SHIFT STUDY

• Examined residential stability of families over time.
• Compared emergency shelter, transitional housing, permanent supportive housing.
• Longitudinal study: Baseline; 15 Months; 30 Months.
• Looked at housing and services provided “as is” in the community (not a demonstration project).
• Conducted in Rochester, Buffalo, Syracuse and Albany, NY from 2007 to 2010.
• Representative of mid-sized cities nationwide.
SHIFT Study

• SHIFT Study N = 292 families at Baseline; 192 at 15 Months; 184 at 30 months.

• Emergency Shelter (ES): Temporary or transitional short-term shelter for families—1 night to 3 months (45% of sample).

• Transitional Housing (TH): Housing and services to help families move to independent living within 24 months (41% of sample).

• Permanent Supportive Housing (PS): Long-term, community-based housing with supportive services for people with intense needs. Supportive services may be directly provided or by other agencies (14% of sample).
SHIFT STUDY

Assessment Domains

• Demographics.
• History of homelessness.
• Income, benefits, employment, education.
• Mother’s physical health, trauma history, mental health, substance use, parenting.
• Child’s physical health, behavioral problems, mental health, education.
• Services received (for mother and for children).
Mothers’ Characteristics

- Most mothers in their 20’s; never married, with two or three children.
- Majority were African-American; one-quarter Caucasian; 14% Latina or “other.”
- More than one-third with no high school degree or GED.
- One-third graduated high school or obtained GED.
- Slightly less than one-third with some college or two-year degree.
TANF: BASELINE, 15 MONTHS AND 30 MONTHS

- Emergency Shelter: Baseline 36%, 15 Month 46%, 30 Month 52%
- Transitional Housing: Baseline 48%, 15 Month 47%, 30 Month 35%
- Permanent Supportive Housing: Baseline 71%, 15 Month 39%, 30 Month 36%

SHiFT
A partnership between the Marie C. and Joseph C. Wilson Foundation and the National Center on Family Homelessness
UNEMPLOYMENT OVER STUDY PERIOD IN ALL TYPES OF HOUSING PROGRAMS

- **Emergency Shelter**: Baseline - 83%, 15 Month - 70%, 30 Month - 60%
- **Transitional Housing**: Baseline - 79%, 15 Month - 63%, 30 Month - 59%
- **Permanent Supportive Housing**: Baseline - 84%, 15 Month - 64%, 30 Month - 68%
Residential Instability

Families who moved once and had a rental subsidy were not considered residentially unstable because such a move may indicate a step towards stable housing. Using this conservative definition:

- At Baseline, 87% of families had moved multiple times in the previous 18 months.
- At 15 months, 63% of families were residentially unstable.
- At 30 months, half of families (49%) were still residentially unstable.
RESIDENTIAL MOBILITY: NUMBER OF MOVES 18 MONTHS BEFORE ENROLLMENT

- Emergency Shelter: 14% 0 Moves, 13% 1 Move, 85% 2+ Moves
- Transitional Housing: 13% 0 Moves, 88% 1 Move, 7% 2+ Moves
- Permanent Supportive Housing: 7% 0 Moves, 93% 1 Move, 0% 2+ Moves
RESIDENTIAL MOBILITY: NUMBER OF MOVES BASELINE TO 15 MONTHS

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Residential Mobility: Number of Moves 15 Months to 30 Months

- **Emergency Shelter**
  - 0 Moves: 30%
  - 1 Move: 36%
  - 2+ Moves: 34%

- **Transitional Housing**
  - 0 Moves: 33%
  - 1 Move: 24%
  - 2+ Moves: 43%

- **Permanent Supportive Housing**
  - 0 Moves: 36%
  - 1 Move: 36%
  - 2+ Moves: 29%
RESIDENTIAL INSTABILITY: 15 MONTHS TO 30 MONTHS

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**Change Over Time in Predictors of Residential Instability**

*Four* Significant Predictors At 15 Months:

- Lower level of education.
- Unemployment.
- Poor health.
- Lower self-esteem.

*Two* Significant Predictors At 30 Months:

- Lower self-esteem.
- Severity of Post Traumatic Stress Disorder (PTSD) symptoms.
HIGH PREVALENCE OF LIFETIME Trauma For Mothers

• 93% of mothers with trauma history:
  ○ 81% experienced multiple traumas.
  ○ 79% traumatized as children.

• Interpersonal violence most common trauma:
  ○ Half of mothers sexually abused as children.
  ○ More than two-thirds of mothers physically abused as adults.
PRESENTATION OF PTSD AMONG HOMELESS MOTHERS

• PTSD presents complexly for survivors of interpersonal violence:
  o Impacts all aspects of functioning (i.e. cognitive, affective, relational, functional impairments).
  o Does not mirror PTSD presentation after acute events or combat (i.e. flashbacks as primary symptom).

• Results in severe impairment and loss of resources:
  o Severely impacts ability to establish safety and stability.
  o Depressive symptoms often most prevalent.
  o Negatively effects mother’s parenting skills and responsiveness to children’s developmental needs.
  o Trauma can be transmitted intergenerationally to children.

• To achieve long term stability services must also target:
  o Safety, stabilization, mental health, parenting & children’s development, and skills to build resiliency.
PREVALENCE OF PHYSICAL ASSAULT FOR MOTHERS

emergency shelter: 34% childhood physical abuse, 50% adulthood physical abuse, 66% lifetime physical abuse
transitional housing: 50% childhood physical abuse, 51% adulthood physical abuse, 77% lifetime physical abuse
permanent supportive: 43% childhood physical abuse, 57% adulthood physical abuse, 62% lifetime physical abuse
total sample: 42% childhood physical abuse, 51% adulthood physical abuse, 70% lifetime physical abuse

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PREVALENCE OF SEXUAL ASSAULT FOR MOTHERS

- Emergency Shelter: 34% Childhood Sexual Assault, 12% Adulthood Sexual Assault, 41% Lifetime Sexual Assault
- Transitional Housing: 46% Childhood Sexual Assault, 10% Adulthood Sexual Assault, 51% Lifetime Sexual Assault
- Permanent Supportive: 60% Childhood Sexual Assault, 19% Adulthood Sexual Assault, 67% Lifetime Sexual Assault
- Total Sample: 42% Childhood Sexual Assault, 12% Adulthood Sexual Assault, 49% Lifetime Sexual Assault

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**Mothers’ Mental Health**

- Major depressive symptoms reported by majority of mothers.
- Decreased slightly at 15 Months, then remained steady at 30 Months.
- Maternal depression predicted educational and emotional problems for children.
- Half of mothers met diagnostic criteria for PTSD at Baseline (decreased to 40% at 30 months).
- PTSD symptom severity (e.g., not just the diagnosis) in mothers predicted major depression, unemployment, poor child outcomes, and residential instability.
**Mothers’ Mental Health**

- 49% of mothers in PS (N = 42) reported an inpatient mental health hospitalization, compared to 12% in ES and 21% in TH.
  - 78% had been sexually abused as children.
  - 100% had been physically abused in lifetime (71% as adults).

- PS selects for those with greatest needs, but this rate is very high and warrants further research.
CHILD OUTCOMES: ENTIRE SAMPLE

• 55% of mothers reported having a child living apart from them prior to the study.

• 40% of mothers reported having a child living apart from them during the course of the study.
  ▪ Predicted by:
    • Residential instability
    • Younger mothers
    • More children
    • Unemployment
    • Maternal mental health treatment
    • Attending Alcoholics Anonymous/Narcotics Anonymous (AA/NA)
Children Living Apart from Mother at 15 Month and 30 Month Follow Ups

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Baseline to 15 Months</th>
<th>15 Months to 30 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>44%</td>
<td>36%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>39%</td>
<td>32%</td>
</tr>
<tr>
<td>Permanent Supportive</td>
<td>50%</td>
<td>19%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>41%</td>
<td>36%</td>
</tr>
</tbody>
</table>

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CPS Involvement at 15 Months and 30 Months

- Emergency Shelter
  - Baseline to 15 Month: 25%
  - 15 month to 30 Month: 36%

- Transitional Housing
  - Baseline to 15 Month: 38%
  - 15 month to 30 Month: 22%

- Permanent Supportive Housing
  - Baseline to 15 Month: 39%
  - 15 month to 30 Month: 29%
**CHILD OUTCOMES: ENTIRE SAMPLE**

- One-quarter of mothers reported having a child with medical or physical disability affecting child’s functioning.

- Nearly one-third of mothers reported having a child with learning or emotional problems.
CHILD OUTCOMES

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Medical Condition or Physical Disability
- Emergency Shelter: 18%
- Transitional Housing: 31%
- Permanent Supportive: 22%

Learning or Emotional Problem
- Emergency Shelter: 25%
- Transitional Housing: 32%
- Permanent Supportive: 37%

Target Child - Special Education/Class/School
- Emergency Shelter: 26%
- Transitional Housing: 26%
- Permanent Supportive: 42%
**Child Outcomes: Target Child**

- Study conducted in-depth interview with mothers about one “target child” in family.

- At baseline, 41% of “target” children had significant difficulties:
  - Difficulties decreased over time for children in TH and PS programs.
  - Difficulties increased over time for children in ES programs.

- Throughout study, more than 40% had peer problems.
Target Child SDQ: Total Difficulties by Housing Group and Time

Baseline: BORDERLINE
Baseline: ABNORMAL
15 Month: BORDERLINE
15 Month: ABNORMAL
30 Month: BORDERLINE
30 Month: ABNORMAL

Emergency Shelter
Transitional Housing
Permanent Supportive
Total Sample

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**CHILD OUTCOMES:**

**TARGET CHILD**

- **65%** had conduct problems or hyperactivity at Baseline:
  - Decreased slightly over course of study.

- **14%** had emotional problems at Baseline:
  - Increased to 39% at 15 Months.
  - Decreased at 30 Months to Baseline levels for total sample.
  - Children in ES programs struggled most with emotional problems after 30 months.
Target Child SDQ: Emotional Symptoms by Housing Group and Time

Baseline: BORDERLINE
Baseline: ABNORMAL
15 Month: BORDERLINE
15 Month: ABNORMAL
30 Month: BORDERLINE
30 Month: ABNORMAL

EMERGENCY SHELTER
TRANSITIONAL HOUSING
PERMANENT SUPPORTIVE
TOTAL SAMPLE

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SHIFT ANALYSIS OF PROGRAM COSTS: Per Family, Per Day

- Emergency Shelter: $170
- Transitional Housing: $48
- Permanent Supportive: $111
<table>
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<th>Service Category</th>
<th>ES</th>
<th>TH</th>
<th>PS</th>
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<tbody>
<tr>
<td>Basic Needs</td>
<td>50%</td>
<td>21%</td>
<td>30%</td>
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<tr>
<td>Meals/Food</td>
<td>63%</td>
<td>21%</td>
<td>30%</td>
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<tr>
<td>Housing Assistance</td>
<td>63%</td>
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<td>30%</td>
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<tr>
<td>Transportation</td>
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<td>7%</td>
<td>20%</td>
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<tr>
<td>Service Referrals</td>
<td>63%</td>
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<td>60%</td>
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<td>Case Management</td>
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<td>Goal Setting</td>
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<td>Counseling, Crisis/Conflict Resolution</td>
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<td>Child</td>
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<td>Education Training</td>
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<td>40%</td>
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<td>Advocacy/Legal Services</td>
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<td>Childcare</td>
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<tr>
<td>Racial Justice</td>
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<td>7%</td>
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</tbody>
</table>
SHIFT COST ANALYSIS

FINDINGS

Costs of Mainstream Services

- Baseline PS costs significantly higher than ES and TH
- At follow-up, dental and medical service usage dropped significantly
SHIFT COST ANALYSIS: DISCUSSION

- **Emergency Housing**
  - Most costly → Per diem cost = $170
  - 3 month program and medical/dental services = $8600
  - No improved outcomes

- **Transitional Housing**
  - Least costly → Per diem cost = $48
  - 3 month program and medical/dental services = $3200
  - Provided fewest services

- **Permanent Supportive Housing**
  - Second most costly → Per diem cost = $111
  - 3 month program and medical/dental service = $8000
  - More intensive case management and direct services
SHIFT Study Findings: After 30 Months

- Mothers’ employment status improved but unemployment remained high across all types of housing programs.
- Many children (30% to 60%) struggled with physical and emotional problems throughout the study period.
- ES programs showed highest costs and least improvement in outcomes.
SHIFT Study Findings: After 30 Months

• Trauma and interpersonal violence were prevalent for homeless families.

• Homeless mothers had high rates of major depressive symptoms and PTSD and severe PTSD symptoms that impacted their residential stability.

• Residential instability remained high across all types of housing programs after 30 months.

• Mothers’ PTSD symptom severity and lower self-esteem were the only two predictors of residential instability after 30 months.
SHIFT POLICY IMPLICATIONS

Housing programs need to address:

• Mothers’ trauma histories and mental health consequences to achieve residential stability for the family over time.
• Children’s health and emotional problems to ensure family stability.

An effective response to family homelessness should include:

• Housing.
• Case management to address immediate needs including income, education and employment.
• Comprehensive Assessments of mothers and children that are tailored to the characteristics and needs of this subgroup of the homeless population; results used to target service delivery.
• Trauma-informed care.
• Parenting supports and skills training.
• Mental health services for mothers’ depression and PTSD.
• Child-centered services and programs that promote and support healthy development for young children (e.g., play spaces).