



STRENGTHENING  
At Risk and Homeless  
Young Mothers and Children

EVALUATION REPORT: YEAR 1

## *Executive Summary*

### Strengthening At Risk and Homeless Young Mothers and Children, *Year 1: 2007 - 2008*

This Executive Summary provides an overview of the *Strengthening At Risk and Homeless Young Mothers and Children Evaluation Report: Year 1*. Funded by the Conrad N. Hilton Foundation, the Initiative is under the guidance of a Coordinating Center consisting of The National Center on Family Homelessness (NCFH), the National Alliance to End Homelessness (NAEH) and ZERO TO THREE: National Center for Infants, Toddlers, and Families (ZTT).<sup>1</sup> The Initiative seeks to improve the housing, health, and development of homeless and at-risk mothers and children. To best meet the complex needs of these families, the Initiative supports locally-based partnerships that include housing/homelessness and child development agencies, as well as those that address family preservation, domestic violence, mental health, substance use and other support services for the target population. The Initiative's desired impacts are not limited to clients alone. It also aims to integrate systems and disseminate knowledge in order to improve services for families not directly enrolled in its programs.

The Initiative includes four program sites: Pomona, California; Antelope Valley, California; Minneapolis, Minnesota; and Chicago, Illinois. An on-going evaluation describes the sites and the needs and characteristics of young, homeless families and their children and how best to serve them. Brief descriptions of the four projects and innovations from each site are highlighted in the accompanying sidebars.

The evaluation of the Initiative includes three components: an outcome evaluation to examine client well-being, a process evaluation to document implementation of the project, and a cost study. Since the *Evaluation Report: Year 1's* publication, we have completed a preliminary analysis of service data from the sites.<sup>2</sup> The highlights include:

- 42% of families served are stably housed (35% in their own apartments; 7% in permanent supportive housing). In general, families are in more secure housing than prior to entering the program, with Minneapolis experiencing the greatest success in housing placement.
- Twenty-five families with children who had been placed in foster care have been reunified.
- Ten clients have completed a substance abuse/chemical health treatment program.
- Clients are overwhelmingly members of racial/ethnic minorities. In the most recent quarter, 60% of clients are Black/African American, 24% Hispanic/Latina, 11% Multi-ethnic, and 5% White.

Each program site is unique. However, in conducting the process evaluation, we identified various common themes that are described below. Findings are divided into the following categories: target population; implementation; service delivery; housing; and emerging impacts. Please note that these findings are only from three sites; the Chicago, Illinois program joined the Initiative one year after the others.

<sup>1</sup> ZERO TO THREE joined the Coordinating Center in April, 2009.

<sup>2</sup> Please note that these findings are preliminary and that this data will change as the Initiative continues to develop. The information has been presented to provide an additional view of Initiative programs and the clients they serve.

## Target Population

This Initiative serves families consisting of a mother between the ages of 18 and 25 with at least one child age five or under. The process evaluation identifies common threads from the client's perspective and in the client's own words. It also provides an opportunity to better understand clients' strengths and challenges.

- Clients care deeply for their children and want to “become a better parent.”
- Clients desire stable jobs and/or continuing education.
- Clients are remarkably resilient despite having faced many challenging and traumatic events.
- Clients have extremely difficult financial situations, exacerbated by limited education, lack of child care, and difficult-to-navigate or hostile public benefits systems.
- Many clients have extensive substance abuse/chemical health and mental health issues. Participants have histories of depression, bipolar disorder, anxiety disorder, and suicidal ideation or attempts.
- Many clients have a history of child welfare involvement. Some spent time in the foster care system during their youth while others have been separated from their children; many fall into both categories.
- Transportation is a challenge for clients, as few own their own vehicle and public transit is either prohibitively expensive or unavailable.
- Safe, stable housing is both difficult to find and financially difficult to attain.

## Strengthening Young Families: Antelope Valley, California

Strengthening Young Families is a collaboration between Valley Oasis (a provider of domestic violence, emergency shelter, and homelessness services), Mental Health America (a national mental health services organization that gives the project adult mental health services, case management, and additional housing support) Antelope Valley Partners for Health (child and family services), Healthy Homes, a program of Antelope Valley Hospital (child and family services) and United Way of Greater Los Angeles, (providing fiscal and administrative oversight).<sup>3</sup>

Strengthening Young Families uses a mobile case management model, meeting and serving clients where the client is living. This approach is particularly appropriate for Antelope Valley, which is a relatively rural area with limited public transportation.

Strengthening Young Families has positively affected the relationship between mothers and their children. Mothers enrolled in the program report growing up in difficult homes or in the child welfare system and never “learning how to be a parent.” They described not knowing what to expect from or how to interact with their children. Strengthening Young Families' parenting education program has helped clients understand their children's growth and has provided them with useful strategies for interacting with their children.

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<sup>3</sup> St. Joseph's Manor, an original project partner, withdrew from the partnership in July, 2008.

## Hope & Home: Pomona/Pasadena, California

*“She [worker] comes to my house, just to make sure I’m there.”*

Client on the convenience of Hope & Home

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

Client on how Hope & Home helps her child

Hope & Home is a collaboration between PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services (a large multi-service agency focusing on serving women and their families), and Foothill Family Service (“Foothill”), which provides mental health and other services for infants, children, and teens. Additional partners, including the Pomona Unified School District and the Hacienda La Puente School District, serve as a referral source and as Advisory Board members for the project.<sup>4</sup>

The project brings together the sophisticated adult services, including mental health and substance abuse treatment, of Prototypes with the cutting-edge child development interventions provided by Foothill to serve the family as a whole.

One impact of Hope & Home to date has been fostering the reunification of child(ren) separated from his/her parent(s). For example, after completing a group or class at Prototypes, a client might be awarded a certificate. The client then can use this certificate in court to demonstrate that they have made progress on an issue, aiding their case for reunification.

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<sup>4</sup> Hope & Home is redesigning some aspects of its service model.

## Implementation

The sites all shifted their programming as they translated their proposed plan into a service delivery system that better met the needs of their clients. Programs found that they needed a period after start-up to adjust their program plans to respond to unexpected challenges. For example, many clients came to the programs in a state of crisis. To stabilize clients, staff needed additional time to develop rapport with them, respond to basic needs, and develop treatment plans.

## Service Delivery

Each program site offers a unique set of services to its clients and delivers those services differently. To date, programs have made limited use of planned models or evidence-based practices in their initial stages of service delivery. However, some shared areas of strength include:

- All programs have adopted a “home visiting” approach to services. In most cases, the child development partner helped to integrate this practice into the partnership.
- In the programs that have effectively integrated the services of their partner agencies, clients perceive services as seamless and identify their providers with the program rather than with a single partner agency.
- Service integration strategies used by programs include joint client files, unified intake and assessment documents, and “case conference” meetings.
- Staff are being cross-trained by their collaborative partners, enabling them to better serve their clients.
- Clients value their relationships with program staff, even feeling that their provider is one of the few people they can talk to about difficult issues.

## Housing

There is little doubt that housing has a positive impact on the lives of client families and that access to safe, affordable, permanent housing is essential for all families. However, securing permanent housing remains an on-going challenge.

- In California, housing costs are high and stock is limited. In Minneapolis, housing is generally available and more affordable, but quality appears to be substandard.
- Clients that have attained permanent housing find that it positively impacts other areas of their life, such as reducing stress and improving interpersonal relationships.
- Clients also shared the positive impact of children having a ‘space of their own,’ allowing them to experience and enjoy their childhood.

## Emerging Impacts

It is premature to fully gauge the impact of the Initiative; program sites are early in their life cycles. However, discussions with program consumers, staff, management and other stakeholders during the first year of the process evaluation have indicated some early positive effects that can be classified into individual client-level and larger agency/systems-level impacts. Further impacts will undoubtedly emerge as programs continue to refine their services and clients are enrolled for a longer period of time.

- Some clients have obtained permanent, safe housing through participation in an Initiative program.
- Clients feel that they have become better parents through skills they learned in the programs.
- Clients describe positive changes in their children, including developmental, emotional, and academic improvement, since joining an Initiative program.

## STRong: Minneapolis, Minnesota

*“...the housing was really helpful. But if I didn’t get the training or support or guidance or friendship and trust, if I didn’t get none of that, then it would just be like a Section 8 kind of a thing. It wouldn’t be STRong.”*

Client on what makes STRong unique

*“Some of them [workers] have been in our shoes and that’s what I like about it. They understand where I’m coming from.”*

Client on what she likes about STRong

STRong is a partnership between Reuben Lindh Family Services (a child and parent services agency), St. Stephen’s Human Services (specializing in housing and other services for those experiencing homelessness) and Wayside House (a chemical health agency for women).

The program utilizes a rapid rehousing model with supportive services, where a worker’s first priority is to ensure a client is stably housed. The program has leveraged housing vouchers from Hennepin County specifically for the program and has successfully advocated with landlords on behalf of clients.

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

- Partnerships are serving families that are experiencing significant housing and family instability.
- At a broader, systemic level, the Initiative is bringing agencies (particularly child development agencies) to a more vulnerable, high-need population that they have not traditionally served.

## Summary

Program sites have accomplished a great deal in their initial year of operation. The sites developed a greater understanding of the population and how to better serve them. As the programs continue to grow and the evaluation documents both their implementation and impact, we anticipate that they will further refine service strategies and strengthen their interagency collaborations. The evaluation of the first year suggests that the Initiative will be successful in achieving its stated outcomes.

## Family Assertive Community Treatment (FACT): Chicago, Illinois

FACT is a partnership primarily between Beacon Therapeutic Diagnostic and Treatment Center and Heartland Alliance for Human Needs & Human Rights. Beacon is the partnership's lead agency and provides the project's child development components. Heartland Alliance adds expertise in housing and homelessness, case management, and systems integration. Additional partners include Mercy Housing Lakefront, a housing agency; Inner Voice, which also specializes in homelessness; Thresholds Psychiatric Rehabilitations Centers, adding additional specialized child development and family services; and Voices for Illinois Children, an advocacy organization providing FACT with support in policy and systems change efforts.

FACT is adapting the Assertive Community Treatment (ACT) evidence-based model (intended for single adults) to serve families. The program is characterized by intense services provided by a multi-disciplinary, highly coordinated team maintaining a manageable caseload.

The project intends to target families with the greatest need, specifically those with trouble maintaining stable housing, with high degrees of family instability, and young mothers "aging out" of foster care. The partnership believes that these subgroups of families can benefit most from the intense, coordinated services the project will offer.

# Strengthening At Risk and Homeless Young Mothers and Children

## EVALUATION REPORT: *Year 1 Executive Summary*

*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 Executive Summary was written by Vincent Fusaro, Research Associate, with the support of Ellen Bassuk, MD, President and Wendy Vaulton, Director of Research and 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, the National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families. 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, 181 Wells Avenue, Newton Centre, MA; (617) 964-3834 or at [www.familyhomelessness.org](http://www.familyhomelessness.org).



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