Year 1

2007 - 2008

Strengthening At Risk and Homeless Young Mothers and Children

EVALUATION REPORT

STRENGTHENING
At Risk and Homeless
Young Mothers and Children

ACKNOWLEDGEMENTS

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STRong: Strengthening Our New Generation

Reuben Lindh Family Services

St. Stephen's Human Services

Wayside House, Inc.

Hope & Home

PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services

Foothill Family Service

Strengthening Young Families

Antelope Valley Hospital/Healthy Homes program

Antelope Valley Partners for Health

St. Joseph's Manor

Mental Health America of Los Angeles

Valley Oasis

United Way of Greater Los Angeles

Family Assertive Community Treatment

Beacon Therapeutic Diagnostic and Treatment Center

Heartland Alliance for Human Needs and Human Rights

Mercy Housing/Lakefront

Inner Voice

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Voices for Illinois Children

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INTRODUCTION

This report describes the first year of implementation of the *Strengthening At-Risk and Homeless Young Mothers and Children* Initiative ("the Initiative"). Funded by the Conrad N. Hilton Foundation and under the guidance of a Coordinating Center consisting of the National Center on Family Homelessness and the National Alliance to End Homelessness[1], the Initiative seeks to improve the housing, health, and development of homeless and at-risk young mothers and children. To best meet the complex needs of these families, the Initiative supports locally-based partnerships that include housing/homelessness and child development agencies, as well as those that address family preservation, domestic violence, mental health, substance use, and other support services for the target population.

The Initiative includes four program sites: Pomona, California; Antelope Valley, California; Minneapolis, Minnesota; and Chicago, Illinois. An ongoing evaluation of the Initiative describes the sites and the population served as well as the needs and characteristics of young, homeless families and how best to serve them. This document is the first annual report from the evaluation, and includes the following:

- A brief overview of the Initiative including function of the Coordinating Center and the needs and characteristics of the population it serves.
- Descriptions of the four program sites.
- A summary of the evaluation's goals and procedures.
- Cross-site findings from the first year of program implementation, including findings about the target population, project implementation, service delivery, and housing.
- A discussion of early project impacts.
- Case studies of three Initiative clients and their experiences with Initiative programs.

[1] The Child Welfare League of America withdrew as a partner in the Coordinating Center in August, 2008

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I. Initiative Description

Background

The Conrad N. Hilton Foundation has long been committed to the issues of early childhood development and homelessness. The *Strengthening At-Risk and Homeless Young Mothers and Children* Initiative represents a convergence of the Foundation's areas of interest. The Initiative merges the worlds of child welfare/child development and housing/homelessness to further the following goals:

- Ensure better family and individual outcomes for young homeless and at-risk families in the areas of child development, maternal well-being, family functioning, family preservation, and housing stability.
- Create lasting systems change between the housing/homelessness and child development service sectors by supporting replicable locally-based innovative collaborations.
- Influence policy and practice nationwide by evaluating and disseminating lessons learned from innovative local collaborations.

The Initiative's desired impacts are not limited to clients alone. It also aims to change systems and disseminate knowledge in order to improve services for other families not directly enrolled in its programs.

The Initiative operationalizes these goals by funding local collaborations composed of agencies specializing in housing/homelessness, child development/child welfare, and other areas of expertise that develop and operate programs serving homeless and at-risk families. Programs are designed not only to improve the lives of Initiative families, but also to develop innovative approaches to services. Initiative programs specifically target young homeless families, headed by a mother age 25 or under with at least one child age five or under. Collaborations in Los Angeles, California; Minneapolis, Minnesota; and Chicago, Illinois[2] were invited to submit proposals for programs to meet these goals. Proposals were evaluated in a competitive process, with selected grantees receiving four years of funding.

Coordinating Center

A key component of this Initiative's implementation was the creation of a Coordinating Center, comprised of national experts in the fields of family homelessness, child development/child welfare[3], and housing. The Coordinating Center is not a physical center, but rather combines the staff expertise of each of its partners. This structure reflects at the national level the type of resource-sharing and collaboration intended at the local level. It also ensures that local grantees have access to the skills, knowledge, and support needed to achieve project outcomes. The Coordinating Center is responsible for administering Initiative funds awarded to the local sites and serves as a link between program sites and the Conrad N. Hilton Foundation. It provides training and technical assistance to build the capacity of local collaborations to best serve homeless families. The Coordinating Center is also charged with implementing an evaluation of the Initiative, described in further detail later in this report. Finally, based on the activities of the sites and knowledge gained from the evaluation, the Center will disseminate findings from the Initiative to inform social policy and social service practice nationwide.

[2] The Chicago, Illinois grant was awarded one year after the others.
[3] The Coordinating Center is seeking to add a new child development/child welfare partner in 2009.

Context of the Initiative: Needs and Characteristics of Homeless Families

Family homeless is a growing yet often overlooked issue. While one typically thinks of homelessness as affecting single adults, approximately 40% of America's homeless population is composed of families, with 1.8% of American families experiencing homelessness each year (U.S. Conference of Mayors, 1998; Burt et al., 1999). Homeless families are typically female-headed, with the average homeless family including two children under the age of six (Burt & Aron, 2000; Rog, Holupka & McCombs-Thorton, 1995; Burt et al, 1999; Stern & Nunez, 1998). In addition to these characteristics, homeless families also experience a unique set of challenges. The female heads of these households were also residentially unstable while growing up (Bassuk et al, 1996; Burt et al, 1999; Rog, Holupka, & McCombs-Thorton, 1995). Homeless mothers have often been exposed to traumatic events, such as physical and sexual abuse, as both adults and children. They suffer from Post-Traumatic Stress Disorder (PTSD) at three times the rate of the general female population (Bassuk et al, 1996; Browne & Bassuk, 1997; Rog, Holupka, & McCombs-Thorton, 1995). Homeless children typically have higher rates of learning disabilities and physical health problems than their non-homeless peers. (National Center on Family Homelessness, 1999; Weinreb et al, 1998). Homeless families experience frequent separations between parent(s) and child(ren), adding additional stresses (Cowal et al, 2002; Park et al., 2004).

Within the context of family homelessness, the Initiative focuses on a specific segment of the larger population—young homeless families, headed by a mother between the ages of 18 and 25. Limited information is available on the unique needs and characteristics of this subset of the population. A detailed description of young homeless families is expected to emerge from this evaluation (described under "Evaluation of the Initiative," below). However, to develop a greater understanding of the Initiative's target population before collecting data, we analyzed data from the Worcester Family Research Project (WFRP). Conducted in the mid-1990s, the WFRP sought to examine differences between homeless families and low-income housed families. Our re-analysis compared younger mothers (ages 18 through 25) with other mothers involved in the study, and found that, among both housed and homeless young mothers:

- Younger mothers were more likely to have never worked.
- Younger mothers were more likely to have been in foster care as children.
- Growing up, younger mothers were more likely to have run away for at least 24 hours.
- Younger mothers had, on average, an earlier first pregnancy than older mothers (16.4 years at first pregnancy for young homeless and 17.2 years for young housed mothers, compared to 19.5 years for older homeless and 19.8 years old for older housed mothers).

In addition to differences common to both housed and homeless mothers, young homeless mothers were also younger at the time of their first homelessness experience than older homeless mothers (an average of 19.6 years compared to 29.2 years).

II. Initiative Programs

Strengthening At-Risk and Homeless Young Mothers and Children (the Initiative) funds four local program sites, each of which has a unique context and service approach. Below is a brief description of each program. (More detailed descriptions are found in Appendix A, p 39).

Strengthening Our Next Generation (STRong): Minneapolis, Minnesota

> *"…the housing was really helpful. But if I didn't get the training or support or guidance or friendship and trust, if I didn't get none of that, then it would just be like a Section 8 kind of a thing. It wouldn't be STRong."*
>
> Client on what makes STRong unique

> *"Some of them (workers) have been in our shoes and that's what I like about it. They understand where I'm coming from."*
>
> Client on what she likes about STRong

STRong is a partnership between Reuben Lindh Family Services (a child and parent services agency), St. Stephen's Human Services (specializing in housing and other services for those experiencing homelessness) and Wayside House (an addictions services agency for women). Reuben Lindh serves as the partnership's lead agency, responsible for fiscal and administrative oversight of the project. Representatives from the three partner agencies, generally the Executive Directors, meet at least quarterly, and the executive leadership of each of the agencies encounter one another frequently at other community meetings. An advisory council composed of prominent members of the Minneapolis community provides further support for the project and builds awareness of STRong in the community.

Client services are provided by a team led by a Program Director and Intake Coordinator and composed of three "Family Workers," one from each partner agency. The Intake Coordinator serves as the initial point of contact with clients, conducting assessment and intake procedures, building rapport with clients, and assigning a Family Worker to each family. Family Workers visit the majority of clients in whatever environment (apartment, shelter, etc.) the client may be residing. The service team focuses on "rapid rehousing" of clients—working to stabilize the family in housing as soon as a client enters the program while providing other services.

Services offered by Family Workers include parenting education, child development activities, and support in searching for housing and accessing supports such as Food Stamps. Workers can also refer clients to other programs offered by the partner agencies (for example, Reuben Lindh's family therapy services or Wayside's chemical health treatment programs) as well as community resources (Head Start, employment services, GED programs, etc.). Finally, STRong also has access to 12 slots at Reuben Lindh's therapeutic pre-school set aside specifically for program families. The pre-school provides a variety of interventions, such as occupational therapy and play therapy for children.

Program housing strategies include assistance by the Family Workers in identifying and applying for housing opportunities, including advocating on the client's behalf with landlords and housing agencies. STRong also offers some direct housing supports, including a housing flex fund to aid in paying security deposits and other housing costs, program-specific housing subsidies obtained through additional fundraising, and a limited number of long-term homelessness housing vouchers provided by Hennepin County.

Clients enrolled in STRong often arrive at the program having experienced unstable housing situations. Many have been "doubled up," living in the apartment of a friend or relative, sometimes moving from one such arrangement to the next in

rapid succession. Others have been living in shelters or had their own apartments but lost them. Housing assistance is frequently the reason clients first enter the program, with one client stating she sought out STRong because a friend had received housing aid. "She told me they helped her get on her feet and helped her find an apartment. They helped her get into the apartment, like subsidized housing. They help on the rent a little bit." Once enrolled, however, families are appreciative of the other services available through the program, particularly for their children.

The program's early impacts include improvements in housing, which also impacts other aspects of client well-being, and positive changes in client's children. STRong families placed into housing appear to have benefitted greatly from their improved living situations. Parents stated that their children seemed more at ease in a stable apartment than they had in other housing situations, such as living with a friend or relative. The children were free to play and felt they had a space of their own. Parents also commented that their own stress had eased greatly with improved housing, in turn easing strains on the family and allowing the parent(s) to concentrate on job searches, education, and other avenues for increasing self-sufficiency.

Parents enrolled in STRong spoke of positive changes in their children as a result of participation. These impacts were wide-ranging, from meeting developmental milestones to improved behavior. Parents credited such program activities as parenting education and child development screenings with these improvements. The positive impacts on children enrolled in STRong also appear to be a result of improved parenting skill. One mother discussed an incident in which her child had a tantrum in public. The family's STRong worker helped the mother develop a strategy to manage these situations and the behavior ceased.

Hope & Home: Pomona/Pasadena area, California

"She [worker] comes to my house, just to make sure I'm there."

Client on the convenience of Hope & Home

"My 2-year old, he's very smart, and he's helpful, but he doesn't talk. So I'm trying get help with him. They're [Hope & Home] helping me with him, to get occupational and speech therapy."

Client on how Hope & Home helps her child

The Hope & Home program is a collaboration between PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services ("Prototypes," the partnership's lead agency), a large multi-service agency focusing on serving women and their families, and Foothill Family Service ("Foothill"), which provides mental health and other services for infants, children, and teens. Within the partnership, Prototypes provides expertise in housing and homelessness, substance abuse treatment, mental health, and family support while Foothill adds child development and child mental health expertise. Additional partners, including the Pomona Unified School District and the Hacienda La Puente School District, serve as a referral source and as Advisory Board members for the project.[4]

Hope & Home's staff from Prototypes include the project's Program Director, a Master's-level clinician responsible for project oversight, assignment of workers to clients, and providing a voice for the program within Prototypes. A Prototypes-based masters-level therapist provides mental health services for clients within the program in addition to providing support to client groups and classes. A case manager provides clients with referrals to other supports as needed

[4] Please note that Hope & Home is currently in a state of transition and redeveloping some aspects of its service model. The reasons for and impact of these changes are discussed in Appendix A. This description is based on the most current (albeit still being implemented) iteration of the program.

(such as other Prototypes programs, public supports, etc.), while a parent advocate/driver serves as a link between clients and program staff. In addition to providing transportation to clients in an agency-owned vehicle, this individual advocates for client needs within the project and provides assistance to the therapist and case manager. A part-time Program Coordinator and full-time therapist from Foothill complete the project's current staffing. The Program Coordinator, a licensed clinician, ensures that Foothill's requirements (e.g., assessments) are met by the project, and is also responsible for aligning Foothill's contributions to the program with Prototypes' activities.

Clients enter the program through either Prototypes or Foothill. A common intake process for use by both agencies—including common assessment tools—has recently been developed and is in process of being implemented. Clients are "triaged" to various services both within the program and available through the partner agencies based on need and goals. Specific services include Mommy & Me and Dinner's on the Table groups/classes, both of which develop parent's skills, knowledge of child development, and the relationships between parents and their children. Foothill's Early ESTEEM child mental health services are provided via "home visits" with project clients who might reside in the community or in a Prototypes facility, such as a transitional apartment or residential treatment program. Foothill's home visits, while targeted at the child's needs, also work to strengthen the mother/child bond. During a home visit, the Foothill therapist might provide the mother with parenting tips in addition to therapeutic activities. Within Prototypes itself, a vast array of programs and supports are available and potentially open to clients. These services range from GED and employment skills classes to residential substance abuse treatment. At present, a majority of Prototypes services are provided within Prototypes itself, with Hope & Home clients drawn from other Prototypes programs. The program is in the process of both enrolling more community-based clients and becoming more mobile, with Prototypes and Foothill workers providing home visits.

Clients receive housing assistance primarily through Prototypes. The agency operates a number of programs that provide housing, including transitional housing, residential treatment programs, and shelters. Staff also support clients in seeking permanent, community-based housing; they help clients identify rental listings and apply for Section 8 vouchers and similar supports. The housing market of the Los Angeles area—with high rents and high occupancy rates—makes housing searches especially difficult.

Many Hope & Home clients have histories of substance abuse. Many of Prototypes' other programs are directed toward substance abuse treatment, and much of Hope & Home's clientele are referred from these programs. The presence of deep-seated substance use problems among clients influences other areas of their lives. For instance, they may be extensively involved with the criminal justice system. In turn, they might lose custody of their children because of legal problems. Much of Hope & Home's current work has been focused on resolving issues related to clients' past substance use and its consequences.

Hope & Home, along with other Prototypes programs serving its clients, fosters the reunification of child(ren) separated from his/her parent(s). For example, after completing a group or class at Prototypes, a client might be awarded a certificate. The client then can use this certificate in court to demonstrate that they have made progress on an issue, aiding their case for reunification. Given that family reunification is a key need of Hope & Home's clientele, the support provided by Hope & Home and other Prototypes programs is invaluable and frequently mentioned by clients as a major reason for participating in a program.

Strengthening Young Families: Antelope Valley, California

> *"They're giving me different techniques of doing stuff, [like] time out, with her [daughter]. They're trying to help me get her in school, get her situated."*
>
> Client on how Strengthening Young Families helped her family

> *"What I like about this program is that they act like they really want to help you, they're not just doing something just to look good."*
>
> Client on what she likes about Strengthening Young Families

Strengthening Young Families is a collaboration between United Way of Greater Los Angeles, Valley Oasis, Mental Health America, Antelope Valley Partners for Health, and Healthy Homes, a program of Antelope Valley Hospital.[5] Among these partners, United Way provides fiscal and administrative support as well as the program's matching funds. Valley Oasis, an agency that provides domestic violence, emergency shelter, and homelessness services, serves as the project's housing and homelessness lead. Mental Health America, a national mental health services organization with a branch in Antelope Valley, provides expertise in adult mental health, case management, and additional housing support. Finally, Healthy Homes and Antelope Valley Partners for Health provide child and family services support to Strengthening Young Families.

Staffing for the project includes a Project Director responsible for administrative activities who also acts as the project's housing specialist. A Care Coordinator oversees direct client services. This individual meets with all clients after referral to Strengthening Young Families, a referral that can come through any of the partner agencies. The Care Coordinator is responsible for intake and assessment as well as assigning workers to the client's case. Both the Care Coordinator and Project Director are employed by Valley Oasis. Direct services for mothers are provided by two case managers: one from Mental Health America and one from Valley Oasis, both of who can also refer clients to other resources. Services targeted toward the child(ren) or the mother/child pair are provided by a Child Development Specialist from Healthy Homes and an early interventionist from Antelope Valley Partners for Health. These individuals provide in-home child development screenings, parenting education, and activities to strengthen the cognitive and emotional development of children enrolled in the program.

Strengthening Young Families' approach focuses on providing mobile, coordinated services offered by the large number of partner agencies. The Care Coordinator is responsible for identifying client needs and assigning the appropriate workers. Additional coordination is conducted in weekly "case conference" meetings during which the direct service staff, project director, and care coordinator briefly discuss each client's case to review what services the client is receiving, how often workers are meeting with the client, etc. Cases requiring additional attention can be discussed as a group, providing an opportunity for resource sharing and identifying additional resources. The program fosters coordination by holding common client case files. These files contain a copy of all the assessment, intake, and other forms required by each partner agency, but are accessible to all workers. An MHA worker, for example, can account for information written by a Valley Oasis worker in the client file, avoiding duplication of effort on the part of workers and ensuring that staff are working towards a common goal.

The second key aspect of Strengthening Young Families' service model is its mobility, with nearly

[5] St. Joseph's Manor, an original project partner, withdrew from the partnership in July, 2008.

all services provided in the client's dwelling place. As a relatively rural and geographically large site, Antelope Valley presents challenging transportation issues. Many clients are unable to conveniently access health care, social services, jobs, and other supports. Strengthening Young Families believes that making its services accessible for families by coming to them is critical for helping clients. Clients echo this opinion, citing the home visits as a favorite aspect of the program.

The program's housing strategy focuses on identifying and developing housing opportunities for clients. The Project Director is primarily responsible for this portion of the project's work, and develops relationships with landlords, housing agencies, and others to create housing options for clients. Additionally, some housing units are available through a building operated by MHA. The project's case managers provide support to clients in their own housing searches.

Strengthening Young Families clients appear to have a high degree of mental health and socio-emotional need. Many clients describe having been diagnosed with conditions such as depression and bipolar disorder. Program clients have also suffered from numerous traumatic experiences, including domestic violence and living in unstable environments as children. Others have been involved with the child welfare system, either as a youth or by having a child/children removed from the family. Clients readily describe the impact of these issues, stating that it makes it difficult for them to obtain employment, further their education, or access stable housing.

Strengthening Young Families has positively affected the relationship between mothers and their children. Mothers enrolled in the program report growing up in difficult homes or in the child welfare system and never "learning how to be a parent." Participants described not knowing what to expect from or how to interact with their children. Strengthening Young Families' parenting education program has helped in both areas. A client who had been receiving home visits stated that her worker taught age-appropriate activities she could do with her child, as well as "telling us she's going to be crawling soon or she's going to be teething. They tell us what to expect." The client felt this reduced her stress. Another mother stated that the program taught her "how to bond with my daughter, have little special moments, little things you do that kids will remember." Others echoed similar sentiments. The advice on interacting with one's own child that clients receive from the program appears to be both greatly appreciated and an aid in strengthening the parent-child relationship.

Family Assertive Community Treatment (FACT): Chicago, Illinois

FACT is a partnership primarily between Beacon Therapeutic Diagnostic and Treatment Center and Heartland Alliance for Human Needs & Human Rights. Beacon is the partnership's lead agency and provides the project's child development components. Heartland Alliance adds expertise in housing and homelessness, case management, and systems integration. Additional partners include Mercy Housing Lakefront, a housing agency; Inner Voice, which also specializes in homelessness; Thresholds Psychiatric Rehabilitations Centers, adding additional specialized child development and family services; and Voices for Illinois Children, an advocacy organization providing FACT with support in policy and systems change efforts. As of the writing of this report, FACT has only recently begun enrolling clients. Other program descriptions account for client experience of the program, whereas the FACT description that follows is based solely on the planned activities of the partnership. Additional information on this project will emerge in subsequent site visits.

FACT's service team is led by a Project Director, a masters-level therapist who also participates in delivery of services. The director leads team meetings and ensures that services provided by the FACT team are coordinated. Two therapists, one a child development specialist and the other a substance abuse specialist, are also part of the FACT team. A housing resource worker provides support for clients in obtaining and maintaining permanent housing. The direct service team is completed by a caseworker who supports the work of the other team members. The Systems Integration Specialist, dedicated solely to the collaborative aspects of the Initiative, is a unique FACT staff member. This Heartland employee is responsible for coordination between the various partner agencies and also develops new relationships with other resources and agencies in the community.

FACT is adopting elements of the Assertive Community Treatment (ACT) evidence-based model (intended for single adults) to serve families. The original approach is characterized by intense services provided by a multi-disciplinary, highly coordinated team maintaining a low caseload. FACT tries to maintain the intensity of services of ACT, but with a differently-composed team. For example, a traditional ACT team includes a psychiatrist, which FACT does not (one is available for consultation), while FACT features a therapist specializing in child development, a feature not present in the original model. While FACT currently anticipates that the service team will provide the majority of services themselves, the resources of the partner agencies also make numerous other supports available to clients (e.g., a therapeutic nursery school and psychiatric treatment).

Though little is known at present about the specific needs of FACT's clients, the project intends to target families with the greatest need, specifically those with trouble maintaining stable housing, with high degrees of family instability, and young mothers "aging out" of foster care. The partnership believes that these subgroups of families can benefit most from the intense, coordinated services the project will offer.

III. Evaluation of the Initiative

The evaluation of the *Strengthening At-Risk and Homeless Young Mothers and Children* Initiative is being conducted by the research staff of the National Center on Family Homelessness (NCFH) on behalf of the Coordinating Center. By using multiple strategies, the evaluation draws a complete picture of the Initiative and its impacts. Specifically, the evaluation consists of an outcome study, a process study, and a cost study[6], each providing different yet complementary types of information.

Outcome Study

The outcome study is intended to measure client-level outcomes by collecting quantitative data. It is designed to answer such questions as "did client housing improve after participating in the Initiative?" and "did client mental health improve after participating in the Initiative?" To gather data, program participants are interviewed four times by an on-site data collector—at enrollment, at six months, at one year, and at two years—using a standardized interview protocol. Whenever possible, the protocol uses scales and questionnaires accepted in the field and comparable to other studies. However, some original question items were developed by the evaluation staff to gather data on constructs for which no instrument currently exists (e.g., history of separation from one's child). Participation in the outcome evaluation by clients is voluntary, though it is intended that participation be as close to complete as possible. As of the writing of this report, baseline interview data are being entered into a database and analyses are being planned. Findings from this analysis will be included in the next annual evaluation report.

Process Study

The process study documents the implementation of each Initiative program. It is intended to describe the programs, including the services offered, the nature of collaboration between partner agencies, successes and barriers, and the consumer's experience in each program. The process evaluation gathers qualitative data through focus groups and interviews with a variety of program stakeholders, including representatives of the program's partner agencies, program management, direct service staff, and clients. The research team conducts these interviews and groups twice annually at each site. Because these visits represent only a snapshot of the program, additional process evaluation data are collected through quarterly reports submitted by each site to the Coordinating Center.

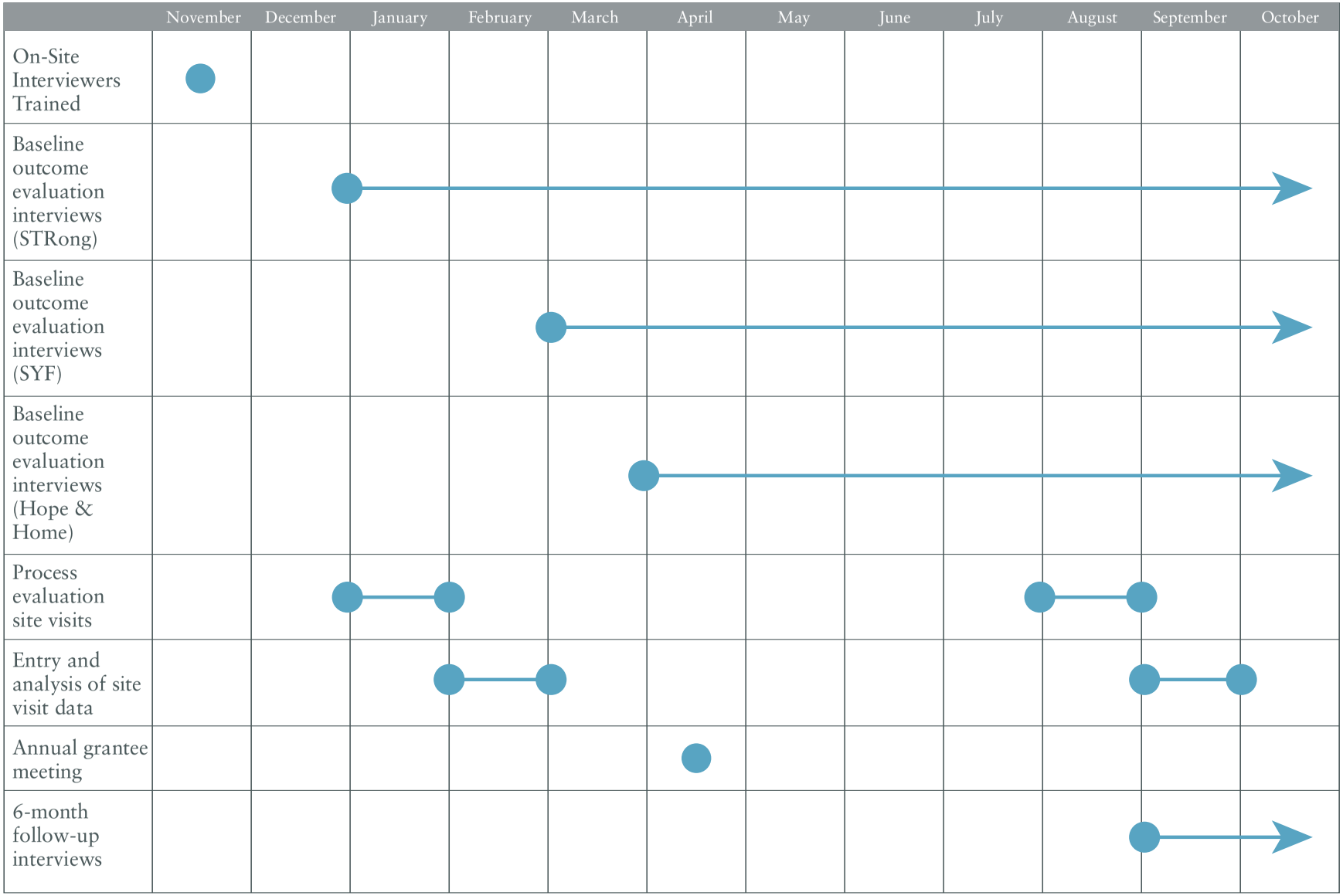
Evaluation Timeline

The following pages contain a timeline of evaluation activities from November, 2007 (when on-site evaluation interviewers were trained) to December, 2011, the anticipated date of the final evaluation report. The major products produced from the evaluation are the annual evaluation reports, of which this report is the first. Future reports will include knowledge gained from the outcome component of the Initiative's evaluation as well as continued findings from the process evaluation. In addition to annual evaluation reports and presentations at annual Initiative grantee conferences, other opportunities for disseminating knowledge not listed in the timeline—such as presentations at national conferences—will be pursued.

Although not included in the timeline, entry and analysis of outcome evaluation interview data are being completed on an ongoing basis.

[6] The cost study is being designed as of the writing of this report.

Evaluation Year 1 Timeline (2007-2008)



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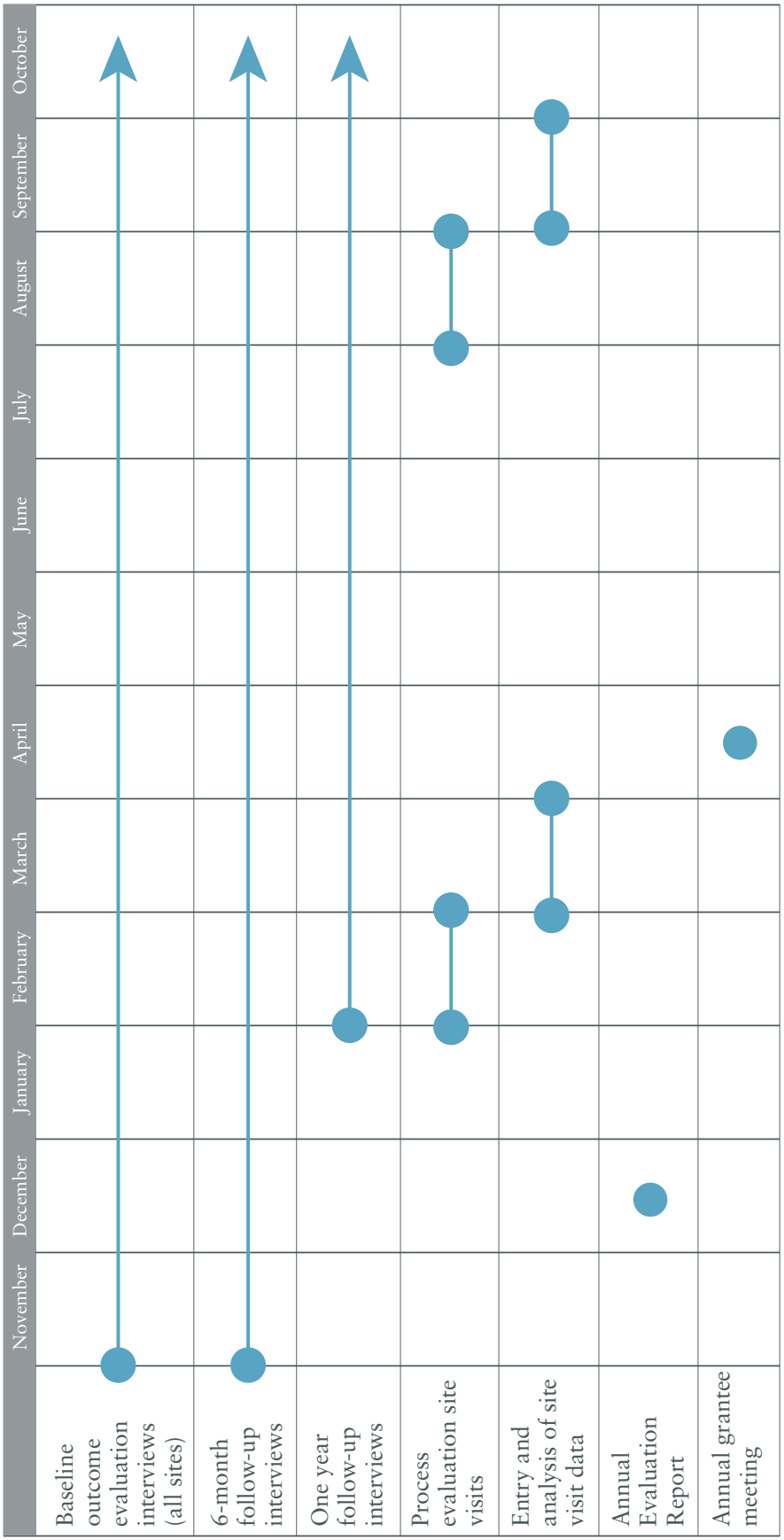

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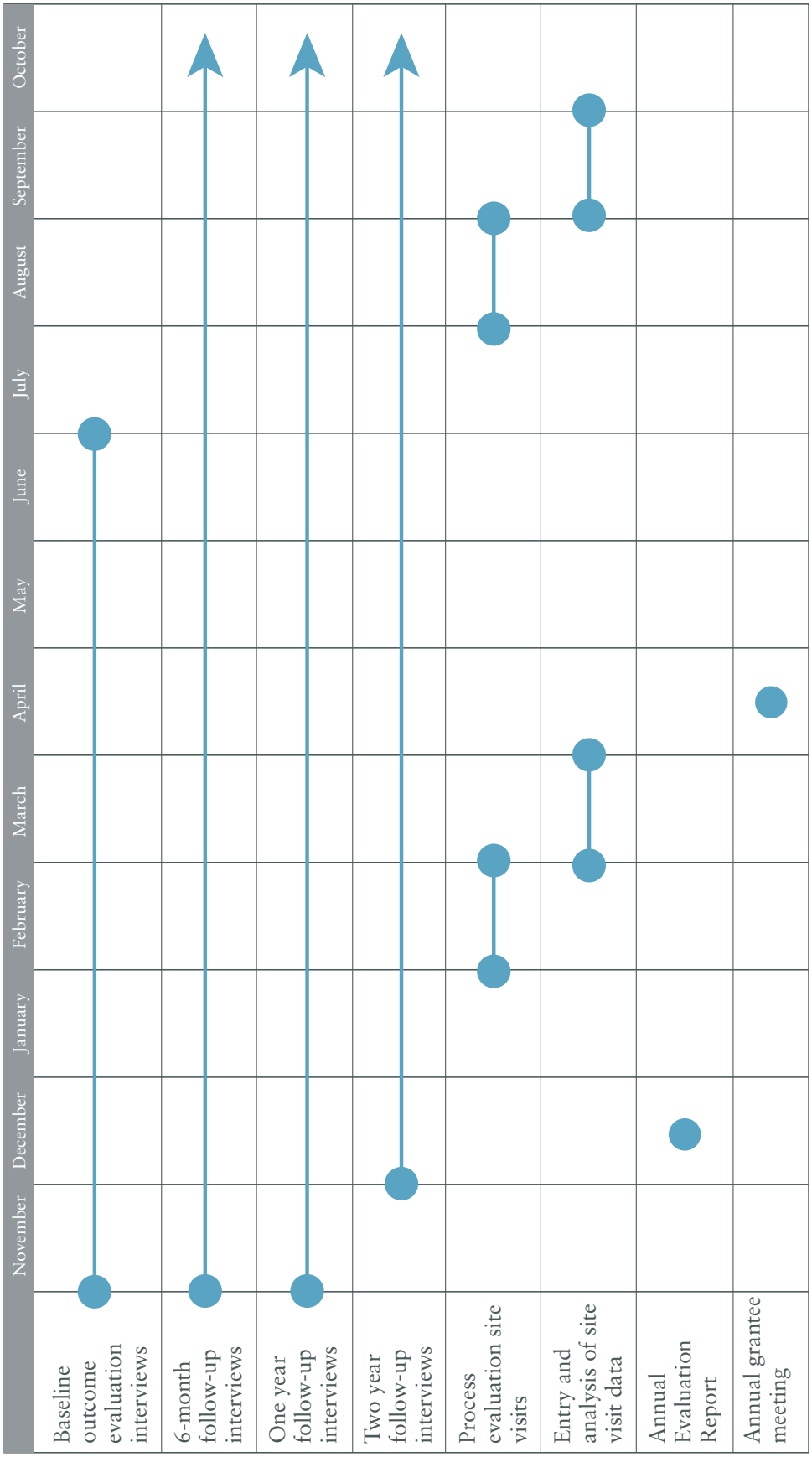

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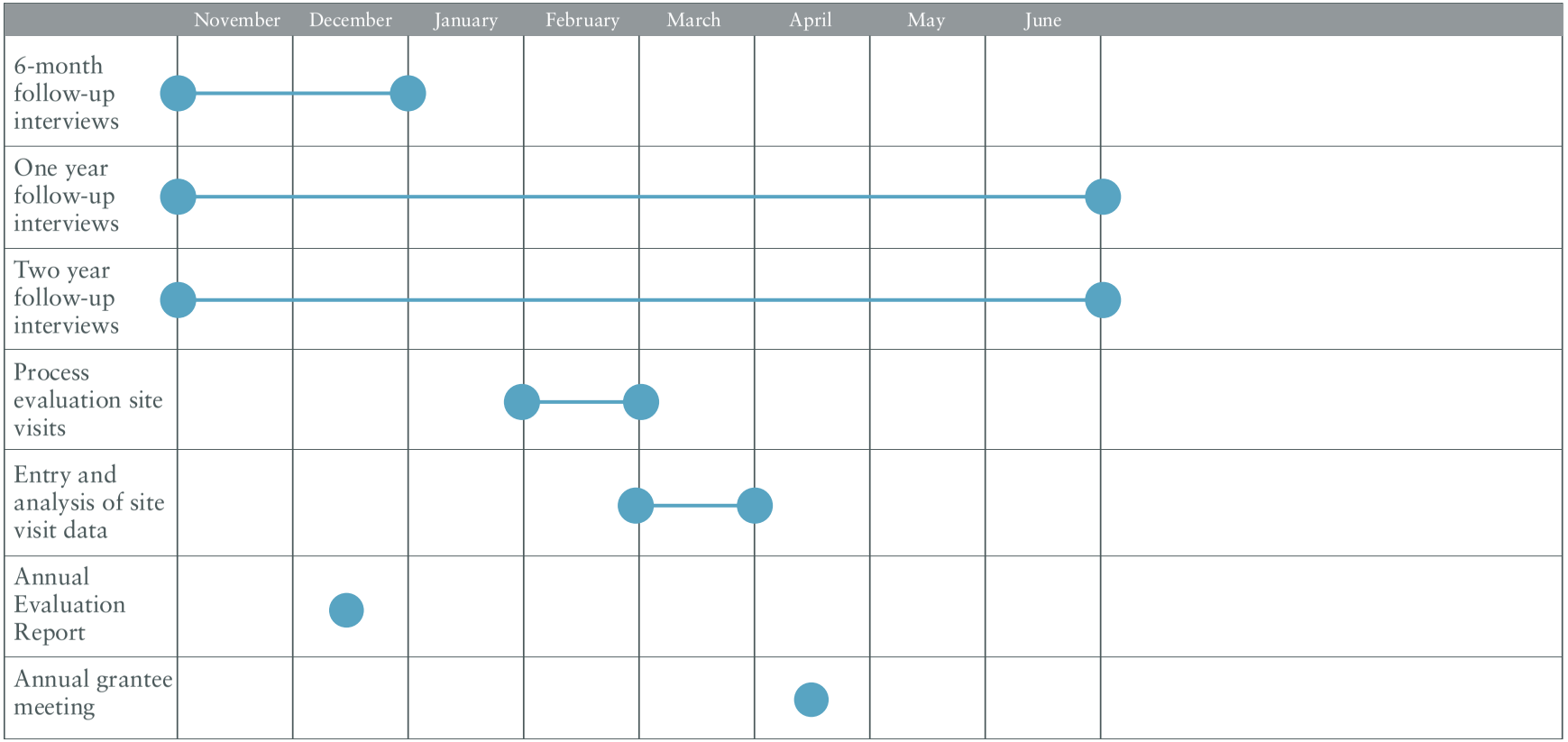

Final evaluation report: Completed by December, 2011

IV. Cross-Site Findings

Each Initiative program site is unique. As described previously, modes of service delivery, nature of partner agencies, management structure, and operating context differ across projects. Additionally, each site has unique strengths and challenges, and all have developed at different paces. Common themes have emerged across projects. These themes can be divided into the following categories:

- Target Population
- Implementation
- Service Delivery
- Housing
- Emerging Impacts

We anticipate that additional commonalities will emerge as the programs continue to develop. Because the Chicago project was initiated one year after the other three projects, cross-site findings in this report are based only upon data gathered at STRong, Hope & Home, and Strengthening Young Families.

Target Population

The target population for the Initiative is partly prescribed. The projects are intended to serve families consisting of a mother between the ages of 18 and 25 with at least one child under age five. Though each project's clients have unique characteristics and needs, clients at each site also have much in common. A quantitative portrait of these families will be provided from the Initiative's outcome evaluation. However, the process evaluation provides an opportunity to identify common threads from the client's perspective and in the clients' own words. It also provides an opportunity to better understand some of the client's strengths and challenges. It does not fully account for family characteristics and needs; rather, it documents issues that have emerged most frequently during the process evaluation.

Strengths

Four key strengths of women enrolled in the Initiative emerged from the data from all the programs. First, the mothers enrolled in the program deeply care about their children. Second, they almost universally desire to "become a better parent." Third, many of the women want to improve their current situations through such avenues as stable jobs and continued education. Finally, despite having endured difficult and at times traumatic experiences, mothers enrolled in Initiative projects show a great degree of resilience. These themes emerged frequently during process evaluation site visits. Clients themselves described these desires and experiences during focus groups, interviews, and discussions; staff and management also noted these client characteristics.

A near-constant theme expressed during client interviews and focus groups was that clients' deeply cared about their children. Clients readily describe their children's strengths and needs, as well as hope that their children will avoid many of the adverse life experiences they have had. Their love for their children is often motivating and a source of strength for clients. A mother enrolled in one program, for example, spoke of suffering from a deep depression and having contemplated suicide. Her feelings for her child prevented her from following through on these thoughts and helped her overcome her depression. Another stated she had changed her previous lifestyle, which included alcohol and drug use, for the good of her child. Still others described wanting to pursue better jobs and obtain stable housing specifically for the benefit of their sons and daughters.

Related to their affection for their children, clients also hope to improve their relationships with their children and want to "become better parents." Many clients described having grown up in foster care or in difficult homes; these experiences affect the way they parent. "That's the bad part of being

a foster kid" said one client, "and not learning about how to be a parent." She continued:

> *You don't really have anyone to ask. How am I supposed to take care of my kid? Or how are you supposed to treat your kid. And then with bipolar it's even harder because they [foster parents] don't really treat you well. And so you're trying to parent your kid and you don't know if you're supposed to spank your kid. You don't know if you're overly spanking your kid. You don't know if you're being too strict. You don't know how to handle bills.*

Clients' tumultuous childhoods make parenting a challenging job, leaving them with few role models or advisors to turn to for help. Most Initiative clients express a desire to learn to be a better parent.

Another theme emerging from discussions with clients is a desire to improve their own chances at long term economic sustainability and independence. Most clients see education and stable jobs as the best strategy for achieving this outcome. One Strengthening Young Families client stated, "I want to take business classes to learn about the restaurant business and how to manage and everything." Similarly, a STRong client stated "I'm going to be finishing up my high school diploma, because I didn't finish up last year [last year of high school]. So I'm going to be working in an independent study program." Others discussed career ambitions such as becoming a social worker or teacher. Clients readily discussed a willingness to participate in groups, classes, therapy, and treatment programs that might help them overcome any mental health or social barriers to their success.

Finally, clients manifested a seemingly indelible resilience, a characteristic that ties together the other strengths. Almost all clients that we spoke to during process evaluation site visits had experienced traumatic events in their lives. Many had been diagnosed with some form of mental illness or had histories of substance abuse. Despite these barriers, almost all clients believed that they could be overcome. Client resiliency often appears to be tied directly to the deep affection and desire to improve conditions for their children. A mother who had experienced many traumatic events, had been separated from her children, and suffered from depression and bipolar disorder said: "As long as I have my kids, my girls, I'm all right." Her relationship with her children and intent to take care of them to the best of her ability allowed her to "bounce back" despite her difficult experiences.

Challenges

Despite differences in clients across sites, they expressed similar needs at each program. They felt extremely stressed by their economic situations. They had numerous traumatic experiences, both as children and as adults. Many had been diagnosed with a mental illness, while others were either abusing substances or in recovery. A large portion of program clients had recently been involved with the child welfare system, both as youth and as parents separated from their own child(ren).

- **Economic Distress**

  Clients spoke of extremely difficult personal financial situations. Many had not completed high school, limiting their work prospects to entry-level service jobs. Some had never held a paying job. Others were unable to work because of treatment program requirements, mental illness, or other disabilities. Clients described child care as a barrier to further employment; without affordable child care, they are unable to develop the skills necessary to obtain a higher-paying job or, in some cases, to obtain a job at all. The lack of a steady source of income has a cascading effect that impacts other aspects of life: an apartment security deposit may put stable housing out of reach; the classes needed to obtain a GED and thus secure better employment are financially unattainable; basic necessities as nutritious food may strain limited budgets.

Exacerbating the economic difficulties experienced by clients are difficult-to-navigate or even hostile benefits systems. For example, a program client might have to go to separate offices or buildings to apply for WIC, food stamps, TANF, or other assistance. Clients sometimes assume that, if they are rejected for one program, they are ineligible for others. Project clients at one site also described benefits administrators as overtly hostile, treating the benefit as if it "were their [administrator's] money." From the clients' perspectives, it appeared the administrators were searching for reasons *not* to approve benefits rather than ways to help the client. The combination of disjointed systems and negative attitudes expressed by administrators hinders access to aid that might ease some of their economic burden.

Initiative programs have begun to address the confusing and hostile nature of the public benefits system. Often, workers go with their client to the necessary offices to apply for WIC, food stamps, etc. The worker provides emotional support and encouragement while the client applies for the service. Staff might also ensure that paperwork is completed accurately and thoroughly so that it is successfully processed. If needed, workers might also intervene with administrators and advocate for their client. Clients describe this aspect of Initiative program services as particularly helpful (see "Relationships with Program Staff," p 29).

• Trauma

Almost all program clients spoken with during the process evaluation site visits had experienced a traumatic event. Many described several such experiences. For example, an Initiative program client stated that her birth mother suffered from alcoholism. The client then grew up in a hostile foster care environment where food was deliberately withheld. She gave birth to her oldest child while still a teenager. Her romantic partner—her children's father—physically and verbally abused her, sometimes in front of the children. He also sold drugs from the client's apartment, a situation which the client did not approve of and did not want her children to be around. When the romantic partner threatened her with a gun, she fled with her children and moved across the country, leaving her acquaintances and personal belongings behind.

Though the above client's experience may seem unique, many clients had similarly difficult backgrounds. Some had been involved in gangs. At least one Initiative client had worked as a prostitute. Many clients had grown up as children in abusive situations and then experienced domestic violence as teenagers or adults. Given the ubiquity of traumatic experiences and the potentially wide-ranging impacts of trauma among program clients, services that address trauma are a critical client need.

• Psychosocial Needs

Clients described mental health and substance use treatment needs at all sites. Clients mentioned the following conditions: depression, bipolar disorder, anxiety disorder, past suicidal ideation or intent, and addiction to alcohol and other substances. Even when clients did not name a specific condition requiring treatment, they readily acknowledged the help that mental health services have provided. "I go see the therapist. As a choice between a doctor and a therapist I chose the therapist first, because I actually talked to a therapist when I was younger for my ADHD, and they actually helped." Many Initiative clients are currently taking prescription medication to manage a mental health condition.

Since most clients described mental health and other treatment needs, meeting these needs should be a priority for programs. However, not all clients were receiving the necessary supports. For example, one client had been taking medication for bipolar disorder, but was

forced to stop taking it when she became pregnant. The client was unsure how to manage her condition without medication and hoped to speak to a psychiatrist for advice. Another client described having seriously considered suicide while enrolled in an Initiative program, yet had not been referred to a mental health professional. Others described feeling extremely "down" or overwhelmed but were not receiving mental health services. Many of the conditions clients described go beyond the skills of paraprofessionals to diagnose and treat. Combined with the exposure to traumatic events, mental health screening and referral to professionals for diagnosis and treatment is a key client need.

• Child Welfare/Foster Care Involvement

Many clients had recently "aged out" of foster care, a situation which significantly impacts clients' lives. The effect on the parent/child relationship has already been described, with mothers feeling they had no parenting role models and had not learned basic parenting skills. Growing up in foster care or being involved with child welfare also has other effects. A Strengthening Young Families client described the impact of growing up in foster care, "I feel like people look down on me more because of the situation that I've been through." She felt that having spent her youth in foster care handicapped her future endeavors since she felt that people had less respect for her. Other clients had moved through several foster homes, and thus never had a truly permanent place to live. In contrast, some clients described more positive experiences with foster care. One program client stated, "my [biological] mom never really taught me how to clean a house, so I got to learn how to clean house. I got to go out places that I normally wouldn't go out to. And then met some people because of it. So there were pros and cons [to growing up in foster care]." Whether positive or negative, growing up in foster care is a formative event in clients' lives, shaping their life outlook.

In addition to having been involved with foster care themselves, many clients are currently separated from their children—a situation that is universally difficult and painful. "I just separated from everybody. The only person I did speak to on a daily basis was the social worker, their foster mother, the lawyers, anybody that would get me my kids back" said one Strengthening Young Families client. Another client at this program had been involuntarily separated from her children for a year and half, stating that the experience was:

Horrible. Very, very horrible. It was hard because they [children] weren't there and I had just had my youngest and it was really hard because I couldn't be around her. My youngest had backtracked, she didn't crawl. She didn't walk until she was about one and a half. That's my two year old. My five year old…she was very emotionally chaotic. We got blamed for a lot of stuff. She acts better at one house but not at our house. They looked at it like it was our fault. And then having tried to get her to understand—our oldest went through a lot of traumatic stuff there because she went back and forth with her biological dad and that didn't help matters.

Just as growing up in foster care is a formative experience in clients' lives, having a child involved in the child welfare system can have wide-ranging effects on both the mother and child.

• Transportation

Transportation is another challenge experienced by clients across sites. Public transportation is available at all program sites, but often has problems that prevent this resource from being truly useful to clients.

Public transportation in Antelope Valley is less developed than at other program sites. Trains run into the Los Angeles and bus service is available, but its routes are limited. Additionally, a few project clients live some distance away from the population centers of Palmdale and Lancaster; these areas of Antelope Valley have small numbers of residents, limited infrastructure, and are not served by public transportation. Understandably, no Strengthening Young Families clients owned an automobile. With no access to public transportation or a vehicle, it is difficult for these clients to access social welfare benefits, jobs, education, medical services, and other services either for themselves or their children.

Transportation is also an issue for clients at Hope & Home and STRong, though for different reasons than at Antelope Valley. At Hope & Home, in addition to clients not having their own transportation, they are generally either in or recently graduated from a Prototypes substance abuse treatment program. These programs have very restrictive rules governing when clients can leave the facility and where they can go when off the Prototypes campus. Transportation to medical appointments, court dates, and off-campus services must be specially arranged. For those Hope & Home clients not in a treatment program, public transportation is available in the Greater Los Angeles area but may stretch client budgets. Additionally, not all places are accessible by public transportation. A doctor's office, for example, may be a long distance from a bus line. These same issues are observed at STRong in Minneapolis. Clients who had been placed in housing spoke of living close to bus lines. However, they may occasionally need to travel to a location not served by the local bus. Alternately, frequent use of the bus might become costly.

All three active programs have adopted a "home visitor" model that allows Initiative services to come to the client (though at Hope & Home only partly), thus bypassing the transportation issue. Additionally, each program has adopted some form of transportation service for clients. At STRong and Strengthening Young Families, workers will drive clients to medical appointments, benefits offices, etc. as necessary. Not only does this service ease the transportation burden for clients, but also serves as a time when the client and worker can bond and build a stronger rapport (see "Relationships with Program Staff," p 29). Hope & Home provides clients with transportation through a program-specific van as of the August, 2008 site visit.[7]

• Housing

Housing is a major challenge for clients served by Initiative programs. Lack of availability and affordability is challenging to both clients and staff. Prior to enrolling in Initiative programs, most clients have lived in many different places. One client, for example, was currently living in a low-income apartment complex, but "we were before that living in another house that was more expensive and then before that I was in transitional housing. And he [partner] was in his mom's house, and before that we had been in a hotel for awhile." Other clients describe periods when they lived on the streets or in cars, in shelters, in various treatment facilities, in jail, or in other places that would not be considered permanent, stable, and safe housing. Given the key role housing plays in clients' lives and the difficulties in addressing this issue, we discuss the various challenges in a separate section (See p 30).

[7] The van service appears to have been discontinued as of the writing of this report due to the program moving within divisions at Prototypes.

Implementation

Two common themes emerged across program sites relevant to the early implementation of programs. First, programs require considerable flexibility in order to meet the needs of their clients, adapting and adding to program plans as necessary. Second, program staff need to spend considerable time initially with clients addressing basic needs before moving to other issues in their lives.

Early Flexibility

A key lesson learned during the early phases of implementation of Initiative projects is the need for flexibility and adaptation. During these critical stages of program development, unforeseen issues and challenges may arise requiring the project to deviate from its plans. Such developments can be noted most clearly in the case of STRong. In its initial plan, each direct service worker would have a unique specialty. The individual worker contributed her agency's expertise to the "STRong team," which would serve clients as a group. Under the original design, each client would meet with each team member as needed. The client would meet with the family worker for child or parenting services, the housing advocate for shelter needs, and the mobile aftercare worker for substance abuse/chemical health needs. The project, however, found implementation of this model difficult due to the initial high demand for services. If every worker was serving every enrolled client, the staff would be quickly overwhelmed, not having enough time in the workweek to reasonably manage such a caseload. To effectively serve enrolled clients, the project "despecialized" the case workers, with each worker providing housing assistance, child development, parenting education, advocacy, and other services. The expertise of each agency is shared through cross-training and in case conference meetings, where a worker might seek advice on a client issue with which she does not have experience. Thus, for example, the worker from St. Stephen's, a housing agency, would learn to provide child development services from the worker from Reuben Lindh, a child and family services agency.

The other programs also demonstrate the need for early flexibility. At Hope & Home, the program had initially hoped to use Parent-Child Interaction Therapy (PCIT) with all program clients. The intensive nature of the intervention (requiring a specially equipped room, a trained therapist, and weekly commitment from clients made it difficult to implement. Program staff, for instance, did not feel that clients would be able commit to the necessary weekly sessions. In its stead, staff attempt to use PCIT-like techniques (providing feedback to clients on parenting, for example) in interactions with clients. Strengthening Young Families had some initial challenges at the partnership level, as decision-making with the large number of project partners was difficult. The project therefore enlisted the help of an outside facilitator to help it re-draw its governance structure and delineate a process for making decisions.

Client Basic Needs

Meeting client basic needs has been a priority for programs in the early stages of implementation, sometimes to such a degree that the projects seem focused on "crisis management." This focus is reasonable, as clients are almost inevitably in crisis when they arrive at Initiative programs. Said one client who had only just enrolled in a program, "just give me somewhere to sleep right now. I'll be really grateful if someone—even if I have to share with another person, just somewhere I can lay my head and just let me get on welfare or whatever, that CalWorks, and try to find low-income housing because there's a list for that, a long list." The programs need to work with clients to stabilize these situations before moving to more "technical" services such as mental health or substance abuse treatment.

Once basic needs have been stabilized, many clients express confidence that they can achieve other goals. The challenge for programs, then, is ensuring that they keeping pace with the client, moving beyond "crisis management" to help the client meet needs in the area of employment, education, mental health, etc. Programs are

accomplishing this transition to varying degrees. At one program site, many of these services are available in-house and already open to clients. At another program, connections to these other services are being developed as needs arise. For example, if a client desires to pursue a GED, the program staff have had to learn what resources are available to the client, then make a connection to those resources. Finally, at the third Initiative site, an influx of new clients in crisis and with unmet basic needs appears to use staff resources to such a degree that the more advanced goals expressed by long-term clients are under-addressed.

Meeting basic needs appears to provide an opportunity for the program to build trust and rapport with clients. As previously described, program staff often bring a client to the relevant benefits office and advocate for them if necessary. This gives clients the impression that the worker is "on their side." In turn, this can lead the client to seek other assistance, such as parenting support, that she might not otherwise have sought (See "Relationships with Program Staff," p 29).

Service Delivery

Each Initiative program offers a unique set of services to its clients and delivers those services differently. However, common elements have been observed across programs. Some shared areas of strength have been observed at all sites, the most notable of which are the home visiting model adopted by each program, the degree of service integration, and the relationships between clients and staff. The lack of coherent service models, including a lack of implementation of evidence-based practices, is a key challenge noted at each site.

Strengths

• Home Visiting

Across Initiative sites, the use of home visiting as a service model has been a strength. STRong provides a majority of client services in-home, as does Strengthening Young Families. At Hope & Home, Foothill Family Service's child development/parenting services are provided through home visits. Foothill services co-located at Prototypes consist of home visits from Foothill to clients living in Prototypes' facilities. From a client's perspective, services provided as a home visit are convenient, as they bypass the various transportation challenges. Additionally, clients find home visits more "casual," even enjoyable, compared to a more formal office visit. Clients often enjoy the interaction between their children and an Initiative worker during a home visit.

I like when they come visit because my son gets excited. My daughter has never colored before and the first time they [program staff] came to my house to color with them, my daughter actually grabbed a crayon and colored on a paper or drew scribbles and then put it down, grabbed another one. So it was neat because I've never seen my baby learning. She was learning and I cried.

From the worker's perspective, home visits provide an opportunity to see the family in their own environment. For example, rather than merely asking a parent how she interacts with her child, the worker can observe the relationship in the client's own home. Similarly, parenting techniques can be practiced in a "real world" setting, with the worker able to give feedback.

• Service Integration

Service integration—the degree to which services provided by different agencies are coordinated around each program client—has been a strength of Initiative programs, with a single exception. In the two programs that have effectively integrated services, clients are often unaware that they are being served by multiple agencies. When asked who they receive services from, clients either provide the program name or the name of a single agency

within the partnership. However, the list of services named by clients indicates that they have worked with multiple agencies within the partnership. Even at Hope & Home, the program that is least integrated, many (though not all) clients do not recognize that they are being served by multiple providers. Since the Foothill Family Service child therapist comes to Prototypes to provide services, clients assume she is a Prototypes worker.

Several service integration strategies have been particularly useful to programs. These strategies include co-location of staff, shared client files, and case conference meetings. With co-location, all staff working on the project are located at the same site, regardless of which agency is their "home" agency. This strategy is utilized by the STRong program, with all direct service workers sharing an office at Reuben Lindh Family Services. Coordination of services, program staff meetings, and project-specific supervision are easily facilitated at this site. Hope & Home is partially co-located, with the Foothill Family Service child therapist provided space to serve clients at Prototypes (though she maintains her files and has office space at Foothill). To Prototypes-based clients, the services are extremely convenient and similar to truly integrated services. However, Foothill and Prototypes do not share client files or discuss specific clients between the two staffs.

Joint case files are utilized by STRong and Strengthening Young Families. At STRong, all workers utilize one file for clients. The partner agencies have agreed to common intake, assessment, and record-keeping forms for the program. Thus, a service provided by the Reuben Lindh worker will be recorded in the same manner as a service provided by the St. Stephen's worker. All providers working with a client have access to his/her file, which is held in the program office at Reuben Lindh. This strategy reduces the potential for re-traumatizing clients, since they need only tell their "story" to the program once. It is then recorded for workers to access as necessary. Strengthening Young Families uses a slightly different variation on joint client files. With its large number of partner agencies, it was difficult for the program to come to a consensus on the format for common forms. Some agencies required particular forms to be completed and held at the originating agency, potentially limiting their access to other providers. To overcome this challenge, the program has each agency complete its own paperwork. A copy of each form is kept in a common file accessible to all Strengthening Young Families workers. Thus, Mental Health America might have its own set of assessments, but the Healthy Homes worker can see the results of those assessments and use them in service planning.

Another strategy utilized by the sites to effectively integrate the services of otherwise separate agencies is case conferencing. In a case conference, the project's service staff meet to coordinate services for specific clients and work through any client issues that might have arisen. These conferences provide an opportunity for the group to plan how to most effectively serve an individual. Both STRong and Strengthening Young Families are currently implementing case conferences, though with slightly different emphases. Since each STRong client generally receives services from only one worker at a time, case conferences focus on workers sharing their expertise. For example, the Reuben Lindh worker might have a housing challenge arise with a client that she is unsure how to address. She can describe the situation to her colleagues. The St. Stephen's worker might then use her housing expertise to aid the worker in helping her client. Thus, the knowledge and skills of the housing agency are shared with the child welfare/child development agency. Case conference meetings at Strengthening Young Families focus more on the coordination of services. After the client has met with the intake coordinator, she determines what services the client needs based

on the client's goals and assessments. The case conference meetings are used to schedule services, determine which worker's specialty is most appropriate at a given point, and track client progress.

Regardless of strategy, programs ensure clients' rights and privacy are protected. Clients are informed prior to enrollment that they will be served by multiple agencies, that their cases may be discussed between workers from each agency, that their files will be shared across agencies, etc. Written consent is given for such sharing to take place. As the process evaluation continues, the effect of the various service integration strategies on clients and the services they receive will be examined.

• Relationships with Program Staff

At all Initiative sites clients described strong relationships with program staff. They mentioned enjoying time spent with staff members, feeling supported by workers, and looking forward to weekly meetings with program staff. These strong relationships positively impact other aspects of service delivery. For example, some clients describe being comfortable discussing difficult topics with their workers because of the trust built between the two. Others mentioned being open to services they had not originally sought. For example, they might agree to parenting education, because they and their children enjoyed working with their Initiative provider.

The strong relationships between client and worker are often established quickly, especially if a client is in crisis. One consumer commented: "I was happy to have somebody to talk to, especially when I was going through a down period in my life. I'm like, you all couldn't have come any sooner than at that point in time. I would have probably had a breakdown or something." Providing an empathetic voice during a difficult time in the client's life helped this client become engaged in the Initiative. Other clients describe being initially wary of participating in a program, but once workers help them meet basic needs such as food and clothing they became more receptive to receiving other services.

The process of identifying and working with clients on their own goals aids staff and encourages the development of trusting relationships. Clients frequently cite the goal-setting process as a highlight of their experience in Initiative programs. It helps them feel that they have a voice in the program and control over what will happen. In turn, making progress on goals builds client self-sufficiency and self-confidence. For example, one Initiative client stated:

She [worker] comes over and talks to me we set up individual goals. We're not going to set nothing too big, we're going to start small, so once you start accomplishing those small ones…they help you build your confidence up to where you feel like you can get through all this. You start with small goals and you get bigger and bigger, and that helps you build up everything, because then you're like, 'I can do this by myself, I can do this on my own.'

Goal-setting not only seems to help build the client-worker relationship, but appears to be a means of empowering clients.

Challenges

Though each site has unique strengths and challenges, one key service delivery barrier that emerged across sites in the first year of implementation is the lack of coherent, planned service models. In addition, programs do not seek out evidence-based practices or expert opinion when altering service delivery plans.

Programs seem to "muddle through" in their approach to client services rather than deliberatively planning their operations. This "on-the-fly" development of programs has served

projects well to a degree (see "Early Flexibility," p 26). However, the lack of planned and documented program models raises concerns about the replicability of Initiative projects and whether they are using the most effective service delivery strategies. If a program makes a change, even if out of necessity, but without deliberation and documentation, a future program developer might be unable to understand the project's logic. For example, the STRong program made a major change in its service delivery model by "de-specializing" its direct service workers. This change has allowed the project to effectively serve its caseload of clients, but was instituted without investigating best practices in home visiting. A future planner might look to STRong for guidance in developing a program, but might not be able to determine why or how the shift in service delivery took place.

In addition to the lack of cohesive service models at Initiative sites is limited implementation of evidence-based practices (EBPs).[8] Programs do not appear to review the literature or consult with topic experts when deciding how to deliver services. While literature specifically on young homeless families is limited, other topics with an existing base of knowledge are applicable to Initiative programs. For example, every Initiative program provides parenting education. The approaches to parenting education appear to be developed in-house; staff are not sent to trainings to learn a parenting education model and frontline staff describe learning how to teach parenting techniques through trial-and-error with clients. However, numerous evidence-based parenting education programs exist (SAMHSA, 2008). Even if not implemented in its entirety, program staff could be trained in such a model to develop additional skills. Parenting training is also an area extensively documented in the academic literature. Programs could review this existing knowledge to strengthen their services.

The existence of extensive expertise in areas Initiative programs are attempting to impact is not limited to parenting education. Resources exist in nearly all domains of the Initiative, including home visiting, mental health, and substance use treatment. Utilization of the existing knowledge base would help programs make more informed decisions and increase the potential for program replication. While programs have made only limited use of evidence-based practices, it must be noted that the Coordinating Center—the link between Initiative programs and the larger field of practice—has not emphasized the implementation of such practices. The impetus for future use of evidence-based practices is therefore on both the sites and the Center.

Housing

Housing for clients, particularly securing permanent housing, is an ongoing challenge. In California, housing costs are high and housing stock is limited. At STRong in Minneapolis housing is generally available and more affordable, but quality appears to be substandard. However, there is little doubt that housing has a positive impact on the lives of client families and that access to safe, affordable, permanent housing is essential for all families.

Affordability

The ability to afford monthly rent is a major concern for many program clients. Therefore, it is also a main concern of programs attempting to help clients obtain housing. Though clients at all three Initiative sites have difficulty affording rent with their current incomes, the problem appeared particularly acute at the California sites. At Hope & Home, stakeholders describe typical rental units "going for twelve, fourteen hundred" per month. Such an amount is out of reach for all program clients without substantial financial assistance. The units in this price range are also not always in safe, stable neighborhoods. In Antelope Valley, rents

[8] We do not intend to imply that no evidence-based practices are being used. Rather, it appears that such practices are under-utilized by program sites.

appear to be more affordable, ranging from $800 to $1000 for a typical apartment in the population centers of Lancaster and Palmdale. Lower rents are available in outlying communities, but living in these areas might cut clients off from services, jobs, education and, notably, public transportation. Given these rental amounts and their associated challenges, *affordable* housing is a key client need.

Availability & Accessibility

A second concern for clients and programs, particularly at the California sites, is housing availability. Hope & Home stakeholders describe occupancy rates in the Pomona and Pasadena area as "near one hundred percent." Housing is limited *without* clients' additional economic barriers; with these barriers, housing is virtually impossible to obtain. Program clients at Prototypes are generally enrolled in some form of residential program at that agency. Upon completing a program, the availability of community housing is so limited that the agency often finds other programs to place clients to avoid discharging them to nowhere. Housing is therefore often located on the Prototypes campus in a transitional apartment or in an off-campus "Satellite House" rather than in permanent, community-based housing. A Prototypes administrator stated that "we built the housing that we built [because] we just couldn't wait" for the area housing situation to improve.

In Antelope Valley, the number of rental units are limited. However, a larger issue is the availability of *subsidized* housing. Few buildings are dedicated solely to affordable housing. New buildings have recently opened in Antelope Valley and Strengthening Young Families has taken advantage of these opportunities. For example, an apartment building associated with Mental Health America was recently constructed. The program has successfully placed many program families in these new units. However, once these new units are filled, there is little additional housing.

In Antelope Valley a discriminatory attitude toward Section 8 and other housing assistance further hinders access to rental units. The local political environment has conflated the use of housing vouchers with undocumented immigration. "Crackdowns" on Section 8 violations are frequently reported in the local news. Additionally, there is a sense in the community that low-income residents have been "dumped" on the Valley from cities in the Los Angeles basin. These individuals are not seen as true residents of Antelope Valley. Instead they are viewed as draining resources from the more deserving. While individual clients have not mentioned these problems in dealing with landlords, other program stakeholders have stated that the hostile attitude toward housing assistance has made it difficult to develop relationships with building managers and owners of rental units.

Quality

At STRong, housing quality appears to be the greatest shelter-related challenge. Housing in the Minneapolis area appears to be available. Though still high for the budgets of many program families, rents are significantly more affordable than at other Initiative sites. Mothers describe rents in the range of $600 to $800 for a two-bedroom apartment. The quality of housing—both location and physical condition—is a concern for STRong clients. One client had been placed in permanent housing, but stated "I don't like the North Side because of the crime rate," and hoped to live in a safer neighborhood. Another client spoke of dangerous activities such as drug selling and violence taking place in the courtyard of her building and visible from her apartment. The client did not allow her daughter to play outside. Still another stated her apartment complex was on the verge of being torn down. She appreciated the space and manifest quality of her apartment, but shortly after moving in was informed that the building was structurally unsafe and would be demolished. Clients sometimes find themselves in substandard housing for reasons out of the control of STRong. Poor location or condition of the apartments may be the nature of available housing stock in Minneapolis. However, this may remain as a potential barrier to continued client success.

Impact of Housing

A consistent theme emerging during discussions with Initiative clients is the positive impact housing has on other areas of clients' lives. Clients describe improved quality of life once obtaining permanent, stable housing. Parents placed in permanent housing frequently stated that their children benefited from having a home of their own. One client said, "they're [children] smiling more; they actually know that they're in an environment where they can be themselves and play." The children were free to play and felt they had a space of their own. Another Initiative client stated that before the family moved into permanent housing her young daughter would often worry about her mother. The daughter would even offer the mother food at mealtimes and worry that the mother had not eaten. "It's just like she was worrying like she was the adult." Now that the family is in permanent housing, the mother states that the daughter acts more appropriately for her age, is more interested in playing, and has fewer concerns about her mother's well-being.

Staff members at Initiative programs have also noted the impact of housing on the lives of their clients. One worker stated that "if the mom's unstable, the child's unstable, kind of all over the place, there's no structure in the family so the kid doesn't know what to expect from one minute to the next. But we're seeing that kind of slow down as the families get housed and get more secure in their living situation."

Housing's positive impacts are not limited to the children alone. Mothers generally describe much less stress, improved outlooks, and stronger relationships after obtaining permanent housing. A client at one program stated, "they [program] got us into the apartments and it's a two bedroom apartment, and she [daughter] has her own room…and now that she has her own room, it's actually better because we [mother and significant other] can stay up and talk and just do whatever we want to do." In this family, having their own apartment with the child having her own room allowed other relationships to grow, particularly with her significant other. Still other clients describe feeling like they can move on to other priorities, such as education and better employment. The wide-ranging positive impacts on both mothers and children highlight the primacy of this need and the necessity of programs to continue to refine their housing plans and develop new housing opportunities.

Emerging Impacts

It is premature to fully gauge the impact of the Initiative. Initiative programs are early in their life cycles. Only a handful of follow-up interviews have occurred for the outcome evaluation. Client housing situations may have improved, yet it is too early to tell if they are truly "permanent." Keeping this in mind, discussions with program consumers, staff, management, and other stakeholders during the first year of the process evaluation have indicated some early program impacts. These changes can be divided into individual client-level and larger agency/systems-level impacts. Further impact will undoubtedly emerge during future evaluation site visits as programs continue to refine their services and clients are enrolled for longer periods.

Client Impact

Clients readily describe help they have received from Initiative programs. They also frequently discuss improvements in their lives since participating in the program. The two impacts mentioned most often are in the area of housing and parenting. Clients also describe positive impacts on their children as a result of program participation.

- **Housing**

  Many clients have improved their housing situations through participation in Initiative programs. When first enrolling in a program, clients lived in various housing situations, many of which are dangerous, unhealthy, or temporary. Through the means described under the program descriptions (p 10), clients have been able to obtain their own apartments. To

date, 19 families enrolled in STRong have their own apartments with an additional four in permanent supportive housing). In Hope & Home four have their own apartments while at Strengthening Young Families nine have their own units with an additional two in permanent supportive housing. While it is too early to know whether these placements will be long-term, the impact of a family obtaining their own apartment is extremely positive ("Impact of Housing," p 32).

• Parenting

Parents enrolled in Initiative programs often felt they did not know how to parent or what to expect from their child at different ages. Clients frequently relate this lack of knowledge and confidence to their own difficult childhoods, having grown up in foster care or unstable homes. Participation in Initiative programs—all of which provide parenting education—has helped homeless and at-risk parents overcome these barriers. The program has provided them with knowledge of child development and parenting techniques. One client commented about the child development services her family had been receiving, "they [home visitor] tell us she's [daughter] going to be crawling soon or she's going to be teething. They tell us what to expect." The client did not otherwise know how her child should be developing nor did she feel that she knew how to interact with her daughter. The client felt that gaining this knowledge was actually the most helpful part of the program. Additionally, the client felt that a better knowledge of her child's development helped her own stress level, as she did not have to learn to parent through trial-and-error.

In addition to child development, Initiative programs have also helped clients develop stronger parenting skills. This feedback is usually provided during home visits, though Hope & Home also offers parenting education-oriented groups and classes. The home visiting-based parenting education seems to assume a "trouble shooting" form. The client will present an issue with which she is having difficulty and the worker will help her develop and practice strategies for dealing with the issue. One client discussed an incident in which her child had a tantrum in public. The family's worker helped the mother develop techniques for dealing with tantrums. Another client stated that participation in an Initiative program taught her "how to bond with my daughter, have little special moments, little things you do that kids will remember." Another client stated that her worker helped her develop ways for her older child to help with household chores. "[Child] gets so excited when I'm like, OK, it's time to clean up. She'll start singing the little clean-up song and she'll really do it." The development of parenting skills appears to have wide-ranging positive impacts for children and families.

• Impact on Children

Beyond the improved interaction between parent and child, clients describe a variety of other positive changes in their children after enrolling in an Initiative program. These improvements might be developmental, emotional, or academic. One parent noted that her child was having trouble sleeping and cried throughout the night. Her worker tried to help her find solutions, but the child continued to cry. The worker then went to her supervisor for further suggestions, which included a new nighttime routine: the mother read a story and waited for the child to fall asleep. Since instituting this new routine, the child has generally been sleeping through the night. Parents also describe children's educational accomplishments since enrolling in the program. One mother stated that because of experiencing homelessness, her child had been through many crises. But, "she's gotten reading accomplished—a reading award in preschool. She's ahead in reading. She's pretty darn smart."

Initiative programs have also helped parents connect their children to needed services not otherwise available. One client had a former partner who had previously abused the client and was now in jail. She was concerned about the impact on her daughter, who had witnessed the violence and now had to live without her father. "So it's getting her the right type of therapy, getting her to understand what's going on, and also letting her know that mommy and daddy are no longer going to be together." Both the client and the program felt that the child needed more intense services than the program itself could provide so additional resources were identified.

Systems and Agency Impact

In addition to client-level impacts, Initiative programs have begun to influence changes in their organizations and communities. Some partner agencies are now serving a high-need population that otherwise might not have been reached. Services provided by Initiative programs are often a new addition to local service systems. Finally, at one project site a coordinated system is being built where none previously existed.

The main systemic change to date is that a number of agencies are serving a population—homeless and at-risk families—they might not otherwise have reached. These agencies, whether specializing in child development, substance use, or other specialties, are generally well-known in their local area for providing quality services, but homeless women and children had not sought out their services. The Initiative programs are connecting a high-need population to previously unavailable service providers. This shift was particularly noticeable at STRong and Hope & Home, but also held true at Strengthening Young Families. At STRong, neither the child development partner nor the chemical health partner would normally have served homeless or at-risk families. Said a Reuben Lindh Family Service executive at STRong, "we might have gotten a referral or two of a [homeless] young woman under age 25 [before this project], but probably not one living in a shelter."

These comments were echoed by the executive director of Wayside House, who stated:

> *I don't think these are families who…none of us would have seen. And so that's a nice thing. Because …especially for Wayside, these are families that have chemical health issues that hadn't come through our treatment program, hadn't gone through our family reunification program, so we're able to provide that service to families we never would have had contact with.*

At STRong, both the child welfare/child development partner and chemical health partner were serving an entirely new population. Families enrolled in STRong can now access child development, child welfare, family therapy and substance abuse treatment services that were previously unavailable. At Hope & Home, Foothill Family Service would not have otherwise served homeless or at-risk women and children. Said a Foothill staff member, "the way this project is structured, with the home visits, it's [providing services] not all that different from the way we do things. But the stories you hear….we've had some very difficult stories [from clients]". The women and families served by the project, according to Foothill stakeholders, have much greater needs than other clients they have seen.

STRong also serves a population not directly targeted in the Minneapolis area, adding an entirely new service to an otherwise mature system. For example, clients mentioned that several programs exist in the Twin Cities area to aid homeless youth (under 18), but that services for adults with children are limited. Existing programs have restrictions on the number or age of children that disqualifies some clients from participation. STRong operates in a previously unfilled niche in its service area. Similarly, at Hope & Home, child mental health services for homeless children is a new and innovative addition to the local system.

Said a representative from Foothill:

> *You know, working with [ages] zero to five, especially mental health with zero to five, is fairly new. I think it's an area where…there's been so much discovery with science and neurology into babies' functioning and what's going on. I think it's something that's growing. I think to be able to have experts and therapists who really know zero to five to come together with Prototypes and to be able to help the dyad, the mom and the child, in a really knowledgeable, creative way is something that's new.*

The services provided by Foothill are considered cutting-edge for any population. To be serving homeless families with child mental health services is a unique contribution to the Greater Los Angeles area system.

System-wide impact at Strengthening Young Families takes a different form. As a relatively rural location, Antelope Valley, California does not have a well-developed system for delivering services to homeless women and their families. Many agencies are relatively young or new to serving the population targeted by the Initiative. Strengthening Young Families brings together many of these young agencies. It coordinates the services among them so that they are working toward common goals and is building a system where none previously existed.

All programs expressed a desire to have a broader community impact as they continue to develop. Strengthening Young Families discussed reaching out to other community resources to make others more aware of the program and to develop new housing opportunities. STRong is interested in developing a relationship with Hennepin County (in which Minneapolis is located), which is responsible for the coordination of the local service system. Such a relationship would not only bring greater recognition and more referrals to STRong, but would also ensure that family homelessness continues to be included in County planning. Finally, Hope & Home has discussed the possible addition of more partner agencies as a way to further the program's reach and impact other sectors of the local service system.[9]

[9] As of the August, 2008 site visit the numerous transitions at Prototypes appear to have at least temporarily halted discussion of an additional partner.

Conclusion

At this early stage in the development of *Strengthening At-Risk and Homeless Young Mothers and Children* common themes have emerged across the sites. Clients at each program have shown many strengths, including deep affection for their children, a desire to be better parents, commitment to improving their own economic independence, and an unflinching resilience. Challenges described by clients include economic difficulties, extensive histories of traumatic stress, mental health and substance use needs, and involvement with the child welfare system as youth and as parents. Transportation and housing are also key client needs. At the program level, the initial stages of implementation have required flexibility and a focus on meeting basic client needs.

Three key service delivery strengths were observed during the process evaluation—the home visiting approach adopted by programs, the integration of services provided by multiple agencies, and the strong relationships between consumers and staff. Weaknesses of the current approaches to services include a lack of coherent service models and limited use of evidence-based practices. Although obtaining permanent housing is essential for all families, availability, affordability, and quality remains a challenge for all programs.

During the process evaluation, we observed some early positive impacts. At the client level, some housing situations have improved. Some clients have demonstrated improved parenting skills. Parents also describe a variety of positive changes in their children since enrolling in the program. At the systems and agency level, some agencies are serving a population they otherwise would not encounter. Often, services provided by an Initiative program are a unique addition to the local system. It is anticipated that further cross-site commonalities will emerge as the programs continue to develop.

Case Study

Rose

Rose entered the Hope and Home Program approximately one year ago and has been living in her current apartment for eight months. She has three children, ages eight, two, and one. Prior to coming to Hope and Home, Rose was struggling with addiction and homelessness and was separated from her two oldest children. Rose was initially living with her mother, but was told that she had to leave due to her addiction. Rose's two oldest children were placed in foster care. Rose was pregnant with her third child at the time, and she recalls sleeping in her car for five to six months. During this period, Rose identifies the loss of her grandmother as a significant turning point. She stayed at her grandmother's house until she "had everything together."

Rose recalls that a friend encouraged her to look into the program, though she did not think that she would qualify. She expressed interest in the program, completed her paperwork and was enrolled and received an apartment quickly. Rose was reunified with her eight-year old and two-year old last year and currently lives with all three of her children. She is employed at a convalescent home as a housekeeper. She uses her mother's car, and her mother takes care of the children while Rose is at work.

Rose says that living in Prototypes' apartments has been "good" and "a big help". She finds that one of the most helpful aspects of the Hope & Home program are the services that she can get for her children. Rose feels that living in foster care had a significant impact on her children, and her primary concern is to get help for her sons, specifically her two year old, who she says is "very smart, and he's helpful, but he doesn't talk". Through her participation with Hope & Home, Rose has access to "Mommy and Me" classes, as well as needed services for her son, such as occupational therapy and speech therapy. She explains that she would not have access to these types of services without the program's referrals. Rose finds it helpful that providers are able to come to her home for weekly sessions with her son. "[They] show me a lot of different ways to, you know, to deal with my kids."

Rose expresses a desire to continue to provide her children with necessary services as well as basic needs. She knows that she needs to "start saving up" for an apartment so that she is prepared at the end of her two years with Hope & Home. In the future, Rose hopes to complete her GED and get a better job.

Case Study

Sophia

Sophia is 19 years old and the mother of three children. Sophia's son has passed away. Her oldest daughter is two, and her youngest daughter is almost one. Sophia has been a participant in the STRong program for a little over a year. Prior to entering STRong, Sophia and her children struggled to find a consistent place to stay. Sophia initially had her own apartment, but lost that apartment and moved in with her child's father. After he was incarcerated, she stayed with his mother, but eventually left. Sophia attempted to manage on her own, staying with friends and family members for varied amounts of time. "I was pretty much from place to place to place, a lot of different places—just almost anywhere." Sophia could not stay with her mother or grandmother due to various housing rules where they lived, but her children would sometimes stay with them when necessary. Sophia started to notice the toll that the stress of being homeless was taking on her children. She describes what she saw in her daughters. "It was just like she [referring to her two year old] was worrying like she was the adult, like, you know, children are supposed to be just carefree and innocent, and it was like she was wondering where the next bill was going to come from or where the next meal was going to come from, and it was just things like she shouldn't have

to worry about . . . and then my newborn, she just – she was just so quiet like she didn't even cry . . . she [didn't even] laugh." For a period of time while homeless, Sophia gave her grandmother temporary custody of her children.

Sophia says that trying to do everything on her own became too stressful, and she ended up in a shelter, where she was first introduced to STRong. She qualified for the program and was assigned to a case worker. Initially, her case worker talked to her about available resources, and eventually, Sophia received a voucher for her current apartment. Now that they are together in their apartment, Sophia feels that life is much better and happier for her children and herself. Sophia explains that her STRong case worker provides her with support and connects her to various resources. The program worker has helped her get to appointments, enroll in school, choose a daycare program for her daughters, prepare for job interviews, and go to court for custody hearings. Sophia says that her caseworker is flexible, sometimes meeting with her on weekends when necessary. Sophia feels like the most important thing that she receives from STRong is support from her case worker. "There ain't nothing I can't call her with and she will help me." Sophia goes on to explain, "once you establish trust and you know these people really care about you, that's one of the best things." Currently, Sophia's case worker is helping her find a new apartment. Sophia says that the program also provides developmental screenings for her children, and they teach her how to be aware of what her children should be learning and accomplishing at each age and stage of development.

Sophia spends most of her time taking care of her children and looking for employment. She is going back to school soon to complete her GED. Sophia also plans to work while her daughters are in daycare. Reflecting on her own experiences, Sophia often feels as though she wants to reach out to other girls in her situation in the way that her caseworker has done for her. "I see me in a lot of these girls, and I just always wish I could just [house them right in a] big old mansion."

Case Study

Kim

Kim is 18 years old and has a son who is almost one. He was born prematurely at seven months and had to remain in the hospital for about a month before Kim could take him home. The baby is healthy, but has some developmental delays. Kim has been enrolled in the Strengthening Young Families Program for about five months. She heard about the program through her involvement with the Healthy Homes Program in her community.

Kim left her family home when she was seventeen to be with her current partner, Tom. Prior to her involvement with Strengthening Young Families, Kim, Tom, and their son were sharing an apartment with another couple and their child. Kim recalls the couple having physical fights. Thinking that it was not a good environment for her son, she and Tom eventually moved into Tom's mother's house. Kim explains that due to Tom's father's death, the family has to give up the house, and they have to leave soon. Kim has submitted an application for low-income housing and is awaiting a decision. Kim and Tom have found temporary jobs, off and on, but neither currently has a steady job or income. Kim describes their current circumstance as "really stressful."

Kim feels that the most helpful aspect of participating in the Strengthening Young Families Program is having a case worker's assistance in finding housing. Kim is also receiving some help for her son, due to his developmental delays. She expresses her hope that her son will "start walking and saying everything that kids his age are doing."

Kim did not finish high school, and she wants to get her GED and go to college. She is interested in becoming a social worker. As she explains, "everybody's got to need lots of help; I love what they do, [like, for me]."

Appendix A: Extended Site Descriptions

These project descriptions are not intended to be a comprehensive list of all possible services a client may receive through participation in a given program. With client access to a host of services through partner agencies, referrals to other community services, and services tailored to each individual client, such a listing would be cumbersome. Rather, these descriptions are focused on how clients receive support and provide a "flavor" for each project's approach. Programs are also expected to continually examine their own work and make changes and adaptations to their services. Significant changes or developments in the projects will be described in future Initiative evaluation reports.

Hope & Home has undergone significant transitions in its first year of operation; its components may change as it continues to develop. Similarly, FACT began operation a year after the other programs and has only just begun to enroll clients as of the writing of this report.

Strengthening Our New Generation (STRong): Minneapolis, Minnesota

The STRong project operates in the Minneapolis/St. Paul area, which is known for its strong social service system. Additionally, all of the agencies in the partnership are mid-sized organizations in which the executive leadership had pre-existing relationships.

STRong: Partner Agencies

The Strengthening Our Next Generation program is a partnership among Reuben Lindh Family Services, Wayside House, and St. Stephen's Human Services, each of which is based in Minneapolis, Minnesota.

Reuben Lindh Family Services ("Reuben Lindh") serves as the partnership's lead agency. The agency is a family and child services provider dedicated to preserving and nurturing families. It provides services such as family therapy, parenting education and support, and early childhood education. Within the STRong partnership, Reuben Lindh is responsible for administrative and fiscal oversight, houses the project's co-located direct service staff, and is the location of the program's client records. The program's management staff (a Program Director and Intake Coordinator) and one of its three direct service workers are Reuben Lindh employees.

St. Stephen's Human Services ("St. Stephen's") is an agency that serves individuals experiencing homelessness or living in extreme poverty. Among its services are an emergency shelter, employment assistance, a free store, and case management. It also advocates for the needs of homeless and poor individuals and families. Within STRong, St. Stephen's serves as the housing expert and provides one of the front line direct service workers.

Finally, Wayside House is a chemical dependency treatment agency that focuses on providing services to women. It offers residential substance abuse treatment, supervised housing for women in recovery with children, and supportive housing. Its role within STRong is chemical health/substance abuse expertise, and it is also the employer of one of the program's three direct service workers.

STRong: Intervention Description

- **Staffing**

The STRong project is overseen by a Program Director from Reuben Lindh Family Services. This individual is responsible for day-to-day management of the project, including administrative supervision of staff. An Intake Coordinator/Program Supervisor is the program's first contact point with clients—the Intake Coordinator conducts assessments, determines family needs, and assigns a direct service worker accordingly. The Intake Coordinator also provides back-up to workers who might be sick or otherwise unable to keep a meeting with a client, and has also begun to take on some of the staff supervision and daily management responsibilities of the Program Director. Services are provided by three direct service workers, one from each partner agency, under the guidance of the Program Director and Intake Coordinator/Program Supervisor.

- **Service Delivery Model**

The hallmark of STRong is rapid re-housing with additional services. Immediate assistance to improve a family's housing situation is provided when a client enrolls in the program. Other services are provided based on client need and identified goals, and could include child development and child therapy services, mental health services, substance abuse treatment, family therapy, employment and education support, and assistance in accessing other forms of support.

STRong utilizes a home visitor model for service delivery, providing most services in the client's dwelling place, whether a shelter, a substance abuse treatment facility, someone else's apartment, a treatment program, or elsewhere. Provision of in-home services has always been a key element of the STRong model, but other aspects of the planned service delivery model have been modified as the program has developed. As originally proposed, the STRong service delivery team included an Intake Coordinator; a Family Worker specializing in parenting education and child development; a Mobile Aftercare Worker to support substance abuse and mental health treatment; and a Housing Advocate to assist families in obtaining permanent housing. Each worker was to be provided by the agency with a matching specialty (family worker from Reuben Lindh, aftercare worker from Wayside, and housing advocate from St. Stephen's).

Due to greater than expected initial demand for services, the program adopted a slightly different model than it had originally planned. STRong's client roster was almost immediately filled when the program began operation, and clients presented with needs in all areas of the program's expertise. Program leadership determined that workers would not be able to effectively meet client needs using this approach.

In the adapted model, each client family is served by a single worker rather than by a team of workers providing unique expertise. Regardless of home agency, each STRong worker serves as a "family worker" providing all of the client's in-home services. These services might include child development screens, parenting education, housing assistance, job assistance, and case management. Expertise in these topic areas is shared through case conferencing, wherein workers discuss their clients' services and needs, and cross-training, with each agency providing training in its area of expertise to the other partner agencies. Thus, the family worker from Reuben Lindh will develop skills in housing via the St. Stephen's worker and be able to provide housing services to clients. The Intake Coordinator also attempts to assign workers based on client need and the worker's primary expertise. For example, if a client appears to have substance abuse treatment needs, the Intake Coordinator will assign the case to the Wayside worker. A client with extensive housing needs, meanwhile, would be assigned to the St. Stephen's worker, and a

client with child development needs to the Reuben Lindh worker.

The workers themselves provide most services directly to clients. Other services, such as substance abuse treatment or family therapy, are available within the partnership's agencies (provided by Wayside and Reuben Lindh, respectively). Other services may be critical to client goals (such as a GED program), but are not available within the partnership. When a service is not directly offered by the STRong worker the worker acts as a case manager for the client. Activities include referring clients to the necessary service, advocating for the client if necessary, and monitoring client progress with the out-of-program service.

• Child Well-Being

STRong provides a variety of child-focused services both through the direct service workers themselves and through Reuben Lindh Family Services. All children enrolled in STRong receive a child development screen. Any developmental, social, or emotional issues uncovered through the screen are addressed through specialized services at Reuben Lindh. Additionally, Reuben Lindh has reserved 12 slots in its therapeutic pre-school for STRong children. This well-respected program includes group and individual occupational, speech, physical, music, and socio-emotional therapies. For those children not enrolling in the therapeutic pre-school, the STRong direct service worker aids the parent in identifying and accessing community-based child supports (Head Start, daycares, pre-schools, etc.).

STRong direct service workers also model and teach parenting techniques to parents during home visits to further child development. For example, a STRong worker might engage in a play activity with the child that aids the child's motor skills development. The worker then teaches this same activity to the parent. Direct service workers also help parents to "troubleshoot" any behavioral problems their children might be having (for example, if a child is acting out, the worker might help the parent develop a planned response to control the behavior). The direct workers also teach program parents about their children's development, nutrition, and recreation, as well as how to interact with the educational system. The program therefore impacts the child via the parent by improving the mothers' skills and knowledge.

• Maternal Well-Being

In addition to the in-home parenting education services described above, STRong aids mothers by, first, providing emotional and instrumental support, and, second, through referrals to services both within and outside the partnership. Mothers enrolled in STRong speak highly of the relationships they have with the program's staff, even describing STRong workers as some of the few people who, for example, offer them compliments or think they can accomplish their life's goals. When aiding a client in accessing public supports such as WIC or food stamps, the STRong worker will accompany the client to provide encouragement and advocate for the client if necessary. This personalized support is cited by clients as a favorite aspect of STRong. Substance abuse treatment services are provided by Wayside House within the partnership itself, if needed by a client. Other services specifically to benefit the mother, including employment, education, and mental health services, are referred to outside providers with the STRong worker acting as a case manger (tracking client progress, determining whether other services might be needed, etc.).

• Family Services

STRong targets some services specifically to families. The functioning of the family as a unit is assessed using tools such as the Adult-Adolescent Parenting Inventory, a scale that measures several domains of parenting. The results of these assessments, as well as the client's own goals, serve as the basis for skills

taught during in-home parenting education (as described under "child well-being"). The program further offers structured activities for families, such as visits to parks and museums. These opportunities, which program families might otherwise be unable to afford, provide time for positive interaction between parent and child. Reuben Lindh Family Services also holds monthly "Family Nights," with dinner and activities that program families are invited to attend. These Family Nights also create opportunities for positive interaction. More specialized family services—such as family therapy with a licensed counselor or supervised visitations—are available by referral within Reuben Lindh.

• Housing Strategy

STRong primarily uses two approaches to housing clients—direct provision of financial housing assistance and aiding clients in their own housing searches. The STRong program has been able to access long-term homelessness housing vouchers provided by Hennepin County to administer to STRong clients. Initially, the vouchers were distributed on a "first come, first served" basis, with STRong's initial influx of clients receiving vouchers. Being a limited resource, the vouchers were quickly depleted. Future distributions of vouchers will be provided in a more deliberate manner, based on client need. In addition to housing vouchers, STRong has accessed a pool of private money (from the Frey Foundation) to create one-year housing subsidies to cover rent for four families. Finally, a Housing Flex Fund is used to cover other housing-related expenses, such as a security deposit, for those clients that require it. Beyond direct assistance, STRong workers support clients in their housing searches by providing rental listings, driving clients to examine rental units, and serving as a reference and advocate for the client in dealing with potential landlords.

Hope & Home: Pomona/Pasadena, California

The Hope & Home project is based in the Greater Los Angeles area. A unique strength of this program is that it joins two large, well-respected agencies known for their expert and innovative services. Though in the Los Angeles area, Pomona, Pasadena, and the surrounding communities are some distance from the city center and suburban in character. Hope & Home has experienced significant leadership transitions in the past year, which have created some changes in its program model. As of the writing of this report, the project is being re-envisioned to better serve its clients and further develop the union between the two partner agencies.

Hope & Home: Partner Agencies

Hope & Home is a partnership between PROTOTYPES: Centers for Innovation in Health, Mental Health and Social Services ("Prototypes") based in Pomona, California and Foothill Family Service ("Foothill") located in Pasadena, California.

Prototypes serves as Hope & Home's lead agency. It is a multi-service human services organization that aims to help women and their families with issues such as substance abuse, domestic violence, homelessness, and mental illness. The agency has twenty-four locations within its service area and provides both in- and out-patient health, mental health, and substance abuse services. Prototypes also offers housing through several programs, including housing for women with co-occurring disorders, housing for women leaving a Prototypes residential treatment program, and transitional housing. Within Hope & Home, Prototypes provides housing, substance abuse, mental health, and domestic violence expertise as well as fiscal and administrative oversight.

Foothill Family Service provides outpatient mental health and social services to children, teens, adults, and families. The agency delivers services through five Family Centers at pre-schools, elementary, middle and high schools, and community centers, and through in-home visits. Its role within the

partnership is to provide infant and child development services, including child mental health services.

In its initial proposal, Hope & Home also listed two local school districts, the Pomona Unified School District and the Hacienda La Puente Unified School District, as partners. Their role, however, was described as one of referral, identifying mothers and children eligible for Hope & Home and linking them to the program. The school districts do not provide services and do not appear to have a governance role within the partnership. For the purposes of this report, then, any further references to "partners" or "partner agencies" will refer to Prototypes and Foothill Family Service only, as these agencies are involved directly in project governance and service provision. Hope & Home currently intends to convene an advisory board that will include the Unified School Districts; their role as partners may therefore expand as the project evolves.

Hope & Home: Intervention Description

• Staffing

Hope & Home's staff is headed by a Program Director based at Prototypes and a Program Coordinator based at Foothill. The Prototypes-based Program Director is responsible for the daily administrative operations of the program as a whole, while the Foothill-based Program Coordinator, who is a licensed clinician, serves as a liaison between the program and Foothill. The program's direct service staff from Prototypes includes a mental health therapist, a case manager (responsible for coordinating client services, referring clients to various services, monitoring client progress, etc.), and a parent advocate that serves as the consumer representative on the service staff, supports the therapist and case manager, and is the program's van driver. Hope & Home also intends to add a second, part-time parent advocate and a housing specialist, both to be based at Prototypes.

Direct service staff from Foothill includes one full-time child mental health therapist, with the intention of adding an additional part-time therapist. Hope & Home is also considering the addition of a rehabilitation specialist to be based at Foothill Family Service. This individual would be responsible for reinforcing the work of the two therapists (for example, the rehabilitation specialist might be able to meet with a client more frequently than the therapist, but would not plan a client's course of treatment).

• Service Delivery Model

The Hope & Home service delivery model is currently in a state of transition, as the project had been operating as two somewhat disjointed sub-programs. Both partner agencies went through internal leadership transitions during Hope & Home's first year of operation, which include the program having at least four program directors. The frequent transitions created an unstable situation in which the project never gained momentum; different directors had slightly different goals and priorities, and Foothill and Prototypes drifted apart as partners. During this time, Foothill was essentially operating as an independent "sub-grantee," with a set of services that differed from those offered at Prototypes. Communication between agencies at the leadership level was minimal, resulting in the program's two components further differentiating themselves. With internal leadership transitions having settled down at the partner agencies, the program intends to become more unified. The previous mode of delivering services will be discussed here, as it is the version of the program in which most clients have participated to date. The service model as Hope & Home stakeholders envision the project will then be discussed.

While Hope & Home was initially intended to be a truly unified project of both Prototypes and Foothill, the previously-described leadership transitions resulted in two distinct methods of delivering services. Prototypes-

based staff almost exclusively served clients already residing at Prototypes. A large agency with residential treatment and housing programs, many homeless and at-risk women are already a part of Prototypes' overall clientele. Women in other Prototypes programs were therefore identified as candidates for Hope & Home by staff of those programs. Hope & Home then "added on" to services that clients were already receiving. For example, a Prototypes client may have been enrolled in a residential substance abuse treatment program that included a parenting education component, but she might not have received mental health services. When referred to Hope & Home at Prototypes, this gap would be identified and the necessary services provided. Child services, such as child mental health services, that the Prototypes-based staff could not provide were provided by a Foothill therapist, who was given a room at Prototypes to conduct these sessions. A program client at Prototypes would therefore be served by both agencies, but coordination between the providers was limited.

Foothill Family Service, meanwhile, served its own client pool using different service delivery methods. These services were provided strictly as home visits, and focused on parenting education, child development, and child mental health. No Prototypes services, such as substance abuse treatment or housing assistance, were available to these clients, nor were they served by any Prototypes staff. The two agencies were essentially offering two separate programs to two sets of clients—one set based at Prototypes receiving "add-on" services and another based in the community receiving only child-centered services.

Prototypes and Foothill have begun developing a new service model. The service delivery model intended to be adopted by Hope & Home is more community-based and more collaborative. Under the new approach, the service team will be much more mobile. Some clients will still be based entirely at Prototypes, but the bulk of new cases will be in the community. Individualized services, including case management, housing assistance, child development, and child mental health services, will be provided during home visits by staff of both agencies. Client needs will be determined using a standard "intake screening" assessment process and the appropriate workers and therapists—whether from Foothill or Prototypes—will be assigned to the family by the Program Director. A family may, then, be both residing in the community and served by both agencies. Implementation of this new model will be better understood during subsequent site visits.

• Child Well-Being

Hope & Home offers several services intended to benefit the children of program clients. The hallmark of the program's child services, however, are the Early ESTEEM mental health services offered through Foothill Family Service. In Early ESTEEM, a Foothill therapist provides child mental health assessments and treatment; education to parents; and parent-child treatment to clients. These services are considered innovative for any young children; providing them for children experiencing homelessness is quite unique. Other child services offered via Foothill to the children of clients include art therapy and play therapy, which can be provided by the therapist in-home.

• Maternal Well-Being

Prototypes is a large agency with an array of programs and services intended to benefit women with wide-ranging health, mental health, and social needs. Due to the previous structure of Hope & Home, many program clients were originally enrolled in other programs targeting these areas and then referred to Hope & Home. In the refined program model, Hope & Home will more frequently be an initial point of contact for clients, who can then be referred to these other

services. For example, a client with substance abuse treatment needs might be referred to Prototypes' residential or outpatient treatment facilities. At present, it is anticipated that a variety of groups, classes, and therapies will be available to clients to support their mental and social well-being, and a documentation of these services will take place in future site visits. More concrete supports for mothers enrolled in the program, including job training and GED classes, are available on Prototypes' campus and have been used by clients based at that agency.

- **Family Services**

Hope & Home services targeted toward families include a group/class called "Dinner's on the Table," "Mommy & Me" classes, and parenting education provided during home visits or other meetings. Dinner's on the Table is a parent and child group intended to foster parent-child interaction by, for example, the mothers cooking with and for their children. During the meals, a therapist "coaches" the mothers on their interaction with their child(ren). Similarly, Mommy & Me is a client group that teaches mothers ways to interact with their children. More individualized parenting education and support is provided by Foothill Family Service's home visits, where an Early ESTEEM therapist can provide one-on-one "coaching" to a client on bonding and working with a child(ren).

- **Housing Strategy**

Housing is a particular challenge in the Los Angeles area, being both expensive and difficult to obtain. As such, Hope & Home's housing strategies are continuing to evolve. Currently, many clients are housed in Prototypes' own housing, the agency being home to residential treatment, shelter, and transitional housing programs. The program intends to develop other housing services and options as it is re-envisioned, ideally placing more clients in community-based housing.

Strengthening Young Families: Antelope Valley, California

Strengthening Young Families is based in a relatively rural, lesser-developed area of Los Angeles county, with the San Gabriel mountains separating Antelope Valley (a region of the Mojave desert) from Greater Los Angeles. In recent decades, however, the population of Antelope Valley expanded rapidly as people working in Los Angeles and its surrounding communities began moving to the Valley due to the area's lower cost of living. Because its expansion and development is relatively recent, Antelope Valley's service system is young and its social service agencies are somewhat small.

Strengthening Young Families: Partner Agencies

Strengthening Young Families includes four service partners, which provide a breadth of services to young mothers and their children: Valley Oasis; Mental Health America; Antelope Valley Hospital's Healthy Homes program; and Antelope Valley Partners for Health. United Way of Greater Los Angeles (UWGLA) serves as matching funder for three years and also provides project and fiscal oversight.

Within the partnership, UWGLA has general oversight of the project, including fiscal and programmatic governance, and is responsible for on-site evaluation activities. As the project's matching funder, UWGLA makes Strengthening Young Families the only Initiative project in which a local funder has a direct governance role. The agency does not provide direct client services.

Valley Oasis is the central provider of domestic violence-related services for the Antelope Valley. Its flagship program is a 125-bed emergency and transitional housing facility that houses survivors of domestic violence. Valley Oasis is also the umbrella organization for the Homeless Solutions Access Center, a drop-in program where homeless individuals and families can receive food, clothing, and other basic needs as well as referrals to housing and other services.

Mental Health America (MHA) is a national non-profit organization providing mental health services and advocacy for those with mental health needs. MHA's Los Angeles affiliate, Mental Health America of Los Angeles, has a branch in Antelope Valley that provides a range of supports, including mental health services, housing assistance, and employment assistance. The agency has also opened a permanent supportive housing facility in the community.

Antelope Valley Partners for Health (AVPH) is a community-based public health organization that operates a variety of health and wellness programs. Two primary programs linked to the collaborative are the Best Babies Collaborative of medical and service providers, and the Black Infant Health Project, a branch of a statewide effort to reduce infant mortality among African Americans. The agency has a long history of expertise in operating mobile outreach programs to provide health care to the underserved.

Finally, the Healthy Homes program is a program of Antelope Valley Hospital. This home visitation program provides child development and parenting support services for families throughout Antelope Valley.

Strengthening Young Families: Intervention

- **Staffing**

  Strengthening Young Families is managed by a Project Director, who, in addition to administrative management of the project, is responsible for fostering community-level change (for example, working with county and city governments and identifying service gaps in the local area). A Care Coordinator manages and coordinates the mobile network of services, with the assistance and support of two case managers, a child development specialist, and an early interventionist. Strengthening Young Families is the only project without a licensed clinician on staff. A psychiatrist provides support, as needed, to families via referral. An Executive Committee, which includes the Executive Directors of the partner agencies, meets monthly to provide project oversight.

- **Service Delivery Model**

The Strengthening Young Families staff each have diverse skills and, via their originating agency, access to varying resources. The program makes use of this diverse set of talents and supports by having the staff operate as a coordinated team, where a given client might be served by each staff member. For example, a client with mental health and child development needs might be served by the caseworker, the child development specialist, and early interventionist. The project's Care Coordinator is responsible for identifying client needs and assigning the appropriate worker(s) based on information gathered during client intake. Services are furthered coordinated and information shared during weekly "case conference" meetings, attended by the direct service staff and led by the Project Director and Care Coordinator.

A second key aspect of Strengthening Young Families is its mobility. The Antelope Valley is a sprawling area, and clients often have difficulty accessing transportation to come to a physical office. To overcome this challenge, all project direct service providers go to the client to provide services in a home, shelter, treatment program, or other venue. While similar to other Initiative projects in this aspect, the additional geographic difficulties of providing services in Antelope Valley makes the mobile home visitor model a particularly good match for the community.

In addition to its team approach and mobile service delivery, the program utilizes a "no wrong door" philosophy to engaging a consumer in Strengthening Young Families. A client may initially seek services at any of the partner agencies; for instance, a mother might seek child development assistance from Healthy Homes, or mental health services from MHA. Regardless of point of entry, the client does not need to be referred to another agency for the client to begin receiving Strengthening Young Families services. The Care Coordinator

is notified by the given agency that it has identified a potential program client, and follows up with a home- or community-based intake and assessment.

• Child Well-Being

The project's child development specialist and early interventionist work together to foster the well-being of the child. This work begins with an assessment, including a child development screening, to determine whether the child is meeting developmental milestones. Specific work with the children or mother/child pair is planned on a case-by-case basis, and might include activities to teach the child a skill or support the child's development. In-home parenting education is also provided by the child development specialist and early interventionist to support the development and well-being of the child in his/her own home environment without the workers present. Finally, Strengthening Young Families provides parenting education and child development groups and classes to program clients, supporting the child by building the skills and knowledge of the parent.

• Maternal Well-Being

A variety of services intended to benefit the mother are provided via referrals from the Care Coordinator and case mangers. The Care Coordinator, for example, will identify client needs during intake and assessment. The client can then be referred to programs offered by the partner agencies or other community services. For example, a client requiring health services might be referred to a local clinic, and a client with mental health needs might be referred to MHA. Mothers diagnosed with a mental illness have access to wide-ranging services at MHA, including community integration activities, linkages to housing, employment and health care. Strengthening Young Families case managers work with clients to ensure needed services are accessed. A client may, for instance, require assistance in applying for a public benefit such as food stamps. The case manager will actually go with the client to the benefits office, assisting in completing paperwork and advocating for the client if necessary.

Through the partner agencies, Strengthening Young Families also offers groups, classes, and individual counseling to clients. These services are intended to build client skills with the goal of developing self-sufficiency. Clients access groups and other services based on their own goals, with topics including budgeting, career planning, interpersonal relationships, and domestic violence prevention.

• Family Services

The major family services provided by Strengthening Young Families are described under the Child Services heading, as these activities work with both mother and child. Additional services are focused on family preservation and include advocating for the continued unification of the client family. For example, a Strengthening Young Families worker might speak on the client's behalf in the child welfare system, at hospitals, or in other systems to prevent family separation.

• Housing Strategy

Strengthening Young Families is focused on accessing housing in the community for clients. Specifically, the Project Director works to develop relationships with landlords, building managers, community leaders, and other stakeholders to identify opportunities for client housing. Additionally, a new low-income housing building affiliated with Mental Health America has recently opened in the community; several project clients have been housed in this new facility because of agency's prioritization of Strengthening Young Families clients.

Family Assertive Community Treatment (FACT): Chicago, Illinois

FACT is the newest of the four Initiative programs, receiving funding one year after the other sites. As of the writing of this report, the program had only just begun enrolling clients. Because it is only in its initial stages of operation, changes in the program's staffing, service model, or services are possible to adapt to unforeseen client needs or other challenges. Similarly, only limited detail on specific services is available (at other sites, for instance, clients extensively described services they received; FACT did not have any clients to interview during the only site visit conducted thus far). As such, services have not been extensively described for this program. Specific content of services for mothers, children, and the family as a unit will be more apparent during future site visits.

FACT is unique in its attempt to adapt a pre-existing evidence-based service delivery model, Assertive Community Treatment (ACT), to serve Initiative families. It is also the only Initiative project based in the heart of a major United States city (STRong is based in mid-sized Minneapolis, Hope & Home in the suburbs of Los Angeles, and Strengthening Young Families in a relatively rural area), providing an operating context different from the other projects.

FACT: Partner Agencies

FACT is a partnership between Beacon Therapeutic Diagnostic and Treatment Center ("Beacon"), Heartland Alliance for Human Needs and Human Rights ("Heartland"), Mercy Housing/Lakefront, Inner Voice, Thresholds Psychiatric Rehabilitation Centers ("Thresholds"), and Voices for Illinois Children. Beacon and Heartland are the primary partners within this multi-faceted coalition, providing the bulk of services and playing the largest role in developing FACT.

Beacon Therapeutic serves as FACT's lead agency, coordinating and providing oversight for the project. The agency offers outpatient mental health and therapeutic services to children and teens. Among Beacon's programs is a day school for children with complex needs and a Shelter Outreach Program to serve homeless children. In addition to its administrative role, Beacon Therapeutic is the child services expert within the FACT partnership.

Heartland Alliance provides housing, health care, social services, and advocacy for Chicago's distressed populations. Heartland is itself a partnership of agencies—Heartland Housing, Heartland Human Care Services, and Heartland Health and Outreach—each with a unique specialty. Its FACT service role is expertise in case management and housing assistance. The organization is also the lead in developing service integration strategies for the partnership.

Mercy Housing/Lakefront is a housing agency serving more than 2,000 low-income individuals with 1,400 housing units, mostly in the Chicago area. The agency develops, maintains, and manages supportive housing, affordable housing, and single-family homes, and also provides direct services such as GED classes and programs for resident children. Within the FACT partnership, it provides additional housing.

Inner Voice is one of Chicago's largest providers of social services, and contributes assistance with client recruitment and consumer involvement to FACT. It is primarily an access point for referrals to emergency resources, particularly housing resources such as emergency shelters. It also provides clinical services to homeless families and individuals, rental subsidies, case management, employment and education assistance, and other services.

Thresholds is a comprehensive mental health services agency, providing a variety of therapeutic, case management, education, and other services to support those with mental illness. It contributes additional child development and parenting support services and knowledge to FACT.

Finally, Voices for Illinois Children is an advocate for children's issues, contributing its expertise on policy and systems change to the FACT partnership.

FACT: Intervention Description

• Staffing

FACT is led by a Program Director based at Beacon Therapeutic. This masters-level clinician provides supervision to staff, oversees the project, and maintains a client caseload herself. Two therapists, a child development specialist, and an addictions specialist provide clinical services in their areas of expertise. A caseworker provides case management and supports the work of the clinical staff, while a housing resource developer provides housing assistance for clients. Unique to this project, FACT also has a Systems Integration Specialist dedicated to fostering collaboration across the partner agencies and with other resources in the community.

• Service Delivery Model

FACT is adapting the Assertive Community Treatment (ACT) model for families. The original ACT model is designed to provide comprehensive services for those with mental illness in their own environment (rather than a treatment facility) (NAMI, 2008). ACT services are provided by an interdisciplinary team of unique specialties, including a psychiatrist, nurse, substance abuse specialist, and vocational specialist. Teams operate as a coordinated unit, rather than as independent providers offering disjointed services. To facilitate this method of delivering services, ACT teams meet frequently, are supervised by a "team leader" whose function it is to coordinate the services of the team members, and maintain a low caseload (approximately ten clients per team member). The ACT model has been used effectively with homeless single adults—particularly those with severe mental illness—and has an extensive body of research supporting its approach (Coldwell & Bender, 2007).

FACT is based on the premise that homeless and at-risk families have a very different set of needs from homeless single adults, and therefore should be served by a differently-composed team. However, FACT also believes that families can benefit from multi-disciplinary, tightly integrated, intensive services offered by an ACT-style model. The members of the Family Assertive Community Treatment service team, as developed for this project, are therefore different from the traditional ACT model, but strive to utilize many of ACT's major components.

Several strategies are utilized by FACT to maintain the tight integration that is key to the traditional ACT model. Team members (listed under "Staffing," above) will meet weekly to discuss the needs, services, and progress of each family enrolled in FACT. Like ACT, the FACT team is headed by a team leader who is also a practicing clinician; this leader is therefore qualified to provide both administrative and professional support to the other members of the team. Also similar to the original program, FACT intends to maintain a low client load (12 to 1, as opposed to the original 10 to 1) and provide intense and frequent services to clients (currently anticipating an average of two hours per week per client family).

By adapting an ACT-style approach with a different set of specialties, FACT hopes to provide intense, comprehensive services that are relevant to homeless and at-risk families. Like ACT, it intends to offer the majority of services in the client's own environment rather than at a central program location. For those services that cannot be provided by the FACT team, however, it is anticipated that the prodigious resources of the large, well-established partner agencies will provide a rich array of referral possibilities. The specific nature of which services are provided by the team and which are referred will become clearer as the project begins serving clients.

• Child Well-Being

It is currently anticipated that a range of child services will be available through FACT. As with the currently-operating Initiative projects,

a developmental screening and other assessments will identify a child's service and support needs. The partner agencies themselves currently offer a variety of interventions for children, depending on need; the FACT team will serve as a link between families and these resources. Among the services potentially of use to program families are a therapeutic school operated by Beacon, a therapeutic daycare available to Families Building Communities clients, and Thresholds' play therapy services.

- **Maternal Well-Being**

As with children enrolled in FACT, a wide range of services will be available to support the needs of FACT mothers through the resources of the partner agencies. For example, the FACT team should be able to refer to an array of mental health, health, and addiction services, in addition to those provided by team members themselves. Income and employment support will be by referral to public supports, while employment support and even some jobs can be provided via Beacon's Families Building Community program and Mercy Housing.

Family Services

At present, it is anticipated that services provided by the team will include parenting support activities. Additionally, group parenting education will be available through Thresholds' Mothers' Project, a comprehensive family support program that includes parenting skills training as a component of its intervention.

Housing Strategy

FACT intends to use multiple resources to aid clients in acquiring stable, permanent housing. First, Heartland Alliance's own Families Building Community program has a number of permanent housing vouchers, a portion of which may be available to FACT clients. Families Building Community will also set aside fifteen currently existing housing slots specifically for FACT. Mercy Housing/Lakefront will also set aside ten to fifteen of its permanent supportive housing slots for FACT families. Finally, the project's Housing Resource Developer will be responsible for identifying and accessing other housing opportunities for program families.

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Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

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