November 2012

Student Family Support Services Initiative

Final Evaluation Report

SOCIAL **IMPACT** RESEARCH CENTER

...dynamic information on contemporary social issues

Acknowledgements

This evaluation, conducted by the Social IMPACT Research Center at Heartland Alliance, was commissioned by the City of Chicago's Department of Family and Social Services.

Student Family Support Services managers, staff, and participants, key project partners, and City of Chicago representatives were all generous with their time and information, allowing IMPACT to evaluate the SFSI initiative along many dimensions.

Primary Author: Amy Rynell

Evaluation Team: Amy Rynell, Jonah Kushner, Jennifer Clary, Amy Terpstra, Lindy Carrow, and Ellyn Drathring

Suggested Citation: Rynell, A. (2012, November). *Student Family Support Services Initiative final evaluation report*. Chicago: Social IMPACT Research Center.

Table of Contents

Executive Summary

About SFSI

The **Student Family Support Services Initiative** (SFSI) provided intensive case management and housing assistance to families with children who were identified as residing in "doubled-up" living situations (e.g. living with relatives or friends because they had lost stable housing but were not yet in homeless shelters or cycled out of shelters) and considered at risk of becoming homeless by the Chicago Public Schools (CPS) in 2009 and 2010. The program offered case management, housing assistance, and a menu of services that families might need to stabilize in housing including therapeutic services, employment services, and asset building. The theory of change was that addressing a family's primary housing and employment needs would positively impact the educational stability and achievement of students, while at the same time benefiting the family overall.

Funding

SFSI was funded through the **American Recovery and Reinvestment Act (ARRA)** – in particular the Community Services Block Grant (CSBG), which received a significant increase under ARRA, and through the newly created ARRA Homeless Prevention and Rapid Rehousing Program (HPRP). These funds came to the City of Chicago Department of Family and Support Services, who developed the program in partnership with the Chicago Public Schools.

Eligibility Criteria

Households with children:

- with incomes at or below 200 percent of the federal poverty line,
- living in a doubled-up living situation,
- residing in Chicago's Englewood neighborhood, and
- who are participating in CPS's Students in Temporary Living Situations Program.

Program Partners and Structure

- **Heartland Human Care Services, Inc.** (HHCS) was the contract and fiscal lead and provided participants with case management, asset building, and employment services as well as linkages to HPRP housing assistance.
- **Beacon Therapeutic Diagnostic and Treatment Center** provided mental health services for children and their families who were in need of such services.
- **Heartland Health Outreach** (HHO), the lead on systems integration work, identified systems and issues in Englewood that impacted participants' well-being and focused on creating linkages and collaborations with local resources to diminish barriers to services.

Participant Demographics

The program targeted a hard-to-reach population that was not well served in other systems, namely doubled-up families, and focused on those living in an extremely disadvantaged Chicago neighborhood, Englewood.

- SFSI served a total of 220 households with 879 people in those families, 611 of whom were children.
- The average age of adults was 31 years old.
- The largest share of children fell into the 5 to 10 year old range.

Housing History

Nearly all families were living in a doubled-up situation at the time of program entry and many of the families had prior experiences with homelessness. At the time of program entry, families reported having experienced homelessness an average of 2.4 times and had spent an average of 18 months homeless. Unfortunately, 32.7 percent of families became homeless after enrolling in SFSI while waiting for the HPRP housing assistance funds to become available in the early months of the program.

Systems Integration

SFSI's "systems integration team" worked to identify barriers and resources in Englewood and its surrounding communities and then to develop, coordinate, and improve the availability, quality, and comprehensiveness of resources for doubled-up families. The team promoted integrated services and collaborations in order to sustain the project's goals once it has ended.

Service Utilization

Housing Services:
Utilized by 99% of all households
The most commonly used housing service was HPRP assistance used by 65.4 percent of households. HPRP assistance included security deposits, short-term financial assistance (rental and/or utility costs accrued over 3 months), medium-term rental assistance (rental and/or utility costs accrued over 4 to 18 months), and moving costs. In total families received over $1.5 million in rental assistance and nearly $100,000 in security deposits. Each household received $10,651 on average over the life of the program. The average number of rental assistance payments per household was 13.8.

Employment Assistance:
Utilized by 93% of heads of household
Those with a recent employment history and skills to build off worked with job developers to move into employment fairly quickly. For those without a recent work history or marketable skill set, ARRA-funded subsidized employment programs provided options for these households that they would not have otherwise had – 76 participants entered ARRA-funded subsidized jobs programs during their participation in SFSI, Put Illinois to Work and Chicago Neighborhood JobStart.

Therapeutic Services:
Utilized by 70% of all households
Services included a monthly call/wellness check and more intensive mental health services including individual and group therapy. Children had access to a psychiatrist in addition to a therapist. Services also included classroom observation, collaborations with teachers, and wellness workshops conducted by therapists, during spring break and other times, that had topical workshops for parents, and concurrent activities for the children run by the therapists.

Asset Building:
Utilized by 90% of households
Services included individual counseling, credit restoration, savings plans, and education about asset wealth. Many households worked to establish banking relationships. Workshop series were also held that consisted of six 2-hour workshops addressing identifying values; banking; credit improvement; debt reduction; retirement planning; basic investments; spending leaks and savings planning; and income support and tax credit eligibility.

Program Outcomes

Housing

The SFSI program was very successful in transitioning families off of HPRP assistance and into their own, non-subsidized housing. The majority of families who received HPRP have assumed responsibility for their own rental housing without needing a subsidy (71.2 percent), and 1 in 10 (9.6 percent) have assumed responsibility for rental housing using a different housing subsidy, such as a Housing Choice Voucher.

School Enrollment and Educational

School-age children in SFSI were enrolled in 31 different public schools across Chicago: 10 percent were in high school and 90 percent in elementary school. The Chicago Public Schools shared records for the children during the school year before SFSI and the 2 years during program operations.

- These students had high rates of absenteeism and chronic absenteeism before (40.5 percent) and throughout participation in SFSI.

- They were C students on average before and during the program. Over all three school years a high share of students had failing or near failing grades (33 to 46 percent depending on the subject).

- Roughly 1 in 10 students attended multiple schools during each school year.

The length of time the student's family received HPRP was positively correlated with average Reading/Language Arts grades as well as with overall grade averages. As the number of weeks of HPRP receipt went up, these grades also went up in the 2009-2010 school year. No other positive statistically significant differences were found in education measures from before SFSI to during the program.

Lessons Learned and Recommendations

The premise of SFSI was that once the tangible emergency needs of doubled-up families are addressed, these families can then be expected to experience improvement in other ways, such as increased housing stability, increased parental employment, increased school attendance, and improved student performance. While follow-up data were not available for all of these measures, it appears based on what are available that SFSI successfully achieved much of what it set out to do:

- **SFSI successfully reached vulnerable families living in doubled-up situations.** SFSI was able to establish referral relationships with the schools to identify these families. The families had considerable histories of housing instability, incidences of homelessness, and moderate- and high-intensity service needs.

- **The availability of housing assistance was key to stabilizing families and preventing homelessness.** Most SFSI families who received HPRP assistance stabilized in housing and transitioned away from using a rental subsidy. Unfortunately, in part due to HPRP ramp-up issues beyond the control of the SFSI, only 65.4 percent of SFSI households received HPRP assistance and housing outcome data are not available for those who did not receive HPRP.

- **The children in these families were struggling in school before and during the program**. These children had high rates of absenteeism and high rates of failing or near failing grades. For those in households that received HPRP assistance, the length of time the student's family received HPRP was positively correlated with average Reading/Language Arts grades as well as with overall grade averages.

- **The "menu approach" to services resonated well with families and their needs.** This was evidenced in part by the high utilization of the services by the families. Not all of the families needed everything, but it was critical to have the different service types available, especially in a place like Englewood where the likelihood of finding a resource in the community is low.

In addition to the program's effects on the families, other important takeaways were generated from the SFSI experience:

- **SFSI spurred innovation in funding strategies and partnerships across funding sources and agencies.** SFSI demonstrated an effective way to use different funding streams to put together a full package of services for very disadvantaged families.

- **Future iterations of programs for doubled-up families may want to consider some design enhancements**: Design a program to address both short and long-term needs. Focus initially on stabilizing the family as they are more likely to access more intensive services once housed. In addition, given the long histories of housing instability, programs may need to reenroll some families if the first housing placement does not stick.

- **The systems integration work left a lasting impact through capacity building.** Through trainings, advocacy, and relationship building, the team improved how the schools serve homeless students and their unique needs; increased community capacity to support doubled-up and homeless families; supported SFSI staff skill development and knowledge of community resources; increased the capacity of parents to advocate for their rights and the rights of their children; and raised awareness citywide about issues facing doubled-up families.

Seizing Opportunities Moving Forward

SFSI responded to critical needs of doubled-up families. Historically these families were not eligible for housing assistance through the homeless system as they were not considered homeless by the McKinney-Vento Homeless Assistance Act, the primary funding source to address homelessness. Fortunately, the way homelessness is defined is shifting as are the types of solutions that can be supported with federal funds.

In 2009 Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), which consolidates and amends homeless assistance programs carried out under the McKinney-Vento Homeless Assistance Act. Implementation of this new law is underway and there are a number of opportunities to think differently about how homeless systems respond to the needs of doubled-up families. These opportunities come from improvements in the definitions of who is considered homeless and at-risk of homelessness, from new performance measures for recipients of funds, and from the retooling of grant programs to broaden existing emergency shelter and homelessness prevention activities and include rapid re-housing activities.

> We are at a unique moment in time. The number of doubled-up families is extraordinarily high and the poor economic conditions are not forecasted to improve substantially for some time. SFSI was created to intervene with these families to help them stabilize, support their family's needs, and engage in needed services. As Chicago begins to undertake planning to implement the new opportunities under the HEARTH Act, SFSI can serve as a model of what we know about targeting doubled-up families through a housing and services intervention.

Introduction

The Student Family Support Services Initiative (SFSI)[1] provided intensive case management and housing assistance to families with children who were in "doubled-up" living situations (e.g. living with relatives or friends because they had lost stable housing but were not yet in homeless shelters or cycled out of shelters) in 2009 and 2010. The City of Chicago's Department of Family and Support Services (DFSS), in coordination with the Board of Education of the City (Chicago Public Schools or CPS), designed and funded the program with the belief that addressing a family's primary housing and employment needs would positively impact the educational stability and achievement of students, while at the same time benefiting the family overall.

The Issue: Unstably Housed Families and Students

Housing instability manifests in different forms including frequent moves (residential mobility), doubling up, and homelessness[2] and results from a number of factors including poverty, unaffordable housing, substandard housing conditions, evictions, violence, and foreclosures. Housing instability is growing, is a precursor to homelessness, and negatively impacts children's school achievement and well-being.

The numbers of families living doubled-up and at-risk of homelessness is on the rise. The doubled-up population in Illinois (people living with family or friends for economic reasons) increased by 15 percent to more than 241,000 people from 2008 to 2009. Nationally, public school homeless education programs reported an increase of 33 percent in the number of students whose primary residence was doubled-up from 2008-2009 to 2009-2010.[3] The number of students experiencing homelessness and housing instability in Chicago Public Schools has also been steadily increasing since 2008 (Figure 1).[4]

Figure 1: Homeless and Doubled-Up Chicago Public School Students Over Time

---
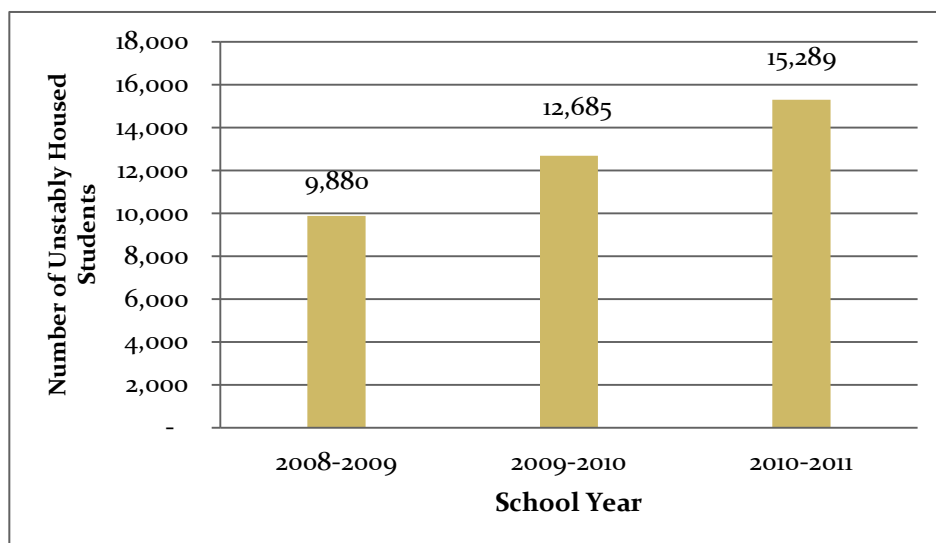
[1] Prior to launch, this program was called the Homeless Student Support Initiative (HSSI). During initial meetings, school principals in Englewood expressed that they felt no one would self identify as homeless and advised that the name of the program be changed

[2] Cunningham, M., Harwood, R. and Hall, S. (May 2010). Residential instability and the McKinney-Vento Homeless Children and Education Program: What we know, plus gaps in research. Urban Institute: Washington, DC.

[3] Author. (June 2011). Education for homeless children and youth program data collection summary. National Center for Homeless Education: North Carolina.

[4] Data from program documents and http://www.suntimes.com/9818290-417/numbing-numbers.html.

Living doubled-up and frequently moving often occurs prior to a family becoming "homeless" as it has been traditionally defined. Staying with friends or family is the most common living situation among adults in families prior to entering the homeless shelter system across the nation. Almost one third (30 percent) of all homeless shelter users and 43 percent of sheltered adults in families enter shelters from living with family and friends.[5] In the course of a year, the estimated odds of experiencing homelessness for a doubled-up person are 1 in 10.[6]

Housing instability and homelessness have been associated with poor academic outcomes among children.[7, 8, 9] Frequent moves can have a negative impact on a student's academic routine and potential success. Frequent moves and homelessness can result in multiple school changes, increased absenteeism, increased likelihood of suspension, and being retained in a grade. There is even some evidence to suggest that frequent moves during elementary school increase risk of dropping out of high school. Children living doubled-up or homeless are at risk of being unprepared for school and having no time or place to do homework. One study on residential mobility and school achievement in Chicago Public Schools found that academic achievement levels for students who moved schools once during a school year may drop 10 percent below expected levels, but if they remain in the same school they are likely to overcome losses over time. If a student moves more frequently, however, it takes longer to catch up from the educational disruptions.[10] The Chicago Longitudinal Study found that frequent mobility significantly increases the risk of underachievement in reading and math.[11] It is important to note that mobility alone is not responsible for affecting school achievement: frequent mobility is highly correlated with other variables that negatively impact school achievement including poverty, educational level of parents, and race.[12]

Housing instability and homelessness can negatively impact children's mental health. Recent research indicates that that the loss of a home exposes children to other sources of stress and trauma.[13] Traumatic stresses can be cumulative, with increased risk of children developing health, behavioral, and social problems as adults.[14] Children who are homeless have three times the rate of emotional and behavioral problems, such as anxiety, depression, withdrawal, and aggression as other children.[15]

[5] http://www.hudhre.info/documents/5thHomelessAssessmentReport.pdf

[6] http://www.endhomelessness.org/content/article/detail/3668

[7] Cunningham, M., Harwood, R. and Hall, S. (May 2010). Residential instability and the McKinney-Vento Homeless Children and Education Program: What we know, plus gaps in research. Urban Institute: Washington, DC.

[8] Hardy, B. and Vrooman, C. (January 2005). School stability and performance: A review of the literature. National Center for Homeless Education: North Carolina.

[9] Dworsky, A. (2008). Educating homeless children in Chicago: A case study of children in the Family Regeneration program. Chapin Hall at the University of Chicago: Chicago.

[10] Kerbow, D., Azciotia, C., and Buell, B. (2003) Student mobility and local school improvement in Chicago. *The Journal of Negro Education*, 72 (1), 158-164.

[11] Temple, J., and Reynolds, A. (1999). School mobility and achievement: Longitudinal findings from an urban cohort, *Journal of School Psychology*, 37 (4), 355-377.

[12] Hardy, B. and Vrooman, C. (January 2005). School stability and performance: A review of the literature. National Center for Homeless Education: North Carolina.

[13] Paquette, K., & Bassuk, E. (July 2009). Parenting and homelessness. American Journal of Orthopsychiatry. Volume 79, Issue 3.

[14] Browne, D. , Anda, R. Tiemeier, H., Felitti, V., Croft, J., & Giles, W. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37(5). 389-396.

[15] Author. (2009). America's youngest outcasts: State report card on child homelessness. Newton, MA: The National Center on Family Homelessness.

Impetus for the Program: Convergence of Events

A number of different forces converged to make the Student Family Support Services Initiative (SFSI), with its unique partnership between city departments and programming innovation, a reality:

Plan to end homelessness:[16] In January 2003, Chicago launched a Ten-Year Plan to End Homelessness centered around three core tenants: prevent homelessness whenever possible, rapidly re-house people when homelessness cannot be prevented, and provide wrap-around services that promote housing stability. As work on the plan evolved and awareness of child and family homelessness increased, providers began advocating for focusing on unstably-housed families with children, and the City began to look at vulnerable children across systems (e.g., family benefits, health enrollment, homeless programs, housing) to understand the connections between students identified as homeless through CPS and the role of the homeless system.

Emerging program models and partnerships: In June 2008, Beacon Therapeutic as lead, and Heartland Alliance as senior partner, received a 3-year grant from the Conrad N. Hilton Foundation to implement the Family Assertive Community Treatment (FACT) project, an innovative Chicago-based plan that addresses the intersection of homelessness and child development by working with young moms and vulnerable children. Within FACT, wraparound services were provided to families living in homeless shelters or other unstable living situations. A key purpose of the program was to ensure better family and individual outcomes for young families experiencing homelessness and families at-risk of homelessness in the areas of child development, maternal well-being, family functioning, family preservation, and housing stability. The FACT project also focused on addressing barriers to and gaps in services through its systems integration manager who has convened a planning coalition that spans all of the systems that affect the lives of homeless families. Through this project children living in doubled-up situations were identified as a critical issue and became a priority for the homeless system to address.

New, flexible funding: The recession that began in December 2007 provided the impetus for the passage of the American Reinvestment and Recovery Act (ARRA) in February 2009. The purpose of ARRA was to create jobs, promote economic recovery, and assist those who are most impacted by the recession. The SFSI program, aligned with the third purpose, assisting those who are most impacted by the recession, was funded through the ARRA Community Services Block Grant (CSBG), which received a significant increase under ARRA, and through the newly created ARRA Homeless Prevention and Rapid Rehousing program (HPRP). These funds targeted individuals and families with low incomes, provided flexibility in program design, and needed to be allocated quickly to achieve the intended recovery impact.

With the problem of families with children at risk of homelessness having been identified by providers and homeless system leaders as a key area of concern and with program models evolving locally to serve this population, the ARRA funds came at a fortuitous moment. DFSS was able to respond quickly with an innovative program design and RFP release, and the selected service providers were able to get the program off the ground quickly.

---

[16] http://www.thechicagoalliance.org/plan.aspx

Linda*

Linda is a single mother with four children–one daughter and three sons. Having dropped out of school after 7th grade, her low level of education proved to be a significant barrier to employment. Linda came to the SFSI program with no income, limited work experience, and a criminal background from a prior domestic violence arrest. Linda and her children were living doubled-up and lacked financial independence and stability. Further, Linda was suffering from untreated high blood pressure because she had no health insurance.

Linda and her children had been living in an apartment with Linda's father for 2 years, until he suffered a stroke and was relocated to Texas where other family members could care for him. Linda and her children then moved in with her grandmother, but were later evicted for not paying the rent. In 2009, Linda and her children began sharing her boyfriend's family's apartment. Ten people were living in the apartment, which was too small and overcrowded, leading to problems with the landlord.

Linda's relationship with her boyfriend was punctuated by difficulties, including domestic violence, for which Linda spent 21 days incarcerated until her boyfriend dropped the charges. She reported that he had anger management issues and sometimes had violent outbursts in front of the children.

Living doubled up in overcrowded conditions with her children was a significant source of stress for Linda. She reported frustration with cleaning up after other adults and expressed concern about them eating food intended for her children.

While she reported that overall her children were doing well, Linda worried about her second oldest child–her daughter–who had been sexually abused and she worried might be experiencing post traumatic stress.

Upon entering the program, Linda set several goals for herself and her family: to obtain her own decent housing, secure employment, to gain financial literacy, and to clear her criminal record. During her involvement with the SFSI program, Linda received critical assistance in obtaining housing and a job, and developed a transition plan to complete her GED and work to clear her criminal record.

* Name is changed to protect identity.

Evaluation Methodology

This evaluation was commissioned by the City of Chicago's Department of Family and Social Services to document the SFSI program. The premise of SFSI was that once the tangible emergency needs of doubled-up families and others at risk of homelessness are addressed, these families can then be expected to experience improvement in other ways, such as increased housing stability, increased parental employment, increased student attendance, and improved student performance. This study documents the program model, paints a picture of doubled-up families in a disadvantaged Chicago neighborhood, determines the service utilization patterns of families who were in the program and assesses whether or not students and families were helped in the short-run.

Research Questions

This evaluation was focused on the following research questions:
1. What were the components of the program, how were they implemented, and what lessons can be learned?
2. What were the characteristics of those who enrolled and remained in the program?
3. Which program services did families and children utilize and to what extent?
4. To what extent did participants enroll in and receive services from HPRP?
5. To what extent did the program restore families' financial and housing stability?
6. Did the families in the program experience other improvements in quality of life?
7. To what extent did students in the program improve school attendance and grades and to what extent were moves between schools reduced?

Research Design

The evaluation by and large began after the program ended, which limited research design and the data that could be collected. All SFSI program participants were included in the study; no comparison group was used due to funding and time constraints. Instead each participant's progress was determined using pre- and post-program analyses (e.g., housing status pre- and post-program, school attendance rates pre- and post-program). When applicable, subgroup analyses were performed to ascertain if there were any unique trends or differences (e.g., larger versus smaller families, those experiencing homelessness versus those living doubled-up, families with children in need of therapeutic services versus those without, and services needs intensity and engagement differences).

Resource constraints limit the evaluation to documenting shorter-term outcomes. Due to design factors and the lack of longer-term follow-up we cannot know for certain that any changes that may be found in school attendance and performance is attributable to the program.

Data Sources

Data sources used by IMPACT in the course of the evaluation include the following:

Key Stakeholder Interviews *(research question 1)*: Nine key stakeholders were interviewed by IMPACT to document program design, implementation, challenges, successes, lessons learned, and next steps. Stakeholders included staff that implemented and managed the project, systems integration staff, a

clinical supervisor, and City of Chicago representatives. Interview guides were developed to reflect each key stakeholder's unique area of expertise. Interviews were conducted in person and lasted 90 to 120 minutes each.

ClientTrack and HMIS Data Systems *(research questions 2, 3, 4, and 5)*: Client data were extracted from the data systems used by the case managers and analyzed by IMPACT. Client data that were extracted included the following:

- demographic information such as gender, age, family composition, race, levels of education, marital status

- housing status at program entry and changes over time

- income and employment information such as income sources, employment at entry into program, and changes over time

- assessment information such as health, mental health, substance use, and family support issues

- service utilization including types of services, frequency/amount of utilization, and rent subsidy amounts when applicable

File Review *(research questions 3 and 6)*: IMPACT reviewed every family file to gather information not included in the electronic records, including detail on prior housing situation, child therapeutic needs, CPS identification numbers, service needs intensity, and level of program engagement.

Core Document Review: IMPACT read and analyzed the core program documents including DFSS's RFP, the successful proposal to DFSS, the contracts for the subcontractors, program monthly reports, and other documents created once the program was launched. This analysis helped inform the questions for key stakeholder interviews and some of the data analysis.

Chicago Public Schools Records *(research question 7)*: Data was provided by the Chicago Public Schools on the students whose families participated in SFSI. These records can be used to trace student progress (grades, attendance, school moves) from the school year before services began to the end of the 2010/2011 school year.

Human Subjects Research Protections

This study was vetted and approved by Heartland Alliance's Institutional Review Board. IMPACT implemented a consent form for research with participants to allow IMPACT to access ClientTrack, HMIS, and CPS data. Data is only presented here in the aggregate—individual identities are not revealed.

Diandra*

Diandra is a single mother with four children–two sons and two daughters. With only a high school education, Diandra was working in low-wage jobs while trying to further her education and pursue a career in nursing. Her employment and education were interrupted when she became ill with breast cancer. Even though Diandra continued to work at a job she found some enjoyment in, she found herself unable to provide for her children and she needed help.

Diandra was living independently with her children when her house caught on fire, throwing Diandra and her family into an unstable living situation. After losing her home to fire, she moved in with her mother. There was conflict in the family and the home soon went into foreclosure. Diandra and her children went on to live with her sister temporarily until Diandra was able to find her own apartment again. She did find an apartment for her family, but had to move again when that building went into foreclosure. Diandra then bounced between her brother and sister's homes, and lived with her mother and stepfather.

Staying in other peoples' homes was difficult for Diandra and her family, and she desired to have her own space to share with her children, to have the bills paid up, and to be comfortable. Unable to afford her own home, Diandra worried about the safety of her children, the safety of the neighborhood where she was living with her sister, as well as her sister's substance use.

Diandra worried, too, about how the lack of stability and her illness was affecting her children. One of her children was having mood swings and tantrums that she related to moving back and forth so much between Diandra and the child's father. When Diandra was ill with breast cancer, he was the only one of her children to live with his father rather than her, and he expressed to his sister that he wanted to kill himself. His academic performance was up and down, and he had developed abusive behaviors toward animals, specifically, torturing the cats around the house.

During her involvement with the SFSI program, Diandra identified a need for therapy for herself and her children. She was also worried about her daughters one of whom had been sexually abused by a family member as a young child and, at the age of 5, spent several months receiving counseling. Therapeutic services were very important in helping her family heal and stabilize.

Over the course of the program she was able to secure Section 8 and move into her own housing. Once housed she no longer returned for services so her case was administratively closed though the program encouraged re-enrollment if families were in future need of supports.

* Name is changed to protect identity.

Program Design and Operations

The goal of SFSI was to provide intensive community-based case management to families in Chicago's Englewood neighborhood who qualified as living doubled-up with other households and were participating in Chicago Public School's Homeless Education Program, Students in Transitional Living Situations (STLS).[17] This chapter documents the target population, target geographic area, program partners, program structure, and funding.

Program Partners and Structure

SFSI was operated collaboratively by three nonprofits: **Heartland Human Care Services, Inc.** (HHCS)[18], **Beacon Therapeutic Diagnostic and Treatment Center,**[19] and **Heartland Health Outreach** (HHO).[20] These partners already had a well-established working relationship through the FACT project which was critical for getting SFSI launched quickly and successfully. They also had previous experience serving families in Englewood. Each agency played a unique role in SFSI:

- **Heartland Human Care Services, Inc.** (HHCS) was the contract and fiscal lead and provided participants with case management, asset building, and employment services as well as linkages to HPRP housing assistance.

- **Beacon Therapeutic Diagnostic and Treatment Center** provided mental health services for children and their families who were in need of such services.

- **Heartland Health Outreach** (HHO), the lead on systems integration work, identified systems and issues in Englewood that impacted participants' well-being and focused on capacity- and relationship-building among local resources to diminish barriers to services.

Staffing for the project included a project director responsible for the day-to-day operations, case managers, therapists, asset development coordinators, employment case managers, administrative staff who provided clerical assistance and data entry, and two systems integration specialists. The partners largely brought on all new staff to operate the program but drew on existing leadership to provide oversight and some clinical supervision. Having nearly all new staff created challenges with understanding organizational cultures and navigating new concepts and processes. For example, different agency assessment processes, service planning, and supervision models needed to be worked through. A project Steering Committee, comprised of the on-site project management team, partner leaders, and CPS representatives, met every other month and focused on overarching goals and big picture work. A slightly smaller leadership team met on alternating months and focused on service process and improvement.

The program established an office in Englewood as the home base for SFSI operations where all staff were co-located. Staff kept files on shared hard drives and in a shared database that HHCS was already using for a supportive housing program for families. In addition, program data were entered into the city's Homeless Management Information System (HMIS) for CSBG (data captured were demographic, not service-related) and for HPRP (some demographic data and limited service tracking). Having these data systems already in place helped with a quick program launch and client tracking.

---

[17] STLS is a new name for the program. Early in the SFSI program implementation this was called the Homeless Education Program (HEP). For more information visit http://www.cps.edu/Programs/Pathways_to_success/Pages/StudentsInTemporaryLivingSituations.aspx.

[18] http://www.heartlandalliance.org/whoweare/corporatestructure/heartland-human-care-services.html

[19] http://www.beacon-therapeutic.org/

[20] http://www.heartlandalliance.org/whoweare/corporatestructure/heartland-health-outreach.html

In addition to the three nonprofit providers, two city agencies were involved in SFSI: the **Department of Family and Support Services** (DFSS)[21] and the **Chicago Public Schools** (CPS).[22] DFSS, an integral leader in Chicago's homeless system, was a recipient of some of the key federal funds used to operate the program. CPS was the primary referral source for the program. As the homeless system was not well-equipped to identify families who were living doubled-up and the schools were not well-equipped to help the doubled-up families they identified, involvement of both agencies was vital to the launch and success of this initiative.

There were come challenges with getting the CPS schools on board as a referral source. As the project kicked off, SFSI staff met with each principal on a school-by-school basis; some agreed readily to participation, while others were more hesitant. For some principals, their hesitation stemmed from previous bad experiences with social service providers that led them to be skeptical about SFSI from the start; many had other pressing concerns about violence and attendance problems that they wanted to focus their energies on. If a key leader in the school embraced this project as having value for their families and could influence the principal to agree to participate, the referral of families worked well; however, it was much harder if there was not school leadership buy-in. The homeless liaison, the person assigned STLS duties at each school, often also had other key roles at the school (e.g., school social worker, secretary, teacher) and adding this referral responsibility could be another in a long list of 'other duties as assigned'. The most success seemed to come when the principal empowered the homeless liaison to focus a considerable amount of their time and energy on the needs of students who were experiencing homelessness or were unstably housed.

The U.S. Department of Housing and Urban Development (HUD), the primary federal government funder of homeless housing and services, expects coordination between the two city agencies. Prior to SFSI, the homeless system was working with sheltered children in CPS, helping with access to backpacks, tutoring, clothes, and transportation, but it is not clear that doubled-up children were getting any additional supports from the homeless system. SFSI served as a good testing ground for furthering relationship building, innovations, and partnerships to serve these students. The project did show collaboration and streamlining across these agencies can be successful, but these relationships need ongoing cultivation. It also showed that innovation can happen within these systems, and meaningful referral processes can be established. Unfortunately, over the course of the project, key leadership changes happened at both CPS and DFSS. As a result, a lasting relationship was not built between the two agencies.

Target Population

The initiative aimed to enroll students from Chicago public elementary and high schools whose families were not yet literally homeless but were threatened with homelessness. Most such families are doubled-up, that is, living with friends or relatives in housing inadequate for more than one family. The initiative was confined to schools in the Englewood community, a community with a known high concentration of students who were unstably housed.

Families were eligible for enrollment into SFSI if they met the following criteria:

- children with intact families (parents or custodial adults),

---

[21] http://www.cityofchicago.org/city/en/depts/fss.html
[22] http://www.cps.edu/Pages/home.aspx

- with incomes at or below 200 percent of the federal poverty line,

- living in a doubled-up situation,

- residing in Chicago's Englewood neighborhood, and

- who are participating in CPS's Students in Temporary Living Situations Program.

All household members who were affected by housing instability, including parents, grandparents, siblings, and non-relatives, were eligible to receive SFSI services. The city's rationale for this broad inclusion was that while the primary focus was on the immediate family of the student(s) enrolled in CPS, the broader household played an important role in the long-term stability of the student(s). This was particularly important if adults beyond the custodial parent/adult were relied on for income or if other children were in need of services.

Initially the program targeted students from nine schools that had more than 10 percent of their students enrolled in STLS: six elementary (Henderson, Parker, Reed, Stagg, Wentworth, and Woods) and three high schools (Hope, Harper, and Robeson).

SFSI did not serve families and households that had the following characteristics:

- Students and families of privately operated schools

- Unaccompanied homeless youth

- Children in the foster care system

- Children already residing in a shelter or interim housing facility

Target Geographic Area

DFSS and CPS identified the Englewood community area as having the highest concentration of homeless students in the city and thus targeted the resources to schools in that community. Englewood, located on the south side of the city of Chicago, is home to 35,186 people (Figure 2). In 2009, there were 12,614 (35.8 percent of the population) children under the age of 18 in Englewood. The population of Englewood is 98.8 percent African American. The neighborhood is considered highly distressed along a number of measures including very high rates of poverty, foreclosures, and crime.[23]

Englewood is one of the most disadvantaged areas in the city:

- The median household income for Englewood in 2009 was $20,925[24], over $25,000 a year less than the city of Chicago, which had a median household income of $46,781. Over one quarter (28.4 percent) of all households in Englewood had incomes less than $10,000.

- There were 15,223 individuals living below the poverty line for an overall poverty rate of 43.5 percent in Englewood in 2009, compared to a poverty rate of 20.8 percent for the city of Chicago. One of every four households in Englewood lived in extreme poverty, below 50 percent of the poverty line, for a total of 8,374 individuals. Over half (58.8 percent) of related children under the age of 18 were living below the poverty line in Englewood.

---

[23] All data in this section, unless otherwise noted, are from the U.S. Census Bureau's 2005-2009 American Community Survey 5-yr Estimates.
[24] Median household income (MHI) for Englewood was calculated by averaging the MHI for each tract within the community.

Englewood is also home to a host of housing challenges, including vacant units, foreclosures, and substandard or unaffordable:

- There were 15,730 housing units in Englewood in 2009 with a vacancy rate of 25.8 percent. With over 4,000 housing units sitting vacant, Englewood has among the highest concentrations of vacant homes in the city.[25]

- In 2009 and 2010, 852 properties were foreclosed on.[26]

- In 2009, 4,519 households (57.2 percent) paid over 30 percent of their income to rent and are therefore considered rent-burdened. A portion of them, 2,656 households (33.6 percent), paid over 50 percent of their income to rent and are therefore considered severely rent-burdened.

Figure 2: Map of the Greater Englewood Area[27]

Greater Englewood Ward Map, by RAGE

Englewood residents experience some of the highest crime rates in the city.[28]

- With 8,600 crimes reported, the Englewood police district ranked 4th worst in the city in the number of overall crimes in 2009.

- Englewood ranked first in the number of criminal assaults (116), and second in murders (45) and aggravated battery (926) in 2009.

- There were 1,190 robberies and 1,821 burglaries in 2009.

---

[25] http://articles.chicagotribune.com/2011-06-23/news/ct-met-englewood-20110623_1_vacant-homes-housing-crisis-englewood-and-west-englewood.

[26] Foreclosure filings data were obtained from the Woodstock Institute Fact Book at http://www.woodstockinst.org/factbook/.

[27] http://ragenglewood.org/

[28]https://portal.chicagopolice.org/portal/page/portal/ClearPath/News/Statistical%20Reports/Index%20Crime%20Statistics/2009%20Index%20Crime%20Statistics/Dec09Index.pdf

Funding

Funds made available through the American Reinvestment and Recovery Act of 2009 supported the creation and operation of SFSI. The SFSI program was funded through two primary sources of funding targeted specifically for people with low income: the ARRA Community Services Block Grant funds (CSBG), and the ARRA Homeless Prevention and Rapid Rehousing program (HPRP). In addition, a subset of families received subsidized employment through ARRA's TANF Emergency Contingency Fund.

- The **CSBG** Recovery Act funds, distributed through the Department of Health and Human Services (HHS), were for the reduction of poverty, revitalization of low-income communities, and empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient. Some temporary modifications to the program were made including allowing states to increase eligibility to up to 200 percent of the official poverty guidelines as set by the HHS.[29] CSBG grantees were required to provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services, and/or health. Chicago was awarded over $19 million in ARRA CSBG.

- Created with new funding from the Recovery Act, the focus of the HUD's **HPRP** was housing stabilization. HPRP was a novel approach to addressing housing instability through the provision of temporary financial assistance and/or services as a bridge to long-term stability.[30] Two categories of assistance could be provided: financial assistance and housing relocation and stabilization services. The financial assistance could include short- and medium-term rental assistance, security/utility deposits, utility payments, moving assistance, and motel/hotel vouchers. The housing relocation and stabilization services could include outreach/engagement, case management, legal services, housing search/placement, and credit repair. The intent was to serve persons who were homeless or would be homeless without this assistance, with income of 50 percent or less of area median income, had no other housing options, had no financial resources or support networks to obtain or remain in housing, and who could remain housed after temporary assistance ends. Chicago was awarded over $34 million in HPRP funds. At least 60 percent of the funds had to be spent within 2 years and all funds within 3 years.

- The ARRA **TANF Emergency Contingency Fund**, a program of HHS, allowed states to be reimbursed for 80 percent of increased spending in three categories: basic assistance, short-term non-recurrent benefits, and subsidized employment programs. One of the programs Illinois created with these finds, Put Illinois to Work, was a statewide subsidized employment program designed to provide low-income, TANF-eligible, unemployed and underemployed job seekers paid work experience to help them support their families, gain job skills, and make professional connections that they could use to find employment in the future. Illinois also created Chicago Neighborhood JobStart, a transitional jobs (TJ) program that placed participants into temporary jobs with subsidized wages and provided services to help them maintain employment. This program was for low-income residents of high-unemployment Chicago neighborhoods, including Englewood. Illinois was approved to spend $194 million in TANF Emergency funds. SFSI had a close relationship with these programs and made a number of referrals.

SFSI was quite successful in blending these unique funding sources in order to offer a package of services that could be very responsive and tailored to participant needs.

---

[29] This eligibility adjustment reflects an increase from 125 percent of the poverty guidelines as currently provided in Section 673(2) of the CSBG Act and applies to all CSBG services furnished during fiscal years 2009 and 2010.
[30] http://portal.hud.gov/hudportal/documents/huddoc?id=UrbanRecoveryReport.pdf

Program Activities

The SFSI program was structured with the following assumptions in mind: stabilizing housing and economic situations for a family improves childrens' stability and potential for school achievement; families may face multiple barriers to stabilization and require multiple interventions; each family will have a unique set of service needs; and the Chicago Public School system can't be the only avenue to support homeless students and students in transition. The SFSI program structure evolved over time and looked as follows once it was fully operational:

- **Outreach to Schools:** Systems integration staff and case managers met with principals andSTLS liaisons and set up information tables at school events.

- **Referral to Program:** CPS homeless liaisons made referrals to HHCS of students who were identified as unstably housed.

- **Intake:** HHCS case managers determined CSBG eligibility and enrolled eligible, interested students and their families into SFSI.

- **Case Management:** HHCS case managers conducted assessments of housing, employment, education, income, benefits, health and other service needs, developed individual service plans, sought to maintain monthly contact, and provided comprehensive case management. During this process families were essentially triaged to determine which services they needed most and which services they were interested in participating in.

- **Housing Assistance:** Case managers completed paperwork to enroll families in the HPRP program.[31] HPRP services centered on housing location, financial assistance for up to 18 months, , and stabilization services once families were housed. HPRP provided payments for security deposits, moving costs, and temporary rental assistance. Case managers worked with HPRP program participants to help them maintain their housing stability and develop plans for helping them achieve self-sufficiency and become independent of HPRP financial assistance.

- **Service Menu:** The program offered a menu of service options designed to meet the unique needs of each family including included wellness and therapeutic services, employment readiness and placement, and financial literacy and asset-building services. Service provision took place in homes, schools, and in the community both in group workshops and individualized settings.

  - **Wellness and Therapeutic Services:** Beacon Therapeutic clinicians conducted in-depth assessments and provided as much clinical support as families wanted or needed. All families received brief screenings for mental health and associated risk factors for the parent(s) and children. From there, the therapist would provide further assessment or treatment as needed, including wellness checks, individual and group therapy, access to a psychiatrist, and wellness workshops.

  - **Employment Services:** SFSI engaged participants in workforce development by providing job readiness trainings and supports, linking to job training and subsidized employment, and providing job placement assistance.

  - **Asset-Building Services:** Participants were invited to participate in HHCS's Wealth & Wellness financial education program. The primary goal of Wealth & Wellness was to teach participants how to build and protect assets through savings and sound financial management. HHCS's financial education curriculum is a state-recognized curriculum designed to facilitate change in the participant's knowledge, behaviors, and self-efficacy.

---

[31] HHCS was also a partner agency on the City of Chicago's implementation of HPRP.

- **Systems Integration:** The systems integration team worked to identify resources in Englewood and the surrounding communities to develop partnerships with these agencies to promote integrated service provision and collaboration to sustain SFSI's goals once the project ended**.**

SFSI was designed to be a short-term intervention given that the funding was temporary. That meant that services, like the therapeutic interventions, were meant to be short-term stabilizers and, for those who need longer-term interventions, to serve as a bridge to ongoing services in the community. As it turned out, there was a disconnect between the intensity of the services needed by the families and this short-term model. While many families were able to stabilize with short-term supports, a subset of families needed a much longer-term intervention.
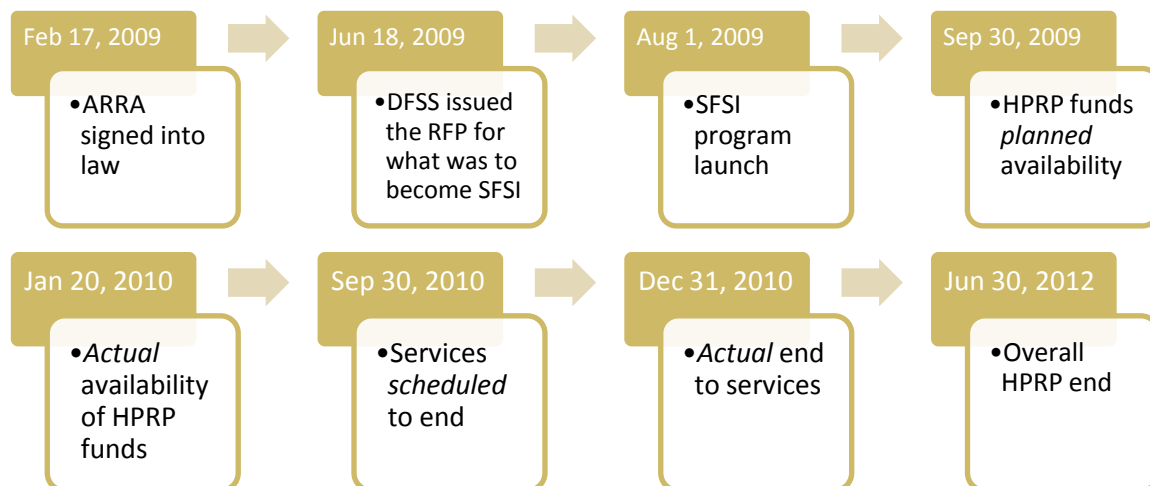
The initial intent of the program was to provide these services in the home whenever possible. In part, this was to offset the challenges of organizing multiple household members to come in for appointments and to mitigate the transportation and safety challenges that residents of Englewood encountered. Due to the fact that families were living doubled-up with other households, this ended up being a less than ideal approach as there was little opportunity for privacy. Since in-home service delivery was much less feasible when the families were not in their own home, the program quickly shifted and focused on service delivery based in offices and at schools when needed.

The triage approach used by case managers was meant to allow the families to determine which services were a priority. In reality, many families were unable to focus on support service participation until they were stably housed. Once stably housed they were much more likely to participate in therapeutic and other services. This led the program to become very flexible in its sequencing of services.

Implementation Timeline

As was the case with many ARRA-funded programs, SFSI had to get up and running quickly. This meant that DFSS had to create the RFP, educate potential grantees about the opportunity, and review proposals in the course of one to two months. Providers similarly had a short period of time to respond to the RFP and, once chosen, to launch the program.

Figure 3: SFSI Timeline

Feb 17, 2009	Jun 18, 2009	Aug 1, 2009	Sep 30, 2009
• ARRA signed into law	• DFSS issued the RFP for what was to become SFSI	• SFSI program launch	• HPRP funds *planned* availability

Jan 20, 2010	Sep 30, 2010	Dec 31, 2010	Jun 30, 2012
• *Actual* availability of HPRP funds	• Services *scheduled* to end	• *Actual* end to services	• Overall HPRP end

SFSI officially launched in August 2009 and was fully up and running by mid-September with 80 percent of the staff on board at that point. In August and September while the office space was being finished, the program hired and trained staff and began outreach to the schools. Two key meetings with principals took place before school started. The program began enrolling participants in October 2009.

As the SFSI timeline (Figure 3) shows, there were a few bumps in the road. The primary delay was in the HPRP funds becoming available from the city. There were administrative delays in getting the providers under contract to implement HPRP. Initially planned to be available in September 2009, the HPRP funds weren't up and running until January 2010. This delay resulted in a number of negative ramifications for SFSI operations. The delay hurt word- of-mouth recruitment efforts as families became frustrated at having to wait for the assistance and were less likely to refer others in similar situations. It set back relationship-building with some schools who were disappointed that families were not getting the assistance they had told them about. It also appeared to hamper some trust-building between clients and the program. Most unfortunately, a number of people appear to have become homeless while waiting for the funds to become available(see Figure 11).

> "Lack of housing options has been a huge frustration for participants, staff, and our school partners. One Principal lamented the fact that she is selling the program to families by talking about the housing option and feels that if we are not able to follow through on this promise that she should no longer refer families."
>
> *Program Staff Quote*

Another key change in the timeline was that services were extended for three additional months. This happened for a number of reasons. First, it took longer than initially planned to get the referral process worked out with CPS. This was primarily due to having to wait for approval for the consent form from the CPS legal department in order for the homeless liaisons to be allowed to make the referral to the SFSI program. In the interim the program was able to do reverse referrals, referring families they determined eligible to CPS for approval while the paperwork got worked out. Second, the extension allowed the team to provide appropriate services and transition families who enrolled in HPRP assistance close to the program end date.

An additional challenge was the short-term length planned for service provision not matching up with client needs. Ideally services were to have been provided within one year and would have been sufficient for most families. After one year they could be connected to other long-term services if needed. As is shown in the next chapter, the families being served were dealing with a number of complex issues that were challenging to address in such a short timeframe.

The SFSI program, operated through a partnership of nonprofit and city agencies, successfully blended new Recovery Act funding in a needed new initiative. The program was designed to offer case management, to give housing assistance, and to triage service needs with a menu of services that families might need to stabilize in housing. Importantly, therapeutic services were included in the mix, particularly targeted at the unique needs of the children. The program overcame a few stumbling blocks related to the pressures of the Recovery Act timeline, funding delays, key staff turnover, and the traditional kinks that need to be worked when new programs are launched, such as referral processes. Most importantly, the program targeted a hard-to-reach population that was not well served in other systems, namely doubled-up families, who were alsolocated in an extremely disadvantaged Chicago neighborhood, Englewood.

Sabrina*

Sabrina came to the program as a single mother caring for two children and a grandchild. With no job, her only source of income was from SSDI. Sabrina and her family lacked housing and stable employment and cited securing housing in a healthy environment and employment as top priorities in obtaining services.

Sabrina was at risk of homelessness before the SFSI program. After 10 years of the family sharing a home together, the home went into foreclosure, setting off years of housing instability. She moved her family into an apartment until the building was taken by the city due to back taxes. She then moved in with her mother, with whom she had a good relationship, but her mother passed away several months later, and Sabrina found it too difficult to stay in the apartment.

Sabrina then moved in with her son, with whom she was close, in Indiana. Sabrina was forced to move out of her son's home and back to Chicago when her daughter witnessed criminal activity and it became unsafe for her. After moving back to the city, Sabrina split her time between her aunt's home and a son's, spending the weekdays with her aunt and the weekends with her son. In the fall of 2009, the building where she was staying with her aunt went into foreclosure.

With only a high school education, Sabrina held many jobs through her lifetime including driving a truck, retail, working for the church, and working for the school system. As the oldest child in her family, she noted that everyone in the family usually turned to her. While this was a source of stress, she had always taken responsibility for financially supporting her family, even at the expense of her own well-being. Not having permanent housing was also a source of stress for Sabrina, and she reported wanting a stable foundation for her children, and to eventually be able to own something that she could leave to her children and grandchildren.

Sabrina had many obstacles to overcome. She was suffering from diverticulitis, which caused a lot of pain. She struggled to care for herself, acknowledging that she could not afford to be sick and noted that losing her mother to lymphoma made her realize the importance of her health. Her son also struggled from health issues–born prematurely, he suffered from asthma. His health issues punctuated Sabrina's need to provide her children with a healthy environment.

Sabrina reported feeling overwhelmed and crying at times as a result of past traumas, including physical abuse by her father, violence in her home, and losing many friends and loved ones to gang and community violence. Sabrina struggled to put herself before others in order to work through her issues, and neglect of her own needs led to periodic spells of depression.

During her involvement with the SFSI program, Sabrina began receiving housing, employment, and therapy services. But her initial engagement declined and she began to miss appointments when she found a job. She expressed interest in continuing with therapy, butfound it difficult to come in for sessions given her work schedule. Shortly before the program came to a close, Sabrina and her family were placed in housing and Sabrina enrolled in a security guard training program to get a better paying job.

* Name is changed to protect identity.

Systems Integration Activities

A unique feature of SFSI was the inclusion of a systems integration team in addition to the more traditional service provision. Systems integration work encompasses the identification of barriers to resources and then the development, coordination, and improvement in the availability, quality, and comprehensiveness of resources. Two staff focused entirely on this work.

Goals

The goals of the SFSI systems integration work included the following:
- Expand the capacity of CPS and service providers to work more effectively together in order to serve the needs of doubled-up families
- Raise awareness about doubled-up families
- Gain knowledge about Englewood for SFSI program staff
- Develop opportunities to coordinate systems
- Ensure children are receiving appropriate educational services
- Improve communications among systems
- Develop cross-trainings among systems

Needs Assessment

As SFSI was getting underway, the systems integration team conducted a needs assessment to explore and better define the barriers and gaps in services that SFSI participants experience or perceive in the Englewood community. They explored factors that might impact participants' ability to access services such as the environment in the community, transportation, ability to access basic needs like clothing and food, presence or absence of healthy support systems, and attitudes toward service providers. The team conducted four needs assessment focus groups, three with SFSI participants and one with program staff.

In the focus groups, SFSI participants reported housing, employment, and community safety as their biggest concerns. Participants pointed to poor conditions in the community as a major cause of these challenges. The majority of participants reported unsuccessful relationships with and negative perceptions of service providers. Participants perceived most service providers with whom they had come into contact as judgmental, rude, and disrespectful and were generally distrustful of service providers, as they had often failed to deliver help as promised. Participants also had difficulty navigating the social service system due to the number of different programs they were working with and the large volume of paperwork that had to be completed. In general, participants reported positive relationships with schools, but indicated that this relationship was dependent upon a family's openness

> **Focus Group Highlights:**
> Englewood Community Challenges
>
> The overwhelming consensus was that community challenges interrupt all aspects of life. These challenges included transportation, violence, unemployment, and a dearth of affordable and decent housing.
>
> The prevailing sentiment among participants was that housing was unaffordable and the supply inadequate, and the foreclosure crisis devastated Englewood. Many participants experienced homelessness because their landlords were foreclosed upon, and many did not receive proper notice regarding the foreclosure or the legal protections to which they are entitled.

with the school regarding their situation. Additionally, participants reported dissatisfaction with living doubled-up and placed a high level of importance on attaining their own housing.

SFSI staff who participated in the focus groups held similar views regarding challenges in the community and accessing social services. Staff reported that while the participants were hard to reach and engage due to high rates of mobility and inconsistent phone service, they found the participants to be very resilient and open to receiving help. However, staff did note the importance of establishing trusting relationships with participants and proving yourself as an individual worker apart from your agency affiliation. Staff also expressed that the Englewood community as a whole has experienced trauma in the past due to the volume of outside social service programs entering and exiting the community with promises to help and failing to deliver on those promises. The systems integration team heard this sentiment echoed at a number of community meetings and it seemed to be the prevailing view of social services (especially for those organizations that were not Englewood-based) among community leaders.

Ongoing Activities

Based on the needs assessment findings, the systems integration team focused its efforts on building trust with the community, increasing collaboration with local service providers, cross-training across systems, and streamlining access to services for unstably-housed families. The systems integration team held meetings with community leaders and community organizations to build trust and develop local resources for families (Table 1).

> **Focus Group Highlights:**
> **Perspectives on Living Doubled Up**
> Participants described the challenges of living doubled up, with most saying that they struggled to effectively discipline their children in someone else's home, living situations were overcrowded, and the situation was often unstable.
>
> For instance, some participants described how they might be put out of the house where they are staying at any time. Participants also reported that sometimes the money they gave to the head of household for rent or utilities was not spent appropriately by the head of household.
>
> Participants' food and clothing were frequently taken and participants had to find a way to replace those items. Some participants described buying no more than one day's worth of food at the grocery store so that a month's groceries could not be stolen by housemates.

Table 1: Community Leaders and Key Resources Systems Integration Worked With

Imagine Englewood If…	Principal Jackson Ivy (Henderson)
Teamwork Englewood	Anastasia McRae (Youth Guidance at Parker)
Maryville Crisis Nursery	Cook County Englewood Health Center
Child and Family Connections	Strengthening Families Illinois
LAN 79	Community Investment Corporation
DCFS	Dept. of Public Health Englewood Advisory Council
Chicago Urban League	Stagg Montessori Network
Riveredge Hospital	Maria's Shelter
Safety Net Works	Clara's Shelter
Illinois Children's Mental Health Partnership	Lawyers Committee for Better Housing
Youth Guidance	IL Early Learning Council Special Populations Committee
Communities in Schools of Chicago	St. Bernard's Hospital Community Partner's Meeting
Ladder Up	Office of Extended Learning Opportunities Community Schools Initiative
Metropolitan Tenants Organization	

The systems integration team also spent a considerable amount of time participating in relevant local coalitions and supporting new collaborations that affect the lives of the doubled-up population in Englewood. This work helped to reduce barriers to services and fill gaps between or within systems.

Figure 4: Coalition Involvement of Systems Integration Team

Through these meetings and coalitions additional challenges were identified for doubled-up families and the SFSI program:

- Reaching doubled-up families with teenage children is extremely challenging.

- The existing coalitions in Englewood are operating disjointedly, where multiple coalitions have different people at the table but they discuss many of the same issues.

- The lack of trust in outsiders extends well beyond the program participants. Many organizations have come and gone in Englewood and the community is skeptical of yet another program making promises where others have not had success.

- Students who need special education services are not receiving them even when requested. Local schools are struggling to properly implement the laws governing special education.

Toward the end of SFSI, the systems integration team began meeting with CPS's Office of Specialized Services (special education). Families were finding that it was hard to get their children's Individual Education Program plan and supports transferred from school to school. The systems integration team began breaking down those barriers.

As part of SFSI and the FACT project (which addressed homelessness and child development) the systems integration team developed a number of expert-led cross trainings to address the identified issues and to further build capacity and relationships throughout the community and, when relevant, the city at large (Table 2). The trainings provided opportunities staff to share skills across systems and encouraged the sharing of resources.

Table 2: Cross Trainings and Events Supported by the Systems Integration Team

Event	Outcomes
Child and Family Connections (CFC) Training on Services	SFSI staff learned about services available through Early Intervention (EI), what to look for to identify potential developmental delays, and how to access the EI system for participants. CFC staff learned about SFSI and how to make referrals to the project.
Chicago Urban League Human Capital Development Program Training	SFSI staff learned about the programs and services offered at the Urban League through the Human Capital Development program and how to make referrals to the program. Urban league staff learned about doubled-up families, the services available through SFSI, and how to make referrals to the project.
Tenant's Rights Training	Englewood community members, service providers, SFSI participants, and SFSI staff increased knowledge about tenants' rights and the foreclosure process. Provided resources about conflict with landlords. Covered how to identify "good" landlords and apartments and know if a building is in foreclosure before signing a lease.
Individual Education Program and the Law Training	Englewood community members, service providers, SFSI participants, and SFSI staff increased their knowledge about special education in CPS and how to access services. Provided strategies for successfully advocating for a child with special needs to access special education services, and provided resources to assist parents and service providers in connecting a child to special education services.
Lead Poisoning	Englewood community members, service providers, SFSI participants, and SFSI staff increased their general knowledge about lead poisoning, its effects, and its prevalence in Englewood. Provided information on child screening and treatment.
Early Intervention (EI) and Homeless Provider Cross-Training	Increased homeless and early intervention providers' knowledge of unfamiliar systems. Increased EI provider knowledge of homeless families, Chicago's homeless system, and resources available to homeless families. Increased homeless provider knowledge of developmental delays, and the early intervention system.
LAN Mentoring Resource/ Referral Process Training	Increased SFSI staff knowledge of employing a wrap-around model of care and how to access resources for participants through the DCFS Local Area Networks (LANs)
Hartgrove Hospital Information Session	Increased SFSI staff knowledge about Hartgrove Hospital (a psych facility where several SFSI participants were patients).
Stop-It Initiative Commercial Sexual Exploitation Training	Increased SFSI staff knowledge about human trafficking and sexual exploitation, identification of victims, and how to intervene and provide support.
Homeless, Runaway and Throwaway Youth Training	Englewood community members, service providers, SFSI participants, and SFSI staff increased their knowledge of youth homelessness and resources available in Chicago, particularly on the south side, for youth experiencing homelessness. Informed providers and community members how to connect homeless youth with resources.
Child and Family Connections #9 Training	Increased Early Intervention provider knowledge of homeless families, Chicago's homeless system, and resources available to homeless families.
Hidden Homeless Doubled-up Forum	Attendees included homeless providers, legislators, city officials, funders, Chicago Alliance to End Homelessness Planning Council, and policy professionals. Increased awareness and knowledge of families who are living doubled-up; increased knowledge of changes to federal definition of homelessness and how this may impact homeless services; communicated the need for action to key decision makers; created a vehicle for future discussion and action via the Homeless Families Constituency Group.
Landlord Training	Increased landlord general knowledge about homeless families and individuals, Chicago's homeless service system, resources available to help tenants avoid eviction, and how to help families access those resources.
DCFS Statewide Provider Database Training (SPD)	Englewood community members and service providers, law enforcement, educators, healthcare providers, and SFSI staff were provided access to the SPD and training.
Family Planning Presentation	Increased SFSI participant knowledge of methods of contraception and how to use them. Provided participants with reproductive health and sex education, and connected participants with clinic (several made doctor's appointments that day).

Challenges

The systems integration team had to work hard to explain what systems integration meant both within the program and within the community. The short duration of the program, coupled with the reality that the systems integration team would be gone at the end of the project made it hard for the team to rely on their traditional relationship-building and capacity-building modalities. In short, it is challenging to build relationships when you are pulling out in a year. The team had to be very up front about those constraints and realities. In light of this, some of the team's work was less focused on family need and more on strengthening the network of providers in the community so that ideally the families could transition to those organizations for support post-program. The team worked diligently as the program wrapped up to prioritize what coalitional involvement and relationships to continue fostering and supporting through the HPRP staff who would remain in Englewood after SFSI ended.

Outcomes

Increased capacity of schools to serve homeless students:
- Established relationship between Henderson Elementary School and Illinois Children's Mental Health Partnership.
- Arranged for STLS staff to receive DCFS Statewide Provider Database training (among many others).
- Established a partnership between homeless education and special education to increase service coordination.
- Assisted with the development of Montessori program at Stagg Elementary school that is inclusive of students experiencing homelessness.

Increased capacity of community to support families at risk of or experiencing homelessness:
- Organized more than 20 trainings (tenant's rights, special education, unaccompanied youth, etc.).
- Developed coordinated work plans for community task forces.
- Facilitated Northwestern University's asset-based community development program's entry into Englewood.
- Established community patrol around Stagg Elementary School.

Supported SFSI staff skill development and knowledge of community resources:
- Staff learned about specialized supports for children.
- Staff were trained on families' rights as they pertain to the education system and landlord/tenant relationships.
- Staff were engaged in community coalitions.

Increased the capacity of parents to advocate for their rights and the rights of their children:
- Parents learned their rights with special education services.
- Parents learned about tenants' rights and the foreclosure process.
- Parents learned how to identify "good" landlords and apartments and know if a building is in foreclosure before signing a lease.
- Parents learned about lead poisoning, its effects, how to get their children screened, and available treatments.

Raised awareness citywide about issues facing doubled-up families.

Rhonda*

Rhonda is a single mother with four children and no income. She and her children were living in one room in a home they shared with a friend, where there was not enough room for everyone or for the children to play with toys or watch TV.

Stress over her living situation, financial situation, and trying to care for her children led to her sleeping excessively, loss of appetite, and becoming easy to anger. Rhonda reported worrying a lot, particularly about her children, and having difficulty concentrating. After several years without stable housing and financial independence, Rhonda was diagnosed with dysthymia, a type of depression, and was overwhelmed.

Rhonda and her children had been living with her mother before moving in with the children's father. They had to move again, however, when the children's father was arrested. Rhonda then turned to a friend, whom she stayed with for some time until her friend decided to move, leaving Rhonda and her family with no place to go.

She had completed high school and a year of college for criminal justice, but twice had to leave her job when she became pregnant. Upon entering the SFSI program, Rhonda had been unemployed for 2 years, and expressed that she thought she had not been offered employment because she didn't have a stable home.

Through the SFSI program, Rhonda and her children were placed successfully into housing of their own, and she worked with employment services to receive job readiness training, career planning, and the impetus to pursue her employment goals.

* Name is changed to protect identity.

Findings

The SFSI program provided a unique opportunity to learn about the characteristics of doubled-up families, their housing situations, their service needs, and their levels of program engagement. This chapter highlights findings in those areas.

Enrollment

SFSI served a total of 220 households with 879 people in those families. The RFP had called for approximately 500 households to be enrolled over the course of the program operations. Due to some challenges in establishing the referral mechanism and some setbacks in the housing assistance funds becoming available, among other things, the program did not meet its initial enrollment target. As a result, DFSS modified the target to serve 500 individuals as opposed to households.

Enrollment fluctuated over the course of the enrollment period. The highest number of households was enrolled at the three month mark. That is when the program was fully operational, the referral processes were functioning, and the housing assistance funds had become available. Some of the low enrollment points followed the school cycle when children had holiday time off and breaks. On average, 76 people were enrolled per month over the enrollment timeframe.

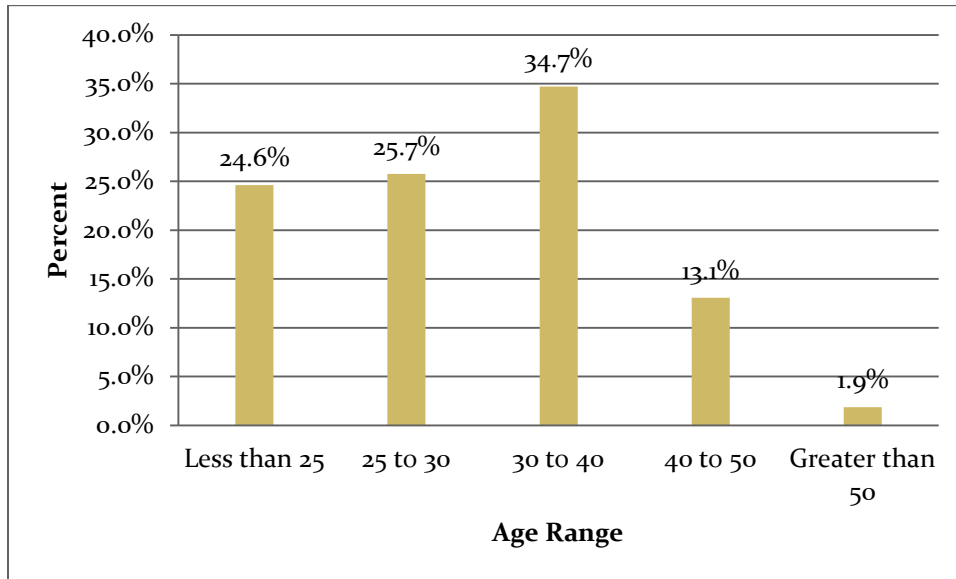## Figure 5: SFSI Program Enrollment Over Time (n=840)
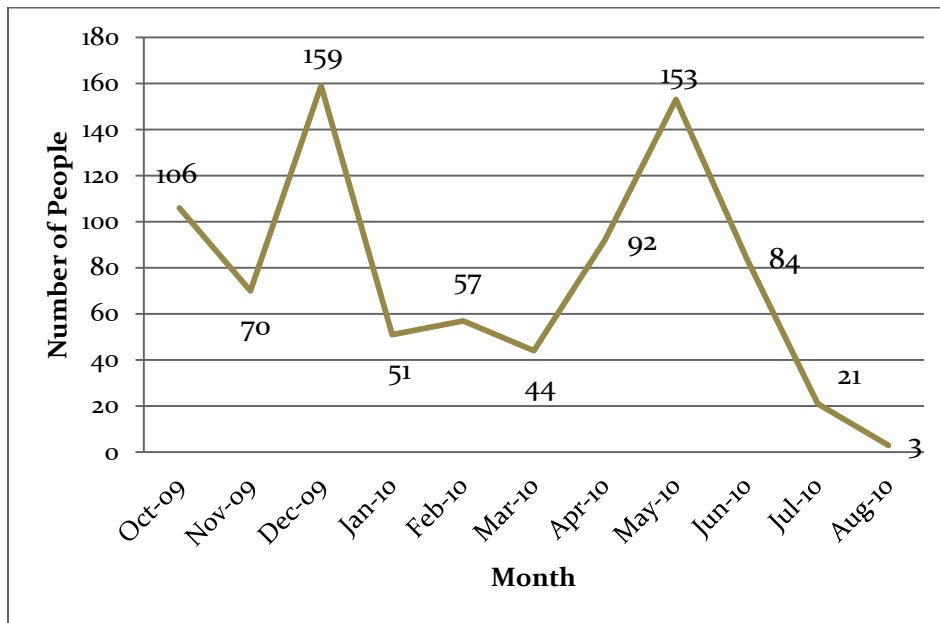
## Snapshot of Participants

Age at Program Entry

There were 268 adults enrolled in the program. The average age of adults was 31 years old. Approximately one quarter were less than 25, a quarter ages 25 to 30, and one third in the 30 to 40 year old range.

There were 611 children enrolled in the program. The average age of the children in the program was 8.6 years old. The largest share of children fell into the 5 to 10 year old range.

Figure 7: Age Range of Children in the SFSI Program (n=604)
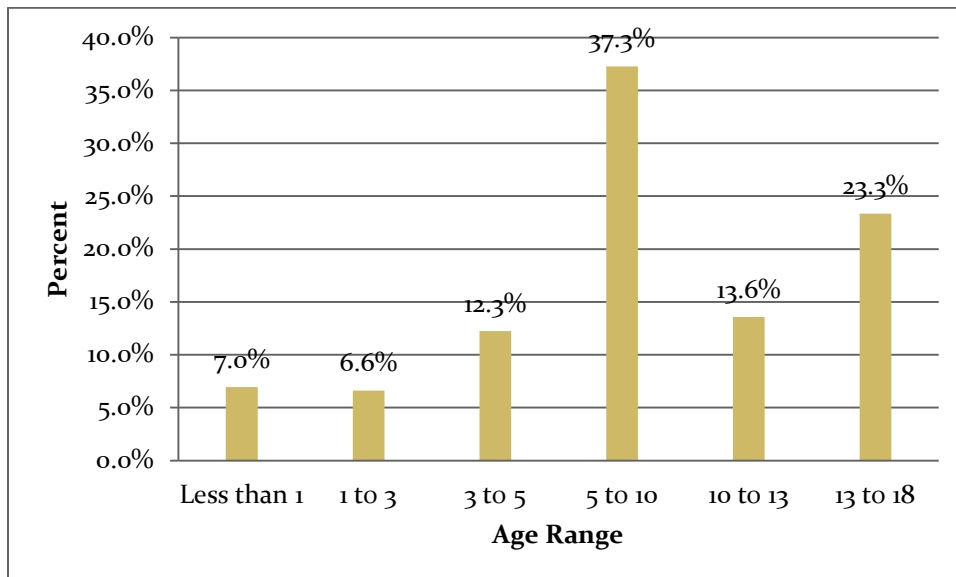
Household Composition

The average household size was 4 people, with 1.2 adults and 2.8 children. The highest number of children in a household was 11. A small share of households (12.7 percent) was headed by young heads of household (ages 17 to 24). There were a total of 62 children in those households and those children tended to be younger, with an average age of 4.2 years.

Race and Gender

Nearly all participants were African American (96.8 percent). Across all participants, adult and child, 61.4 percent were female, 38.6 percent were male.

Adult Educational Attainment

Over half of adults age 25 and older had a high school diploma or GED and one third had less than high school or a GED.

Figure 8: Educational Attainment of Adults Age 25 and Over (n=236)
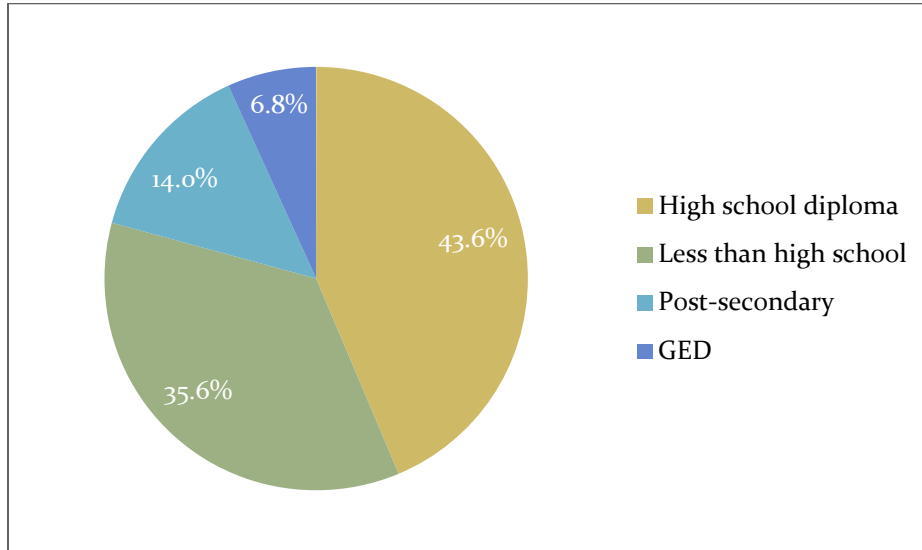
Service Needs

The SFSI case managers used a 'Service Needs Intensity Scale' with household heads to assist with service planning. Table 3 indicates the share of families identified with high intensity needs across 10 service areas. The top four areas of high need were homeless history, young head of household, poor health/disability, and having an open/recent child welfare case. Nearly 1 in 10 families (9.7 percent) had two or three areas of high intensity need and 10.7 percent had more than three areas of high intensity need.

Table 3: High Intensity Service Needs (N=103)

General Family Service Needs	High Intensity Definition	Participants scoring in the high intensity need for this service category
Homeless History	Chronic/episodic for more than 2 years	30.1%
Age of Head of Household	18 to 24 years old (transition-age youth)	15.5%
Health/Disability Status	Multiple disabilities in family and/or chronic health conditions	6.8%
Child Welfare Status	Open DCFS case; history of child welfare system involvement; recently reunified	5.8%
Domestic Violence	Recent/current victimization or in counseling, or history of abuse with multiple partners	4.9%
Mental Health	Current diagnosis or very unstable (psychotic, depressed, manic, suicidal, etc.)	3.9%
Eviction History	Multiple evictions	2.9%
Criminal History	Recently released/paroled; felony record	1.9%
Substance Abuse	Actively using or in recovery but not sustained	1.0%

Housing Situation

Nearly all households were living doubled-up at the time of program entry. Many reported either having received an eviction notice from the family member or friend or knowing that they could not reside with them much longer, either because they would be asked to leave or because they would leave voluntarily to find safer or more sanitary conditions.

Nearly one third (31.6 percent) were living with parents or step-parents, 20.5 percent were living with siblings, and 15.2 percent were living with grandparents.

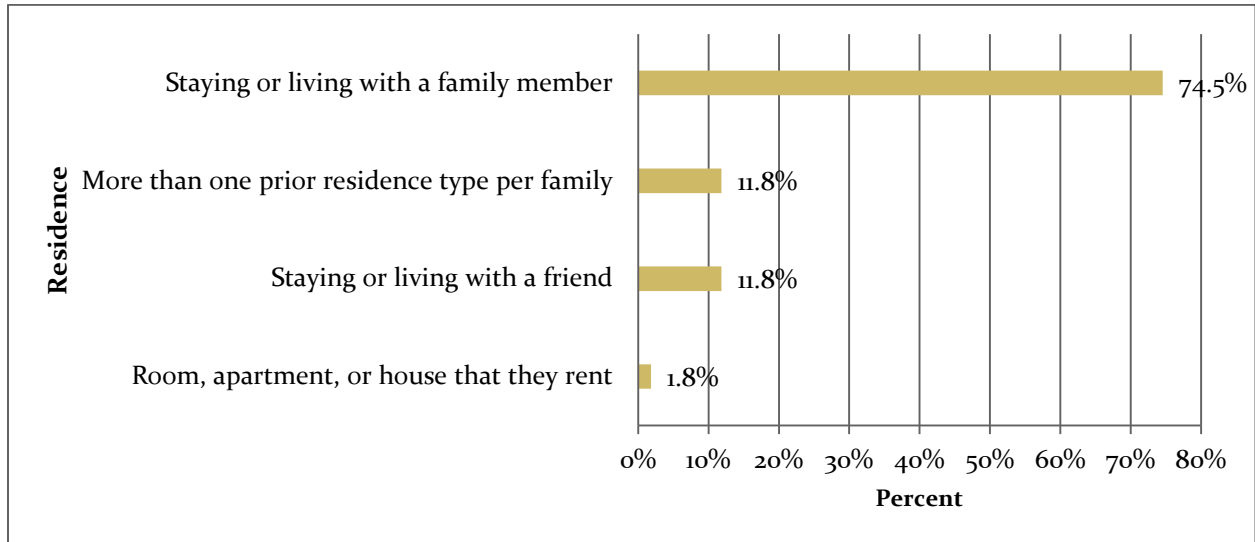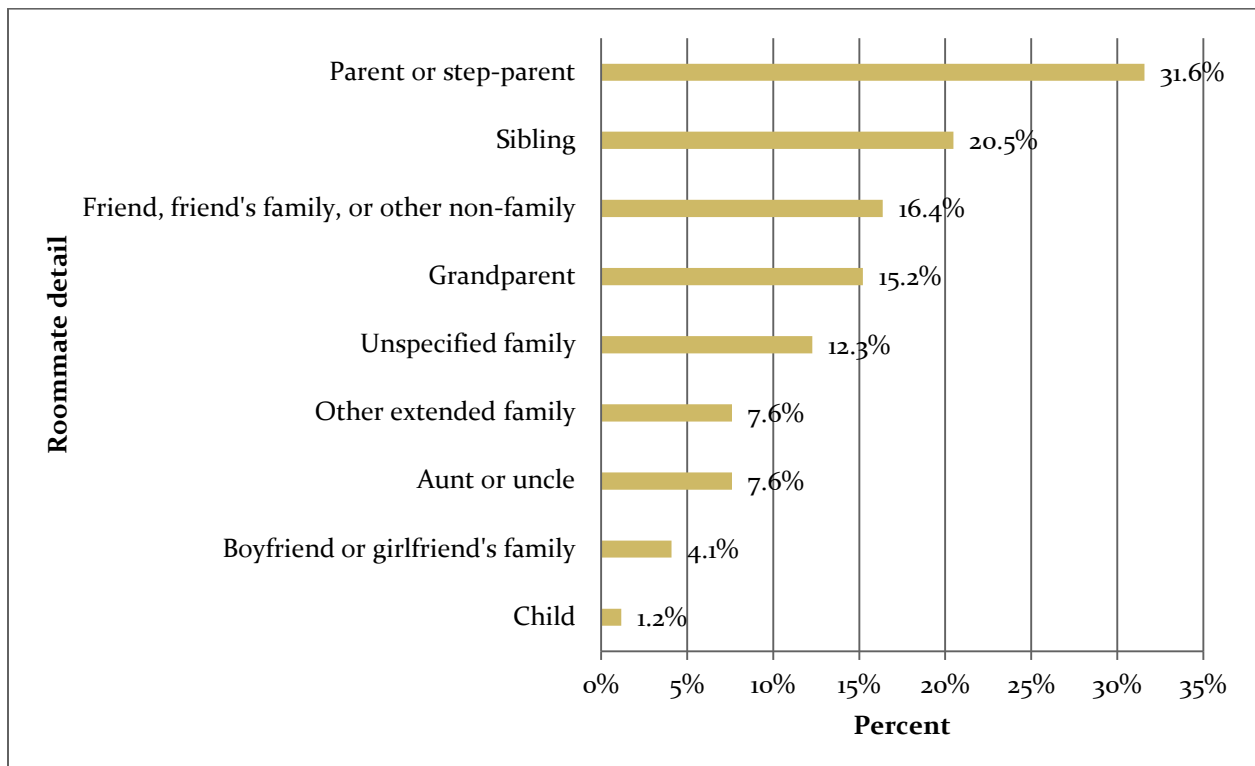**Figure 9: Housing Situation at Time of Program Entry (n=220)**

Figure 10: Detail on Participant Housemates at Time of Program Entry (n=171)

During intake interviews, heads of households were asked to describe their housing situation in their own words. Overcrowding was mentioned by 92 families. Feeling unsafe in their housing was mentioned by 21 families. Twenty families mentioned residing in a unit that was in disrepair or had very poor conditions, such as poor maintenance, a bug infestation, no power or water, or mold. Many families had also experienced displacement due to foreclosures (31), fires (10), and domestic violence.

Experiences with Homelessness

Many of the families had prior experiences with homelessness. At the time of program entry, families reported having experienced homelessness an average of 2.4 times and had spent an average of 18 months homeless. Unfortunately, 32.7 percent of families became homeless after enrolling in SFSI while waiting for the HPRP housing assistance funds to become available in the early months of the program.

Figure 11: Family Housing Status at Time of HPRP Intake (n=220)
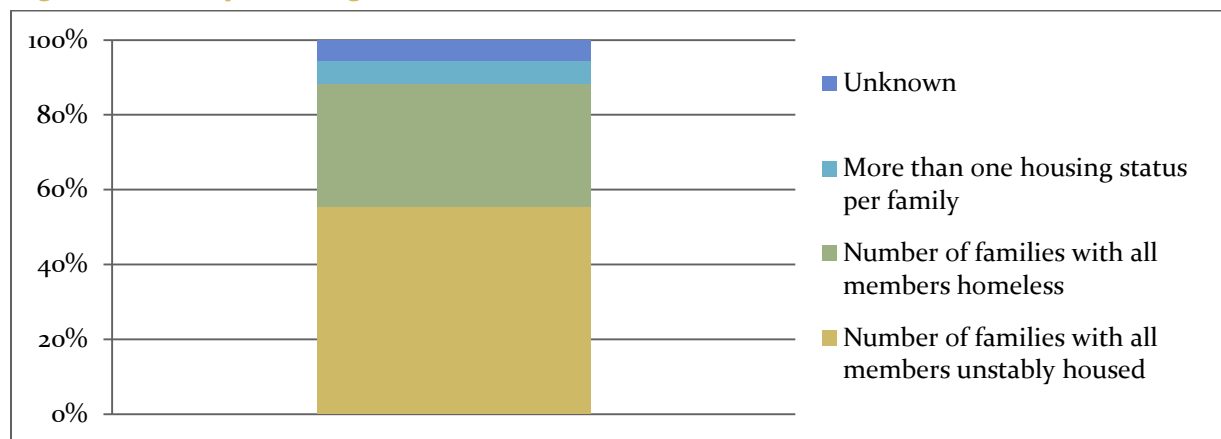
## Housing Service Utilization and Outcomes

Nearly all households (99 percent) received housing services. The most commonly used housing service was HPRP assistance – 65.4 percent of households received HPRP assistance. Assistance through HPRP included payment for security deposits, short-term financial assistance (rental and/or utility costs accrued over 3 months), medium-term rental assistance (rental and/or utility costs accrued over 4 to 18 months), and moving costs.

SFSI families in total received over $1.5 million in HPRP rental assistance and nearly $100,000 in security deposit assistance. Each household received $10,651 on average over the life of the program. Most families (74.3 percent) received total payments in the $5,000 to $19,999 range. The average number of rental assistance payments per household was 13.8.

Table 4: Type of HPRP Assistance Utilized and Payment Amounts

| Assistance Type	Number of Households	Average Received per Household	Total Dollars Paid Out
Rent payment assistance	141	$10,029 ($728 monthly)	$1,414,080
Security deposit assistance	79	$1,220	$96,371
Utility deposit assistance	4	$228	$911
Utility payment assistance	40	$542	$21,699
Moving assistance	2	$319	$639
TOTAL	144 (unduplicated)	$10,651	$1,533,700

Figure 12: Range of Total HPRP Assistance Paid to Families (n=144)
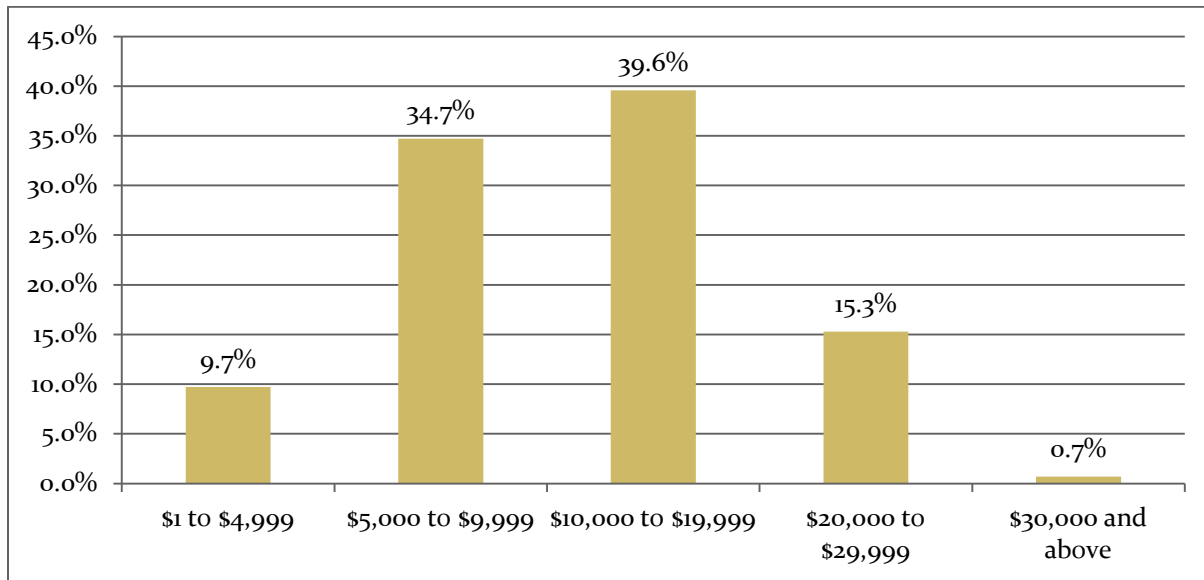
The last families were enrolled in HPRP in October 2010 so their housing assistance continued after the SFSI program ended. Families in that group who were to receive the full 18 months worth of housing assistance could remain in HPRP until April 2012. Any family who was receiving HPRP assistance when SFSI ended in December 2010 was rolled over to the HPRP case management team at HHCS.

Families ended their HPRP assistance for two primary reasons: nearly half (45.5 percent) completed the program early, that is the moved off of HPRP prior to reaching the maximum of 18 months of assistance and one third (32.5 percent) exited when they hit this assistance limit. A very small percent ended participation due to noncompliance with the program (3.3 percent) or because their needs could not be met (0.8 percent).

Figure 13: Reason for Leaving HPRP Program (n=123)
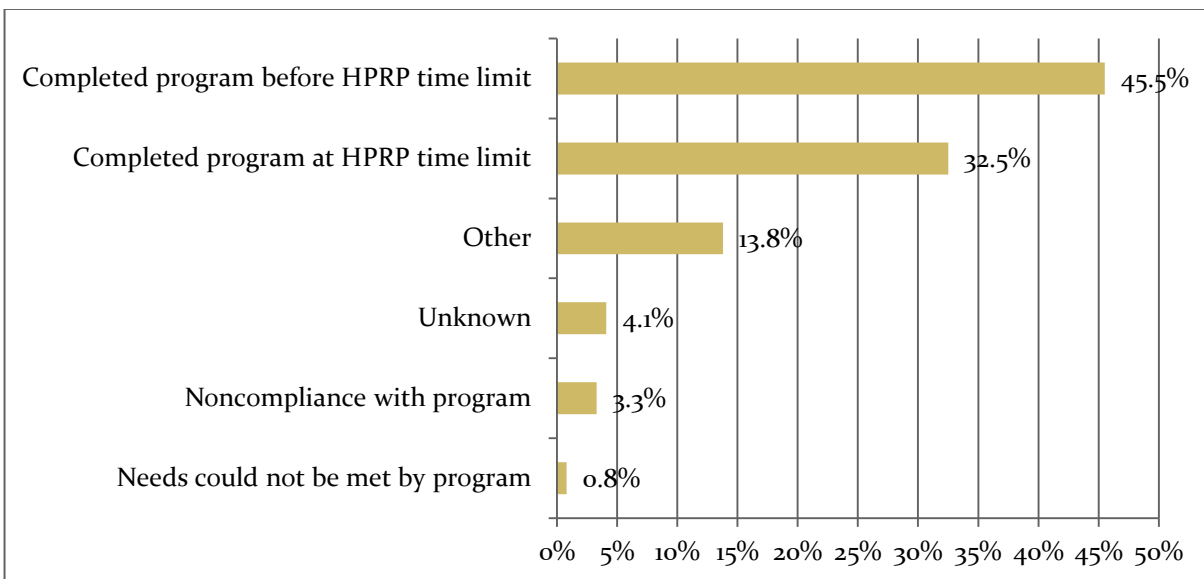
The program was very successful in transitioning families off of assistance and into their own, non-subsidized housing. The majority of families have assumed responsibility for their own rental housing without needing a subsidy (71.2 percent) and 1 in 10 (9.6 percent) have assumed responsibility for rental housing using a different housing subsidy, such as a Housing Choice Voucher. A small share, 6.4 percent, resides with family on a temporary basis. Unfortunately, housing outcome data is not available for those who did not receive HPRP (34.6 percent of all households in SFSI).

Figure 14: Housing Situation Post-Program (n=125)
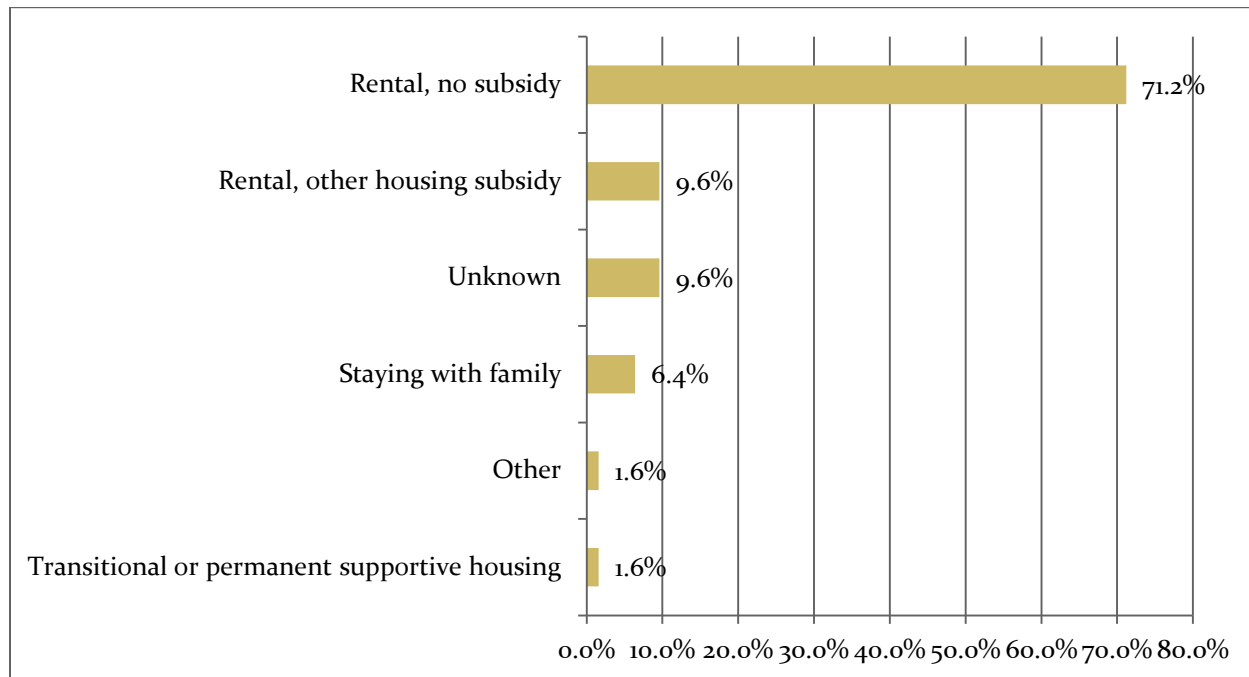
Employment Service Utilization

Most heads of household (93 percent) received some form of employment assistance. Almost one third were referred to job readiness and related training and 59 completed such a training. Those with a recent employment history and skills to build off worked with job developers to move into employment fairly quickly. For those without a recent work history or marketable skill set, ARRA-funded subsidized employment programs provided jobs for these households that they would not have otherwise had:

A subset of SFSI participants, 76, entered ARRA-funded subsidized jobs programs during their participation in SFSI: Put Illinois to Work (PITW) and Chicago Neighborhood JobStart.

- PITW was designed to provide unemployed and underemployed job seekers with paid work experience to help them support their families, gain job skills, and make professional connections. PITW began in April 2010, was scheduled to end in September 2010, and was extended through mid-January 2011.

- Jobstart was designed to help participants weather the lingering effects of the 2007 recession by providing employment and income; improving the employability of participants by providing them with opportunities to "learn how to work" in supportive environments; and helping participants gain permanent employment. JobStart, a shorter program than PITW, operated from June 2010 until September 2010.

Table 5: Participation in Subsidized Employment Programs (n=76)

	JobStart June 2010 – September 2010	PITW April 2010 – January 2011
Number of participants enrolled in transitional/subsidized job program	12	64
Number of participants who worked in a transitional/subsidized job	11	64
Average hours worked per participant	364	803
Average subsidized earnings per participant	$3,645	$8,027
Average weeks worked per participant	10.3	14.2

As of December 2010 SFSI records showed that 87 participants had found jobs and secured an estimated average annual income increase of around $16,000 per year.

Asset-Building Service Utilization

Ninety percent of households participated in asset-building services, which was much higher than the number of households the program initially anticipated would be interested. These households received individual counseling, credit restoration, established savings plans, and developed an understanding what asset wealth means. Many households worked to establish banking relationships.

Participants were also engaged in a workshop series that consisted of six two-hour workshops. Topics included identifying values; banking; credit improvement; debt reduction; retirement planning; asset development and basic investments; spending leaks and savings planning; and income support and tax credit eligibility. Workshops were interactive and designed to facilitate peer-to-peer learning and hands-on skills-building.

Wellness and Therapeutic Service Utilization

Service Utilization

Seventy percent of families received therapeutic services. Services were provided both separately for adults and children as well as jointly in family therapy:

- 88 adults received mental health services,
- 114 children received mental health services, and
- 20 families participated in family therapy.

Beacon provided a continuum of services ranging from general support to intensive therapeutic intervention. At a minimum, Beacon provided a monthly call or wellness check; more intensive mental health services included individual and group therapy. Children had access to a psychiatrist in addition to a therapist when needed. Child services included classroom observation and collaborations with teachers. There were also wellness workshops conducted by therapists, during spring break and other times, that had topic-focused workshops for parents, while therapists ran concurrent activities for the children. Topics included self care and parenting among others. The wellness workshops were very popular. Parents liked the fact that there was concurrent programming for their children, and they did not feel as much stigma when accessing services in the workshop format.

Some parents also accessed Beacon's intensive outpatient services for their children, either intensive mental health programming for three to six year olds for five and a half hours a day or after school intensive outpatient treatment for six to 16 year olds that ran for four hours a day. Beacon staff picked the children up from school or home and brought them in for programming. Finally Beacon provided psychological evaluations when referred, including for those who presented as diagnosable and needed evaluation and documentation.

Severity

To screen for child problem behaviors and emotional difficulties, clinicians used the Child Behavior Checklist (CBCL) with children determined to need a therapeutic screening.[32] There are two versions of this instrument: one for children ages one and a half to five and another for ages six to 18.[33] The Child Behavior Checklist is a device by which parents or other individuals who know the child well rate a child's problem behaviors and competencies. Both competence and problems are important for documenting children's needs for help, for designing interventions to strengthen competencies and/or to reduce problems, and for evaluating outcomes of interventions.[34, 35]

Children can be classified in the normal, borderline clinical (that is, concerning) or clinical ranges (that is, deviant from the normative sample). Scores in the clinical range indicate a higher need for clinical care. Borderline clinical and clinical scores can indicate a need for interventions such as therapies, medications, and/or additional testing.

Therapists began using this tool with SFSI families approximately six months into the program. Therefore, this information is only available for a small subset of children who were tested. Twenty-two children scored in the clinical range (across 15 families) and nine children scored in the borderline range (across seven families).

Program Engagement

As a part of their work the SFSI case managers assessed level of program participation for each household. Figure 16 indicates the share of families identified with low, moderate, and high participation in SFSI services.

- **Low:** Participant rarely returns phone calls, has not shown for at least three appointments

- **Moderate:** Participant makes it to most meetings and calls before canceling an appointment.

- **High:** Participant makes it to appointments and takes advantages of additional programs offered by SFSI.

Most families (44 percent) fell into the moderate engagement level; an additional 27 percent were engaged at a low level and 30 percent at a high level. A higher share (38.0 percent) of families with one

---

[32] Sample form: http://www.aseba.org/forms/schoolagecbcl.pdf

[33] http://www.aseba.org/schoolage.html

[34] http://www.aseba.org/research/resup%20oitalian%20otwins.html

[35] The first section of the CBCL consists of 20 competence items; questions cover the child's involvement in sports, organizations, friendships, games, hobbies, chores, and other similar activities. The second section consists of 120 items on behavior and emotional problems during the past 6 months measuring Aggressive Behavior, Anxious/Depressed, Attention Problems, Rule-Breaking Behavior, Social Problems, Somatic Complaints, Thought Problems, Withdrawn, Externalizing, Internalizing, and Total Problems.

or more high-intensity needs had high engagement, while only 22.7 percent of families with no high-intensity needs had high engagement.

Figure 15: Level of Program Engagement(n=98)
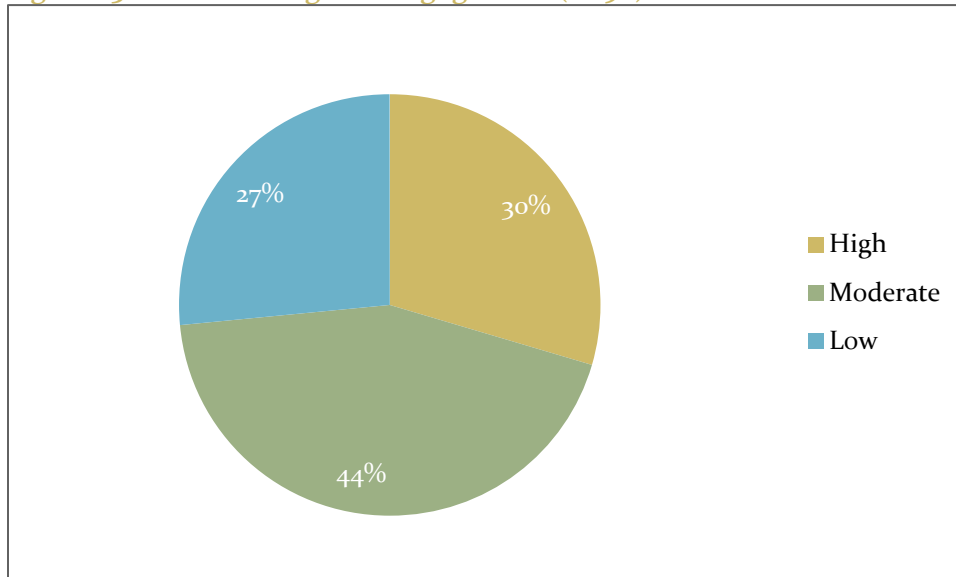
Some cases were closed before the participant completed the program or the program ended. Reasons for early case closure included the household not being eligible for the program, the program being unable to engage the household after several attempts, and participants leaving the doubled-up situations without providing forwarding contact information.

School Enrollment and Educational Outcomes

Some children in the program were not yet school-age; for example 82 children fell into the zero to 3 age range. Children in SFSI who were school age were enrolled in 31 different schools across Chicago: 10 percent were in high school and 90 percent were in elementary school (Figure 16).

The majority of students referred to SFSI were referred from elementary schools. Recruitment of high school students was challenging for a couple of reasons. It was harder to build relationships with parents of high school students because they were less involved with the school than elementary student parents. In addition, high school students were often able to hide the fact that they were unstably housed or homeless from the schools. As a result, referrals from high schools were lower than expected.

Initially the program planned to work with six elementary schools and three high schools. More schools were added when enrollment was not at the levels anticipated and when families from other schools expressed interest and need for the program.

Table 6: Schools with the Highest Number of Students in SFSI

School Name	Number of Students
Top Elementary Schools	
Parker	97
Henderson	89
Stagg	73
Wentworth	24
Woods Academy	22
Altgeld	15
O'Toole	13
Reed	13
Top High Schools	
Hope	12
Harper	10
Robeson	8
Hyde Park	3

Figure 16: Schools Where SFSI Students were Enrolled

Most schools were in the Englewood and West Englewood neighborhoods. Students in schools outside of the Englewood area typically were in families with other children who were in Englewood schools.
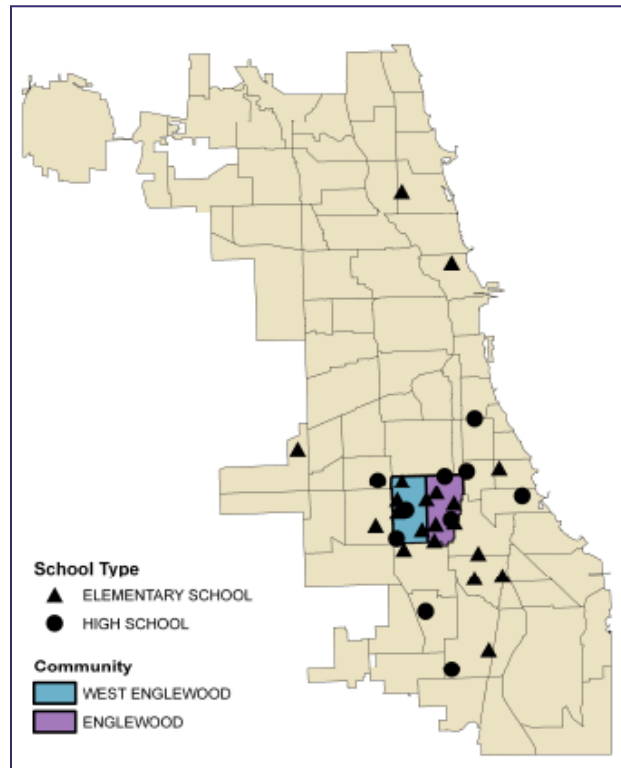
The Chicago Public School District was able to provide attendance, grades, and school enrollment records for 268 of the students (56.7 percent of the school age children in the SFSI program).[36] Most (94 percent) were elementary students and the rest high schoolers, a similar ratio to the full group of school age children in the program. More than half (60 percent) of the children with CPS records lived in households that received HPRP rental assistance. Their households received $10,942 in HPRP on average, $291 above the average received for all households in the program.

Records from CPS covered three school years: 2008-2009 before the program began, and 2009-2010 and 2010-2011 during which different phases of the SFSI program were in operation (Table 7).

Table 7: Comparison of School Years to Program Operations

School Year	2008-2009	2009-2010	2010-2011
Program Overlap	Before SFSI began	1st half of school year **PARTIAL OPERATION** (SFSI services launched)	1st half of school year **FULL OPERATION** (SFSI services and HPRP)
		2nd half of school year **FULL OPERATION** (SFSI services and HPRP)	2nd half of school year **PARTIAL OPERATION** (only HPRP available)

---

[36] This discrepancy resulted from a high rate of missing school id numbers in the SFSI records, not all of the school id's in the SFSI records being accurate, and not all of the children in the program being in a Chicago Public School.

Absenteeism

Chronic absenteeism is defined as a student missing at least 10 percent of school days, on average about 18 days per school year. Students whose families participated in SFSI had extraordinarily high rates of absenteeism before (40.5 percent) and throughout the SFSI program (Table 8). While there was a dip in chronic absenteeism during the first year of SFSI it rose again in year 2.

Table 8: Absenteeism

	2008-2009	2009-2010	2010-2011
Days Absent: Mean	17.6	18.2	18.8
Days Absent: Median	13	13.75	15
Chronic absenteeism (missed 18 days or more)	40.5%	37.7%	44.8%

These rates of chronic absenteeism are far higher than a recent analysis that showed that 15 percent of Chicago public school children pre-K through third grade miss at least 18 days of school per year.[37] Missing so much class time takes an educational toll and decreases the likelihood of high school graduation down the road.[38]

Grades

The students whose families participated in the SFSI program were C students on average before and during the program. Over all three school years, though, a high share of students had failing or in danger of failing grades (as evidenced by a D or F grade), and the share of students failing or in danger of failing in math grew over time.

Table 9: Share of Students Failing or in Danger of Failing

	2008-2009	2009-2010	2010-2011
Failing/In Danger of Failing Overall Grade Average	40%	46%	40%
Failing/In Danger of Failing Reading/Language Arts	36%	42%	35%
Failing/In Danger of Failing Math	33%	37%	40%

There was statistically significant evidence that the length of time the student's family received HPRP was positively correlated with average Reading/Language Arts grades as well as with overall grade averages. As the number of weeks of HPRP receipt went up, Reading/Language Arts grades also went up as did the overall grade average in the 2009-2010 school year.

School Changes

Roughly 1 in 10 students attended multiple schools each year, most attending two with a few attending three. The differences from one school year to the next were not statistically significant.

---

[37] http://www.catalyst-chicago.org/news/2011/09/18/thousands-students-in-early-grades-miss-weeks-school
[38] Baltimore Education Research Consortium. (2011). Destination Graduation: Sixth Grade Early Warning Indicators for Baltimore City Schools: Their Prevalence and Impact BERC: Baltimore MD; Allensworth, E. M., & Easton, J. Q. (2007). What matters for staying on-track and graduating in Chicago Public High Schools: A close look at course grades, failures, and attendance in the freshman year. Chicago, IL: University of Chicago, Consortium on Chicago School Research

	2008-2009	2009-2010	2010-2011
Attended 2 Different Chicago Public Schools During SY	9.7%	10.8%	12.3%
Attended 3 Different Chicago Public Schools During SY	0.0%	0.7%	1.5%

Families who enrolled in SFSI had considerable histories of housing instability and homelessness. They enrolled in SFSI to become stable in their own housing. The delay in HPRP funds increased the doubled-up families' vulnerability to homelessness. HPRP provided considerable assistance to help families find housing and assist with rent. Once on the path to stable housing, the majority of families participated in employment services and asset-building services and 70 percent participated in a range of therapeutic services. Remarkably, despite long histories of housing instability, the program was very successful in transitioning families off of HPRP assistance and into their own, non-subsidized housing. The majority of HPRP recipient families who have left the program have assumed responsibility for their own rental housing without needing a subsidy.

The children in the families had educational histories that included high rates of absenteeism and failing grades. While dramatic improvement in these measures was not seen during the period of program operations, there was statistically significant evidence that the length of time the student's family received HPRP was positively correlated with average Reading/Language Arts grades as well as with overall grade averages.

Debra*

Debra is a single mother with three children. With less than a high school education and disabled with heart problems, arthritis, asthma, and a personality disorder, Debra was living off of SSI and SSDI and trying to care for children with physical health disabilities.

Debra had many prior years of employment experience. She sold insurance for 13 years and then ran a daycare out of her home for over 7 years. However, illness caused her to leave her last part-time job, and upon coming to the SFSI program she had not worked since 1990.

Debra suffered from significant mental and physical health issues, leading to multiple surgeries over the years, as well as a coma which left her with significant memory loss, a long history of anxiety, and deep depression. Her health issues required her to take 11 medications daily, the names of all of which she could not remember, and which she reported would often run out before she could get them refilled.

Debra had been living in Indiana until she returned to Chicago in 2009 for medical reasons. She moved her family into the basement of a house, where they lived for several months until her daughter was the victim of a rape. The rape of her daughter forced Debra to move her family again. She moved them into her son's house, but the conditions there were unlivable; there was no heat, and there was a rat infestation so severe as to make Debra worry often that one of her children would be bitten. On top of that, the property was going into foreclosure.

Debra's health and her housing situation were ongoing sources of stress in her life, and she would often lay awake at night not sleeping. She came to the SFSI program focused on taking care of her health, working toward employment, obtaining counseling for her daughter, and securing a better place to live in a safe environment.

Before the SFSI program could place Debra in housing, the water was shut off to her son's home where she was staying with her children. The desperation of the situation was too much for her, and another family member stepped in to provide a security deposit for another apartment. Subsequently, Debra was no longer eligible for housing services through the program.

Case managers continued to work with Debra after she secured her own housing, but Debra did not pursue the other services for which she was eligible, and her case was eventually closed.

* Name is changed to protect identity.

Lessons Learned and Recommendations

SFSI Spurred Innovation and Partnerships Across Funding Sources and Agencies

SFSI demonstrated an effective way to use different funding streams to put together a full package of services for very disadvantaged families. Historically and often to the detriment of participants, services have often been delivered in a "siloed" fashion due to the way funding has been allocated. This initiative showed that with coordination and intentional bundling, a robust service package can be offered, at least through DFSS. **A future initiative to create a program like SFSI could explore a financial partnership between city agencies(DFSS and CPS) to create a system of response embedded across agencies. Further intentional coordination across these agencies in the future could support meaningful service delivery to doubled-up families.**

SFSI Effectively Reached Doubled-Up Families Through the School System

The CPS Students in Temporary Living Situations program intentionally targets children in unstably housed families and as a result, schools are a key source for quick identification of doubled-up families. Establishing a positive and collaborative relationship with principals, teachers, and STLS liaisons was a primary factor in successful referrals of doubled-up families to SFSI. Future initiatives that target doubled-up families through CPS should consider these suggestions, which emerged from the SFSI experience:

- **Focus on elementary schools first. Elementary student parents are more accessible, and doubled-up families are easier to identify.**
- **Secure high-level CPS buy-in so that leaders can encourage and support participation by the principals.**
- **Provide learning opportunities and trainings for STLS liaisons across the schools about the needs of homeless children, homeless system resources, and other topics.**
- **Because of competing priorities and school capacity challenges, additional referral source options should be explored. This could also expand the reach of programs like SFSI to doubled-up families without children**.

The Families' Needs Were More Complex Than Initially Anticipated

Going into the program, SFSI staff thought there would be a range of participant needs. A subset of families did have lower intensity service needs. They entered the program with better skills, especially in terms of work history. These families just needed help to get back on their feet financially and this program was a timely intervention.

Staff did not anticipate the share of households that would have longer-term, more intensive needs. Approximately 1 in 5 families had two or more high intensity service needs. Some families needed more time to stabilize and staff felt they would have benefited from continued services, especially ongoing therapy and case management. These families have been struggling for a long time and are dealing with many serious challenges including poor health, mental health issues, and exposure to violence and trauma. A subset of children in these families was starting to show the negative impacts of their early life experiences and needed ongoing support to stabilize and thrive.

To serve families with more intensive service needs, future programs may want to consider ways to increase access to resources for these families, in particular psychiatric services. Future programs should also plan smaller caseloads for staff working with these families.

The Menu Approach to Services Resonated Well with Families and Their Needs

SFSI offered a menu of service options designed to meet the unique needs of each family, as opposed to a cookie-cutter approach to service delivery. Families utilized services in different ways. Housing was an obvious priority. Employment and asset-building services were highly used. Wellness services were critical for a core group of people, and these services would not otherwise have been readily available to these families Having access to a psychiatrist in addition to a therapist was key for getting certain children important services. It is also important to note that this was an adequately funded program; SFSI could provide transportation, resources for interview clothing, move-in starter kits, and beds. These were critical supports as many of the families in the program had nothing.

Not all of the families needed everything, but it was critical to have the different service types available, especially in a place like Englewood where the likelihood of finding a similar resource in the community is low. The lessons from SFSI's services spurred recommendations for future initiatives for doubled-up families:

- **Design a program to address both short and long-term needs. Many services needed to be longer-term as many families will not make enough progress in a short of period of time.**

- **Focus initially on stabilizing the family. They are more likely to access more intensive services once housed.**

- **Given the long histories of housing instability, programs may need to reenroll some families if the first placement doesn't stick.**

- **Simplify Medicaid billing for children's services. If some of the children's therapeutic services could be paid for through Medicaid the initiative may not require as much local funding.**

In terms of service content the following should be considered:

- **Similar to SFSI, make a menu of services available and develop service plans based on the specific needs of each family. The menu should be inclusive of housing assistance, employment, asset-building, and wellness services.**

- **Explore ways to have a part-time psychiatrist on-site at the program.**

- **Link participants to domestic violence, sexual assault, and comprehensive mental health services when necessary.**

- **Provide opportunities for wellness and parent support groups which provide valuable support while promoting the growth of support networks.**

- **Case management should also include an advocacy component focused on making sure that children and families receive appropriate educational and developmental supports.**

- **Add a matched savings component combined with the financial literacy courses to increase economic stability.**

- **Expand financial literacy services to adolescents in the family.**

In terms of employment programming the following recommendations emerged from SFSI:

- **Focus on improving basic employment readiness skills by referring participants to appropriate job and skills training programs.**

- **Develop relationships with employers in order to secure immediate employment.**

- **Provide ongoing support and mentoring around job-related concerns to help improve job retention and economic stability.**

- **Make more subsidized jobs available to these vulnerable groups through partnerships with employment programs and workforce development systems.**

The Availability of Housing Assistance was Key to Stabilizing Families and Preventing Homelessness

Targeting housing assistance to doubled-up families was a very strategic way to prevent more people from entering the homeless system or reentering the system (as might have been the case for the families who had previously experienced homelessness). As evidenced by the data showing how many became homeless while waiting for HPRP, these families are on the edge of homelessness. The HPRP assistance made a huge difference: families were able to leave their unstable housing arrangements and move into rental units, and after the subsidies ended, the majority of families were able to assume responsibility for their own rental housing without needing a subsidy, while some began to receive other housing assistance.

Housing assistance also supported service maximization: it was not until families were in their own housing that they fully availed themselves of other needed services. For temporary housing assistance to promote housing stability in the long run, it seems as if linkages to income supports and employment services are also key. **These lessons suggest that any initiative targeting doubled-up families in the future would do best to have housing assistance as a core feature.**

Systems Integration Work Left a Lasting Impact Through Capacity Building

It was a very strategic decision to include systems integration activities in an initiative that was newly developing, targeting a population that had not been well-targeted for services in the past, and focusing on a highly disadvantaged neighborhood with inadequate resources. Although it was challenging to perform comprehensive systems integration work within the constraints of a short-term program, through trainings, advocacy, and relationship building, the team improved how the schools serve homeless students and their unique needs; increased community capacity to support doubled-up and homeless families; supported SFSI staff skill development and knowledge of community resources; increased the capacity of parents to advocate for their rights and the rights of their children; and raised awareness citywide about issues facing doubled-up families. **The types of activities the systems integration team engaged in, including coordination, coalition building, training, barrier removal, and resource development, can create key supports for program success, family success, and community strengthening.**

Implementing Recovery Act Programs was Challenging but Doable

Given that SFSI was funded through ARRA, the program had to get off the ground quickly. Luckily the City of Chicago had already been exploring the problem of doubled-up families, and the service providers who ran SFSI were already partnering to provide a similar service mix for young parents. Despite those alignments, there was still much to be worked out within a short timeframe given that

this was a brand new initiative; this included RFP scope, contracts, consents, assessment forms, hiring, training, and processes. In spite of these challenges, the program was successfully launched, offered a menu of specialized services, and enrolled 220 households in need of stabilization and support.

A lasting concern about the use of ARRA funds is the short amount of time the funds were available. These doubled-up families in Englewood needed services for a longer period of time. The families in the program were dealing with a number of complex issues that were challenging to address in such a short timeframe. Some families needed a longer infusion of funds to be able to get back on their feet and get their finances in order. The program worked hard to set up linkages with other community resources to which people could transition, but not many resources were available and many families did not want to go somewhere else. For example, there were not psychiatric services readily available to the families who needed them post-program.

Should a similar opportunity arise in the future to launch an initiative quickly, there a number of ideas that came out of the SFSI experience that could be applied:

- **The project lead has to be a very good and frequent communicator with all the partners to ensure alignment during a quick ramp-up and reduce inevitable concerns that something is being missed.**

- **When bringing on many new hires, redeploy some existing managers to create continuity with agency culture and processes.**

- **Hire staff who have a high comfort level with the inevitable constant change and newness of a start-up program.**

- **Build in additional ramp-up time to work out kinks, train staff, build community relationships, develop referral mechanisms, and ensure that the intervention is fully operational when enrollment begins.**

- **Identify sustainable funding that can support your program both in the short-term and over the long-term as they are very valuable in a disadvantaged community like Englewood.**

Seizing Opportunities Moving Forward

SFSI clearly responded to critical needs of doubled-up families. Despite the evidence that doubled-up families are on the cusp of homelessness, historically these families were not eligible for housing assistance through the homeless system as they were not considered homeless by the McKinney-Vento Act, the primary funding source to address homelessness. Fortunately, the way homelessness is defined is shifting as are the types of solutions that can be implemented.

In 2009 Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)[39] which expanded the definition of the homeless to include some doubled-up families and other vulnerable populations as well as consolidated and amended homeless assistance programs carried out under the McKinney-Vento Homeless Assistance Act. Implementation of this new law is underway and provides a number of opportunities to think differently about how homeless systems respond to the needs of doubled-up families. These opportunities come from improvements in the definitions of who is considered homeless and at-risk of homelessness, new performance measures for recipients of funds, and the retooling of grant programs to broaden existing emergency shelter and homelessness prevention activities and the inclusion of rapid re-housing activities under the HEARTH Act.

Improvements in Defining Homelessness[40]

The families served by the SFSI program fall into a number of categories of the new definitions of homelessness under the HEARTH Act.

New Homeless Definition under the HEARTH Act:

1. Literally homeless individuals/families.

2. Individuals/families who will imminently lose their primary nighttime residence within 14 days AND have no subsequent residence identified AND lack the resources or support networks needed to obtain other permanent housing.

3. Unaccompanied youth or families with children/youth who do not otherwise qualify as homeless AND who meet the homeless definition under another federal statute AND who have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the last 60 days, AND have experienced two or more moves within that last 60 days, AND can be expected to continue in such status for an extended period of time because of certain special needs or barriers (e.g., chronic disability, chronic physical or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), presence of a child or a youth with a disability, or two or more barriers to employment (e.g., lack of high school degree or GED, history of unstable employment)).

4. Individuals/families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous/life threatening conditions related to violence, who have no subsequent residence, AND lack resources and support networks needed to obtain other permanent housing.

---

[39] http://www.hudhre.info/documents/HomelessAssistanceActAmendedbyHEARTH.pdf
[40] http://www.hudhre.info/documents/HEARTH_HomelessDefinition_FinalRule.pdf

At-Risk of Homelessness Definition

1. Individuals and Families who have annual incomes below 30 percent area median income, AND do not have sufficient resources or support networks immediately available to prevent literal homelessness, AND meet at least one of the following seven risk factors associated with homelessness:

   a. Moved two or more times due to economic reasons in 60 days prior to application for assistance
   b. Living in home of another due to economic hardship
   c. Losing housing within 21 days after application date
   d. Live in hotel/motel not paid for by charitable organizations or government programs
   e. Lives in severely overcrowded unit as defined by the U.S. Census Bureau (e.g., more than 1.5 persons per room)
   f. Exiting publicly-funded institution or system of care
   g. Lives in housing associated with instability and increased risk of homelessness,

2. Unaccompanied Children and Youth

3. Families with Children and Youth: Children/youth who qualify under the Education for Children and Youth program (§ 725(2) McKinney-Vento Act) and the parents or guardians of that child/youth if living with him/her.

New Performance Criteria

The HEARTH Act requires that proposals for the use of federal funds to address homelessness include descriptions of the following activities designed to achieve performance criteria:

- how the number of individuals and families who become homeless will be reduced;

- how the length of time that individuals and families remain homeless will be reduced; and

- how the recipient will collaborate with local education authorities in identification of individuals and families who become or remain homeless and are informed of their eligibility for services.

In addition, the HEARTH Act provides flexibility to serve persons defined as homeless under other federal laws. A collaborative applicant may use up to 10 percent of funds awarded to serve families with children and youth defined as homeless under other federal statutes, or homeless families with children and youth who meet the following criteria:

- have experienced a long-term period without living independently in permanent housing,
- have experienced persistent instability as measured by frequent moves over such period, and
- can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Under the HEARTH Act, program goals and outcomes for serving these groups include:

- preventing homelessness among the subset of such families with children and youth who are at the highest risk of becoming homeless; or

- achieving independent living in permanent housing among such families with children and youth(especially those who have a history of doubled-up and other temporary housing situations or are living in a temporary housing situation due to lack of available and appropriate

emergency shelter)through the provision of eligible assistance that directly contributes to achieving such results, including assistance to address chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, or multiple barriers to employment.

SFSI collaborated directly with local education authorities to assist in the identification of individuals and families who were at-risk of or experiencing homelessness and informed of their eligibility for services. **This SFSI housing assistance plus wrap-around services model can help communities achieve these new performance criteria by reaching more families at risk of homelessness, reducing the number of families who become homeless, and reducing the extent to which individuals and families who leave homelessness or housing instability experience additional spells of homelessness.**

Funding for New Interventions

HUD is also rolling out a new Emergency Solutions Grant program (ESG) that presents some opportunities to support interventions like SFSI. ESG broadens existing emergency shelter and homelessness prevention activities and adds rapid re-housing activities to the list of eligible activities. Communities can look to these funding sources to bundle together a similar model to SFSI.

The priority of ESG is to broaden existing emergency shelter and homelessness prevention activities by:

- Emphasizing rapid re-housing;

- Helping people quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness;

- Enhancing alignment of ESG regulations with other HUD programs, including the **Community Development Block Grant** (CDBG), **Federal HOME grants** (HOME), and the Housing Choice Voucher program; and

- Supporting more coordinated and effective data collection, performance measurement, and program evaluation.

The homeless prevention component of ESG can be used to prevent an individual or family from becoming homeless and to help an individual or family regain stability in current housing or other permanent housing. Eligible activities include housing relocation and stabilization services and short and medium-term rental assistance. Financial assistance can include moving costs, rent application fees, security deposit, last month's rent, utility deposit, or utility payments. Services can include housing search and placement, housing stability case management, mediation and legal services, and credit repair, budgeting, and money management. This allowable package of assistance and services mirrors much of what SFSI included in its program.

In addition to HEARTH Act funds, other funding sources can support all or part of a program like SFSI:

- **Community Services Block Grant** (CSBG) and **Community Development Block Grant** (CDBG) for services and assistance.

- **TANF Block Grants**: Some communities are using TANF to fund rental/utility assistance and housing start-up costs for TANF-eligible households.

- **Federal HOME grants:** HOME funds can be used for Tenant-Based Rental Assistance (TBRA).

We are at a unique moment in time. The number of doubled-up families is extraordinarily high and the poor economic conditions are not forecasted to improve substantially for some time. SFSI was created to intervene with these families to help them stabilize, support their family's needs, and engage in needed services. As Chicago begins to undertake planning to implement the new opportunities under the HEARTH Act, SFSI can serve as a model of what we know about targeting doubled-up families through a housing and services intervention.