
EVALUATION OF THE FAMILIES IN TRANSITION PROGRAM

REPORT 3

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submitted to:

FAMILIES IN TRANSITION OF SANTA CRUZ COUNTY

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Executive Summary

Families in Transition of Santa Cruz County, Inc. (FIT) was founded in 1992 to provide transitional, scattered-site rental assistance and comprehensive case management services to homeless families in Santa Cruz County, CA. Through extensive partnerships with government and community agencies, FIT works to provide families with the resources needed obtain stable housing and self-sufficiency. This report summarizes changes over the past six months that have occurred in program operations and presents the first analysis of client demographic and outcome data. Our findings indicate that FIT has successfully responded to identified program challenges and continues to address on-going program developments with foresight. FIT is successfully accomplishing many of its program objectives, including helping clients achieve stable housing, obtain employment, and strive towards self-sufficiency. Below we introduce key findings explored in greater detail in the report.

FIT has Successfully Developed Responses to Address Identified Challenges

FIT staff have developed appropriate responses to several challenges related to program growth and inter-agency collaboration identified in previous reports. Recent hiring decisions increased program staff's capacity to respond to the growing demand for bilingual and bicultural service providers. Additionally, the increase in FIT staff has enabled the program to significantly reduce its client to case manager ratio. A temporary cease in new referrals allowed FIT staff to address the needs of all referred clients and begin the new year without an existing waiting list. FIT staff also revised and clarified their referral form to facilitate ease of enrollment procedures. To ensure consistent service provision to all clients, a more formalized flow of services between FIT case managers and Human Resource Agency (HRA) staff was developed.

Recent Program Developments Have Impacted FIT's Program Operations

Program funding increased 150 percent from FY 98/99 to FY 99/00. Although this significant increase in funding creates additional grant management responsibilities, it also enabled FIT to better meet demand for its services through increased case management staff. Newly developed training components ensure that all new case managers provide clients with the established FIT case management model. Several unique partnerships recently initiated expand not only FIT's presence in the community, but also the population it serves. Changes in both program funding levels and staff size may require more formalized internal management systems to maintain the level of communication and consistency in service FIT experienced as a smaller agency.

The Majority of FIT Clients Faced Multiple Barriers at Entrance to the Program

FIT clients begin their program participation facing a variety of barriers to self-sufficiency. Of the 398 families examined in this report:

- 100 percent faced housing barriers at entrance to FIT;
- 90 percent faced job readiness barriers at entry;
- 52 percent faced domestic violence barriers;
- 36 percent confronted child welfare issues;
- 35 percent struggled with substance abuse barriers; and
- 25 percent reported mental health issues.

Furthermore, the majority of clients faced a severe barrier in more than one area. Half of the families FIT served faced three or more barriers at program entry.

Participation in FIT is Designed to Help Families Achieve Self-Sufficiency Over Time

Our findings indicate that over time, families increasingly accessed various services to address their needs. For example, after nine months of participation in FIT, 46 percent of families were participating in employment and training services and 46 percent were participating in work readiness activities, compared to 22 percent and 21 percent, respectively, who were participating in these activities at entrance. Furthermore, 49 percent of families were receiving county subsidized child care after nine months in the program, compared to 17 percent who received county child care subsidies at entrance.

Employment Earnings, Housing Assistance, and Total Family Income Increased Over Time

The percentage of families with earnings from employment increased over time, as did the percentage of families who received housing assistance. The amounts of income received from these sources increased over time as well. For instance, families who had been in the program for at least nine months experienced a 33 percent increase in their employment earnings and a 143 percent increase in the amount of their housing assistance. Average total monthly family income, likewise, increased throughout participation in the program by 32 percent for those families who had been in FIT for at least 9 months.

FIT Services are Tailored to Address the Specific Barriers of Each Family

Data suggest that FIT families receive a level of services appropriate to their need. The more intensive the barriers they face, the more intensive service they receive from their FIT case manager. For instance, 78 percent of those with severe housing barriers at entrance to the program received the most intensive level of housing services at entry. Likewise, 68 percent of those with severe substance abuse issues and 53 percent of families with severe job readiness barriers at entrance received the most intensive level of services for these respective barriers at entry.

Families Required Decreasing Levels of Services Over Time

Our findings indicate that as clients progressed through FIT, the level of services they required decreased over time. We interpret this as demonstrating measured progress in overcoming families' barriers to self-sufficiency. Notably, families achieved the greatest success in those areas in which FIT staff served as their primary service provider. The following figures highlight these findings:

- At program entrance, 70 percent of FIT families received the most intensive level of housing services. By nine months, the percentage of families receiving this level of services had dropped to 26 percent.
- Forty-four percent of families received the most intensive level of job readiness services at entrance. After nine months, the proportion of families receiving this intensity of service had dropped to 7 percent.
- Although 65 percent of families received the most intensive money management services when they entered the program, just 14 percent required such intensity after nine months in the program.

Families Face Fewer Barriers at Exit than at Entrance

The proportion of families who faced the most severe degree of barriers decreased significantly between program entry and exit across all barriers. In contrast, the proportion of families no longer needing assistance from their case manager increased. For example, all clients faced housing barriers when they entered the program. At exit, 79 percent no longer faced such barriers. Furthermore, 76 percent of families were living with friends or family, in a hotel, or on the street when they entered FIT. At program exit, the portion of families living in these circumstances had dropped to 16 percent. Although only 9 percent of clients did not face job readiness barriers when they entered FIT, 50 percent did not face these barriers at exit.

I. Introduction

Families in Transition of Santa Cruz County, Inc. (FIT), founded in 1992, is a community-based assistance program that provides transitional, scattered-site rental assistance and case management services to homeless families in Santa Cruz County, CA. FIT aims to help these families address their barriers to self-reliance and obtain stable housing and employment. In 1998, the David and Lucile Packard Foundation provided FIT with funds to conduct an independent evaluation of the program. Berkeley Planning Associates (BPA) was selected to perform this evaluation. The evaluation consists of a process study, a review of comparable programs, and an outcomes study. The goal of the evaluation is to provide FIT staff with information that will enable them to refine and improve the program and to quantify the effects of the program by examining clients' outcomes after receiving services.

This report is the third of five semi-annual reports from the evaluation. The first report presented a descriptive baseline that documented program operations and implementation. The second report updated previous information on program operations and expanded upon our initial assessment of FIT in comparison to other programs. In this report we provide an update of previous implementation findings, including the evolution of FIT at its new Watsonville office and the addition of several new programs distinct from the original FIT model. This report also includes findings from the first analysis of the client database, created in conjunction with this evaluation to measure clients' barriers and outcomes.

In Chapter II of this report we provide a brief overview of program operations and highlight FIT's response to challenges related to growth and inter-agency collaboration that were raised in the second evaluation report. Issues discussed include FIT's ability to meet the growing bilingual needs of the population it serves, address the waiting list, re-establish smaller client-to-case manager ratios, clarify its referral process, and increase coordination with the county Human Resource Agency's (HRA) senior case management division.

In Chapter III we update previous findings with data recently collected during in-person interviews with program staff, HRA staff, referral agencies and FIT clients. This chapter discusses recent changes in FIT's funding, the significant increase in FIT staff, and new collaborative relationships formed with community agencies.

Chapter IV provides findings from the analysis performed on service and outcome data collected for FIT's client database. This chapter focuses on the demographic profile of participants, including family characteristics and composition, at entrance to the program. In addition, an analysis of the barriers to self-sufficiency clients face at entry, including housing, job readiness, substance abuse, mental health, and child welfare, is presented.

Chapter V illustrates the pattern and intensity of services received by clients throughout their participation in the program. It also present changes in the amount of income families receive from various sources throughout their participation in FIT.

Chapter VI discusses the variation in the duration of program participation, including the average length of participation. Additionally, it suggests possible factors that could affect program duration, including the degree of barriers clients face at entry and the level of services they receive.

Chapter VII presents our plans for future analysis, including further process study activities and the additional collection and analysis of client data.

II. Update on Previous Findings

PROGRAM OVERVIEW¹

FIT was created in the early 1990s in response to the Santa Cruz County community's recognition of the dearth of programs targeting homeless families. In 1992, the program spun off of the county Human Resources Agency (HRA) and officially incorporated as a non-profit. HRA and FIT continue to maintain a close relationship as the agencies share certain fiscal, staff, and equipment resources. Recent changes in the relationship between these two agencies will be explored in greater detail throughout the report.

FIT provides housing assistance, intensive case management and referral services to homeless families in Santa Cruz County. Clients are referred to the program from a variety of community agencies and individuals, including HRA, and undergo an extensive assessment and orientation to screen and prepare them for the program. FIT offers time-limited rental assistance to supplement clients' contributions to rent in private market housing units. For individuals who need greater housing assistance, FIT operates eight units of transitional housing, including six units in collaboration with the Housing Authority and two in collaboration with the Mid-Peninsula Housing Coalition. For those who need less assistance, FIT may provide emergency rental assistance to prevent eviction, cover first and last month's rent, or pay for a security deposit.

FIT clients receive services both directly from FIT staff and through extensive referrals to other community service providers. FIT staff provide comprehensive case management, housing assistance, and help with family budgeting and household management. Clients are also referred to appropriate community agencies to meet their additional needs, ranging from drug and alcohol counseling to parenting, transportation and domestic violence issues. Furthermore, FIT has recently initiated a Family Loan Program that will enable working poor individuals underserved by traditional financial institutions to access loans for automobiles, education and training costs, or housing expenses. This program is described in further detail in Chapter III.

¹For a more in depth description of program history, implementation, and on-going operation, see Report 1 and Report 2.

Participation in FIT generally lasts between six and 18 months, although case managers will continue to work with clients who are making an effort to obtain self-sufficiency. Additionally, FIT staff provide follow-up services to clients who have graduated from the program, enabling them to access limited services or advice as needed. FIT staff continue to track clients after their program participation ends, including contacts with participants at six months, 12 months, and 24 months after they exit the program. Such follow-up enables them to monitor changes in former participants' employment status, housing, earnings, and family well-being that can influence their long-term self-sufficiency.

The FIT staff currently consists of an executive director, an administrative coordinator, three senior-level case managers, four junior-level case managers, a graduate school social work intern, and a Family Loan Program coordinator. Additionally, an HRA eligibility worker is out-stationed at the Santa Cruz FIT office.

PROGRAM RESPONSES TO PREVIOUSLY IDENTIFIED CHALLENGES

Over the past year, FIT has experienced significant growth in its funding levels, staff resources and facilities. In the *Evaluation of the Families in Transition Program, Report 2*, issued in June 1999, Berkeley Planning Associates identified a number of challenges related to FIT's growth and inter-agency collaboration. Since the report was submitted, an additional site visit was conducted in October 1999 to observe program operations and interview various program stakeholders. This visit provided an opportunity to examine how previously identified issues had been addressed and to assess on-going program operations. The following bullets reiterate recommendations from the June 1999 report and highlight the responses FIT has developed to address each one. New issues that have surfaced since the last report are discussed in the following chapter.

- **Operating a Watsonville office facilitates south county clients' access to the FIT program and provides necessary services to an otherwise underserved population. An additional bilingual, bicultural case manager would meet the growing demand from monolingual or bilingual Spanish-speaking families.**

The operation of FIT's Watsonville office enables the program to serve a larger proportion

of the county's population. Additionally, the office allows FIT staff to more effectively address the specific needs of the south county population by developing on-going relationships with south county service providers. Because many of FIT's south county clients are bilingual or monolingual Spanish-speaking, it is critical that FIT staff can respond in a linguistically and culturally sensitive manner. At the time of the last report, only one case manager had bilingual capabilities. Since the issue of the report, FIT has hired four additional case managers, two of whom are bilingual and bicultural. The diversity of FIT staff now enables them to more effectively address the needs of the bilingual and bicultural clients they serve.

- **To assuage community concern over the length of FIT's waiting list, the program should consider (1) creating a method to handle clients' cases while on the waiting list, and (2) increasing community outreach activities regarding their referral process and their role as a second stage program.**

At the time of the last report, FIT case managers felt pressured to serve clients as quickly as possible in order to minimize the waiting list. Case managers worried that the crux of the FIT model—long-term, comprehensive case management—was in danger of being sacrificed to a more surface case management model. To respond to this concern and enable case managers to maintain intensive case management services, the program decided to stop accepting referrals from June 1999 through December 1999. During this period, case managers transitioned clients who were on the waiting list into the program in order to reopen the referral process in January 2000. The temporary cease in referrals, coupled with a significant increase in staff, enabled FIT to respond to each of the individuals who had been on the waiting list before the referral process reopened this month. Additionally, with more than twice the number of case managers on staff compared to a year ago, FIT anticipates being able to provide a prompt and timely response to the waiting list on an on-going basis.

In addition to moving clients from the waiting list to the program, BPA's June 1999 report also noted the need for a systematic approach to respond to the needs of clients on the waiting list. As the process then stood, responsibility for attending to the needs of clients on the waiting list was ill-defined. Although communication between HRA and FIT to resolve this issue had been initiated, concern remained that clients on the waiting list faced immediate needs that were not being addressed. Increased communication between FIT and HRA, particularly the new senior social work unit within HRA, has enabled both agencies to better track the progress of

clients through the system. When a client is identified as being on the FIT waiting list, social workers within the senior social work unit of HRA will ensure that the client's immediate needs are met while she awaits FIT enrollment. Once the client has been accepted into the FIT program, the client is transferred from the senior social worker to a case manager within FIT.

As reported in the June 1999 report, FIT staff noted that homeless advocates and selected community agencies were frustrated with FIT's waiting list and lack of emergency service provision. Since that time, FIT staff have responded to community service providers' criticism of FIT's services through more thorough outreach on the underlying philosophy of the FIT model. FIT staff have explained that the program was not designed to provide emergency shelter services to homeless individuals. Instead, the program works with homeless or near-homeless families on a long-term basis to meet their housing needs and address their additional barriers to self-sufficiency. By explaining FIT's philosophy of long-term, comprehensive assistance, FIT has better educated homeless advocates about the expectations and focus of the program. Through presenting the underlying program rationale and service delivery process, such outreach activities will help prevent unnecessary criticism in the future.

- **Large caseload sizes can inhibit case managers from providing the kind of intensive services and individualized attention upon which the FIT model is built. FIT staff indicated the need to re-establish a smaller case manager to client ratio for more effective service delivery.**

During data collection for the June 1999 report, FIT staff indicated an interest in reducing the case manager to client ratio to ensure comprehensive service provision. With the temporary closure of the referral process and the addition of four new case managers, FIT will be able to re-establish an average case manager to client ratio of 1:35, compared to the 1:65 ratio noted in the second evaluation report. Case managers feel that smaller caseloads enable them to provide more intensive, individualized services to the clients and are critical to the success FIT's comprehensive case management model.

- **Some community agency respondents indicated that the referral process is not clear. They noted that different staff within their agency often have different interpretations of the policy. It is important that agencies sufficiently understand the process and the program in order to make the most appropriate referrals for their clients.**

At the time of the June report, staff at the Watsonville office, in particular, were challenged with educating community service providers about the FIT program and the referral process. Miscommunication regarding the process had led to increasing “false” referrals to the program, where clients who were incorrectly informed about the services that FIT provides expected to obtain services FIT does not offer. The temporary lapse in referrals provided an opportunity for FIT staff to rewrite the referral form. The new form will provide more explicit information on the services FIT provides, the type of clients FIT serves, and the expectations and goals of the program. FIT has supplemented the revision of the referral form with outreach to community agencies, as noted above, and additional presentations specific to the south county HRA office.

In addition to clarification of the referral process, FIT staff should continue to establish greater familiarity and working relationships with service providers in the south county area. Because FIT has only been operating in the south county area for a short time, staff’s opportunity to familiarize themselves with the south county service providers and referral agencies has been limited. Additionally, the six-month pause in referrals has prevented staff from gaining a better sense of the primary referral sources in the area and whether these differ significantly from those in the north county. Given their long-standing presence in the north county area, most staff are considerably more knowledgeable about north county service agencies compared to those in the south county. To ensure that clients’ needs are appropriately met, FIT staff must have sufficient knowledge of the full range of resources and services available to clients in both the north and south county region.

- **The creation of a new senior social worker unit within HRA increases the coordination of and access to shared services and resources between the agencies. Ambiguity regarding specifics of the new unit and the division of responsibilities should be addressed to ensure that the supportive nature of the collaborative is maintained.**

The creation of a new senior social work unit within HRA was in its initial phases at the time of the June 1999 report. During the most recent site visit, respondents suggested that this new unit is moving towards a service delivery model that is less crisis-oriented than its current structure, and instead, encourages sustained interaction with families and the establishment of long-term relationships with clients. Respondents also noted, however, that before this transition can occur, HRA front line staff, including eligibility workers and employment and training specialists, must learn how to better address the needs of those families who do not face severe barriers. Once this has occurred, only those families who face multiple barriers will be referred to the senior social work unit, enabling them to spend more time with each family. Changes in eligibility worker guidelines indicate that this shift of responsibility is beginning to take place. Once this has fully occurred, the senior social workers will be able to concentrate more intensively on the multi-problem families than their current caseload demands allow.

III. Changes in FIT Program Operations and Implementation

Since BPA's June 1999 report, several significant changes have occurred both in internal FIT operations and with FIT's external community partners. Concentrated grant-writing activities have substantially increased FIT's budget and further diversified its funding streams. This increase in funding has enabled FIT to hire additional staff to better meet the demand for program services throughout the county. Furthermore, several of these new funding streams are the result of new community collaborations in which FIT is involved. These collaborations have introduced FIT to both new service agencies and new target populations. In addition to these changes, the evolving relationship between FIT and HRA continues to affect FIT operations in both the north and south county regions. This chapter will highlight these changes and discuss their impact on program operations.

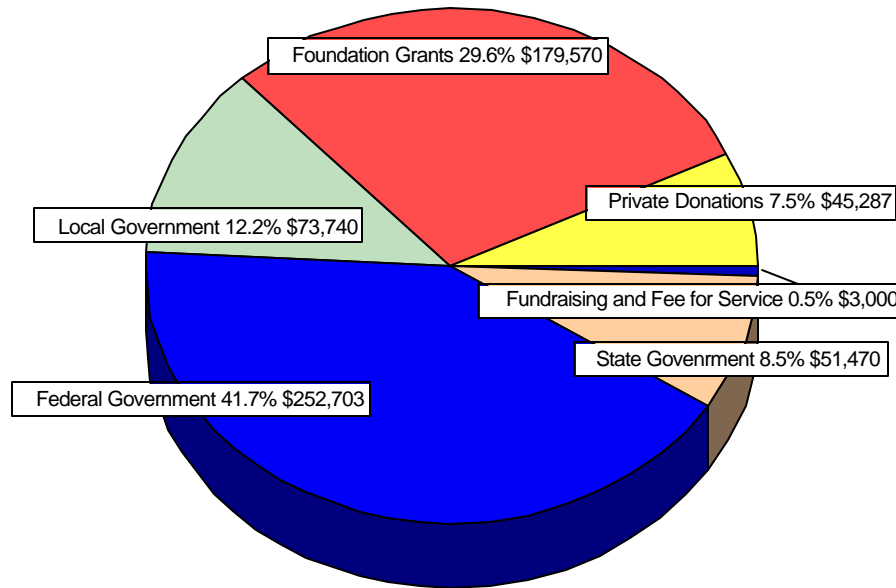
NEW FUNDING SOURCES

As a result of fund raising and proposal writing efforts, the agency has witnessed a dramatic increase in its funding. Between fiscal year 98-99 and fiscal year 99-00, FIT's budget, excluding HRA's in-kind contributions, increased more than 150 percent from \$377,375 to \$605,770. The increase in funding has enabled FIT to increase both its staffing level and its rental assistance resources. A significant proportion of this increase is due to a three-year, \$565,000 Supportive Housing Program (SHP) grant awarded to FIT by the federal Department of Housing and Urban Development (HUD).¹ Through this grant, FIT will receive enough rental assistance funds to provide rent subsidies sufficient to house approximately 14 families per year for three years. In addition to this grant, funding from almost all other sources increased over this time period as well, contributing to the dramatic increase in FIT's fiscal year 99-00 budget. The proportion of FIT's budget coming from each funding source is presented in Figure III-1.

¹Sixty-five percent of this grant will be directed to property leasing, 22 percent will cover supportive services, 8 percent will target operation costs, and 5 percent will be directed to administration expenses.

Figure III-1

Proportion of FIT's Budget From Various Funding Sources



To satisfy the requirements of several of its new funders, FIT has significantly increased the amount of staff time devoted to managing grants. Due to both specific requirements attached to several new grants and the overall growth in funding sources, FIT staff must complete additional labor intensive administrative paperwork and home inspection visits. Management of grants and funding requirements alone now requires a full-time administrative assistant.

An additional challenge of several rental assistance funds FIT receives is that they restrict the percent of income that a client can pay towards rent. Regulations for the HUD SHP grant, for example, mandate that recipients contribute only 30 percent of their income to rent; the subsidy then provides the difference between the client's contribution and the fair market rent (FMR) established by the federal government. Furthermore, the FMR established for Santa Cruz is significantly lower than the average rent of available units, and case managers find it increasingly difficult to help clients locate units at or below the FMR.

For instance, although the FMR for a two-bedroom unit in Santa Cruz County is \$1,012, the average rent for a two-bedroom unit ranges from \$1,114 in Watsonville to \$1,419 in the city of Santa Cruz.²

When utilizing more flexible funding streams to provide rental assistance to clients, in contrast, FIT clients are not restricted to units with rent at or below the FMR for the county. Additionally, FIT staff need not cap the proportion of income a client can contribute to their rent at 30 percent. Since the Santa Cruz housing market is exceedingly tight, the ability to find unsubsidized housing that requires only 30 percent of clients' income in rent is rare. Once clients have graduated from the program, if they do not receive permanent Section 8 vouchers, they must be able to afford their rent without additional rental assistance. Consequently, FIT staff noted that clients may expect to pay up to 50 percent of their income in rent in order to successfully transition to unsubsidized housing after their participation in the program ends. To prevent an unnecessarily sharp increase in the amount of money clients will need to contribute towards rent once the assistance ends, FIT plans to graduate clients from the deep SHP rental subsidies to shallower subsidies after six to 12 months of SHP subsidy receipt. By utilizing several different funding sources, FIT staff can tailor assistance plans to flexibly meet the housing needs of individual clients and realistically prepare them for their rental obligations once their assistance ends.

FIT's FY 99-00 funding increase was the largest in the agency's history. The ability to maintain its current staff size and program offerings is dependent upon access to sufficient future funding. To prevent the agency from growing too quickly, FIT staff hope to maintain the current funding level throughout next year, rather than increase it at rates similar to their FY 99-00 growth.

Maintaining a diverse funding portfolio is one way FIT attempts to minimize severe funding fluctuations. As shown in Figure 1, 30 percent of FIT's current budget is supported by foundation funds, 7 is supported by individual private donations, and 62 is supported by government grants. By diversifying the funding stream to include foundations, private

²From a Housing Authority of the County of Santa Cruz memo regarding rent reasonableness, June 26, 1999.

donations, and public funds, FIT is well suited to offset or minimize decreases in one funding stream with increases or stability in the remaining sources.

Additionally, FIT has begun to explore innovative strategies for raising funds independent of typical fund raising and grant-writing activities. Agency staff have begun to provide consultation and technical assistance on a fee for service basis to external social service agencies. An increase in these activities can further support FIT's income stream without relying on additional outside funding sources. Furthermore, FIT recently partnered with new collaborative agencies in the implementation of several innovative programs, including the Family Loan Program and the Family Resource Center, each discussed in further detail below. These partnerships expand FIT's presence in the community and enable the agency to reach new target populations. Forging new partnerships and providing services to a new population, distinct from those served through FIT's case management and housing services, can create opportunities to attract new sources of funding. These innovative programs and independent consulting activities can contribute significantly to on-going stability in FIT's funding.

Even with concerted fund raising planning, however, funding streams often ebb and flow depending on the political environment and economic conditions. In preparation for a potential downturn in funding streams, FIT has begun to develop a formalized plan for how the program would decrease its outlays. Such foresight will enable FIT to most effectively recognize and respond to funding changes with as minimal effect to the program as possible.

INCREASED STAFF

The increase in FIT's funding has enabled the program to substantially expand its staff. Since the June 1999 Report, FIT has hired five staff persons—four case managers and one family loan coordinator—in addition to one social work graduate student intern. As discussed in the preceding chapter, the considerable increase in staff has allowed FIT to respond to many of the challenges noted in the June 1999 Report. It has also created new opportunities for and challenges to established internal program operations. To respond to the diverse range of experience of new staff, FIT developed a comprehensive training process to ensure that new case managers understand and employ the FIT model when working with clients. Internal, on-going monitoring strategies may need to be developed, however, to enable FIT to continue to grow successfully. Both of these issues are discussed in detail below.

SUCCESSFUL TRAINING COMPONENT ESTABLISHED FOR NEW STAFF

The influx of new staff mandates comprehensive, effective training strategies. FIT's case management staff has more than doubled over the past six months. New case managers entered the program with a range of case management background and work experience. Because the FIT model is unique in its intensity and the comprehensive nature of its services, case managers must be familiar with the requirements and services of the many programs and agencies with which FIT collaborates. Case manager training, therefore, must be thorough enough to incorporate these issues. Yet it must be efficient enough to enable new case managers to begin serving clients promptly, allowing existing managers to transfer cases to new staff and re-establish smaller case manager to client ratios.

New case manager training at FIT has accomplished these needs. The newly hired case managers have a variety of experience levels, yet all participated in the extensive training activities FIT developed. New staff spent much of their first month shadowing longer-term case managers in order to better understand FIT's model of service provision and its underlying philosophy. Additionally, new case managers participated in formal trainings regarding the CalWORKS program (California's Temporary Assistance for Needy Families program), child abuse issues, domestic violence, and Child Protective Services. New managers were also introduced to the referral agencies with whom FIT collaborates throughout the service area as well as the primary FIT contact person at each agency. As a result of these training activities, new case managers exhibited strong understanding and support of FIT's unique case management process, schedule, and philosophy. In interviews we conducted with these new staff members, they were able to articulate the importance of consistently providing the FIT case management model to all clients while still allowing managers to respond to the individuality of each client in their own, unique style.

POTENTIAL NEED FOR MORE STRUCTURED INTERNAL MANAGEMENT STRATEGIES

Historically, FIT's small size has enabled agency staff to develop and convey internal management strategies through informal channels of communication. With the recent growth in staff, however, FIT may need to formalize these management procedures. Some of the issues faced by growing agencies in the non-profit and private sector, and suggested tools to manage them, are highlighted below. The following discussion includes only a limited range of the issues

FIT may encounter and need to address to effectively manage its growth. The program will need to remain adaptable to its changing environment and anticipate upcoming challenges before they affect service delivery.

1. Clear understanding of position responsibilities and self-monitoring of service delivery should be reinforced among all staff.

Because much of case management activity occurs between the case manager and client independent of other staff members, it is imperative that the responsibilities and expectations of the case managers are clearly established. One mechanism to ensure this is to have each case manager and the executive director create a job description of the case management position. By encouraging both managers and the executive director to articulate their expectations of the job role, internal agreement on and understanding of staff responsibilities is facilitated. Case managers may want to synthesize the job description into a checklist of case management procedures to help guide their interactions on an on-going basis. Such an exercise will help establish common understanding of service responsibilities and ensure that all clients receive FIT's model of service provision. The same exercise can also be used to create a job description for the executive director. This will provide information on what guidance the managers expect to receive from the executive director, and enable the agency as a whole to define the role of the executive director in the changing dynamics of a growing agency.

2. Create on-going opportunities for staff to communicate regarding case management performance, service delivery, and overall job satisfaction.

On-going performance reviews can help staff define career goals, measure their progress, and assess their overall job performance. Because a large proportion of FIT case managers' time is spent working with clients on an individual basis, performance reviews that require staff to provide input on the effectiveness of a case manager's service delivery style may be difficult. Questions that refer to case managers' problem solving skills, degree of collaboration with other staff members and agencies, and communication style, however, can appropriately be addressed by other staff with whom case managers interact.

FIT's regular staff meetings enable FIT employees to discuss case challenges and successes in a collaborative environment. This type of group discussion facilitates growth in FIT's internal capacity through problem solving, resource sharing, and collaboration. In addition, a mechanism for one-on-one communication may also need to be developed. One-on-one communication may be more appropriate for the discussion of sensitive topics and would allow staff members to devote additional time to issues that cannot be covered in the length of a staff meeting. Periodic meetings between the executive director and individual case managers, or case manager to case manager, would create regular opportunities to address both case and non-case specific issues.

3. Develop a mechanism to assess staff progress and incorporate clients' perception of the program on an on-going basis.

Feedback regarding case managers' effectiveness may best be provided by their clients' input and progress. To this end, FIT has begun the preliminary work to develop a client satisfaction survey. Opportunities for clients to remark on what has been most helpful about their interactions with their case managers and the services they receive, as well as any challenges in their communication with their managers or in receiving the services they need, will provide FIT staff with a means of assessing their case management effectiveness and progress. As noted earlier, because most case management activities occur between a case manager and client independently, such a survey would provide case managers with timely feedback and enable them to adjust their case management approach to more effectively meet their clients' needs.

4. Monitoring of client outcomes can help identify program strengths and weaknesses on an on-going basis.

FIT's comprehensive baseline and tracking database to monitor client characteristics and progress, developed primarily for this evaluation, will allow staff to continue to assess program operations and client outcomes beyond the evaluation period. Information included in this database can help FIT systematically identify barriers clients face and services they receive. Periodic analyses of data will enable FIT staff to verify any changes in caseload composition and allow them to adjust program services to better suit the needs of their clients on an on-going basis.

NEW PROGRAMS AND PARTNERSHIPS

Since the June 1999 report, FIT has established several new partnerships with community agencies. It has also improved its responsiveness in addressing the concerns other community agencies have voiced about FIT. Newly established partnerships both build on existing relationships and also introduce FIT to new service providers and target populations. These partnerships expand FIT's presence in the community and facilitate its involvement in inter-agency collaborations. A brief description of the new collaborative relationships FIT has recently established is presented below.

FAMILY LOAN PROGRAM

Since the June 1999 evaluation report, FIT was approached by HRA and the Santa Cruz Community Foundation which encouraged the program to partner with the Family Services Agency of the Central Coast (FSA) to develop a Family Loan Program (FLP). The FSA, established in 1957, provides clinical, educational, outreach and supportive services designed to maintain and strengthen family and community life for residents of Santa Cruz County. The objective of the Family Loan Program is to enable low-income families who are employed or participating in job training to manage expenses that would otherwise hinder their ability to maintain self-sufficiency. The FSA will provide fiscal oversight and management of all funding sources, including accounting and financial reporting responsibilities. FIT, in turn, will implement the loan program and employ the FLP Coordinator who will help participants develop sound money management and budgeting techniques. Local banks will make and administer the programs' loans.

FSA and FIT collaborated on two foundation grant proposals in an attempt to secure funding for implementation of the FLP. Funding from the Packard Foundation to support a loan coordinator and revolving loan fund was instrumental in establishing the program. The FLP will target working poor individuals unable to secure loans through conventional financial institutions due to poor credit history or low collateral. Although FIT program graduates may be eligible for the program, working poor families with no previous history with FIT will also be targeted, thus expanding FIT's clientele. Average loan payments are expected to range between \$2,500 and \$3,500 and will have a pay-back period of two years. FIT staff anticipate that most loans will be used for automobiles, housing costs, or education and training expenditures.

FIT recently hired a Family Loan Program coordinator who brings years of experience in the private financial sector to her role in guiding clients through the loan process. Her initial responsibilities include providing extensive outreach to community service agencies that operate as partners with the county HRA. Goals of this effort include creating bilingual outreach material and executing a publicity outreach campaign to raise awareness of program goals, target population, and procedures. For the first three months of the program, referrals to the program must come directly from HRA or its partners. If the size of the loan fund and effectiveness of the program design are found adequate during this time, outreach efforts will be expanded to include additional community service agencies and religious organizations throughout the county.

Beyond outreach activities, the loan coordinator is responsible for screening applicants and providing on-going economic and family support to help participants strive towards self-sufficiency. The coordinator will conduct the initial screening in a businesslike environment that both supports clients' needs and reinforces their responsibilities in the program. After the initial screening, the loan application will be reviewed by a loan committee comprised of representatives of social service agencies, banks, community volunteers, employers, and, eventually, former borrowers.

FIT staff noted that a critical challenge in operating the Family Loan Program will be to balance the desire to meet families' requests with the need to maintain an adequate loan pool. Historically, conventional financial institutions have been reluctant to provide loans to the program's target population. Social services agencies, however, are not accustomed to providing financial services. A fundamental goal of the FLP, therefore, is to successfully create a program that offers services to those underserved by conventional financial institutions, yet maintains its loan pool through consistent participant payments.

Once the loan has been approved by the loan committee, the loan coordinator will work with the participant on issues such as credit counseling and family budgeting. These activities will not only help clients make timely payments on their FLP loans, but will prepare them for interaction with mainstream financial institutions once their participation in the FLP ends. FLP clients will not receive the extensive case management model offered to those participating in FIT's existing case management and housing services program for homeless or near homeless families. Instead, FLP clients will receive guidance on issues more directly related to their loan, including economic and financial decisions. Although these decisions may sometimes include

broader issues of family well-being, FLP participants are not expected to need as intensive case management services as those participating in FIT's existing program.

At the time of the most recent site visit, the FLP had not begun accepting clients. We will continue to monitor the progress of this program in future evaluation reports.

FAMILY RESOURCE CENTER

Since 1997, FIT has been involved in the development of a Family Resource Center Network (FRCN) in Santa Cruz. In February of 1998, HRA received a grant to create a network of Family Resource Centers to provide accessible, culturally sensitive health and social services to the families of Santa Cruz County. The mission of the FRCN of Santa Cruz County is "to demonstrate and improve the known value of comprehensive and integrated services which support families and promote healthy communities." To fulfill this mission, the FRCN has partnered with HRA to implement the Answers Benefitting Children state grant. This grant, which targets families with children up to age 6, will provide family support home visiting and child abuse treatment services to be housed at the new Family Resource Center (FRC) in Watsonville.

The FRC is intended to include staff from several programs: FIT, the Parenting Center, Early Head Start, CalLEARN, and a clinical multi-disciplinary team consisting of a county public health nurse and drug and alcohol counselor. One of the newly hired FIT case managers will be stationed at the FRC for 25 hours a week. This case manager will maintain a small FIT caseload in addition to her FRC clients.

The demand for housing services among FRC clients is expected to be high. Only those FRC participants with housing needs will be referred to the FIT case manager. In working with FRC clients, the FIT manager housed within FRC will follow the standard FIT model of comprehensive case management. In addition to addressing their housing needs, she will work with clients to identify and address all issues affecting their families' well-being, including drug and alcohol barriers, parenting skills, and money management. Other FRC team members will provide many of the resources needed to help clients address these issues. As a result, the FIT manager will be able to provide referrals to in-house staff and enable clients to address many of their needs on site.

There have been several challenges to developing and implementing the FRC model. The initial intent of the program was to employ a common case management model among all programs housed within the FRC. However, respondents noted that involved agencies are of different sizes, different cultures, and in some cases are working towards different goals. They also maintain different, sometimes conflicting sets of values.

These differences are most apparent in case management styles and practices and have hindered the FRC's progress in developing a universal case management model. FRC members continue to work to develop a mutually agreeable case management protocol that meets the needs of all FRC partners. Future site visits will assess whether such a model was reached, and whether that model affects FIT's standard service provision.

THE EVOLVING NATURE OF RELATIONS WITH HRA

Relations with HRA, as one of FIT's primary partner agencies, have remained supportive and collaborative since the June 1999 report. In fact, as noted earlier, improved communication between the two agencies has helped address several issues raised in the last report. On-going challenges remain, however, particularly as the FIT program evolves in the Watsonville office.

Although all south county FIT cases have been consolidated to one HRA eligibility worker in Watsonville, this eligibility worker is not out-stationed at the FIT office as is the eligibility worker in Santa Cruz. Office space limitations and the relatively new presence of FIT in the south county area have led to a lesser degree of collaboration between FIT and the south county eligibility worker carrying the FIT caseload than is found in the north county. However, because FIT staff believe there are substantial benefits to having an out-stationed HRA eligibility worker, this arrangement warrants further investigation in the south county. Benefits that respondents noted include increased coordination between FIT and HRA service plans, the facilitation of tracking changes in a client's status, better communication of CalWORKS policy changes to FIT staff, and improved communication between clients and the HRA eligibility worker. Staff indicated that north county clients appreciate the out-stationed eligibility worker's responsiveness to their individual needs and her clarification of CalWORKS procedures and available services. Such responses suggest that FIT clients in the south county area who do not have the advantage of the "one-stop" CalWORKS/FIT model offered in the Santa Cruz office may be receiving a more disconnected delivery of services than their north county counterparts.

To create a similar “one-stop” dynamic in the south county, however, the eligibility worker out-stationed at the FIT office would have to understand and be committed to the FIT program model. The degree of commitment to the FIT model necessary to successfully co-locate HRA and FIT staff needs to be further developed among south county HRA staff before any co-location of staff can occur. FIT staff’s recent presentations to the south county HRA office, in particular, may increase receptiveness to the program model. Additionally, FIT staff should utilize their existing relationship with senior administrators at HRA to encourage the buy-in of HRA staff throughout the county.

IV. Client Demographics and Barriers at Entrance to FIT

Introduction

Since BPA's June 1999 Report, FIT's client base file and tracking system have been implemented. The client base file contains demographic information and service needs for families who opened a case on or after July 1, 1997.¹ Data are collected at the point of program intake. In addition to baseline characteristics, tracking information measuring the changes in clients' program participation and service needs has been collected every three months on a subset of these individuals, those entering the program on or after March 1, 1998.² The data used for the analysis presented in this report include data collected through November 1999. Baseline data are available for 398 families and tracking information has been collected for 187 of these families.

This chapter provides the first analysis of the data collected to date. We begin by profiling the demographic characteristics of FIT families at entrance, including county location, referral source, and family composition. We then present the service needs of participants at entrance to the program, including families' housing status, job readiness, mental health, substance abuse, domestic violence, and child welfare barriers. This profile is based on information collected on all 398 families included in the baseline file.

Profile of Participants at Entrance

County Location

As FIT's service area expands into the south county, it is important to track the county location of program participants and assess whether the proportion of clients entering from various locations changes over time. In Santa Cruz, as in many counties with both urban and

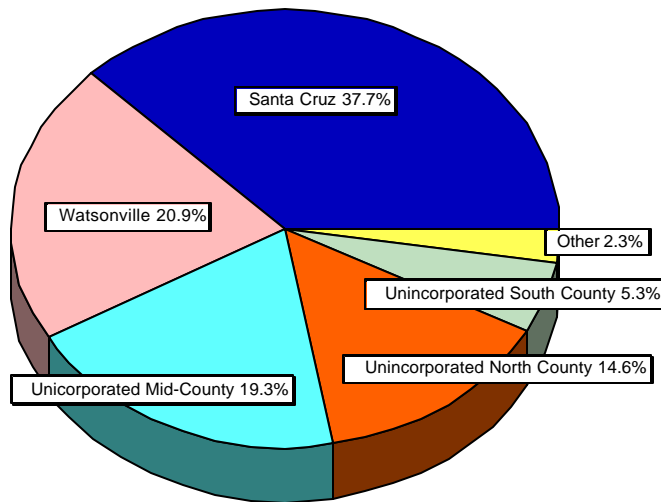
¹The baseline data collection form and coding sheet are included in Appendix A.

²The client tracking form and coding sheet are included in Appendix B.

rural areas, the needs of clients in different locations may vary greatly. As FIT staff have noticed, because of the significant proportion of migrant agricultural workers in the south county, clients entering the program from this region often face a level of cultural and language barriers that few clients in the north county confront. Figure IV-1 presents a breakdown of the residence of clients at entry into the program.

Figure IV-1

Clients' County Location at Entrance



Of all families on whom baseline information was collected, 38 percent lived in the city of Santa Cruz, 39 percent lived in unincorporated areas of the county, and 21 percent lived in Watsonville. After the opening of the Watsonville office, however, our data indicate that an increased proportion of clients entered the program from Watsonville and unincorporated areas, and a decreased proportion of clients entered from Santa Cruz. The increase in participating families from the south county region supports FIT staff's acknowledged need for bilingual and bicultural case managers. We may expect that as operations at the Watsonville office continue, FIT will experience heightened demand for such services. Future data analysis will investigate this potential.

Referral Source

The agency source from which a client is referred to FIT may provide FIT staff with information regarding the barriers clients face, programs they participate in, and context in which they live. Certain agencies, for example, predominantly serve families facing economic hardship, and others focus on those with domestic violence, substance abuse, or child welfare barriers. Referral sources are particularly important in FIT's model. Entrance into the program is dependent upon a sponsoring agency or individual. Participation with such an agency indicates to FIT staff clients' willingness to seek assistance in addressing their barriers and strive towards self-sufficiency. As shown in Figure IV-2, 33 percent of clients were referred from the Job Division of HRA and an additional 8 percent were referred from other divisions in HRA. Another 32 percent of clients were referred from other, non-specified community service agencies or individuals.

Figure IV-2

Referral Sources

Referral Source	Percentage of Participants at Entrance
Job Division of HRA	32.9
Child Welfare Services	14.6
Human Resources Other	7.5
Women Crisis Support	4.5
Dominican Hospital	3.5
Valley Resource Center	3.3
Defensa de mujeres	2.3
Other	31.4
N	398

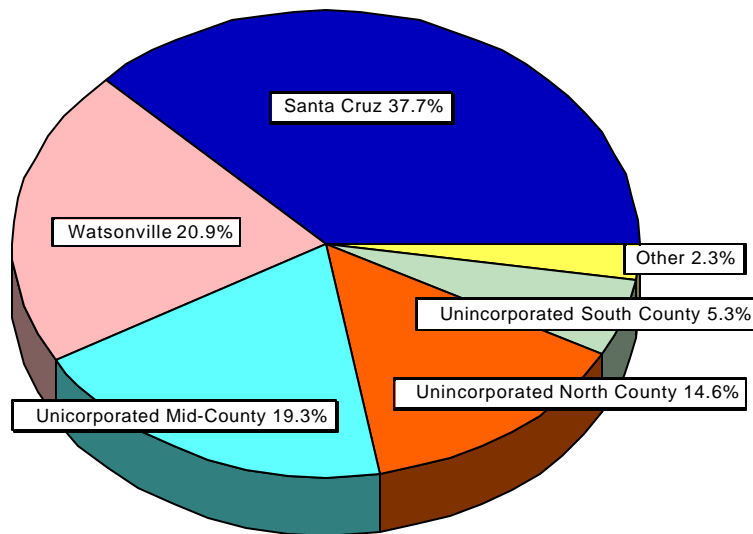
Participant demographics and family composition

In order to better understand the needs of FIT clients, we examined participating families' characteristics and composition. The majority of FIT families (74 percent) were headed by single mothers at entrance. Nearly 23 percent of families had married or co-habiting family heads and the remainder (4 percent) were headed by single fathers. Consequently, just over 77 percent of the parents participating in the program were female, and almost 23 percent were male. The majority of parents participating in the program, 54 percent, were Caucasian, followed by Latinos, at 34 percent. The remaining participants represented several different ethnic and racial groups, including Asian American, African American, Native American, and Pacific Islanders.

As shown in Figure IV-3, 36 percent of FIT families had one child, and another 36 percent had two children. Fewer than five percent of families had four or more children. In addition, 8 percent of the participants were pregnant upon entry into the FIT program.

Figure IV-3

Number of Children Per Household



As illustrated in Figure IV-4, more than a third of FIT parents had either a high school diploma or GED, and more than a third of parents had less than a twelfth grade education. In addition, nearly 18 percent were considered to have limited English skills upon entry into FIT.

Figure IV-4

Parent Education Levels at Entrance to FIT

Parent One Education Level	Percent of Parents
Less than ninth grade	15.1
9-11 grade	22.6
High school diploma	24.5
GED	12.5
Certificate of study	5.5
Less than four years of college	15.5
Four years of college	3.9
More than four years of college	0.8
N	490 ^a

^a Data missing for one parent.

Because many FIT clients participate in or are eligible to receive TANF, California TANF data offer a useful comparison between the education levels of the parents FIT serves and the education levels of TANF participants statewide. Compared to TANF recipients statewide, FIT participants are more highly educated. For instance, 43 percent of California TANF recipients had 12 years of education or more, compared to 57 percent of FIT clients who had at least 12 years of education.³ Furthermore, 18 percent of California TANF adult recipients had nine years or less of education and 25 percent had between ten and 11 years of education⁴.

³It should be noted that education level data was unknown for 14 percent of the statewide TANF population. Had information on these recipients been available, the percentages cited may have altered.

⁴Data from *Characteristics and Financial Circumstances of TANF Recipients: July-September 1997*; US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

Participant Employment at Program Entrance

Almost 38 percent of parents participating in FIT were employed at entrance to the program, which is much higher than the 24 percent of California adult TANF recipients across the state who were employed.⁵ Among two-parent families in FIT, 53 percent had one parent working, and 18 percent had two parents working. The number of hours worked and wages received varied among participants. The majority of employed parents were working full-time (more than 35 hours per week) and earned between \$5.75 and \$8.00 per hour. Figures IV-5 and IV-6 illustrate the hourly wage and number of hours worked per week for each employed parent.

Figure IV-5

Employed Parents' Wages

Hourly Wage (\$)	Percent of Employed Parents
\$5.75 or less	13.0
\$5.75 to \$8.00	61.1
\$8.00 to \$12.00	22.2
More than \$12.00	3.8
N	185

Figure IV-6

Number of Hours Worked per Week

Hours Worked Per Week	Percent of Employed Parents
20 hours or less	23.8
20-35 hours	27
more than 35 hours	49.2
N	185

⁵Data from *Characteristics and Financial Circumstances of TANF Recipients: July-September 1997*; United States Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

Barriers Clients Face at Entrance

Clients entering FIT may face multiple barriers that may impede their progress towards self-sufficiency, including lack of adequate housing, limited education or job experience, lack of child care or transportation, poor financial planning, addiction to alcohol or other substances, or experience of domestic violence. FIT's in-depth assessment process is intended to help clients identify barriers that may hinder their employability and independence, and to develop mechanisms for addressing identified barriers. The assessment process is the first step in establishing the trust and rapport between case manager and client integral to the success of the FIT model. Barriers identified during the assessment process are operationalized into distinct activities to be included in the client's self-sufficiency plan.

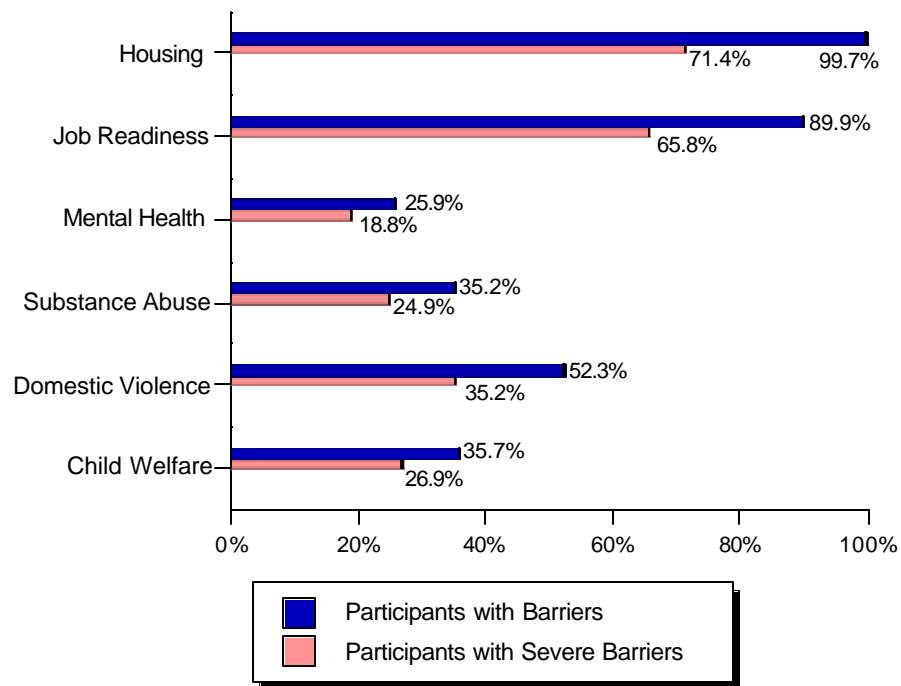
Data collected for the new FIT database provide rich, detailed information regarding the types, degree, and number of barriers clients face at entry into the FIT program. The baseline file includes information on barriers related to housing, job readiness, mental health, substance abuse, domestic violence, and child welfare. Each of these barriers can present challenges of varying intensity to FIT clients. Barriers recorded at entrance to the program were divided into five levels of intensity, level one being the most severe and level five denoting the least severe.⁶ In order to understand the types of families FIT serves, as well as the needs of these families, it is important to assess not only the proportion of clients facing any degree of need within those areas, but also the intensity of their need at entrance to the program. To determine the proportion of clients facing severe challenges in each of the barrier categories, we considered each family facing a level of need less than or equal to three to be facing severe challenges related to that barrier.

Figure IV-7 illustrates the proportion of clients facing challenges in each of the recorded barriers. Additionally, the figure provides information on the percentage of families who face severe barriers within each reported category. Each barrier is discussed in more detail below.

⁶For a description of the levels of intensity for each of the recorded barriers, please refer to the baseline file in Appendix A.

Figure IV-7

Percentage of Participants With Barriers at Entrance to FIT



Housing Status

Nearly 100 percent of families entered the FIT program with some degree of housing need. Furthermore, as Figure IV-7 illustrates, 71 percent faced severe housing barriers at entrance. Over a third of families who faced housing barriers at entrance to FIT (36 percent) were living with friends or family at the time of their enrollment. Almost 29 percent were unable to pay rent and facing eviction, and 27 percent were living in a homeless hotel or shelter. Just over 8 percent of those with housing problems were living on the streets. These findings indicate that FIT is, indeed, providing services to its target population-- families who are homeless or at the risk of becoming homeless.

Doubling up, eviction, and outright homelessness are common experiences for families at entrance to the program. Consequently, FIT staff and clients often concentrate heavily on housing issues during the clients' first few months of program participation. The intensity of

housing services received by clients at entrance to the program and over the course of their FIT participation is discussed in Chapter V.

Job Readiness

The degree of job readiness a client illustrates at entrance to FIT is often an important indicator of the client's ability to obtain and retain employment, a key factor in moving towards self-sufficiency. As Figure IV-7 illustrates, 90 percent of clients faced some degree of job readiness barriers at entrance to the program, and 66 percent faced severe job readiness barriers.⁷ Nearly 24 percent of clients with job readiness barriers faced the most severe level of barriers to employment at entrance. Examples of the most severe barriers include physical disabilities, a criminal history, lack of education, or lack of work experience. These clients often mandate the most intensive employment services to prepare them for work.

The greatest proportion of clients facing job readiness barriers at entrance to FIT, 39 percent, reported needing further education or training in order to obtain and retain employment. Nearly 10 percent of those clients with job readiness barriers at entrance faced temporary disabilities that hindered their employment opportunities. Twenty-four percent reported being underemployed at program entrance--working at positions for which they may be overqualified or working part-time although they sought full-time employment. Furthermore, these individuals may have been working at wages below the wages they could earn if employed at a position appropriate to their qualifications.

Parents' health condition is also a primary factor in their ability to obtain and retain employment. Almost 8 percent of parents were temporarily disabled, 7 percent were considered permanently disabled, and 4 percent were considered to be in poor health condition when entering FIT. These rates of disability and health are similar to those found among TANF recipients nationwide. It is estimated that between 6 and 14 percent of families receiving welfare nationwide include a household head who faces a serious disability.⁸

⁷FIT data are collected on a family level, rather than individually for each adult. "Client", therefore, refers to the family head. In two parent families, "client" refers to the parent facing the barrier.

⁸Olson, K. and Pavetti, L., "Personal and Family Challenges to the Successful Transition from Welfare to Work." The Urban Institute, May 17, 1996.

Mental Health Barriers

Nearly 26 percent of FIT families faced some type of mental health barrier at entrance to the program, and 19 percent faced severe mental health barriers. These figures are comparable to those reported by other community or government agencies serving a similar population. Findings from other reports indicate a range of 2 percent to 28 percent in the estimate of the portion of welfare recipients who face mental health barriers.⁹ Of the FIT families who confronted some degree of mental health barrier, nearly 43 percent were receiving treatment for a serious mental health condition and 27 percent were pursuing counseling or receiving medication that stabilized their condition. Just over 21 percent of the families that faced mental health barriers acknowledged their mental health issues but were not receiving treatment for them and almost 9 percent had a serious mental illness which had not been recognized or addressed. Because of the degree of medical expertise and client commitment often needed to appropriately treat mental health issues, these issues may present significant challenges to clients' progress towards self-sufficiency. FIT case managers, therefore, must be especially sensitive to and aware of potential mental health barriers in order to refer clients to appropriate service providers and support them throughout their treatment process.

Substance Abuse Issues

Estimates from a variety of community and government agencies on the degree of substance abuse barriers that welfare recipients face indicate that FIT clients are more likely to face both severe and non-severe barriers to substance abuse at program entrance than welfare recipients in other programs. Nationally, 21 percent of welfare recipients reported little impairment from substance abuse, 11 percent reported some impairment, and 5 percent indicated significant impairment.¹⁰ In contrast, at the time of entry, 35 percent of families entering FIT struggled with substance abuse, and 25 percent struggled with serious barriers related to substance abuse. Almost 39 percent of the FIT families who faced substance abuse

⁹Olson, K. and Pavetti, L., "Personal and Family Challenges to the Successful Transition from Welfare to Work." The Urban Institute, May 17, 1996.

¹⁰United States Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and the National Institute on Drug Abuse. *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*. Washington, D.C.:DHHS/ASPE. 1994.

barriers had members who were either abusing drugs or alcohol and in denial of their abuse, had recently relapsed, or were in a residential or day treatment program. Nearly 33 percent of the families had members who had been sober less than one year. Thirty percent had been sober for over one year and were continuing to participate in a drug or alcohol recovery program.

Drug and alcohol barriers can be some of the more pervasive challenges to self-sufficiency that families face. Clients may be reluctant to disclose and discuss their challenges with alcohol or drugs with their case manager for fear of being judged. For those who have achieved sobriety, it is often fragile and vulnerable to the stresses that families struggling to achieve self-sufficiency face. It is especially important, therefore, that case managers and clients work together to establish rapport and trust during the initial phase of the program. FIT's intensive assessment and screening procedures encourage such interaction. Additionally, case managers must be able to recognize symptoms of drug or alcohol problems, be trained in effective strategies for discussing these issues with clients, and be knowledgeable about community resources that offer services and support for those struggling with drug and alcohol issues.

Domestic Violence

More than half (52 percent) of the families included in FIT's client database faced barriers related to domestic violence at entrance to the program and 35 percent of all families faced domestic violence barriers that were severe. These figures are comparable to those cited by government and community agencies serving low-income women or welfare recipients around the country.¹¹ Of the FIT families who faced domestic violence barriers, 37 percent had recently separated from an abusive partner and had a support system in place to help them through the process. Almost 33 percent of those facing domestic violence barriers were receiving counseling and felt safe in their circumstances at the time of entrance. Just over 19 percent of families with domestic violence issues were in danger of abuse when they entered the program; some were living in domestic violence shelters and few had access to adequate support. Eleven percent of clients were in abusive relationships or had very recently left them at entrance to the program.

¹¹Olson, K. and Pavetti, L., "Personal and Family Challenges to the Successful Transition from Welfare to Work." The Urban Institute, May 17, 1996.

Domestic violence, like drug and alcohol issues, is a sensitive topic. Trust between client and case manager is necessary in order to fully address the challenges and dangers that victims of domestic violence face. To help clients break the cycle of domestic violence, case managers must be sensitive to the emotions that domestic violence victims often feel, such as guilt, lack of self-esteem, and fear, and help them build the strength to create a safe environment for themselves and their families. Case managers must recognize the very real danger that many victims of domestic violence face and help connect them with appropriate services to address their needs and concerns as they try resolve or end abusive relationships.

Involvement with Child Protective Services

Thirty-six percent of the families included in the FIT client database faced issues concerning the welfare of their children or their involvement in Child Protective Services (CPS) at entrance to the program, and for 27 percent of families entering FIT, child welfare barriers were severe. These figures are higher than those cited by agencies nationwide who estimated the range of families with child welfare barriers to be between 3 and 20 percent of all welfare recipients or low-income families they served.¹² Almost 37 percent of the FIT families with child welfare barriers had an open child welfare case or had a child in foster placement when they entered the program. Over 18 percent of the families with child welfare barriers had a child welfare case that was less than one year old, 20 percent had an on-going case and almost 25 percent had a case that had been closed for over a year.

As noted previously, 15 percent of FIT families were referred from child welfare service agencies. The collaborative nature of FIT's relationship with CPS enables FIT managers to help their clients most effectively navigate the sometimes confusing child welfare system. Consistent communication with CPS workers keeps FIT managers apprised of clients' progress within the CPS system. It also enables them to help clients meet CPS program expectations. Continued attention to child welfare issues and collaboration with child welfare service providers will ensure that FIT case managers can most effectively help their clients create safer, more stable environments for their children.

¹²Olson, K. and Pavetti, L., "Personal and Family Challenges to the Successful Transition from Welfare to Work." The Urban Institute, May 17, 1996.

Consumer Debt

Sixty-five percent of families entered the program with various amounts of outstanding consumer debt. Of those families with debt at entrance to FIT, 73 percent had up to \$5,000 of debt, 15 percent had outstanding debt between \$5,000 and \$10,000, and 12 percent had over \$10,000 of consumer debt at entry. Money management services are important both during the initial phases of the program and throughout families' participation to help them more effectively budget their finances, avoid further debt, and make timely payments on loans.

Many Families Face Multiple Barriers to Self-Sufficiency

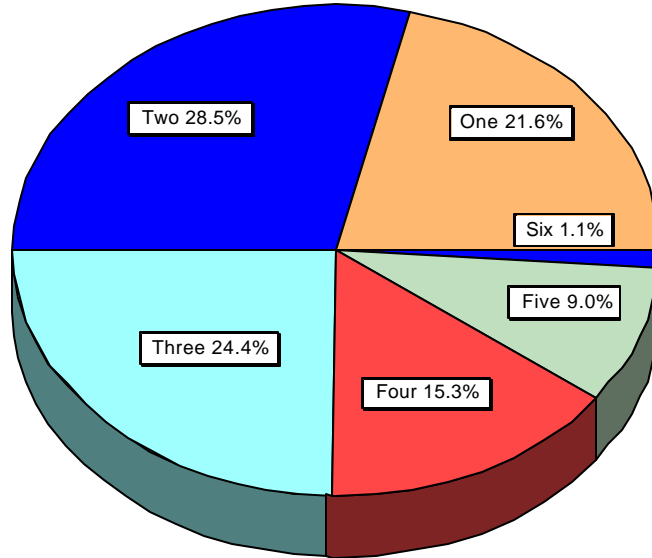
In addition to understanding the degree of need related to each barrier that families faced when they entered the program, it is also useful to understand the interaction between the barriers families confront. Figure IV-8 illustrates the number of severe barriers FIT clients faced at program entry. Corroborating FIT staff's belief that the majority of clients they serve often face several confounding barriers, our findings indicate that the majority of entering FIT clients faced multiple barriers to self-sufficiency. Nearly 50 percent of families faced three or more severe barriers when they began to work with FIT.

Given the multiplicity of barriers FIT clients face, helping them prioritize action steps to address their needs are primary objectives of the FIT case management model. As clients' situations begin to stabilize, we would expect that the intensity of services they

receive to address their most severe barriers would begin to decrease. This hypothesis is explored in greater detail in Chapter V.

Figure IV-8

Number of Barriers Per Family at Entrance to FIT



V. Profile of Services Families Receive Throughout Participation in FIT

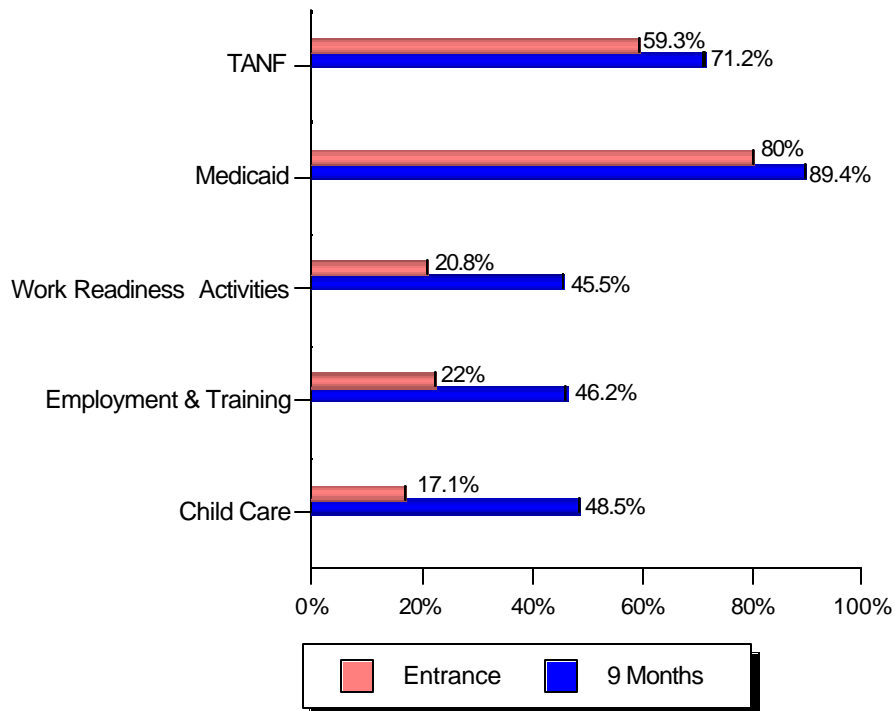
Throughout families' participation in FIT, tracking information on the services they received and programs in which they participated is collected at three month intervals. This chapter utilizes this tracking data to describe clients' experiences as they progress through FIT. First, because FIT staff provide clients with extensive referrals to community programs appropriate to their need, we examine families' participation in programs outside of FIT and how participation in such programs changes over time. Next we discuss the various sources of families' income and whether these sources or the amount of income received changes throughout their participation in FIT. We then investigate the intensity of FIT services that clients receive directly from their FIT case managers and assess changes that have occurred in the level of services received throughout their participation.

Patterns of Participation in Various Programs

Figure V-1 provides an overview of the changing patterns of program participation as families progress through FIT. The gray bar depicts the proportion of families participating in selected programs or activities at their entrance to the program. The black bar depicts these patterns of participation after nine months for those families for whom nine months of data was collected. Each of these programs, and the trends illustrated, are described below.

Figure V-1

Client Participation in Additional Programs or Activities



Temporary Assistance for Needy Families

One of the primary referrals agencies from whom FIT receives clients is the county HRA. County HRA staff often refer Temporary Assistance for Needy Families (TANF) participants with housing problems to FIT for comprehensive case management and housing services. The FIT client is then transferred from her original HRA eligibility worker to the HRA eligibility worker out-stationed at the FIT office.

We would expect that the families' participation in TANF would decrease as they proceed through the FIT program if they are able to secure employment. In fact, the percentage of families receiving TANF benefits actually increased throughout their participation in the program, from 60 percent at entrance to 71 percent at nine months, of those families on whom such data

was available.¹ Although unexpected, connecting clients with services or benefits for which they otherwise may not have received can be a positive interim outcome of FIT participation.

When we analyze the proportion of families receiving TANF when they exit the FIT program, however, we note a different pattern. Of the 58 tracked families who exited the program during our observation period, 50 percent were receiving TANF at the time of their exit, compared to 62 percent of this same group who were receiving TANF benefits at entrance to the program. To better meet its objective of helping families obtain self-sufficiency in the future, FIT has established as a program goal that all families who exit FIT will no longer be receiving TANF. Given this goal, we expect that the percentage of clients receiving TANF at exit to FIT will decrease considerably in the future. We will continue to examine this trend in future analysis.

Medicaid

Access to and participation in health insurance is a key indicator of family and child well-being. Utilization of quality medical care is of primary importance to healthy child development. Information regarding the enrollment rates of families in the federal health insurance program designed to provide health care access to low-income families, Medicaid, can help FIT staff assess participating families' ability to address health concerns.

Upon entering FIT, a significant majority of families, 80 percent, were enrolled in Medicaid. This finding suggests that many of the families who entered FIT had been in contact with service providers who helped them access medical insurance prior to enrolling in FIT. Furthermore, the proportion of families enrolled in Medicaid increased steadily throughout FIT participation, reaching 89 percent at the nine month tracking interval for those families on whom such data was available. The continued increase in the percentage of families accessing Medicaid indicates FIT staff's ability to connect participants with appropriate service providers to ensure that they are receiving benefits for which they qualify.

¹At the time the data was transferred to BPA for analysis, 20 families had only entry tracking information available, 44 families had entrance and 3-month tracking data available, 56 had entry through six month tracking data available, and 67 families had entry through nine month data available. Reported outcome at month nine are based on the information of these 67 families.

Work Readiness Activities

Information collected for the tracking file also includes data on clients' work readiness activities. Under FIT's definition, work readiness activities include development of and consent to HRA welfare to work plans, participation in CalWORKs orientation sessions, up-front job search, or attendance at one of the job readiness workshops offered throughout the county. More in-depth job training, including on-the-job-training or vocational education, are considered in the Employment and Training Services section below.

A sharp increase in the percentage of FIT families involved in work readiness activities occurred throughout participants' time in the program. Although only 21 percent of families were involved in such activities at the time of entrance, 46 percent were participating in work readiness efforts by their nine-month tracking data collection date. These findings indicate that FIT clients are successfully increasing their participation in activities that not only keep them in compliance with CalWORKs requirements but also assist them to pursue activities that could lead to employment.

Employment and Training Services

Similar to our findings regarding clients' participation in work readiness activities, families' participation in employment and training services also increased significantly throughout their enrollment with FIT. Activities defined as employment and training services include enrollment in job training programs, participation in vocational education opportunities, and pursuit of additional training options related to improving specific work skills, knowledge or career experience. Although only 22 percent of clients were undertaking such activities when they started the program, just over 46 percent of clients on whom nine month data was available were participating in employment and training services at the time of their nine- month tracking date. This encouraging finding indicates that as

they progressed through FIT, increasing proportions of participants took advantage of training opportunities likely to lead to expanded employment options.

Child Care Assistance

Lack of access to affordable child care can be one of the most significant barriers to employment that a family confronts. Limited after-hour and infant care options further complicate a difficult issue. As noted in Figure V-1, only 17 percent of tracked families were receiving county child care subsidies at entry to FIT. The proportion of families who received county child care subsidies grew considerably, however, over their first nine months in the program. By their nine-month tracking date, nearly 49 percent were receiving county child care subsidies. Because county child care subsidies are often restricted to clients who are employed or are participating in job training or work readiness activities, this increase indicates FIT staff's success in helping clients not only access child care subsidies, but also in increasing the percentage of clients who are participating in employment related activities and therefore qualify for such subsidies. Once reliable child care is secured, parents are often able to more consistently participate in education, training, or employment opportunities that assist them in their effort to achieve self-sufficiency.

Profile of Income Received from Various Program Sources Over Time

FIT families often participate in multiple service programs, both within FIT and with other community agencies, to help them address their needs. Some of these programs, such as TANF, Supplemental Security Income, and Unemployment Insurance, include monthly benefits that help eligible clients maintain their families' well-being as they work to achieve self-sufficiency. Information regarding the monthly benefits clients received from their participation in various programs, as well as their monthly income throughout their participation with FIT, was collected for the 187 families included in the tracking file.

The amount of income that clients received from these programs varied over their participation in the program. In several cases, only a few families received income from a certain program. Due to these sample size limitations, our analysis includes changes in families' employment earnings, housing assistance, and total monthly income.

Employment and Earnings

Over time, FIT participants are increasingly likely to report employment. For instance, among those for whom we have nine months of tracking data, employment rates increased from 48 percent to 54 percent. For those with six months of data, we saw even larger increases, from 39 percent to 64 percent.

In addition, the earnings families received from employment increased throughout their participation in the program. Figure V-2 illustrates families' earnings levels throughout their participation with FIT. The first row in the figure shows average earnings at entrance and after 3 months of participation for the 44 families for whom only three-month tracking information was available.² The second row shows average earnings at entrance, three months, and six months for the 56 families on whom six months of data was available. The last row of the figure shows the earnings for those in FIT for at least nine months.

Figure V-2

FIT Participants' Earnings Over Time

	Entry	3 Month	6 Month	9 Month	N
3 Month Participants	\$1052.95	\$1466.40			44
6 Month Participants	\$1019.00	\$1192.68	\$1374.58		56
9 Month Participants	\$881.90	\$938.60	\$974.20	\$1171.56	67

As is demonstrated in the figure, earnings for families in each tracking group increased over time. Those who had been in the program through the three-month tracking period saw their earnings increase by 39 percent. Those who had data collected through the six-month period increased their earnings by 26 percent. Finally, those who were included in the tracking file through at least nine months experienced a 33 percent increase in earnings.

² This figure includes both families who have been in the program for only 3 months and those who exited after 3 months. Likewise families on whom six and nine-month tracking information is available may or may not have exited the program after the last data collection date.

Housing Assistance

The ability of FIT staff to connect or provide their clients with increased housing assistance is a key factor in the program's ability to help families obtain stable housing. The proportion of families receiving housing assistance increased significantly over time. Among those families with tracking information through month three, 11 percent received housing assistance at entrance to the program, and 32 percent received assistance after three months of participation. For families with six months of data, 20 percent received assistance at entrance. By the sixth month, 39 percent were receiving housing subsidies. For those with nine months of information, 15 percent were receiving housing assistance at entrance compared to 42 percent who were receiving assistance after nine months.

As can be seen in Figure V-3, the amount of housing assistance clients received also increased significantly throughout their participation with FIT. For participants in the program up to three months, the average amount of housing assistance received increased by 77 percent. Families in the program up to six months experienced a 64 percent increase in the average amount of their housing assistance. For families with nine months of data, average housing assistance increased 143 percent.

Figure V-3

FIT Participants' Housing Assistance Over Time

	Entry	3 Month	6 Month	9 Month	N
3 Month Participants	\$644.00	\$1140.00			44
6 Month Participants	\$628.00	\$874.00	\$1030.00		56
9 Month Participants	\$615.00	\$1094.00	\$1091.00	\$1494.00	67

Total Income

As shown in Figure V-4, the total amount of income families earned or received increased significantly for all groups over time. Those who were tracked for three months had an increase in their average total monthly income of 29 percent. Families with six months of

available data, as well as those with nine months of data, had a 32 percent increase over their respective tracking periods in their average total monthly income.

Figure V-4

FIT Participants' Total Monthly Income Over Time

	Entry	3 Month	6 Month	9 Month	N
3 Month Participants	\$893.00	\$1152.00			44
6 Month Participants	\$976.00	\$1141.00	\$1288.00		56
9 Month Participants	\$850.00	\$949.00	\$1020.00	\$1120.00	67

Profile of Services Received by All Families

In addition to program participation and income, the tracking file contains information that enables us to investigate changes over time in the intensity of services that clients received from their FIT case managers. The services included in the tracking file include those related to job readiness, housing, mental health, substance abuse, domestic violence, child welfare services, and money management. The intensity of services that clients receive is a measure of the amount of time they spent with their case manager working on each of these issues between each tracking data collection date. Case managers tracked their time with clients in four intervals: no time spent, up to one hour spent, between one and two hours spent, and more than two hours spent with a client on a specific issue. As noted previously, in addition to providing direct services to clients, case managers also offer clients referrals to appropriate service providers in the community. Barriers for which case managers are most likely to provide referrals include domestic violence, substance abuse, child welfare services, and mental health. Consequently, although the amount of time spent between FIT manager and client on these barriers may be relatively low, clients are most likely spending additional time on these issues with referral agencies in the community.

FIT services are intended to help clients overcome their identified barriers. Housing, money management, and job readiness services were the most utilized services at entrance to FIT. As is shown in Figure V-5, during the clients' initial participation in the program, 70 percent

of families received the most intensive level of housing services available and 65 percent received the most intensive money management services available. Furthermore, 44 percent of clients spent more than two hours on job readiness issues during their initial period in the program.

Figure V-5

Percentage of Clients Receiving Most Intensive Services at Entrance

Type of service received	Percentage of participants
Housing	69.5
Money Management	64.7
Job Readiness	43.9
Substance Abuse	20.3
Child Welfare Services	13.4
Domestic Violence	7.5
Mental Health	6.4
N	187

It is expected that as they begin to address these issues, clients’ need for intensive services will decrease. Indeed, we find that across all service categories, the percentage of clients receiving the most intensive level of services decreased with time. The changes in intensity of services clients receive in relation to each of these barriers are detailed in the following sections.

Housing Services

Given FIT’s target population and program goals, it is not surprising that the proportion of clients receiving intensive services is greatest in the area of housing. As families progress through the program, however, the level of housing services they receive is adjusted to reflect their changing housing needs. As shown in Figure V-6, changes in the level of housing services received suggest that FIT clients’ housing situations begin to stabilize over time. The percentage of families receiving the most intensive level of services decreases from a high of 70

percent, at entrance to the program, to 26 percent after nine months of those families for whom we have nine months of tracking data. By the ninth month of tracking data, as many as 11 percent of these families no longer needed any housing services.

Figure V-6

Change in Housing Services Received Over Time

	Entry	3 Month	6 Month	9 Month
O Hours	0	22.5	8	69.5
0-1 Hours	22.5	37.4	13.3	47
1-2 Hours	8	41	20.5	28.7
More Than 2 Hours	69.5	47	16.7	25.8
N	187 ^a	167 ^a	123 ^a	67 ^a

^a Information missing on 1 family

Figure V-7 tracks the changes over time in participants' housing situations since they entered FIT. Fifty-five percent of FIT clients were not housed at program entrance, and a quarter were housed but at imminent risk of being evicted. Just over 14 percent were living in permanent, unsubsidized units in the private market and two percent of the clients lived in a transitional housing facility. Four percent of clients were living in permanent, subsidized units when they entered the program.³

³ FIT staff consider permanent, subsidized housing, rather than unsubsidized housing, to be the best outcome for a family. Given the extremely tight housing market in Santa Cruz and the lower-paying jobs in which many clients find employment, it is unrealistic to assume that all clients will be able to afford unsubsidized housing, either at their point of program exit or after. Therefore, FIT staff feel that for many of their clients, the most appropriate, stable housing circumstances include permanent housing subsidies, whether through Section 8 vouchers or alternative means of permanent rental assistance.

Figure V-7

Change in Housing Status Over Time

	Entry	3 Month	6 Month	9 Month
No Housing	54.9	31.9	19	15.4
Transitional Housing	2.2	6.7	9.1	9.2
At Risk of Eviction	24.7	9.2	4.1	4.6
Unsubsidized Unit	14.3	36.2	41.3	29.2
Subsidized Unit	3.8	16	26.4	41.5
N	187 ^a	167 ^b	123 ^c	67 ^d

^a Information missing on 5 families

^b Information missing on 4 families

^c Information missing on 2 families

^d Information missing on 1 family

Among those families who we were able to track for nine months, the percentage of unhoused families dropped to just over 15 percent at the nine month tracking interval. Similarly, the percentage of families who were housed but at risk of eviction dropped to under 5 percent after nine months in the program. In contrast, the proportion of families in transitional housing, permanent unsubsidized units, and permanent subsidized housing all increased significantly across the nine month time frame. Perhaps most importantly, the percentage of clients in permanent subsidized housing rose from 14 percent at entrance to nearly 42 percent after nine months with FIT.

Money Management

Like housing, clients' use of money management services begins with a high level of intensity and then tapers off over time. Figure V-8 shows that the proportion of clients receiving the most intensive money management services decreased from 65 percent at entrance to the program to 14 percent at month nine. Although FIT families experienced a dramatic decrease in their need for intensive money management services over time, more than 95 percent of the participants continued to need some type of money management assistance, even after nine months of program participation. This finding reinforces the importance of continued emphasis

on money management, family budgeting, and financial planning skills throughout a client's duration with FIT. On-going attention to money management issues can help clients maintain stability and continue to work towards self-sufficiency long after their involvement with FIT ends.

Figure V-8

Change in Money Management Services Received Over Time

	Entry	3 Month	6 Month	9 Month
O Hours	1.1	4.2	9	4.5
0-1 Hours	26.2	40.4	50	65.1
1-2 Hours	8	24.1	20.5	16.7
More Than 2 Hours	64.7	31.3	20.5	13.6
N	187	167 ^a	123 ^a	67 ^a

^a Information missing on 1 family

Job Readiness

The proportion of clients who spent more than two hours in between each tracking period to address job readiness services decreased over time. Forty-four percent of clients received the most intensive job readiness services at entrance to the program. By their ninth month of participation, just under 8 percent received such intensity. Although we see a trend towards decreased provision for the most intensive job readiness services, it should be noted that even after nine months of participation only 11 percent of families required no job readiness assistance. Given the strong emphasis on employment in welfare programs, continued need for job readiness services is not surprising. These services are integral to improving clients' ability to secure stable employment, a key component of achieving self-sufficiency.

Figure V-9

Change in Job Readiness Services Received Over Time

	Entry	3 Month	6 Month	9 Month
0 Hours	3.2	6.6	10.7	10.6
0-1 Hours	34.2	45.2	57.4	66.7
1-2 Hours	18.7	17.5	15.6	15.2
More Than 2 Hours	43.9	30.7	16.4	7.6
N	187	167 ^a	123 ^a	67 ^a

^a Information missing on 1 family

Other Services

Mental health, substance abuse, domestic violence, and child welfare issues all pose significant barriers to many FIT families. Yet our findings suggest that increasing proportions of clients are able to make substantial progress in overcoming these challenges while participating in FIT. The close working relationship between FIT, HRA and CPS enables FIT case managers to connect clients with appropriate mental health, substance abuse, and child welfare services offered through HRA in a timely manner. The proportion of clients receiving more intensive services between each tracking period decreased over time in each of these areas. Additionally, the proportion of clients receiving the lowest level of service intensity, where no time was spent on the specified issue, increased across time in each of these service categories.

Intensity of Services Received Reflects Degree of Clients' Need

Thus far, we have examined both the barriers clients face at entrance to the FIT program and the level of services clients receive across several service categories. In this section, we attempt to demonstrate the relationship between these findings. We hypothesize that the initial level of intensity of services received, or hours spent addressing a particular barrier, is directly correlated to the degree of barriers clients faced when entering the program. Because data

included in the client database provided information on clients' barriers at entrance and exit to the program, we were unable to test this hypothesis beyond the initial period of clients' participation with the program.

Across all service categories, participants who faced severe barriers were most likely to receive the most intensive services. Those who faced less severe barriers, in contrast, were more likely to spend less time with their case manager on the issue. For example, 78 percent of clients who faced the most severe housing barriers at entrance spent more than two hours with their case manager. Fifty-three percent of those with severe job readiness barriers spent more than two hours with their managers on this topic.

These findings illustrate FIT case managers' abilities to tailor their services to meet the individualized needs of the clients. Instead of providing the same degree of services to all clients who enter the program, FIT managers help clients identify their needs through a rigorous assessment process. Barriers identified as most severe receive the greatest attention.

VI. Participants' Duration in FIT and REMAINING Barriers at Exit

Case managers work with families to mutually determine when they are ready to leave FIT. When a family (1) no longer needs intensive services from FIT staff and (2) has knowledge of and access to appropriate community agencies to address family needs, they are generally prepared to leave the program. Case managers look for families who have reached a level of independence that will allow them to confront future problems and avoid crisis situations. Clients ready to exit the program have completed the goals established in their self-sufficiency plans and no longer need on-going assistance from their case managers.

In this chapter, we compare the degree of barriers clients face when they exit the program to the number and severity of barriers they faced at entrance. We then discuss the average length of time that families participate in FIT and investigate what factors, such as barriers faced at entry and intensity of services received, may impact their duration.

Changes in Degree of Barriers Between Entrance and Exit Dates

One way to assess the progress that families make through participation in FIT is to measure the difference in the degree of barriers that clients face when they exit the program to the degree of barriers they confronted at entrance. Of the 398 clients on whom entrance and exit data was collected, 232 had exited the program by the end of November, 1999. The degree of change we can expect to see in the intensity of barriers clients face depends not only on the services that clients received while participating in the program, but also the nature of the barrier itself. Although housing and job readiness barriers may be difficult for many clients to address, they are also the barriers most amenable to outside intervention. Mental health, substance abuse, domestic violence or child welfare issues, however, may be related to long-standing patterns of behavior and may be more difficult to change through external service provision. Across all barriers, nearly all clients experienced an improvement in the degree of barriers they faced. Below we discuss these barriers at program entry and exit in more detail.

Change in Clients' Housing Status

As is shown in Figure VI-1, FIT clients experienced a dramatic change in their housing status during their participation in the program. The proportion of clients in all housing hardship categories decreased throughout clients' participation. Furthermore, the proportion of clients who did not face housing issues increased from zero to nearly 79 percent over their participation in the program. This finding indicates that FIT has successfully addressed the housing issues of the majority of its clients and fulfilled a fundamental program goal in the process.

Figure VI-1

Change in Proportion of Clients in Each Housing Status

Housing Status	At Entrance to Fit	At Exit to Fit
On the Streets	9.3	0.89
Shelter, Hotel	30.2	2.7
Friends, Family	36	12.4
Eviction, Unable to Pay Rent	24.4	5.3
Housing Services Not Needed	0.0	78.7
N	232 ^a	

^aData missing for seven families.

Change in Clients' Job Readiness

As shown in Figure VI-2, 59 percent of clients entered the program underemployed or needing additional training or education in order to obtain employment. Twenty-three percent of clients faced the most severe degree of job readiness barriers when they enrolled in FIT. The proportion of clients experiencing job readiness barriers decreased in all categories between entry and exit. The percent of clients needing no additional job readiness assistance increased from 9 percent of clients at entrance to nearly 50 percent at exit.

Figure VI-2

Change in Proportion of Clients at Each Level of Job Readiness

Level of Job Readiness	At Entrance to Fit	At Exit to Fit
Disabled, no education, criminal history, no work experience	23.1	12.9
Temporarily Disabled	9.3	1.8
Training/Education Required	32.4	13.3
Underemployed	26.2	22.2
No Job Readiness Services Needed	8.9	49.8
N	232 ^a	

^aData missing for seven families.

Change in Clients' Money Management

Although information was not collected on the degree of money management barriers clients faced at entrance and exit to the program, their level of debt at these time periods serves as a proxy of their money management skills. Most significantly, 99 percent of families either decreased their debt or remained at their initial debt level between entrance and exit. At entry, a third of families had no outstanding debt. By exit, the proportion with zero debt had increased to 45 percent.

Figure VI-3

Change in Clients' Degree of Debt

Amount of Debt (\$)	At Entrance to Fit	At Exit to Fit
0	32.7	45.0
Under \$1000	19.1	16.4
\$1000- \$5000	27.7	22.3
\$5000 to \$10,000	12.3	10.0
Greater than \$10,000	6.4	8.2
N	232 ^a	

^aData missing for twelve families.

Change in Additional Barriers

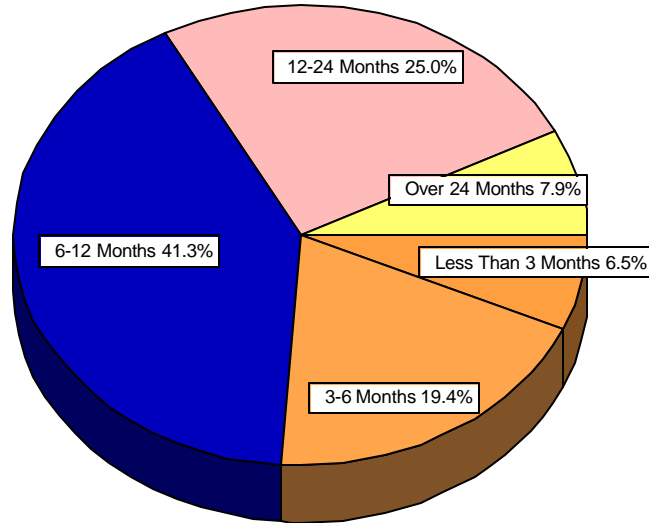
Like clients' experiences with their housing and job readiness barriers, the proportion of clients facing barriers related to mental health, substance abuse, domestic violence, and child welfare issues decreased over this time period as well. In all cases, the proportion of clients who did not need assistance in these areas increased over time. However, this increase was not as significant as those illustrated in the housing and job readiness services. The more modest improvement for these barriers is the result of several factors. First, the percentage of clients facing these barriers at entrance to the program was significantly lower than those needing housing or job readiness assistance. Second, as noted above, these issues often revolve around deeply embedded behavior patterns and personal history. Changing such patterns is often very difficult. We would anticipate that progress gained on such issues would be slower than progress achieved in areas that are more amenable to intervention policies. Furthermore, while FIT staff employ a model of comprehensive case management, they do not serve as the direct service provider on all of these issues. Instead, they refer clients to service professionals in each of these disciplines. In fact, FIT clients illustrated the greatest improvement in those areas in which FIT case managers play a key role in the direct provision of services: housing assistance, job readiness, and money management.

Average length of stay in the program

Among families who had exited the program by the end of November, 1999, the average length of time with FIT was just under 11 months. The minimum amount of time spent with the program was less than a month, and the maximum length of time reported was almost 42 months. The breakdown of families' duration in FIT is illustrated in Figure VI-4. As can be seen, the greatest proportion of families participate in the program for between six and 12 months.

Figure VI-4

Clients' Duration in FIT



Factors That May Affect Program Duration

In addition to determining the average length of time a family participates in FIT, it is important to understand what factors affect participants' duration. There are several possible factors that could influence a client's time in FIT. First, the degree of barriers they face at entrance to the program may impact the length of time they participate in the program. We would expect that those with greater needs would stay in the program for longer periods of time than families who face less severe barriers. Second, the intensity of services received could also impact the amount of time that a family receives FIT services. We would expect that receipt of more intensive services would decrease the length of time families spend in the program. Yet as noted earlier, the intensity of services received is correlated with the intensity of the barriers clients face. Because of this relationship, it is difficult to separate the independent impact of each factor on program duration.

Data collected thus far enables us to offer a preliminary assessment on whether the degree of barriers clients face when they enter into the program seems to have any impact on the length of time they stay in the program. Surprisingly, the degree of barriers clients face,

across all reported barriers, did not seem to impact the length of clients' participation. In addition, the multiplicity of severe barriers also did not seem to affect clients' duration in the program. The fact that families with increased barriers do not seem to stay in the program for significantly more time than those with less severe barriers may be directly related to the fact that they receive an increased level of services to address those needs.

Among the 187 families for whom both baseline and tracking information was collected, 58 (31 percent) had exited the program by November 1999. This small sample size precludes us from fully examining the relationship between intensity of services received and program duration and limits our ability to draw conclusions about this relationship. We will therefore continue to investigate this relationship in future analysis as the sample size of tracked families who have exited the program increases.

VII. Plans for Future Analysis

We will submit future evaluation findings in two subsequent reports to be completed in June 2000 and January 2001. Our research plans for future analysis are summarized below.

FUTURE QUALITATIVE DATA COLLECTION AND ANALYSIS

We will continue to conduct semi-annual site visits to FIT to update current process study findings. These visits will investigate on-going program implementation and operation issues through interviews with key stakeholders. Respondents to these interviews will include FIT staff, HRA staff, staff at community referral agencies, program clients, and property owners.

Special attention will be paid to certain program issues. We will continue to assess client services at both the Santa Cruz and the Watsonville offices. Additionally, we will document the implementation of the Family Loan Program and FIT's role in the Family Resource Center and assess their integration with original FIT services. Furthermore, we will study the effect of increased staff on internal program operations. We will also assess the degree of coordination between FIT staff and referral agencies, particularly as operations in Watsonville increase. We will continue to track the evolution of the senior social worker unit within HRA and investigate the potential for out-stationing an HRA eligibility worker in the Watsonville office. In addition, we will track any changes in the economic or political environment in Santa Cruz that could influence program operations or support. These evaluation activities will further identify strengths of and challenges to program growth and improvement.

FUTURE QUANTITATIVE DATA COLLECTION AND ANALYSIS

The final two reports will focus on the collection and analysis of client outcome data. We will build upon findings presented in this report and note any changes in client demographic information, degree of barriers, or patterns of services received over time. In particular, as the sample size within the tracking database increases, we will investigate the relationship between services received and duration in FIT. We also plan to provide further information on

comparisons between FIT clients' characteristics and experiences and those of the welfare population at large. Future analysis will continue to attempt to relate on-going program implementation and changes with outcomes information in a meaningful way.