance abuse and education to access additional needed services.
- Link families to vocational, basic education, and literacy programs to improve needed skills.
- Provide job training and skill building opportunities at or near housing programs such as helping with building maintenance, child care, and gardening, especially for those struggling with multiple barriers.
- Connect families to post-employment services as they graduate from housing programs to increase employment retention and to help families find new jobs if needed.

- Work with TANF and DSHS to ensure families are receiving needed work-supports such as child care and transportations. Educate families about how small wage gains can impact benefits.
- Encourage the vocational and job training sector to create programs and opportunities that will lead families to higher paying jobs in areas where the demand is high or growing.

System-Level Strategies to Make Work Pay for Very Low-Income Families

In *Living at the Edge* (2003), Cauthen and Lu outline what is needed at the systems level to help support low-income families in low-paying jobs:

- **Protect and expand the Earned Income Tax Credit (EITC)** to help low-income workers keep more of their money and reward their work efforts. This alone is not enough, as the increased tax burden can erode the gains made. Educate families about how the EITC works and how changes in earnings can affect the tax credit, often many months after earnings have increased.
- **Decrease the payroll tax burden on low-wage earners.** Unlike income taxes, in which a certain percentage of income is exempt from taxes, payroll taxes are paid the very first dollar earned.
- **Raise the minimum wage.** Washington state has among the highest minimum wages in the country at \$8.07/hour, but it is still far below a self-sufficiency wage for a family of four.
- **Ensure that working parents have health insurance.** Policy changes in recent years have expanded health insurance to cover many more low-income children, but their parents have been largely left without coverage. Support universal healthcare coverage so that as wages increase families do not lose this coverage.
- **Help working low-income parents to afford child care.** Even with the expansion of child care subsidies in the 1990s, many families are still not receiving help, especially those just above the federal poverty line. Support universal early childhood education.
- **Reinforce unemployment insurance for unemployed low-wage earners.** The current structure of the unemployment insurance program works is unfair to low-wage earners, especially those working only part time or new to the workforce. Some states have begun to increase access to unemployment insurance to improve access to these groups, but others have not.

APPENDIX D

The Place of Transitional Housing in Ending Family Homelessness

Over the last several decades, increases in poverty combined with decreases in affordable housing have contributed to a growing number of families with children becoming homeless. By the early 1990s, children made up the largest and fastest growing segment of the homeless population. An episode of homelessness can have serious and long-lasting impacts on the children who experience it. Current welfare reform measures, along with decreasing support and funding of social programs for families, have exacerbated the need for a continuum of homeless services and housing options. There has recently been a growing interest in rapid re-housing and permanent supportive housing strategies to address family homelessness. At the same time, transitional housing has been criticized as an expensive approach in the effort to end family homelessness.

Complicating the debate over transitional housing is the wide variation across the country in what is considered “transitional housing.” Models vary in the types and intensity of services provided, the time limits imposed, and costs. Models also differ in how they help families secure permanent housing and how noncompliance with services is handled. In Sound Families programs, participants were typically able to receive services for 12 to 24 months; a family’s housing typically depended on compliance with the service component. Case managers had an average of 12 families per case manager, and typically referred out specialized services such as those for chemical dependency or mental health issues. The median cost for one year of services was \$5,362 per family, with a range of \$1,500 to \$16,000 depending on the services provided and the targeted client population.

Criticism #1: Highest need families do not get served

Transitional housing has been criticized for not serving those families most in need of support. Indeed, screening processes and eligibility requirements for transitional housing programs can exclude families with more challenging issues such as chemical dependency, mental illness, and criminal background histories. Yet, given the level of services available and training, education, and experience levels of case managers in most programs, effectively serving families with severe mental health issues or active chemical dependency is often not feasible, and arguably puts other families in recovery at risk of relapse. Also, these higher-need families are least likely to comply with services and therefore should be in programs in which housing is not dependent on sobriety or service compliance.

By the time a family enters a transitional housing unit, they have often had to pass screenings by the program, property manager, and the local housing authority which can cause a family to either drop out due to a somewhat lengthy and complicated process or be screened out due a lack of fit between the services available through the program or not meeting some of the eligibility requirements. Faced with a homeless family, case managers across the homeless

services system are limited by the number of slots available and resources in which to work with these families. To better utilize scarce resources, program staff primarily take in the moderate-need families they believe are more likely to be successful in their program. In this way, they are not helping those most in need but those most likely to benefit from the program and then, hopefully, less likely to re-experience homelessness. The Sound Families evaluation observed that for the majority of families, screening processes adequately identified families with actual social service needs (i.e. needing more than economic supports to secure housing) yet not such high needs that they were likely to be asked to leave or evicted. When higher need families were accepted into programs without the capacity to serve them well, the end result was often eviction or a request to leave the program.

Criticism #2: Mandatory services

A second criticism is the mandatory nature of services. The most telling counterpoint comes from the families themselves: A majority of those successfully completing transitional programs described both the utility and the less tangible benefits of having intensive case management and mandatory services. Many who were initially reluctant to engage in classes, trainings, or other services—or saw them as unnecessary—by the end were touting the benefits and saying they wanted to continue receiving many such services after exit. They described the assets they gained and skills and insights attained. Many homeless families, including those entering Sound Families programs, lack basic life skills such as money management and conflict resolution, are socially isolated, have depleted support networks, and need support to recover from trauma such as domestic violence, substance abuse, and homelessness. Many caregivers recognized the importance of building individual assets so as to prevent future homelessness. Program shortcomings noted by the families also reflected gaps in the existing service system, particularly the lack of emphasis on supporting families in receiving further education that will lead to better employment opportunities over time.

A roof over one's head, while absolutely essential, does not fulfill the psychological or emotional needs described by so many homeless families. Furthermore, addressing these areas, one would hope, leads to a decreased likelihood of future episodes of homelessness for the families, or a better, more stable future for their children. An ideal study would ascertain the lasting effects of this service component, but without that, we are left with the families' self-reports one, two, and three years after transitional housing about the positive impacts and influences the services had on them and on the lives of their children.

Transitional housing also provides a window of opportunity to positively impact the lives of the children served by these programs. Children who have experienced homelessness are at greater risk for developing health problems, developmental delays, and psychological issues and to suffer academically than their non-homeless peers (Rafferty, Shinn and Weitzman, 2004). Homeless families are much more likely to be involved with the child welfare system at great cost emotionally and fiscally (Culhane, Webb, Grim, Metraux & Culhane, 2003). Through case management, counseling, and connection to activities and resources in addition to housing stability, transitional housing programs can help to improve and soften some of the impact of

the homeless experience on children. This evaluation has noted a sharp decrease in the number of schools attended by children and positive changes in children's behavior reported by parents.

So many gains emanating from the mandatory service component were described that it is critical not to dismiss this model. It has a place on the continuum—for families who need more than economic supports to afford housing, yet do not need permanent supportive housing. These are families for whom time-limited service provision benefits them and their children *and* who are motivated to engage in services—if well matched to their needs and goals—by linking services to housing. It is, of course, even more motivating if the end result is help in securing permanent housing, or increasing their own incomes so as to afford permanent housing independently. Many families praised the expectations of the programs, and the case managers in particular, as helping them to believe in themselves and to define a future in which they are more active actors in their own lives.

Criticism #3: No guarantee of permanent housing

A third criticism of the transitional model is that for most families there is no guarantee of permanent housing following services. The majority of Sound Families programs were able to successfully connect families who needed support in doing so to permanent housing, typically through Section 8 vouchers or public housing slots in collaboration with local public housing authorities, transition-in-place models (though these too relied on the availability of Section 8 vouchers for families to assume the rents), or relationships with local landlords. The fact is that even if one argued that permanent housing should be a guarantee upon exit from services, affordable housing is so scarce in the Puget Sound region that it is simply not feasible to provide it to all families who need it.

More options are needed, not fewer

To effectively address family homelessness, our system needs more options for families—more service models, not fewer, and more creative solutions that work for families with different needs and strengths and different trajectories. The continuum should span homelessness prevention, such as eviction prevention or rent assistance, to permanent supportive housing with services available but not mandatory to maintain housing. Even within a transitional housing model (if there were such a singular thing), a multiplicity of strategies should be available—a range of intensity and length of services and links to permanent housing afterwards. The latter could be effected through traditional Section 8 vouchers or more flexible, shallow, time-limited subsidies, links to public housing, and relationships with landlords who can provide safe, affordable housing to families able to raise their incomes sufficiently. The goal of homeless services should, after all, be more than simply creating another housed family living in poverty and feeling that there is no way out.

APPENDIX E:

Race/Ethnicity of Primary Caregivers by County

For the most part, race and ethnicity of primary caregivers served in Sound Families units (see first table) mirrored the race/ethnicity of the broader homeless populations in the three counties as reported in One-Night Count data (see second table). However, there are significant disparities when considering the race/ethnicity of homeless families and individuals compared to the general population in each county (see third table). Homelessness disproportionately affects communities of color throughout the region.

Race/Ethnicity of Primary Caregivers in Sound Families Programs by County

Race/Ethnicity of Primary Caregivers	Pierce County	King County	Snohomish County
Caucasian	53%	38%	70%
Black/African American	26%	37%	12%
Hispanic/Latino	6%	6%	5%
American Indian/Alaskan Native	4%	3%	5%
Asian/Asian American	3%	3%	2%
Native Hawaiian/Pacific Islander	4%	3%	1%
Biracial/Multiracial/Other	5%	11%	5%
<i>Number of Primary Caregivers</i>	391	692	390

Source: Sound Families evaluation data on families served through June 2007

Race/Ethnicity of Homeless Individuals by County

Race/Ethnicity of Homeless Individuals	Pierce County	King County	Snohomish County
Caucasian	53%	38%	64%
Black/African American	26%	35%	14%
Hispanic/Latino	Not Reported	10%	8%
American Indian	3%	3%	9%
Asian/Pacific Islander	7%	4%	1%
Biracial/Multiracial/Other/Unknown	11%	11%	3%

Sources: Pierce and King counties One-Night Counts (2007), Snohomish County Human Services (2006)

Race/Ethnicity of All Individuals by County

Race/Ethnicity of All Individuals	Pierce County	King County	Snohomish County
Caucasian	76.5%	73.9%	83.8%
Black/African American	6.8%	5.5%	1.7%
Hispanic/Latino	5.5%	5.5%	4.7%
American Indian	1.3%	0.8%	1.3%
Asian/Pacific Islander	5.9%	11.5%	6.1%
Biracial/Multiracial	3.9%	2.8%	2.4%

Source: U.S Census Data (2000)

APPENDIX F: Study Methods Detail

Case Study Selection Criteria

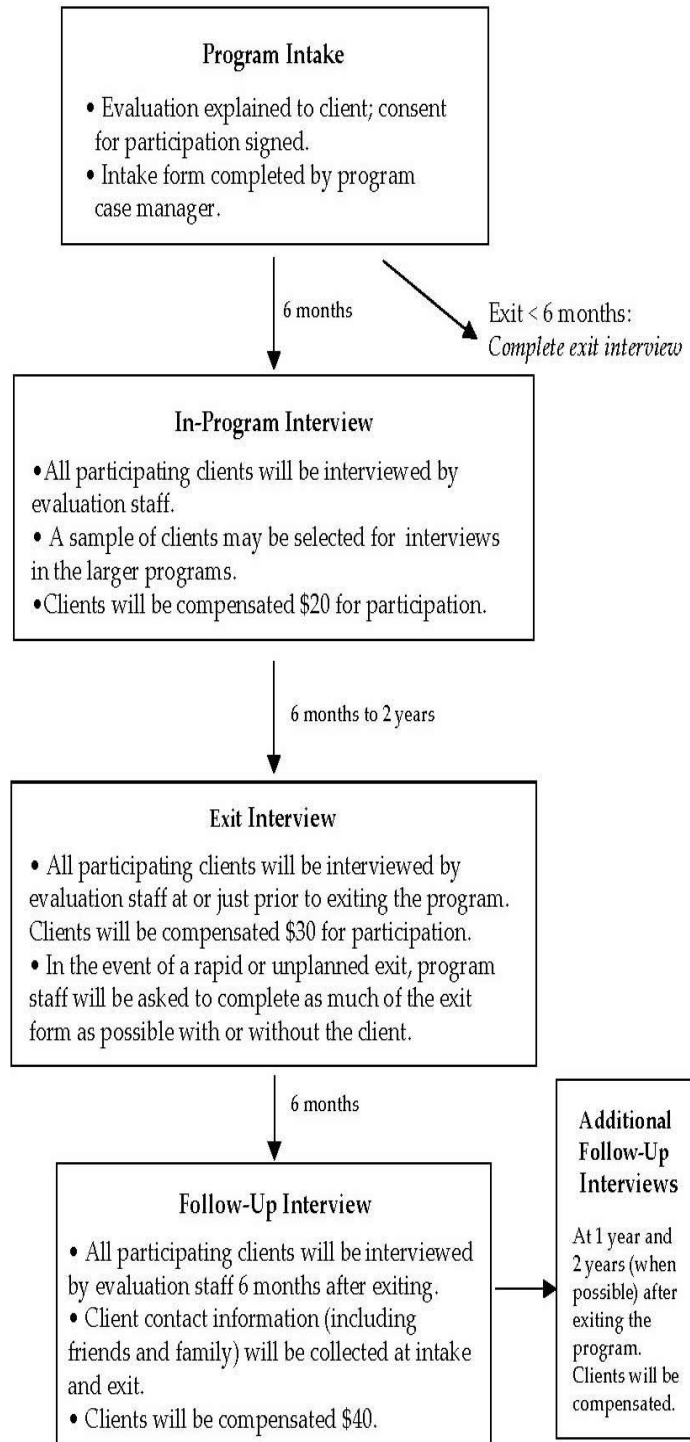
The 10 case study programs are distributed across the three counties and represent nine separate service providers. The case study sites began serving families between November 2001 and December 2003. They were largely selected to represent the range of housing and service models as well as geographic distribution. It was also necessary to select programs that were funded in early grant rounds and those that would be operational as soon as possible to allow ample follow-up data to be collected from families after they exited. The range of characteristics considered in selecting case study sites included the following:

- ◆ Site location (e.g., rural or urban)
- ◆ Scattered site units, entirely transitional units, or mixed-income complex
- ◆ Faith-based or community-based
- ◆ Special populations such as teen mothers, veterans, victims of domestic violence
- ◆ Varied practice approaches to support recovery from chemical dependency
- ◆ Option to transition in place
- ◆ Large units
- ◆ Shared units
- ◆ Low-capacity, smaller, and younger service providers vs. high-capacity, larger, and older service providers
- ◆ Multiple service providers
- ◆ Partnerships between housing developers (private or housing authorities) and service providers vs. one agency acting as both property owner and service provider

Interview Process

Shortly after entering a transitional housing program, the case manager invited each family in a transitional unit to participate in the evaluation. If the family agreed, the case manager reviewed the consent form and the evaluation process with the family. In two-parent families, one caregiver was identified as the primary caregiver who was interviewed. Once the consent form was signed, an intake form was completed by the case manager. Clients were then interviewed by evaluators after six months in the program and at exit. Follow-up interviews were conducted at six months and at one, two, and three years following exit. (See Figure A1.) Interviews were typically conducted in the family's home or a location convenient to the interviewee. Before the initial interview began, the interviewers reviewed the consent process to ensure that each client understood what they signed. Clients were compensated for their time with gift cards in increasing amounts. Clients could choose gift cards from several different stores. Families had the same interviewer for the duration of their participation in the study. This consistency helped maintain connections with the families and enhanced the study's retention rate.

Figure 1
Client data collection points in case study programs



Retention of Families in the Study

Upon enrolling a family in the study and completing the intake form, case managers asked the primary caregiver to provide personal contact information, which was used by the evaluators to contact families for their first interview after six months in the program. Families were encouraged by their case manager to also identify one or two other contact persons who would likely know where the family is living in the future, in the event that a telephone becomes disconnected or the family exits the program before having had contact with an interviewer.

At each interview, evaluators reserved time to review current contact information as well as contacts for family or friends who may serve as resources for contact information. Twice a year, evaluators mailed cards to each family marking special occasions such as Thanksgiving, Mother's Day, and Father's Day. These mailings served as a reminder that they remain involved in the study and help verify current addresses. Participant families were provided with an abridged version of several major reports and twice received a feedback form on which they could provide comments on the reports. Evaluators also gave participants small items such as refrigerator magnets and bookmarks printed with the interviewer's contact information and encouraging a call to "remind us when you are moving." Families were paid \$5 for informing the evaluators of a phone number change.

Interviews Completed at Each Time Point

Program	Intake	6-Month	Exit*	6-Month Follow-Up	1-Year Follow-Up	2-Year Follow-Up	3-Year Follow-Up
Edmonds Highlands	30	27	30	20	15	10	5
Eliza B. McCabe	17	15	17	8	7	3	1
Maple Leaf Meadows	22	18	21	12	11	8	2
Meadowbrook View	27	22	24	11	10	8	6
New Century House	11	7	11	3	2	2	0
Pacific Courtyard	25	21	25	15	13	13	8
Partnership for Positive Transitions	15	13	15	7	4	2	0
Project Permanency	11	11	11	3	2	0	0
Rural Bright Futures	22	18	22	9	10	6	2
Vision House	23	20	21	11	11	5	3
Totals	203	172	197*	99	85	57	27

*A total of 55 exits were completed by case managers, typically when a client left a program suddenly or an interview was not able to be scheduled within a reasonable amount of time following exit.

Of the 203 enrolled families, contact was lost with 23 percent; an additional 8 percent were overdue for an interview at the time the study ended. The table below shows what was known about these families when the study ended, either through the last interview with a family while we were still in contact or from data provided by the case manager. Retention rates varied by program and tended to be lower in the programs serving teen mothers and those having higher rates of case manager turnover. Evaluators were least successful following up with

families who exited or were asked to leave programs before reaching the six-month in-program interview. The *Early Exits* report examined more closely what is known about families who did not remain in the study, how their outcomes were different from those retained in the study to the extent that those outcomes are known, and why these differences may exist.

Data for Families With Whom the Evaluation Lost Contact

Last Known Status	No Contact Information (N=63)	Overdue for Interview (N=24)	Lost Contact and Overdue (N=87)
Evicted From Transitional Program	42%	13%	34%
Permanent Housing	11%	79%	30%
Evicted From Housing	22%	4%	17%
Fled Last Housing (Includes Domestic Violence)	14%	-	10%
Living With Family or Friends	13%	-	9%
In Shelter/Homeless	6%	-	5%
In Jail	-	4%	1%
Unknown Housing	29%	8%	23%
Children With Family	40%	71%	48%
Children Separated From Family	5%	8%	6%
Children's Location Unknown	56%	21%	46%
Living in Washington	25%	71%	38%
Not in Washington	10%	4%	8%
Unknown Location	65%	25%	54%

APPENDIX G: Income Data on Complete Sample

Income Sources Over Time (Complete Data – Interpret Change Over Time With Caution)

	Intake N=202	Exit N=94	1-Year Follow-Up N=83	2-Year Follow-Up N=57	3-Year Follow-Up N=27
Employment Income	27%	54%	64%	63%	69%
TANF	64%	39%	30%	19%	15%
SSI; SSDI; Social Security	11%	13%	17%	23%	19%
Food Stamps/WIC	57%	67%	64%	60%	65%
Child Support	14%	21%	28%	35%	39%
Unemployment Benefits	5%	2%	1%	0%	4%
Medicare/Medicaid	22%	45%	63%	61%	73%
Veteran's Benefits	3%	5%	9%	12%	8%
Other	6%	9%	7%	9%	8%

Household Income Over Time (Complete Interview Data)

	Intake N=199	Exit N=174	1-Year Follow-Up N=85	2-Year Follow-Up N=57	3-Year Follow-Up N=27
\$0 - 500	42%	14%	5%	2%	4%
\$501 – 1,000	37%	39%	24%	21%	22%
\$1,001 – 1,500	15%	24%	31%	26%	15%
\$1,501 - \$2,000	5%	14%	20%	21%	30%
More Than \$2,000	1%	9%	21%	30%	30%

APPENDIX H: Additional Sound Families Evaluation Reports

Additional evaluation reports are available at www.soundfamilies.org.

Evaluation of the Sound Families Initiative: Preliminary Findings (2004)

A Closer Look at Homeless Families' Lives During and After Supportive Transitional Housing (2005)

Early Exits: Lessons Learned From Families Asked to Leave Transitional Housing (2006)

Breaking the Cycle: Serving Homeless Children in Supportive Housing Programs (2007)

How Are They Faring? Findings on 51 Families One Year After Exiting Transitional Housing Programs (2007)

Summary of Final Findings (2007)