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Family Permanent Supportive Housing

Preliminary Research on Family Characteristics, Program Models, and Outcomes

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INTRODUCTION

Homelessness in America is a tragic and persistent social problem. Since the early 1980's, the face of homelessness has changed, with families forming an increasing portion of the overall homeless population. Estimates from the only nationally representative study to date (Burt et al., 1999) indicate that over 30% of the homeless population lives in families with children.

Available resources have not kept pace with the growing numbers of families and children who are precariously housed or who are already on the streets. As fiscal constraints have increased, strategies for ending homelessness have focused on single adults with disabilities who have been residentially unstable for long periods (Testimony of Philip L. Mangano, 2004; Federal Register, 2005). The recently reinvigorated Interagency Council on Homelessness has put the weight of federal policy and funding behind efforts to end long term homelessness among this "chronically homeless" subpopulation. The primary strategy for accomplishing this goal has been to provide people with subsidized permanent housing that includes supportive services, but participation is not a requirement for tenancy. Referred to as "Housing First", this model encourages rapid re-housing, works with individuals to define their own goals and service needs, encourages but does not require abstinence from substances, and generally offers flexible services. Compliance with treatment is not a housing prerequisite (Tsemberis, 1999; Burt, et al., 2004; Barrow, Rodriguez, & Cordova, 2004).

The nature, mix and intensity of services required to support homeless families in permanent housing has become a point of contention among researchers and practitioners, with some claiming that they are not essential for retaining housing (Culhane, 2004; Shinn 2004). However, the weight of research evidence and clinical experience suggests that while subsidized housing alone is *necessary* to eliminate literal homelessness, it is not *sufficient* to prevent recurrences of homelessness, ensure ongoing stabilization in the community, and foster self-support and well-being for all families (see Bassuk & Geller, 2005 for an examination of this issue). The debate about the effectiveness of various housing and service models has flourished because of the relative lack of data (Bassuk & Geller, 2005). When information is sparse, social biases tend to fill-in the gaps.

Studies examining the effectiveness of housing and service options for homeless families are limited (Barrow & Zimmer, 1999; Burt, 1997) and rarely investigate the diverse needs of subgroups of homeless families. Rather, families are viewed as a homogeneous group with similar needs. Despite the limitations in our knowledge base, existing data do suggest that a subset of homeless families who are dealing with medical problems, mental illness, substance abuse, and traumatic stress (e.g., domestic violence) will likely need enhanced supportive services to retain housing over the long-term (Bassuk, Perloff, and Dawson, 2001).

The provision of permanent housing paired with supportive services, as in the Housing First model described above, or more broadly under the rubric of permanent supportive housing (PSH), is a widely prevalent approach for serving homeless single adults. This approach has proliferated rapidly, partly due to the training, technical assistance, and advocacy efforts of

organizations such as the Corporation for Supportive Housing, and partly in response to HUD funding priorities, which are increasingly favoring permanent housing models over transitional arrangements. PSH has been shown to be effective in helping single adults maintain stability in housing (e.g. Hurlburt, Hough, & Wood, 1996; Rosenheck, et al. 2003; see Bassuk, 2003 and Bassuk & Geller, 2005; Rog, 2004).

Though PSH was originally developed to serve homeless and disabled single adults, in recent years many programs across the country have adapted PSH models for use with homeless families. Research has lagged behind practice in this area and few studies have documented outcomes for families living in PSH (see Bassuk & Geller, 2005 for a broader but related review of the roles of subsidized housing and supportive services in helping homeless families).

In one early study Weitzman and Berry (1994) compared two groups of families exiting shelters for public housing in New York city. One group was provided intensive case management services (thus forming the housing plus services components of a PSH model), while the other had no special access to case management services (though families in this group may have accessed case management and other services on their own). Families receiving enhanced case management were more likely to be in their original apartment at a one-year follow up assessment (85% vs. 69%).

A larger study, the Robert Wood Johnson Homeless Families Program, provides the most solid descriptive data (the study lacked any comparison groups) concerning PSH for families. This program provided housing vouchers, case management, and other services to homeless families in nine cities. In six cities, researchers were able to obtain follow-up data on families. In these cities, 85% of the families were stably housed 18 months following their enrollment. At a later assessment, 30 months after enrollment, three of the cities reported still relatively high rates of stable housing (above 80%), but in three cities the rate had dropped to less than 65% (Rog & Gutman, 1997). Besides residential stability, Rog and Gutman also describe positive changes in families' access to, and use of services, particularly substance abuse and mental health services, but "little and erratic progress" towards family self-sufficiency.

As this small review demonstrates, the research base for outcomes for families in PSH is very thin. Even a first generation of studies, simple descriptive studies examining outcomes, has not been completed, let alone more in depth studies that compare PSH for families to other models, or studies that attempt to examine which families do well in PSH and which families do not (what works for whom).

In the context of this dearth of research, we synthesize here evaluation results from thirteen supportive housing programs that serve families. These studies were conducted by three different research groups with overlapping objectives. These data sets are preliminary but are among the first to examine the effectiveness of permanent supportive housing for families and the characteristics of the clients they serve. Because of the importance of reporting findings about permanent supportive housing models that benefit homeless families and children, we have attempted to investigate the outcomes of interest by merging the available information from these evaluation studies.

Using the available data sets, this paper attempts to answer the following questions about family permanent supportive housing (FPSH):

1. What are the characteristics of the populations residing in these FPSH programs?
2. What are the characteristics of FPSH programs and how do models vary across programs?
3. What are the outcomes for participants in these programs?
4. Is there any evidence that particular constellations of program characteristics are associated with improved participant outcomes?

METHODS

This paper examines the findings from three sets of evaluation studies of FPSH programs. The first set of studies was conducted for CSH by Philliber Research Associates (PRA). These studies examined five FPSH programs, two located in the Twin Cities area of Minnesota and three located in the San Francisco Bay area. The Urban Institute and Harder+Company Community Research (Urban-Harder) conducted the second set of studies for The Charles and Helen Schwab Foundation. These studies covered seven programs in the San Francisco area. The third study was conducted by the National Center on Family Homelessness (NCFH) and includes an umbrella program with two sites, one located in Ramsey County, MN (St. Paul) and the other in more rural Blue Earth County, MN (Mankato).

The PRA studies explored the characteristics of services and supports provided by each program and examined administrative data collected by program staff about each participant family (233 in total) at two points in time: entrance into the program and either one-year later or upon program exit. These data included all families enrolled during the study period from May 2001 to July 2003.

The Urban-Harder study examined participant and program characteristics. These researchers interviewed staff at all the programs and observed activity at each location to better understand program implementation. In addition, 100 participant families were recruited from across the seven programs and interviewed directly by the research team a single time. While information on program characteristics is available for the seven programs, participant information is available in the aggregate, and no outcome information (change over time) is available.

The NCFH study is an ongoing evaluation of the Minnesota Supportive Housing and Managed Care Pilot project. This evaluation involves face-to-face interviews with participants when they enter the program and follow-up interviews nine and eighteen months thereafter. As follow-up data is not yet available, we rely only on baseline data for this analysis.

One of the programs studied, Canon Barcus, was included in two evaluations. The Urban-Harder research team surveyed thirteen Canon Barcus participants five months after the PRA study ended. It is possible that some of these 13 participants were included in both studies but there is no way to determine the number. The small number of participants affected by this potential duplication should not significantly impact the findings.

Table 1 below presents background information about the thirteen FPSH programs included in the three different studies. The programs vary in size as well as in organizational and physical arrangement.

Table 1. Size and Housing Arrangements of Family Permanent Supportive Housing Programs

Program	Size	Housing Arrangement
PRA Studies		
Alameda Point Collaborative, Alameda, CA	100 transitional housing units; 100 permanent units; 40 for families	Separate bungalow-style units on a former military base
Emma's Place, Maplewood, MN	13 units; all for families	Separate townhouses clustered together
Lockwood-Coliseum Gardens Family Services Collaborative, Oakland, CA	Program serves varying subset of families in two public housing projects	Two public housing projects
Portland Village, St. Paul, MN	36 units; all families	Multiple apartment buildings in close proximity
Urban-Harder Study		
Cecil Williams House, San Francisco, CA	52 units; 12 families	Single building
Community Housing Partnership, San Francisco, CA	73 units; 10 for families and 86 units; 17 for families	Two buildings in close proximity
The Dudley Hotel, San Francisco, CA	75 units; 20 for families	Single building
1180 Howard, San Francisco, CA	162 units; 74 for families	Single building
Treasure Island—Catholic Charities, San Francisco, CA	218 units; 100 for families	2-4 bedroom apartments scattered throughout multiplex development
Treasure Island—Community Housing Partnership, San Francisco, CA	24 units; all for families	2-4 bedroom apartments scattered throughout multiplex development

Program	Size	Housing Arrangement
NCFH Study		
MN Supportive Housing and Managed Care Pilot	25 families in Blue Earth County (BEC), MN 35 families in Ramsey County (RC), MN	Generally scattered market rate apartments in the community; BEC also provides services to families in a single-site building and RC provides services to families clustered within a larger supportive housing complex
PRA & Urban-Harder Studies		
Canon Barcus Community House, San Francisco, CA	47 units; all for families	Single building

Measures

Each study describes the demographic characteristics of program participants including age, race/ethnicity, education, family composition, and age distribution of the children in these families.

Additionally, information is provided about mental health and substance use issues among the heads of households in participating families. These data are measured differently by each of the studies. In the PRA studies, a participant is considered to have issues in these areas (i.e., defined as "special needs") if the participant indicated a need for supportive services at intake. In the NCFH and Urban Harder studies, these issues were measured directly using a variety of standardized instruments. We compare just those programs in the PRA studies as they provide the only reasonably comparable statistics.

In four of the five studies conducted by PRA, consistent information regarding participant "outcomes" is included (progress for the residents of Lockwood-Coliseum Gardens is presented in a way that is not comparable to any other program). Outcome data in these four studies included aggregate information regarding the progress made by participants in the areas of housing stability (proportion in housing for greater than 1 year and reason for exit); self-sufficiency (mean income and percent employed); and family reunification (rates of out-of-home placement and reunification).

Analyses

We examined the data presented in each of the studies and synthesized the information into three categories: 1) participant characteristics, 2) program characteristics, and 3) participant outcomes. This information is presented for each program wherever possible. In addition to synthesizing the existing data, we examine the relationship between program characteristics and outcomes.

To characterize the population served across the thirteen programs, we collapsed the information from the studies into a consistent format and present frequency distributions of key client characteristics.

To describe program characteristics and make cross-program comparisons, we coded the descriptive material regarding the programs into a common cross-program framework. The goal of the framework is to provide a common metric against which the characteristics of the different programs can be assessed. In choosing which aspects of the programs to encode, we focused on those identified as relevant for predicting client outcomes (Barrow & Zimmer, 1999; Rog, 2000) and that are estimable from our data. Although the data for this study are relatively limited, the dimensions listed below have the potential to capture some of the more important inter-program variability related to outcomes:

- Program context
- Program size
- Administrative arrangement
- Housing arrangement
- Housing choice
- Program control
- Range of adult on-site services
- Range of child on-site services
- Intensity of adult on-site services

Other dimensions that we were unable to code because the data set does not refer to them include staff training and credentialing, staff attitudes and degree of burn-out, staff support policies and structures, and funding issues, such as sources, security, and changes in amounts.

Table 2 below shows the dimensions we coded to characterize the programs, an explanation of each dimension, and the definitions of the coding levels for each.

Table 2. Cross-Program Coding Framework

Dimension	**Definition**	**Coding Levels**
Program Context	The extent to which the program is located in an urban area.	Rural Suburban Urban
Program Size	The number of housing units under the auspices of the program.	**Small**: <= 15 units **Medium**: 16-40 units **Large**: 41-80 units Very Large: 81+
Administrative Arrangement	The extent to which housing and services functions are undertaken by separate agencies.	**Joint:** Housing and services are administered by the same agency **Split**: Housing and services are administered by different agencies

Dimension	Definition	Coding Levels
Housing Arrangement	The physical arrangement of housing units in the program.	**Single**: A single building **Multiple**: Multiple buildings in close proximity **Scattered**: Units scattered across neighborhood(s)
Housing Choice	The extent to which consumers are afforded a range of housing sizes, locations, cost, and other characteristics from which to choose.	**Low:** Housing limited to apartments within a small number of buildings. **Medium:** Clients choose from a among apartments located in a limited area. **High:** Clients choose housing that best meets their needs from among a wide array of housing options.
Program Control	The extent to which the program has control over participants lives	**Low**: No control beyond standard lease **Medium**: Has one of the following: required services, low tenant privacy, strict behavioral rules **High**: Has two or more of the following: required services, low tenant privacy, strict behavioral rules.
Range of Adult On-Site Services	The extent to which different types of services for adults are available on-site.	**None**: No services on-site **Basic**: Predominantly case-management; few other services. **Basic-Plus**: Case-management plus one of: vocational, mental health, substance abuse, or other. **Moderate**: Case-management plus two of: vocational, mental health, substance abuse, other. **High**: Case-management plus three or more of: vocational, mental health, substance use, other.
Range of Child On-Site Services	The extent to which different types of services for children are available on-site.	**None**: No child services on-site. **Basic**: Some day-care services. **Basic-Plus**: Robust day-care and/or after-school youth services. **Moderate**: Robust day-care services plus some clinical services. **High**: Robust day-care and clinical services.
Adult On-Site Service Intensity	The quantity of services delivered for adults.	Number of households per case manager. Also, where available, the average number of service contacts per family per month.

To examine outcomes across programs we again collapsed the information from the studies into a consistent format and we present frequency distributions of key participant outcomes:

housing stability, family reunification, and self-sufficiency. We limited our attention in this analysis to those studies that reported data at two time-points. The Urban-Harder, Lockwood-Coliseum Gardens, and NCFH studies were excluded from this analysis because they did not report outcome data or the data were not comparable with any other program.

To compare program characteristics and outcomes we grouped program outcomes in categories relative to one another. Programs were given a "high" rating if 1) substantial change occurred in the outcome of interest and 2) the change was greater than that in the other programs. A program was given a "medium" rating if change was only moderate, regardless of whether or not any program was rated "high". We assigned a "low" rating if change was very small or, in some cases, was in a negative direction. We then crossed these high/medium/low assessments of program outcomes with the program characteristics (above) to examine whether any patterns of program characteristics are related to program outcomes.

FINDINGS

In this section, we report the synthesized results from the evaluation studies, focusing in turn on participant characteristics, program characteristics, participant outcomes, and the relationship between outcomes and program characteristics.

Participant Characteristics

This section examines the similarities and differences in the characteristics of the 409 families of the FPSH programs that were included in the evaluation. The number of families in each program ranged from a high of 94 in the Lockwood-Coliseum Gardens program in the San Francisco Bay Area to a low of 16 at Emma's Place in Maplewood, Minnesota.

Pathways Into FPSH

Information about the pathways into FPSH programs is sparse. Only three of the evaluation reports provided information regarding the previous residence of the program participants: Portland Village, Emma's Place, and Alameda Point.

Table 3. Distribution of Previous Residence by Program

	Portland Village	**Emma's Place**	**Alameda Point**
	(N=36)	(N=16)	(N=40)
Previous Residence	%	%	%
Transitional housing	41	56	22
Staying with friends	6	19	20
Shelter	10	6	13
Tx Facility	38	0	2
Prison	6	0	0
Other	3	12	46

Among participants in these three programs, transitional housing was the only consistently named former residence. Staying with family members and friends was the next most common pathway into these programs. In only one program were a substantial proportion of participants admitted directly from a treatment facility. Shelter and prison were not a common route into permanent housing. Although some families from each program moved into permanent housing directly from shelter, the percentage in each program was low.

Pathways categorized as "other" were most common among Alameda Point residents. While only 3% of Portland Village residents and 12% of those from Emma's Place entered their respective programs through some other type of residence, 46% of Alameda Point residents fall in this category. Other types of residence included living in one's own apartment, a domestic violence shelter, or living on the streets. Among Alameda Point residents who lived in an "other" type of residence before entering the program, the majority lived in their own house/apartment or on the streets (16% and 12% of the total, respectively).

Previous Homeless Experience

The 100 participants in the Urban-Harder study for whom homeless history data are available report multiple and extended periods of homelessness. Ninety-three percent (all but four), of the mothers reported that this spell of homelessness was not their first. Of these, 20% reported three prior homelessness episodes and another 20% reported being homeless four or more times in the past. These experiences began early for many mothers. While the average age at which the mothers first became homeless was 24 years, one-third of the participants became homeless for the first time as a minor. The length of time the mothers were homeless varied from 2 months to as long as 23 years. For those homeless as minors, the average cumulative time homeless was 27 months during this period of their lives. The average length of adult homelessness was 44 months. Ten women reported adult homelessness lasting more than 10 years.

Families in the Minnesota pilot had similar, but somewhat less extensive homeless histories. The average head of a family had been homeless for 22 months as an adult and 62% had been homeless as an adult multiple times. Further, 18% of participants reported being homeless before the age of 18, with an average total duration of homelessness as a minor of 28 months.

Age

The average age of the mothers across all programs was 36.1 years with a range of 33 years (in the Minnesota Pilot) to 40 years at Lockwood-Coliseum Gardens.

Table 4. Mean Age of Heads of Household by Program

	Portland Village	Emma's Place	Canon Barcus	Lockwood-Coliseum	Alameda Point	Urban-Harder Program	MN Pilot
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)	(N=100)	(N=76)
Mean Age	34	36	34	40	37	36	33

Family Composition
Overall, 81% of families in these programs are headed by one parent, usually a mother. In every program single parents are the majority. However, this varies substantially from program to program. Alameda Point has the smallest proportion of single-parent families (70%), while at Emma's Place 94% of the parents (all but one) are single.

Table 5. Percentage of Single Parent Families by Program

	Portland Village	Emma's Place	Canon Barcus	Lockwood-Coliseum	Alameda Point	Urban-Harder Program	MN Pilot
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)	(N=100)	(N=76)
	%	%	%	%	%	%	%
Single Parents	80	94	81	80	70	87	78

Age of Children
Families in these programs have children of all ages. While the majority of families at Portland Village, Emma's Place, Canon Barcus, and Alameda Point have young children (under 4 years), families are even more likely to have children in the middle years (5-12 years). With the exception of Emma's Place, teens represent a minority in each program.

Table 6. Percentage of Families with Children in Each Age Range

	Portland Village	Emma's Place	Canon Barcus	Lockwood-Coliseum	Alameda Point	Urban-Harder Programs	MN Pilot
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)	(N=100)	(N=76)
Age Range	%	%	%	%	%	%	%
0-4	58	63	53	N/A	55	41	45
5-12	69	94	70		72	59	68
13 or older	44	63	30		38		49

N/A=Data not available

Out-of-Home Placements
Many of the families participating in these programs had children who were in the care of someone outside of the household. Among the families residing in Emma's Place, 56% had children in some type of out-of-home placement. Forty-two percent of the parents in Portland Village were separated from at least one of their children. The proportion of families where children were separated was smaller but still substantial in other programs. Fifteen percent of Canon Barcus families and 12.5% of those at Alameda Point had children in out-of-home placements.

Ethnicity
The ethnic breakdown of participants in the programs is shown in table 7.

Table 7. Distribution of Race/Ethnicity of Head of Households by Program

	Portland Village	Emma's Place	Canon Barcus	Lockwood-Coliseum	Alameda Point	Urban-Harder	MN Pilot
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)	(N=100)	(N=76)
Race/Ethnicity	%	%	%	%	%	%	%
White	8	19	15	0	2	10	53
Black	81	63	51	69	68	56	36
Hispanic	3	6	19	1	10	19	9
Asian	0	6	4	30	2	2	3
Native American	8	6	.	1	18	3	3
Multiracial						8	5

The majority of mothers in all FPSH programs except for the Minnesota Pilot, the only program located in a rural area, were Black, comprising 58.3% of the respondents overall, with a range of 36% to 81%. White (15.7%) mothers were the second most represented group. No white mothers resided at the Lockwood-Coliseum Gardens program in the San Francisco Bay Area. The largest proportion of white mothers (53%) resided in the Minnesota Pilot programs – this figure is probably reflective of the overwhelmingly white population in Blue Earth County, a predominantly rural area of Minnesota. The next most represented groups of participants were of Hispanic or Asian ethnicity. Hispanic mothers comprised 10.2% of the total. Although no Hispanic mothers resided in Portland Village in Minnesota, mothers from this group made up 19% of participants at Canon Barcus and the Urban-Harder programs. Asians comprised 8.8% of the total; the majority resided in a single housing program—Lockwood-Coliseum Gardens.

Education

Sixty percent of the mothers in FPSH programs had at least a GED or high school degree and many in this group had some college. Portland Village had the lowest proportion of high school educated participants (50%), while participants in the Urban-Harder study were the most highly educated (71%).

Table 8. Percentage of Heads of Household with At Least a High School Degree or GED

	Portland Village	Emma's Place	Canon Barcus	Lockwood-Coliseum	Alameda Point	Urban-Harder Program	MN Pilot
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)	(N=100)	(N=76)
	%	%	%	%	%	%	%
HS /GED	50	56	N/A	53	62	71	61

N/A=Data not available

Employment

At baseline, a minority of respondents in all programs were employed. The employment rates clustered into two distinct groups—those programs in which less than 10% of the residents were employed (low employment group) and those in which 20% or more were

employed (high employment group). The low employment group includes Alameda Point (0%) and Lockwood-Coliseum Gardens (3%). Canon Barcus (21%), Portland Village (22%), the Urban-Harder programs (30%), and Emma's Place (44%) had higher rates of employment. The Minnesota Pilot did not have comparable data on employment.

Income

The incomes of the families (which includes both earnings and cash assistance) in all these programs were extremely low. The mean monthly incomes varied from a high of $1296 for Emma's Place residents (the group with the second highest employment rate) to a low of $716 for the residents of Portland Village.

Table 9. Mean Household Income by Program

	Portland Village	**Emma's Place**	**Canon Barcus**	**Lockwood-Coliseum**	**Alameda Point**	**Urban-Harder Programs**	**MN Pilot**
	(N=36)	(N=16)	(N=24)*	(N=28)*	(N=17)*	(N=100)	(N=76)
Mean Income	$716	$1296	$795	$748	$1032	$890	$964

*Income information was available for only a subset of families

Mental Health (MH) and Substance Use (SA) Issues

Participants in each program have histories of mental health problems as well as struggles with alcohol and substance abuse, but their prevalence varied by program. In part, the variation reflected different program target populations as well as mission (e.g., some programs were created to serve families working on recovery from addictions) as well as highly varied measures. The programs included here are those with the most comparable measures though variation across sites may be the result of differences in the way problems are determined at intake and not true differences in the characteristics of the population. The distribution of participants with special needs is shown in the table below.

Table 10. Distribution of MH and SA Issues for Head of Household by Program

	Portland Village	**Emma's Place**	**Canon Barcus**	**Lockwood-Coliseum**	**Alameda Point**
	(N=36)	(N=16)	(N=47)	(N=94)	(N=40)
	%	%	%	%	%
Mental health	25	69	19	28	18
Drug abuse	86	44	13	7	12
Alcohol abuse	47	38	9	4	28
Domestic violence	3	6	15	21	22

Based on a review of intake assessments, researchers determined that nearly 7 out of 10 residents of Emma's Place had some mental health issues. However, the need for mental health services was not this high in all programs.

Substance abuse among participants as determined at intake also varied by program. In Lockwood-Coliseum Gardens and Canon Barcus, the proportion of residents with an identified alcohol or drug problem is relatively low. In contrast, nearly all (86%) of the residents at Portland Village were determined to have a drug abuse problem. Alcohol abuse was less prevalent among the residents of this program but still higher than other programs.

Program Characteristics

To summarize and compare program characteristics, we coded the descriptive material regarding the programs into a common cross-program framework (see Methods above for a description of the framework). Table 11 below shows the results of coding the eight characteristics across the thirteen programs.

Table 11: Program Characteristics

Program Characteristic	PV	EP	CB	L-C	AP	CWH	CHP
Context	Urban	Suburban	Urban	Urban	Suburban	Urban	Urban
Size	Med (26)	Small (13)	Large (47)	Very Large (100+)	Very Large (200)	Large (52)	Very Large (159)
Administrative Arrangement	Joint	Joint	Split	Split	Split	Split	Joint
Housing Arrangement	Multiple	Multiple	Single	Single (at 2 close sites)	Multiple	Single	Single (at 2 close sites)
Housing Choice	Low	Low	Low	Low	Medium	Low	Low
Program Control	High	High	Low	Med	Low	Low	Low
Range of Adult On-Site Services	Basic	Basic-plus	Moderate	Moderate	High	High	Basic-plus
Range of Child On-Site Services	Basic-plus	Basic-plus	Moderate	Basic-plus	Moderate	Moderate	Basic
Intensity of Adult Services **Households per case manager** **Services per family per month**	9 2.7	7 5.9	9 5.4	(na) [1] (na) [1]	25 1.9	13 (na) [2]	40 (na) [2]

Table 11: Program Characteristics (cont.)

Program Characteristic	DH	1180H	TI-CC	TI-CHP	MNP – BEC	MNP - RC
Context	Urban	Urban	Suburban	Suburban	Rural	Urban
Size	Large (75)	Very Large (162)	Very Large (100)	Medium (24)	Medium (25)	Medium (35)
Administrative Arrangement	Split	Split	Split	Split	Split	Split
Housing Arrangement	Single	Single	Multiple	Multiple	Scattered / Single	Scattered/ Clustered
Housing Choice	Low	Low	Medium	Medium	High	High
Program Control	Low	Low	Medium	Low	Low	Low
Range of Adult On-Site Services	High	High	High	Basic-plus	(Scattered Site) [3]	(Scattered Site) [3]
Range of Child On-Site Services	Basic	Moderate	Moderate	Basic	(Scattered Site) [3]	(Scattered Site) [3]
Intensity of Adult Services **Households per case manager** **Services per family per month**	75 (na) [2]	(na) (na) [2]	15 (na) [2]	12 (na) [2]	(na) (na)	(na) (na)

[1] It is impossible to assess the intensity of services at Lockwood-Coliseum Gardens because services are provided to a fluid subset of the population of two large housing complexes.

[2] It is impossible to determine the services per family per month for programs in the Urban-Harder study because that study did not collect detailed service use information.

[3] It is impossible to rate the MN pilot programs on service range because these programs provide case management services and a varying mix of other services in participants' homes, depending on participants' needs. Furthermore, while the majority of participants are located in scattered site apartments, some live in one of two larger complexes which have different service ranges.

Despite sharing the same basic structure, the programs vary considerably in their characteristics, illustrating the range of approaches taken in FPSH programs.

Program Context

Most of the programs are located in dense urban settings. The two suburban San Francisco programs came about by creatively using land from military base closings. Qualitative data from staff interviews suggest that setting might be an important factor in shaping the availability of services and in the strength of community ties among participants.

Structural Characteristics: Size, Administrative Arrangement, and Housing Arrangement

Structural characteristics of the programs, such as size, administrative arrangements, and housing arrangements varied considerably. Taken together these three dimensions strongly shape the general character of a program. For example, the Community Housing Partnership, with 70-80 units per building in downtown San Francisco, and run by a single organization, provides a very different environment than the Treasure Island program that houses residents in separate bungalow-style units scattered throughout a neighborhood with multiple agencies providing various services, or the scattered site arrangements of the Blue Earth and Ramsey County programs.

In size, the programs run the gamut from three small Minnesota programs (Emma's Place, the MN pilot in Blue Earth County, and Portland Village at 13, 25, and 26 respectively), through the MN pilot in Ramsey County at 35 families, and Canon Barcus and Cecil Williams House each with around 50 units, to five programs that are much larger with 100 units or more. It seems likely that the ability of staff to have informal contact with participants, and the degree of informal monitoring and control that staff may exert, would be higher in the smaller programs.

Ten of the thirteen programs employ a separate agency to carry out property management functions. The qualitative data reveal staff's views on tradeoffs associated with joint versus split administration of housing and services. The Community Housing Partnership's staff believe their joined structure allows for better communication and a more integrated, comprehensive approach to addressing participants' needs. On the other hand, staff at other programs see the functional separation of housing and services as useful in allowing service staff to focus purely on providing supportive services and to advocate for participants with the housing agency. Staff from these programs also emphasize the importance of regular meetings between the housing and services staff.

In terms of housing arrangement, the programs range from those with large apartment buildings through those with more diffuse clustered housing such as attached townhouses or bungalows to those utilizing private housing scattered throughout the community.

Housing Choice

Housing Choice indexes the breadth of options, and the ability to choose among those options, that clients have regarding their housing. This dimension tends to vary with the type of housing arrangements. Single-site housing by definition limits client choice. Single-site providers may offer residents a choice among apartments in the same building or one in close proximity. Scattered site approaches have the benefit of potentially maximizing client

choice by offering a broader range of public and private housing alternatives. The MN pilot programs are the only programs rated High on this dimension in our sample, as they predominantly place program participants in apartments, and are free to respond to a wide range of clients needs and wishes regarding the location and type of housing in which they wish to live.

Program Control

Program Control involves the extent to which the program imposes control over residents' lives beyond the implicit basic control that typically occurs in landlord-tenant relationships. This control can be manifested through various aspects of a program's structure and procedures including service requirements, behavioral rules such as sobriety requirements, curfews and other rules, and limited tenant privacy through mechanisms such as unrestricted staff access to units and regular housing inspections. In this regard, two of the Minnesota programs, Portland Village and Emma's Place, stand out as high-control programs. Portland Village was developed with a highly structured model resembling transitional housing more than typical permanent supportive housing. Emma's Place was modeled after Portland Village. Besides these programs, Lockwood-Coliseum Gardens and Treasure Island-CC are rated as Medium Control programs. Lockwood-Coliseum Garden residents are subject to the housing authority's implementation of federal "one-strike" rules—giving the housing authority the power to evict the entire family if any member of the family is found to be using illegal drugs (whether or not the drug use occurred on the property). PRA evaluators report that this policy negatively impacts the receipt of substance abuse services among residents here. For Treasure Island-CC residents minimal service participation is a requirement of tenancy-- participants must meet with case mangers monthly. The remaining programs take a low-control approach, usually as an explicit feature of the program model.

Range of Adult and Child Services Available On-Site

The range of adult services that are available on-site varies from Basic to High. This scale indexes how many different services staff report as being available in some form, on-site, to residents (see Table 1 above under Methods). It does not index service intensity, whether services are accessed by participants, quality of the services, or any other characteristics. Thus, it represents a relatively crude measure of service availability. Furthermore, since the rating does not capture what services might be available to program participants off-site, nor the strength of referral and follow-up practices, it provides only a portion of the total service environment each participant might have available to them.

All the FPSH programs offer some type of resource coordination and advocacy or 'case management' under various program-specific names such as "family advocacy", "family support", or "primary providers". Since all the programs provide this central "glue," it is likely that participants have access to a wider array of services off-site via referral than just the on-site services reported here. The qualitative data reveal that case management services typically blend informal and formal contacts between the staff member and the participant, often taking place in hallways and other public areas as well as the participant's home or staff offices located on site. Typically, staff attempt to develop relationships with participants, create negotiated service plans, and meet to monitor progress towards goals. Help in finding housing, assistance in accessing benefits, help finding and receiving off-site services, crisis intervention, and informal counseling are functions typically performed by staff in this role.

Portland Village obtained a "basic" rating on service availability because it offers this resource coordination with few other adult services on-site. Programs with a "basic-plus" rating on our scale offer case management along with some other economically focused services such as vocational training, money management, and separate housing assistance programs on site. Programs rated as Moderate provide case management plus at least two of the following: the economically focused services, substance use services, mental health services, or other services such as parenting or medical care. Three programs are rated as High, typically providing case management, economic services, mental health and substance abuse services on-site. It is important to note, however, that merely having these services available does not guarantee that the residents receive them (see intensity below). We were unable to rate the MN pilot programs on this dimension because of the variability in service range across participants in those programs (see footnote to Table 11).

Services for children and youth are rudimentary, but evolving. The child and teen focused services in the programs typically include childcare for younger children and after school programs, tutoring, and social opportunities for older children. Beyond these opportunities for children, four programs provide some type of on-site mental health services for children, which earned them a Moderate rating on our scale. In general, the focus of children's programming at these sites is on providing children and teens after-school activities that are developmentally rich, academically enhancing, and engaging. While many of the programs have relatively modest offerings for children, the qualitative data from interviews with staff make clear that programs are building their children's programming, and that the limited availability of services is not due to a lack of recognition of their importance, but rather to financial and physical constraints which programs are working to overcome. For example, several programs reported recently enhancing or better integrating their youth case management services, sometimes through acquiring outside grant support for youth-specific activities. Gathering the financial support necessary to expand child and youth service capacity is another common theme in the qualitative data, since several programs have child/youth services that are at capacity but not available to all the children living in the program.

Service Intensity

The final dimension, Service Intensity, shows some variability below a certain threshold. Caseloads for the case managers in the programs range from 7 to 40. Three programs have caseloads of less than 10, which could indicate relatively high service intensity. However, the PRA studies, which include three programs with small caseloads, provide service count data that indicate low levels of service intensity. The service count data includes contacts that might vary in duration from a few minutes to several hours. If we average this measure across the programs, families in these low-caseload programs receive approximately five service contacts per month. Even in programs with the smallest caseloads, participants receive little more than one service contact per week, suggesting that these programs have relatively low levels of service intensity. Across the four programs with service count data, high percentages of participants receive case management services (100%, 100%, 82%, 88%) but the percentages for other services are much lower. For example employment assistance varied from 78% at one site to just 1% at another.

The qualitative data reveal that staff in these programs typically engage clients through formal and informal outreach. Across the programs, providers report that engaging

participants in services can be difficult. Participants have often had negative experiences with service providers in the past, are afraid that asking for services will lead to legal involvement or other negative consequences, or do not wish to address particular issues they are facing. Although a range of services may be available (see above), clients are frequently reluctant to access them.

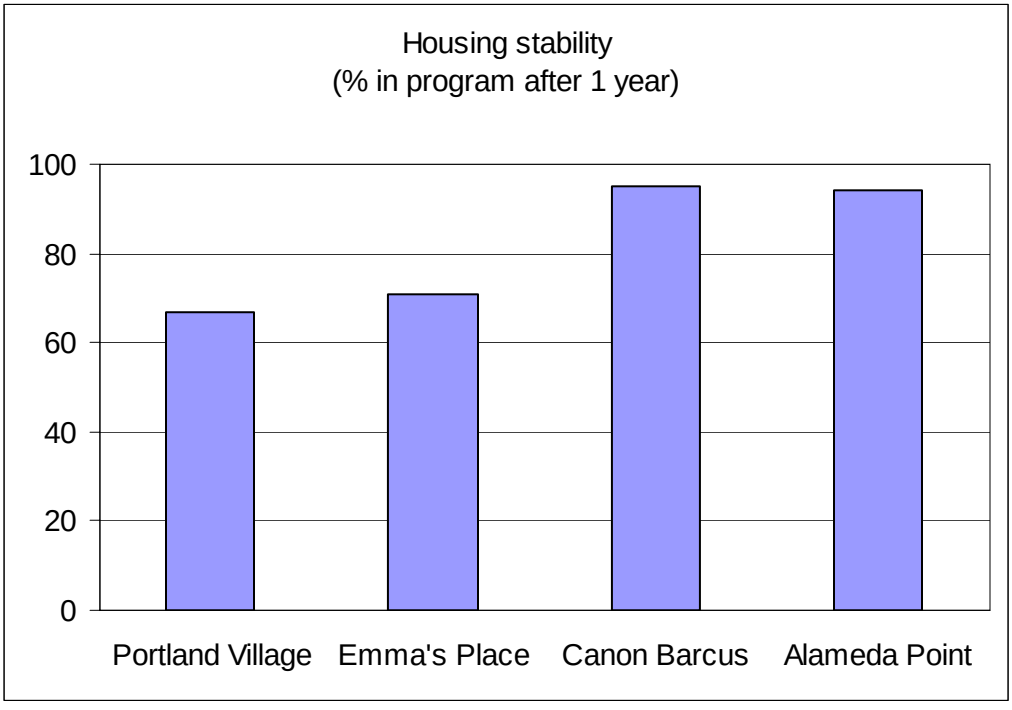
Participant Outcomes

The CSH program evaluations focused on three specific outcomes: housing stability, family reunification, and self-sufficiency. While we are able to describe program and participant characteristics across the full range of thirteen programs, we can only include four of the thirteen in the analysis of outcomes, as these data are not available for the other nine programs.[1]

Housing Stability

All the programs under review sought to maintain families in the program for at least one year. Out of the universe of families who had entered the program at least 12 months prior to the study, nearly all at Canon Barcus (95%) and at Alameda Point (94%) stayed in the program for one year or longer. Program participation for at least a year was less common among residents of other programs. Sixty-seven percent of Portland Village residents and 71% of the residents at Emma's Place remained in the program longer than 12 months.

Figure 1. Percentage of Families Stably Housed by Program



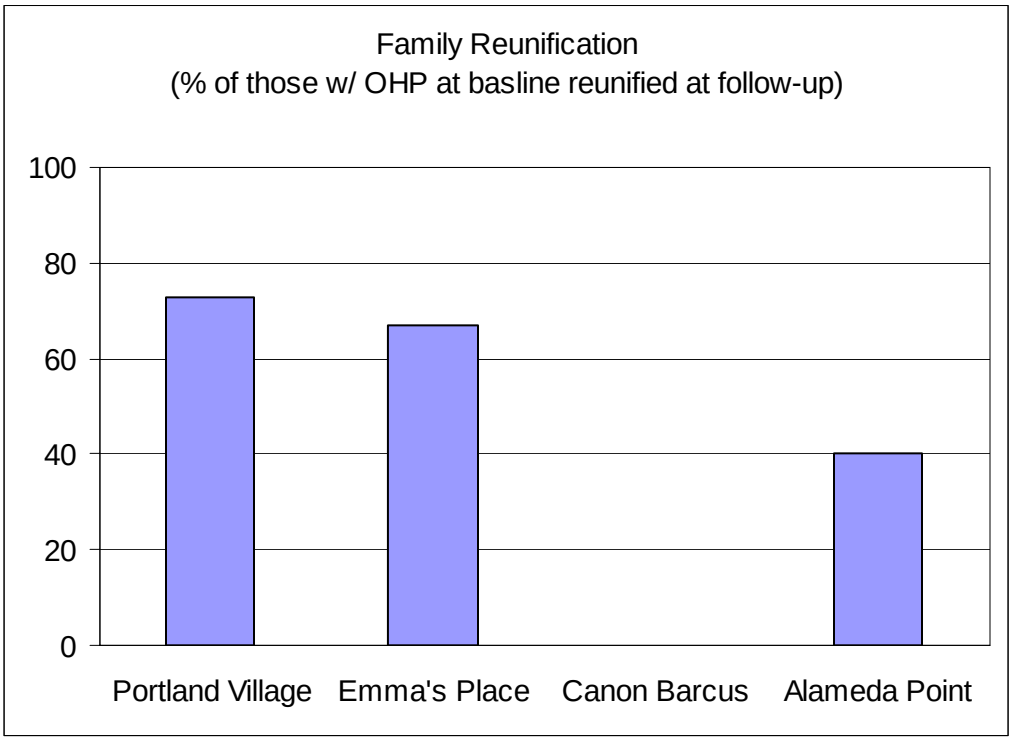
[1] The evaluation of the Minnesota Supportive Housing and Managed Care Pilot project should produce outcome data later in 2006.

The reasons families exited the program also varied by program. Portland Village and Emma's Place had relatively high levels of involuntary exits. At Portland Village, 68% of the 19 residents who exited the program did so voluntarily. At Emma's Place 55% of the residents left of their own accord. No involuntary exits occurred at Canon Barcus or Alameda Point.

Family Reunification

Rates of family reunification are relatively high. Portland Village experienced the greatest success in reuniting families. Seventy-three percent of the families in this program who had children in out-of-home placement were reunited by follow-up. Emma's Place was nearly as effective at reunification. The children in 67% of separated families were returned within one year. The other two programs for which data on family reunification were available fared less well. Fewer than half (40%) of the families at Alameda Point and none of the families at Canon Barcus had been reunited by the time of the follow-up interview.

Figure 2: Percentage of Reunified Families by Program

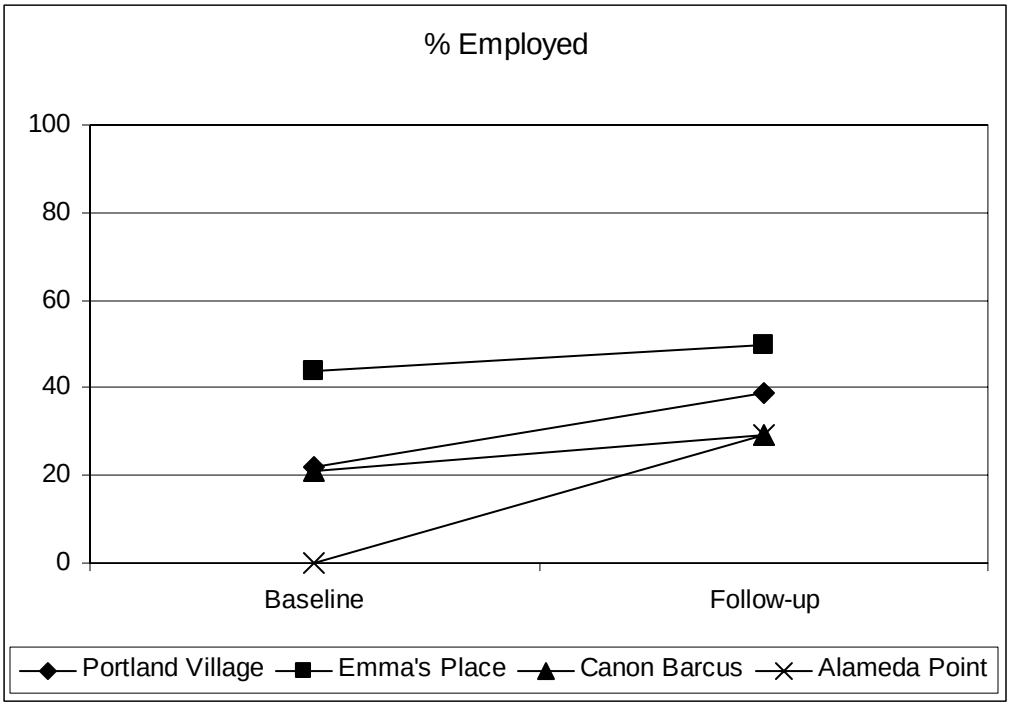


Self-Sufficiency

Increased economic independence and self-sufficiency are among the primary goals of permanent supportive housing programs. These programs operate to remove the barriers to economic independence. A fundamental assumption of these programs is that by attending to families' needs for permanent shelter and by identifying and meeting their needs for medical, emotional, and social support the families will be better able to participate in the workforce, increase their earned income, and, ultimately, gain some degree of economic independence.

Employment. The participants in these studies are having difficulty achieving economic independence. While levels of employment increased in every setting and family income increased in all but one, the majority of mothers were unemployed and their families remained in poverty one-year after entering the program.

Figure 3. Percentage Employed by Program

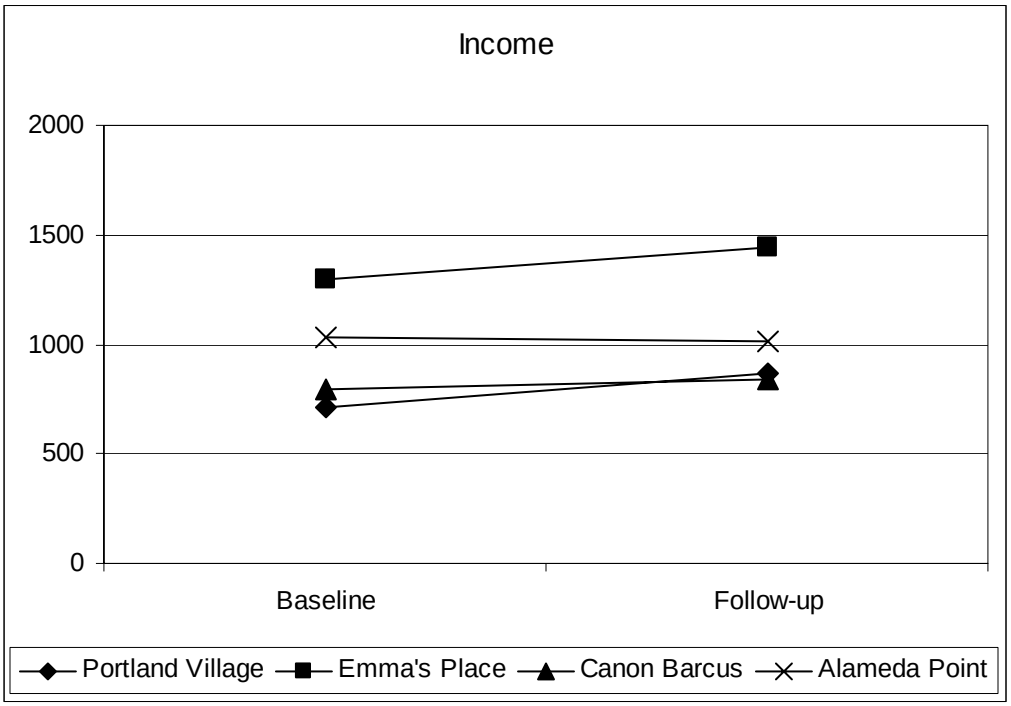


Emma's Place had the highest proportion of residents employed at follow-up. The employment rate increased from 44% to 50% after one year—an increase of approximately 15% (or only one additional resident). Portland Village had the next highest proportion of employed residents at 39%.

While none of the other programs had employment rates as high as Emma's Place, the rate of increase in each of the other programs was higher. The proportion of Portland Village residents nearly doubled from 22% to 39% (from 8 to 14 out of 36 families). Substantial gains were also made at Canon Barcus (increasing from 21% to 29%, a gain of 38%) and at Alameda Point no one was employed at baseline, but at follow-up the employment rate was 29%.

Income. Median incomes also increased in every program but Alameda Point. The residents in Portland Village experienced the greatest change in income (22%) over the study period, increasing from $716 at baseline to $872 after one year in the program. Residents made more moderate gains at Emma's Place (12%) and Lockwood-Coliseum Gardens (14%). The Canon Barcus and Alameda Point programs had less success in increasing the incomes of their residents. The incomes of Canon Barcus residents increased by only 5%, while the mean income at Alameda Point declined by 2% over the study period.

Figure 4. Family Income by Program



Despite gains in both income and employment the incomes of these families remained extremely low. Emma's Place participants had the highest mean income at follow-up ($1447 per month), still placing them below the federal poverty level for a family of 4 (the minimum family size for this program). The mean incomes across the remainder of the programs ranged from $836 (Canon Barcus) to $1,014 (Alameda Point) per month.

Program Characteristics and Participant Outcomes

In this section we attempt, with the limited information available, to determine whether any program characteristics are associated with positive participant outcomes. For this analysis we are able to draw on only four of the thirteen FPSH programs. Since the Urban-Harder study did not collect outcome information, the six programs that are documented solely in that study cannot be included in this analysis. Also, the Lockwood-Coliseum Gardens project lacks comparable outcome data. Additionally, this site's population differs substantially since the participants are residents of public housing projects who on average have been in residence many years. Table 12 below shows both participant outcomes and program characteristics for the four programs for which we have outcome data. We have categorized the participant outcomes as high, medium, and low based on the data presented above (without reference to any extrinsic scale).

The outcomes show two patterns. Portland Village and Emma's Place show moderate improvement across all three outcome measures while Canon Barcus and Alameda Point show high residential stability along with low rates of family reunification and self-sufficiency.

Table 12. Participant Outcomes and Program Characteristics

	PV	EP	CB	AP
Participant Outcomes				
Residential Stability	Med	Med	High	High
Family Reunification	Med	Med	Low	Low
Self-Sufficiency	Med	Med	Low	Low
Program Characteristics				
Context	Urban	Suburban	Urban	Suburban
Size	Med (26)	Small (13)	Large (47)	Very Large (200)
Administrative Arrangement	Joint	Joint	Split	Split
Housing Arrangement	Multiple	Multiple	Single	Multiple
Program Control	High	High	Low	Low
Range of Adult On-Site Services	Minimal	Basic-plus	Moderate	High
Range of Child On-Site Services	Basic-plus	Basic-plus	Moderate	Moderate
Intensity of Adult Services **Households per case manager**	9	7	9	25
Services per family per month	2.7	5.9	5.4	1.9

The table indicates that differences in program size, administrative arrangement, and program control correspond with the two patterns. The two smaller, high control programs with joint administrative structures have one outcome pattern, while the two larger, low control programs with a split in the administration of housing and services have the other. Program control and administrative arrangement are conceptually related; a program that manages housing has more potential control over participants than a program that delegates this function to a separate agency. Additionally, the range of services varies somewhat by outcomes. The programs with a greater range of services have high housing retention rates, but lower rates of family reunification and self-sufficiency. However (as noted above), the service range measure indexes how many different services are theoretically available on-site, not the intensity or quality of the services nor the extent to which they are utilized by residents. The service intensity measures, households per case manager and services per family per month, do not appear to be related to the different outcome patterns. For example, Alameda Point has distinctly different values than the other three yet is paired with Canon Barcus in terms of its outcome pattern. Although these analyses are limited, it appears that high control programs may show better reunification and self-sufficiency outcomes, and low-control programs may foster higher residential stability.

DISCUSSION

Few studies to date have described the characteristics and needs of formerly homeless families residing in permanent supportive housing or the characteristics of the programs that serve them (Barrow & Zimmer, 1999; Burt, 1997). Most of the information about homeless families comes from studies of emergency shelters or transitional housing programs (Bassuk, et al., 1996; Burt, et al., 1999). Because the provision of permanent supportive housing for families is a "relatively new undertaking" in this country (Nolan, Magee, & Burt, 2004, p. i,), the preliminary evaluation findings described in this paper provide critical information for further program and policy development.

We reviewed the characteristics of thirteen family permanent supportive housing programs, the profiles of program participants, and their progress over time focusing on three outcomes targeted by CSH: housing stability, family reunification, and self support. We found that 1) the characteristics of the families served by these FPSH varied substantially when compared to the characteristics of families in emergency shelters and transitional housing; 2) the programs had many similarities, but some significant differences; and 3) the extent to which different outcomes were achieved appears to be related to the control the programs exerted over residents and perhaps to participants' difficulties engaging in critical services. In this discussion, we review the differences between FPSH families and homeless families generally, explore the variation in programs and their possible relationships to outcomes, discuss the limitations of the data sets, and conclude by addressing the implications for service delivery and research.

Family Characteristics

The thirteen FPSH programs reviewed in this paper serve a somewhat different subgroup of homeless families than described in previous research. The mothers are older, better educated, have a longer and more complex history of homelessness, and may have "special needs" such as mental health and substance use issues.

With an average age of 36 years, these mothers are substantially older than homeless mothers generally. Prior studies indicate that most homeless mothers are in their late 20's. For example, the average age of homeless mothers in the Worcester Family Research Project (WFRP), a longitudinal study that explored the lives of homeless and housed mothers in a mid-sized city in Massachusetts, was 26.2 years. This finding is supported by the National Survey of Homeless Assistance Providers and Clients (NSHAPC -- Burt, et al., 1999). Only 32% of this national sample of homeless mothers were 35 years or older, while more than half (52%) of the mothers in the Urban-Harder programs were at least this age.

The FPSH mothers tended to have higher levels of education compared to homeless mothers generally. Despite their greater educational attainment, in most programs their employment patterns were as bleak as those described in other studies and most of the mothers in this program are currently not self-supporting. As Urban-Harder commented, "Indicators of economic hardship suggest that FPSH mothers' relatively high levels of education, work history and vocational training have not translated into economic well-being. Given their lack of employment and the fact that most of those who are working

earn very little money, it seems that the majority of these families will continue to require cash assistance, housing subsidies, and supportive services for the foreseeable future" (Nolan, Magee, and Burt, 2004, p. 77).

FPSH mothers tended to be homeless for longer periods and had more shelter episodes than those described in other studies. Although initial homeless episodes occurred at similar points in the lives of FPSH families and the general homeless family population, the FPSH residents in the Urban-Harder study and the NCFH study had been homeless multiple times and for multiple years over their lifetimes. In addition, 40% of the residents in the Urban-Harder programs and 36% in the MN pilot program had been homeless at least 3 times, nearly twice the proportion reported in the NSHAPC study (Burt et al., 1999). Only 24% of mothers in the WFRP experienced repeated bouts of homelessness (Bassuk, Perloff, and Dawson, 2001).

Although information about the presence of disabilities among the participants in these FPSH programs is limited by the way questions were asked and the instruments used, data suggest that many families have mental health and substance use issues. A significant omission in the data set was the lack of information about exposure to interpersonal and random violence. In the NCFH study which includes these measures, 72% of residents report having experienced physical violence from a family member or other person known to them. Studies of homeless mothers living in shelters or transitional facilities have reported that the rates of violent victimization exceed 90% (Bassuk et al., 1996) and are associated with high levels of distress, difficulty forming supportive relationships and accessing services, and problems becoming self-supporting (Harris and Fallot, 2001; Herman, 1992). Furthermore, these studies suggest that the mental health outcomes are related to cumulative exposure to traumatic stress and the development of post-trauma responses, often leading to higher rates of depression and self-medication with substances (van der Kolk, McDarlane, & Weisaethe, 1996). Whether the needs of FPSH mothers in this area are greater than or equal to the family homeless population overall is unknown, but it is reasonable to assume that rates of violence and exposure to other forms of traumatic stress (e.g., family separations, catastrophic illnesses, etc) are no lower among the FPSH group.

The data set described in this paper suggests that the mothers residing in FPSH programs may comprise a different although overlapping subgroup of homeless families with more intense needs than those previously reported in the literature (Burt, et al., 1999; Bassuk, et al., 1996 Shinn et al., 2004). Despite their limitations, the preliminary findings reported in these studies suggest that programs are reaching families who have some of the same characteristics as homeless singles defined as "chronically homeless." They have long histories of homelessness characterized by multiple, lengthy episodes. Additionally, some significant proportion of the families have "special needs" related to mental health and substance use, and we can only speculate about their problems with post-trauma responses based on the weight of other research findings. Although there has been considerable controversy about whether the notion of "chronicity" can be applied to families with young children, the FPSH families seem to comprise a discrete subgroup with greater needs than those previously described in the literature.

Program Characteristics

Permanent supportive housing for families is characterized by the potential for unlimited housing tenure supported by an array of services. Other program characteristics, as described above, vary considerably. All of the programs reviewed offered some type of case management, typically featuring goal development, progress monitoring, support to maintain housing, and linking to services. Although many programs listed various on-site service options, the intensity of service contacts was limited, especially for a population that has complex needs. Furthermore, it was unclear whether the services were family-focused and provided for the needs of the children and the family unit as a whole, as well as on parenting issues. Evaluators note that even in the instances where progress is being made in providing services to both children and adults that service delivery for each population is "very distinct" and usually "not family-focused." Even in the programs with small caseloads where service data was available, the average number of service contacts per week was around one and it possibly may have lasted for only minutes.

While these data indicate that many residents were not highly engaged in services, this does not imply a general lack of focus and concern regarding engagement on the part of program staff. In qualitative interviews some staff report working on outreach and engagement activities on a daily basis, and also wrestling with issues around how they might better engage residents in the future. They report a range of outreach and engagement strategies such as "lobby sitting", interest groups, leadership development opportunities, using youth services and immediate, practical assistance as "hooks" to engage families in longer term services, and developing ongoing trusting relationships with residents.

Clinical reports as well as systematic research (e.g. Rapp & Goscha, 2004; Horvath, 2005; Neale & Rosenheck, 1995) have indicated that supportive relationships between providers and clients may well be the linchpin of effective service provision. Findings from the ongoing qualitative study of the Minnesota pilot program being conducted by NCFH (see e.g. NCFH, 2004), indicate that both providers and program participants emphasize the importance of relationship building. The qualitative data from the PRA and Urban-Harder studies suggest that case managers in the programs reviewed had difficulty engaging clients. Building relationships and offering quality services tailored to the individual needs of each client and developed beyond the standard case management approach (e.g., brokering services, housing assistance and advocacy) may be necessary to accomplish the goals of FPSH programs. Merely making services available, regardless of the quality of the services, may not be enough. As the Urban-Harder researchers note "engaging residents in services can be challenging for program staff" (Nolan, Magee, & Burt, 2004, p. 78). Many families have had negative experiences with traditional service systems that did not meet their needs and, as a result, are often distrustful of those offering what may appear to be more of the same.

These data also suggest that mandating services is not the answer for most families since high control programs were associated with increased reunification and self support, but lower rates of housing stability. Many families with multiple problems may not be able to comply with program regulations or ready to benefit from available services.

Engaging clients with extensive histories of traumatic stress may be especially challenging. Since we have scant data to confirm the level of exposure to stressors, we can only speculate

based on prior research. Many clients with exposure to traumatic stressors such as interpersonal violence often have experienced intense betrayal in primary relationships and as adults, have difficulty forming sustaining, trusting relationships. It is possible that the lack of trauma informed and trauma specific services in the programs reviewed may have contributed to additional difficulties engaging clients and ultimately reduced the likelihood of positive outcomes such as self support among these residents. Trauma informed services avoid program restrictions that clients frequently view as coercive and instead build mutually respectful relationships that address participant's ambivalence about engaging in services. A trusting relationship rather than coercive rules becomes the leverage for empowering clients to access critical services.

Program Outcomes

As described above, the PRA studies reviewed the progress made by participants after one year in the programs. This examination focused on housing stability, family reunification, and self-sufficiency. While many measured and unmeasured factors contribute to outcomes among participants, high demand programs (those with strict rules for participation) appear to be more successful at reuniting families and increasing the employment rates and income of their participants. However, among the high demand programs we reviewed, program attrition is high. It appears that the demands of residing in these programs may be overwhelming or unacceptable to some participants resulting in termination from the programs. In comparison, low demand programs have high rates of retention, but are not as successful at supporting the efforts of families to reunify and move towards economic independence. These data suggest that programs focused on assisting formerly homeless families who have long histories of homelessness or are struggling with mental health issues, substance abuse, domestic violence, or other traumatic events must create a balance between demanding program participation as a condition of tenancy and allowing families to take advantage of services when they are "ready." This balance may be moderated by building mutually respectful relationships.

Establishing supportive relationships may provide the leverage necessary to empower clients to access services and may eliminate the necessity of creating stringent rules for program participation. However, trusting relationships are not formed overnight, especially in clients with complex needs who have had long histories with systems that have been fragmented and unresponsive. Providers must spend considerable time interacting with clients in non-threatening environments and non-coercive situations to gain the participant's trust. Developing a sustaining relationship rarely occurs in a linear fashion. At times there may be distance, backsliding, hopelessness and disorganization to overcome, but if the helping relationship is strong it can sustain both client and provider. Since the relationship between a client and staff member can become the decisive factor in re-setting the direction of a client's life, it requires an environment that is nonjudgmental, supports the family's strengths, and gives clients the opportunity to work at their own pace. Often, this process begins when providers work with clients around the provision of tangible supports, closely followed by providing emotional supports. This work is intensive and challenging, and requires the program to commit resources that may not yield rapid results.

Although the data in the FPSH studies do not support an examination of the impact of service intensity on outcomes, based on research and the experience of others with similar

populations we can hypothesize that intensive on-site services delivered in the context of a trusting and mutually respectful client-provider relationship may both increase program participation and enhance program outcomes. For example, studies of the impact of welfare reform have demonstrated that "services as usual" have little effect on the income and employment of mothers struggling with mental health issues. One such study suggests that "welfare administrators may need to implement different or more intensive interventions" for those at increased risk for depression (Michalopoulos, Schwartz, & Adams-Ciardullo, 2000). Research of family reunification efforts have found that the greatest successes were associated with programs that were longer and more intensive (MacLeod & Nelson, 2000; Berry, 2004). Furthermore, a comprehensive review of the research literature on case management indicated that services provided directly on site and without referral to outside agencies are far more effective than brokered case management strategies (Rapp & Goscha, 2004).

Limitations

The information presented in this paper provides important insights about families residing in permanent supportive housing programs. However, various significant limitations must be borne in mind when considering the findings. The available data were collected by three distinct research efforts, one of which includes five separate studies, one a single study of seven different programs, and the other a single study of which the family programs were only one part. Although the evaluation strategies overlap, each data set has a unique study design employing different data collection and sampling strategies that limit our ability to compare data across programs and to draw conclusions from these comparisons. The limitations fall into three categories: 1) representativeness of the participant and program samples; 2) consistency and clarity of the data; and 3) data detail.

Representativeness

The programs included in these studies may not be representative of all permanent supportive housing programs. The programs described in this paper represent only a subset of FPSH programs and may or may not be similar to the wide range of programs that have been developed to serve homeless families in recent years. Additionally, the participants in the supportive housing programs included in this review may not be representative of all participants in the included programs. While the PRA and NCFH studies represent all the residents in the program at the time of the study, the Urban-Harder data represent a non-random sample of 100 residents who volunteered to participate in the study (Nolan, Magee, Burt, 2004; Nolan, ten Broeke, Magee, Burt, 2005). Furthermore, the sample we reported on in this paper, particularly with regard to outcomes, was small and limits our ability to draw definitive conclusions.

Consistency and Clarity

Data collected across the studies were often not the same. The PRA studies were limited by the data that existed in administrative records. These records did not always capture the same information across programs resulting in missing data on some key characteristics. The Urban-Harder and NCFH data collections were not confined by the limitations of administrative data and were able to collect broader and more detailed information about participants' lives. Since the more detailed information was not available in the PRA studies, the discussion of some characteristics is limited to a small portion of the total participants.

In addition to data that were not available across programs, it was not always clear that data were measured consistently across programs. This was particularly problematic in the PRA studies where determinations regarding the need for mental health or substance abuse service needs were made by different program staff during the intake process. Furthermore, even in the Urban-Harder study, the measures of "special needs" were limited by the choice of instruments. Also, no questions were included about the exposure to interpersonal and random violence or the presence of post trauma responses—factors that are known to have significant impact on outcomes such as shelter recidivism (Bassuk, Perloff, & Dawson, 2001).

Data Detail

The information about program characteristics in most cases solidly describes the programs. However, the content of these descriptions did not always provide details about the key dimensions related to client outcomes. This limited our examination of the relationship between program characteristics and participant outcomes. Furthermore, the information about type and intensity of services was very limited. Access to data through study reports rather than from the raw data further limited our analytical capacity. Direct data analysis would provide a much clearer means of comparing programs and drawing conclusions from these comparisons.

In sum, the data presented here while important, must be considered preliminary and would benefit by replication studies that addressed some of the significant limitations described above.

Conclusion

FPSH programs aim to ensure housing stability and to improve the quality of life for families residing in their programs by reunifying families and helping them to become economically independent. Two outcome patterns emerged. High demand programs were more successful in achieving higher rates of family reunification and economic independence, but these programs also have much higher rates of involuntary terminations. In contrast, low demand programs had consistently higher rates of residential stability. Further, despite some changes in income, most families in both high and low demand programs did not become self-supporting. These data suggest the need for striking a careful balance between encouraging progress towards goals and setting strict requirements that may exclude those with the greatest need for services. Since the helping relationship is the linchpin of the overall intervention, developing strong and trusting relationships between providers and residents may reduce the need for stringent rules related to program participation, empower clients, and increase the likelihood of more positive outcomes. Furthermore, the data and other research also suggest the need for intensive individualized service interventions to accomplish these goals.

Because of the limitations of the data, we can only speculate about the next steps in refining these programs. We have discussed our recommendations throughout this paper and have summarized them here.

Focus on active outreach and engagement. Despite strong efforts at outreach and engagement in some programs, the qualitative data indicated that many families were reluctant to engage in relationships with case managers, suggesting that the outreach needed to be more intense or

provided in a different manner. It is likely that many families were suffering from the far reaching effects of traumatic stress (Bassuk, et al., 1996), making them more reluctant to engage in relationships with providers. Studies have indicated that the betrayal of primary relationships during childhood (e.g., involvement with perpetrators) leads to insecure attachments and difficulties during adulthood forming sustaining, supportive relationships (Groves, 2002; Harris and Fallot, 2001; Osofsky, 2004). Furthermore, adverse mental health outcomes among the families are often driven by early experiences of interpersonal violence and the development of post traumatic stress disorders (Bassuk, Perloff, and Dawson, 2001; Markoff, et al, 2005). Mothers are more likely to become depressed and medicate their distress with substances (van der Kolk, McDarlane, & Weisaethe, 1996). The relationship between a likely traumatic history and its impact on a participant's mental health, substance use, and ability to engage in services must be taken into consideration in developing successful outreach and engagement strategies.

Gather information about exposure to traumatic stress and add trauma informed services to all programs. Although the data set described in this paper contained little information about the exposure to traumatic stress, including interpersonal and random violence, the literature indicates that the rates in this population exceed 90% and may be normative (Bassuk et al, 1996, Homeless Families 20005). Thus, all programming, including outreach and engagement, must be conducted through the lens of trauma so that parents and children with post trauma responses are not re-traumatized and programs can more sensitively respond to their needs (Harris & Fallot, 2001).

Reconsider the brokered model of case management in which clients are referred off site for most treatment interventions and rehabilitation. Most programs relied on off-site providers thus brokering services rather than integrating a broader range of direct services on-site. Studies indicate that the rates of follow-up achieved by the brokered model are relatively low and that this strategy is less effective than providing direct services on-site (Rapp & Goscha, 2004). The success of direct service provision has been supported by the experiences of the Assertive Community Treatment Teams (ACT) (Drake, et al., 1998; Lehman, et al., 1998). The teams consist of an array of skilled providers available 24 hours a day, seven days a week and have the capacity to provide most services directly on site to their clients. Although the ACT teams were developed for adults with severe and persistent mental illness, it is possible that a modified ACT model could be an effective strategy for working with families who have experienced long-term homelessness.

Account for the needs of the children and their impact on the family.
Few programs routinely assess the children to learn about their unique needs or evaluate the family as a whole. Children of different developmental ages have diverse service needs that may have profound impact on the functioning of the family (Bosquet, 2004). The PRA evaluators emphasized the importance of proper planning for the needs of families as programs are developed and expanded.

In addition to these programmatic recommendations, this review also highlights the importance of supporting additional research on permanent supportive housing programs for families and children. While various methodologically sound studies exist on permanent supportive housing for homeless singles (Hurlburt, Hough, & Wood, 1996; Rosenheck, 2003; Culhane, Metraux, & Hadley, 2002; Barrow, Rodriguez, & Cordova, 2004), to date no

methodologically strong studies have been conducted that can guide program development and policy for families. Our current knowledge base comes from small evaluation reports that lack comparison groups and robust measures. Further research should focus on 1) opening up the 'black box' of FPSH to examine the key ingredients and processes by which FPSH helps (or fails to help) families achieve residential stability, self-sufficiency, and family reunification, 2) developing a typology of the homeless families population (including homeless children) to better understand differential housing and service needs, and 3) determining which families do best in which FPSH programs and then comparing the outcomes of FPSH to other housing models (e.g., transitional housing or affordable housing without supportive services). Only by segmenting the homeless family population, considering the needs of the family as a unit, and understanding the critical components of programs that work can we most effectively help these families achieve housing stability, economic independence, and well-being.

These preliminary data suggest that while programs with stringent rules for participation may produce admirable results for those who are able to adhere to them, they lose a substantial proportion of those who need services but are not yet able to meet program demands. It is likely that among those who go unserved are those with the greatest need for services. Failing to meet their needs puts these families at even higher risk for problematic long-term outcomes. This is particularly true for children and may ultimately lead to increased societal costs. Homeless families are not homogenous. They have varied histories and a diverse constellation of strengths and challenges. Families require programs that fit their needs. A commitment to ending family homelessness must include a commitment to meeting the needs of all families through active outreach and engagement in services designed to address the complex needs of homeless families.

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