
EVALUATION OF THE FAMILIES IN TRANSITION PROGRAM

REPORT 1

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submitted to:

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FIT REPORT 1

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I. INTRODUCTION

Families in Transition (FIT), working with the Human Resources Agency (HRA) of Santa Cruz County, is implementing a home-based assistance program for high-risk families to increase their self-sufficiency through permanent housing and employment. As welfare caseloads continue to fall throughout the nation, the remaining welfare participants are increasingly those who face significant barriers to employment and self-sufficiency. FIT offers an innovative approach to service provision for this high-risk population and recognizes the importance of evaluating the program's effectiveness.

The David and Lucile Packard Foundation funded FIT to conduct an evaluation and FIT contracted with Berkeley Planning Associates (BPA). BPA is an employee-owned, women-owned, independent firm providing public policy research and consulting. BPA's objective is to provide sound information to facilitate decision making and help make the programs we study more responsive to the needs of the people they serve.

The evaluation includes three key components: a process study, a review of comparable programs, and an outcomes study. The intent of the evaluation is to provide FIT with findings it can use to refine and improve the program and attempt to quantify the success of the project by examining clients' outcomes after receiving services. Through these analyses, the evaluation will provide recommendations for continuation, alteration, or replication of the program.

This is the first of several semi-annual reports from the evaluation. The focus of this report is largely to provide a descriptive baseline documenting program operations and implementation. The information supporting this assessment was collected during a three-day site visit to FIT in November 1998. We conducted interviews with staff from FIT, HRA, and a limited number of other community agencies. We also conducted a focus group with clients during the visit to understand participants' involvement with and perception of the program.

In Chapter II, we present findings from the initial site visit and interviews. This information serves as a baseline for future qualitative data collection activities and findings.

In Chapter III, we provide an overview of our initial research on programs serving homeless families. The goal of this task is to understand how other programs serving the same

population have addressed clients' service needs. Placing FIT within this context will help us identify the program's strengths, and highlight additional service strategies that FIT might consider to best serve the needs of its client base. In this chapter, we provide an overview of national housing policy designed to serve the homeless, and present a comparison of FIT with a sample of selected programs.

In Chapter IV we discuss the outcomes component of the evaluation. We describe our initial steps undertaken to create a database of client demographic characteristics, service components, duration of services received, and post-termination outcomes. We report our progress on collecting this data.

We conclude by outlining our future evaluation goals and planned activities in each of the three key evaluation components.

II. PROGRAM OPERATIONS AND IMPLEMENTATION

As we evaluate FIT, it is important to understand the initial demand that created the program, as well as the evolution of its method of service delivery to its current form. This chapter will begin with an overview of the program's history and community support. It will then describe FIT's services, including the initial identification and referral of clients, specialized TANF eligibility services, and assessment and orientation activities. It will also describe the comprehensive case-management, housing assistance, and employment and educational services offered by the program. The chapter concludes by presenting FIT clients' involvement with and perception of the program.

PROGRAM OVERVIEW

PROGRAM HISTORY

In the early 1990s, representatives from the county government and local municipalities identified a gap in services for the homeless and near-homeless population in mid and north Santa Cruz County. In response, the Santa Cruz County Board of Supervisors and local City Councils directed the county Human Resources Agency (HRA) to work with community agencies to address these needs. As a result of this initiative, the Families in Transition (FIT) program was established within HRA in 1991. William Watt, one of the creators of the program, volunteered as its Executive Director while continuing to work in the job training division of HRA. Using funds from the federal Department of Housing and Urban Development, HRA and the Housing Authority of Santa Cruz County (PHA) purchased and rehabilitated a six-unit transitional housing facility for use by the FIT program¹. These funds also allowed HRA to hire a full-time social worker for the program, who still serves as the senior social worker at FIT.

Although the program was created and initially funded by HRA, HRA had always intended for FIT to become a public/private partnership. Therefore, in 1992, HRA assisted FIT in officially incorporating as a non-profit. William Watt continued to volunteer as the Executive Director although still employed by HRA. At this time, FIT began to acquire additional funds from sources

¹Two additional scattered-site units in a different location now operate in conjunction with the Mid-Peninsula Housing Coalition, for a total of eight units.

such as the United Way, the Community Foundation, the Federal Emergency Management Agency (FEMA), and private donors. However, HRA continued to provide the salary of the full-time social worker dedicated to the program, as well as substantial in-kind support, including office space and equipment.

In 1993, FIT and HRA signed a memorandum of understanding that defined each agency's responsibilities. The memorandum assigned much of the outreach, assessment, and delivery of the county's welfare program for the homeless population to FIT and defined HRA's in-kind contributions to the program. Additionally, FIT formalized an agreement with the PHA to provide Section 8 vouchers to eligible FIT clients².

As FIT generated increased funding resources from the private sector over the next few years, the proportion of its funding coming from HRA continued to decrease. The program moved to its current location outside of HRA, but continued to use office equipment and limited fiscal resources provided by HRA, as it does today.

FIT received several additional grants that allowed the program to expand its services and offer the various forms of housing assistance it now provides. These include emergency rental assistance to meet immediate needs, rental supplements to help clients locate and afford housing in the private market, and placement in FIT's transitional housing facility for more intensive support. With each of these options all clients are required to participate in case management services and actively pursue the goal of self-sufficiency.

As the program continued to grow, so did the need for a full-time Executive Director. In 1996, William Watt left the County to work full-time for the non-profit. FIT is currently staffed by both HRA and non-profit employees. The Executive Director, two case managers and an administrative assistant are funded through the non-profit resources. HRA supports two Senior Social Workers and an Eligibility Worker who are outstationed at FIT offices.

²HUD describes the Section 8 program as follows: "Several assistance programs exist under Section 8. The Section 8 voucher and certificate programs together help over 1.4 million households in the United States by paying landlords the difference between what the household can afford and the rent for the unit." (www.hud.gov/progdesc/certifi8.html)

COMMUNITY SUPPORT FOR THE PROGRAM

As the range of FIT's services has grown, so has its community support. Staff at HRA and other community based organizations perceive FIT as providing an innovative program that addresses otherwise unmet community needs. Increased referrals and community funding have demonstrated the community's support for FIT. The number of clients FIT serves has grown substantially since its inception, as the availability of affordable housing continues to shrink³. There is currently a three to four month waiting list for services, a substantial increase from the program's historical waiting list of two to three weeks. Approximately 125 families are presently on the waiting list. This increase in demand has resulted in a decrease in the average length of time that participants are involved in the program.

Initially, FIT served clients for approximately 18 months. However, participation currently averages between nine and 12 months. Although this decreased duration allows the program to serve more participants, it also decreases the intensity of on-going and follow-up services, altering the program's initial design. FIT staff perceive this change as necessary to meet demand, but at the same time, believe it may be potentially detrimental to participants. To help meet the increasing community demand, FIT recently opened an office in Watsonville, intended to provide the same services to largely monolingual, Spanish speaking, homeless families in South Santa Cruz County.

One bilingual case manager is placed at the office for 60 percent of her time, while the remaining case workers rotate shifts at the office. FIT is anticipating hiring a new case manager in upcoming months. This additional staff person may help reduce the duration of the waiting list and ensure that case managers are able to maintain their current relationships with FIT clients. In the future, staffing may need to be modified as the new office increases its level of operation.

³From 1992 to 1993, FIT served 14 families. From 1997 to 1998, the number of families served annually had reached 254.

FIT SERVICES

Before presenting our analysis of FIT services, we provide a brief overview of this flow of services, illustrated in Figure 1. Each of these components is discussed in greater depth below. After receiving referrals from a community service agency or individual, case managers assess the client's needs and create an individual service plan. If clients are unable or unwilling to complete assessment activities, case managers refer them to appropriate community-based agencies to address their needs. Clients that do complete these initial activities are officially enrolled into the program and receive the full range of FIT services. These include on-going case management, extensive referrals to community service providers, and appropriate housing assistance. Once clients have obtained stable income and housing, have worked their way off of TANF benefits, and have created a viable support system, their cases with FIT close.

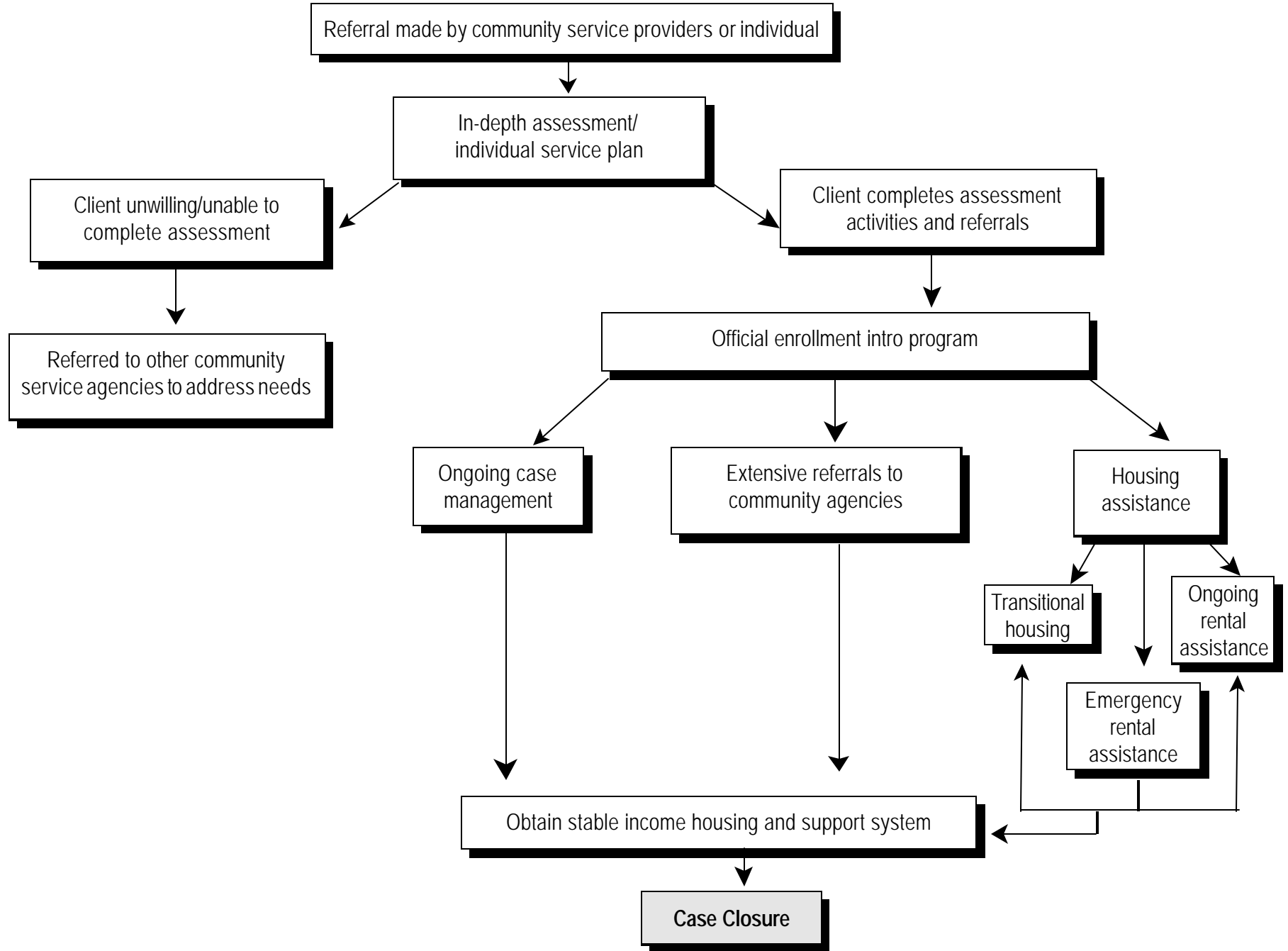
IDENTIFICATION AND REFERRAL OF CLIENTS

Homelessness is the most visible characteristic that identifies a family's eligibility for FIT. However, eligible families often face additional barriers to self-sufficiency, including substance abuse and domestic violence. Referrals to FIT come from a variety of community agencies that work with clients to address their homelessness directly, or to address the underlying issues that have prevented them from obtaining stable housing. These agencies include substance abuse treatment centers, perinatal services for mothers, child welfare agencies, local emergency shelters, and religious organizations. Individuals working with eligible clients outside of a community based agency, such as teachers or doctors, can also refer clients who they believe would benefit from the program.

FIT adheres to its referral process strictly. Program applicants must have a sponsoring agency or individual submit a completed referral form to FIT in order to be placed on the waiting list. These referrals signify to FIT that the applicant is committed to improving her economic well-being through participation in other supportive programs or relationships. The sponsoring agency or individual also serves as a contact for FIT, and assists staff in learning about the client's available support systems.

Figure 1

FIT Client Flow of Services



As increased referrals to FIT contribute to the growing waiting list, both FIT and HRA staff are concerned about the provision of services to families during this interim period. For clients with immediate needs, a waiting period of several months may only increase the hardships they face. When the waiting list was shorter, sponsoring agencies could assume that once they referred a client, FIT would promptly assess and respond to her needs. This is no longer the case.

HRA and FIT staff are currently developing mechanisms to address this concern. FIT and HRA staff are hoping to conduct a rapid assessment of families on the waiting list to ensure that their emergency needs are being met. Details of this assessment, including which agency will be responsible for conducting it, are currently in development. Additionally, the HRA eligibility worker responsible for FIT cases will periodically update the waiting list according to HRA files, indicate changes in client needs or services received since the time of the referral, and ensure that there is no duplication of families on the list. Participants will also be encouraged to access a free voice mail system that will provide FIT staff with a reliable method of contacting them.

SPECIALIZED TANF ELIGIBILITY SERVICES

Originally, clients referred by HRA were sent to FIT by different HRA eligibility workers. Although FIT offered on-going training to HRA staff throughout the initial implementation of the program, communication between the agencies proved inefficient and strained. FIT case managers struggled to communicate with the numerous eligibility workers who referred clients to them. FIT staff felt that this lack of a single contact at HRA hindered their ability to direct questions and receive clarification about HRA procedures. This was especially apparent with the implementation of the California Work Opportunity and Responsibility to Kids (CalWORKs) welfare program and related requirements. HRA eligibility workers were similarly confused by the referral process and unsure of which agency was responsible for which tasks. As a result, FIT case managers often answered the same questions multiple times from different eligibility workers. HRA staff were also frustrated when FIT staff made case management decisions and did not communicate them to the client's eligibility worker at HRA.

To create clearer lines of accountability and communication between the agencies, in 1998 HRA assigned all cases referred to FIT to the same eligibility worker. Furthermore, HRA decided to outstation this newly created eligibility position at the FIT office. The positioning of this eligibility worker has substantially decreased confusion regarding what role each agency plays in

the case, what information is to be collected by each agency, and who is responsible for maintaining that information.

This arrangement enables HRA and FIT to provide services to clients in the same location, and allows for immediate communication between the agencies regarding changes in a client's circumstances. This increase in communication has helped both FIT case managers and clients understand how changes in a client's economic circumstances may affect her eligibility for CalWORKs or specific benefits. HRA staff also feel that the increased convenience and timeliness of this co-location have decreased the number of clients sanctioned for failing to turn in their CalWORKs monthly reports.

ASSESSMENT AND ORIENTATION

FIT case managers begin the intake and assessment process by collecting demographic information for participants. They also establish whether a client is working with any other agencies, and assess the participant's support network of family and friends. The client and case manager then develop a projected budget by exploring the client's income and expenses. Together, they examine the client's credit history, eviction record, history of child abuse or neglect, domestic violence and substance abuse. This information helps create the client's individual service plan. Service plans are updated monthly by the case manager throughout the client's participation in FIT to ensure that they accurately reflect the clients' current income, expenses, and service needs.

During the assessment period, which generally lasts between four and six weeks, the client is expected to complete a number of tasks, including making contact with property owners, other community-based organizations, and HRA staff. These activities allow FIT to assess clients' willingness to comply with their service plans and work toward their own self-sufficiency. FIT's small size and budget necessitate that staff select clients who are willing to commit time and effort to addressing the problems they face, even if the process is time-consuming or inconvenient.

After the assessment phase, clients who are accepted into the program attend an acceptance appointment with the Executive Director, where the guidelines and expectations of the program are reiterated. Both the client and FIT sign an agreement to adhere to these policies and fulfill their respective responsibilities.

COMPREHENSIVE CASE MANAGEMENT

The FIT model of case management is perceived as unique and successful by FIT staff as well as staff at HRA and community-based agencies. Responsibilities of FIT case managers include: brokering referrals to community agencies that offer needed services; coordinating with these agencies to monitor and follow-up on clients' progress; and providing on-going, individualized support to participants. FIT staff's expansive knowledge of the social programs in the county allow them to help clients negotiate the network of community service providers. Case managers are responsible for integrating into an individualized service plan all activities required by agencies with which clients are involved and the timelines for their completion.

BROKERING REFERRALS TO NEEDED SERVICES. The most common services to which FIT staff refer clients include substance abuse treatment, family reunification counseling, domestic violence treatment, child care assistance, and transportation services. FIT has established relationships with providers of each of these services. Staff are therefore able to refer clients to agencies they know will meet their clients' service needs. HRA noted that FIT staff's level of awareness of community resources is fundamental to their delivering such a comprehensive service model.

COORDINATING WITH AGENCIES TO MONITOR CLIENTS' PROGRESS. As part of their case management approach, FIT staff coordinate the services delivered to clients by other community agencies and ensure that clients are meeting the requirements of these agencies. The new requirements established in the CalWORKs program are also integrated into clients' plans. To facilitate the coordination of services, clients sign a release of information agreement with FIT staff so that case managers can discuss confidential case information with HRA and coordinate with other agencies involved with CalWORKs. In 1998, HRA and FIT began to conduct "cross-over" meetings to further facilitate service integration. According to HRA correspondence, the goal of these meetings is to "coordinate assessments, case plans, and service plans between Child Welfare Services (CWS), Welfare to Work (CalWORKs and JTPA) and FIT for clients who are receiving services from more than one program."⁴

⁴This explanation of purpose is stated in an HRA inter-office correspondence from September 9, 1998.

Crossover meetings are intended to focus on the most acute cases to ensure that clients are receiving services they need and that children remain out of risk. At these meetings, staff discuss clients' additional services needs, determine which agency staff will pursue these activities with the client, and structure future coordination efforts. For more comprehensive service delivery, non-government, community-based agencies that work with clients will soon be represented at these meetings.

ON-GOING, INDIVIDUALIZED SUPPORT. A key feature of FIT's service approach is establishing a trusting relationship between the case manager and the client. Weekly meetings during the initial stages of assessment facilitate the development of this relationship. The assessment is in-depth and enables case managers to address not only the more visible barriers to self-sufficiency, but also the deeper, underlying issues affecting clients. FIT case managers maintain consistent communication with their clients as their cases progress, tapering from once a week to twice a month, and eventually to once a month as individuals become more independent. The frequency of contact, however, may be increased as necessary to meet changing needs throughout the client's participation in the program.

HRA staff feel that their agency is currently unable to offer this level of individualized attention to clients. The ability of FIT staff to identify clients' multiple barriers through intensive case management is one of the unique characteristics that HRA and FIT staff agree is crucial to the success of the FIT program. Several HRA respondents noted that HRA eligibility workers' high caseloads, combined with the pressure they face implementing the new CalWORKs program, limit their ability to conduct in-depth assessments.⁵ HRA staff also noted that the personality characteristics necessary to work with high risk families are not always appropriately screened in the public hiring process. FIT has the flexibility of being able to include these characteristics when making hiring decisions.

Another distinctive characteristic of the FIT case management model is the level of dedication and flexibility of FIT staff. For instance, FIT case managers conduct after-hours visits to their clients' homes to accommodate clients' work schedules. This flexibility resolves some key barriers to service delivery for this population, including lack of transportation and child care. HRA respondents noted that this after-hours availability helps FIT case managers respond more

⁵The average HRA eligibility worker caseload is 90 participants, compared to 45 for FIT case managers.

fully to their clients' needs. HRA eligibility workers' eight to five schedules do not allow this level of interaction.

HRA staff believe that the flexibility of the FIT program facilitates a positive relationship between the clients and case managers. They believe that clients' perceptions of the FIT case managers are drastically different from their view of HRA eligibility workers. HRA staff noted that welfare recipients often view their eligibility workers negatively, concentrating largely on their ability to sanction them for non-compliance. HRA staff suggested that in contrast, clients often perceive their FIT case managers as partners rather than adversaries. They credit the rapport established between the client and the FIT manager and comment that it would be difficult to achieve the same rapport within their own agency.

Both HRA and FIT staff mentioned HRA's intent to establish a new model of case management targeted at the hardest to serve welfare clients. The planning for this model is in its preliminary stages, but respondents cited an interest in integrating several of the strategies employed by FIT into their model. Characteristics of the FIT model that HRA staff foresee developing in their own program include: a thorough needs assessment, extensive brokering with community agencies for services, and frequent communication between the client and case manager for on-going support. Modification in agency culture, staffing structure, and position responsibilities may eventually allow HRA to provide a case management model that more closely resembles the one offered by FIT.

HOUSING ASSISTANCE

FIT's housing assistance varies in intensity and duration according to the needs of the client. Assistance may fall into one of the three categories described below.

For families needing the least assistance, FIT offers limited, emergency rental assistance to help the family remain stable. Clients may use the money to cover a security deposit or first month's rent, or to prevent an eviction during a period of economic hardship.

Families with greater financial need, but also able to live independently, are eligible for FIT's time-limited rental assistance. FIT case managers help clients locate housing in the private market and determine the amount that the program will supplement the participant's contribution to rent. The family's portion of the rent is determined on an individual basis,

according to their income, family size, and education and training needs. Transitional housing programs typically offer clients housing in multi-family facilities that force families to relocate after a certain period of time. The scattered-site model employed by FIT, where participants access single housing units in the private market with the help of rental assistance, is a promising alternative to uprooting families at precisely the time they are reaching stability.

The third type of housing assistance FIT offers is in one of eight transitional housing units managed by FIT. Families in these units typically require intensive services and assistance to help them progress toward independent living. Under HUD regulations, families may remain in the apartments for a maximum of 18 months. During this time they are required to meet with case managers to receive services and to locate permanent affordable housing, sometimes with Section 8 vouchers.

The amount of assistance available to a family is sometimes constrained by FIT's rental assistance funding streams. For instance, some funds can only be accessed for rental property within the City of Santa Cruz, whereas others are restricted to properties in unincorporated regions of the county. Rental assistance tapers gradually as families begin to earn income and progress toward self-sufficiency. The maximum length of time that families can access this rental assistance is 18 months, although the average period of assistance is approximately four months.

In addition to providing direct housing and rental assistance, FIT staff continually negotiate with prospective landlords who may have units available. They also encourage property owners already involved in the program to increase the number of available units and to replace exiting tenants with new FIT clients. FIT staff continually promote the program throughout the community to maintain its support and advocate for additional funding for affordable housing programs at the federal, state and local level.

EMPLOYMENT AND EDUCATIONAL SERVICES

The recent changes in the welfare system have changed the nature of public assistance from an entitlement program to one with specific requirements. Consequently, most welfare recipients are expected to participate in a work activity in order to receive benefits. County HRA eligibility workers determine a client's employability, and if she is able to work, the client is required to pursue employment opportunities. Participants with barriers to obtaining

employment are referred to an appropriate program for further assistance. An Employment and Training Specialist (ETS) in the Career Works division of the HRA CalWORKs division may assist the client in creating a work plan that details the employment and training activities the client will pursue.

FIT staff remain aware of the requirements established in these work plans to ensure that their clients are fulfilling their responsibilities. Although participation in the FIT program is not contingent on meeting a formal FIT work requirement, case managers verified that they expect their clients to be progressing towards self-sufficiency and independence. This includes the goal of earning sustainable income through stable employment. Because most participants in the FIT program are jointly enrolled in the CalWORKs program, they often have employment plans already established with their ETS worker. FIT case managers help to ensure that clients comply with the conditions of these plans.

Although employment is a component of the FIT model, case managers ensure that clients are not sacrificing progress in other areas of their life to pursue a temporary employment position. For instance, if a client needs counseling to expedite family reunification, or if she is required to participate in substance abuse treatment for placement in a residential recovery facility, FIT managers will help the client weigh the benefits and disadvantages of seeking employment that conflicts with these other activities. If seasonal, part-time work is seen to impede progress in other areas of a client's life, case managers will help participants evaluate the long-term effects of their decisions. Case managers remain aware of the constraints imposed upon the client through other programs but do not let those constraints stall the ultimate goal of long-term self-sufficiency.

PARTICIPANTS' PERCEPTIONS OF THE PROGRAM

The participants interviewed during the first field visit were those living in FIT's six-unit transitional housing facility. Many of those interviewed had been enrolled in FIT for only a few months. Participants commented that their involvement with FIT had surpassed their initial expectations of the program. Most had expected only housing assistance services and were unaware of the case management component included in FIT. Several respondents noted that FIT staff introduced them to and helped them obtain services of which they had been previously unaware. They reported that case managers allowed them to take charge of their own lives and gave them an active role in designing their own service plans. Respondents consistently noted

their satisfaction with their participation in the FIT program and the resulting improvement in their living conditions and economic circumstances.

Respondents had a difficult time differentiating between the various agencies involved in their service plans. This may be the result of a well-coordinated, smoothly operating relationship between the agencies whereby delineation between the different programs are invisible to the client. If this is the case, it signifies a finely-tuned collaboration between the agencies. Nonetheless, it is important to ensure that program participants recognize the requirements particular to each agency with which they are working. This is especially true when strict compliance with welfare regulations is necessary to avoid sanctioning. Future discussions with long-term program participants will identify whether the boundaries between agencies become more distinct or better understood with time.

III. COMPARISON WITH OTHER PROGRAMS

In addition to studying FIT's service model on its own, we have studied the factors that differentiate FIT from other programs providing similar services. Ultimately, this analysis will help identify the strengths of the FIT model, as well as ways in which FIT could improve its delivery of services. First, we will briefly describe the various policy responses currently employed to address the needs of the homeless. We then describe how the FIT model incorporates these policy options. Finally, we briefly present a small sample of programs that provide services similar to those FIT offers. We compare these programs' characteristics and describe the next steps we will take in further analysis.

POLICY RESPONSES TO ADDRESS HOMELESSNESS

As described earlier, FIT is targeted to serve the fastest growing segment of the homeless population--homeless families with children. A study from the National Coalition for the Homeless by Shinn and Weitzman (1996) found that families with children currently account for 40 percent of all homeless people. On any given night, 20 percent of the homeless population nationwide are families with children.

EMERGENCY SHELTER SYSTEM

Historically, the most common response to family homelessness from both the public and private sector has been the emergency shelter system (Weinreb and Buckner 1993). Emergency shelters were initially established in the 1980s as a response to what was then viewed as a temporary increase in the homeless population. These first federal efforts to address homelessness were "premised on the belief that homelessness was caused by short-term economic decline" (Rog 1994). As homelessness persisted, the shelter system evolved to meet its continuing need, often expanding its services beyond shelter. Nationwide, shelters serving families now represent the predominant emergency shelter type available, more common than those designed to serve individual women or men (Weinreb and Rossi 1995).

Emergency shelters offer a "first-line of defense" to families, meeting basic needs on an immediate, short-term basis. Services, time limits, and intensity of participation vary widely among shelters. Services range from basic meals and shelter to on-going case management,

job search assistance, and follow-up services after the family has left the shelter. These services vary by program, as do the requirements for participation in these services. Although most shelter programs are now offering services beyond a bed and a meal, shelter care is still generally limited to meeting clients' immediate, short-term needs. The persistence of homelessness and the inability of the shelter system's services to address the long-term nature of clients' needs helped spur the growth of transitional family housing.

TRANSITIONAL HOUSING PROGRAMS

Transitional family housing was developed to provide greater support to homeless families than the shelter system can offer. It refers to "multi-family housing that has a range of supports on site as well as linkages to community services" (Rog 1994). The lengths of stay that families can reside in transitional housing range from a few months to five years. Transitional housing with stays of four to six months may more aptly be called transitional shelters, yet programs that allow stays of two or more years effectively serve as quasi-permanent housing (Bassuk 1990).

Transitional housing programs offer more comprehensive services of longer duration than emergency shelters. A client's participation in these services is not always mandatory, and the duration of services often coincides with the length of a client's residency. Large multi-family transitional facilities are likely to offer services on-site. These services include child care, case management, job-training, education services, and child development programs. Programs with smaller facilities, like FIT, or those that choose not to deliver services on-site, broker client services with community agencies.

Although transitional housing programs allow families to remain in housing units for much longer than shelters, they still require that families ultimately find alternate housing arrangements. Under the best circumstances, this search for housing coincides with increased independence and self-sufficiency. Unfortunately, however, resettlement may also take place because a family exceeds the program's time limits, though the family may not be prepared for stable, independent living. Policy and program experts in the homelessness field have recognized the limitations of the transitional housing model in permanently stabilizing a family's housing while providing on-going support.

PERMANENT, SERVICE-ENRICHED HOUSING

Permanent, service-enriched housing has been cited as the alternative to emergency shelters and transitional housing (Weinreb and Buckner 1993). These programs offer many of the same services offered by transitional housing programs. Families are often paired with a case manager for comprehensive needs assessment and goal setting, and linked with community resources for needed services. However, these programs provide housing and services on a permanent basis, allowing residents to stay in the units for as long as they choose. As in larger transitional housing programs, the size of these programs create economies of scale that make on-site delivery of services, such as child care, education services, health care and substance abuse treatment, cost effective and viable.

Both permanent housing facilities and larger transitional housing facilities that offer on-site services require substantial funds to cover the cost of building acquisition or construction, rehabilitation, on-going maintenance fees, and the on-site services they offer. Additionally, many of these programs provide 24-hour security services for the facility that add to the overall operating budget. Such outlays are outside the fiscal scope of smaller agencies like FIT.

THE FIT MODEL WITHIN THE CONTEXT OF HOUSING SERVICES

The housing assistance that FIT offers combines the transitional housing model of service-delivery with the stability of housing that permanent housing programs offer. Clients with the most immediate and intensive needs are often placed in FIT's six-unit transitional housing facility. Those who are not in need of such intensive housing services are provided assistance in finding permanent housing in the private market, and they receive rental assistance to supplement their contribution to rent. Both groups continue to receive case management and referrals to other services as necessary.

This "scattered-site" model of housing, where participants access single housing units throughout the area, is less common in both transitional, service-enhanced housing programs, such as FIT, and in permanent housing programs. FIT's design offers the intense assessment and service-delivery of the traditional transitional housing model without uprooting residents once they have achieved benchmarks of independence or have reached the time limit of the program. FIT considers the rental assistance offered to clients as providing permanent housing, although acknowledging the differences between its approach and traditional permanent housing

programs. Whereas permanent housing programs typically provide stable housing to participants by allowing them to reside in the facility for as long as they choose, FIT helps clients locate units in the private market where they will be able to remain after their participation in the program ends. By helping clients secure affordable housing while enrolled in the program, FIT staff help prevent clients from facing the stress of resettlement during their transition out of the program.

This approach to housing places FIT in a unique position within the field of housing policy. The program attempts to address some of the most prevalent criticisms of the typical transitional housing model such as the lack of long-term, stable housing and the marginalization of homeless families to certain areas of the community. Yet it falls short of providing the full-scale, on-going assistance that permanent, service-enriched housing programs do. Instead, FIT tries to reach a compromise between transitional programs and permanent housing responses. It can be most aptly described as providing transitional services and support to clients while helping them secure permanent affordable housing.

COMPARISONS WITH SIMILAR PROGRAMS

A few model programs of service-enriched, permanent housing were developed in the 1980s (Bassuk 1990), but unlike FIT, they typically focused on clusters of apartment units or buildings (Shlay and Holupka 1992). Most of these programs aimed to foster self-sufficiency among families already living in subsidized housing rather than targeting currently homeless families (Shlay 1993). Few studies or evaluations have documented service-enriched, permanent housing developed to serve homeless families, and even fewer have emerged that evaluate the impact of service-enriched, scattered site transitional programs.

Although research in this area is limited, programs similar to FIT exist and are fulfilling many of the same community needs that FIT was designed to address. The characteristics of these programs vary widely along several program dimensions, including the organizational structure of the program, the collaboration with community partners, the type of housing assistance offered, the services, and the duration of services offered. In Figure 2, we compare FIT with other transitional housing programs along these dimensions. Our comparison is based on limited data and will be supplemented in more detail as our research in this area continues. We describe future evaluation tasks in Chapter V of this report.

The sample programs chosen for this analysis are not necessarily representative of the housing field as a whole. Nor have they been randomly selected to ensure that they accurately represent the range of program responses. Instead, we have selected programs that are similar to FIT in several basic ways. All of these programs provide, at a minimum, transitional housing assistance to homeless families. They also include, to a varying degree, support services similar to those offered by FIT. The variations among these programs in service delivery and program structure suggest alternative strategies for addressing common issues. The following discussion refers to the characteristics of our selected sample programs only, and can not be generalized to the entire population of transitional housing programs.

ORGANIZATIONAL STRUCTURE

The majority of the programs examined that are designed to address homelessness through transitional housing services are run by non-profit agencies. This may be because, as noted by FIT and HRA, non-profit status often allows for flexibility in program requirements, the adaptability of staff hours to meet client needs, and the ability to advocate for increased community awareness of and resources for the homeless population. Some of the agencies examined were already established when they decided to initiate a program serving homeless families, while others were founded specifically to provide services to that population. A few of these agencies run programs separate from their housing and homeless services initiatives, although this is not common.

Figure 2

Comparisons with Similar Programs

Program	Agency Type	Collaboration with Public Agency	Scattered Site Housing with Rental Assistance (Maximum # months)	Transitional Housing	Permanent Housing in Agency Owned/Operated Facility	Case management Mandatory vs. Voluntary	Employment or Education Services	Domestic Violence Treatment	Substance Abuse Treatment	Child Welfare Services	Child Care	Other Supportive Services
Families in Transition, Santa Cruz, CA	Non-Profit	T	T 18	T 18		M	R	R	R	R	R	R
Beyond Shelter, Los Angeles, CA	Non-Profit	T	T 12		T	V	OS	R	R	R	R	R/OS
Homes for the Homeless; NYC, NY	Non-Profit	T		T 24		M ¹	OS	OS	OS	OS	OS	R/OS
Building Communities Collaborative; Columbus, OH	Public/private Collaborative	T			T	V	R	R	R	R	R	R
Community Family Life Services; Washington, DC	Non-Profit	T		T 24	T	M	OS	R	OS	OS	OS	R
Mental Health Association of Dade County, Inc.; Miami, FL	Non-profit	T		T 24		M	R	R	R	R	R	R
New Economics For Women, Los Angeles, CA	Non-profit				T	M	OS	OS	OS	OS	OS	OS
Warren Village; Denver, CO	Non-Profit	T			T	M	OS	R	R	OS	OS	R
Wilson Commencement Park; Rochester, NY	Non-Profit	T		T 2			M	R	R	R	OS	R/OS
Colorado Coalition for the Homeless; Denver, CO	Non-Profit	T	T 24			M	R	R	R	R	R	R
City of Fremont Housing Scholarship Program; Fremont, CA	Public Agency		T 12			?	R	R	R	R	R	R
Northwest Montana Human Resources	Non-Profit	T		T 24	T	M	T	R	R	R	R	R

M = mandatory V = voluntary R = referred to community agencies OS = on-site delivery of services

¹Although Case Management is mandatory, the participant is not required to actually participate in any services.

COLLABORATION WITH PUBLIC AGENCIES

FIT was initially established within the county Human Resources Agency (HRA). Although it has since incorporated itself as an independent non-profit agency, the public/private collaboration remains an important component of the program. Non-profit agency collaboration with public agencies is a common organizational model in the transitional housing field, though roles vary with each collaboration. Many non-profit agencies, like FIT, develop agreements with local or state government agencies. As with FIT and HRA, these agreements define the program and describe the roles that the identified agencies will play, including the amount of government resources to be allocated to the program.

A different model of collaboration entails the creation of a forum where representatives from both public and private agencies discuss the needs of the homeless population and coordinate their responses. Members of this forum initiate change within their respective agencies, creating a community-wide response without creating a new organization.

Even non-profit agencies that do not define an official agreement with public agencies often acquire public funding to support components of their program. Through various arrangements, collaboration seems to be the norm among the transitional housing programs examined.

TYPE OF HOUSING ASSISTANCE OFFERED

The most common type of service-enriched transitional housing is multi-family facilities. Duration of stay in these facilities is limited to two years in most programs examined, six months longer than FIT offers. Several of these transitional facilities offer on-site services, including child care, counseling, job training, education services, and child development programs. As mentioned earlier, these are usually large complexes that house a substantial number of families. The remaining programs that offer transitional housing in a multi-family facility, including FIT, broker services with community agencies instead of developing on-site programs.

Several agencies that offer supportive transitional housing also offer permanent service-enriched housing in agency-owned and operated facilities. These agencies commonly combine both types of housing assistance in the same facility. In such cases, the program can provide

either transitional units or permanent affordable units in a single facility, depending on a family's needs.

Fewer programs offer scattered-site, transitional housing assistance similar to that of FIT. Most programs that follow this model employ an intensive case management component and refer clients to community agencies for services, as does FIT. The extent of these services, the nature of the coordination and communication between the program and involved community agencies, and the impact of the collaboration with public agencies will be explored further in later analysis. In addition, future analysis will compare the benefits of the scattered-site model with those of the larger transitional facility setting.

SERVICES AND DURATION OF SERVICES OFFERED

Most programs we examined offer a case management component to their clients. Participation in case management services, however, is not always mandatory. Several agencies believe that clients should be allowed to determine for themselves whether or not they want to participate. Even in programs where case management is mandatory, participants may not be required to pursue further services. This voluntary aspect of the case management model is philosophically different than the mandatory model applied at FIT. Future evaluation reports will explore the differences in these approaches, including their effects on clients' utilization of services and impact on long-term self-sufficiency.

The services offered by these programs are similar in their breadth and in their flexibility. All programs design service delivery to meet a client's needs and try to link clients with services accordingly. The services included in this analysis are those that clients most frequently use. Most programs offer numerous individualized services as well. Among the standard services offered, the method of delivery varies. Programs with large transitional housing facilities and those that combine transitional housing with permanent housing in the same facility offer many of these services on-site in a cost effective way. Other programs refer clients to community service providers, as does FIT. The impacts of the differences between these methods of delivery may include higher levels of participation in on-site services, but it may also lead to a more difficult transition period for transitional housing residents when they relocate to an area without such convenient access to needed services. The prevalence of such issues and how different agencies respond to these needs will be explored in later analyses.

IV. OUTCOMES STUDY

BPA's evaluation of FIT includes an outcomes study that will systematically measure participants' outcomes after receiving FIT services. To collect the necessary information, FIT has been working with HRA to create a database of client characteristics and services received. To ensure that the database meets the joint needs of the two agencies, BPA staff participated in design meetings with HRA staff. BPA staff continued to consult with HRA and FIT staff throughout the development of the database to confirm that appropriate information could be collected without undue burden to FIT staff. This database enhances FIT's previous data collection and measurement of client outcomes. Specifically, the new, more sophisticated database enables FIT to more extensively measure client barriers and tracking interventions. Data for each individual will be collected at intake and updated on a quarterly basis until program exit. Data to be collected includes parents' employment status, education level, job readiness, earnings, transportation obstacles, and history of domestic violence. Information on the type, intensity, and duration of services received will also be collected at these points.

In January 1999, FIT staff began entering data on family demographic characteristics. The variables developed to track on-going services are currently being finalized, and collection of this information is anticipated to begin in February. FIT is also developing an internal system that will trigger monthly reminders to case managers that certain case files need to be updated within that month to maintain the quarterly tracking system. They are also working on ways to present the data in a straightforward spreadsheet to facilitate data entry.

BPA staff will begin the quantitative analysis of this information as soon as data entry is completed. We plan to measure and assess program outcomes over time, and compare actual outcomes with anticipated program goals.

V. PLANS FOR FUTURE ANALYSIS

Future analyses will be reported in four subsequent reports to be submitted in the following months: June 1999, January 2000, June 2000, and January 2001. Our research plans for each of the key evaluation components are summarized here and discussed in further depth below. The second report will provide an update on FIT's program operations, noting any changes in service provision or in the economic conditions of the community it serves. It will also present more detailed description of our findings in regard to similar programs. The last three reports will report findings from the evaluation's quantitative analysis.

FUTURE QUALITATIVE DATA COLLECTION

Future site visits will supplement current qualitative information. We intend to interview a broad range of clients, including long-term participants and those who have graduated from the program. We will assess whether clients' perspectives on the program change as their participation with FIT evolves. Analyzing this information will enable FIT to address emerging participant concerns. We also plan to speak with more community-based agencies who work with FIT. We will assess community support for FIT and evaluate the effectiveness of coordination with agencies outside of the county government structure to a greater extent than current data allows.

We will interview FIT staff and participants at the Watsonville office to assess the implementation in south Santa Cruz County and determine if there are differences between services provided at the two offices. We will investigate the adequacy of the Watsonville staffing structure, the strength of relationships with community service providers in south County, and the barriers to service delivery to a monolingual population. We will interview south County participants to understand their perspectives on the FIT program. This will further identify strengths and weaknesses of program implementation at the new office.

FUTURE COMPARATIVE ANALYSIS

We plan to address the comparative program issues posed in this report, as well as others that emerge with further research, by collecting more detailed information on our sample programs' structure, service delivery, and impact on clients. We will gather this information

through telephone interviews with each program in our sample, and through written materials requested at that time. Specifically, we will identify and assess the different models of collaboration with public agencies and evaluate the strengths of the various methods of housing assistance. We will also try to understand the differences in effectiveness of service delivery between on-site services and community referrals, as well as the difference in effectiveness of mandatory versus non-mandatory participation requirements. This information will help place FIT within the context of similar programs, and will help identify strategies that may be effective in improving the program.

FUTURE QUANTITATIVE DATA COLLECTION

The final three reports will concentrate largely on the collection and analysis of quantitative data. These data will allow us to measure participants' outcomes throughout their participation in FIT as well as post-termination. In these reports, we will continue to assess program changes through the field data collection, and focus on how these may have affected participant outcomes.

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