

# Strengthening At Risk and Homeless Young Mothers and Children

The National Center on Family Homelessness

*with:*

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## OUTCOME EVALUATION

FACT: Family Assertive Community Treatment, Chicago, Illinois

2012



**STRENGTHENING**  
At Risk and Homeless  
Young Mothers and Children



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## EXECUTIVE SUMMARY

As part of the *Strengthening At Risk Homeless Young Mothers and Children Initiative*, The National Center on Family Homelessness (The National Center) evaluated the impact of the *Family Assertive Community Treatment* (FACT) program in Chicago, Illinois on young, at-risk mothers between the ages of 18 and 25. FACT is one of four programs that participated in the *Strengthening At Risk Homeless Young Mothers and Children Initiative*. This five-year multi-site demonstration project, supported by the Conrad N. Hilton Foundation, designed and implemented developmentally appropriate services for young families. The Initiative aimed to stabilize young families in permanent housing, improve the well-being of mothers and children, and encourage collaboration across homelessness/housing and child welfare/development service systems.

The FACT program was an innovative project providing integrated, family-focused treatment and support services for young, homeless, at-risk mothers, who had at least one child five years of age or younger and a co-occurring mental health and/or substance abuse disorder. The women and children involved in FACT faced severe challenges. Upon entering the program, all were homeless, living in shelters or doubled-up with family or friends in overcrowded apartments. Many of the mothers and children had experienced high rates of traumatic life events including family separation, domestic violence and sexual assault. FACT provided services that met the needs of the families enrolled and ensured long-term stability. It is a replicable model receiving local and national recognition as a promising initiative for working with this highly vulnerable population.

The FACT Program adapted the evidence-based Assertive Community Treatment model (ACT),<sup>1</sup> for use with homeless families. ACT has proven successful for addressing the needs of homeless people with mental health and/or substance use disorders, many of whom are chronically homeless. Although FACT served 70 women, this report describes the evaluation of data from 53 participants who agreed to be interviewed at baseline and 46 at one-year follow up.

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1. Olfson M. (1990). "Assertive Community Treatment: An Evaluation of the Experimental Evidence." *Hospital and Community Psychiatry*, 41: 634-641.

## EXECUTIVE SUMMARY

The most important outcomes include the following:

- Participant's housing stability greatly improved. At baseline, all the women were homeless or precariously housed. One year later 93 percent reported living in their own apartment in the past six months and 80 percent were currently in stable housing.
- Participant's satisfaction with their housing improved from 28 percent to 71 percent over the one-year period.
- Participant's ratings of improved housing increased from 23 percent to 63 percent over the one-year period.
- Participant's level of education increased over the one-year period.
- Participant's level of parental stress decreased over the one-year period.
- Average monthly income increased substantially from \$622.08 to \$881.33 over the one-year study period.
- One hundred initial ASQ screens were completed. Nineteen percent of the children fell into the developmentally concerning range. Seventy-nine percent of the children that displayed concerns at their first or second screen improved their developmental scores.

## INTRODUCTION

Family homelessness is an urgent public health issue. There are more than 159,142 homeless families in the United States,<sup>2</sup> more than one-third of the overall homeless population. The recent Annual Homeless Assessment Report<sup>3</sup> (AHAR) to Congress documented that 157,000 children aged five or under resided in shelter at some point over a year, and 32,000 of these children had not reached their first birthday. A greater number of children lack permanent housing and move from one unstable situation to another. Nearly a quarter of these families are headed by a young mother aged 18-24.<sup>4</sup>

The recent economic downturn has made it increasingly difficult for low-income families to find and maintain affordable housing and earn a livable wage. The needs of homeless families are complex, often extending beyond housing to include work skills, education, physical and mental health, and child development. For homeless and at-risk mothers attempting to stabilize their families, accessing resources to meet these needs can be extremely challenging because the service systems addressing them are typically disparate and fragmented.

To address the needs of these young families, the Conrad N. Hilton Foundation, in partnership with the National Center on Family Homelessness, National Alliance to End Homelessness, and ZERO TO THREE: National Center for Infants, Toddlers and Families created a five-year multi-site Initiative, *Strengthening At Risk Homeless Young Mothers and Children*. This multi-site demonstration project aimed to design and implement developmentally appropriate services that stabilized these young families in permanent housing, improved the well-being of mothers and children, and encouraged collaboration across homelessness/housing and child welfare/development systems.

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2. Annual Homeless Assessment Report to Congress. (2009). US Department of Housing and Urban Development. Office of Community Planning and Development. Retrieved from: [http://portal.hud.gov/hudportal/HUD?src=/press/press\\_releases\\_media\\_advisories/2010/HUDNo.10-124](http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2010/HUDNo.10-124)

3. Annual Homeless Assessment Report to Congress. (2010). US Department of Housing and Urban Development Office of Community Planning and Development. Retrieved from: <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>

4. Burt, et al. (1999). *Homelessness: Programs and the People they Serve*. Washington, DC: Interagency Council on Homelessness.

## INTRODUCTION

The overall Initiative aimed to:

- 1) Design and implement age-specific services to ensure better outcomes in the areas of housing stability, maternal well-being, and child development;
- 2) Increase collaboration between the child development and housing/homelessness service sectors; and
- 3) Influence policy and practice nationwide by evaluating the impact of the program and disseminating the findings.

FACT is one of four programs that participated in the *Strengthening At Risk Homeless Young Mothers and Children Initiative*. Table 1 lists the four programs.

**Table 1. Programs of the Initiative**

Program name	Location
<i>Strengthening Our New Generation (STRong)</i>	Minneapolis, MN
<i>Strengthening Young Families (SYF)</i>	Antelope Valley, CA
<i>Hope &amp; Home</i>	Pomona, CA
<i>Family Assertive Community Treatment (FACT)</i>	Chicago, IL

For additional information on the other programs see *An Evaluation of SYF: Strengthening Young Families, Antelope Valley, California*,<sup>5</sup> and *An Evaluation of STRong: Strengthening Our New Generation, Minneapolis, Minnesota*<sup>6</sup> for information related to two of the other sites. See *An Evaluation of the Strengthening Homeless and At Risk Young Mothers and Children Initiative*<sup>7</sup> for a summary of the outcomes of the Initiative.

The purpose of this evaluation report is to describe the impact of FACT services on the young homeless and at-risk families they served. We describe the program, present methods and findings from the evaluation using baseline and one-year follow up data, and conclude by discussing the implications of the findings.

5. The National Center on Family Homelessness (2012). *An Evaluation of SYF: Strengthening Young Families, Antelope Valley, California*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

6. The National Center on Family Homelessness (2012). *STRong: Strengthening Our New Generation, Minneapolis, Minnesota*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

7. The National Center on Family Homelessness (2012). *An Outcome Evaluation of Strengthening At Risk and Homeless Young Mothers and Children*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

## II. Description: Family Assertive Community Treatment (FACT)

FACT featured collaboration among several highly respected organizations in Chicago with expertise in early childhood development, housing and homelessness services, mental health, and evaluation. The program's innovative service model provided families with holistic, individualized care to meet the full range of their needs.

Collaborating partners evolved over the span of the project. At the project conclusion, FACT drew upon staff and resources from the following agencies:

- Beacon Therapeutic Diagnostic and Treatment Center—Child welfare, family homelessness, and child development expertise. Recognized leader in the area of wraparound outreach family homeless services;
- Heartland Alliance for Human Needs and Human Rights—Homelessness, systems integration, housing;
- University of Illinois, Chicago Program—Evaluation expert;
- Voices for Illinois Children—Leading child advocate proponent, policy expert;
- Inner Voice—Largest provider of family homeless shelters.

This collaboration was led by Beacon Therapeutic Diagnostic and Treatment Center, in partnership with Heartland Alliance for Human Needs & Human Rights. Beacon is the largest supportive services agency in Chicago dedicated solely to working with homeless women and children. Beacon provided clinical supervision and coordinated the FACT service team and provided leadership as the family homelessness expert and for the childhood development aspects of this project. Heartland Alliance for Human Needs & Human Rights, a leader in homeless services and supportive housing, provided comprehensive case management and housing assistance, and oversight of systems integration efforts. Mercy Housing/Lakefront provided housing support and Goldie's Place provided employment support. Inner Voice, a leader in family interim housing, assisted with recruitment and ensured consumer leadership and involvement in all aspects of the project. Voices for Illinois Children advocated for policy and systems change.

Guided by ACT's principles, FACT targeted women and children with the greatest need, especially those with a high degree of family instability, and mothers emancipating from the foster care system. FACT's multi-disciplinary, highly coordinated team provided intensive care targeted toward each family's individual goals. The specialized expertise of each team member allowed the program to respond flexibly to families' needs. Therapists provided counseling, parenting education, parent-child therapy, and play therapy to strengthen bonds between mothers and their children and prevent child maltreatment. Staff members also helped mothers maintain or regain custody of their children by guiding them through complicated paperwork, accompanying them to court, and serving as liaisons and advocates with child protection workers. Children received regular developmental screenings from a child development specialist, and those who needed further support benefited from more intensive child clinical services within FACT, services with Beacon's Early Head Start and Little Intensive Outpatient Program, and Illinois Early Intervention System.

The FACT project and its unique collaboration contributed to the development of a new way of responding to the needs of homeless young mothers in Chicago. By acknowledging the expertise and resources of each of the partners, involving them in the development of the initiative and allowing them to focus on the areas most effective for them, the community perception changed. FACT is viewed as an integral part in the continuum of services provided to homeless young mothers in Chicago. Overall, the program served 70 women and 136 children.



### III. Methods

Data for this report were collected using standardized data collection tools that consisted of commonly used measures in areas such as housing and homelessness, mental and physical health, traumatic stress, and social support.<sup>8</sup> Data included in this report were collected at baseline and at one-year follow up interviews. In addition, FACT staff provided child outcome data to The National Center for this evaluation.

#### Sample

The FACT program recruited young, homeless, at-risk mothers (18-25 years of age), who had at least one child five years of age or younger and a co-occurring mental health and/or substance abuse disorder. Fifty-three participants agreed to be interviewed at baseline and 46 at one-year follow up. The women were on average 21.2 years with an average of 1.8 children. At baseline, 40 percent of the participants had less than a high school education, 47 percent had a high school diploma or GED, and 13 percent had some college or more. Nine percent of the women reported working at baseline.

#### Data Collection

The interview protocol included multiple psychosocial outcomes for the women and their children. The purpose of the study was discussed with the mothers and they reviewed and signed informed consent forms before being interviewed. The vast majority of interviews were conducted in-person, with phone interviews occurring only if a family had moved away from the area. Interviews were conducted in participants' homes, public areas such as parks or restaurants, shelters, or occasionally at one of the partner agencies. In addition, FACT staff provided a summary of the child outcomes at one-year.

#### Measures

This section of the report summarizes various outcome measures. The outcomes include: Housing Status, Satisfaction, and Improvement; Education, Employment, and Income; Functional Health Status; Trauma; Parenting Stress; Child Outcomes; and Social Support.

#### Housing Status, Satisfaction, and Improvement

Participants completed a "Residential Follow-Back Inventory," an instrument that gathered data on the prior six months of housing. With an interviewer's assistance, the participant completed a calendar outlining where she slept each night in the previous six months, using categories such as "in own apartment" or "doubled up with family or friends." The participant then reviewed the inventory and commented on whether her current housing situation had improved and then rated her level of satisfaction with current housing.

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8. For a more detailed description of the data collection instrument see: National Center on Family Homelessness (2010). *Strengthening At-Risk and Homeless Young Mothers and Children: Evaluation Report Year Two 2008-2009*. Needham, MA.

### **Education, Employment, Income**

Level of education was assessed with a single multiple-choice question (e.g. “some high school,” “high school diploma,” “some college”). Participants were also asked about current employment status. Participants were asked about their sources of income, using a “yes/no” response to a list of sources, such as Food Stamps, employment earnings, and Social Security. They were then asked to consider all of their income sources when providing an estimate of their monthly income.

### **Functional Health Status**

The SF-8 Health Survey was used to measure functional health and well-being. The QualityMetric’s SF™ health surveys capture practical, reliable, and valid information. The SF-8 asks the participant to assess her health over the previous thirty days. The measure was selected because it is a brief, reliable and a valid measure of health that is significantly correlated with other health measures.<sup>9</sup>

### **Traumatic Stress**

The Posttraumatic Stress Diagnostic Scale<sup>10</sup> was used to measure exposure to traumatic events and reactions to trauma. At baseline participants were asked whether they had ever experienced any of 12 traumatic events, such as a life-threatening accident or illness or unexpected death of a family member or close friend in their lifetime. Trauma symptoms were assessed by asking about various symptoms such as having nightmares or feeling numb to any traumatic event in the past 30 days. The scale ranged from never to five or more times a week. The items were summed and divided by 17, the total number of items used to create a score that is the average frequency of trauma symptoms. One-year later, participants were asked if they experienced these same symptoms in the past 30 days. The Chronbach’s alpha, a measure of the internal consistency of the scale, was .92 at baseline.<sup>11</sup>

### **Parenting Stress**

Participants were asked to rate how much they agreed with 23 statements about parenting, such as “I feel trapped by my responsibilities as a parent,” “My children rarely do things for me that make me feel good,” “Since having children, I feel that I am almost never able to do things that I like to do.” They rated these items on a scale from 1 = strongly agree to 3 = not sure to 5 = strongly disagree. The items were summed and divided by 23, to create a score that is the average level of parenting stress experienced. The Chronbach’s alpha was .88 at baseline.

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9. A. Regula Herzog, James S. House, and James N. Morgan. 1991. Relation of Work and Retirement to Health and Well-Being in Older Age. *Psychology and Aging*, 6, 202-211; Stewart, AL, Hays, RD & Ware, JE Jr. (1988). The MOS short-form General Health Survey: reliability and validity in a patient population. *Medical Care* 26: 724-735.

10. Foa, E. (1995). Posttraumatic Stress Diagnostic Scale. Minneapolis, MN: National Computer Systems, Inc.

11. Chronbach’s alpha is a measure of internal consistency. It generally increases as the intercorrelations among test items increase. In other words, it measures whether all the items are a measure of the same construct. It ranges from 0 to 1, with 1 indicating that all items are fully correlated with each other, and that, in practice, each item on the test measures the same concept.

### **Child Outcomes**

Ages and Stages Questionnaire (ASQ-3) screens children one month to 5 ½ years on five domains including communication, gross motor, fine motor, problem solving and personal-social. The ASQ:SE screens children for social-emotional issues. Reliable and valid, ASQ identifies strengths and challenges faced by young children.<sup>12</sup> FACT therapists conducted regular ASQ screens for each child enrolled in the program to identify developmental delays and mental health issues.

### **Social Support**

Social support was measured by asking participants to indicate the number of people they could count on to provide them with different levels of instrumental and emotional support, such as providing comforting, a ride to a doctor's visit, or a monetary loan. They rated each of these items on a scale from 0=no one, to 5=seven or more people. The average number of supports was calculated. Chronbach's alpha score was .84 for this scale.

### **Analysis**

For each of the outcome measures described above, paired t-tests were used to measure the differences between baseline and one-year assessment. Paired t-tests compare the scores of the same individual at baseline to their scores at one-year, providing a direct comparison of individual change, rather than examining change at the group level. Child outcome data were not part of this analysis, but were provided by FACT staff.

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12. Ages & Stages Questionnaires, Second Edition, Bricker, et. al.; 1999, Paul H. Brookes Publishing Company.

## IV. Findings

The findings are presented in seven sections: Housing Status, Satisfaction and Improvement; Education, Employment, and Income; Functional Health Status; Traumatic Stress; Parenting Stress; Child Outcomes; and Social Support.

It is important to note the small sample size at one-year follow up. This resulted in t-tests that lacked statistical power to detect ‘real’ differences. Given a sufficient sample size, many of the ‘real’ differences between women’s baseline scores and follow up scores would be statistically significant. Therefore, it is critical to consider trends in the outcomes, many of them suggesting positive outcomes. These trends indicate the positive impact of the FACT program. Many of the findings that are not statistically significant have practical and clinical relevance—and are ‘real’. Awareness of this issue is important in interpreting the results reported below.

### Housing Status, Satisfaction and Improvement

Upon entering the program, all of the participants were either homeless, living in shelters or doubled-up with family or friends in undersized, overcrowded apartments, on the verge of homelessness. A dramatic increase in housing stability was reported at the one-year follow up. Using the “Residential Follow-Back Inventory,” an instrument that gathered data on the prior six months of housing as well as current housing situation, ninety-three percent of the women reported that they had lived in their own apartment at some point in the past six months and 80 percent were currently in stable housing.

Participants reported significant increases in their satisfaction with their housing situations. At baseline, 27 percent of participating mothers were satisfied or somewhat satisfied with their living arrangements. At one-year follow up, 72 percent were satisfied or somewhat satisfied. The differences were statistically significant from baseline to one-year follow up ( $t = 3.69, p < .01, n = 46$ ). The findings were similar when participants were asked if their housing situation had improved. At baseline, 23 percent reported recent improvement; at one-year 63 percent reported improvements. The differences were statistically significant from baseline to one-year follow up ( $t = 2.345, p < .05, n = 46$ ).

### Education, Employment, and Income

At baseline, 40 percent of participants had less than a high school education, 46.7 percent had a high school diploma or GED, and 13.3 percent had some college or more. By one-year, those with a high school diploma or GED decreased to 35.6 percent, while the proportion with some college or more increased to 22.2 percent. The majority of participants followed a pattern of improved education.

At baseline, nine percent of FACT participants were currently employed. These numbers increased slightly over the year to 17 percent but the findings were not statistically significant. Over the 12-month time frame, the mean total monthly income increased from \$622 to \$861. Although this amount is far below the federal established poverty level, it reflects an increase in the money available to these participants each month.

### **Functional Health Status**

Using items from the SF-8 at baseline, 11 percent of participants rated their health as excellent, 48 percent rated their health as good or very good, 24 percent rated their health as fair, and 17 percent rated their health as poor. At follow up, 9 percent of participants rated their health as excellent, 41 percent rated their health as good or very good, 39 percent rated their health as fair, and 11 percent rated their health as poor. Physical health ratings did not change in meaningful ways that could be attributed to program participation.

### **Traumatic Stress**

At baseline, participants reported an average of five traumatic events over the course of their lives. Over the study period, participants reported minimal to no new traumatic events. There were no significant changes in the number of traumatic events over the study period. In addition, there were no significant differences in the reporting of trauma symptoms at one-year follow up.

### **Parenting Stress**

Participants were asked to rate how much they agreed with statements about parenting. The mean score on this scale at baseline was 3.7, indicating that, on average participants were not sure or disagreed with these statements about the negative impact of parenting. Over time, participants' disagreed even more strongly with these statements, indicating declining levels of parenting stress.

### **Child Outcomes**

FACT therapists conducted regular ASQ screens for each child enrolled in the program to identify developmental delays and mental health issues. Based on these screenings, children received early intervention services through FACT or were referred to mental health services and special educational interventions. Children aged three and under with delays in more than one domain were referred to Early Intervention, especially if they had potential risk factors such as premature birth or substance exposure. Children between three and five years were referred to Chicago Public Schools Child *FIND* for additional screening. Children presenting concerns specifically in the Communication, Problem Solving, and Personal-Social domains on the ASQ screening were referred to Beacon's Early Head Start (under age 3) or to the Little Intensive Outpatient Program (LIOP) (2 years 9 months to 5 years).

One hundred initial ASQ screens were completed. Nineteen percent of the children fell into the developmentally concerning range. Seventy-nine percent of the children that displayed concerns at their first or second screen improved their developmental scores. Eight children received Child Parent Psychotherapy Services – a trauma-informed, parent-child play therapy model. Children who required higher levels of clinical and/or case management because of developmental delays, early intervention needs, and/or serious emotional/behavior concerns were referred for individual therapy sessions.

### **Social Support**

To assess average levels of Social Support, participants answered items regarding the help they received. The mean score indicated that, on average, participants could count on slightly more than three to four people to help them out in these areas. There was no significant change over time in the number of supports reported.

## V. Discussion

The economic downturn severely affected Chicago. With a civilian labor force that exceeds four million workers, the city has a stubborn level of unemployment that ranged from 8.5 percent to 9.5 percent between November 2011 and April 2012. The pool of unemployed individuals in Chicago is accordingly very large—currently over 350,000.<sup>13</sup> Even before the current recession, conditions in Chicago were challenging. From the mid-1990s to the mid-2000s, Chicago saw a significant increase in population and housing stock; however, the units added failed to address the needs of growing numbers of low-income individuals and families. In addition, the real estate boom resulted in many condominium conversions that reduced the stock of rental units.<sup>14</sup> As a consequence, finding decent affordable housing, particularly for families with young children, became more acutely difficult. These factors combined to create an environment of worsening housing shortage.<sup>15</sup>

Homeless families have complex and numerous needs that often extend beyond just housing to include job skills, education, mental and physical health, and child development. For homeless and at-risk mothers attempting to stabilize their families, accessing resources to meet these needs is a challenging process of navigating fragmented and disparate service systems. Additionally, homeless families have intense needs that require considerable skills from providers serving them. FACT featured collaboration among partner agencies working in child development, mental health, and homelessness services. FACT's innovative service model provided comprehensive wrap-around care that helped to stabilize families, and improve the health and well-being of young mothers and their children.

The homeless families involved in FACT faced severe challenges. Upon entering the program, all were homeless, living in shelters or doubled-up with family or friends in undersized, overcrowded apartments. Many of the mothers and children had experienced high rates of traumatic life events in addition to homelessness, including domestic violence and sexual assault. Many women reported symptoms consistent with posttraumatic stress disorder. In addition, many of the women were diagnosed with a mental illness and/or substance use disorder. Many of the children enrolled had behavioral problems or undiagnosed developmental delays.

Forty percent of mothers had not received a high school diploma upon entering the program, limiting their ability to earn a livable wage to support themselves and their children. Mothers emancipating from foster care faced especially high barriers to achieving stability for their families. Having grown up in environments often characterized by instability, these women possessed fewer of the skills required to live independently and properly care for their children. Most were unaware of the community resources available to them and the steps necessary to accomplish goals such as enrolling themselves and their children in school, or accessing health care.

13. United States Department of Labor, Bureau of Labor Statistics. (2011). Economy at a glance: Chicago-Joliet-Naperville, IL. Retrieved from: [http://www.bls.gov/eag/eag.il\\_chicago\\_md.htm](http://www.bls.gov/eag/eag.il_chicago_md.htm).

14. Chicago Coalition for the Homeless. (2006). Creating sustainable funding for affordable housing in Illinois. Retrieved from: <http://www.chicagohomeless.org/what/housing>.

15. UIC Natalie P. Voorhes Center (2006). Affordable housing conditions and outlook in Chicago: An early warning for intervention. College of Urban Planning and Public Affairs, University of Illinois at Chicago. Retrieved from: <http://www.uic.edu/cuppa/voorhesctr/Publications/Woods%20Short%20Report%20%28Final%20Design%29.pdf>

### **Improved Living Situations**

One of the most significant impacts of the FACT program was the improvement in mothers' housing status, satisfaction with their housing situation, and reported improvement in their housing. Helping families improve their housing was a primary goal of FACT and the Initiative as a whole. The FACT program provided an array of housing services. The program also worked with families to identify and apply for subsidized or affordable market-rate housing. To help families maintain stable living situations, FACT team members built relationships with landlords and housing agencies, and educated mothers on their rights and responsibilities as tenants. The strong housing services in Chicago were a crucial resource, allowing mothers to develop independent living skills in a supportive environment. At follow-up, 93 percent reported living in their own apartment. The percent of mothers satisfied with their living arrangements increased dramatically, as did their reports of recent improvement in their housing.

### **Greater Independence**

The FACT team worked intensively with mothers on developing the skills needed to better support themselves and their children. This included helping mothers enroll in school or other educational programs, coaching them in job-searching and interviewing skills, and guiding them through the complicated process of accessing public benefits.

After one year in the FACT program, mothers achieved a significantly greater degree of financial stability. At baseline, mothers reported an average monthly income of \$622—a number that is dwarfed by the financial burdens of rent, food, clothing, and other necessary expenses that a family with young children must incur. However, the average monthly income of mothers in FACT at one year had increased to \$881. Part of this increase may be due to the FACT team's assistance with applying for and accessing public assistance. While supporting a family on this income remains a daunting challenge, the number represents a significant improvement for the young mothers in the program and an important step towards greater stability.

### **Mental Health**

Mental health services—an area not traditionally included in homelessness programs—were a key component of FACT's innovative service model. The mental health expertise of the FACT team allowed the program to focus on serving mothers and children with the most severe mental health needs. Many of the mothers involved had experienced severe trauma and all of them had co-occurring mental health and substance use disorders. The FACT team, which included licensed clinical staff, conducted mental health screenings and risk assessments. Mothers received therapy and counseling from psychologists and clinical staff, and resources from Beacon Therapeutic Diagnostic and Treatment Center.

### **Children's Healthy Growth and Development**

Children are especially vulnerable to the adverse effects of homelessness. Children need safe, stable home environments where they can play and grow; the instability and emotional stress associated with homelessness can take an extremely negative toll on children's healthy development. Furthermore, mothers experiencing homelessness often lack an awareness of the resources available to support their children, such as therapy or special education programs, and the steps necessary to access these. These factors create serious consequences for children's educational achievement and future opportunities.

FACT staff conducted screenings to identify developmental delays among enrolled children. The majority of children with emotional or developmental challenges demonstrated improvement after enrollment in FACT, many of them overcoming their delays completely. Early intervention helps ensure that these children begin school with the skills necessary to succeed. These children will have a stronger foundation for healthy growth and development.

FACT team members also met with the mothers in their homes to provide individualized parenting education, using Zero to Three's researched based PCAN (Preventing Child Abuse and Neglect) curriculum, helping young mothers understand how best to support their children's developmental needs and what behavior to expect from their children at different ages. Family therapy from child development specialists helped strengthen family bonds. All the mothers enrolled in FACT were very young and some had lacked positive parental role models during their own childhoods, often due to involvement with child protection services. The majority had not yet developed the responsibility and maturity necessary for raising children independently. The support provided by the FACT team was therefore especially crucial. Results indicate that mothers' levels of parenting stress had decreased one year after their enrollment in FACT, suggesting improved mental health and the potential for stronger family functioning.



## VI. Conclusion

Overall, the findings indicate that the lives of homeless and at-risk women and their children improved over a year of involvement in FACT. Young mothers appear to be better-equipped to achieve stability for themselves and their children. After one year, the majority of women were living in their own apartment and were connected to adequate supports and services in the community. Children received the services needed to address educational, emotional and developmental issues. This comprehensive approach increases the likelihood that these children will succeed in school and thrive. The findings of FACT and the *Strengthening At Risk and Homeless Young Families Initiative* as a whole make a powerful argument for the potential of comprehensive service delivery to help homeless young families build a better future for themselves and their children.

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

This *Outcome Evaluation for Families Assertive Community Treatment (FACT)* was written by The National Center on Family Homelessness. The contributing author was Nancy Marshall, Senior Research Scientist, Wellesley Centers for Women, Wellesley College and Technical Development Corporation (TDC) with support from Mary Huber, Director of Research and Evaluation, Sonia Suri, Research Analyst, Annabel Lane, Research Associate, and Ellen Bassuk, President, The National Center on Family Homelessness. The *Outcome Evaluation for Families Assertive Community Treatment* is a product of The National Center on Family Homelessness on behalf of the *Strengthening At Risk and Homeless Young Mothers and Children* Coordinating Center, which is a partnership of The National Center on Family Homelessness, National Alliance to End Family Homelessness and ZERO TO THREE. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations and develops a range of application products from the study sites.

*Strengthening At Risk and Homeless Young Mothers and Children* is an Initiative of the Conrad N. Hilton Foundation.



For more information on this Initiative, please contact The National Center on Family Homelessness, 200 Reservoir Street, Suite 200, Needham Heights, Ma; (617) 964-3834 or at [www.familyhomelessness.org](http://www.familyhomelessness.org)



THE NATIONAL CENTER ON  
**Family Homelessness**  
*for every child, a chance*



National Alliance to  
**END HOMELESSNESS**



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Toddlers, and Families

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**STRENGTHENING**  
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