Safe and affordable housing, a critical and pervasive need for families affected by substance use, is in extremely short supply. This lack of appropriate housing often is a key factor in perpetuating the cycle of drug use, poverty and, in some cases, child welfare involvement. Regrettfully, treatment and family service providers rarely have the time or knowledge to develop, advocate for, or access such housing. At the same time, housing providers frequently are unwilling to assume the risks and costs involved in developing and/or managing housing for families with very low or no income and other social problems such as substance abuse. Further, they often lack the knowledge or skills to provide necessary support services to these families to assist them in maintaining their housing.

The Women’s Institute for Housing and Economic Development, in Boston, MA, is a unique organization that brings real estate development experience and innovative project design to the economic development and affordable housing fields. It builds on the strengths and experiences of low-income, homeless and formerly homeless women, and collaborates with other community-based and grass-roots groups to develop projects that strengthen families and create supportive communities.

This article provides a brief overview of The Women’s Institute’s efforts to develop housing for families affected by substance abuse. It also identifies numerous barriers to developing affordable, supportive housing for this population. Finally, in response to these barriers, the article presents a new model of “Community Supported Housing,” and uses program examples to illustrate key elements of this model.

Examples of Housing for Families Affected by Substance Abuse

The Women’s Institute has developed transitional and permanent housing in

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The project provides twenty-six units of service-enriched housing for grandparents who are raising their grandchildren, many of whom cannot live with their parents due to their parents’ addiction, other illness, or incarceration. The development also includes an apartment for the resident manager. This new model, the first housing of its kind in the nation, was co-developed by the Women’s Institute and Boston Aging Concerns - Young and Old United (BAC-YOU). The Women’s Institute was instrumental in obtaining financing for construction and ongoing operations, and shared responsibility for overall project management with BAC-YOU. A new program of special Section 8 rental vouchers, created by both the State of Massachusetts and the City of Boston (Housing Opportunities for People with AIDS), a large percentage of the residents are current or former substance users. The developer and operator of this 48-unit housing development is Episcopal City Services (ECS). They offer housing first and foremost, and then offer services to assist residents with retaining their housing. Using a tenant-driven model of reducing harm and achieving one’s goals, ECS recognizes that tenants may be unable or unwilling to disengage certain harmful behaviors, despite outreach attempts. Thus, they encourage service providers to engage tenants in whatever state of being the tenant presents, even though the engagement may not result in an immediate change in a harmful behavior. ECS does not police or interfere in people’s lives unless the tenant is jeopardizing his/her lease.

**GrandFamilies® House in Boston, MA**

Dunmore Place in Boston, MA is a newly opened (September 2003) six-unit building of permanent apartments for women in recovery and their children. The women have graduated from a substance abuse treatment program, such as Latinas Y Niños, a residential treatment program for women with children operated by Casa Esperanza. Dunmore Place apartments provide the stable family-size housing necessary for family reunification. Dunmore Place is located next to Casa Esperanza’s residential and administrative programs, making sharing of services and personnel between programs possible. Casa Esperanza also has a treatment program for men and graduate housing. Casa Esperanza adheres to a strict abstinence philosophy where no use of drugs or alcohol is tolerated. Residents who relapse are assisted with re-entering treatment, however they must start the housing process over again.

**Canon Barcus Community House in San Francisco, CA** is an award winning supportive housing project of Episcopal Community Services of San Francisco. It provides permanent housing for families who experienced chronic homelessness and/or substance use issues, mental illness or HIV/AIDS. This facility features a rich array of services for the tenants, including case management, after school and teen programs, employment assistance and a health care clinic. The facility also contains a childcare center and skills center that are open to the broader community. The goal of Canon Barcus Community House is to provide families with accessible supports in order to maintain their housing and achieve their personal goals. It is premised on the belief that people know best what they need. With an assortment of housing subsidies, ranging from Section 8 to Shelter Plus Care and HOPWA funds (Housing Opportunities for People with AIDS), a large percentage of the residents are current or former substance users. The developer and operator of this 48-unit housing development is Episcopal City Services (ECS). They offer housing first and foremost, and then offer services to assist residents with retaining their housing. Using a tenant-driven model of reducing harm and achieving one’s goals, ECS recognizes that tenants may be unable or unwilling to disengage certain harmful behaviors, despite outreach attempts. Thus, they encourage service providers to engage tenants in whatever state of being the tenant presents, even though the engagement may not result in an immediate change in a harmful behavior. ECS does not police or interfere in people’s lives unless the tenant is jeopardizing his/her lease.
Constraints in Developing Supportive Housing

Many housing programs that the Women’s Institute and others developed in the 1980’s could not be replicated today. This includes housing for women only, housing for people with a particular need or disability (e.g., substance abuse), and housing located in low-income neighborhoods. Some of the existing barriers include: fair housing laws, efforts to “de-concentrate” poverty, prohibition of single gender housing, lease limitations, and funding priorities. Whether or not these constraints are enforced often depends on who is noticing at the local, state and federal levels, e.g., the Department of Housing and Urban Development (HUD), local housing authorities, state finance agencies, private investors, and attorneys. As a result, inconsistencies with the way some of these policies are interpreted and/or enforced exist within and among states.

Fair Housing Laws

HUD recently developed a more stringent interpretation of the Fair Housing law, which prevents narrowly classifying eligibility for Section 8. As a result, HUD is now reluctant to approve projects that target a population with a specific disability (e.g., housing specifically for people recovering from substance abuse) over other forms of disability. While a giant step forward for fair housing access, it presents a challenge to service providers who are trying to meet the needs of a defined population. For instance, Dunmore Place would not be able to limit tenants only to women in recovery, but would have to consider any applicant with any disability who meets the Section 8 income guidelines.

De-concentration of Poverty

HUD also has prioritized the use of Section 8 certificates in areas with low incidence of poverty. While many housing advocates share HUD’s goal of de-concentrating poverty, the strictness of this recent interpretation means that developers must obtain waivers (a lengthy process with an uncertain outcome) in order to use Section 8 vouchers in urban and other low-income areas. Often service providers wish to develop housing in the neighborhoods where they operate. The ability to cluster housing and service programs provides many benefits to the residents who can stay connected to staff and services in a drug-free neighborhood. There also are economies of scale for the provider who can provide services and property management more efficiently. While clustering programs can result in community opposition, the reality of developing a program in a different, higher income neighborhood often presents challenges such as NIMBY (Not in My Backyard) syndrome. Low-income neighborhoods that have vacant buildings and land present development opportunities for affordable housing. Many times these new housing developments, targeted to specific populations or not, have resulted in urban renewal of neighborhoods. Although the de-concentration policies are a backlash to high density low-income housing, not smaller scale developments, they impact all affordable housing efforts.

Dunmore Place required a waiver from HUD because it is located in a low-income neighborhood where over

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20% of the population has incomes below poverty. All six of the units are Section 8. While that does not create diversity within the building, it is such a small-scale project, that any fewer affordable units would make it an infeasible program. Most state funding programs require a minimum of five affordable units. GrandFamilies House required a special set-aside from the state Department of Housing and Community Development of Section 8 certificates specifically for grandparents raising grandchildren.

**SINGLE GENDER HOUSING**

It is now rarely possible to develop housing specifically for women. In transitional and single room occupancy (SRO) programs where bathrooms are shared, the case can be made that it is a women’s only, or men’s only program. However, all single room occupancies being built or renovated now are encouraged to be upgraded to efficiencies with private bathrooms. In some cases, the primary reason for creating a single gender housing development is because the mission of an organization is focused on a specific gender. In other cases, single gender housing may be necessary to create an environment in which women who have been traumatized can flourish. Yet, as YWCAs and domestic violence providers are discovering, HUD will not approve a waiver to make efficiency and one-bedroom units gender-specific since they do not have shared bathrooms. Thus, women’s organizations now must be open to the possibility of co-ed facilities, or consider privately financed units or shared single family houses where the residents are considered a “household.”

The Oxford House model and other group homes for people with specific disabilities, for example, use single family residences with shared facilities to house single-gender groups.

**LEASE LIMITATIONS**

Is it legal to evict people because they are using legal or illegal substances? Someone who has a lease in a permanent supportive housing development may not be violating their lease by using substances. The question is, what conditions can legally be imposed on a tenant through the lease? In group home and transitional housing arrangements, residents often have service agreements which stipulate reasons they can be terminated from the program, e.g., drug use. Some programs operate with a strict abstinence only philosophy, while others take a harm reduction approach. Although service agreements and stipulations are often made in permanent housing, they could be challenged by the tenant if they are evicted on the basis of such conditions. The courts may or may not uphold the service agreement. Therefore, developers or providers of supportive housing are encouraged to review all documents with an attorney in the development process to ensure that they are not violating fair housing laws or preparing illegal leases. Being aware of the potential issues is the first step in planning a supportive housing project. *Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing*, published by the Corporation for Supportive Housing, provides legal interpretations of nearly every circumstance in supportive housing, with a considerable amount dedicated to substance use concerns (see Good Bets on p. 27).

**FUNDING PRIORITIES**

Service funding priorities often classify housing for one population, e.g., teen mothers, people with AIDS, women in recovery, victims of domestic violence. This specific nature of the service dollars has caused supportive housing providers to focus on sub-populations or try to classify their constituency in a way to match the funding priorities. The reality, however, is that populations often overlap, and housing with some support services is needed to assist people to build on their strengths and lead stable, fulfilling lives. Further, while HUD McKinney funds can be used for supportive services, the program’s focus now is on housing individuals who experience chronic
Public and private solutions to homelessness have historically focused on providing homeless families with emergency shelter and/or transitional housing, which alone neither end homelessness nor prevent a recurrence of homelessness for a significant segment of the homeless population. While many homeless families are able to move into permanent housing and maintain it after an episode of homelessness, a high percentage of families are rendered homeless again when they experience their first crisis. Once in permanent housing, many families begin experiencing the same problems that led them to become homeless in the first place, and before long they are on the streets again. In fact, the Edna McConnell Clark Foundation, in its study Families on the Move, Breaking the Cycle of Homelessness, confirmed that recently-housed families possess the most severe risk of becoming homeless again in the near future (Notkin, Rosenthal & Hopper, 1990).

Families in which the head-of-household has a history of substance abuse are highly represented among homeless families and are particularly at risk of recurrent homelessness (Rog & Holupka, 1999; Homes for the Homeless, 1992; Buckner et. al, 1993; National Center on Family Homelessness, 1999). Those who are actively using drugs are usually terminated from programs that might lead to permanent housing. Further, although a parent may have successfully maintained sobriety in a recovery program, relapse often occurs once they move to permanent housing (Homes for the Homeless, 1992). The emphasis of the “housing first” methodology is to move homeless families into permanent, affordable, rental housing as quickly as possible, and then provide time-limited support services after they have been relocated out of the homeless services system.

The Evolution of Housing First for Families Affected by Substance Abuse

Beyond Shelter was founded in 1988, in response to increasing numbers of homeless families in Los Angeles and the need for a more comprehensive approach to serving them. The agency’s core program, Housing First for Homeless Families, introduced an innovation in the field, which has since helped to transform both policy and practice on a national scale. The emphasis of the “housing first” methodology is to move homeless families into permanent, affordable, rental housing as quickly as possible, and then provide time-limited support services after they have been relocated out of the homeless services system.

Advocates of the Housing First model believe that vulnerable and at-risk homeless families are more responsive to interventions and social services support after they are relocated to permanent and stable housing. They also believe that homeless children are served most successfully through home-visitation support for the family unit as a whole, with stable housing providing the base.

Thus, the Housing First methodology provides a systematic, direct means for vulnerable and at-risk homeless families to return to permanent, rental housing, while still receiving individualized supportive services as they develop (or re-develop) stable living patterns. It offers an individualized and structured plan of action for often alienated, dysfunctional and troubled families, while providing a responsive and caring support system. Specifically, the program facilitates the move into permanent housing for homeless families and then engages the newly-housed family in a progressive set of individualized case management activities and interventions for a time-limited period, as the family attains improved social and economic wellbeing. Over the past decade, this approach has proven to be particularly...

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effective in addressing the combined housing and social services needs of families with histories of substance abuse, many of whom experience ongoing or intermittent episodes of homelessness (Morse & Gillespie, 2002).

Adapting the Basic Components of a “Housing First” Approach

The Housing First methodology is easily adaptable to existing child welfare and family services programs where it can be implemented as a “next step,” particularly for families with multiple challenges. The key program components, which may be provided by either a single agency or through partnerships and collaboration, are the following:

- Crisis intervention and short-term stabilization are provided by emergency shelters, transitional housing, domestic violence programs, and substance abuse treatment or recovery programs (either residential or outpatient).
- In-depth needs assessments identify a family’s permanent housing and social services needs, including those of children to be reunified. The resulting “case management plan” becomes the basis for both short-term and longer-term case management, including during the housing search phase and after the family has been relocated to permanent housing.
- Housing resource specialists immediately assist families in accessing permanent, affordable housing.

This includes obtaining move-in funds and rental subsidies, and negotiating leases on behalf of families who have multiple barriers to obtaining housing, such as poor credit, eviction histories, substance abuse histories, lack of employment, etc.
- Once families are in permanent, rental housing, case managers provide direct social services support for a transitional period of time, focusing on household management, money management, parenting, and issues related to recovery—aware that relapse may occur, but helping the family through those episodes until the adult has exhibited the ability to maintain sobriety for extended periods of time.
- To address their longer-term needs (e.g., ongoing recovery support, family counseling, and parenting education/support), families are connected to mainstream resources and services in their new neighborhoods or communities.

The Housing First Program in Los Angeles

Beyond Shelter’s Housing First Program in Los Angeles was designed to serve the emergency shelter/transitional housing continuum of a large, metropolitan city. More than 35 agencies throughout the Los Angeles area—shelters, transitional housing programs, residential drug treatment programs, sober living homes, domestic violence programs, and social service agencies—refer homeless families to Beyond Shelter for the “next step,” after they have provided initial emergency or interim services.

TARGET POPULATION

The program serves homeless families with dependent children at or below the federal poverty level. Families must meet the following criteria to be eligible for enrollment: a stable source of income (including TANF, the income source of 80% of families served upon referral to the program); one or two adults with legal custody of one or more children under the age of 18; sobriety of adult family members for at least six months; and, in cases of domestic violence, separation of the adult victim from the batterer for at least four months.

Approximately 90% of the 350 families enrolled each year are headed by a single female. Approximately 50% of the mothers are in recovery and approximately 40% became homeless due to domestic violence. The average age of parents is 30 years, and the average number of children is 4. Approximately 20% of the mothers are pregnant upon enrollment, and approximately 25% of the families have histories with the L.A. County Department of Children and Family Services. Many of the mothers in recovery have had children removed from their home and are in the process of reunifying with them.

STEP 1:

INTAKE, SCREENING, AND NEEDS ASSESSMENT

The intake process is extensive, involving interviews with both the Social Services and Housing Resources staff of Beyond Shelter. The screening includes
relationships with property owners and management companies throughout Los Angeles County, many of whom are motivated to work with the Program because of the advocacy and credibility provided by Beyond Shelter staff. Most participants move into their new home within three months of the initial assessment.

TIME-LIMITED, HOME-BASED CASE MANAGEMENT

Participation in Housing First case management is completely voluntary once families are in their own rental housing. However, the majority of families respond positively to offers of support, including assistance in obtaining basic furnishings and other household needs. The case manager introduces the family to their new neighborhood and its resources and maintains frequent contact, particularly when the head-of-household is in recovery or there is a history of child maltreatment. At the same time, case managers address the long-term needs of each family, connecting them to appropriate community resources. Support services provided to families once they are in permanent housing may include, but are not limited to, the following: household management, assistance in obtaining child care, job development and job placement, tenant-landlord mediation, child abuse intervention and prevention, parenting education and counseling, money management and budgeting. Families with a history of substance abuse or family violence are encouraged to maintain contact with the referring agency (e.g., drug treatment program) for follow-up and also may be referred for additional services in the new community.

Services are provided for six months to one year, depending upon need. During the first eight years of operation, Housing First case management was provided for a minimum of 12 months after the family moved into permanent housing, with evaluations at quarterly intervals. Currently, Beyond Shelter’s primary funding source for Housing First activities is HUD, which funds case management for six months only. Nevertheless, high risk families are generally monitored for up to one year, with some remaining in the program for a longer period of time, particularly if an outside agency cannot be accessed to meet the family’s needs.

GRADUATION AND FOLLOW-UP

After participating in the Housing First program for six months to one year, it is expected that most families have become part of a neighborhood and community, developed stable living patterns, improved the functioning of the family unit, improved family relationships, and are providing a safe, secure and nurturing environment for their children. Desired outcomes for children include good health, safety, and survival; social and emotional well being; school readiness; and improved economic well being of the family unit as a whole.

Because a major focus of case management in Housing First is connecting families to community-based programs and resources for longer-term support, “graduation” does not mean termination of services provided by outside agencies. Additionally, families

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In 1999, the Housing First Program was chosen by the Pew Partnership for Civic Change as one of 19 sites nationwide to participate in a two-year evaluation initiative, *Wanted: Solutions for America* (2000-2001). Research was conducted by the University of Southern California, in conjunction with the Center for Urban Policy Research at Rutgers University. Quantitative data was compiled on 97 families to measure the effectiveness of the “Housing First” methodology for those who completed six months in permanent housing. The data was collected within the first month of the family’s move and then again at the end of six months sustaining their permanent housing. Two models were utilized in the evaluation—the *Program Logic Model for Homeless Mothers and Children*, and one measuring family stability and self-sufficiency. Indicators of program outcomes included: housing, finances, domestic violence, substance abuse, health, employment/training, education, and parenting. The overall findings suggest that participants in the Housing First Program achieved both improved social and economic well-being and stability in permanent housing. At least one parent in 26% of the families had a history of substance abuse; after six months in housing, 87% of them were living drug and alcohol free, and 13% had relapsed since enrollment. However, all the families in which a parent relapsed were able to maintain their housing while they were re-connected to their support groups and/or previous treatment programs.

During 2003-2004, Beyond Shelter has been implementing a two-year Housing First longitudinal study, funded by the Seaver Institute, measuring the program’s longer-term impact on stabilizing homeless families after supportive services have ended and the family is living completely on their own. Representing a second phase of formal inquiry into the Housing First program, the study builds upon research conducted through the Pew Partnership Initiative. This new research project is also collecting data on an additional 100 families who participated in the Housing First Program from 1997 through 1999.
system of homeless resources and services can facilitate implementation of Housing First for families with substance abuse issues, many of whom are currently being served by mainstream health and human services systems. The greatest challenge is, of course, accessing subsidized housing or accessing housing that is affordable to families with limited income. Successful Housing First programs separate this function from case management and social services. This separation may be accomplished in a variety of ways, including hiring “housing staff” (preferable) or, for example, developing a collaborative effort with an existing housing counseling agency in the community at-large. For instance, in many communities, local housing authorities prioritize the provision of Section 8 subsidies to homeless families; others may maintain project-based subsidized apartments scattered throughout the community. Some housing authorities hire “housing counseling” personnel, who assist low-income tenants in accessing subsidized housing and also provide case management after the move.

**Conclusion**

The Housing First methodology provides a vital resource for the child welfare system in America. This innovative approach to housing high risk and vulnerable families with children provides a systematic, direct means for families in which a head-of-household is in recovery to return to independent living and stability in the community, with a time-limited relationship designed to empower without engendering dependence. The methodology facilitates long-term stability and provides formerly homeless families with the support necessary to remain in permanent housing. Rather than grouping families with similar problems at one site, it provides for “housing choice” and allows families to integrate into new communities and be connected to new support systems—or to remain close to existing support systems, family, and friends.

**Tanya Tull, DSS**
President/CEO, Beyond Shelter, and Assistant Professor, School of Social Work, University of Southern California

**REFERENCES**


**About Beyond Shelter, Inc.**

The mission of Beyond Shelter is to combat chronic poverty, welfare dependency, and homelessness among families with children, through the provision of housing and social services and the promotion of systemic change. The agency’s programs in Los Angeles County serve as a laboratory for the development of cutting-edge methodologies to help guide the development of both social policy and service delivery mechanisms nationwide. The “Housing First” approach to ending family homelessness is helping to transform both social policy and practice on a national scale. Recognition for the “Housing First” program methodology includes the Nonprofit Sector Award from the National Alliance to End Homelessness, Washington, DC (February 1996); one of “25 Best Practices” to represent the U.S. at Habitat II, the United Nations Conference held in Istanbul, Turkey (June 1996); and one of “100 International Best Practices,” by the United Nations Centre for Human Settlements (UNCHS) in Nairobi, Kenya, for dissemination worldwide (1996). The “housing first” approach to ending family homelessness has become a key component of the Ten Year Plan to End Homelessness (2000) developed by the National Alliance to End Homelessness.
The Salvation Army’s (TSA) Alegria\(^1\) is a unique housing program serving homeless and very-low income families where at least one family member is HIV symptomatic or has a medical diagnosis of AIDS. The program offers high-quality, affordable transitional and permanent housing, a variety of supportive services assisting families to gain resources and skills for independent living, and licensed childcare.

Background

TSA is an international, faith-based organization committed to serving all persons regardless of ethnicity, gender, educational background, current circumstances, sexual orientation, economic status, or special need. TSA programs provide an array of social, economic and health services to homeless persons and families worldwide. Bethesda House, opened in 1992, was the first TSA residential AIDS housing program for homeless families in the United States. The program was relocated and renamed as the Alegria project on September 10, 2001.

The typical family that enters Alegria is not only homeless and affected by HIV, but may also be impacted by drug dependency, alcoholism, mental illness, domestic violence and/or histories of child abuse or neglect. The majority of people served by the program are minority groups (about 50% Latino and 50% African-American). To reflect this, a major percentage of staff members are bilingual in Spanish and English.

The Facility

Alegria is a village-style community on 1.6 acres located in the Silverlake district of Los Angeles. The West Hollywood/Hollywood/Silverlake axis has the highest AIDS case rate in Los Angeles County (Ayala, 2002). Alegria includes both transitional and permanent housing units in four buildings.

TRANSITIONAL HOUSING

The transitional housing component consists of 16 one- and two-bedroom units, fully furnished with private kitchens. Resident families live in a secure and confidential environment with supportive services designed to assist and encourage their transition to permanent, affordable housing, either in or outside of Alegria. The transitional program is a licensed Residential Care Facility for the Chronically Ill (RCFCI). The RCFCI license establishes standards for staffing patterns, program dictates, and facility requirements. The maximum length of stay for the residents of the transitional program is 24 months with an average of eight to 12 months. Families placed in the RCFCI component of the program must be homeless, disabled due to HIV/AIDS, have negative TB test results, and be willing to participate in the comprehensive program as well as case management services. Families lacking resources pay no rent, and those with an income may pay up to 30% of their income for rent. A combination of OAPP\(^2\), RALF\(^3\), and HUD\(^4\) grants, and private funds make up the balance.

PERMANENT HOUSING

The permanent housing component serves families that have developed the skills and resources necessary to live independently. Families who move into permanent housing must have successfully completed Alegria’s or another transitional housing program or been referred by an agency serving persons living with HIV/AIDS. The 28 permanent units are townhouse or “flat” (i.e., ranch) style apartments containing a kitchen with basic appliances, a living room, and central air conditioning and heating. Residents are fully responsible

\(^{1}\) Spanish for “joy”.

\(^{2}\) Office of AIDS Program and Policy (local)

\(^{3}\) Residential Aids Licensed Facilities (state)

\(^{4}\) US Department of Housing and Urban Development (federal)
for payment of all utilities. About 150 residents are served each year. The income level of families living in Alegria permanent housing is below the 38% median for Los Angeles.

A resident manager from a property management firm lives on-site and oversees the daily operation and physical maintenance of the property, and is closely supported by various Alegria staff in a team environment. The campus is subject to nightly security patrols and recorded video surveillance.

Availability of Alegria permanent housing is managed by a waiting list drawn from Alegria transitional housing residents (who receive no priority over others), other transitional housing programs in Southern California, referring case managers, hospitals and clinics. Since the facility opened on September 10, 2001, 16 families have moved from Alegria’s transitional housing to Alegria permanent housing. Residents who make this transition tend to have less difficulty adhering to basic living requirements than families who transition to permanent housing from outside Alegria. This likely is because of the history they have built within the Alegria community.

Services

Residents of Alegria transitional housing are provided a graduated continuum of care in a clean and sober living environment individually designed to address the changing needs of families living with HIV/AIDS. Monitoring of individual behavior, both on and off campus, through random but frequent drug testing and inspection of transitional housing units, are key elements of the program. A variety of HIV/AIDS service agencies offer support to residents of permanent housing.

Alegria integrates case management services funded and provided by established HIV/AIDS providers in the community with on-site case monitoring, crisis intervention, medical assessment, and other supportive services provided by Alegria staff. Along with case management services, the Alegria staff collaborates with a variety of HIV/AIDS community organizations and agencies to provide medical services, mental health services for adults and children, HIV/AIDS education, drug and alcohol treatment/recovery/counseling, food banks, and special activities for children. In addition to CCFA5 individual and group therapeutic services for all Alegria children, LA Works conducts play and creative therapy twice each month. Alegria also maintains relationships with treatment centers to provide services to residents that include in-house admission for residents who relapse; and mental health counseling services are available by networking providers and through local social work students. Volunteers support the program by providing social, recreational and spiritual activities to reduce the feelings of isolation of the family members and to enhance personal growth and independence. Finally, Alegria offers workshops and provides educational opportunities for families to increase their independent living skills necessary for success.

Assessment and Case Planning/Monitoring

At the time of entry to the transitional housing program, Alegria’s full-time social worker completes a psychosocial assessment of each family. The assessment instrument is based on an extensive family interview that addresses: family history and dynamics, custody, court issues, income status, domestic violence issues, education status, substance abuse history, mental health history, medical and HIV history, and immigration status. A major purpose of the psychosocial assessment is to understand the emotional system of each family. From the assessment, an individual case plan is developed and discussed with the family for input and approval. The case plan presents goals and objectives and specifies the steps needed to attain the objectives. Because of the positive impact of the present HIV/AIDS medications, specifically the protease inhibitors, service plans for the residents focus on moving families toward independent living and economic self-reliance rather than preparing them for hospice care and death.

The Alegria social worker links the family to the resources needed to address their identified needs, which may include medical care, substance abuse treatment, health education and services, parenting and life skills, education and social support. The Alegria social worker meets formally with each family at least every two weeks, though informal meetings occur almost daily. Additionally, a registered nurse who specializes in caring for families dealing with HIV/AIDS reviews each case weekly, checking progression of the disease, assessing harm reduction, providing TB education, medication compliance, and monitoring T-cell numbers and viral load counts.

Child Care

To address the needs of children affected by HIV, Alegria operates a licensed Child Development Center (CDC), which is located on site and

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enrolls up to 70 children from one month to five years old. Families of the transitional and permanent housing programs are given priority enrollment in the CDC. If space permits, low-income families from the community are invited to participate in this quality affordable childcare, however, the CDC maintains a large waiting list.

The CDC provides early intervention to help prevent long-term developmental issues for enrolled children. The facility includes infant and toddler play and activity areas, bathrooms, sleep rooms, and outside playgrounds. A large multi-purpose room is equipped with play and learning stations and developmentally appropriate educational toys and curriculum materials.

In addition to the CDC, Alegria uses HOPWA-SPNS6 grants for staff to oversee an on-site after school program, Bright Learners After School Team (BLAST). Providing high quality care with a four-to-one student-to-teacher ratio, BLAST promotes the physical, social, and emotional development of the participants. Program goals are to provide a nurturing environment that promotes the development of positive social interaction skills and affirmative self-direction through structured activities including assistance with homework, tutoring, and on- and off-campus recreational activities. The program encourages parental involvement and serves as a support system for parents who are working and/or attending school. There are currently 25 children in the program, ranging from five to 12 years of age, with a standing waiting list nearly double the licensed capacity.

Outcomes

During the last two years, the Alegria program served a total of 67 families in the transitional housing program. While in the program, residents are encouraged to voice their needs and make recommendations regarding program and facility matters by participating in monthly house meetings and quarterly voluntary satisfaction surveys. The most recent survey (the period July through September 2003) elicited 16 responses (100% response rate)—nine in English and seven in Spanish. Survey results yielded an overall composite averaged numerical score of 8.3, on a 1 – 10 scale, where 10 represents the highest level of satisfaction and one represents the lowest level of satisfaction.

Surveys seek information regarding resident’s perceptions of quality. Although most questions scored nine or greater, one question about satisfaction with the food at Alegria only received a 7.1, bringing down the overall score.

Outcomes for the transitional families are measured by assessments and interviews by the social worker, medical assessments by the registered nurse, and interviews with residents and case managers. One outcome is a successful move to Alegria’s or another permanent housing program. Eighty-seven percent of the families leaving the transitional program moved into permanent housing; 60% of them received Section 8, and the others moved into Shelter + Care or other low-income apartments. The majority of these families, while preferring to move into Alegria permanent housing, did not because units were not available.

It is difficult to gather statistics on families after they exit the program due to their transience. However, of families responding to contacts, about 60% reported that they continued to reside in a stable living environment six months after leaving Alegria. Turnover in Alegria permanent housing has averaged about 10% over the 2 1/2 years of program operation. Residents who left moved to other permanent programs or private housing, or they were involuntarily exited because of non-compliance with conditions of the lease.

Conclusion

The Alegria model has been successful, in part, because of the creative exploitation of available funding streams. Alegria seems to be in the right place at the right time, enjoying broad community, agency, and government support. As demand for services continues to expand with increased awareness, education, and reporting, Alegria will continue to offer joy to homeless families affected with HIV/AIDS.

Jeffery M. Lane
Executive Director, MA
Doug Campbell, MA
Associate Executive Director – Operations, and
Betty Bass, PhD
Director of Intake & Client Services,
The Salvation Army—Alegria

REFERENCE


6 Housing Opportunities for People with AIDS-Special Projects of National Significance
In addition to facing substance abuse problems and/or HIV, most families served by AIA programs struggle with poverty and other social problems. In December 2003, the AIA Resource Center asked AIA programs to identify the housing issues that their clients face and what steps the programs have taken to address these issues. The following seven programs responded: The Family Center in New York, NY; Leake and Watts Services’ Drug-Exposed Infant Project in the Bronx, NY; Illinois Department of Children & Family Services’ Family Options Project in Chicago, IL; Family Centered Services Home Visitation Program in Philadelphia, PA; Great Starts in Knoxville, TN; The Epiphany Center in San Francisco, CA; and the Los Pasos Program in Albuquerque, NM. They shared the following experiences, strategies and observations.

Housing Issues Facing Families Affected by Substance Abuse and/or HIV

All of the reporting programs identified a lack of safe, affordable housing as a primary concern for the families they serve. On average, an estimated 50-60% of the families served by these programs are homeless or at imminent risk of homelessness. Staff from The Family Center in New York noted that, although none of their families are homeless, and only 10% are at imminent risk of homelessness, 70% are “dissatisfied with their present housing” due to reasons such as: lack of basic amenities, issues with rodents, failure of owner to properly maintain the dwelling, and excessively high rent.

Many at risk families are living in overcrowded situations with family or friends, while others have no heat or utilities available. Safety is a concern for children in terms of the neighborhoods, schools, gangs, violence, and/or the condition of the building (e.g., rodents, lead paint, structural damage). Moreover, landlords of the housing where these families live typically are not responsive to the poor conditions.

Program staff also noted other common housing barriers such as

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denial of rental applications for families with a prior history of eviction as long ago as five years; automatic disqualification of low-income housing applicants with a history of criminal conviction for drug-related activities, felonies, or gang affiliation; and eviction of families from public housing if their children are truant from school or if anyone in the household is using illicit drugs. As a result, many families live in very cheap, substandard housing, which does not even offer the minimum protection of public housing standards or tenant advocacy. Los Pasos staff observed that families use the homeless shelters in Albuquerque as an absolute last resort because they do not provide private quarters for families, do not feel safe to families, and/or require families to leave the shelter from 8am to 8pm—an unrealistic, if not impossible, requirement for families without transportation and/or with young children.

Thus, several programs noted that the lack of decent housing and resulting homelessness sometimes leads to a mother’s relapse, and/or to children coming into the child welfare system or moving in with a relative. The risk of relapse is perceived to be particularly high for families trying to stay off drugs but unable to move out of neighborhoods with high drug trafficking.

The Drug-Exposed Infant Project in the Bronx noted that many families they serve have stable housing until their children are placed in foster care and removed from their parent’s Public Assistance allocation, drastically reducing their income and often forcing them into homelessness. Similarly, Family Options, which primarily serves families affected by HIV in Chicago, noted that some families lose their housing when a parent dies and they can no longer afford, or are no longer eligible, to remain in their housing.

Staff from Family Options also pointed out that potential or new guardians face many of the same housing issues, which can lead to splitting up children into separate households. Further, when a family is receiving a housing subsidy due to a parent’s HIV status, they lose that subsidy when the parent dies, forcing the children to move rather than allowing the guardian to move in with the children. Additionally, grandparents may have subsidized senior housing that does not allow children, forcing them to move and relinquish their subsidy in order to care for their grandchildren. In contrast, the Los Pasos program reported that their relative caregivers are not often impacted by housing issues.

Housing Related Services Provided by AIA Programs

All of the programs provide some form of housing advocacy for clients. This includes advocating with current landlords and utility companies to address existing issues, and in some cases, providing legal assistance for clients whose landlords refuse to rectify substandard living conditions. Programs also assist clients in applying for housing subsidies (including Section 8), public housing, and public assistance. This includes writing letters explaining that the parent is complying with all mandated services and outlining when the children should be returning home, and assisting clients in adding adult children or potential guardians to the lease in order to keep their Section 8 or maintain their current lease. Also, while some programs assist parents in looking for apartments, others refer families to public agencies or community resources that offer housing assistance.

The Great Starts Program in Knoxville, TN, includes six months of residential treatment. Therefore, a major focus of their program, beginning in the first month, is assisting families to locate stable housing. In most cases, they help women search for housing outside their previous neighborhoods in order to avoid returning to their “old playgrounds” and, in most cases, homes where significant others are either abusive and/or substance abusers.

The Epiphany Center in San Francisco, which also has a residential program, focuses on helping families remove barriers to obtaining housing by, for example, clearing up past evictions, clearing and establishing credit, taking care of outstanding legal matters, and establishing a savings plan. They also help families establish healthy living routines, which includes maintaining a household and managing a budget.

The Home Visitation Program in Philadelphia identified the widest array of housing-related services that they provide directly. For instance, they provide workshops on budgeting, credit repair, and home ownership; assist families in repairing their credit; conduct in-home skill building sessions on cleaning and home maintenance and provide cleaning materials and basic household items; and assist families with the home ownership process. Additionally, they refer families to community agencies for career advancement opportunities, furniture, housing weatherization, and education and advocacy around tenant-landlord rights.
Helpful Resources for Addressing Housing Issues

All of the programs have linkages—formal and/or informal—with various local agencies that provide housing services and subsidies (e.g., Tenant Action Group, HUD, Weatherization Program, private and faith-based housing support agencies, Office of Emergency Social Services and Relocation, Housing Authority, and welfare to work and job training programs). For instance, The Drug-Exposed Infant Project in the Bronx helps parents, who are soon to be reunited with their children, access time-limited housing subsidies through the City's Administration for Children's Services Family Reunification program. Similarly, the Family Options program in Chicago helps families get one month of cash assistance through an HIV housing advocacy program or child welfare services thanks to a lawsuit (“Norman”) that prevents removal of children just because of poor housing. The Family Options program also relies on several local housing and housing assistance programs for people with HIV. However, staff noted that managed, supportive living facilities for families with HIV do not provide a healthy environment for children because the children only see people who are sick and dying, and the facilities do not provide any privacy for families.

Although the Los Pasos program in Albuquerque does not have formal collaborative partnerships with any housing agencies, they, like other AIA programs, regularly update and utilize a guide to community resources related to housing. They also access special housing services for families who are eligible by virtue of the parent's history of domestic violence, developmental disability, mental illness, or need for residential drug treatment. In fact, it may be most difficult to access services for families that do not have any other co-occurring issue. For instance, staff from the Drug-Exposed Infant Program observed that in New York, there are significantly more housing resources for HIV-infected clients than there are for non-infected substance abusers whose children are in foster care.

Most of the programs also have some families that utilize Section 8 subsidies. However, program staff note that this often is not a viable option because of the long waiting lists for certificates and the limited supply of safe housing where they are accepted. As an alternative, the Epiphany Center staff reported that some of their clients establish roommate situations (often with other program graduates) to help keep their expenses affordable.

Summary

In summary, housing issues clearly are pervasive and debilitating for many families served by AIA programs. Staff from these programs attempt to address these issues through advocacy and collaboration and linkage with various public and private agencies in the community. Despite these efforts, the chronic dearth of safe, affordable housing options for these families continues to jeopardize their stability and sobriety.

Amy Price, MPA
Associate Director, AIA Resource Center, based on information provided by Ivy Gamble Cobb, The Family Center; Michele Erazo, Drug-Exposed Infant Project; Elizabeth Monk, Family Options Project; Maria Frontera, Home Visiting Program; Jennifer Madison, Great Starts; Joanna Chestnut, The Epiphany Center; and Nikki McCarthy and the Los Pasos staff.

Integrating Services & Permanent Housing For Families Affected by Alcohol and Drugs: A Guidebook and Resource Manual

This manual offers guidance and suggested ways of integrating permanent housing and support services for families affected by alcohol and other drugs. It addresses key considerations and critical issues in the development and management of supportive housing, discusses resource development, provides basic guidelines for planning, developing and managing integrated programs, and presents numerous program profiles to illustrate different approaches to this critical issue.

This 200 page manual, with an extensive compilation of resources and program materials, is available from the AIA Resource Center for $10. Although published in 1997, much of the information is still current. For more information, go to http://aia.berkeley.edu/publications/monographs/integrating_services_housing.html. To order a copy, use the ordering form on p. 31 of this newsletter, or call 510-643-8390.
RAISING KIN: The Psychosocial well-being of Substance-affected children in Relative care

September 27-28, 2004
Holiday Inn, Mart Plaza • Chicago, IL

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This conference will focus on the unique psychosocial issues affecting children residing in kinship care due to parental substance abuse. The benefits and challenges of kinship care, and useful strategies and interventions for working with these children and their families, will be presented.

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Co-Sponsors: IL Department of Children and Family Services, UC Berkeley Center for Child and Youth Policy, Children of Alcoholics Foundation

Collaborating Organizations: National Resource Center for Foster Care & Permanency Planning, National Resource Center for Youth Development, National Center on Grandparents and Other Relatives Raising Children at Generations United

CONFERENCE HIGHLIGHTS:

- Opening Keynote – Dr. Bertice Berry
  Award-winning sociologist, author, lecturer, educator, and humorist, Dr. Berry has hosted and co-produced her own nationally syndicated talk show, “The Bertice Berry Show,” and has been featured on many other television programs, including “The Oprah Winfrey Show.” Despite all of her honors and achievements, she is most proud of becoming the “instant mother” to her sister’s four young children.

- Teens and Young Adults Speak Out - panel moderated by Joseph Crumbley, DSW

- Current Research on Youth Living with Relatives - panel moderated by Jill Duerr Bernick, PhD

- Multidisciplinary Points of Service - panel moderated by Kim Sumner-Mayer, PhD

- Networking Luncheon - sponsored by the Illinois Department of Children and Family Services
  Welcoming Address: Bryan Samuels, Director DCFS

- Closing Remarks - Dr. Sharon McDaniel
  President and Founder of A Second Chance, Inc., in Pittsburgh, PA, Dr. McDaniel also serves as co-chair of the Statewide Task Force of Kinship Care, board member of the Black Administrators in Child Welfare, and was a member of the US DHHS National Advisory Kinship Care Panel.

- Practical Skill-building Workshops – useful interventions for children living with relatives and their families
Background on the Community Housing Program

The Community Housing Program, a HUD Shelter Plus Care family housing program in Massachusetts, began operations in the fall of 1997. Following the model of a small pilot program in Southbridge, MA, Community Housing was launched as a statewide collaboration of public and private funding partners who envisioned a program that would combine safe, stable, affordable housing with services for parenting clients in early recovery from alcohol and drug addiction. During the first part of fiscal year 1997, the Community Housing Implementation Team began meeting to put together a statewide network of housing and service providers who would work collaboratively to house homeless families in need of support for addiction recovery. At the table was staff from MassHousing, a quasi-public housing lender; the Massachusetts Department of Public Health/Bureau of Substance Abuse Services; the Massachusetts Department of Housing and Community Development; and the Institute for Health and Recovery (at that time called the Coalition on Addiction, Pregnancy, and Parenting).

The original pilot program at Brookside Terrace apartments in Southbridge, MA was conceived as a response to a void in the local continuum of care in Central Massachusetts. As service providers in that region surveyed the continuum, they noticed that there were no programs at the “end” of the continuum. They found that there was no place to refer the pregnant and parenting clients who graduated from residential treatment programs but were not quite ready to venture into the community on their own, without additional services.

Using the success of the program at Brookside Terrace as a jumping off point, staff from the Institute for Health and Recovery, along with the Women’s Services Coordinator at the state Bureau of Substance Abuse Services, launched the Community Housing Program as a network of substance abuse service providers working together with local property managers in the Western and Central part of the state. Eventually, the total number of apartment units (including Brookside Terrace) would grow to 73 statewide.

Structure of the program

SITES

The Community Housing Program is a network of six different housing sites in five cities in the state—two sites in the Central region and four in the Western region. The Central sites and two of the Western sites utilize a partnership model in which property owners work as a team with substance abuse service agencies to implement the program. At these locations, the apartments used in the program are situated within complexes or close-knit neighborhoods where participant families are in close physical proximity to each other. The other two sites in the Western region operate differently in that they are run solely by substance abuse service provider agencies who own the real estate used by the program. In each of these two sites, the participant families occupy the entire apartment building.

For all sites, the service provider agencies are long-established substance abuse treatment organizations that had been working within the local continuums of care, providing a variety of service models long before the Community Housing Program began. These provider agencies viewed the Community Housing model as the natural next step on the ladder of care for families in recovery.

ACCESS COORDINATION

A key component of Community Housing is centralization of outreach and referrals for the program. The Statewide Community Housing Access Coordinator, based at the Institute For Health and Recovery, provides a central point of contact for component partners.

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within the program including interested candidates and the agencies who refer them. The Coordinator’s responsibilities are twofold. This position handles outreach activities and referrals for the program, and provides systems coordination and technical assistance to funding partners, property owners, and service providers involved with the program. The Access Coordinator’s role brings a sense of unity and consistency to the program, which by nature involves various discrete groups in its operation. For example, the Access Coordinator maintains a central waiting list of eligible families who have applied for the program. When an opening is available at one of the six sites, the Access Coordinator, who has already screened families on the central list (as described later in this article), is able to match a particular family with a local site according to the family’s preference of location, number of children, and particular service needs. Therefore, by relying on the Access Coordinator to provide referrals, the sites are freed up to do the direct work of implementing the program locally.

Applicant families also find the central intake helpful when applying to the program. Rather than having to contact several sites when seeking housing, they have one person to call who will explain the application process to them and follow up with them as they wait for an apartment to become available. This greatly simplifies the housing search experience for these families, many of whom have been through complicated and frustrating systems to access services and resources in the past.

STEERING COMMITTEE

The policy making body for the Community Housing Program, its steering committee, is comprised of representatives from state and federal funding agencies that support the program, the Access Coordinator, and one representative of the housing owners. The steering committee meets monthly and discusses such policy matters as funding contract renewals, staffing issues at the sites, and eligibility questions. The steering committee also reviews the monthly census for all sites to keep a close watch on occupancy and turnover rates.

Funding

The Community Housing Program is funded by a 5-year HUD Shelter Plus Care contract for housing subsidies along with a match for service dollars from the Massachusetts Department of Public Health. Service dollars are contracted out to substance abuse service agencies to provide weekly treatment groups and case management to participant families. In addition, supplemental monies are provided by the Massachusetts Behavioral Health Partnership (the state’s Medicaid behavioral health managed care vendor) for intensive case management and outpatient counseling services. MassHousing, another partner organization to Community Housing contributes pro-bono consultation on identifying new sites, tenant/landlord problem solving, and family support services. The collaborative nature of the funding streams is a key to the program design. Traditionally, affordable housing organizations and substance abuse service agencies have worked in separate realms. Community Housing brings together the strengths of both fields as a partnership to house and stabilize homeless families recovering from addiction.

Eligibility/screening

Because the program’s project-based housing subsidies are supported by HUD Shelter Plus Care funds, very specific eligibility guidelines exist. Participants entering the program must be homeless according to HUD’s definition and must be disabled (in the case of this specific program, by addiction to drugs or alcohol). According to the original program design, participants must also be in early recovery from drug and/or alcohol addiction. Early recovery, for the purpose of the Community Housing Program, is considered to be between 1 and 12 months without use of drugs and/or alcohol. At times, however, extenuating circumstances may be considered when an applicant has more than 12 months in recovery. For example, when an applicant has been alcohol and drug free for longer than a year due to incarceration, she may still be considered to be in “early recovery” because she may not have been working a recovery program but rather staying sober solely due to the lack of access to alcohol and drugs in prison.

There is recognition among the program housing managers that the majority of applicants to Community Housing have criminal backgrounds due to years of drug use and life on the streets. It is acknowledged that once they are sober and working a recovery program, these same people would not commit crimes and generally would have the potential to be responsible, consistent tenants. Therefore, although some types of crimes (especially recent ones) could possibly eliminate a candidate from the running, a criminal history does not automatically disqualify an applicant from the Community
Housing Program. The program staff reviews criminal records in compliance with the state’s Department of Housing and Community Development’s regulations. This review process is conducted with the client’s consent by both the property manager and staff from the agency that administers the HUD subsidy. Both parties must be in agreement in order for the applicant’s record to be approved. Currently, several participants enrolled in the program do have criminal backgrounds and/or a history of past incarcerations.

Another eligibility issue has to do with the applicants’ status with regards to their children. Having custody of children is not a requirement in order to apply for the program, but only 3 units of the 73 can accommodate single individuals. Therefore, the program is primarily a family program for those who either have children in their custody or are reuniting with children through the state’s child protective services agency, the Department of Social Services. Any configuration of family unit is eligible for the Community Housing Program. Although the great majority of participant families is headed by single mothers, other current and past enrollees in the program have been two parent families including same sex couples with children, single fathers, and grandparents caring for grandchildren.

The initial screening process, conducted by the Community Housing Access Coordinator, is a brief telephone conversation to determine the basic eligibility requirements of homelessness, low income, early recovery, parenting status, desire to participate in groups and case management, and willingness to live in regions of the state where the program is located. Once these factors are explored, the Coordinator conducts an intake interview with an eligible applicant to gather more specific information on the family. Substance abuse history, health matters, and issues with children are some of the things discussed on the intake application. After the intake is complete, a letter is mailed to the applicant with a list of documents to be gathered by the applicant for HUD eligibility purposes. Included with this letter is a sample of program guidelines so that the applicant has an idea of what to expect if she/he is accepted to the program.

Although the great majority of participant families is headed by single mothers, other current and past enrollees in the program have been two parent families including same sex couples with children, single fathers, and grandparents caring for grandchildren.

Since each site’s rules are somewhat unique to that particular site, the guidelines mailed to the client are of a generic nature, intended to just give a flavor of how the program is run.

Once the applicant has completed an intake, she is on the waiting list for all sites. She is encouraged, however, to specify a particular site where she would prefer to relocate with her family. The placement of families according to their preferred location helps to reduce the overall turnover rate in the program and generally provides a better match between participant families and site staff. Applicants who have completed intake applications are required to keep in regular contact with the Access Coordinator in order to stay active on the waiting list. Since applicants are homeless, this regular “calling-in” is challenging for those who may not have access to telephones. Therefore, if an applicant has not been heard from in 2 months, before dropping that person from the wait-list the Access Coordinator makes an effort to reach the applicant at her/his last known phone number as well as through any relevant service providers. Waiting time once a family has completed an intake averages one month for 2-bedroom apartments and six months for 1- and 3-bedroom apartments. The 2-bedroom apartments are by far the most prevalent, which accounts for the shorter wait time.

Services provided

Services provided in the Community Housing Program are offered during weekdays to program participants and their children. Services vary by site, but generally include weekly case management sessions, weekly groups, and connections to local community resources. Individual sites decide the level of treatment offered and the design of services that are provided at their location. As a result, the Community Housing Program is operated as a spectrum of somewhat diverse

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models of treatment working towards unified goals with the same population. The groups that are offered at the Community Housing sites cover topics such as: relapse prevention, parenting skills, and the development of healthy relationships.

Program case managers customize their work to an individual family’s needs. A case manager generally sees to it that the family’s physical and mental health care needs are met, educational issues for children are addressed appropriately, and that the family feels connected to and reasonably invested in the Community Housing Program. The case manager also is responsible for helping to support the family with issues related to their tenancy, such as payment of rent and security deposits, and issues related to neighbors, noise, and general apartment living.

All sites have the long-term stabilization of families as a goal, and, therefore, provide linkages to education, training, and employment opportunities. Participants stay in the program typically between 6 months and 2 years depending on their needs and the availability of future housing prospects. However, if they choose to, participants may stay permanently, even after service goals have been met and self-sufficiency has been achieved. For participants who choose to move on after program completion, case managers work with them to help secure other permanent housing opportunities.

Outcomes

Occasional rates in general tend to be difficult to maintain in supported housing programs. An additional challenge Community Housing faces is the geographic distance between the hometowns of many of the applicants (primarily Greater Boston) and the program sites. Some families calling for program information have found the locations to be too far from family members and other home ties. That said, it is a testament to the program’s success and word-of-mouth reputation statewide that the occupancy rate for Community Housing has been so strong. Between July 16, 2003 and December 16, 2003, the program maintained an occupancy rate of 86%.

Although many families within the Community Housing Program have histories of chronic homelessness and an inability to maintain housing, the following outcomes demonstrate the success of the program to retain families up to 3 years and to link families to permanent housing. Of the 82 adults who participated in the program in 2002, 15% completed the program, 4% left for housing without completing the program, 12% were discharged for non-compliance, 2% left or were discharged because their needs could not be met by the program, 1% died, 2% unknown, and 64% stayed in the program. Of those who left the program during 2002, length of stay ranged from 1-3 months (10%), 3-6 months (17%), 7-12 months (33%), 13-24 months (27%), and 25 months–3 years (13%). Of those who left during the year, 73% moved directly into permanent housing.

Relapse is not generally a reason for discharge from the Community Housing Program. A participant who relapses is provided with additional support and either outpatient or inpatient treatment so that she can maintain her housing while she focuses more intently on her recovery plan. If necessary, her children will be cared for by family members while she completes off-site treatment. Information on the recurrence of homelessness, relapse, and involvement with the Department of Social Services post-discharge has not been available because the program does not have resources to track families once they are no longer on program subsidies.

Conclusion

According to a recent study by the National Low Income Housing Coalition, Massachusetts was rated the least affordable state in which to rent an apartment (Pitcoff et al., 2003). In addition, SAMHSA’s 2002 study, the National Survey on Drug Use and Health reported that Massachusetts had the highest rate of illegal drug use by persons aged 12 and over (SAMHSA, 2002). In a state where the lack of affordable housing, high rates of drug use, and prevalence of family homelessness have reached near-crisis proportions, the Community Housing Program has been moving recovering families into stable, supportive, sober, subsidized housing. As a result, these families have gained a sense of hope and strength along with a foundation for creating a better future for themselves and their children.

Molly Froelich, MA
Statewide Access Coordinator for Community Housing, The Institute for Health and Recovery, Cambridge, MA

REFERENCES


TRAINING WITHOUT TRAVEL

All teleconferences are scheduled at 2:00-3:30 p.m. Eastern Time (adjust for your own time zone)

Please join the AIA Resource Center for the final trainings of our 2004 Teleconference Series. Access these timely interactive trainings from your office or home.

Staff Development and Secondary Traumatic Stress in the Human Services
Wednesday, May 5, 2004

Laurie Sullivan, PhD, CSW
Director, Behavioral Medicine Training
New York Medical College at St. Joseph’s
Family Practice Residency Program
Yonkers, NY

Human service work can be physically, emotionally, and spiritually strenuous. The findings of a study of stresses experienced by 323 human service staff of community-based AIDS service organizations in NYC will be presented. Secondary traumatic stress, or Compassion Fatigue, will be discussed as a significant factor. Recommendations for staff development activities will be offered in the interest of mitigating the effects of stress on human service personnel and sustaining the productivity and effectiveness of this workforce.

Services for Clients Affected by Co-occurring Substance Abuse and Mental Illness
Thursday, June 10, 2004

Joan Ellen Zweben, PhD
Executive Director, The 14th Street Clinic & Medical Group, Inc.
and the East Bay Community Recovery Project
Oakland, CA

This teleconference will review basic guidelines for determining whether client substance abuse is a problem, and how to decide upon a course of action. Motivational enhancement strategies, interventions for counselors and case managers within their existing treatment relationships, and types of specialty treatment programs for substance abuse will be addressed.

REGISTRATION

The registration fee for these 90-minute, interactive telephone seminars is $25 for each session. To register and receive the toll-free number and information packet, please complete this form and fax it to 510-643-7019. Then, prior to the conference, mail your payment (checks only, made out to U.C. Regents) to:

University of California, Berkeley
AIA Resource Center
Family Welfare Research Group
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Attn: Training Coordinator

REGISTRATION FORM

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Look for a confirmation from the AIA Resource Center. For more information about these trainings or the 2005 Teleconference Series, contact the AIA Resource Center at (510) 643-8390 or aia@uclink.berkeley.edu.
Kim MacDonald is the Housing Specialist with FamiliesFirst, Inc.'s Shared Family Care (SFC) program in Contra Costa County, California. SFC is a whole family placement program that offers an alternative to conventional child welfare services for families who are at risk of separation or attempting to reunify after temporary separation. In this program, an entire family lives in the home of a mentor family who is trained to mentor and support biological parents as they develop skills necessary for healthy, safe, independent living with their children. More than two-thirds of the parents in the program have recent histories of substance abuse, and almost all are homeless or on the fringe of homelessness when they enter the 6-month SFC placement. The following interview summary explains how Kim and the SFC program work with families and the community to prepare families for independent living and help them obtain and maintain stable housing.

Helping families prepare for independent living

Within 30 days of entering the SFC program, Kim begins working with families to help them prepare for independent living. This includes running a credit report (which is paid by FamiliesFirst), and helping families to dispute issues related to overdue bills, request investigations of delinquent notices and/or write letters when appropriate, and set up payment plans. Working with the SFC case manager, Kim also helps the parents obtain better paying employment, access any public assistance they may be entitled to, and develop realistic budgets. Additionally, she conducts housing workshops in which she teaches families how to find and maintain housing, build trusting relationships with landlords, and obey occupancy standards, for instance. She also helps families develop tenant resumes that include a listing of previous landlords and certified copies of dropped evictions, which she helps families obtain from the courthouse. This helps families look and feel more professional and prepared when they approach a prospective landlord. Finally, Kim encourages families to request no-interest car loans (of up to $3,000), which Social Services will give to any client who has had a job for at least three months.

Effective strategies for finding safe, affordable housing for families

Kim recommends the following strategies for locating housing for clients.

- **Collaborate with others in the housing field.**
  This includes landlords, housing programs, HUD, and transitional housing programs.

- **Make yourself available and attend activities of homeless and housing advocates.**
  For instance, Kim belongs to and attends meetings of homeless and housing service provider associations and the National Association for Rental Property Managers.

- **Spend time in the community.**
  Get to know the neighborhoods, landlords, property managers, and local resources.

- **Build trusting relationships with landlords and be consistent.**
  For instance, Kim offers to do interventions with tenants that she has referred if problems arise. Also, in addition to the six months of case management aftercare provided through the SFC program, Kim provides follow-up services specific to housing related issues. As a result of her trust, dependability, and track record, landlords often call her when they have a vacancy.
Accompany clients when they go to look at prospective housing. This provides support for them and helps them to focus on their strengths and advocate for themselves.

Finally, based on her experience, Kim recommends that with independent landlords and housing programs in the community, it is often helpful to disclose information about the program to demonstrate that the family is improving their lives and has support in the community. However, she suggests that with property managers, it is more important to emphasize the family's ability to make timely payments and not offer unsolicited information about child welfare or program involvement. Interestingly, when asked about criminal histories, Kim noted that most landlords do not actually conduct criminal background checks because it costs them too much money.

Helping families transition to independent living

FamiliesFirst has developed strong relationships with various community organizations to assist families in their transition to independent living. For instance, the Concord Moose Lodge provides “welcome home” baskets to SFC program graduates as they move into their own housing. The baskets consist of items on wish lists that the families develop (e.g., kitchen items, linens, and other household goods). Additionally, through a relationship with the Interfaith Council, various churches help to furnish families’ new homes.

In addition to financial and material assistance, ongoing emotional support is critical during families' transitions to independent living. Particularly after living in a safe, stable and nurturing environment of a mentor home, families often feel lonely and scared when they're suddenly on their own; this can be a prime trigger for relapse. Therefore, it is very important for families to feel supported and know that they are not alone. In the SFC program, many families continue to rely on their mentors as extended family members. They also continue to receive six-months of SFC aftercare to work on goals that they have identified prior to leaving the mentor home; and they are invited to attend monthly support groups for program graduates as long as they want. Kim emphasizes the importance of regular follow-up, even if unsolicited, in order to make sure the family is adjusting well and maintaining their housing, rather than waiting until it’s too late. She also encourages clients to call her as soon as they think they might not be able to pay their rent, rather than waiting until they're getting evicted. With advanced notice, she is often able to get them rental assistance through programs such as Season of Sharing, United Way, or Shelter, Inc.

When families are not ready for independent living after completing their SFC mentor placement, Kim helps them obtain transitional housing. In those cases, she works closely with the transitional housing caseworker and follows the family for up to one year until they are stable in permanent housing.

Concluding comments

Kim acknowledges and stresses the need for sober living arrangements that accommodate children, particularly for families just coming out of treatment programs, and for more housing that, like traditional transitional housing, is affordable (no more than 30% of a family’s income) and provides support services for families. In the meantime, however, she emphasizes the importance of being knowledgeable and resourceful about community and housing resources in order to best assist clients; of walking clients through the entire housing search process so that they learn and are able to do it on their own in the future; and of providing ongoing emotional support to families as they transition to independent living.

Written by Amy Price, MPA
Associate Director, AIA Resource Center, based on a conversation with Kim MacDonald, Housing Specialist, FamiliesFirst, Inc., in December 2003.
homelessness and also have substance abuse, mental health issues and/or HIV/ AIDS. Because many homeless families do not fit the definition of “chronic homelessness” even if they have one of these priority problems, this policy creates a preference toward “single” populations. Thus, in order to accommodate more housing programs without conflicting with the broad fair housing policies, service funding needs to be defined more broadly.

The Rise of a New Model — Community Supported Housing

The Women’s Institute is now striving not to build developments classified by people’s issues, but instead to create “community supported housing” that provides programs and opportunities for households of all backgrounds. This approach can help avert NIMBY, and it recognizes that all households of all backgrounds can benefit from social and program connections. In addition to making the developments more acceptable in a community, a mixed-income, mixed-population community can be more economically feasible if located in a neighborhood where market rents are high enough to help subsidize the below-market rents. The key to the success of community supported housing is involving the community early on in the planning and design of the housing. The community consists of all stakeholders—neighbors, community leaders, collaborating agencies, funders, and future residents. Another important factor is collaboration among agencies to provide the connections and supports to individuals. A family advocate acts as a community builder within the residence and in extending connections beyond the walls of the development. This “light” supportive housing approach and “heavy” community organizing approach is what we call “community supported housing.” The development becomes an asset to the larger community—one that adds value to the neighborhood where it resides. By creating a center that fills a community wide need, whether it is an after school program or a computer lab, the housing is no longer an isolated stigmatized project.

One example of community supported housing is Moreland Street Apartments, developed by the Women’s Institute, and owned and operated by Brookview House. This program provides permanent housing for twelve formerly homeless families. A tax-foreclosed nursing home building originally built in 1870, the site had been vacant for ten years and had also been a site of criminal activities. Complete renovation was required to convert the site into 12 family apartments and substantial shared areas for meetings and programs. Brookview House, also operator of a transitional housing of the same name, is able to provide residents at both sites with a family advocate and a children’s advocate overseen by a clinical director. Through their collaborations with Health Care for the Homeless and the Transition to Work Collaborative, they are able to offer mental health therapy, and educational and workforce programs to the residents. Services are offered but not mandatory. Brookview House operates licensed after school and summer programs available to the residents and the larger community.

Key Elements of Community Supported Housing

Involving the many stakeholders in the early stages of a project’s design is critical to its success and acceptance. For example, in addition to the three partners and the advisory committee, BAC-YOU formed a GrandFamilies Task Force. With funds from a local foundation, BAC-YOU hired a former grandparent support group leader to organize a group of grandparents who would serve as advisors to the project. As a grandparent raising her grandchild off and on, she had first-hand experience with the issue. She organized the GrandFamilies Task Force for the purpose of advising the project team by recruiting former members of her support group. The task force met monthly and provided significant help to the overall project. They advised the team on design and program features. The task force grew from advising on the project to becoming an effective advocacy group.
COMMUNITY CONNECTIONS AND PARTNERSHIPS

Programs like Canon Barcus provide wrap around support for children—on site child care; after school, teen and summer programs; family literacy; and play groups so that children can have a stable life within their housing even if their parents are unable to provide much stability themselves. These supports are provided directly by program staff and through their many collaborations, e.g., Homeless Children’s Network, St. Luke’s Medical Center, YMCA, Baker Places and many other programs. In programs with less state funding for services, it is even more critical to form partnerships. Many of these programs come with their own funding source; in other cases joint applications can be made to the city and foundations.

FLEXIBLE SPACES FOR RESIDENT AND COMMUNITY PROGRAMS AND ACTIVITIES

The program space at Moreland Street Apartments was intentionally left undeveloped to determine what the residents wanted and needed. The residents identified after school care as the missing link for them. Brookview House created an after school program and summer program to fill that void. These programs are open to residents as well as the larger community.

COMMUNITY BUILDING WITHIN AND OUTWARD

Community supported housing programs have a family advocate sometimes referred to as a resident coordinator or family liaison. This person has a dual role of keeping residents involved in the activities of the building and connected to the outside world. Peer support based on trust is also key to the success of the residents and the overall program. The peer support and pressure in a community like Dunmore Place, for example, helps women to maintain their sobriety. In GrandFamilies House, the grandparents must have a plan for who will take care of the children if they are hospitalized or unable to continue caring for their grandchildren. In many cases, grandparents will take each other’s grandchildren when their neighbor is hospitalized. They help each other out in many subtle and not so subtle ways.

ORGANIC PROGRAMS THAT CHANGE BASED ON RESIDENT AND COMMUNITY NEEDS

In order to have a program that is responsive to the residents while maintaining a connection to the larger community, programs and activities must be relevant to people’s lives. Keeping in touch with the interests and needs of the residents and the larger community can be accomplished through surveys and evaluations, and by creating opportunities in the governance of the sponsoring agency and the housing. In collaboration with the University of Massachusetts, GrandFamilies House, for instance, had a large evaluation component that included a six-month study and a four-year study. Based on findings from the studies, and other feedback from the residents, GrandFamilies House has implemented many changes including teen programs to meet the needs of resident youth who entered the program as children.

Conclusion

There is a need for supportive housing for many populations, including families affected by substance abuse. To create housing for low-income individuals and families, there is dire need for more Shelter Plus Care and Section 8 certificates. Recently, Section 8 certificates have been reduced, and additional cuts are expected. Advocacy organizations such as the National Low Income Housing Coalition (www.nlhex.org) and the National Alliance to End Homelessness (www.naeh.org) are working to increase housing resources.

While the community supported housing model holds much promise for future directions in keeping people connected, the key position of family advocate does not have stable funding. These programs need funding that

Continued on page 26 . . .
supports the coordination necessary to build the community from within, and to link people to existing community services such as mental health, substance abuse, education or other programs. In many states funding does not exist for this critical service coordination. The Corporation for Supportive Housing (www.csh.org), a non-profit intermediary, has successfully advocated for the coordination of funding at the state level in the nine states where they work (CA, CT, RI, IL, MI, MN, NJ, NY, OH). Their efforts, for example, have made Canon Barcus Community House a model program due to the housing, operating, and service dollars that converged.

The ability to house any particular population under one roof may no longer be viable. As a result, we need to re-think our approach to assisting families with maintaining their housing and achieving family stability and economic security. This requires collaboration between service and housing providers, creative use of existing resources, and advocacy for new or expanded funding. Service providers can and must play a leadership role in these efforts, which can begin by initiating conversations with housing providers and developers in the community. Learning from providers and developers that have experience with creating community supported housing is a good place to start.

Lynn Peterson
Co-Director, Center for Supportive Communities,
The Women’s Institute for Housing and Economic Development,
Boston, MA
www.wihed.org

CALL FOR ARTICLES

The National AIA Resource Center is soliciting articles for the spring 2005 issue of *The Source*. This bi-annual newsletter is distributed to over 2,500 administrators, policy makers, and direct line staff throughout the country, and is also available on-line at http://aia.berkeley.edu/publications/source.html.

The spring 2005 issue will focus on substance abuse prevention for young children of substance users. Specifically, we are looking for articles that: discuss the rationale for beginning prevention efforts for this vulnerable population in early childhood; describe innovative or effective substance abuse prevention programs for these children; and summarize research findings in this area.

To be considered for publication, please email a brief (150-200 words) abstract of your proposed article to Amy Price at amyprice@uclink.berkeley.edu. Abstracts are due Friday, August 27, 2004.

For questions, contact Amy Price at 510-643-8383 or amyprice@uclink.berkeley.edu
Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing - National Edition

This manual offers basic information about laws that pertain to supportive housing, and it has sections on serving specific populations (including substance users). It suggests ways to identify and think through issues in order to make better use of professional counsel, and it offers reasonable approaches to resolve common dilemmas. Cost: $15 or download the PDF file for FREE.


Supportive Housing Financing Source Guide
(with special emphasis on programs in Arizona, California and Nevada)

The purpose of this guide is to help identify potential financing and funding sources for transitional and permanent supportive housing projects and programs. It provides general information on categories of funding sources (what they are, how they flow, how to access them) and detailed information on more than 40 sources and initiatives with the greatest potential for providing significant project funding. Cost: Free on-line.


A Roof over My Head: Homeless Women and the Shelter Industry

Based on ethnographic data, this book examines the lives of homeless women living in small shelters, often caring for children. The author draws from a number of sources to get at the causes and social construction of homelessness. Cost: $29.95.


Fact Sheets: Every Door Closed: Barriers Facing Parents with Criminal Records. An Action Agenda

These eight 2-page fact sheets detail the challenges faced by families with mothers and fathers recently returned home from prison and jail. Solutions for policymakers are outlined. Cost: Free on-line.

Download from the Center for Law and Social Policy's website at www.clasp.org.

Providing Comprehensive, Integrated Services to Vulnerable Children and Families: Are There Legal Barriers at the Federal Level to Moving Forward?

This paper describes how, over the past several years, social service providers have increasingly understood that families seeking assistance often face multiple, complex needs requiring services from more than one program. This paper outlines a model of integration focusing on comprehensive services. Cost: Free on-line.


The Manager's Guide to Program Evaluation

This book gives nonprofit leaders information and insights to plan and conduct evaluations that will help identify an organization's successes, share information with key audiences, and improve services. The book describes the types of information to collect, spells out the four phases of evaluation and the steps in each phase, and offers advice on hiring and working with a professional evaluator. Cost: $25.00.


Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation

Incorporating traditional evaluation, empowerment evaluation, results-based accountability, and continuous quality improvement, this manual's ten-step process enhances practitioners' substance abuse prevention skills while empowering them to plan, implement, and evaluate their own programs. The manual's text and worksheets address needs and resources assessment; goals and objectives; choosing programs; ensuring program "fit"; capacity, planning, process, and outcome evaluation; continuous quality improvement; and sustainability. Cost: Free (only available on-line).


Solution-Focused Brief Therapy: Its Effective Use in Agency Settings

This book chronicles the lessons learned when a substance abuse counseling program switches its theoretical orientation from problem-focused to solution-focused, and it details the technical aspects of the changeover (theory, techniques, interventions, politics, and team design). It also provides clear descriptions of basic interventions and philosophy, highlights points of contrast with more traditional approaches, and demonstrates how to integrate relapse prevention, help clients
Continued from page 27... 

maintain therapeutic gains, and communicate effectively with colleagues who represent different philosophies. Cost: $32.95.

Skilled Dialogue: Strategies for Responding to Cultural Diversity in Early Childhood

This book provides instructions in using Skilled Dialogue, a field-tested model for respectful, reciprocal, and responsive interaction that honors cultural beliefs and values. The book provides a model for honoring the diverse identities of the children and families you serve by revising your understanding of cultural diversity, learning the essentials of Skilled Dialogue, and applying them to early childhood assessment and intervention. Cost: $29.95.

Child Welfare and School Readiness—Making the Link for Vulnerable Children

This resource brief is designed to strengthen the connections between child welfare and other early childhood services in state and national efforts to promote and enhance optimal child development. It serves as a primer on school readiness policy for child welfare staff and individuals in the early care and education community, and it draws upon growing evidence from brain research, child development, and child welfare to show the need to address developmental issues of children in the child welfare system. Cost: Free on-line; $10 for first hard copy.

Foundations of Play Therapy

A guide to different play therapy approaches useful with children of all ages. Edited by a leader in the field, with contributions from other experts, this reference book describes major theoretical models and offers practical examples of each model. Cost: $55.00.

Essentials of Child Welfare

This book offers key information needed to successfully work with families involved in the child welfare system. It also outlines techniques for handling related topics including attachment issues, substance abuse, sexual abuse, suicidal ideation, eating disorders, learning disabilities, and more. Cost: $29.95.

From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention

This book examines the effects in adulthood of child sexual abuse. Emerging research shows that child sexual abuse leads to negative effects on adult sexuality. Leading scientists bring research from a number of disciplines together to integrate current literature in this field. Cost: $49.95.

Why Can’t We Be a Family Again?

This award winning documentary video portrays the bond between two brothers longing for reunification with their drug-addicted mother, while remaining in the care of their grandmother. Cost: $295; rental $55.

Prison Lullabies

This award winning film follows four women in prison for drug-related crimes. Each of the four was pregnant when arrested, and each gave birth behind bars. The prison is unique in that it has a nursery on site and allows prisoners to keep their babies for the first 18 months of their lives. Each woman is released during the course of the film and is faced with the choice of finding a job and caring for her child, or returning to life as it was before prison. Cost: $350; rental $75.

Annie—Street Orphan in New York

This is a video about Annie, an 18-year-old homeless girl with no family apart from other street kids. Annie and her friends survive as best they can: by stealing, prostituting, and dealing drugs, among other things. This is a poignant look at the life of kids living on the streets. Cost: $295; rental $75.
R. Hof and Hof Film Productions, 45 minutes. Available through Filmakers Library, 124 East 40th St., New York, NY 10016. Ph: (212) 808-4980. Fax: (212) 808-4983. Email: info@filmakers.com. www.filmakers.com

Wise Words

This newsletter, published by Project Inform three times a year, provides HIV/AIDS treatment information and advocacy for women by women.
Third Annual Canadian Conference on Spirituality and Social Work

This conference will bring academics and practitioners together to discuss the importance of spirituality in social work practice and generate a network of professionals from a variety of disciplines.

**DATE:** June 1 - 3, 2004  
**LOCATION:** University of Winnipeg, Canada  
**SPONSORING AGENCY:** Canadian Association of Schools of Social Work  
**CONTACT:** Susan Cadell. Email: scadell@interchange.ubc.ca.  
www.stu.ca/academic/scwk/cass/index.htm

Stand Up! Speak Out! 2004 Conference

At the annual conference of the National CASA Association, child advocates will share experiences and ideas that will be helpful when they return to their own communities. From national experts, participants will learn some of the recent innovative approaches in the areas of substance abuse, sexual abuse, and the court system.

**DATE:** June 5 - 8, 2004  
**LOCATION:** Washington, DC  
**SPONSORING AGENCY:** National CASA Association  
**CONTACT:** Ph: (800) 628-3233.  
http://nationalcasa.org/htm/events.htm, or register at  
http://secure.casanet.org/_CASARegistration/index.htm

Let’s All Get in the Victory Lane: Making Children a National Priority

The Child Welfare League of America 2004 Mid-West Region Training Conference and National Juvenile Justice Summit are joined to show the importance of communities working together to strengthen children and families. Improvements in services for families and children result from combined efforts of direct service providers, supervisors, managers, executives, board members, and foster/adoptive parents, reinforced by training and networking.

**DATE:** June 7 - 11, 2004  
**LOCATION:** Indianapolis, IN  
**SPONSORING AGENCY:** The Child Welfare League of America  
**CONTACT:** Ph: (312) 291-0235.  
Email: Midwest@cwla.org.  
www.cwla.org/conferences/conferences.htm

Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Early Intervention

These annual Training Institutes are designed to provide in-depth, practical information on how to develop, organize, operate, finance, and sustain systems of care and how to provide high quality, effective, evidence-based clinical interventions within them. This year’s Institutes will include a special emphasis on early intervention.

**DATE:** June 23 - 27, 2004  
**LOCATION:** San Francisco, CA  
**SPONSORING AGENCY:** National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development  
**CONTACT:** National TA Center for Children’s Mental Health. Ph: (202) 687-5000. Email: institutes2004@mindspring.com.  
www.gucchd.georgetown.edu

Treatment Foster Care: Mission Impossible

Attended by over 700 treatment foster care professionals and foster parents, this 18th annual conference will highlight best practices in the field of treatment foster care.

**DATE:** July 18 - 21, 2004  
**LOCATION:** Nashville, TN  
**SPONSORING AGENCY:** Foster Family-Based Treatment Association  
**CONTACT:** FFTA. Ph: (800) 414-3382, ext. 113, 121 or 118. Email: ffta@ffta.org.  
www.ffta.org

30 Years of Celebrating Families

NACAC’s annual conference includes sessions on recruiting permanent families, adoption support and preservation, permanency options, international adoption, parent ing children with challenges, advocacy, and more.

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DATE: July 28 - 31, 2004
LOCATION: Minneapolis, MN
SPONSORING AGENCY: North American Council on Adoptable Children
CONTACT: Ph: (651) 644-3036.
Email: info@nacac.org.
http://nacac.org/conference.html

APSAC 12th Annual Colloquium
This conference is a prominent source of information and research for professionals in the field of child abuse and neglect.
Skill-based training seminars and networking opportunities will be available.

DATE: August 4 - 7, 2004
LOCATION: Hollywood, CA
SPONSORING AGENCY: American Professional Society on the Abuse of Children
CONTACT: John Madden.
Ph: (405) 271-8202.
Email: john-madden@ouhsc.edu.
www.apsac.org.

Women of Color, Taking Action for a Healthier Life: Progress, Partnerships & Possibilities
This 2004 Minority Women's Health Summit will address current health care issues for women of color and how to facilitate community partnerships.

DATE: August 12 - 15, 2004
LOCATION: Washington, DC
SPONSORING AGENCY: DHHS Office of Public Health and Science; Office on Women's Health
CONTACT: Elizabeth David at (202) 205-0571 or Adrienne Smith at (202) 690-5884.
http://4woman.gov/mwhs/

Promoting Resilient Development in Children Receiving Care
This international conference will share the latest research on resilience theory and provide an opportunity to network with researchers, professionals, and advocates.

DATE: August 16 - 19, 2004
LOCATION: Ottawa, Canada
SPONSORING AGENCY: Child Welfare League of Canada
CONTACT: www.cwlc.ca/conference

Advocacy, Assessment, Intervention Research, Prevention, and Policy: Working Together to End Abuse
The 9th International Conference on Family Violence will include interest areas of domestic violence, elder abuse, child maltreatment, youth violence, and sexual assault. 2004 is the 20th anniversary, so there will be a special historical track and pioneer presenters.

DATE: September 17 - 22, 2004
LOCATION: San Diego, CA
SPONSORING AGENCY: Family Violence & Sexual Assault Institute
CONTACT: Rocky Rowley.
Ph: (858) 623-2777, ext. 442.
www.fvsai.org

15th International Congress on Child Abuse and Neglect
The Congress theme is “Working Together for a Child Safe World” to reflect its commitment to encouraging the exchange of professional information and practices, and providing an enriching experience.

DATE: September 19 - 22, 2004
LOCATION: Brisbane, Australia
SPONSORING AGENCY: International Society for Prevention of Child Abuse and Neglect
CONTACT: ISPCAN 2004 Congress Secretariat, ICMS (Qld) Pty Ltd
PO Box 3496, South Brisbane Queensland 4101, Australia. Ph: 61 7 3844 1138.
Fax: 61 7 3844 0909.
Email: ispcan2004@icms.com.au.

Connecting the Pieces: Family Violence, Substance Abuse, and Children at Risk
This 18th Annual Children's Network Conference focuses on child health and safety, child abuse prevention, counseling, community resources, child development and education.

DATE: September 29-30, 2004
LOCATION: Ontario, CA
SPONSORING AGENCY: Children's Network, Department of Children's Services, and Children's Fund
CONTACT: Jennifer Celise-Reyes.
Ph: (909) 387-8966.

Growing Pains
The 17th Independent Living Conference is designed for youth service professionals, independent living professionals, and youth ages 15 and older. Leaders in the field of independent living will present.

DATE: September 29 - October 2, 2004
LOCATION: San Antonio, TX
SPONSORING AGENCY: Daniel Memorial Institute
CONTACT: Stephanie Waugerman.
Ph: (904) 296-1627.
www.danielkids.org/conferences/registration-gp-a.htm

NAADAC’s Annual Conference
NAADAC will soon post details about the conference on their website.

DATE: October 6 - 9, 2004
LOCATION: West Yellowstone, MT
SPONSORING AGENCY: NAADAC, The Association for Addiction Professionals
CONTACT: Ph: (703) 741-7686 or 800-548-0497. www.naadac.org/

American Public Health Association Meeting
The 2004 meeting theme is “Public Health and the Environment.” More than 900 scientific, roundtable, poster, and discussion sessions will be held.

DATE: November 6 - 10, 2004
LOCATION: Washington, D.C.
SPONSORING AGENCY: American Public Health Association
CONTACT: www.apha.org/meetings/contact.htm
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AIA Resource Center
University of California, Berkeley
Family Welfare Research Group
1950 Addison Street, Suite 104, #7402
Berkeley, CA 94720-7402
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Betty Bass
Doug Campbell
Molly Froelich
Jeffery M. Lane
Lynn Peterson
Amy Price
Tanya Tull

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AIA RESOURCE CENTER
1950 Addison St., Ste. 104, #7402
Berkeley, CA 94720-7402
Tel: (510) 643-8390
Fax: (510) 643-7019
http://aia.berkeley.edu

PRINCIPAL INVESTIGATOR: Neil Gilbert, PhD
DIRECTOR: Jeanne Pietrzak, MSW
ASSOCIATE DIRECTOR: Amy Price, MPA
POLICY ANALYST: John Krall, MSW
TRAINING COORDINATOR: Margot Broaddus, BA
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