

**Mid-Year Report June 30 2008
Bridges to Housing Families at Six Months**

Executive Summary

Background and Methods

Bridges to Housing (B2H) is a regional initiative to better serve high-need homeless families in Clark County in the state of Washington, and Multnomah, Clackamas, and Washington counties in Oregon. B2H provides permanent affordable housing and up to two years of intensive strengths-based case management for eligible families. Housing and service providers work in collaboration with Department of Human Services staff and other child and family-serving systems to ensure access to needed services and coordinated care.

The evaluation of B2H includes a process study, a longitudinal study of child and family outcomes, and a comparison of outcomes for B2H families with those of similar families for whom B2H services were not available. This report focuses on the experiences of families enrolled in B2H for approximately six months, examining changes in their circumstances since the point of enrollment. Quantitative findings focus on key indicators of child and family stability. Interviews with a sample of B2H heads-of-households help to describe the experiences of families in their first months in the program.

Quantitative findings are drawn from baseline data on 104 B2H families and six-month follow-up data on 43 families submitted through the Homeless Management Information System (HMIS) as of May 15, 2008. Fourteen heads-of-households participated in the qualitative interviews.

Key Findings

Key findings point to the success of B2H in stabilizing children and families:

- **Stability in housing.** Among the 43 families with baseline and six month data, 90% had remained stable in housing with no moves during the six months since enrollment. This is in contrast to an average of two moves per family in the six months prior to enrollment. During this prior period, two-thirds of the families had moved two or more times.

- **Family stability.** Data from the HMIS indicates that families were more likely to stay intact and children were more likely to remain with their parents after enrolling in Bridges to Housing. In the six months prior to entering Bridges to Housing nine families (21%) reported that

one or more of their children had been placed in foster care. Since enrollment, foster care placement had been necessary for only one family.

- **Improved safety.** Incidents of domestic violence also were substantially reduced for B2H families. Thirty-five percent of heads-of-households (15 families) reported at least one incident of domestic violence in the six months prior to enrollment. In contrast, only three (7%) reported that domestic violence had occurred since entering B2H. Other indicators of safety or the need for emergency services show little change overall but suggest improvement in some areas. Equal numbers of adults (18 out of 43, 42% of the sample) had visited the emergency room at least once in the six months prior to enrolling and in the six months following enrollment. They were not necessarily the same individuals, however, and fewer families had made multiple visits to the emergency room.
- **Income and Employment.** Among 42 families with baseline and six-month employment data in HMIS, the number who reported that they were employed grew from 12 (29%) to 19 (45%). Five families lost employment. Average income for wage earners from sources other than food stamps showed little change at approximately \$747 per month at baseline and \$769 at six-months. Some families were helped to access food stamps during their first six months; when this resource is included in total income, there is a slightly larger change in average income (\$893 at baseline to \$935 at six-months).
- **Stability in childcare and education settings.** At the time of enrollment into B2H, 15 of the children (38%) had attended two or more childcare or education settings in the prior six months, some as many as three or more. By six months post-enrollment in B2H, the number of children who had attended two or more schools/child care settings dropped almost in half to 8 children, (21% of the sample).

Interviews with B2H Families

This report also includes the views of a sample of 14 B2H families who were interviewed by the PSU evaluation team between January 28 and May 30, 2008. B2H families who had been enrolled for four to six months at the time of the interview were eligible to participate.

Respondents in the interview sample uniformly affirmed that housing was the first step towards a better future for them and their children, emphasizing that they would not be able focus on education, employment, healing from addiction, tending to mental health

issues, repairing debt, or providing a safe environment for their children without the support of B2H.

Once housed, families had many needs in the early months in B2H. Families especially needed assistance with food, household furnishings, medical care, and other challenges. Move-in costs were daunting. Respondents also needed help to find childcare, to buy bus passes, to pay off past bills, and to access legal counseling (especially for mixed citizenship families).

A few respondents had started formal services, such as a parenting class for a child with serious behavioral issues, a job training course, or preparation to take the GED exam. For most B2H families, however, extensive services were not yet in place at the four to six month mark. These findings were consistent with informal reports from case managers in the B2H Provider Workgroup, who have emphasized that families entering B2H require considerable time to stabilize and to address immediate and emergent issues before more comprehensive service planning can occur.

Summary

This report highlights concrete indicators of increased safety and stability for families that had been enrolled in Bridges to Housing for six months, including:

- Markedly increased stability in housing.
- Reduced placements of children in foster care.
- Markedly decreased incidents of domestic violence.
- Increased stability in early childcare and education settings.
- Increased likelihood of employment.

These findings indicate that the program has been successful in its primary goal of stabilizing families, and it is particularly promising to note that this includes greater stability for children in childcare and education settings.

The personal experiences reported by a sample of families enrolled in B2H for four to six months illustrate the importance of safe and stable housing for highly vulnerable, formerly homeless families with multiple needs. Family respondents also highlighted the importance of concrete assistance and support in the early months of residence in B2H.

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**Bridges to Housing Evaluation
Mid-Year Report
June 30, 2008**

**Early Progress
Bridges to Housing Families at Six Months**

Background

Bridges to Housing (B2H) is a regional initiative to better serve high-need homeless families in Clark County in the state of Washington, and Multnomah, Clackamas and Washington counties in Oregon. B2H provides permanent affordable housing and up to two years of intensive strengths-based case management for eligible families. Housing and service providers work in collaboration with Department of Human Services staff and other child and family-serving systems to ensure access to needed services and coordinated care.

Six providers (three in Multnomah County and one in each of the other counties) serve B2H families. Referral procedures differ somewhat across the counties but all prospective B2H families are screened for eligibility based on multiple and complex challenges. The first Bridges to Housing families were enrolled and housed in October of 2006 in Clark County. Currently all counties have filled their available B2H slots, and families are housed at 28 different housing sites as well as in additional scattered site units. B2H slots are filled as housing units and resources for case management become available, with an anticipated 300 families to be served by the end of 2009.

In the fall of 2006, the Neighborhood Partnership Fund, the administrative and coordinating entity for B2H, contracted with the Regional Research Institute at Portland State University to design and conduct an evaluation of the program. There are two overarching goals for the evaluation:

- To assess and report on the implementation and outcomes of B2H, providing feedback for program development and helping to inform local and state policy and practice.
- To contribute to national research on effective service/housing models for high-need homeless families.

The evaluation includes a longitudinal outcome study of children and families served by B2H, following them from the time of enrollment for up to two years; a process study focusing on the implementation of B2H and the experience of providers and families; and a comparison group study of the impact and relative effectiveness of B2H in improving outcomes for high need families and their children.

Questions about Early Progress

This Mid-Year Report is drawn from the longitudinal outcome study and focuses on families enrolled in B2H for approximately six months, examining changes in their circumstances and experiences since the point of enrollment. Key questions addressed in the report include:

- To what extent are B2H families still housed and stable in their housing six months after enrollment?
- Have children been able to remain in their homes, and have they experienced greater stability in child care and education settings than in the prior six months?
- Have there been any changes in employment or income among B2H families in the first six months of service?
- Have there been any changes in the need for high cost emergency services (emergency medical care for adults and/or children, involvement of law enforcement, use of foster care) for B2H families in contrast to the six months prior to their enrollment in B2H?
- What kinds of progress do families feel they are making? What services do they identify as important? How has B2H been helpful and what would be more helpful?

Methods

The longitudinal study principally relies on data gathered by B2H case managers at intake and at six month intervals thereafter for up to two years. Providers submit data to the evaluation through the Homeless Management Information System (HMIS) that is required by the U.S. Department of Housing and Urban Development for certain federally-funded programs. Specialized templates for B2H were developed in collaboration with providers and the HMIS coordinators in the four-county region. HMIS data allows us to describe the prior history, needs and characteristics of families served, the services they receive, and their outcomes over time.

Report Sample. This Mid-Year Report includes data on B2H families submitted through the HMIS as of May 15, 2008, including baseline data on 104 families and six-month data on 43 families.¹ Twelve-month data had been submitted to HMIS on 15 families as of May 15th. Twelve-month outcomes will be analyzed for future reports, beginning in December, 2008.

The ‘Focus Child.’ Most data for the evaluation are collected from heads-of-households. Information collected pertains to the head-of-household, to the family as a unit or to one ‘focus’ child in the family. The focus child is identified by the case

¹ Thirteen families (13%) have exited the program to date, with an average stay of 6 months and lengths of stay ranging from less than one month to 12 months.

manager as the youngest school-age child in the home or, if no child is yet school-age, the child closest to school age in the family. The decision to focus on a single child in each home for the evaluation was reached jointly with providers and reflects the desire to reduce the burden of data collection, data entry, and submission as well as to facilitate analysis and interpretation of the results. Some providers are tracking additional children through the HMIS; others have information available in case records that may be reviewed and summarized at a later date to provide a fuller picture of the needs of B2H families and the services they are provided.

Interviews with B2H Families.

This report also includes the perspectives of a sample of B2H families gathered through interviews conducted by the PSU evaluation team between January 30th and May 28th, 2008. B2H families who had been enrolled for four to six months at the time of the interview were eligible to participate.

The purpose of this first round of interviews was to learn more about the experience of families who had been in the program long enough such that we might discern signs of greater stability in their lives. We wanted to know how individual families would describe their own progress and the ways B2H has been helpful and/or could be more helpful. In particular, we wanted to know what had changed for them and their children and what they would say they most need to make progress towards greater stability and wellbeing. More information about the interview procedures as well as the questions used in the interview can be found in the Appendix.

Interview sample. Case managers from three providers serving five different housing sites invited fourteen eligible families to participate. This represents about a quarter (26%) of the number of families across all four counties who would have been eligible to be interviewed based on their enrollment dates. All of the heads-of-households who were invited to be interviewed agreed to participate.

Respondents were all women (all but one were single heads-of-households; one two-parent family is represented). Eight had been referred to B2H by domestic violence shelters², three by corrections, and two from homeless shelters. The number of children in each family ranged from one to eight (the family with eight children had an adult child in the home who is not represented in the HMIS data). Three families were headed by non-US citizens. These heads-of-households were Spanish-speaking parents from Mexico; their interviews were conducted in Spanish.

² Because of the timing of the first round of B2H interviews, the high percentage of families in the sample that came from domestic violence shelters reflects the disproportionate number of early referrals from that system.

Key Findings

In the following sections, we briefly summarize baseline data on all enrolled B2H families and provide a comparison of baseline to six-month data on selected outcome variables. Overall, six-month findings point to greater stability and safety for most families. The experiences and views of respondents in our interview sample help illustrate and/or amplify the quantitative findings.

Overview of Enrolled Families

As of May 15, 2008, baseline data were available on 104 families enrolled in B2H, comprising 343 individuals (adults and children). Most households (83%) were headed by single female parents. About half of the families (48%) had either 2 or 3 children, though the number of children ranged from one to as many as seven. Two-thirds of B2H heads-of-households were Caucasian; 18% were African American and 14% were Hispanic/Latino, with smaller numbers who identified as American Indian/Native Alaska or mixed race.

Data on the Homeless Family High Resource User Screening Tool used to establish eligibility reveals that almost all B2H families had been involved with at least two social service systems prior to enrollment (often TANF and child welfare and/or mental health). A significant number (25%) had been involved with at least four different social service systems, and close to half of this group of high-need families had prior involvement with law enforcement. In addition, most families (71%) reported at least one special need or disability (most frequently mental illness, substance abuse, and/or physical/medical problems). Many reported multiple challenges.³ Domestic violence was the most frequently cited cause of homelessness at baseline (32% of respondents)⁴, followed by substance abuse.

The challenges associated with domestic violence and the resulting trauma for families become especially meaningful through the experiences of interview respondents in our sample. One mother spoke of the difficulty she faced when she was trying to remove herself and her two children from her abusive husband. Her primary goal was to find a safe place for her children, yet without financial resources, this was very difficult. She said she ‘couch surfed’ and then sought help from a domestic violence shelter. Because of her lack of stable housing, however, Child Protective Services were called on two separate occasions. Eventually, she gave up custody of her youngest son to his biological father and left her oldest son with her own mother.

“What kind of mother gives her child up?” she said, recounting the painful decision to give up custody of her youngest son so that he would have a home.

³ Additional baseline information on family characteristics appears in the Appendix.

⁴ 94 families reported on ‘reason for homelessness’; data was missing for 10 families.

Other respondents reported similar levels of distress.

“I stayed at [a shelter] in an emergency bed. We slept on the couch and the floor and it was...I mean, I was trying to keep as positive as I could but with what I was going through with my son’s dad...I was really emotionally all over the place, so I tried to keep it away from [the children] as much as possible...my son’s already been through a lot so I was just trying to keep things as normal as possible.”

“I called so many different women’s crisis help lines cause my daughter’s dad and I...her dad beat me up and it was horrible. I was homeless and that’s part of the reason my son was taken. So I didn’t know who to call...I just felt really lost...no one was really that helpful...shelters were full...they’d say ‘I’m sorry, I don’t know what to tell you.’ It was really really scary.”

When Things Get Better: From Baseline to Six Months in B2H

Forty-three families had both baseline and six-month data submitted to the HMIS as May 15, 2008, when data were extracted for this report. These families showed marked improvement in several important areas.

Stability in housing. Among the 43 families with baseline and six month data, 90% had remained stable in housing with no moves during the six months since enrollment. This is in contrast to an average of two moves per family in the six months prior to enrollment, during which 90% of the families moved at least once and two-thirds moved two or more times.

Housing Stability: Number of Moves in Six-Month Period (n=43)		
	Six Months Prior to Enrollment	First Six Months in B2H
No moves	4 families (10%)	37 families (90%)
One move	12 families (28%)	4 families (10%)
Two to three moves	22 families (51%)	0 families
More than three moves	5 families (11%)	0 families
Total	43 families	41 families ⁵

⁵ Six-month information on household moves was missing for two families at the time the data were extracted from HMIS.

Improved safety. Incidents of domestic violence also were substantially reduced for B2H families. Thirty-five percent of heads-of-households (n=15) reported at least one incident of domestic violence in the six months prior to enrollment. In contrast, only 7% (n=3) reported that domestic violence had occurred since entering B2H. Other indicators of safety or the need for emergency services show little change overall but suggest improvement in some areas. Equal numbers of adults (18 out of 43) had visited the emergency room at least once in the six months prior to enrolling and in the six months following enrollment. They were not necessarily the same individuals, however, and fewer families had made multiple visits to the emergency room.

At both baseline and six months, about 40-45% of families reported taking a child to the emergency room during the prior period. At both time points, about 30% of the families reported making multiple visits with children to the ER.

Family stability. Data from the HMIS indicates that families were more likely to stay intact and children were more likely to remain with their parents after enrolling in Bridges to Housing. In the six months prior to entering Bridges to Housing nine families (21%) reported that one or more of their children had been placed in foster care. Since enrollment, foster care placement had been necessary for only one family.

Income and Employment. Among families with baseline and six-month employment data in HMIS (n=42), the number who reported that they were employed grew from 12 (29%) to 19 (45%). A few families lost employment (n=5). Average income for wage earners from sources other than food stamps showed little change at approximately \$747 per month at baseline and \$769 at six-months. Some families were helped to access food stamps during their first six months; when this resource is included in total income, there is a slightly larger change in average income (\$893 at baseline to \$935 at six-months).

Children in B2H. Data on 40 'focus' children (youngest school-age or child closest to school-age in the family) were available for analysis at baseline and six-month follow-up. At the point of enrollment in B2H, these children ranged in age from just under one year to 17 years old, with an average age of 7.5 years. Seventy-six percent (n=29) of the focus children came from single female households, and most (60%, n=24) had one or two siblings. Just under one-third (n=12) were only children, and 3 focus children had 3 siblings.

Based on parents' reports at baseline:

- Approximately 12% of the children (n=4) were reported to have a learning disability.
- By the six month follow-up point, two more children were identified to have a learning disability, bringing the proportion to 15% of the total.

- Behavioral, social or emotional concerns were present for nearly half of the children at baseline (47.5%, n=19). This number had dropped slightly by six months.

At the time of enrollment into B2H, 38% (n=15) of the children had attended two or more childcare or education settings in the prior six months, some as many as three or more. By six months post-enrollment in B2H, the number of children who had attended two or more schools/child care settings dropped almost in half (21%, n=8).

Approximately 36% (n=13) were reported to be having difficulty in school (not meeting grade-level benchmarks) but many families were unsure of their child's educational status at the time of enrollment. For this reason, changes from baseline to six months may reflect the availability of better information rather than changes in the children's experience or performance. Twelve-month data will provide a clearer picture of the impact of B2H on educational status.

In keeping with what we learned from families in our interview sample and from providers, service needs are gradually being identified and addressed. Most children (80%, n=32) were reported to have a regular health care provider at intake, and by six months, almost all (90%, n=36) had a doctor. Dental care increased more substantially: at baseline 68% (n=27) of families reported their child had a dentist; by six months, this had increased to 85% (n=34).

Families' Perspectives on the First Six Months.

Respondents in our interview sample uniformly affirmed that housing was the first step towards a better future for them and their children, emphasizing that they would not be able focus on education, employment, healing from addiction, tending to mental health issues, repairing debt, or providing a safe environment for their children without the support of B2H.

"For kids to know they have a home to go to, that's an incredible feeling."

Once housed, families had many needs in the early months in B2H, especially assistance with food, household furnishings, medical care, and in some cases assistance to address accrued debt and other barriers from the past. From the interviews it would appear that B2H case managers have responded to immediate needs that seemed most pressing during these first weeks of stability in housing. Interview respondents reported assistance with a variety of needs, including:

- *Community nursing for a pregnant client.*
- *Help to purchase groceries for a client who had run out of Food Stamps.*
- *Help to pay outstanding fines, an electric bill or other debt for several clients.*

- *A doctor or dentist for a client who hadn't had medical or dental care "for years."*
- *A psychological assessment for a special needs child.*
- *An educational tutor for a child falling behind in school.*
- *Health insurance through the Oregon Health Plan.*
- *A bedroom and a box of toys for one mother's son.*
- *Help for a mother to care for her child with developmental disabilities.*
- *Help to buy Christmas presents for one client's children.*
- *Summer camp for another client's daughter.*

A few respondents had started formal services, such as a parenting class for a child with serious behavioral issues, a job training course, or preparation to take the GED exam. Some appeared to be moving forward very quickly in their lives.

"Things are really good because I'm doing things to better my life...going to school...staying clean. When I'm not in school, I'm with my kids."

For most B2H families, however, extensive services were not yet in place at the four to six month mark. For some women, referrals had been made and services were about to start. Others said they needed and were looking forward to:

- *Mental health counseling*
- *Services to stabilize a client with both mental health and addiction issues.*
- *Medical and dental care*
- *Parenting classes*
- *Vocational training*
- *A class geared towards future planning*
- *Community college*
- *Job training*

By and large, interviewees said that in these first months they most needed more help with home furnishings. Move-in costs were daunting, and after paying for cleaning supplies, toilet paper, dishes, and other necessities, it was difficult, if not impossible, to have enough left for a couch, kitchen table, or beds. One mother said she spent the first month sleeping with her son on the floor without any furniture at all. Respondents also needed help to find childcare, to buy bus passes, to pay off past bills, and to access legal counseling (especially for mixed citizenship families). These findings were consistent with informal reports from case managers in the B2H Provider Workgroup, who have emphasized that families entering B2H require considerable time to stabilize and to address immediate and emergent issues before more comprehensive service planning can occur.

At the 12-month point following enrollment, we will examine the service planning process in more detail, from the perspectives of both clients and case managers. This will allow us to develop a fuller picture of the kinds of services and supports that are needed and/or provided to B2H families.

In the meantime, B2H clients expressed longer-term goals for themselves and their families. They hoped:

- *To be more mentally and emotionally stable, taking medication, going to counseling for PTSD, having less frequent mood swings, and able to hold down a job.*
- *For a daughter to be on track with education, have improved physical and mental health, and learn how to stand up to bullies in school.*
- *To find stable employment.*
- *For a daughter's behavioral issues to improve.*
- *To go to school to become a drug and alcohol counselor.*
- *To save money and move to a rural environment away from gangs.*
- *To be in a healthy and positive relationship.*
- *To find a job, despite a felony record.*
- *To get along with an ex-husband so they can co-parent their child.*
- *To find and maintain employment.*
- *For kids to understand the value of having a family you can count on.*
- *To find a stable relationship.*

“To live without struggling and have enough money to take my kids to the movies and buy diapers without asking someone for help.”

Challenges for B2H. Living in affordable permanent housing with other high-need families was challenging for some respondents in our interview sample. Some women shared concerns about safety in their B2H homes, expressing worry about burglaries, drug use, adolescent sex, and/or gang involvement on the property. For some, this meant they were looking forward to finding a new place to live as soon as they were able. Others suggested mandating that all housing sites be alcohol and drug free. Mandatory community meetings were also suggested as well as more information about B2H for residents prior to acceptance or enrollment.

“There’s a lot of drama you have to stay out of...we all have issues and struggles.”

These concerns, however, were largely outshined by the gratitude expressed for housing stability and the possibility of a better future.

“I was a meth addict for fifteen years so I think I’ve pulled out pretty well...I’m going to school and getting A’s and B’s...I’ve gone through a lot and I know I can accomplish anything I want.”

“I’ve never lived by myself sober...I’m so excited...so excited.”

Limitations

Findings reported here are based on relatively small sample sizes (43 families with baseline and six-month data in HMIS and 14 interviewees). For this reason, it is important to be cautious about interpreting results. As the sample size grows, we will have more confidence in the outcomes for B2H families.

HMIS data. As noted in prior reports,⁶ HMIS data has certain limitations with respect to evaluation objectives. Restrictions in the structure of HMIS limit the level and rigor of measurement of important variables such as history of substance abuse or mental illness. For this reason, we have only relatively crude indicators of the degree of families' challenges and needs. Moreover, data in HMIS is based primarily on self-report from heads-of-household, and it is important to note that B2H families may vary in the degree to which they are willing to disclose sensitive information at baseline and at subsequent data collection points as well.

Interview sample. Because of the gradual roll-out of B2H across the counties, interviewees this round were drawn primarily from Multnomah County, with two from Clackamas County. This potentially reduces the degree to which respondents in our sample are representative of the entire B2H population and may also reflect differences in service delivery at the specific sites from which respondents were recruited. In subsequent qualitative components of the study, all four counties will be represented.

In addition, because we deliberately focused on describing the experience of relatively successful families, interviewees may not reflect the full range of experiences that is likely occurring in the Bridges to Housing. In subsequent data collection, we may want to examine the experience of families who are struggling in B2H or who have left the program. Moreover, because case managers helped recruit families, there may be bias in the sample towards families who have good relationships with their case managers and/or are perceived to feel positive about the services they are receiving. Finally, interview data were drawn entirely from heads-of-households. We do not have the perspectives of other family members, case managers, or property managers, some of whom might have different views about the families' circumstances.

Summary

This report highlights concrete indicators of increased safety and stability for families that had been enrolled in Bridges to Housing for six months, including:

- Markedly increased stability in housing.
- Reduced placements of children in foster care.

⁶ *Bridges to Housing Year End Evaluation Report*, December 31, 2007.

- Markedly decreased incidents of domestic violence.
- Increased stability in early childcare and education settings.
- Increased access to dental care for children in B2H.
- Increased likelihood of employment.

Some of these findings (e.g., stability in housing and decrease in domestic violence) are unsurprising, given the numbers of families in B2H who said they were homeless because of domestic violence and the fact that B2H provides permanent housing at the point of enrollment. Nonetheless, these findings indicate that the program has been successful in its primary goal of stabilizing families, and it is particularly promising to note that this includes stability for children in childcare and education settings. Thirteen families exited early (after stays of 1-12 months in the program), and it will be important to include information about early exits as we consider the success of the program over time.

The personal experiences of families enrolled in B2H for four to six months, as reported in interviews by a sample of 14 families, illustrate the importance of safe and stable housing for highly vulnerable, formerly homeless families with multiple needs. Family respondents also highlighted the importance of concrete assistance and support in the early months of residence in B2H.

In subsequent reports, we look forward to examining longer-term outcomes as families move from early stability to addressing underlying challenges to their health and wellbeing.

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APPENDIX

Overview of Enrolled B2H Families

Among B2H families for whom baseline data were available in HMIS as of May 15, 2008 (n=104), 83% were single female parent households. A typical B2H household has 2 or 3 children (48%), and one family has as many as 7 children. These households include 343 individuals.

On the whole, B2H children are young. Of the 212 children under age 18 with reported data:

- The average age is 7 years old.
- 80% are 12 years old or younger.
- 21% are 1 year old or younger.

About two-thirds of B2H heads-of-households are Caucasian. The racial and ethnic composition of the additional one-third of B2H heads-of-households is:

- African American: 18% (n=18)
- American Indian/Alaskan Native: 9% (n=9)
- Other or Other Multi-Racial: 7% (n=7)
- Hispanic/Latino ethnicity: 14% (n=14)

Data on the Homeless Family High Resource User Screening Tool used to establish eligibility reveals that almost all B2H families (98%) scored 10 or more points, which means that the family is considered to be a Very High Resource User¹. Typically this means that they have been involved with at least two social service systems (often TANF and child welfare and/or mental health). Thirty-five percent of B2H families (n=36) scored 14 points, and a quarter (n=28) of the families scored 16 points or higher, indicating that they have been involved with at least four different social service systems. Close to half of these highest-scoring families (11 out of the 28) had prior involvement with law enforcement.

At least one special need or disability was reported by 71% of B2H families. Many families struggle with multiple needs:

- One-third of B2H families reported two special needs or disabilities; 18% reported three special needs or disabilities, and three families (6%) reported four special needs or disabilities.
- More than half of B2H families (57%) were coping with mental illness and just over 42% said they had struggled with drug abuse.

The table below provides more detail on the reported disabilities or special needs.

¹ A family that scores 8 points is considered a High Resource User. The screening tool can be found in the appendix to this report.

**Special Needs or Disabilities Reported by
Heads-of-Households (n=96)**

Special Need/Disability Type	% of Families ² (#)
Mental Illness	57% (n=55)
Drug Abuse	42% (n=40)
Physical/Medical	32.% (n=31)
Alcohol Abuse	13% (n=12)
Dual Diagnosis/Co-occurring Disorder	13% (n=12)
Physical/Mobility Limits	6% (n=6)
Developmental	3% (n=3)
Vision Impaired	3% (n=3)
Other	2% (n=2)
None reported	29% (n=28)

² Note that percentages add to more than 100% because many families reported more than one special need.

B2H Six-Month Interviews Recruitment and Interview Procedures

Fourteen interviews were conducted by the PSU evaluation team between January 30th and May 28th, 2008. B2H families who had been enrolled for four to six months at the time of the interview were eligible to participate.

PSU evaluators worked with B2H case managers to identify families at each site who were eligible. Case managers provided eligible families with information about the interviews and an invitation to participate. Heads-of-household who were interested in participating signed a 'consent to contact' form that allowed the case manager to give her/his contact information to the PSU evaluation team. One of the PSU interviews then contacted the B2H head-of-household by phone to provide more information. Informed consent procedures were carefully reviewed during this telephone call and again prior to the interview, especially the voluntary nature of the project and the right to decline to participate. If the B2H head-of-household expressed continued interest, an interview was scheduled at that time.

Interviews were conducted in the families' homes or another space selected by the respondent (e.g., a community room at the housing site). Most interviews lasted approximately an hour and a half, and participants received a \$20 gift certificate in appreciation of their time and assistance. The majority of interviews in this round were not tape recorded. We anticipate recording future interviews and/or focus groups, subject to permission from participants, to more fully capture the experiences and perspectives expressed by B2H family members.

PARTICIPANTS NEEDED FOR RESEARCH STUDY

Your opinions and ideas are important!

You are invited to participate in an independent research study of the Bridges to Housing program being conducted at Portland State University. The purpose of this study is to improve the quality of services for Bridges to Housing children and families.

Who is eligible?

Heads of household who have been enrolled in Bridges to Housing for 4 - 6 months.

What would I have to do?

Participation involves an hour long interview with a researcher from Portland State University. You will be asked questions about your experience in the program and all information is confidential.

What's in it for me?

You will receive a \$20 Gift Certificate to Fred Meyers for every interview, plus a chance to be heard and help improve the Bridges to Housing program.

What should I do?

If you would like to participate in the study, talk with your case manager to get more information, and, if you are eligible, you will be contacted by a researcher from Portland State University.

Bridges to Housing Six-Month Interview Guide

Name:

Date:

Date of Entry into B2H:

Interviewer

Referral Source:

PAST HISTORY

What was it like before you got into the Bridges to Housing Program? Where was your family staying? How did you manage? Had you been homeless for a while? What about before that?

How did you get into B2H?

BRIDGES TO HOUSING

Since you moved into B2H, how have things been going? What has the Bridges to Housing program been like for you?

What was the transition like into B2H? Could anything have helped you more?

How is B2H different or similar to other programs you have participated in? What were those programs and what was your experience like?

CASE MANAGEMENT/SERVICES

Can you talk a little bit about your case manager? What is she/he like?

How often do you meet? What do you talk about in those meetings?

Have you been referred to any services by the case manager? (Medical, dental, mental health, employment)

Did you go to any of these services? If you went, were they helpful? In what way? If you did not go, why not?

Were there services you wanted or needed but did not get?

Have your children gotten any services or particular attention in the program? Was that helpful? In what way? Have there been things your children needed that they didn't get?

HOUSING COMMUNITY

How similar or different do you think your family is to other families in the Bridges program? In what ways?

If B2H had mandatory monthly community meetings, how would you feel?

How do you feel about the property manager?

How safe do you feel at your housing site? Are there any particular issues you have concerns about?

FAMILY

How do you think things are going for your family?

What kinds of changes are happening? Do you think things are getting better? In what way? What's not going so well?

How do you see things going in the future? What are you hopeful about? What are you less hopeful about?

In general, what do you think families that are homeless need most?

Is there anything that B2H could do to help you more?

Where do you see yourself in three to five years?

Homeless Family High Resource Users – B2H Screening Criteria

Homeless Family High Resource Users: Family is defined as a parent(s) or guardian with one or more children. High resource usage is based on any family member's involvement with multiple categories listed below within a 12-month period unless otherwise specified.

Rating Chart

Total Possible Points 30:

8 pts = High Resource user

10pts = Very High Resource user

One or more qualifying condition in each category equals the # of designated points in each category.

Substance Abuse - treatment within PAST 12 months (4 points)

- Inpatient treatment program
- Intensive outpatient
- Detox Services

Mental Health - treatment or services within PAST 12 months (4 points)

- Residential psychiatric facility
- Hospital psychiatric ward
- Intensive outpatient program

Foster Care State or Tribal involvement within PAST 12 months (4 points)

- One or more children in foster care pending reunification
- Parental rights of custodial or non-custodial parent terminated

Corrections - system involvement within PAST 12 months (4 points)

- Prison (or history of 3 or more prison stays during life)
- Jail for more than 3 months or multiple jail stays/arrests
- In work-release or on parole for felony conviction (not first conviction)
- Current criminal case as primary defendant/awaiting sentencing (felony only)

Physical and Cognitive Health Issues within the PAST 12 months (4 points)

- Enrolled in State Medically Needy program in past 12 months
- Resident at residential care facility in past 12 months
- Use of emergency room three or more times in the past 12 months
- Last stage of terminal health condition (documented less than 4 years life expectancy)
- Qualifying developmental disability/Cognitive disability/Head injury (qualifying means receiving gov. services due to disability in the past 12 months)
- Hospital stay in the past 12 months
- A hospital stay in the past 12 months
- Serious health condition or injury that requires in home care in the past 12 months
- Serious, chronic condition that requires on-going medical care in the past 12 months

Domestic Violence/Victim's Services/Issues (4 points)

- Petition for restraining or stalking order or incident of violation of restraining order with police response in the last 3 months
- Criminal case as primary victim/complainant (not limited to felonies)
- Has received Temporary Assistance-Domestic Violence Services within the last 12 months

Homeless/Housing System with in the PAST 12 months/(4 points)

- 2 stays in shelter/transitional housing and/or three episodes of homelessness in the past 12 months.
- Recipient of subsidized housing for more than 24 months
- Has accessed transitional housing within the past 12 months

Mainstream Resources Involvement within the PAST 18 months (2 points)

- Has received DHS childcare subsidy for more than 12 months consecutively
- Has received TANF assistance for more than 12 months consecutively
- Has received OHP or other free health care for more than 12 months consecutively