FAITH AND HOMELESS FAMILIES, PILOT PROGRAM EVALUATION

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FAITH AND HOMELESS FAMILIES, PILOT PROGRAM EVALUATION

A Project

by

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Abstract

of

FAITH AND HOMELESS FAMILIES, PILOT PROGRAM EVALUATION

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Rima P. Patel

Marian W. Weddington

This research is exclusively a program evaluation of the perceptions of effectiveness of the multiple constituent groups that participated in the Ending Chronic Homelessness Initiative (ECHI), program during the past fiscal year 2008-2009. Of these, the subject population for this evaluative research will consist of adult heads of households of seven to fourteen formerly homeless families who have received housing assistance and volunteer mentoring through the pilot program of the F&HFI in Sacramento. Approximately, twenty to forty volunteer mentors and pastors are recruited from faith congregations who have been trained by the ECHI and have mentored homeless families through the pilot program of the F&HFI. Nearly seven to fourteen landlords have rented housing units to homeless families through the pilot program of the F&HFI. A confidential anonymous eight-question survey was developed and given to seven families, landlords, case managers and mentors who currently participate in the program. No inducements were offered to complete the surveys. The researchers, from California State University Sacramento, obtained the information for this study from seven families. The survey is designed to assess the effectiveness that F&HFI had on the families. The families, who participated in the mentoring, appeared to be mostly positive, according to the survey.
The data suggest the F&FHI was successful in meeting most of the needs of the families in the program.

____________________________, Committee Chair
David Demetral, Ph.D., LCSW

_______________________
Date
I would like to begin by thanking my husband, David, for his guidance, support, and patience with me while completing the masters program. Without the encouragement from my husband I would not have been able to complete the masters program and remain employed with UC Davis Medical Center. Thank you my love. My parents, Praful and Ila were also my strong supporters, they gave me confidence and lifted my spirits up even when I felt like giving up. Words cannot truly express what you both mean to me, but know that my love for you both is unconditional. My three sisters, Roshni, Pinky, and Kerti thank you for allowing me to vent and reminding me each day that I am one day closer to completing my masters program. You three mean the world to me. My best friend, Veronica thank you for your loyalty and words of wisdom, you are truly an angel. I also want to take the opportunity to thank my supervisor, Janice who allowed me to work a flexible schedule and supported me tremendously throughout the past year. Another person I would like to acknowledge is my colleague at work, Amy for her guidance and patience with teaching me how to create figures for Chapter 4. To ensure that I am not excluding anyone, I would like to thank all of my family and friends for your kindness, thoughtfulness and ongoing support.

Marian and I would like to take the opportunity to thank Tim Brown, Director of Sacramento Steps Forward for being supportive and allowing us to conduct the program evaluation. Keep up the good work Tim; you are an asset to the Sacramento homeless community. Finally, thank you to Dr. Demetral for overseeing our project and providing us with constructive feedback. We appreciate the opportunity to have such a supportive and knowledgeable thesis advisor.

Rima Patel
To My Soldiers:

My wee soldiers, Noevion and Ashori, you inspire me to do great things, care deeply, give more of myself, and to be open to receiving love from outside of my immediate circle.

My number one soldier, Kareami Shauntiese, no one compares to you and you have been the love of my life since the day you were born. I am your eternal supporter and fan. I hope when you read this, that you will know what I already know, and that is, you are beautiful and deserve the best of everything life offers. Be Strong!

Vittorio, my logical soldier of acceptance. You have an innate ability of attracting people to you because of your infectious laugh as well as your open and friendly personality. You accept people for who they are and where they are in life. It is time you accept love, assistance, and acceptance from others.

Lil' Durell, my strong, silent soldier. There is a saying, "The more you know, the more you owe", and you owe alot to those that might follow in your footsteps. Always expect more from yourself!

The commander, and king soldier, Durell. You are my hero, my greatest supporter, my life partner, and best friend. You are a main influence regarding my life decisions. Thank you for your unconditional love, unwavering and never ending support.

For every name mentioned above, this is my personal thank you. I love you each individually and collectively. If I never receive another gift in life, each of you are gift enough to last me a life time.

Marian Willet
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Chapter 1

THE PROBLEM

Introduction

While chronic homelessness is decreasing, more families have become homeless due to the current economic and housing crisis. This problem is evident at the two family shelters in Sacramento County, St. John’s Shelter for Women and Children, and the Sacramento Area Emergency Housing Center. Together these two shelters hold 167 beds that help families and single women to be self-sufficient in 60 to 90 days. Together they are turning away about 200 women and children each night, as opposed to 55 at the same time in 2007. By providing limited, short-term rental assistance to homeless families and families at risk of becoming homeless is a way to limit the number of women and children turned away each night. Currently, there are minimal partnerships between homeless family service providers and congregations to develop housing resources and supportive services. Due to the lack of established partnerships, it is necessary for Faith and Homeless Families (F&HF) personnel to recruit volunteers from the faith community to help homeless families and families at risk of becoming homeless by providing support and encouragement as well as financial management and goal setting advice. Furthermore, because there are no developments with a Faith Leadership Council comprised of a diverse group of leaders from the faith community to oversee and advise the mentoring program, it will be necessary to forge a relationship with the council as
well as develop a pilot program of at least five congregations to begin assisting families by early 2009.

Many families that have few barriers to housing, who are employed and do not struggle with addictions or mental illness, need one time financial assistance and counseling to help them avoid the steep financial and social consequences of becoming homeless or lapsing into long term homelessness. The Interagency Council to End Homelessness, a group of agencies that provide services to homeless families and individuals, has identified the great need of funding for such short-term rental assistance.

Providing families with permanent housing will assist in avoiding, or escaping homelessness by offering limited, temporary financial assistance for housing linked with economic stability counseling provided by mentors from the faith community.

The question for the researchers was then “how and why” the differences with the homeless families were during ongoing mentoring and how come these positive differences were not observed after traditional mentoring sessions. From an observer on the outside looking in, there are noticeable differences. Although the researchers did not observe the mentoring provided to the families, it has been explained by Timothy Brown that the mentoring is an essential element to connecting with the families, ensuring their success. The researchers tremendously enjoyed working with Timothy Brown and the Ending Chronic Homelessness staff, forming a professional bond with them.

Statement of Collaboration

This research is exclusively a program evaluation of the perceptions of effectiveness of the multiple constituent groups that participated in the Ending Chronic
Homelessness Initiative (ECHI), program during the past fiscal year 2008-2009. Of these, the subject population for this evaluative research will consist of: Adult heads of households of seven to fourteen formerly homeless families who have received housing assistance and volunteer mentoring through the pilot program of the F&HFI in Sacramento. Twenty to forty volunteer mentors and pastors recruited from faith congregations who have been trained by the ECHI and have mentored homeless families through the pilot program of the F&HFI. Seven to fourteen landlords/property managers who have rented housing units to homeless families through the pilot program of the F&HFI. No inducements have been offered. A confidential anonymous eight question survey was developed and given to seven families, landlords, case managers and mentors who currently participate in the program. The researchers, from California State University Sacramento, obtained the information for this study from seven families. The survey is designed to assess the effectiveness that F&HFI had on the families. The families, who participated in the mentoring, appeared to be mostly positive, according to the survey. The data suggest the F&FHI was successful in meeting most of the needs of the families in the program.

Background of the Problem

According to this study, services received from the F&HF program is essential for making progress towards ending chronic homelessness. With the incidence of homelessness continuing to trouble the leaders and residents of California’s major cities, these findings should foster a serious discussion of alternative policies in communities with particularly high rates of homelessness. According to Quigley, Raphael, &
Smolensky (2001), homelessness has increased dramatically in California over the past two decades.

The United States Department of Health and Human Services identifies five characteristics associated with chronic homelessness: The first is the universal presence of disabling conditions involving “serious health conditions, substance abuse, and psychiatric illnesses.” The second is the frequent use of the homeless assistance system and other health and social services. Third, is the frequent disconnection from the communities, including limited support systems, and disengagement from traditional treatment systems. Fourth is multiple problems such as, frail elders with complex medical conditions, Human Immunodeficiency Virus (HIV), patients with psychiatric and substance abuse issues. Fifth are the fragmented service systems that are unable to meet their multiple needs in a comprehensive manner (The National Alliance to End Homelessness, 2007).

The chronically homeless are inadequately served by the systems they interact with, including emergency shelters, emergency rooms, hospitals and police departments. For example, emergency shelters were originally designed to provide short-term relief for people who had experienced a crisis and who, with some assistance, could move back into a home of their own. Also, health care systems are affected chronically homeless people utilize significant health care resources because they have mental and physical illnesses that are exacerbated by living on the streets and in shelters, and because when they become ill, they do not receive early treatment. Lastly, even the criminal justice system is affected by chronic homelessness. Law enforcement officers regularly arrest
chronically homeless people for status offenses such as loitering public urination, or public intoxication.

Ending chronic homelessness is cost-effective because each homeless person utilized over $40,000 annually in public funded shelter, hospital (including U.S. Department of Veteran Affairs hospitals), emergency room, prison, jail and outpatient health care resources (National Alliance to End Homelessness, 2009). When people were placed in permanent supportive housing the public cost to these systems declined dramatically. Permanent supportive housing results in better mental and physical health, greater income (including income from employment) fewer arrests, better progress toward recovery and self-sufficiency and less homelessness (National Alliance to End Homelessness, 2009).

The solution to ending chronic homelessness requires permanent housing with supportive services, and implementing policies to prevent high-risk people from becoming chronically homeless. The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a housing first approach. Permanent supportive housing combines affordable rental housing with supportive services such as case management, mental health and substance abuse services, health care and employment. The housing first approach is a client-driven strategy that provides immediate access to an apartment without requiring initial participation psychiatric treatment or treatment for sobriety. After settling into new apartments, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing and improve their lives. Promising strategies focus
on people who are leaving hospitals, psychiatric facilities, substance abuse treatment programs, prisons, and jobs.

This study examined the theory that growing income inequality has contributed to homelessness. The rapidly growing gap between the rich and the poor in California has been driven more by deteriorating incomes among the poor than by rising incomes at the top of the income distribution, as demonstrated in other research. The result is that those whose incomes have fallen relative to others move out of better-quality housing, enter the lower quality market, and bid up prices at the low end. The resulting higher rents suggest that there will be more homelessness, because those with very low incomes can no longer afford housing and are forced into the streets (Quigley, et al., 2001).

Statement of the Research Problem

How would have the seven homeless families survived without the services received from the F&HFI?

Purpose of the Study

The purpose of the study was to conduct a program evaluation of the pilot program of the F&HFI in order to submit recommendations to the F&HFI board of directors to improve the program. This a service research project under the auspices and approval of the ECHI program and the direction of Mr. Timothy Brown, LCSW, and Director of the ECHI. The four groups of program participants (i.e. families, mentors, landlords, and shelter case managers) will be administered open-ended surveys by the student researchers between late September and December 2009. All surveys were
voluntary and each subject who volunteers will sign an informed consent form to be included in the study.

Theoretical Framework

The theoretical framework for this study is based on the Ecological Model. This is a model that views a culture as part of a larger global ecological system with each aspect of the system interacting with all of the other parts. It is a study of human development, focusing on interrelated structures and processes among four systems, the micro, meso, exo, and macro systems.

The Ecological Model can be identified by a community which is the entire group of people and organizations that coexist throughout this country. For this particular study, a community can be identified as the various cultures within the neighborhoods that make up the communities. An important aspect of the Ecological model is that each action or change affects entire neighborhoods and communities. In addition, although most of the emphasis in an ecological model is of positive experiences called near processes, it also acknowledges the importance of protective and preventive processes. These are things that shield a community from physical and psychological harm. For example, is the community protected from environmental toxins like lead and smoke? The second important thing to know about this model is that it acknowledges that the number and quality of the connections between these settings also have important influences on a community.

Another important point about the ecological model is that it begins with a focus on experiences, because these are the stages of development. The nature of the
relationships between different settings is also integrated because they influence what the community experiences. This theory directly relates to the Ecological model within the structure of the F&FHI program.

**Assumptions**

An assumption of this study is that mentors and case managers provided direct services to the families on a regular basis. Another assumption is that all families within the program would be compliant with requirements in order to receive services from F&HF. Lastly; it is an assumption that the landlords would be eager to rent affordable housing to the families within the program.

**Justification**

The objective of this study was to raise awareness of the pilot program being administered by F&HFI in Sacramento, California. This study provided a comprehensive overview of the seven families receiving services. The overview allowed for future recommendations ensuring improvements to this program are implemented. If the outcome of this study demonstrates that the F&HF is effective in assisting families throughout the transition of homelessness, the program can potentially accommodate future families with housing.

**Limitations**

The study of the F&HFI is a survey design to gather information from the families, landlords, case manager, and mentors to determine the successes of the program. The supervised distribution of short-term rental assistance funds will be allocated to landlords in order to secure housing accommodations.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

The literature review is organized into the following five sections that address homelessness at a local level and at a national level. The first section will include the background and history of homelessness in Sacramento and other large cities in California. The second section examined the statistics of homelessness in Sacramento. The third section will emphasize research findings and how homeless shelters and other assisted government living facilities have helped families throughout the world. The fourth section will focus on historical and policy research findings. Finally, the fourth section will end with the gaps in literature.

Homelessness in California

With the incidence of homelessness continuing to trouble the leaders and residents of California’s major cities, these findings should foster a serious discussion of alternative policies in communities with particularly high rates of homelessness. According to Quigley, Raphael; & Smolensky (2001) homelessness has increased dramatically in California over the past two decades. This study examines the theory that growing income inequality has contributed to homelessness. The rapidly growing gap between the rich and the poor in California has been driven more by deteriorating incomes among the poor than by rising incomes at the top of the income distribution, as demonstrated in other research. The result is that those whose incomes have fallen relative to others move out of better-quality housing, enter the lower quality market, and
bid up prices at the low end. The resulting higher rents suggest that there will be more homelessness, because those with very low incomes can no longer afford housing and are forced into the streets (Quigley, J, et al., 2001).

**Homelessness in Sacramento**

The capitol of California, Sacramento, appears to have a serious homelessness problem. In 2006 the City Council and Board of Supervisors unanimously adopted the “Sacramento City and County Ten-Year Plan to End Chronic Homelessness, 2006-2016” (the “Ten-Year Plan”), designed to implement national best practices on the local level. Today, almost 400 cities across the nation have adopted similar ten-year plans.

Sacramento’s “report card” on the first full year of the Ten-Year Plan showed measurable improvements.

Since the early 1980’s Sacramento’s response to homelessness has mirrored the national response. In that decade, emergency shelter capacity was expanded in the City and County and most service providers (Salvation Army, Loaves & Fishes, Union Gospel Mission, and Volunteers of America) were located in the Richards Boulevard area.

During the 1990’s the focus was on developing “transitional housing” (residency for up to two years), and one of the largest transitional housing programs in the country was established on the closed Mather Air Force base. The Millennium ushered in a new five-year plan by the City and County with a goal of adding 500 units for homeless families and individuals. In response to a wave of increased family homelessness during the last recession (2001 and 2002) there was an expansion of family shelters (St. John’s shelter moved and added 60 beds) and family permanent housing (56 new Saybrook Apartments...
in South Sacramento and later 84 new units at Serna Village on the closed McClellan Air Force Base in North Highlands). More recently, the national focus has been on a successful “Housing First” approach – a client-driven strategy that provides immediate access to Permanent Supportive Housing (PSH) without requiring initial participation in psychiatric treatment or treatment for sobriety – threshold requirements that can create a “Catch-22” preventing the homeless from turning over a new leaf. After settling into new apartments, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing and improve their lives, such as case management, mental health and substance abuse services, health care, and employment. There is no time limit for the PSH resident, and participation in the supportive services is not a condition of ongoing tenancy.

As a community it is important to come together and assist our fellow human beings as they are experiencing homelessness and are unable to identify solutions. The Sacramento County Policy Board to End Homelessness provides strategic direction, oversight, and advocacy for Sacramento Steps Forward. The members include the business community, hospitals and the health care community, homeless individuals, homeless service providers, the faith community, foundations, civic leaders, law enforcement, the County of Sacramento and the Cities of Sacramento, Rancho Cordova, Elk Grove and Citrus Heights. The Sacramento County Policy Board is committed to finding solutions to end homeless problems. The Policy Board recognizes that reducing the homeless population will bring tremendous benefit to our entire community through the Sacramento Steps Forward Program. The Mayor of Sacramento, Kevin Johnson’s
priorities are to address the homeless problem and reduce the homeless population in Sacramento as he has actively raised awareness in the community. Ending homelessness in Sacramento does not mean that no one will ever become homeless, but it does mean that we can sustain systems that support homeless individuals and families to move to permanent housing.

In November 2008, Mayor Johnson met with the Executive Director of the U.S. Interagency Council on Homelessness, Phillip F. Magnano (sometimes called America’s “Homelessness Czar”), who underscored the importance of carrying out Sacramento’s Ten-Year Plan, but also stressed the necessity of identifying a strong local “champion,” knowledgeable about the problems and committed to seeing them resolved. This would most likely be a prominent member of the business community who could be the “face” of the City’s aggressive anti-homelessness efforts, in partnership with Mayor Johnson and other leaders.

There should be no disagreement about the goal of the Johnson Administration with respect to homelessness: eliminate it, to the fullest extent possible. Of course not everyone agrees on how to achieve that goal. For instance, while exemplary local charities have been instrumental in feeding the homeless, others in the neighborhood sincerely regard these “no strings attached” services as steps in the wrong direction, to the extent they “enable” the population to remain homeless. Some support the concept of “tough love,” *i.e.*, the even-handed enforcement of state and local laws prohibiting camping on public and private lands; on the other hand, a detailed class action lawsuit filed in federal court in 2007 by several homeless individuals and advocates (against the
City of Sacramento and various City police officers and County park rangers) alleges that these laws are unconstitutional, and seeks damages for the confiscation of camping and other property belonging to the “involuntarily homeless” plaintiffs, who allegedly were “deter[red] from performing the necessary life function of sleeping safely and at peace.” The parties are expected to explore an out-of-court resolution in December 2008, but regardless of the outcome this lawsuit illustrates the divergent perspectives held by people of good faith who share a desire to solve the problems facing our homeless population. Our challenge is to balance the needs and preferences of all members of our community in a comprehensive campaign to prevent and break the cycle of homelessness in Sacramento.

In 2008, Mayor Kevin Johnson also discussed the five pillars to end homelessness plan which are Permanent Housing, Services, Funding, Advocacy, and Accountability. The members of the Sacramento County Policy Board committee are also determined to ensure that all homeless individuals and families transition to permanent housing. The Policy Board has made some encouraging progress on its 10 year plan. In 2007 & 2008, 320 chronically homeless individuals were placed in permanent supportive housing, a substantial increase from the more than 170 chronically homeless individuals who found homes in 2007. From 2007-2008, the number of chronically homeless individuals in Sacramento County decreased by 35 percent, The 10-Year Plan to End Chronic Homelessness in Sacramento County (2009, September). Retrieved December 9, 2009, from Community Council Homeless Plan Official Site website: http://www.communitycouncil.org/homelessplan. While the Policy Board and its
committees are looking at community-wide solutions to the challenges faced by our homeless population, there are ways that each individual can contribute to reduce homelessness.

Furthermore, there are over five shelters in Sacramento County that provide services for women and children such as St. John’s Shelter Program. There is currently only one shelter in Sacramento with a total of 2 units that will allow for a two parent family to stay together in a shelter program. It is unfortunate that some families have to separate from one another to access shelter.

The researchers are working closely with a strong advocate for the homeless population, Tim Brown, Director of the Ending Chronic Homelessness Initiative. The Faith and Homeless Families Initiative (F&HFI), provides temporary housing assistance, financial planning, and education through mentor teams and a network of faith congregations and service providers. The Faith and Homeless Families Initiative has successfully provided housing and supportive services to seven families. The researchers will be working closely with Tim Brown to conduct a program evaluation of the pilot program of the Faith and Homeless Families Initiative in order to submit recommendations to the F&HFI board of directors to improve the program.

Homeless statistics in Sacramento

The Sacramento County Department of Human Assistance Homeless Programs (DHA) presents the findings and comparison data from years 2007-2009. According to the statistics provided by Sacramento County, chronic homelessness has decreased by 34.8% since 2007. In 2007, there were 2,452 chronically homeless and other homeless
and in 2009 there was total of 2,800. The DHA presents the following findings from the 2009 Point-in-Time Homeless Count. The Homeless Count consisted of two distinct components: unsheltered count and survey of persons living in places not meant for human habitation and a sheltered count (persons living in emergency or transitional housing).

Table 1: The 2009 Homeless Count Findings:

<table>
<thead>
<tr>
<th></th>
<th>Emergency Shelters</th>
<th>Transitional Housing</th>
<th>Unsheltered</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless</td>
<td>191</td>
<td>0</td>
<td>277</td>
<td>468</td>
</tr>
<tr>
<td>Other Homeless</td>
<td>520</td>
<td>895</td>
<td>917</td>
<td>2332</td>
</tr>
<tr>
<td>Total Homeless</td>
<td>711</td>
<td>895</td>
<td>1,194</td>
<td>2,800</td>
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The 2007 Homeless Count corresponded to the launch of the Ten-Year Plan and provided a data baseline to evaluate progress in housing the chronically homeless.

According to Tim Brown, The Ten-Year Plan To End Chronic Homelessness mission is to prevent, and eventually eliminate chronic homelessness by providing permanent housing and coordinated services to help individuals achieve maximum self-sufficiency (personal communication, December 17, 2009). Since 2007, Sacramento County has employed a statistically reliable research-based method of counting.

Table 2: A Year-to-Year Comparison of the Last Three Homeless Counts:

<table>
<thead>
<tr>
<th></th>
<th>Chronically Homeless</th>
<th>Other Homeless</th>
<th>Total Homeless</th>
<th>% Increase from previous year</th>
</tr>
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<tr>
<td>2009</td>
<td>468</td>
<td>2,332</td>
<td>2,800</td>
<td>4.60%</td>
</tr>
<tr>
<td>2008</td>
<td>680</td>
<td>1,998</td>
<td>2,678</td>
<td>9.20%</td>
</tr>
<tr>
<td>2007</td>
<td>718</td>
<td>1,734</td>
<td>2,452</td>
<td></td>
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</table>
Relevant research findings

The typical profile of a homeless family is one headed by a single mother in her late twenties with approximately two children, one or both under six years of age (Bassuk, Lauriat, and Rubin (1996); Burt, Montgomery, and Pearson (1999); Substance Abuse and Mental Health Services Administration (SAMHSA) Homeless Families Project, 2004; Shinn, Knickman, and Weitzman, 1991). Adults in homeless families are more likely to be married than individual homeless adults (23 percent versus seven percent in the National Survey of Homeless Assistance Providers and Clients (NSHAPC) survey are also more likely than adults in other poor families to be married at the point of shelter entry (Shinn et al., 1998). In fact, (Shinn, Rog, and Culhane 2005), found that being married or living with a partner increased the risk of requesting shelter. However, the relative proportion of homeless families who are married in a particular study depends greatly on whether the homeless families are recruited from shelters that exclude men. In 2003, shelters in 57 percent of the cities involved in the United States Conference of Mayors (2005) report indicated that families could not always be sheltered together primarily because many family shelters excluded men and adolescent boys.

Homeless families are disproportionately families with young, preschool aged, and children. The risk for homelessness is higher than the general population rate among children under the age of six. Furthermore, the risk increases for younger children with the highest rate of risk among children under the age of one, of whom approximately 4.2 percent were homeless in 1995 (Culhane and Metraux, 1999).
Homeless families are more likely than poor families, and both are substantially more likely than the general population, to be members of minority groups, especially African Americans (Lowin, J. 2001; Rossi, Wright, Fischer, and Willis, 1987; Susser, Lin, and Conover, 1991; Whaley, 2002). This is also true of homeless single adults. For example, in the National Survey of Homeless Assistance Providers and Clients, 62 percent of families and 59 percent of single adults, compared with 24 percent of the general population, were members of minority groups (Burt, Aron, & Douglas, 1999). However, the particular minority groups represented vary from city to city. Their race and ethnicity reflect the composition of the city in which they reside, with minority groups invariably disproportionately represented (Breakey, Fischer, Kramer, Nestadt, Romanoski, & Ross, 1989; d’Ercole and Struening, 1990; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, and Holupka, 1995; Shinn et al., 1991; Lowin, Demirel, Estee, & Schreinder, 2001). The rates of risk are again highest among young children. For example, an annual rate of homelessness in New York City among poor African American children under the age of five was 15 percent in 1990 and 16 percent in 1995 (Culhane and Metraux, 1999).

Moreover, in a National Survey of Homeless Assistance Providers and Clients (NSHAPC) reported that 60 percent of all homeless women in 1996 had children below 18 years, but only 65 percent of those women lived with any of their children (and often not all of their children). Similarly, 41 percent of all homeless men had minor children, yet only seven percent lived with any of them (Burt et al., 1999).
Homelessness is a major factor influencing these separations, with or without other service needs. Five years after entering shelters in New York City, 44 percent of a representative sample of mothers had become separated from one or more of their children, compared to eight percent of poor mothers in housed families (Cowan et al., 2002). Three factors predicted separations: maternal drug dependence, domestic violence, and (controlling for drug dependence) any institutionalization, most often for substance abuse treatment. Nevertheless, at any level of risk, homeless families were far more likely to be separated from their children than housed families. That is, even if a housed mother was both drug-dependent and experiencing domestic violence, she was less likely to have her children separated from her than a homeless mother who had neither of these factors (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002).

Family separations are not only disruptive to the family and the child during the separation; they can foster a multigenerational cycle of homelessness. Numerous studies have found that separation in childhood from one’s family of origin is a predictor of homelessness in adults (Bassuk, Rubin, and Lauriat, 1996; Knickman and Weitzman, 1989; Susser, Lin, & Conover, 1991; Susser, Conover, and Streuning, 1987). Therefore, homeless adults who experienced family separation as a child were more likely to become separated from their own children, (“Congressional Research Service,” 1992) Homelessness: The Foster Care Connection Institute for Children and Poverty, (1992). One study found that a large proportion of the children in foster care in the county being studied were born to parents who had histories of homelessness (Zlotnick, Kronstadt, and Klee, 1998).
Other important factors that influence separations are shelter admission rules, social service policies, shelter life stresses, and parental efforts to limit the child’s exposure to shelter life (Barrow, 2004). Shelters often cannot accept larger families or children past a certain age (especially male children). The sheer stress and stigma of living in shelters can cause mothers to send their children to live with family or friends, especially among African American and Latino families (Shinn and Weitzman, 1996). Finally, homeless families and families involved in special service programs after leaving a shelter are subjected to high levels of professional scrutiny. Although several states have ruled out placement of children, in special programs, because of homelessness alone (Williams, 1991), at least one state training manual notes that the presence of risk factors such as homelessness, though not considered proof of abuse or neglect, “may point to a need for further investigation and future intervention (“New York State Society for the Prevention of Cruelty to Children,” 1990).

Unfortunately, homelessness is not only a major factor in family separations; it also makes the reunification of separated families more difficult. This is particularly true if, after separation, parents lose access to income and housing supports that allow them to create a suitable environment for their children (Hoffman, Rosenheck, 2001). In particular, court ordered separations might require that certain conditions be met before a family can be reunited, such as finding housing and employment and participating in specific treatment and parenting programs. Consequently, reunification occurs only for a subset of families, e.g., only 23% of the separated children in New York City study were living with their mothers at the five year follow-up (Cowal et al., 2002).
Adults in both homeless and other poor families generally have low levels of educational attainment and minimal work histories. Compared to the national average of 75 percent of all mothers having a high school diploma or graduate equivalency diploma (GED), for example, high school graduation or GED rates for mothers in homeless families range from 35 percent to 61 percent across a number of studies (Bassuk et al., 1996; Burt et al., 1999; Lowin et al., 2001; Rog, Mc-Combs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Shinn and Weitzman, 1996). With studies that compared homeless families to poor families, 46 percent of the poor mothers had at least attained a high school diploma or a GED (Bassuk et al., 1996); Overall, the educational rates for homeless families are lower than for homeless single adults (47% versus 63% in the NSHAPC), but similar to other poor families. Again, there are often regional differences reflected in education ranges, with West Coast rates of education typically higher than East Coast rates (Lowin et al., 2001; Rog et al., 1995).

According to Culhane, Rog, and Shinn (2005) in the article titled "Family Homelessness: Background Research Findings and Policy Options, homelessness afflicts many families in various socioeconomic groups. The authors suggest that as many as 600,000 families are homeless annually in the United States (Culhane, Rog, and Shinn, 2005, p. 2). This number also represents 10 percent of the nation’s poor children. The authors’ further state that the NSHAPC is the only nationally representative data source available to estimate the number of families who are homeless in the United States. The authors go on to say that, the NSHAPC estimated that 34 percent of the homeless
populations were families, of which 23 percent were children, and 11 percent were adults (Culhane, Rog, and Shinn, 2005).

Furthermore, another source stated by Culhane et al. (2005) is the data for estimating the rate of risk for homelessness among families and children come from local Homeless Service Management Information Systems (HMIS). There are nine jurisdictions with an HMIS. Those jurisdictions are Washington, DC; Columbus, Ohio; Spokane, Washington; New York, New York; Philadelphia, Pennsylvania; St. Paul, Minnesota; Montgomery county, Maryland; St. Louis County, Missouri; and the state of Rhode Island. Each of these jurisdictions recently collaborated to standardize their reporting formats and to produce annual estimate of rates of shelter use based on 1998 data. The resulting annual rates of shelters in 1998 for families range from .2 percent to 1.6 percent of all families, and between 1.8 percent and 7.4 percent of poor families (assuming that all homeless families are poor at the time they were homeless). If one excludes the outlier, a value far from most others in a set of data, (.2 percent of all families and 1.8 percent of poor families), the range narrows to between 2.9 percent and 9.9 percent of poor families as homeless that year, with an average of 5.4 percent (Culhane et al, 2005).

Further evidence that homelessness is a common experience for poor families comes from a national telephone survey that found 7.4 percent of United States adults in households with phones had been literally homeless (sleeping in shelters, abandoned building, bus and train stations, etc.) over their lifetimes. (Culhane et al., 2005, p. 2).
Of those who had ever received public assistance (typically as part of families), 19.8 percent had been homeless at least once in their lifetime. If the definition of homelessness was expanded to include doubling up, nearly a third of the people (31.2 percent) who had ever received public assistance had been homeless at least one time in their lifetime (Culhane et al., 2005, p. 2).

In summary, these prevalence estimates, while revealing some inconsistencies that indicate a need for improved local and national documentation, suggest that homelessness is a relatively common phenomenon among poor families. The aforementioned research indicates that a typical homeless family is headed by female, with a number of children, usually a monitory, below the poverty line, and with lower education.

Family homelessness is a pattern of residential instability, which leads to shelter stays when other resources are exhausted. Though families may experience relatively short stays of literal homelessness in shelters or in public places the homeless episodes are typically part of a longer period. The struggle with residential instability which involves frequent moves and doubling up with relatives and friends as they strive to remain housed. For example, in the 18 months prior to entering a housing program for homeless families in nine cities (Atlanta, Baltimore, Denver, Houston, Nashville, Oakland, Portland, San Francisco, Seattle), families moved an average of five times, spending seven months in their own place, five months literally homeless or in transitional housing, five months doubled up, and one month in other arrangements (Culhane, Rog, and Shinn, 2005).
Culhane, in 2005, states that there is a crisis in affordable housing. He states that the Department of Housing and Urban Development (HUD) deems housing affordable if a household spends no more than 30 percent of income on housing costs, including utilities. The Housing Urban Development also calculates “fair market rents” for all counties in the United States. The National Low Income Housing Coalition (NLIHC) has combined these percentages to determine the income necessary to afford the fair market rent for units of different sizes. Families with children ordinarily seek units that have two or more bedrooms. There is no state in the country where an individual working full-time, year-round at the prevailing minimum wage in the state (federal minimum or the state minimum if higher) can afford a two-bedroom apartment. Indeed, a parent would need to work from 67 to 68 hours per week (in Puerto Rico and West Virginia) to 152 to 153 hours per week (in Washington DC and New Jersey) to be able to afford the fair market rent for a two-bedroom apartment (Culhane et al., 2005, p. 6).

Furthermore, Culhane (2005) goes on to say that, there is a growing gap between housing costs and income. Fair market rents have continued to increase while incomes at the bottom of the income distribution have stagnated. The average “housing wage” necessary to afford the fair market rent for a two-bedroom apartment has risen from $11.08 in 1999 to $15.21 in 2003 (Culhane et al., 2005, p. 12).

Another way to look at the crisis in low-income housing is to examine housing problems experienced by extremely low-income households, based on the American Housing Survey (AHS, 2001). Extremely Low-Income (ELI) households are those with incomes, adjusted for family size, below 30 percent of the median income in their area.
Nationally, in 2001, there were 7.65 million ELI households who rented their dwellings; 2.88 million of them included minor children (Shinn et al., 2005, p. 2). Among married couple ELI renter households with children, three-fifths (59 percent) experienced severe housing problems (paying over 50 percent of their income for housing or living in seriously deficient units). Among ELI renter households with children not headed by a married couple, nearly two-thirds (65 percent) experienced such severe problems (Culhane, Rog, and Shinn, 2005).

The affordability of housing challenges poor people’s abilities to maintain decent housing. Families with limited incomes have few housing choices. Those who cannot or do not want to live with family and friends are faced with increasing difficulties finding affordable housing in ever tightening housing markets. In turn, high housing costs are one of the most common contributing factors to the loss of housing. Several non-experimental studies suggest the central role of subsidized housing in ending homelessness for families. Culhane, Rog, and Shinn (2005).

According to Culhane, Rog, and Shinn (2005) housing is essential for ending homelessness; it may not be enough to fully meet the needs of all families. Housing is an essential part of the remedy for homelessness. Only one study to date has examined services and housing in comparison to housing alone for homeless families and found no differences in outcomes between those who received support services and those who did not. Culhane, Rog, and Shinn (2005). Services can be defined as receiving case management assistance and housing assistance from shelter programs and or other emergency housing programs. Moreover, the lack of relationship between the amount of
services received and stability in other studies as well as the high rates of stability that were found in these studies calls into question the impact that services have on the housing outcome (Culhane, Rog, and Shinn, 2005).

Another study involving 66 families in Alameda County, as the other research cited, found that receipt of entitlement income and subsidized housing were the most important predictors of stable exits from homelessness. However, those families with diagnoses of mental disabilities and substance abuse had a higher risk of returning to a shelter, and receipt of some type of social services while homeless reduced risk. In addition, in the nine-city study of homeless families, three sites that enrolled specific subgroups of families with needs experienced increased housing drop out at 30 month follow-ups. There was speculation that some of the drop out may be due to these families no longer having case management and assistance in completing the paperwork to remain in their housing (Culhane, Rog, and Shinn, 2005).

The current federal homeless assistance for families emphasizes transitional housing. The McKinney Vento Act authorizes fund for four programs administered by HUD, two that serve homeless families without specific disabilities: the Emergency Shelter Grants (ESG) and the Supportive Housing Program (SHP). Neither program, however, provides for permanent housing for families. ESG provides for basic shelter and essential supportive services. It also can be used for short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs. SHP’S major component for families is transitional housing. Resources devoted to transitional housing are increasing. The United States
Conference of Mayors reports that 36 percent of surveyed cities increased the number of transitional housing units for homeless families from 2002 to 2003 (Culhane, Rog, and Shinn, 2005).

According to Culhane, transitional housing is housing that is, time-limited and typically provides a host of services beyond shelter, food, and clothing, Culhane, et al. (2005). There is, however, no consistent definition or model of transitional housing. Transitional housing programs vary greatly in the amount of time an individual can stay in the program (three months to 24 months or longer), services provided, physical structure (congregate settings to individual apartments), and admission criteria (e.g., some programs may be exclusively for individuals in substance abuse recovery.

The concept of transitional housing emerged as an intermediary place to live for individuals and families who are waiting for permanent housing due to the limited supply of affordable housing. It has increasingly become viewed, however, as a step between shelter and permanent housing for those who may not be perceived as “housing ready”. Families who are not ready may benefit from a more structured setting with a range of services provided on site, including mental health, substance abuse, health, and employment readiness and education before moving into independent housing. Some of the housing may also offer structured savings programs that help an individual or family save money for rental down payments and move-in costs (Culhane, Rog, and Shinn, 2005).

It is not clear that these programs serve families who are having the most difficulty finding housing on their own. There is some concern that transitional housing
is frequently used for families whose main need is affordable housing, rather than a specialized service for small number of families who might need it the most. Indeed, transitional housing programs often have a number of eligibility criteria for families (e.g., requirement of being clean and sober) that exclude families with greater service needs or that cause these families to drop out from the programs. More research is needed to understand when transitional housing is warranted, and what aspects may be particularly beneficial. For example, some of the services and supports provided in transitional housing (e.g., temporary subsidies; plans for saving for escrow; childcare) may help some families move more quickly into their own market rate affordable housing. These supports could be combined with permanent housing models and yield the same improvements without requiring additional moves that are particularly disruptive to children (Culhane, Rog, and Shinn, 2005).

There have been no studies that compare the effectiveness of different types of housing approaches, transitional housing, permanent supportive housing, or permanent housing, for homeless families (Rog, et al. (2007). The descriptive studies, conducted to date focus on one approach and universally note the importance of affordability in housing. Almost all evaluations also describe the variability of implementation of the housing model. For example, as Burt (1999) notes, there is no standard model of transitional housing, the programs vary greatly with respect to who is served, services provided, the configuration of the housing, and the length of the programs, among other variables. Similarly, Rog and colleagues found that even in a demonstration program that stipulated a service enriched housing model, there was great variation among and within
service sites as to the intensity of the case management provided Rog, et al. (2005). To date, there have been no comparative studies of models, or studies that systematically varied the intensity of services. What does exist are descriptive evaluations of different housing models for specific subgroups of families, generally families with prior episodes of homelessness and other needs who may need support (Buckner and Rog, 2007).

The Minnesota Supportive Housing and Managed Care Pilot, a demonstration project funded by the state of Minnesota and administered by the Hearth Foundation, serves single adults and families with histories of homelessness exacerbated by other difficulties Rog, et al. (2005). The housing provides a range of support to those living in the subsidized housing. A multi-pronged evaluation is being conducted by the National Center on Family Homelessness, and includes a multi-year qualitative study, a cost study, an adult outcome study, and a study on the children in the families. Preliminary data indicates dramatic increases in days spent in their own housing despite struggles with deep-seated problems (National Center on Family Homelessness, 2006).

In summary, the evaluations to date of housing interventions all note improvements in housing stability, and often improvements in other outcomes (e.g., income, child school attendance), for the families they serve. However, without comparative information, we still lack knowledge of what level of housing and assistance is needed by whom to acquire and remain in housing (Buckner and Rog, 2007).

The importance of subsidies in reducing the risk of family homelessness among poor families strongly suggests that increasing the amount and access to these benefits to such families would likely result in a lower incidence rate of family homelessness.
Policies to reduce the cost of housing, thereby making it more affordable, are also important. Broad-based efforts to help families pay the cost of housing and to lower such costs is needed to prevent family homelessness (Barrow, McMullin, Tripp, and Tsemberis, 2007)

Communities that have invested in permanent supportive housing on a significant scale are beginning to see the effects in reduced counts of unsheltered homeless people. Likewise, there is some evidence that communities that have instituted new, integrated ways to address family homelessness have seen reductions in family shelter use, because housing crises are being resolved before they progress to the stage in which a family becomes homeless. Communities that have supportive housing are reporting reductions in street homelessness, San Francisco, down about 20 percent between 2004 and 2006; Portland, down 20 percent and 600 moved into PSH in the past two years; New York City down 13 percent from 2005 to 2006; Philadelphia down more than 75 percent over five or six years (Burt et al., 2004). Outreach and other mechanisms deliberately focused on bringing street people into housing can help this process. Integrated services that include housing can increase access to housing and successful housing outcomes for homeless people with serious mental illness (Mayberg, 2003; Rosenheck, Bassuk, & Salomon, 1999). Further, the effects last for some years (Burt and Anderson, 2005; Rothbard et al., 2004). Communities such as Hennepin County, Minnesota; Washington, D.C.; and Columbus, Ohio, which have focused on strategies for shelter diversion, can dramatically reduce the numbers of people entering shelter. Strategies in those
communities to reduce lengths of stay in shelter have enabled them to reduce shelter beds and apply those resources to other housing and services (Burt and Spellman, (2007).

Given the paucity of current documentation of system change and its effects, the authors, Burt and Spellman, cannot reliably identify “gaps in knowledge”; instead, the authors must point to a broad array of important questions for which the authors have mostly anecdotal answers. With more than 300 communities around the country developing 10-year plans to end homelessness (see Interagency Council on Homelessness Web site www.ich.gov), and at least 90 of them promulgating those plans and taking some steps toward implementing them and independent efforts to change systems in many locations, there is a great need to evaluate the impact of these efforts and the factors that were most important in shaping (or blocking) that impact (Burt and Spellman, 2007).

Historical and policy research findings

The consistent structural variable in America’s homelessness history is economic performance. When business cycles turn downward and the economy falters or retreats, people are cut off from their livelihood. Particular emphasis has been placed on the economic shifts from a manufacturing to service-based United States economy, and globalization as significant contributors to contemporary homelessness. No matter the specifics, homelessness appears either to increase during perturbations in the economy or to be more willingly acknowledged. As Burt and Aron (2002) have noted, the contemporary wave of homelessness has not subsided during good economic times. This
suggests that economic performance is only one factor in a constellation of many other causes (Leginski, 2007).

Although it may be an accident of labeling, each major wave of homelessness seems to be associated with a period when America was undergoing a significant redefinition of itself. According to Hopper (2003), advocates for the use of the anthropological concept of liminality as theoretical basis for understanding the condition of homelessness and our response to it. A liminal state represents a period between transitions from one life stage to another and is characterized by high levels of personal ambiguity and uncertainty. If large numbers of individuals do not successfully exit a liminal state, the consequences are socially unsettling and provoke a corrective response. Social and government programs are often created to correct or prevent difficult transitions.

Furthermore, it is interesting to extend the concept of liminality to the periods during which the United States society itself, rather than an individual, undergoes a transition from one stage to another (colony to nation, manufacturing economy to service-based, etc.). It could be speculated that there are some types of societal transitions associated with leaving a large number of citizens behind, that is, those not making a successful transition. Homelessness may be one manifestation of such a jarring societal transition. If the concept has merit, there may be value in trying to determine what types of societal transitions are correlated with homelessness as a residual. Such understanding could have value in anticipating a future national episode of homelessness and in
analyzing what interventions could contribute to leaving fewer citizens in a liminal state of homelessness (Leginski, 2007).

When defining the boundaries of homelessness cycles, none of the homelessness history material reviewed supports a conclusion that national episodes of homelessness have a definable beginning or end. Although it is clear that homelessness has existed without interruption in American history, its emergence as a recognized problem occurs over a period of years, not suddenly. The evidence examined further suggests that all prior waves have run their course. All of the service interventions operated as exigencies, and except for a decline in shantytown populations associated with the Federal Transient Service (Kusmer, 2002) and the benefits of an economic recovery in the late 1930s, the sources are silent on how the episode was resolved. This could be a matter of missing evidence or possibly an omission within the sources examined. The contemporary wave must be acknowledged for its watershed statement that homelessness can be ended, by a date yet to be determined (Leginski, 2007).

There have been distinct responses to homelessness and until the 20th century responses; assistance to homeless populations does not appear to be distinct from assistance offered low-income people Leginski, (2007). During much of that century, citizens began to expect more of the federal government, both in the form of social insurance programs that buffered some of life’s inevitable setbacks (e.g., New Deal and Great Society programs) and smoothed national economic performance (e.g., actions by the Federal Reserve Bank). Much of this expectation seems to have created a growth and differentiation of programs. Certainly, the contemporary wave is distinct from prior
waves in the scale and longevity of targeted homeless assistance and in the sustained
differentiation of housing and service resources for homeless persons (Leginski, 2007).

The primary locus for organizing a response to homelessness remains at the
municipal and county level. Historians trace this tradition to the 17th century, when
colonies adopted features of English law. Locally organized charity to homeless people
engaged both civic and private sector partners for more than 200 years, and according to
Kusmer’s analysis, it is not until the 1930s that anyone speaks overtly to the complexity
of multiple partners operating and the desirability of greater coordination. By the late
20th century, coordination again emerged as an even stronger theme. One of the legacies
we may leave from addressing the contemporary wave of homelessness might be our
progress and methodology for achieving coordination among the multiple service
providers (Kusmer, 2002).

According to Kusmer (2002), affordable housing costs for low-income people,
and as housing to which homeless people could return, began to appear in the 19th
century. In prior waves of homelessness, a gap between the incomes of the poorest
households and the cost of rental housing was never identified as a causal factor for
homelessness. The quality of affordable housing was quite bad, especially in the 19th and
early 20th centuries, but it was available in quantity Kusmer (2002). The contemporary
wave is unique in identifying trends in housing costs (and not simply incomes) as an
issue. For example, the federal government’s promotion of zoning in the early 1920s
would henceforth make multifamily housing more difficult to develop. It could be
developed only in specifically designated areas and would be segregated from one and
two-family residential areas. The preference of the New Deal Housing Administration, created in 1934, for underwriting owner-occupied, single-family property would further tilt development away from lower income and multifamily units Kusmer (2002). National housing acts passed in 1949 and 1954 endorsed the clearance of blighted and slum neighborhoods, which were often to be replaced with commercial rather than residential real estate Kusmer (2002). The consequence was the loss of more affordable units that would be replaced by government intervention in the affordable housing market with either public housing units or subsidies. There has been no satisfactory United States housing policy since the 1950s, and the manifestation of its absence is the worsening misdistribution of housing resources. Such analyses remind us that the roots of the affordable housing problem go deep and the remedies will require a reckoning with more issues than simple production Kusmer (2002).

During the contemporary wave of homelessness, while targeting chronic homelessness, the providers have recognized that the population is heterogeneous. Programs and services have been differentiated by age, gender, family status, and disability, to name a few. Even the terminology of “the homeless” was abandoned within the field, both for its connotations of uniformity and for its elimination of the person having the experience. Special populations within the larger homeless population were well recognized (Rosenheck et al., 1999), but the public health model, the values of the carting professions, and legislation contributed to decades of service approaches that emphasized assisting as many as possible (Gladwell, 2006).
However, there is also a tradition of looking at the subset of users who account for a disproportionate amount of service use. For example, the Agency for Healthcare Research and Quality reported that in 2002, five percent of the United States institutionalized population accounted for 49 percent of the medical expenditures (Conwell and Cohen, 2005). Although this body of research was not systematically reviewed, looking at many of the published studies indicates that such high users have complex and debilitating physical conditions with frequent co-occurrence of psychological problems. Authors, Culhane and Kuhn (1998), were able to demonstrate that the field of homelessness has its high users of services. Specifically, examining unduplicated users of shelter services, they identified that approximately 10 percent of users accounted for 50 percent of the annual nights of shelter provided. This group was labeled “chronically homeless” because of their prolonged spells of homelessness. The study also revealed that levels of behavioral and primary health problems were higher for this group than for other shelter users. Many communities have proceeded to determine the extent of chronic homelessness within their homeless populations. For example, the Institute for the Study of Homelessness and Poverty published data from 24 states, covering more than 50 cities/counties, showing chronic homelessness ranging from a low of seven percent to a high of 53 percent (Institute for the Study of Homelessness and Poverty, 2005).

The high service use by the chronically homeless led people in the field to ask: Is shelter doing this group any good if they continue to remain homeless for prolonged periods? Is this the best that can be done with scarce resources? While no one would
suggest that meeting basic needs for shelter and food for chronically homeless persons is misdirected, this was a moment when the field began to question whether there was an over investment in shelter as a service, whether different types of approaches should be tried, and whether service dollars might go farther if we addressed chronic homelessness specifically (Leginski, 2007).

In 2000, the National Alliance to End Homelessness (NAEH, 2000) published its plan, and its challenge to the field, to end homelessness in a decade. This goal and the paths to its realization have generated a substantial amount of interest and activity. Partially in response to the Alliance’s declared goal, Secretary of the Housing and Urban Development (HUD), Mel Martinez, announced that a goal of HUD would be to end chronic homelessness. President Bush endorsed this goal in his submission of the FY2002 HUD budget to Congress. Other federal departments were soon to endorse this goal, as was the ICH, the federal coordinating body on homelessness.

HUD, Health and Human Services (HHS), and the Veteran’s Administration (VA), collaboratively developed a definition for a chronically homeless person as: an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (HUD, 2006).
HUD’s goal of ending chronic homelessness is reinforced in its annual competition for homelessness funding. Since these annual resources form the backbone of the service response to homelessness in the United States, they have exerted considerable influence in moving communities to this focus. The focus has also been reinforced by a highly effective campaign by the ICH to get cities and counties to commit to the goal of ending homelessness and chronic homelessness. As of mid 2007, more than 300 communities have published plans reflecting such goals, and many communities participate in Project Homeless Connect, offering a one-day, one-stop model that reaches substantial numbers of their homeless citizens (HUD, 2006).

Tracking these developments also appears increasingly feasible. HUD requires its homeless assistance grantees to implement Homeless Management Information Systems (HMIS), and has created a methodology that will be able to report annually on changes in the population nationwide (HUD, 2007). More than half of the HUD continuums of care have begun to implement HMIS, with many sites already operational. An active program of HMIS, specific technical assistance operates and numerous vendors exist to provide turnkey systems for communities. Many states have recognized the value of these systems and partner with communities to speed implementation, achieve economies of scale, and develop strong accountability systems for homelessness. Researchers also anticipate accessing HMIS data and being able to explore patterns of experience via time-series analyses (Leginski, 2007).

HUD is candid about the capabilities and limitations of HMIS. Technology in all communities is still a hurdle. Such systems will generally cover only HUD funded
grantees and the persons who use them, and therefore the HMISs cannot be thought of as capturing the entire population. Where communities are each implementing stand-alone systems, there can be no undoing of duplication of users who cross municipalities. But the bottom line is that a technology is being widely implemented that will allow monitoring of this stated goal (Leginski, 2007).

Targeting specific populations with specific services existed in the homelessness world primarily as programs serving demographic subgroups; for example, runaway/homeless youth, families, or people with disabilities (such as homeless persons with mental illnesses). While targeting chronic homelessness is certainly a goal at the federal level, as states and communities have developed plans they have not necessarily targeted chronic homelessness. A review of more than 260 city/county plans indicates that only about a third of the community plans focus on chronic homelessness (Leginski, 2007).

A homeless system of service does not require targeting of homeless subgroups, but the concept will be used subsequently to show how “population” reverberates throughout the model and fosters goal attainment. However, one of the first considerations is whether targeting is effective. Targeting has received a good deal of attention from the World Bank in its concern for improving the health status of extremely low-income people. Gwatkin (2002) concludes there is mixed evidence for health programs, although often because the targeting is inaccurate. When targeting is well designed and well implemented, he indicates it can be highly successful in achieving health status improvements.
Targeting, however, can also lead to resentment that attention and resources to other needy groups are diminished. Indeed, both the National Coalition for the Homeless (2003) and the National Policy and Advocacy Council on Homelessness (n.d.) have objected to the federal chronic homelessness terminology and emphasis because of the many homeless people who are excluded. Baumohl (2006) indicates that the definition sets up a selection bias, ensuring that those included are already likely to be eligible, by nature of the disabling condition, for other resources such as income from Social Security Insurance (SSI) and services through Medicaid. A third concern is the use of limited resources. One of the promises stated by federal agencies addressing chronic homelessness was:

By addressing the housing and service needs of persons who are chronically homeless, we will have more resources available to meet the needs of other homeless people (HUD/HHS/VA, 2003). However, this promise has yet to be tested, whether funds can be freed up using targeting and whether they can be retained within these programs to assist other homeless people.

_Housing unit development and data collection_

Housing concerns in connection with targeting chronic homelessness are also significant. Some estimate that access to 150,000-200,000 housing units is required (NAEH, 2000). The creation of housing units is underway, stimulated by HUD funding incentives and the commitment of cities and counties to ending homelessness. The National Alliance identified 196,000 opportunities under development in recently analyzed plans (NAEH, 2006c). But both the production of units and the securing of
subsidies and vouchers to place eligible persons in existing affordable housing units are formidable challenges. In addition to concerns about the sufficiency of voucher availability, there are concerns about the ability of the housing market to provide opportunities. A study for HUD (Finkel et al., 2003) reports that 71 percent of the Housing Choice Vouchers result in successful leases, down from an 81 percent rate in 1993 (Finkel and Buron, 2001).

In addition to housing, targeting requires the availability of services and support to the residents. To date, of the service departments, only HHS has released a plan specifying how its services would contribute to ending chronic homelessness (HHS, 2003). The VA, which already integrates its homelessness activities within its health care system, is also responsive. Therefore, both of these departments must work within the legislative parameters that determine how and to whom services may be offered. Perhaps as a consequence of gaps in implementation, the Senate Committee on Appropriations has regularly directed the ICH to “submit a report to the House and Senate Committees on Appropriations on the efforts of every federal agency member of the ICH in ending and preventing homelessness” (Senate Committee, 2006, p. 109).

Despite these many and legitimate concerns, the momentum on addressing chronic homelessness is underway and appears to have more positive results than adverse ones. As noted above, an increasing number of cities are beginning to see measurable reductions in both chronic and general homelessness as a result of this mobilization. The development of nearly 200,000 permanent housing opportunities has been noted. The ICH routinely reports on commitments to the goal of ending chronic homelessness by the
federal departments and municipalities. States have become engaged in examining policies and internal collaborations that will address both chronic and family homelessness. The ICH has further encouraged states in their commitment to address homelessness by convening regional colloquies where states have shared experiences and ideas (ICH, 2005).

Perhaps the most important aspect of focusing on chronic homelessness is the implication that the approach will be used to identify additional, future opportunities for targeted action. One fruitful direction, noted in the accountability paper in the 2007 National Symposium on Homelessness Research (Culhane et al., 2007), is the development of a comprehensive intake assessment that leads to the unique specification of the services, providers, and networks with which each client will interact. Another direction continues to focus on taxonomies for homeless populations. New approaches will be needed here since those developed previously have relied mostly on demographic characteristics. Time-series approaches that were used to identify the chronic subgroup may not be sufficient for surfacing other subgroups. For example, factor and cluster analyses may be needed to Figure out the complexities inherent in dealing with homeless families, where complex configurations of children at different developmental levels and parents with different presenting profiles are the normal. One recent survey, although limited to one city, found that each time the homeless population is assessed, it is aging (Hahn, Kushel, Bangsberg, Riley, & Moss, 2006), and this suggests another example of the emergence of a complex profile of service needs that requires careful consideration.
In the past waves of homelessness, the moral imperative of responding to people in desperate circumstances has prevailed. Charity, church, and compassion often did more to readdress homelessness than civic administration. But in the face of complex contemporary homelessness, the force of government legislation, policy, and financial resources continue to be at the frontlines of our expectations and approaches to solve this crisis.

Gaps in the Literature

As the homeless system of service continues to identify subgroups within the population, one connection will be the need to identify specific services that are appropriate, responsive to their needs, and show results. These standards are some of the most serious challenges the field of homelessness services faces. The declaration that “we know what works” is often based on the popularity of an approach, *ex cathedra* assertions, or the concept of truthiness: the quality of preferring concepts or facts one wishes to be true, rather than concepts or facts known to be true” (American Dialect Society, 2006). When challenged to embrace the prevailing concept of evidence-based practices, both providers and homelessness researchers are apt to give the concept a pass, noting the difficult of rigorous study designs, the crisis nature of homelessness, and the suppression of innovation. These are serious considerations, but fields such as medicine have embraced evidence-based approaches without regarding these considerations as impediments (Leginski, 2007).

The field of homeless services must be prepared to demonstrate that a core of treatments and services meets the standards of evidence based or demonstrably effective.
A failure to do so risks disenfranchising homeless persons from full participation in programs. Although evidence based is only one of the standards that can be invoked to attest the effectiveness, it is useful to examine its applicability to homelessness treatments and services. Leff (2002) defines evidence based practices as “practices that have been tested employing specified scientific methods and show to be safe, acknowledging the side effects, efficacious, and effective for most persons with a particular disorder or problem.” Leff points out that services may coincide with treatment outcomes, both positive and negative, but that it is impossible to tell if the services produced the result or if it was the result of some other factor. Experiments, evaluations, peer-reviewed journal articles, practice guidelines, and voluntary review organizations contribute to reducing this “noise” and help determine if specific treatment procedures produce the desired outcome. More fields within health and human services are asking about acceptable evidence for the services being delivered. The intent is to ensure that the services are safe and have the intended effect.

Furthermore, no matter how well developed and functional a homeless system of service, the success will be limited without an accompanying effort to prevent homelessness. Since the 1998 Symposium presentation on homelessness prevention (Shinn and Baumohl, 1999), no models or policies have emerged that would parallel the breakthroughs occurring in homeless service systems. Guidance documents from the ICH for developing 10 year plans on homelessness emphasize the inclusion of a prevention component and itemize such suggestion as: Create discharge planning protocols from jails, substance abuse and mental health treatment facilities, foster care,
etc., dedicate housing resources for individuals discharged from inpatient psychiatric care, and centralize funding and service delivery to increase coordination.

Discharge planning receives frequent mention in state plans to address homelessness and is the only system-level prevention approach noted in the community plans analyzed by the National Alliance. However, when HHS undertook an exploratory study to determine if it was possible to evaluate the degree to which discharge planning prevented subsequent homelessness, the results were not encouraging (Moran, Semansky, Quinn, Noftinger, Koenig, 2005). The study looked at documents, policies and procedures, and staff actions within a convenience sample drawn from four classes of institutional or custodial care: Adult inpatient psychiatric treatment, residential treatment centers serving children and youth, residential treatment programs for adults with substance abuse disorders, and foster care independent living programs.

The HHS exploratory study concluded that an evaluation of whether discharge planning prevented homelessness among exiting clients could not be conducted as yet. Discharge planning was not a distinct process in these settings, and discharge planning practices could not be separately identified from other program services. For persons in settings where there are long periods of custody and a distinct exit period, such as prisons, discharge planning processes are probably well developed and offer real possibilities for helping clients avoid homelessness as they reenter community life. But much remains to be done to clarify the contribution of discharge planning to the prevention of homelessness (Leginski, 2007).
As is evident from the ICH list above, prevention also tends to cover a broad range of activities, and this contributes to a lack of focus and a lack of progress in moving from assertion to actual demonstration of preventive effects. The label of homelessness prevention is applied not only to processes, such as discharge planning, but also to services that enhance housing stability or improve a person’s level of functioning and to programs of social justice, such as access to affordable housing, living wages, and poverty reduction (NAEH, 2006b). Perhaps more progress could be made in addressing homelessness prevention if we were more explicit about the type of homelessness being prevented and the subgroup of people to which the prevention interventions were being applied. At least three distinct approaches to prevention can be identified in the literature. The first approach is prevention through placement: process to secure housing and community integration for vulnerable groups exiting long periods of custodial care. The second approach is prevention of relapse: services, treatments, and supports specifically delivered to formerly homeless people and intended to prevent the reoccurrence of homelessness. The third approach is tenancy preservation: services and interventions directed housed beneficiaries of social service programs who exhibit risk factors likely to lead to the loss of housing. As noted above, one study suggested that discharge planning only suggests the need for clarification and refinement so that it can be studied as the premiere example of the first item in the list above, a placement strategy (Leginski, 2007).

While Shinn and Baumohl (1999) raised numerous and appropriate cautions about the feasibility of the third focus, it remains conceptually relevant. The history of
homelessness in the United States tells us that the low-income populations who are the
beneficiaries of these public assistance programs are the first to experience problematic
homelessness. There is merit in trying to develop interventions that prevent them from
losing their housing, but two components remain undeveloped (Leginski, 2007).

Relapse prevention, the second item in the list above, has accumulated a substantial
amount of literature, as attested by the housing stability studies reviewed elsewhere in the
Symposium. Much of the support has come from the applications of behavioral health
case management approaches such as ACT and Critical Time Intervention (CTI)
(Herman, Conover, Felix, Nakagawa, Mills, in press). But this literature is in need of a
systematic review to help narrow the set of interventions that appear to contribute to
relapse prevention and to determine what other populations might be assisted by these
services.

First, we lack a refined set of indicators, whether clinical or situational, that denotes
risk of this event (Burt et al., 2005). Second, the range of intervention options is so
inclusive it keeps us from being able to focus on a potential set of actions to try, and from
developing a cohesive prevention strategy (Burt et al., 2005). The following have been
suggested as preventive approaches to housing loss (Burt et al., 2005): Cash assistance,
training in financial management, representative payees, mediation, training in household
management, clinical interventions, development of affordable housing, and advocacy for
a living wage.
To ensure substantive contributions to the topic of homelessness prevention at the next Symposium on Homelessness Research, there are clear challenges for leadership, improved conceptualization, and focused work on this topic.

What remains clear to many, however, is that individual action by a provider, while deeply inspiring, is a strategy of limited success. The contemporary wave of United States homelessness has proven to be enduring and complex. Its persistence has been accompanied by the gradual evolution of a system of service that may stimulate our thinking about how we can best continue to address the needs of people experiencing homelessness.

**Summary**

In this chapter, relevant literature to this project was reviewed. Some of the topics discussed in this chapter included the background and history for homelessness in Sacramento, recent statistics for homeless population in Sacramento, relevant research findings for homelessness both at a national and international level, and the gaps found in literature. In the next chapter, the methods used to conduct the study are described.
Chapter 3

METHODOLOGY

Introduction

Faith and Homeless Families project provides direct and indirect services to families that have had the misfortune of losing employment, housing, and at times the primary caretaker. As stated in the previous literature review, due to loss of housing, families have become separated by being placed in different shelters, lack of shelter availability for single adult males and rigid restrictions for being accepted into the shelter. However, as evidenced by the Faith and Families Homeless project, more than 70% of participating families will remain housed for at least 12 months after completing the mentoring program. The goal of the pilot will be to house 15 homeless families in the first year, and expand that number as the program develops. This program evaluation will allow researchers to explore the effectiveness of this pilot project as well as meeting the needs of the individual families and the service providers such as, St. John’s Shelter, and Lutheran Social Services.

Study Design

The study was quantitative in nature with the families who received services from the Faith and Homeless Families, Lutheran Social Services, St. John’s Shelter, Volunteers of America, and Sacramento Area Emergency Housing Agency. This study was evaluated by conducting surveys with the mentoring staff, case managers, landlords, and by observing and figuring the progress of the homeless families. The study design was exploratory in nature. The researchers sought to explore the effectiveness of the
Faith and Homeless Families program provided by the above-mentioned agencies. Using the data collected from the surveys, the researchers were able to identify the strengths as well as the challenges within the program.

The researchers, along with Timothy Brown, LCSW, Director of Ending Chronic Homelessness, developed surveys that elicited information about the individual family’s experience with the program and their interaction with the staff members. The researchers also received input from Dr. Demetral, on the arrangement and the focus of the surveys.

**Procedure**

The surveys and consent forms were designed by the researchers, and subsequently, submitted to the Director of Ending Chronic Homelessness as well as Nora Benavides, State Consultant, provided to the organization in order to observe, critique, and offer constructive criticism about the program. Upon review, no additional modification was required. Final approval was granted to proceed with the research. The Director of Ending Chronic Homelessness also wrote a letter giving permission to the researcher to administer the survey (see appendix). Case Managers, landlords, selected families, and mentors that had participated in the multidisciplinary team meetings in regards to being a participant of the program, were the subjects of this study. Seven families that were selected by Ending Chronic Homelessness participated in this research project, ranging in size from three or more family members and the organization staff, who spend majority of their time with the families. Each mentor, landlord, and case manager answered the questionnaire as the person assigned to his or her specific family.
The materials used for this research included the 10-question Survey, a consent form and a pen. To ensure anonymity and confidentiality their respective case managers gave the families the survey in their residential houses, or at an agreed upon location away from all other families and at no time did the researchers have any contact with the families. Each location included a well-lighted room that was free of distractions. This data collection took place during the hours of 8:00am and 8:00pm, November 1 - December 30, 2009. It took approximately five minutes for each family to read and fully complete the survey. It took approximately ten minutes for each of the case managers, landlords, and mentors to read and fill out their portion of the survey.

When the data was reviewed, it was hand tabulated by the researchers. The open-ended responses were compiled and written out by the researcher, then were shortened and arranged in a list form for ease of interpretation. Next, they were reviewed, and commonalities were identified. Categories were established and coded. Finally, the aggregated data were reported in tabular form.

Methodological Weakness in the Design

The researchers were concerned that the families of the Ending Chronic Homelessness program desire to please the staff would be a factor in their responses since the researchers had the opportunity to meet and develop friendships with several staff members. Other factors, that may play a role in the outcome is the other services that the clients receive from the Ending Chronic Homelessness organization. The families are continuously receiving mentoring from their perspective mentors. The families are under the watchful eyes of the Ending Chronic Homelessness staff members who monitor and
offer assistance as needed by a specific family. The families also meet with their individual caseworkers and mentors for support and other assistance when necessary.

Protection of Human Subjects

The survey and consent forms, along with the researchers’ procedures, were designed by the researchers as well as Timothy Brown, and subsequently, submitted to the California State University, Sacramento, Division of Social Work Committee for the Protection of Human Subjects. The level of risk for this thesis project is at no risk for participating families and staff. Upon review, no additional modifications were requested. Final approval was granted to proceed with the research. The approval number for this thesis project is 09-10-006.
Chapter 4

DATA ANALYSIS AND INTERPRETATIONS

The purpose of the study is to conduct a program evaluation of the pilot program of the F&HFI in order to submit recommendations to the F&HFI board of directors to improve the program. This a service research project under the auspices and approval of the ECHI program and the direction of Mr. Timothy Brown, LCSW, Director of the ECHI. The four groups of program participants (i.e. families, mentors, landlords, and shelter case managers) will be administered open-ended surveys by the student researchers between late September and December 2009. All surveys will be voluntary and each subject who volunteers will sign an informed consent form to be included in the study.

The findings in this study are in descriptive and figure form. Data analysis includes the responses from homeless families, case managers, landlords, and mentors.

Figure 1 represents the results of the homeless families’ survey. The following questions will further explain the graph below with question box 1-5 and show a correlation between the numerical score based on the homeless families overall ratings (see Appendix A for further clarification).

1.) My overall experience with the Mentor Team:

2.) My overall experience looking for a place to rent was:

3.) My overall experience with my landlord was:

4.) My overall interaction with the Shelter Case Management staff was:

5.) My overall interaction with the Faith & Homeless Families staff was:
Figure 1 Results of Homeless Families Survey

Figure 1 (above) illustrates the homeless families that chose to participate in this survey. It is interesting to emphasize that homeless family’s one and six failed to participate in this study. The head of all of the families included in the survey were all females. Homeless families three, four, and seven had an overall negative experience with looking for a place to rent, while homeless families two and five experienced little to no difficulties with locating a place. This may reflect on the F& HF Program to provide families with adequate resources with locating a place to rent.

The homeless families further explained their experiences by sharing what they found to be most helpful with the Faith and Homeless Families (F&HF) Program. The families stated that they felt supported and encouraged by the mentor and case management team.
The program has made a significant difference with many of the families’ lives by addressing their individual needs. Although the homeless families shared their valuable experiences they have also shared their negative experiences with the landlords and the mentors. The landlords showed no interest with supporting the program as they tripled the rent amount. The mentors had a difficult time with being aware of their responsibilities and communicating with the families within a certain period of time.

The homeless families made a few suggestions to help improve the F&HF Program. The suggestions included were to maintain involvement with the families on a regular basis with an open communication policy. Another suggestion was to start where the families are, be sensitive towards their situation and help direct and guide them towards the right direction before moving into residency.

Figure 2 represents the results of the Case Manager Survey. The following questions would further explain the graph below with the question box numbered 1 through 5 and show a correlation between the numerical score based on the case managers overall ratings (see Appendix A for further clarification).

1.) My overall experience with the family I mentored was:

2.) My overall experience with the Mentor Team was:

3.) My overall interaction with the Landlord was:

4.) My overall interaction with the other Shelter Case Management staff was:

5.) My overall interaction with the Faith & Homeless Families staff was:
Figure 2 Results of Case Manager Survey

Figure 2 (above) indicates the case managers that decided to participate in this survey. It is important to emphasize that every one of the case managers rated their interaction with the F&HF Program between a one and three which resulted as an overall positive experience. It is also interesting to note that case manager one and six failed to participate, which may reflect on the outcome of this study.

Furthermore, the case managers rationalized their experiences by stating what they found to be most helpful with F&HF. The case managers found the mentorship aspect of the program to be most helpful to the homeless families. They further elaborated by stating that the mentor team is compassionate and dedicated to teaching the daily life skills to the families. The case managers also discussed their negative
experiences with F&HF, which included the lack of clarity of roles with the mentors, case managers, and the landlords. In addition, they shared that the program should focus on the organization and communication at an executive level.

The case managers made a number of suggestions to help improve the F&HF Program. The suggestions included were to define roles and responsibilities to all of the members involved with the families at staff meetings. Another suggestion made by the case management team was to visit the shelters periodically to explain new program changes to both the families and the staff members, which will help increase communication between the staff involved. In addition, when case managers and mentors are assigned to families it is important to document to ensure that the families are meeting with the staff involved on a regular basis.

Figure 3 represents the results of the Mentor Survey. The following questions would further explain the graph below with the question box numbered 1 through 5 and show a correlation between the numerical score based on the mentor overall ratings (see Appendix A for further clarification).

1.) My overall rating of the Mentor Training was:

2.) My overall experience with the family I mentored was:

3.) My overall experience with my Mentor Team was:

4.) My overall interaction with the Shelter Case Management staff was:

5.) My overall interaction with the Faith & Homeless Families staff was:
Figure 3 Results of Mentor Survey

Figure 3 (above) demonstrates the outcome of the mentors that participated in this survey. The mentors are all volunteers from the faith based community in Sacramento. It is essential to state that mentors one, two, three, five and seven rated their overall experience with F&FH Program as positive, while mentor four had a negative experience with the program. This may reflect on the individual’s interaction with the F&HF Program as the other mentors have a positive experience.

Moreover, the mentors shared their experiences by stating what they found to be most helpful with F&HF. The mentors appreciate working in a team environment, the opportunity to build a rapport with the family, and the idea of faith based involvement within the program. With further elaboration the mentors discussed that the program has
a great potential for success and the opportunities to visually see the improvement within each family receiving services. Although they had many positive comments about the success of the F&HF Program, they also shared their negative experiences with F&HF. Among the negative experiences the mentors had difficulties with receiving contact information about the families from the F&HF Program. They further expressed their concerns by discussing the inconsistency with scheduling meetings due to conflicting activities and the lack of a safe environment. The mentors also shared the importance of communicating the requirements, expectations, and responsibilities prior to meeting with the families. This was done so that there was clarity as to the roles and obligations of all parties involved.

In addition, the mentors recommended suggestions to improve the F&HF Program. One of the suggestions was to improve the availability of the case managers and to be sure that they are educated about the F&HF Program. Another suggestion made was to develop a “mentoring the mentors” gathering time on a quarterly basis to allow one another to share and support each other. The quarterly meeting will also allow the mentors to discuss community resources that may be helpful for their families.

Figure 4 represents the results of the landlord survey. The following questions would further explain the graph below with the question box numbered 1 through 5 and show a correlation between the numerical score based on the landlord overall ratings (see Appendix A for further clarification).

1.) My overall experience with the homeless family was:

2.) My overall interaction with the Shelter Case Management staff was:
3.) Specifically, my experience receiving the rent on time was:

4.) My overall experience with the Shelter Case Management staff was:

5.) My overall interaction with the Faith & Homeless Families staff

Figure 4 Results of Landlord Survey

Figure 4 (above) shows the outcome of the landlords who chose to participate with the F&HF Program. Landlords three and seven gave a high numerical score to question number three as they had a negative experience with receiving their rent on time, while landlords four and five scored low as they had a positive experience with receiving rent on time. These findings may suggest encouragement and support from mentors and case managers to ensure that the families pay their rent on time. It is
significant to note that landlord one, two, and six failed to participate in this study. This seems to affect the analysis of the data for the landlords.

The landlords communicated their experiences by stating their overall interaction with the F&HF Program was positive. The landlords appreciated that the F&HF Program assured that the rent would be paid on time and that the families are screened appropriately. The programs offered by F&HF allow the families to get back on their feet. They further elaborated and stated that it would be helpful to have additional information about the families prior to them moving into the apartment complex. The landlords stated thus far they have not had any negative experiences with the program or with the families.

Furthermore, the landlords stated that the F&HF Program is doing an excellent job with providing services to homeless families. Thus far the landlords have found it to be a great experience collaborating with the F&HF Program.
Figure 5 Average Comparison Between Case Managers, Mentors, Landlords, and Families

Figure 5 (above) explains the average between each family group. Each family group consists of families, landlords, mentors, and case managers. It is important to emphasize that all groups besides group six participated in the study, which seems to affect the outcome of the data. The lack of participation from group six may have been in part of the lack of communication to all parties involved with that particular group from the F&HF Program.

Summary of Figures 1-5

The researchers believe that the mentors, case managers, landlords, and families both had negative and positive experiences with the F&HF Program. Comparisons between the same questions that were answered by all family groups had some
remarkable similarities. All of the participants in the figures explained above had one question in common which was related to their overall interaction with the F&HF Program. Figure 1 indicated that homeless family two; four, five, and seven all rated the interaction as being positive, whereas homeless family three had a negative experience with the program. Figure 2, all of the case managers rated their interaction with the program as very positive. Furthermore, figure 3, mentors one, two, three, five, and seven rated their experience as positive, while mentor four had a negative experience with the F&HF Program. Figure 4, landlords five and seven had a positive experience, whereas landlords three and four had a negative experience with the F&HF Program. The responses from question number five were both positive and negative in support of the F&HF Program.
CONCLUSIONS AND RECOMMENDATIONS

Summary and Conclusion

This study explored how each group desired to have regular monthly staff meetings, discuss roles and responsibilities, as well as F&HF personnel to make occasional visits to the homeless shelter. The conclusion that can be drawn from our study data is that case managers and mentors were unclear of what his or her role and responsibilities are regarding the direct services provided to the homeless families. Moreover, meetings not only occurred irregularly, but also with little notice. In addition, the case management team suggested F&HF leadership staff to visit the shelters periodically to explain new program changes to both the families and the staff members. The case managers recommended using standardized documentation to ensure that all staff members involved are meeting with the families on a regular basis.

It is important to emphasize the lack of participation by the case managers, mentors, landlords and families. Although six out of seven mentors participated in completing the survey, only four out of the seven landlords and case managers completed the survey for this project. Moreover, only five of the seven families in the F&FH program participated in completing the survey. This lack of participation was due in part to communication difficulties and the removal of the program (F&FH) from Timothy Brown, Ending Chronic Homelessness Initiative which has now been named Sacramento Steps Forward, to Lutheran Social Services, a faith based program.

Furthermore, some of the responses received from the families were that the overall experience looking for a place to rent was positive. Additionally, the homeless
families stated they felt supported as well as encouraged by the mentors and case
management teams. The case managers found that the mentorship aspect of the program
was for the most part helpful to the homeless families. Also, the case managers stated
that the F&HF program supported the families and failed to give up on them unless left
with no other alternative. The landlords found that the program s offered by F&HF
assisted families with rent and screened the perspective families adequately. The
landlords stated that receiving rent on time was an advantage of the program as well as
the screening process was essential in selecting the most suitable tenants. The mentors
suggested growth and rapport building with the homeless families were essential for
maintaining program requirements. The mentors also expressed the faith based
involvement in the program was a pleasant addition.

While preparing this project the researchers discovered our findings to be similar
with the studies identified in our review of the literature. For example, according to
Culhane, Rog, and Shinn (2005), housing is essential for ending homelessness; it may not
be enough to fully meet the needs of all families. Housing is an essential part of the
remedy for homelessness. Only one study to date has examined services and housing in
comparison to housing alone for homeless families and found no differences in outcomes
between those who received support services and those who did not (Culhane, Rog, and
Shinn, 2005). Services can be defined as receiving case management assistance and
housing assistance from shelter programs and or other emergency housing programs.
Moreover, the lack of relationship between the amount of services received and stability
in other studies as well as the high rates of stability that were found in these studies calls
into question the impact that services have on the housing outcome (Culhane, Rog, and Shinn, 2005).

**Recommendations**

According to this study, services received from the F&HF program is essential for making progress towards ending chronic homelessness. As previously stated in the review of the literature and by the landlords, mentors, and case managers, the key component mentioned as the success for the families are the services provided by F&HF program. It is visible throughout the review of the literature and the conclusions generated from this project that the services provided are important to social work as a whole. In order to effectively meet the needs of the families, case managers and mentors need to have many community resources of which he or she can utilize. Case managers and mentors need to seek out resources that integrate services, especially if working with chronically homeless individuals.

This program provides some insight as to the advantages of not just assisting the chronically homeless, but to raise awareness for the general public at large. Due to the undersize number of responses received from all of the participants within the program, additional research must be conducted. In order to provide adequate recommendations, this research should include additional responses from the case managers, landlords, mentors, and families.

**Implications for Homeless Service Providers**
Service providers should collaborate with one another in order to provide efficient and quality service for the homeless population. As illustrated throughout this study, services provided by F&HF personnel have the potential to assist the chronic homeless with adequate housing, community resources and independent living skills. In considering the implications for further use of the F&HF program, the following questions should be addressed. Will it be beneficial to create an organizational Figure listing the roles and responsibilities of all members providing services to homeless families? Is it possible to provide family background information when assigning the case to case managers and mentors? Are specialized training funds available for service providers working with homeless individuals?

The researchers will make this program evaluation available to Timothy Brown and his organization, Sacramento Steps Forward.
APPENDIX A

Questionnaire Surveys
HOMELESS FAMILIES SURVEY

Scale: 1 – very positive ----------------------------------------------- 7 very negative

1. My overall experience with the Mentor Team:

1.  2.  3.  4.  5.  6.  7.

2. My overall experience looking for a place to rent was:

1.  2.  3.  4.  5.  6.  7.

3. My overall experience with my landlord was:

1.  2.  3.  4.  5.  6.  7.

4. My overall interaction with the Shelter Case Management staff was:

1.  2.  3.  4.  5.  6.  7.

5. My overall interaction with the Faith & Homeless Families staff was:

1.  2.  3.  4.  5.  6.  7.

6. What did you like most/least about the F&HF program:
   Most:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Least:

________________________________________________________________________

________________________________________________________________________

7. Do you have suggestions to improve the F&HF program?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Any additional comments about the staff you worked with, the program, or your experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please return to:
F&HF Program: ECHI, 909 12th Street, Suite 200, Sacramento, CA 95814
CASE MANAGER SURVEY

Scale: 1 – very positive  ----------------------------------------------- 7 very negative

1. My overall experience with the family I mentored was:
   1.  2.  3.  4.  5.                  6.                  7.

2. My overall experience with the Mentor Team was:
   1.  2.  3.  4.  5.                  6.                  7.

3. My overall interaction with the Landlord was:
   1.  2.  3.  4.  5.                  6.                  7.

4. My overall interaction with the other Shelter Case Management staff was:
   1.  2.  3.  4.  5.                  6.                  7.

5. My overall interaction with the Faith & Homeless Families staff was:
   1.  2.  3.  4.  5.                  6.                  7.

6. What did you like most/least about the F&HF program:
   Most:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   Least:
7. Do you have suggestions to improve the F&HF program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Any additional comments about your experience with your family or the program?

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Please return to:
F&HF Program: ECHI, 909 12th Street, Suite 200, Sacramento, CA 95814
MENTOR SURVEY

Scale: 1 – very positive ----------------------------------------------- 7 very negative

1. My overall rating of the Mentor Training was:
   1.  2.  3.  4.  5.  6.  7.

2. My overall experience with the family I mentored was:
   1.  2.  3.  4.  5.  6.  7.

3. My overall experience with my Mentor Team was:
   1.  2.  3.  4.  5.  6.  7.

4. My overall interaction with the Shelter Case Management staff was:
   1.  2.  3.  4.  5.  6.  7.

5. My overall interaction with the Faith & Homeless Families staff was:
   1.  2.  3.  4.  5.  6.  7.

6. What did you like most/least about the F&HF program:
   Most:
Least:

7. Do you have suggestions to improve the F&HF program?

9. Any additional comments about your experience with your family or the program?

Please return to:
F&HF Program: ECHI, 909 12th Street, Suite 200, Sacramento, CA 95814
LANDLORD SURVEY

Scale: 1 – very positive ----------------------------------------------- 7 very negative

1. My overall experience with the homeless family was:

1. 2. 3. 4. 5. 6. 7.

________________________________________________________________________

2. My overall interaction with the Shelter Case Management staff was:

1. 2. 3. 4. 5. 6. 7.

________________________________________________________________________

3. Specifically, my experience receiving the rent on time was:

1. 2. 3. 4. 5. 6. 7.

________________________________________________________________________

4. My overall experience with the Shelter Case Management staff was:

1. 2. 3. 4. 5. 6. 7.

________________________________________________________________________

5. My overall interaction with the Faith & Homeless Families staff was:

1. 2. 3. 4. 5. 6. 7.

________________________________________________________________________
6. What did you like most/least about the F&HF program:

**Most:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Least:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you have suggestions to improve the F&HF program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any additional comments about the staff you worked with, the program, or your experience?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Please return to:
F&HF Program: ECHI, 909 12th Street, Suite 200, Sacramento, CA 95814*
APPENDIX B

Program Director’s Letter
September 14, 2009

David Demetral, Ph.D. & LCSW
Social Work Division
Sacramento State University


On behalf of the Leadership Board of the Faith & Homeless Families Initiative I’m excited to support a program evaluation collaborative between our pilot program to provide rental assistance and mentoring to homeless families in partnership with faith congregations and local homeless shelters and your social work graduate students Marian Weddington and Rima Patel. This collaborative seeks to design and implement a program evaluation by soliciting input from the client families, faith mentors, shelter case managers and landlords that have rented housing to the families. Faith & Homeless Families had planned to evaluate our pilot efforts, but lacked staff capacity, so the service project carried out by these students will complete an essential goal of our agency and create minimal risks to our research subjects.

I have thoroughly reviewed this service project and will be the on-site supervisor. Our agency approves of the research methods and will assure that the data obtained is confidential and the property of the agency.

I look forward to working with you and the students to carry out this evaluation and in developing recommendations to improve this important new program which is a response to the unprecedented number of families falling into homelessness during a severe economic recession.

Sincerely,

Timothy Brown, LCSW
Director, Ending Chronic Homelessness Initiative
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