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Evaluation of a Comprehensive Intervention Strategy in Public Housing

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The Robert Wood Johnson Foundation through its Join Together Fighting Back community initiative to reduce the supply and demand of alcohol and drugs has in part funded the Families F.I.R.S.T initiative.

The Housing Authority of the City of New Haven under the leadership of Robert Solomon and Robin Golden have supported this program fiscally and conceptually and have recently been instrumental in moving these on-site services to scale in other local housing developments.

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The success of this program is particularly a function of the dedicated outreach workers who continue to provide services to individuals at Families F.I.R.S.T. This project would not have moved forward without their hard work, perseverance and dedication to serving the needs of residents at Quinnipiac Terrace.

I would like to thank the City of New Haven, Department of Police Services (Chief Wearing and his staff) for participating as team members in the Families F.I.R.S.T initiative, having a visible presence on-site and for providing the crime data that were used in this report.

Finally, and perhaps most importantly, I wish to acknowledge the residents at Quinnipiac Terrace who demonstrated the courage and commitment to change – both personally and within their community.

EXECUTIVE SUMMARY

Overview

Substance abuse and its related sequelae (including crime, poverty, violence, HIV, AIDS, psychiatric disorders and medical comorbidity), constitutes one of the leading public health problems facing society today. Substance problems occur across all strata of the population. However, particularly vulnerable groups face increased risk, such as minorities, indigent women and their children and the homeless. Public housing is one such environment that contains a critical mass of high-risk women and their children. The increased pressures of living life in the face of adversity and the strong presence of alcohol and/or drugs in the public housing community has contributed to more women using and abusing both prescription and non-prescription substances. In recognition that drug elimination in public housing requires a multi-faceted approach, the Housing Authority designed an innovative partnership program to reduce drug activity and foster family self-sufficiency in target developments. The program combines enhanced law enforcement, and on-site substance abuse and family support services as a unified approach to the problem of drug activity and substance abuse in public housing. The program included collaboration with the City of New Haven and the Robert Wood Johnson Foundation Fighting Back Initiative

Goals and Objectives

This report presents the evaluation findings of an intervention strategy directed towards reducing substance use/abuse and its related sequelae in a sample of at-risk families

living in a housing project in the City of New Haven. The key elements of this intervention are an innovative on-site comprehensive services model that includes both clinical (substance abuse treatment and family support services) and non-clinical components (e.g. extensive outreach and community organizing as well as job training and placement and GED certification) as well as high profile police involvement. The principal objectives included demonstrating:

1) A significant increase in the proportion of residents entering and completing intervention services; and
2) A reduction in substance related activities and crime post-intervention.

This intervention is novel for the following reasons:

- *The intervention is multidimensional capturing the complexity of substance abuse issues including self-esteem and employment issues.*
- *The program has removed significant barriers to treatment including transportation and childcare issues by having these services made available on-site.*
- *The program depends on a high level of community organization (e.g. tenant committee approval and participation) and extensive outreach (e.g. male involvement and family support).*
- *In order to maximize the opportunity for a reduction in drug-related crime and drug activity, the police will maintain a high profile by actively engaging in*

resident activities and by having a 24-hour physical presence within the housing complex.

Methods

At baseline, a needs assessment survey was completed that was compromised of questions that address factors relevant to the outcomes of interest. Process evaluation early in program implementation allowed for feed-back and program restructuring. In addition to follow-up surveys on residents at 12 and 18 months post-intervention, detailed information was obtained on crime statistics and utilization of intervention services. The general analytic strategy involved drawing comparisons between the intervention and control site at baseline, and following implementation of the intervention at 12 and 18 months. The primary outcomes of interest, including entry into substance abuse treatment, crime reduction, and employment are compared to a non-intervention control site that is matched to the intervention site in terms of race, family based housing and predominantly female head of household status.

Summary of Findings

Families F.I.R.S.T. is a model on-site human services program that demonstrates the impact that effective community partnerships can have on a major public health problem. The evaluation findings confirm that the principal objectives of this project were accomplished as evidenced by the (positive) changes that had occurred in the community at the 18-month assessment:

1. **Service Utilization**

   - *Over 90 clients had been served by the Families F.I.R.S.T program during the evaluation period (60 with substance abuse problems were referred to a variety of treatment programs; 51 to job training and placement programs; and 92 to GED certification) and a substantial proportion of residents are currently engaged in services.*

2. **Substance Related Activities**

   - *Significant improvements over time were observed in the intervention site for drug and alcohol abuse, drug selling, and violence as reported by residents.*
   - *A significant decrease in drug selling had occurred in the intervention site compared to the control site, although drug selling remained a major problem.*
   - *Despite the significant reductions in substance-related activities, major problems such as substance use/abuse, drug-selling, and violence still remain in the community based on resident reports.*

3. **Crime**

   - *Residents reported a significant decrease in crime and improved safety over time at the intervention site.*

- *Residents attributed improved crime and safety to increased police presence in the community.*
- *Trends over time revealed by calls for service data indicate fewer UCR I and II crimes since the inception of the Families F.I.R.S.T program, although a similar reduction occurred at the control site.*

Factors contributing to programmatic success included: a) continuous process evaluation that revealed that physical presence of services was not sufficient in and of itself to engage residents; b) extensive outreach and creative strategies are necessary to gain a presence beyond the 'physical'; c) involvement of the resident council and tenants across all aspects of program implementation is critical to gain trust, credibility and buy-in as necessary first steps; and d) 'word of mouth' marketing by trusted residents and satisfied clients.

Recommendations

- Extend the Families F.I.R.S.T model that includes the availability of on-site services to other public housing developments.
- Implement continuous improvement/process evaluation at each public housing development in which the program is implemented.
- Use aggregate analyses to define larger programmatic and systems level changes
- Conduct systematic long-term follow-up on individuals that use the services to determine treatment efficacy, employment, and ultimately exodus from public housing.

- Conduct cost-effectiveness studies as next steps to validate the efficiency of providing services on-site compared to other possible models.

Contribution to Criminal Justice System Policy and Practice

Families F.I.R.S.T. is a model on-site human services program that is tailored to meet the needs of individuals living in high-crime public housing. The major contribution of this intervention program to criminal justice system policy and practice is the development of a partnership program between a Public Housing Authority, treatment providers and a police department whereby at-risk individuals can seek the treatment they need and maintain sobriety living in an environment where drug activity continues but at reduced rates. The program represented an opportunity for the Department of Police Services, Housing Authority officials and residents, and the City to evaluate the effectiveness of combining community policing and human resource and support programs in public housing authorities. This program will be expanded across public housing developments in the City of New Haven and has the potential to be adopted statewide and/or nationally. The policy and practice change within the criminal justice system will include the incorporation of police sub-stations within housing projects, active participation of the officers in resident activities, and a round-the-clock presence to inhibit the purchase and sales of drugs.

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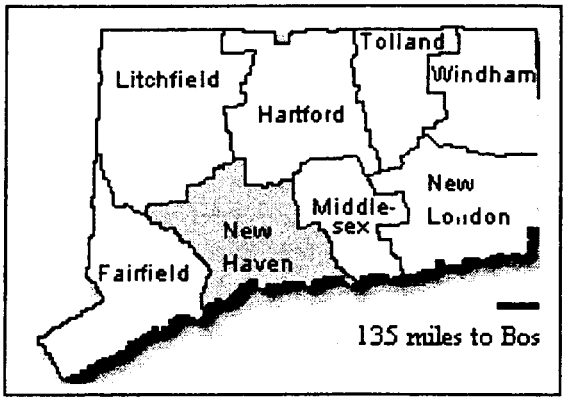
CHAPTER 1 Background and Significance

City of New Haven

New Haven, Connecticut's third largest municipality, is situated on Long Island Sound, approximately 150 miles from Boston and 74 miles from New York City (Exhibit 1). New Haven is a small cosmopolitan center with major institutions of higher education (including Yale University, University of New Haven, Albertus Magnus, Southern Connecticut State University), arts and entertainment, a state of the art medical center, and a highly educated workforce (including 4 major pharmaceutical companies in the area). Unfortunately, as with most urban centers over the past several decades, New Haven faces considerable urban blight with high rates of poverty, unemployment, crime, substance abuse and its associated mayhem. In recognition of the seriousness of the economic and urban blight problem, New Haven was designated an Empowerment Zone[1] in 1999.

Exhibit 1: Map of Connecticut



[1] HUD regulated Empowerment Zone

Exhibit 2 presents a snapshot of child-well being indicators that are representative of the magnitude of the problems that occur in New Haven.

Exhibit 2: Selected Indicators of Child-Well Being (New Haven vs State Rates)[2]

Indicators	New Haven Rate	State Rate	Worse than State Rate
Welfare Benefits (% of all children receiving welfare benefits 1998)	28.9	7.0	313%
Low Birth weight (per 1,000 births, 1995)	108.6	71.0	53%
Infant Mortality (per 1,000 live births, 1993-95)	11.8	7.4	59%
Teen pregnancy (% of all births, 1997)	18.7	8.3	125%
Child Abuse/Neglect (per thousand 1998-99)	6.2	2.2	182%
Juvenile Crime (per 100,000 youth age 10-17, 1994-95)	2185	451	384%

Briefly, these child-based indicators suggest that New Haven, in comparison to the state, has proportionally more families receiving welfare benefits, low birth weight infants, infant mortality and teen pregnancy, child abuse/neglect and juvenile crime.

The race/ethnic breakdown in New Haven according to 1990 census information is 49% Caucasians, 35% African-American, 13.2% Hispanic and 2.4% Asian/Pacific Islanders. One-third of families are headed by single mothers, 75% of whom have children under 18 years of age. Children under the age of 18 account for 23.7% of the total population with 51.5% of those African-American and 21.5% Hispanic. New Haven's percent poverty rate for the overall population is over three times that of the state-wide rate (6.1%).

Crime in New Haven

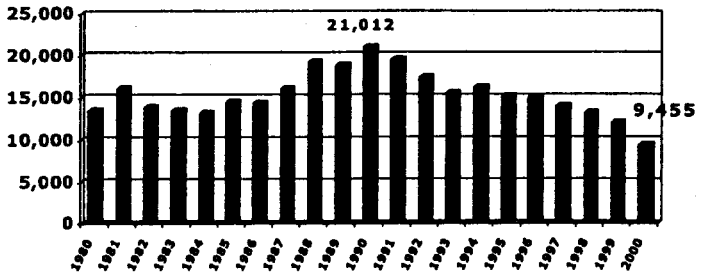
All of New Haven police officers are community police officers and their training and assignments are reflective of the department-wide community policing philosophy. This philosophy of community policing requires that officers be assigned to the same beat to

build a relationship with the community and become familiar with its problems. Community policing is a method of providing law enforcement services that stresses a partnership among residents, police, schools, churches, government services, the private sector, and others to prevent crime by addressing the conditions and problems that lead to crime and the fear of crime. The City of New Haven Department of Police Services is cited by experts as a model city with respect to the implementation of community-based policing. The Department of Police Services works collaboratively with the Housing Authority regarding the elimination of drug-related crime and other criminal activities associated with drug-related problems to improve safety and security for residents. In several housing developments, Police officers "walk the beat" as part of their assigned responsibilities as both a deterrent to drug-related criminal behavior as well as to enforce the law. In some instances, the presence of police officers is more visible because of the community policing substation is located nearby or within a housing development.

As reflected currently by most urban centers in the nation, there has been a consistent downward trend in the overall patterns of crime in New Haven during the past decade. (Exhibit 3). UCR I crimes in particular, are the lowest that they have been in 20 years and down 33% since 1990. Closer examination of violent crimes indicates that they are down by approximately 57% compared to the overall statewide drop that is reported to be 38% in 1999.

[2] Connecticut Association for Human Services 2000 Data Book

Exhibit 3: UCR I Crimes Reported, New Haven, 1980-2000



Public Housing in New Haven

The Public Housing Authority of New Haven (HANH) is an independent agency created by Connecticut Statues. HANH is governed by a Commission that is appointed by the Mayor of New Haven. HANH has been on HUD's troubled agency list for almost a decade and recently the tides have been turning following the appointment of Yale Law Professor Robert Solomon to the Executive Director position. Professor Solomon has created a new management structure and developed a 5-year consolidated plan that includes removing HANH from the troubled list. Currently, the Housing Authority of New Haven (HANH) is home to over 3000 low-income families.

New Haven Partnership

New Haven Fighting Back (NHFB) is a Robert Wood Johnson funded initiative whose mission is to reduce the impact of the substance abuse problem faced by the City. As such, it is the leading organization in the community comprised of representatives from

every major organization/entity addressing substance use/abuse issues including treatment providers, policy makers, criminal justice, housing, and employment. Over the past few years NHFB has built relationships across all levels of the Authority, from its Board of Commissioners to resident groups and tenant councils. Recently, two important changes at the Authority have caused the City and the Authority to request assistance from NHFB. First, a change in the executive-level leadership has resulted in a rethinking of how human services are delivered on site at the Authority. Second, faced with the implementation of the US HUD "one-strike" eviction policy, the Authority has turned to NHFB for assistance in developing a means to intervene with families *before* eviction is necessary. The City endorses NHFB's involvement because the "one-strike" evictions may result in heavier use of public safety and homeless systems. In response to these needs, and in partnership with Authority residents, NHFB designed and implemented Families F.I.R.S.T. (Families In Recovery Stay Together). The overall purpose of Families F.I.R.S.T. is to provide intervention, support, and community organizing services to at-risk Authority families. Ultimately, these families will be drug-free and gainfully employed.

While recent Public Housing Authority initiatives and community-policing efforts have begun to turn the tide against high drug-related crime and activity in family developments, crime rates and estimated rates of family substance abuse are exceedingly high as compared to prevalence data from national surveys (Kessler et al., 1996). A recent local estimate obtained through an Authority consulting firm suggests that approximately 40% of households may be evicted when the Authority implements its

new "one-strike" eviction policy (tied to its drug-free leasing addendum). Furthermore, Authority data reveal that over 95% of the 420 households in two (of six) family developments are headed by single women and over 50% of these families are supported principally by welfare, or Temporary Assistance to Needy Families (TANF). Most families live below the poverty level (the average household income is $8,249) and are at risk of moving on and off welfare as personal situations and the local economy fluctuate. Only 10% of all households have an employed adult. Connecticut welfare regulations, among the most stringent in the country, provide 21 months of assistance to families. The need for training, reliable and affordable daycare and job placement are critical. These high rates of poverty, crime, and substance abuse in the New Haven Housing Authority combine with additional evidence that call for a coordinated strategy to establish clear pathways to treatment and employment for Authority families: By strategically removing drug users who create social mayhem from the environment and strengthening the viability of low-income families affected by substance abuse, the project partners will have a significant impact on its most serious substance abuse problems. Finally, in order to do an effective job, the project partners must increase its use of data and take a more visible, data-driven approach to inform policy changes and stimulate community participation.

Strategies to Address Social Mayhem in Public Housing

There is considerable evidence to suggest that a comprehensive intervention strategy using a community-based approach may be successful in the reduction of substance use, abuse and its related sequelae (including crime, poverty, and medical and psychiatric

comorbidity). In a review of substance abuse prevention intervention research, Cazares (1994) emphasized that the necessary strategies for a comprehensive prevention-intervention research program should involve factors that address the needs of individuals, families, peer groups and communities. He further highlighted the importance of gender issues, cultural needs and community relevance in the development of such programs. In addition, De La Rosa et al (1993) have recommend that community-based approaches based on qualitative and quantitative methods that incorporate members of the community are central features of a well-developed intervention.

In 1993 the staff of the Prevention Research Branch, National Institute on Drug Abuse (N.I.D.A) developed a series of five research objectives for those conducting scientific investigations in the prevention/intervention field. Several of these objectives and proposed strategies involve the development of programs that focus on high-risk, culturally diverse strategies encompassing multiple program elements with the inclusion of control populations (Prevention Research Branch, 1993). The intervention program highlighted herein is a timely response to these emerging research strategies. This program incorporates the implicit theory underlying the development of Fighting Back (a national program) where the basic premise is that community-based partnerships incorporating multiple strategies are most likely to succeed in the struggle against the complex issues involved in substance use supply and demand (Jellinek and Hearn, 1991). This philosophy is also similar to that proposed by the federal government's Community Partnership Programs (CSAP, 1996).

Miracle Village

The intervention program proposed in this project is an extension of "Miracle Village", a Cleveland based recovery community for women and their children living in public housing (Graham et al, 1997). Miracle Village is a comprehensive substance-abuse treatment program that uses gender specific family-focused therapeutic approaches towards the development and maintenance of drug-free lifestyles. Briefly, the program components include substance abuse treatment, day care, parenting programs, vocational training and job placement, spirituality, and wellness training. There are three phases to this two-year program. Phase I consists a pre-treatment phase where there are two weekly groups and a formal assessment is conducted. Phase II consists of a 3-month intensive treatment program in Miracle Village which is a 30-unit apartment building. The focus of this phase is intensive group-based therapy as well as individual therapy. The third phase consists of the women and their children being transferred to Recovery Village, a public housing project where they continue to receive comprehensive treatment for 21 months.

Although in the early stages of evaluation, after 4 years of program implementation Graham et al (1997) report that 63% of the 148 women who entered Miracle Village and completed the initial treatment remain sober. The success of Miracle Village is due in large part to the creative efforts of a primary health facility with expertise in chemical dependence and a motivated housing authority. As such, this project serves as a role

model for the positive effects of community based partnerships. The only limitation of this work is that it has yet to pass scientific scrutiny.

The intervention program proposed herein builds on the strengths of Miracle Village. In addition to the use of a comprehensive service package, it expands upon their program by adding in other community partners, and by building in extensive police involvement in order to create a safe environment as well as one that promotes drug-free lifestyles. What sets apart the present investigation is that it is designed as a controlled study to evaluate the efficacy of the intervention program using both process and outcome evaluation.

CHAPTER 2 Research Design and Methodology

Overview

The conceptual framework for this study involves a multifaceted approach towards the reduction of substance use/abuse and its related sequelae (e.g. poverty, unemployment, crime, victimization, poor mental and physical health, loss of children). The methodology employed involves a quasi-experimental design with an experimental (i.e. intervention) group and a control group (i.e. non-invention). The evaluation design is both process and outcome oriented incorporating a longitudinal element and involves the collection of both qualitative and quantitative data. The principal element of the intervention program is the availability of a comprehensive human service program, enhanced community policing and supportive community organizing. The comprehensive human service program encompasses multiple strategies that address the unique characteristics of the housing complex including cultural sensitivity and community structure and participation.

Families F.I.R.S.T

Families Involved and Revived Stay Together (F.I.R.S.T) is a family support and empowerment program designed to help families become self-sufficient and reduce drug activity within the public housing community. The program is designed to help individuals and their families that are at risk due to drug involvement, near the end of their 21 months of Temporary Family Assistance, un-employed or significantly underemployed and affected by the environmental hazards of alcohol and substance abuse. The services provided by Families F.I.R.S.T are highlighted in the figure below

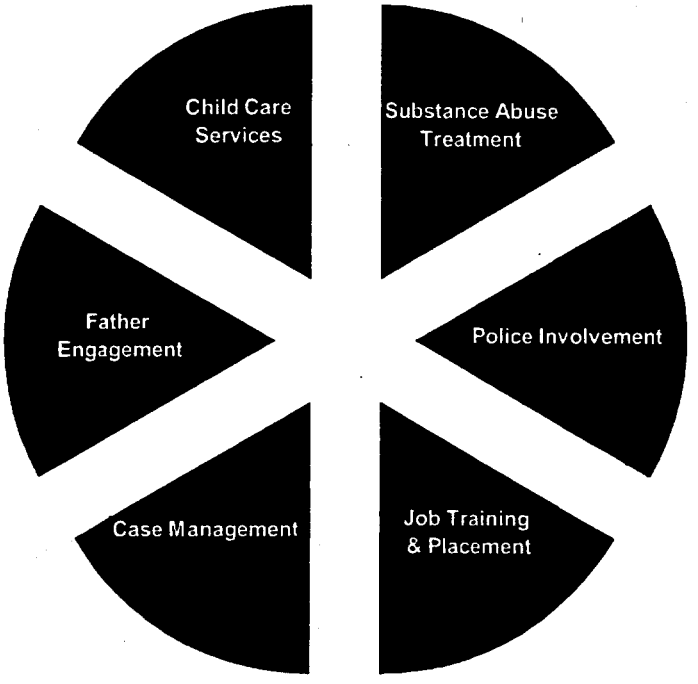
and include case management and case coordination (with other service providers), G.E.D. classes, child care, substance abuse and mental health referrals and treatment, job training and employment services, police involvement and male-fatherhood involvement.

This intervention is novel for the following reasons:

- *The intervention is multidimensional capturing the complexity of substance abuse issues including self-esteem and employment issues.*
- *The program has removed significant barriers to treatment including transportation and childcare issues by having these services made available on-site.*
- *The program depends on a high level of community organization (e.g. tenant committee approval and participation) and extensive outreach (e.g. male involvement and family support).*
- *In order to maximize the opportunity for a reduction in drug-related crime and drug activity, the police will maintain a high profile by actively engaging in resident activities and by having a 24-hour physical presence within the housing complex.*

Families F.I.R.S.T began with a small core of hired site-based staff that were responsible for jump-starting enhanced community organizing and all clinical and casework activities. As an essential first step, the initial staff and the evaluator met with the resident council in order to mobilize and organize resident support. Residents were

Exhibit 4: Components of Families First



involved in all facets of the Families F.I.R.S.T program development and project implementation.

The original design of the program included a staffing structure that included one Program Coordinator, three Neighborhood Advocates (case managers), and two Male Involvement Advocates. Neighborhood Advocates were to hold either a bachelor's degree in human services or a related field or experience working with at-risk families. Training for these individuals was to include clinical assessment, case coordination and referral strategies. Families F.I.R.S.T staff were housed in offices located on the

intervention site. The initial target goals of the staff were to use community organizing strategies, to engage the resident council, and conduct the base line needs assessment in the residents homes as a way of gathering needed information and introducing the Families F.I.R.S.T concept on an individual basis. Families that were identified in need during the time of the needs assessment became part of the case management docket of the staff. The case management and outreach focus were built upon the models of Brandis and Theidon (1997) that is specific to the needs of substance abusing women and their families.

Characteristics of the Intervention Site

Quinnipiac Terrace (QT) is a housing authority complex that at baseline was comprised of approximately 250 female-head-of-households and their approximate 500 additional family members. The housing complex is located several miles from the heart of the City of New Haven and is in a semi-isolated location on the banks of the Quinnipiac river, in the district of town known as Fair Haven. Although exact estimates of the magnitude of the alcohol and drug problem within this complex have never been determined, the Housing Authority has estimated that the prevalence of substance use and misuse is approximately 15% in housing projects within the City of New Haven. A meeting among members of the tenant council for Quinnipiac Terrace revealed that this statistic was a gross underestimate of the magnitude of the problem given that they believed that *most* tenants have problems with alcohol use and that a substantial proportion of women were using drugs on a regular basis. Included in the Appendix are police calls for service GIS maps that highlight the district of Fair Haven (the encircled hot spots at the far right) that demonstrate that this area is a high crime area.

Characteristics of the Control Site

McConnaughy Terrace is a public housing complex located in the City of New Haven's far western corner on the opposite side of town from the intervention site. It is comprised of approximately 180 female head-of-household tenants and their 350 family members, the majority of whom are young children. It is directly comparable to the intervention site in terms of race, family composition, crime statistics and the number of women that are welfare recipients. There are currently few social service activities underway within this housing complex and no additional police have been added to this neighborhood. The sampling frame includes all households in McConnaughy Terrace.

Data Collection Strategy

Baseline Data

A 'Needs Assessment Survey' was designed to gather preliminary data on a broad range of problems that occurred within the housing complex. A primary goal of the baseline assessment was to determine if the program as designed would be sufficient to meet the needs of the residents. The survey incorporated questions from all aspects of the intervention program including those regarding: 1) demographics; 2) general health; 3) family composition; 4) day care needs; 5) employment status and current earned income level; 6) welfare status (e.g. length of time on welfare and status within the Connecticut 21-month TANF time limit); 7) neighborhood violence; 8) police presence and safety issues; 9) knowledge of substance related problems in their community; and 10) accessibility to treatment. Several of the questions in the survey were drawn from the

National Household Survey of Drug Abuse (Substance Abuse and Mental Health Services Administration, 1994), the National Comorbidity Survey (Kessler et al, 1996) and the Monitoring the Future Study (Johnston et al, 1993). The inclusion of such questions allow for comparisons to be made beyond the local level. Moreover, the advantages of including questions that have been used at the national level include previously established reliability and validity data and in some instances cultural appropriateness.

After the survey was developed a focus group was held with residents from the tenant council at Quinnipiac Terrace. Following the inclusion of the council's recommendations on the next draft, the data were piloted on a small sample of residents.

The baseline surveys were administered by the staff of Families F.I.R.S.T in the homes of residents. The staff conducting the survey's was a way in which they could begin extending outreach activities to the community and use the survey as a means of introducing themselves to individual residents. The sequence of events for training staff on survey administration included: 1) orientation to the survey by describing the goals and objectives and why this needs assessment information would be useful to the staff; 2) review of the survey and its components by section; 3) review of coding issues; 4) tips on good interviewing skills (including how to work with individuals who refuse to answer questions and/or participate); 5) personal safety and confidentiality; 6) mock interviews; and 7) partnered interviewing and review.

The baseline survey that was used at the control site was a shortened version of the needs assessment survey. A key resident was identified to assist with survey administration and she was trained in the same manner as the Families F.I.R.S.T. staff. This resident was identified among her peers as being an elder leader in the community who was very much respected among the residents.

Follow Up Data (12 and 18 months)

Two follow up time points occurred after the initial baseline assessment. These follow up surveys were in the same general format as the baseline survey (e.g. in terms of question content) with the goal of drawing comparisons across time. In addition to the survey, other indicators of program success were evaluated including the number of residents entering treatment, crime statistics, as well as a number of other indicators (see Table 1 below). The survey's were conducted by the Families F.I.R.S.T case management staff as well as Male Engagement Advocates that were eventually hired. Emphasis occurred on fostering habits for full documentation and appropriate management of all information related to the Project, both on an individual client and community aggregate level. In order to ensure standardization and appropriate client interaction, the investigator trained and observed all staff associated with this project and project clinical staff supervised Neighborhood Advocates around client assessment and service delivery protocols throughout the life of the project.

Crime Data

Crime statistics were obtained from the New Haven police department and include the total number of crimes that occurred within the boundaries of the intervention and control

sites. The total numbers of crimes are broken down by category according to whether they are substance-related events and/or whether they include acts of vandalism, violence or victimization.

Procedures of Analysis

Aside from the descriptive statistics that will be generated during process evaluation, the general analytic strategy involves comparisons between and within the intervention and control sites at both baseline and follow-up intervals.

The ***key objectives*** of this study were to demonstrate:

1. A significant increase in the proportion of residents entering and completing intervention services; and
2. A reduction in substance related activities and crime post-intervention.

These objectives will be accomplished by observing:

- *A significant increase in the number of residents entering and completing services at the intervention site comparing baseline information to follow-up at 6, 12 and 18 months.*
- *A significant reduction in substance-related activities and crime within the intervention site when comparing baseline factors to follow-up at 6, 12 and 18 months.*
- *A significant difference between the intervention and control sites with respect to the numbers of substance-related activities and crimes post-intervention.*

Process Evaluation

The data generated during process evaluation is specific to the intervention site and consists of descriptive analyses of log book entries, self-report checklists, frequency, duration and quality of contacts made with individuals, and degree of involvement. For most of these analyses the simple comparison group will be factors that distinguish between those who enter treatment vs those who do not (in terms of the factors mentioned above), so simple frequencies and means will be generated. The primary purpose of these analyses is to generate constructive qualitative or quantitative feedback at the programmatic level or to individual staff members so that changes can be made to the elements of the intervention program and/or that staff may receive further training and advise.

Outcome Evaluation

The general analytic strategy for the outcome evaluation is highlighted below according to the evaluation issues that will be addressed. These questions or directional hypotheses have been sectioned according to whether the comparisons are being drawn between or within the intervention and control sites and whether longitudinal comparisons are drawn. Most of the analyses will take the form of simple univariate and bivariate statistics using the SPSS statistical package.

CHAPTER 3 Results: Baseline

Overview

Phase I of this proposal involved conducting a Needs Assessment Survey comprised of questions regarding: i) demographics; ii) general health; iii) family composition; iv) day care needs and interest in father engagement; v) employment status and current earned income level; vi) welfare status (e.g. length of time on welfare and status within the Connecticut 21-month TANF time limit); vii) neighborhood violence; viii) police presence and safety issues; ix) knowledge of substance related problems in their community; and x) accessibility to treatment. Some of these questions were drawn from National Surveys in order to enhance reliability and validity as well as compare local data to national statistics.

Of the total of 250 units at Quinnipiac Terrace (QT) 175 households were identified and represented by this survey. The target population were head-of-households with the results demonstrating that the majority of individuals interviewed were heads-of-households (>80%). It was noted by the Families FIRST staff that there were 28 vacant and 6 offline units during the time that they were conducting the surveys. A total of 29 individuals refused to participate and 12 households were not represented due to inability of the Families FIRST staff to successfully reach them.

The control site, McConnaughy Terrace (MT), was chosen for its similarity in characteristics to Quinnipiac Terrace in that the majority of residents were single, female-

heads-of households with many children under the age of 10 years of age. Of the total of approximately 181 units at McConnaughy Terrace, 80 households were identified and represented by this survey. All of those interviewed were adult heads-of-households.

The results of the baseline survey as summarized below demonstrate the ***critical need*** of intervention services and strategies within these impoverished housing development and validate the original design of the intervention program.

Demographic Characteristics

Exhibit 5 below shows the demographic characteristics of the intervention and control site at baseline. The two developments were very similar in terms of the proportion of young, unmarried, female-head of households. However, the two sites did differ significantly from one another in terms of the proportion of female-head-of-households employed for wages (24.4% vs 61.3% intervention vs control site respectively, chi-square=32.4, df=1, p<.001). Moreover, the population were slightly younger at QT compared to McTerrace (mean age of 34.5 compared to 39.5 respectively) and proportionally more women were African American at the control site compared to the intervention site (88.8% vs 65.9%, chi-square=14.6, df=1, p<.001).

Exhibit 5: Baseline Demographic Characteristics

	Intervention Site	Control Site
Total Adults	175	80
Gender (% females)	81.1	88.8
Employed (%)	24.4	61.3*
Married (%)	9.1	13.8
Age (mean)	34.5	39.5*

*p<.05

Residents were asked a question about their general health. Approximately 52% of the residents reported very good to excellent health, 44% reported fair to good health and only 4% reported poor health. Approximately 81% of the residents were receiving health care coverage.

Service Needs

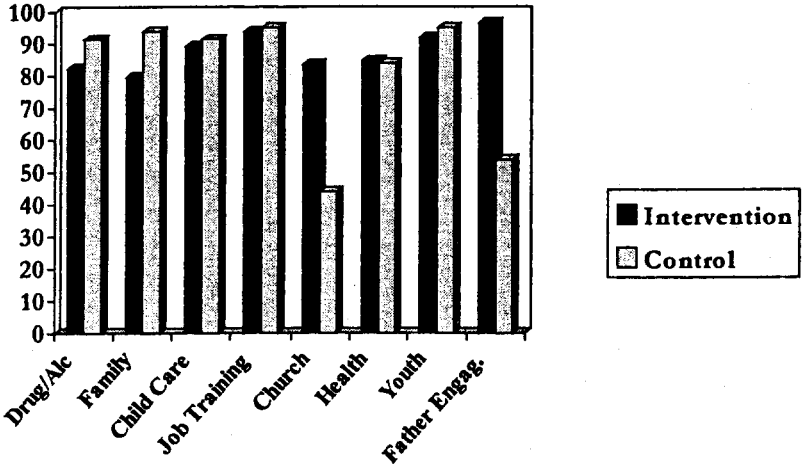
Exhibit 6 illustrates the percentages of survey respondents within the intervention and control sites that addressed the need for basic services in their communities. Note the particularly high percentages of community services needed in both housing developments. Interestingly, both sites recognized the need for alcohol and drug treatment services, medical and family services, child-care, job training and placement services and services for youth. However, the control site differed from the intervention site in terms of the need for church services and father engagement activities.

With respect to child-care services, 58.2% of the residents indicated that they would use child care services if they were provided in the community. A series of questions were asked regarding whether child-care was an issue in their life. Responses included:

- 39.3% reported that child-care issues interfered with finding a job
- 28.5% reported that child-care issues interfered with school
- 11.5% reported that child-care issues interfered with emotional counseling
- 20.2% reported that child-care issues interfered with medical help

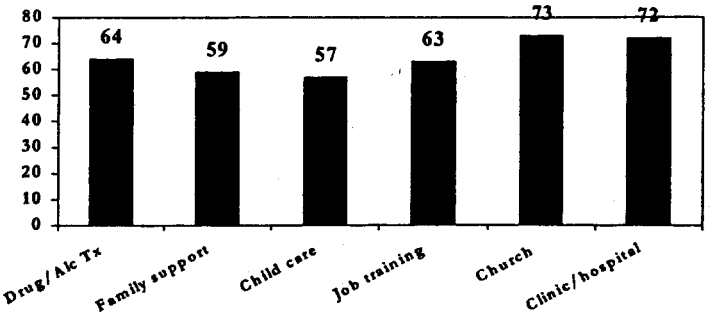
- 10% reported that child-care issues interfered with drug/alcohol treatment

Exhibit 6: Community Services Needed



Residents at QT were also asked about general availability and access to services in their community (Exhibit 7). The purpose of this question was to gather preliminary information on whether residents felt that services were accessible. This factor was determined to be an important comparison to make post-intervention to gauge knowledge of local services once the intervention was implemented. For the most part residents were aware of services that would be accessible to them, although fewer residents, approximately 60%, reported that drug and alcohol treatment services, child-care services and/or family support services would be available to them if they needed them. For the most part, data on service utilization at baseline revealed that few residents were receiving services, whether they lived in the intervention or the control site. Although the housing authority had a resident services division, it employed only a few full time case managers who had to service the entire public housing authority.

Exhibit 7: Baseline Intervention Site Access to Services



Problems in the Community

When residents at MT were asked about whether or not they lived in a safe environment, interestingly 84.6% reported that they felt safe in contrast to QT residents where only 27.4% reporting feeling safe in their environment (chi-square=711.4, df=2, p<.0001). Paradoxically, when MT residents were asked if they needed more police involvement in their community, significantly more residents reported the need for more police compared to QT (95.0% vs 75.6% respectively, chi-square=14.8, df=2, p<.01). Of interest at the control site is that in the past year several major drug arrests including major gang clean up had occurred, which may have accounted for the increased feeling of safety.

Exhibit 8 illustrates the magnitude of the problem behaviors that residents at QT report. Residents at baseline noted the particularly high proportions of drug abuse, drug selling, alcohol abuse and violence in their community. In addition, 68.4% of residents reported that they often observed drunk and/or high individuals in their community. The lack of

youth based activities in the community was confirmed in the report that 86.0% of the survey respondents noted that unsupervised children was a major problem. Interestingly, during the development of the survey with the tenant council, there was anecdotal evidence presented that indicated that a major problem was drug selling by children once they were dropped off by the school bus. Several council members also reported that a significant problem among some of the female adult residents was that they were selling drugs as a means of obtaining an income. Drug selling and drug use behavior was clearly evidenced by the numerous empty crack bags that were scattered around the development, even after major Families F.I.R.S.T cleanups had occurred.

Exhibit 8: Baseline Major Problems in the Community

Drug Abuse	93.2%
Drug Selling	91.7%
Unsupervised Children	86.0%
Alcohol Abuse	83.7%
Safety	80.6%
Violence	78.4%
Drunk/High Individuals	68.4%

Other relevant baseline characteristics that were gathered from the intervention site included:

- 62.9% reported that their neighborhood was unsafe
- 58.8% were afraid to go out at night
- 23.2% reported that crime had dropped in the past year

- 46.3% often heard a fight where a weapon was used
- 51.1% reported that it was very easy to get marijuana
- 57.6% reported that it was very easy to get cocaine
- 26.1% reported that it was very easy to get heroin
- 65.7% believed that it was people from the community buying/selling drugs (not themselves)
- 37.7% felt that police had a high enough profile in their community

Interestingly, the reporting of personal alcohol and/or drug use as well as responses to questions regarding problematic use were minimal. This was not too surprising given that residents were self-reporting alcohol and drug use to an interviewer whom they had not met previously coupled with the fact that drug use on housing authority property would be grounds for eviction. This led the Families F.I.R.S.T staff to request a waiver from the housing authority whereby residents that reported use and/or abuse would not be reported to housing authority staff if identified through Families F.I.R.S.T if the resident agreed to engage in treatment services. Similarly, residents that were identified through the housing authority as 'one-strike' offender's, would be given the option of entering services.

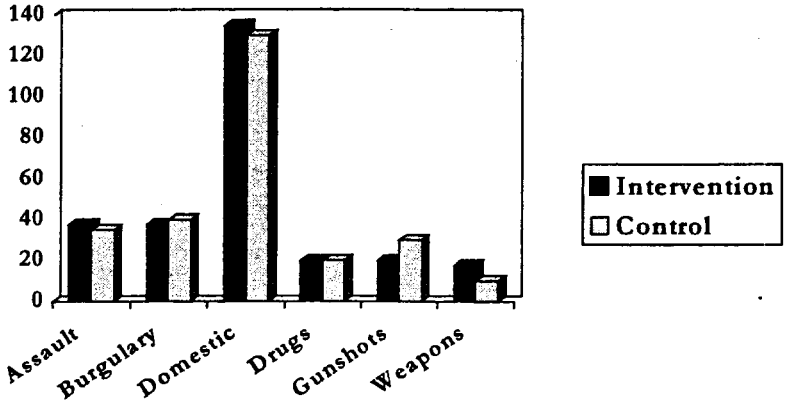
Baseline Crime Statistics

Close to the time that the intervention began the police department had stepped up coverage at QT, partly in response to the Families FIRST intervention. In addition to the tenant council having regular meetings with the local Sergeant, officers also regularly

participated in Families FIRST meetings. Around the time that the intervention began QT had 24-hour coverage that consisted of two police officers covering a beat from 7 pm to 3 am. A patrol car then provided coverage during the remaining hours. Interestingly, this new coverage took effect in late October, just before the intervention began, yet the residents reported in the survey's that they would like to see more coverage.

The calls for service data presented in Exhibit 9 reflect a one-year interval of service calls that occurred at both the intervention and control site before the intervention began. Approximately 800 crimes were reported at each site. Note the particularly high proportion of domestic violence and the overall parallels between the two sites across all levels of crime.

Exhibit 9: Baseline Crime Reports by Site



Environmental Assessments

Intervention Site

Quinnipiac Terrace is an isolated housing development, located alongside the Quinnipiac River approximately 3 miles from downtown New Haven. Quinnipiac Terrace built in the early 1950's, is located within the Fair Haven district of New Haven, which is well known for its Latino population. Within a one-mile walking distance are the closest convenience and shopping stores, laundry services and health clinic. A major complaint for residents is the inaccessibility that they have to local transportation services, especially during the evening hours. The housing units themselves were built in the 1950's and are in desperate need of renovation. Housing units that are not currently occupied are boarded up which enhances the unpleasantness of the environment. All of the housing units were low-rise units, a maximum of two stories high. There were approximately 25 unit blocks of multiple units that were spaced apart. The central focus of the development was a two-story community center that had a large community room and kitchen used for social functions and several second story offices that had been habitually used by the tenant council and the occasional community services programs (e.g. truancy program). In terms of the stability of the residents, interestingly, over 25% of the survey respondents reported that they had lived in public housing for over 10 years.

Using an environmental assessment that parallels that used by Greene et al (1998) in the Philadelphia 11th Corridor community policing intervention project, the following physical characteristics of QT were noted (full description is provided in the Appendix):

- There was litter all around the community center including papers, wrappers, broken and unbroken bottles as well as empty crack bags scattered around.
- There is a dumpster located behind the community center with garbage lying around it. The smell coming from the dumpster was extremely strong.
- There is litter including a lot of broken glass throughout the parking area.
- Lighting around the development was poor and intermittent with no specific lights for the walkways.
- On some buildings, there are spotlights on one end of the buildings and they were mostly shattered.
- In between each set of buildings, there are two sets of three clotheslines for the residents.
- Some apartments have boards on the windows and some had broken windows.
- There is graffiti on some of the buildings but not all of them.

Control Site

McConnaughy Terrace is physically less isolated from the downtown core than QT in that it is located approximately 1.5 miles on a major bus route. Although convenience stores, laundry services and other basic services are not directly adjacent to the development they are easily accessible by walking. Similar to QT, MT is also low rise arranged in sparse looking, barren unit blocks with a central community center that is also two stories. Interestingly, a major outpatient drug and alcohol treatment program is located adjacent to the development, but there is no specific outreach conducted by the center. Many of the housing units at MT had been torn down over the last several years

in response to the need to make the developments smaller overall and more manageable. The random scattering of barren dry, garbage infected fields that were left behind following demolition added to the unpleasantness of this development. Similar to QT there were few if any youth recreational activities available aside from a small basketball court that was littered with trash and broken glass. Other characteristics of the development that were noted on the environmental assessment included:

- Litter and trash were scattered around the development except for around the community center whose upkeep was the part of a single senior citizen and children that she worked with in keeping the area clean
- Although there were lights around, they were sparsely located
- Graffiti and trash were scattered in various places around the development

CHAPTER 4 Results: Process Evaluation

Needs Assessment Survey Design and Implementation

Although the project was awarded in July of 1998, the notice of award and funding for this project did not begin at Yale until October 1st and charging instructions were made available to the Principal Investigator at the beginning of November. In late September and early October the Needs Assessment was drafted and pilot tested among staff of Fighting Back, executive staff within the Housing Authority, and members of the tenant council at the housing project where the intervention would be conducted, Quinnipiac Terrace. It was around this time that the name of the intervention strategy changed from Families F.I.R.S.T (Preparing and Organizing Women for Employment and Recovery) to Families FIRST (Families in Recovery to Sustainability) in order to reflect the fact that men play a significant role in women's lives and that the road to self-sufficiency for impoverished families must include the entire family. The staff members of the Families FIRST intervention program were hired in late October (a Project Coordinator, 2 full-time and 2 part-time outreach workers and 2 full-time male engagement advocates). After several weeks of orientation and preparatory work, including training on the survey, the staff of Families FIRST began to conduct the survey's. Progress was briefly interrupted during December when the staff moved into new space in the housing project. In December, the Principal Investigator attended an NIJ meeting where preliminary results of the survey were presented.

In early January, after the Families FIRST staff had conducted approximately 20 more survey's (of a total of 80) it became apparent that staff productivity was slowing and that there were a number of survey's being returned without the alcohol and drug section having been completed. A meeting was called to address these issues and the staff raised concerns regarding these questions as well as those involving the reporting of criminal activities. They believed that the way in which some of the questions were worded compromised their safety and that many of the residents refused to answer the alcohol and drug questions because it was none of the staff's business. In addition, they felt that some of the questions were redundant and that several questions could be dropped. In response to their concerns the survey was revised.

It was also noted during discussions with the staff that they were spending considerable time on case management issues rather than gathering surveys. In response to this concern, all staff were informed that all efforts be devoted to gathering survey information so that informed programmatic decisions could be made. By the end of February, all of the surveys were completed. It is important to note that when residents were identified with needs that required immediate attention, the Families FIRST staff were instructed to attend to these needs. For example, several residents reported that they would like to receive substance abuse treatment, and priority was placed on finding available treatment.

The mechanism in place for identifying and referring clients was through the Project Coordinator who reviewed each survey. Case management protocols were developed

based on the surveys as well as through more extensive follow-up interviews with the residents by the case managers whenever a problem area was identified.

Validation of the Need for the Clinical and Non-Clinical Interventions

The results of baseline survey supported the original design of the intervention services and strategies at Quinnipiac Terrace. Although the intervention was designed in advance of the Needs Assessment Survey, it was important to all stakeholders to demonstrate that all of the components originally identified were in fact needed. For example, there were some concerns that assumptions were made about the need for child- care services when there were no numbers available on who would use such services. Similarly, there was no information available on those who might want GED certification or job training and placement services. Within a few weeks following completion of the baseline surveys, the data were entered, error checked and preliminary analyses were conducted. Baseline results indicated that all of the original components of the intervention were needed at a rate much higher than anticipated, with the exception of an intensive intervention involving health care services because the general health of the population surveyed was fair to excellent. Of particular concern at baseline was the high percentage reporting domestic violence reported. The staff were aware of domestic violence as an important issue, and this was routinely addressed with clients.

Factors that Lead to Delay in Implementing All Arms of the Intervention

Child Care

Full implementation of Families F.I.R.S.T. within Quinnipiac Terrace was not without its shortcomings and delays. Although case management services were made available early in the intervention, it took considerable time and energy to implement on-site child-care and substance abuse treatment services. Not only were contracts slow moving through the City's bureaucratic process, but considerable challenges were faced in identifying and then having space approved for child-care services within the housing project. Several key spaces that were identified were later eliminated as viable space due to zoning issues and inaccessibility to wheelchair access. The original plans called for full child-care services with licensing and certification, however at the end of the first year of program implementation a creative alternative strategy developed to address child care needs. All-Our-Kin was a new innovative non-profit organization developed by a recent Yale law school graduate and several others to address child-care issues among low-income families. The goal of the program was to train several mothers to become child-care providers that would then be able to provide services within their own homes. In early 2000 the Program was made available to women living in QT and as of the summer of 2000 several women were trained to provide child-care services in the development. All-Our-Kin has an on-site location to make it easily accessible to the women and families that are trained. Although this program will take a few years to train enough women and then provide services to the large number of families requiring child-care assistance in the development, it proved to be an innovative strategy that employed women.

On-site Substance Abuse Services

The implementation of on-site substance abuse treatment services was particularly problematic due to licensing issues and adequate funds to hire a clinical social worker. The sixteen clients that were identified by case management staff during the first several months of program implementation had to be referred to off-site inpatient and outpatient substance abuse clinical services. It became apparent that in order to have treatment services on site, the substance abuse treatment contractor would have to apply for on-site licensure. This process would be a lengthy process that had to be addressed at the state level. Therefore, in order to meet the needs of residents, it was decided to change the model of service delivery to be one where a paraprofessional would work on-site with residents and when need be the person would be referred to an outside treatment facility. The on-site person developed a known presence within the housing development by conducting workshops on stress management and by extensive outreach to individuals with substance use/abuse issues. Eventually, she gained the trust of residents and was able to identify individuals within the development who would benefit from these services. Interestingly, this proved to be a cost-effective way in which to address the substance use/abuse problem. This staff person had office space at Families F.I.R.S.T, participated in regular meetings with case management staff, and was supervised by a clinician that was located at a central substance abuse treatment unit.

Father Engagement Activities

Although residents reported an interest in father engagement activities in the baseline survey, it took considerable time to determine exactly what the activities would need to be in order to meet the needs of men in the community. Demographically speaking, the

development included lease holders that were predominantly female, single-heads-of households. Men were however always present in the development. The premise was that many of the men observed were either related to the women, fathers of their children, ex-spouses or significant others.

The concept of engaging fathers in the lives of their children was interesting, but the Evaluator did not detect that a firm plan was in place at the beginning of the intervention. For example, there was some discussion early on at Families F.I.R.S.T meetings that male outreach workers would identify fathers of children that were in prison and assist them in visitation. However, tactics for identifying these fathers was not clear and didn't materialize over the course of the evaluation period. Other discussions occurred around organizing community activities for fathers. Indeed, over the course of the evaluation period at least two high profile events occurred at the intervention site that provided opportunities for fathers to engage and/or re-engage in the lives of their children: 1) a faith based rally occurred with the goal of promoting family and faith with over 100 participants; and 2) local political leaders mobilized a large group of fathers and discussed how important they were in the lives of their children (approximately 100 individuals). In addition to these activities the father engagement specialist attempted support groups, father-child pizza events, basketball, among other activities.

General Health

The results of the baseline survey revealed that for the most part, residents were in good health (95% reported fair to excellent health) and that the majority had health care

coverage (81%). These were unexpected findings but may be a function of the young age of the population and related to the fact that many women were receiving Temporary Assistance For Needy Families (TANF) and thus were Medicaid eligible. The decision to withhold comprehensive health based activities was withheld partly as a result of these findings. However, QT did participate in an annual health fair, relationships were built with Fair Haven Health Clinic (a local community health center), and the Yale University School of Medicine in the fall of 2000 started visiting the development on a routine basis with a mobile community health van to provide basic health screening and testing services (e.g. blood pressure, diabetes, cholesterol) as well as dispense free medicines.

Staffing and Contractual Issues

The initial date of the entry of Families F.I.R.S.T. into the community was postponed by several months while staffing was hired and space addressed with HANH. Within the first year of project implementation the Project Coordinator gave two weeks notice and moved away for family reasons and it took several months to find a replacement. Only two of the original four case managers remained on staff at the 18-month evaluation.

The case managers/outreach workers were well matched to the population that they were serving in terms of race/ethnicity (one case worker was a bilingual Hispanic), previous exposure (living and/or working) to public housing, and/or a previous problem with alcohol and/or drug addiction. The requisite for employment as a case-worker was a B.A. preferred and/or relevant work experience. The salaries for the case-workers was approximately $25,000/yr and the positions were unionized with benefits.

The Project Coordinator position was a Master's level position. The first Coordinator, had a Master's in Education and experience working with the indigent poor as part of the Yale Child Study Center's family based home visit program. While savvy in case management tactics, this person had limited management experience and was weak in computer skills and data management and data tracking. In order to compensate for this weakness, the Evaluator had to provide technical assistance to the staff through the development of computerized data management and data tracking tools and then had to train the Project Coordinator and staff. For the most part, the first year of data collection and analysis was completed in paper-pencil format and it continued to be challenging to have staff provide total counts to determine how well the program was doing in terms of referrals and enrollment[3]. The replacement Project Coordinator had a composite skill set, with a background in substance abuse that was ideal for working in this challenging environment. However, there were issues raised about the supervisory skills of this individual.

There were numerous challenges and obstacles that the staff of Families F.I.R.S.T and Fighting Back had to face in setting up this program, notwithstanding the following:

- The *personal beliefs* of the initial Executive Director of HANH hired at the time of the implementation of Families F.I.R.S.T. who did not believe that human

[3] In order to calculate the final numbers at 18-months the Evaluator and staff had to review carefully each of the monthly reports submitted by the staff over the entire intervention period. In the final analysis the most conservative estimates were chosen. The staff did not provide sufficient detail on the type of

services provided on-site would impact the quality of life of residents and that Families F.I.R.S.T had to focus on employment and job training for residents rather than substance abuse treatment. This particular Executive Director was replaced by Professor Robert Solomon from the Yale Law School within the first year. Professor Solomon and his staff from the outset have been extremely supportive of the Families F.I.R.S.T program.

- *Contractual issues* including the delay in time to organize and execute contracts at City Hall. These delays led to a slow start in implementing job training and employment opportunities on-site and the staff had to find creative ways of identifying referral sources.
- *Ineffective communication* between the Fighting Back office and Families F.I.R.S.T office that wasn't identified and partially rectified until late within the first year of program implementation. Communication issues continued to occur over the course of the Evaluation period with the Fighting Back office that led to consistent delays in receiving funds to provide services.
- *Site-based issues* including a significant delay in receiving telephone lines, computers, printers, a fax machine and cell phones to ensure personal safety.
- *Contractor issues* including concerns for personal safety associated with providing some services on-site (e.g. Adult Education did not want to provide evening GED classes and requested GED occur off-site).
- *Space* was a major issue, particularly renovating space once identified for programmatic activities.

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substance abuse referrals that were made therefore specific counts of inpatient, outpatient and self-help group referrals are not available.

- Engaging residents in *crime watching* activities proved to be problematic. The local Sergeant had tried to engage the resident council in organizing community block watches, but was unsuccessful. However, for a short time, the Sergeant was able to organize the reopening of the police substation on-site with the use of resident volunteers. Over time it became increasingly difficult to staff the substation, although the idea was an excellent one.
- Issues with the *resident tenant council* that included the identification of substance use/abuse problems among council representatives. Interestingly, one of the council members who completed substance abuse treatment later became part of the Families F.I.R.S.T team as a volunteer initially and then later as a paid employee using HANH drug elimination funds. Moreover, one of the original case workers who left within the first year had been the President of the Tenant Council and had worked with the Families F.I.R.S.T staff for a brief time before she was hired into a higher paying position elsewhere, that allowed her to move out of the development.

CHAPTER 5 Results: Across Multiple Time Points

Overview

The Families F.I.R.S.T intervention program was formally initiated at QT in late 1998. The first set of follow-up surveys occurred in October 1999 and the final surveys were conducted in the fall of 2000. Although QT started to downsize in 1999 with more units coming offline, interestingly, 80% of the survey respondents at the 12 month follow-up reported that they had lived at QT during the time of the baseline survey. Of these individuals, 30.6% recalled having completed the survey before. At the time that the final survey was conducted, 77.1% reported having lived in the development previously, with 50% having completed the survey before[4].

This chapter is organized in the following way: 1) Selective summaries of the key survey constructs are provided across the multiple time points at QT; 2) Service utilization data as of year end 2000 are summarized for the Families F.I.R.S.T program; 3) Comparative analyses are presented for the intervention and control site (e.g. 1998 and 2000 survey data) and 4) Crime statistics across time.

[4] It would have been of interest to analyze the data overtime using the same respondents (dependent sampling) however in order to ensure confidentiality, the investigators were not able to track this information. The fact that 50% of the sample recalled having completed the survey is surprising given the general fluid nature of housing authority residents. However, it does make it easier to attribute change to the intervention program.

Demographic Characteristics

Intervention Site

Exhibit 10 presents a summary of the results of the key demographic variables gathered across the three time points at QT. Briefly, there were no significant differences across the three time points for gender, race, employment status, marital status, or proportion of those completing high school. Interestingly, the percent employed increased from baseline to 12-months, but then dropped at 18-months. At first it was thought to be a function of women ending Temporary Assistance for Needy Families (TANF) based on a families maximum duration for these benefits that capped at 21 months. However, the decline in the % employed observed at 18-months is puzzling and indicates that some other factors must be operating. One possible explanation is that as women are removed from TANF and enter employment they leave the development and are replaced by women that are unemployed. It is also possible that residents transferred to other 'safer' family developments once their income increased. It is beyond the purview of this study to address this issue and would involve a dramatic shift in HANH's ability to gather and track information on their residents. The fact that at the final survey we had approximately 50% of residents who had completed the survey before suggests that some residents had left the development. This coupled with the increasing number of units that went off-line over the course of the intervention as noted

Exhibit 10: Demographic Characteristics Across Time

	Baseline	12 months	18 months
Sex % Female	81.1	86.8	92.5
Race % Black % Hispanic	66.7 24.1	62.8 27.3	58.8 33.8
% Married	9.1	5.8	14.3
% Employed	24.4	35.5	28.6
% TANF	59.3	52.7	62.0
% High School	47.7	45.0	47.1

by the Families F.I.R.S.T staff reinforces the belief that some migration may be occurring.

Access to Services

In addition to addressing access to services at baseline, the same questions were asked at the 12-month follow-up as a means of determining the knowledge and availability of services provided locally as well as those provided by the Families F.I.R.S.T program (next section). During the process evaluation phase that was conducted early on (within month 3 and 4), it was quickly determined that residents were not knowledgeable about the programs and activities offered by Families FI.R.S.T. The staff responded by developing a brochure and hosting publicized events where they were then able to address the program and activities. At the 12-month follow-up there was a noticeable difference in responses to questions regarding access to services (Exhibit 11).

Exhibit 11: Access to Services

	Baseline (%)	**12 months (%)**
Drug/Alcohol	64.0	59.6
Family Support	59.4	68.4
Child care	57.1	62.4
Job training	62.7	70.9
Church	73.1	76.5
Clinic	71.6	76.0

Knowledge and Reported Use of Families F.I.R.S.T Services

As part of the 12-month follow-up and final survey, residents were asked whether they knew of the types of services offered by Families F.I.R.S.T and whether they had ever used the services. In terms of service knowledge, 17.6% of residents reported that they

knew that Families F.I.R.S.T was a program that could be used for drug and alcohol support services and at 18-months this jumped dramatically to 45.7%. Similarly, over time residents became aware of the program as a place where job training and placement services were being offered (41.6% at 12-months vs 50% at 18-months) although only a small proportion of residents took advantage of these services (15.7%) at 18-months.

Families F.I.R.S.T Service Utilization Data[5]

Baseline data revealed that very few residents were involved in social services programs aside from the few that were involved on an as-needed basis with resident services. Families F.I.R.S.T service utilization data was examined at 1 year post-intervention and the following are highlights taken from these data:

1. The program at one-year was a highly utilized program in that four case managers were serving 84 clients out of a possible pool of 150 adult head-of-households and their respective adult family members.
2. Of the 84 clients that were examined at that point in time, 44 were identified as 'high' need clients. The typical profile of a client categorized as 'high' need was a person who was engaged in substance abuse treatment services and/or individual counseling, involved with DCF or probation/parole, and was preparing to enter a job training program or in need of GED certification.

[5] The original service data tracking and monitoring system was problematic and included sporadic paper and pencil versions of client counts. It was not anticipated that the evaluator would have to work closely with the management staff to redesign the forms and train the core team to gather these data. It is possible that these total service counts are an underestimate of the number of clients seen over the course of the evaluation period.

3. Of the 84 clients, 40 were characterized as 'moderate/low' need. A typical profile of this person might include the need for job training, individual counseling and/or child care services.

Although the program was not able to provide on-site clinical substance abuse and mental health services due to contracting and licensure issues, a full-time certified substance abuse case management specialist had been hired approximately 9 months into the program to conduct extensive outreach to clients in the community[6]. Within the first 6 months of operation, Families F.I.R.S.T had made 16 referrals to local substance abuse facilities. Through the use of creative strategies, the counselor was able to identify and refer clients to individual and group counseling either onsite or off-site as necessary, including referrals to inpatient or outpatient treatment. The counselor was overseen by a licensed clinician who was available on call, provided supervision hours and reviewed all cases on a regular basis. The counselor provided psycho-educational programs as well as stress management workshops to residents living in the development. Often it was through these group settings, that clients would self-disclose problematic substance use.

Highlights of the service utilization data at 18 months include:

1. ***Sixty*** clients had been referred to substance abuse treatment.
2. ***Ninety-two*** clients had been referred to GED certification programs.
3. ***Fifty-one*** clients had been referred to job training and placement programs.

In addition to these referrals the case management staff addressed other issues including, but not limited to addressing basic needs such as housing and emergency financial assistance, child care, domestic violence, truancy, and legal issues, among others.

What these data do not provide is an indication of the number of clients that ***completed*** substance abuse treatment, GED certification and/or job training and employment at 6 and 12 months. As a pilot study, and with limited funds, there was no way of integrating a tracking and monitoring system that would allow for the evaluation of these longer term programmatic successes. Also at the end of the first year of program implementation, staff were already being pulled to work at a second housing development and asked to split their time between the two developments. The decision to expand the Families F.I.R.S.T program to an additional site was negatively reviewed by the evaluator who recognized the high demand for service need at the original site. There was no way that the staff could monitor long-term programmatic successes if they were increasing their existing caseloads. Therefore, more long-term follow-up is critical for future studies of the efficacy of this intervention program.

Resident Perception of Crime and Safety

At each time point residents were asked questions on the survey about their neighborhood including perception of crime and safety. Exhibit 12 represents responses to these questions over the three time points.

[6] Not unexpected, the results of the baseline survey did not include many residents who self-disclosed problematic substance use (e.g. only 8 reported heavy use of alcohol and/or drugs). All of these clients were referred to off-site treatment agencies.

Exhibit 12: Safety in the Neighborhood Over Time

Safety Characteristic	Baseline (%)	12-Month (%)	18-Month (%)
Drop in crime	31.6	47.9	46.4
Neighborhood is unsafe	62.9	51.3	54.3
Afraid to go out at night	60.8	55.5	55.1
Taking a big chance if walking at night	60.8	61.9	57.1
Personally afraid to walk alone	54.3	50.0	43.3

When residents were asked whether they had noticed a ***drop in crime*** in their neighborhood in the past year significant differences occurred across the three time points with more residents reporting a drop in crime 18-months post intervention (chi-square=65.121, df=6, p=.0001).

Although residents noted a drop in crime, their ***perception of personal safety improved***, but not as dramatically as crime. That is, after baseline fewer residents reported that their neighborhood was unsafe, that they were afraid to go out at night, that they were taking a chance if walking at night or that they were personally afraid to walk alone. However, the only significant difference noted was with "afraid to go out at night" (marginally significant, chi-square=12.296, df=6, p=.056).

Exhibit's 13 and 14 presents major problems that residents noted in their community across the three time points. Note that since the intervention began, there were significant improvements across time in the proportion of residents reporting almost ***all*** problems including improvements in drug abuse (chi-square=13.354, df=6, p=.038) alcohol abuse (chi-square=11.289, df=6, p=.08), drug selling (chi=square=12.672, df=6,

p=0.49), and violence (chi-square=12.672, df=6, p=.049), safety (chi-square=17.330, df=6, p=.008). Only the presence of unsupervised children in the development did not change significantly.

Exhibit 13: Major Drug Related Community Problems

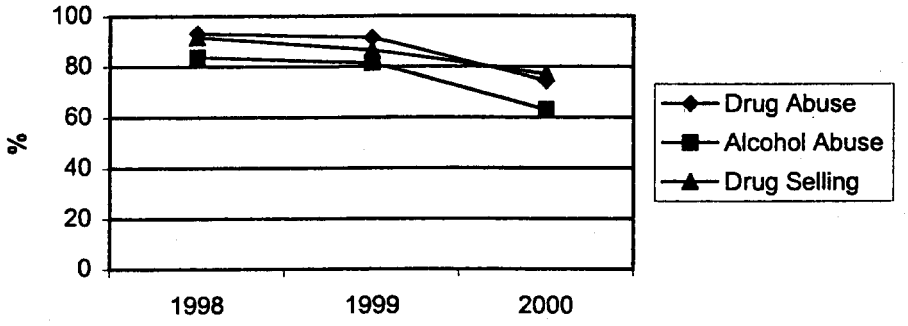
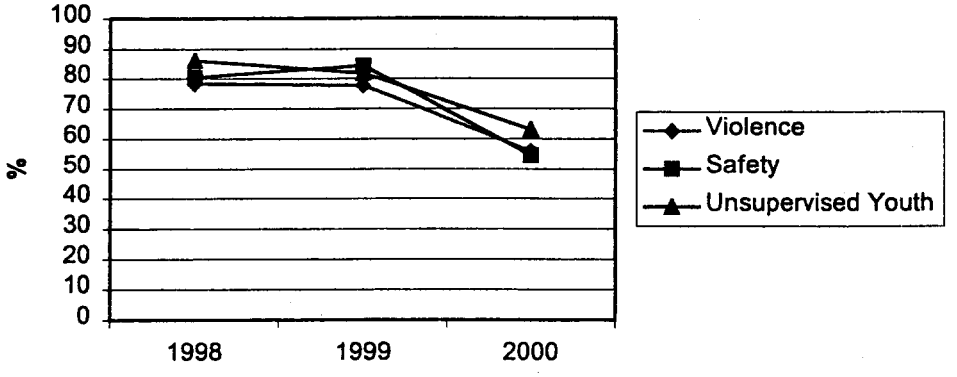


Exhibit 14: Major Community Problems



Substance Abuse in the Community

In addition to asking residents their perceptions of major problems in the community, they were also asked more specific questions about how often they observed drug selling, people drunk or high on drugs, and whether they thought that drug abuse in the neighborhood was getting worse. Exhibit 15 presents the results of these questions.

Exhibit 15: Community Substance Abuse

Factor	Baseline (%)	12-Month (%)	18-Month (%)
Often see people drunk or high	68.4	74.6	71.4
Often see drug selling	36.9	74.4	74.3
Drug abuse getting worse	37.7	20.3	28.6

Paradoxically, over the course of the intervention period, residents were more likely to observe drug selling (chi-square=95.263, df=4, p=.000) and drunk and high individuals in their neighborhood (non-significant), although overall, residents believed that drug abuse was not getting worse. It may be that there was a reporting bias occurring earlier on, where residents were not as comfortable reporting drug selling and the presence of drunk and high individuals, given that the consequences of these behaviors might lead to eviction by HANH. As time went on and individuals became aware of the social service programming made available to community residents, they may have had increased comfort in reporting these problem behaviors. It is also equally possible that more drug selling and drunk and high individuals were in the community over the course of the intervention.

Knowledge, Use and Attribution of Change to the Families F.I.R.S.T. Intervention

Residents were asked questions on the final survey regarding knowledge and use of Families F.I.R.S.T services and whether they believed community changes were a function of the presence of Families F.I.R.S.T. At the time of the final survey 70.0% of the residents had heard of the Families F.I.R.S.T. program, 50% knew that it could help with employment services, 32.9% knew they provided GED certification, 45.7% knew that they provided substance abuse treatment services, and 24.3% knew that they provided father engagement services. These data suggest that although knowledge of the presence of Families F.I.R.S.T had increased substantially over the course of the intervention period, residents were still not certain about all of the service components.

A series of questions were asked regarding the attribution of community changes in crime and personal safety to factors occurring within the community (Exhibit 16). The questions were posed as "*Do you think that the reduction in crime at QT is related to* "[7] Note that the increased presence of police involvement in the community was reported as the leading factor driving the perception of change in the community. A more parsimonious interpretation of these data however, would be that it is a combination of these factors that is leading to change and that they are all inter-related.

[7] The Evaluator recognizes that these are "leading" questions in the sense that the underlying assumption was that crime had been reduced and that safety had been improved (as noted by the results of the 12 month survey).

Exhibit 16: Attribution of Community Changes to Families F.I.R.S.T.

Factor	Crime	Safety
Families F.I.R.S.T. presence	31.4	31.4
Increased police presence	50.0	54.3
Eviction of drug users	32.6	34.3
Less drug trafficking	24.3	25.7
Other	18.6	18.6

CHAPTER 6 Final Results: Comparisons Between Intervention and Control Site

Demographics

The final survey, completed in the late fall of 2000, was administered to 70 residents at Quinnipiac Terrace and 50 residents at McConnaughy Terrace. The decline in the number of surveys completed across both sites is partly a reflection of the reduced population at both sites (e.g. more units off-line than previously) as well as a function of the limited time that Families F.I.R.S.T staff[8] were able to allocate to assisting in survey administration. In order to compensate for the inability of the staff to complete the surveys, the Project Coordinator was able to identify a team of 4 male-engagement advocates that were trained and paid by the Evaluator to assist with survey administration. The sample size at both developments however, is sufficient to detect statistical differences.

Exhibit 17: Demographic Characteristics Final Survey

	Intervention	Control
Sex		
% Female	88.6	89.6
Age (mean, s.d.)	44.4 (21.2)	36.9 (17.8)
Race		
% Black	58.8	85.4 *
% Hispanic	33.8	6.3
% Married	14.5	10.4
% Employed	31.7	53.2 *

Briefly, similar to baseline data, the age and gender distribution between the intervention and control site were similar to one another, as was the percent of individuals married. That is, there was no major change in demographics over the course of the evaluation of the intervention program. The developments continued to be comprised of

[8] Families F.I.R.S.T. as part of the Robert Wood Johnson Fighting Back Initiative were required to expand their services into an additional development (Farnam Courts) in mid-year 2000. The impact on QT was

predominantly single female-heads-of-households. There were significant differences between the sites with respect to employment status, in that similar to baseline data, proportionally more women were employed at MT (chi-square=23.6, df=7, p=.001).

Access to Services

Exhibit 18 presents a graph of responses to a question regarding resident's access to services in their community. Note the significant differences between the intervention and control site with respect to the availability of drug treatment services (chi-square=64.101, df=3, p=.0001); family support services (chi-square=56.911, df=3, p=.0001); church services (chi-square=50.519, df=3, p=.0001); and health services (71.923, df=3, p=.0001). However, residents residing at the control site were more likely to have had job services made available to them (chi-square=23.658, df=3, p=.0001) than at the intervention site. This factor most likely coincides with the earlier finding that residents at the control site were more likely to be employed and this may be a function of selection processes by HANH to have employed families residing at this site since it is within close proximity to the downtown core[9].

It was anticipated that overtime, residents would be more likely to respond that access to services had improved, particularly those offered by the Families F.I.R.S.T. program, however this did not occur. That is, if we compare these data to baseline and 12-month follow-up responses at the intervention site, similar responses were observed with respect to questions regarding access to services. It is unclear why there wasn't a more marked

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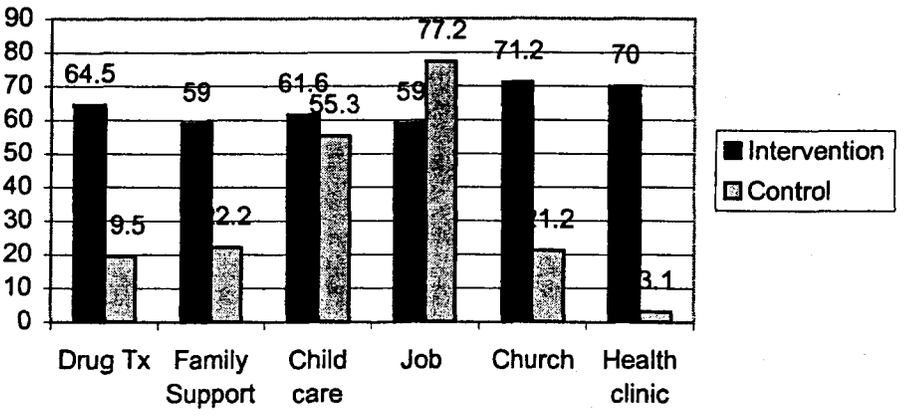
that case management staff had to be shifted to the other development, case loads increased, and staff did not have sufficient time to contribute to the Evaluation effort.

improvement in resident's perception of access to services, however it may be a function of lack of clarity of the types of services being offered by the program.

Exhibit 18: Access to Services Final Survey



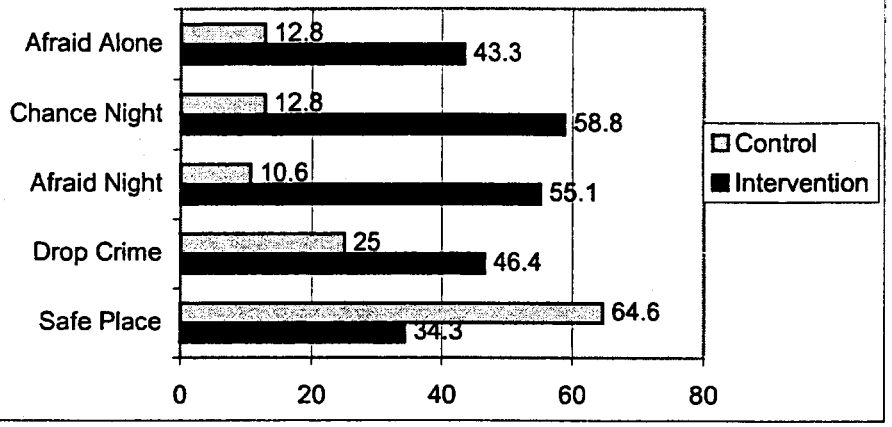
Resident Perception of Community Crime and Personal Safety

Exhibit 19 presents the results of questions regarding crime and personal safety in the community. Residents at the intervention site, were significantly more likely to report a ***drop in crime*** in their community in the past year (chi-square=7.916, df=2, p=.019) when compared with responses from the control site. However, residents at the control site were significantly more likely to report that they lived in a safer community (chi-square=13.6; df=2, p=.001), were less likely to be afraid to go out at night (chi-square=33.031, df=2, p=.0001), less likely to be taking a chance at night (chi-square=44.449, df=3, p=.0001), and less afraid to walk alone at night (chi-square=23.243, df=3, p=.0001). It is clear from these findings that residents at the control site were

[9] The Evaluator was not able to get a clear response from HANH regarding any selection processes.

living in an environment where they had higher levels of comfort with their personal safety. It is interesting that when residents were asked at both sites whether they had noticed a higher police presence in their communities in the past year, residents at QT were more likely to have noticed the increase (52.9% vs 10.4 % at MT respectively), although this didn't impact their perception of personal safety.

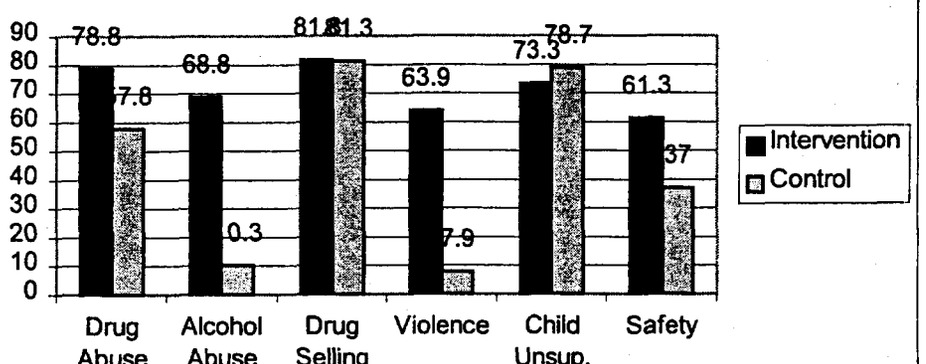
Exhibit 19: Community Safety Final Survey



Comparisons between the intervention and control site on major community problems are presented in Exhibit 20. There were no differences between the two sites with respect to observations of drug selling and the presence of unsupervised children in the community. However, the intervention site was much more likely than the control site to have major problems with drug abuse (chi-square=18.869, df=3, p=.0001), alcohol abuse (51.390, df=3, p=.0001), and violence (chi-square=47.808, df=3, p=.0001). At the intervention site, residents were also significantly more likely to see drunk and high individuals (chi-square=51.706, df=3, p=.0001) but more likely than the control site to report an overall decrease in drug selling (30% vs 2.1% respectively, chi-square=26.359, df=4, p=.0001).

That is, while residents at the intervention site continued to note that drug selling was a major problem in their community, they believed that overall, there was a notable decrease in drug selling.

Exhibit 20: Comparisons Between Intervention and Control Site, Major Problems



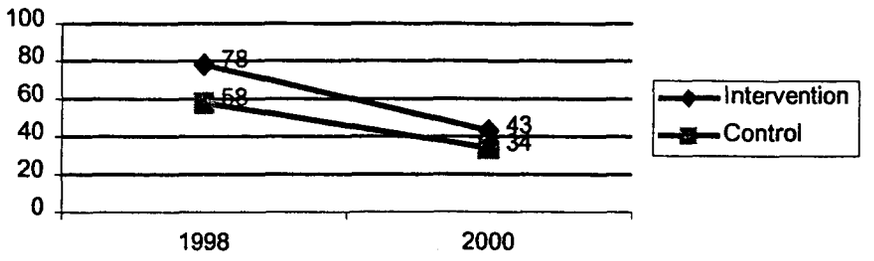
Crime Data

UCR Classification of Calls For Service[10]

Exhibit 15 shows the data for UCR 1 calls at QT and MT during 1998 and 1999. An additional time point was gathered for QT in 1999, where 71 UCR I crime calls for service were recorded. The decline in UCR I calls for service to QT was much more dramatic than that shown for MT over the two year interval.

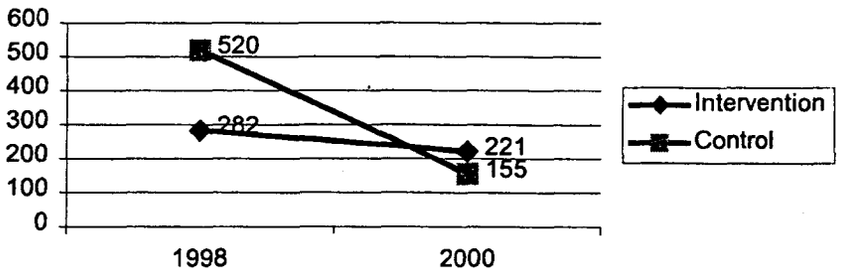
[10] Calls for Service data are a crude estimate of crime data overall and are highly dependent on individual officers training and reporting strategies. New Haven Police Department only recently switched to the NIBRS computerized forced field entry system, so in the future these data will be much more reliable.

Exhibit 21: UCR I Calls For Service (18-months)



A similar decline in calls for service is observed between the intervention and control site for UCR II crimes (Exhibit 11). Note the dramatic decline in UCR II crimes in the control site. This may be a function of the decreased population size at MT (as part of the demolition activities) as well as extensive police intervention in reducing drug-related crimes. Anecdotal evidence from residents at MT was in support of this assumption.

Exhibit 11: UCR II Calls for Service (18-months)



Although the police data show a reduction in both UCR I and UCR II crimes at the intervention site over the course of the intervention period it is difficult to attribute the decline to any one factor, particularly since a notable decline was observed at the control site and across the City of New Haven as a whole during this interval of time. However,

it is compelling to link the drop in UCR I crimes at QT to the increased presence of police in this previously isolated community.

Further assessment of the nature of the calls for service indicated that in 2000, 10 were drug related events at the control site, and 24 were drug related at the intervention site. When compared to the baseline data, it appears that only the control site showed a reduction in this type of call for service, whereas QT remained about the same (e.g. from 20 in 1998 to 10 in 2000).

CHAPTER 7 Summary and Discussion

Summary of Findings

The principal objectives of this evaluation project were to demonstrate the efficacy of the Families F.I.R.S.T pilot intervention program in providing services to at-risk residents by examining the proportion of residents entering and completing services and impacting substance related activities and crime post-intervention. These primary objectives were accomplished as evidenced by the following positive changes that had occurred in the community at the 18-month assessment:

2. **Service Utilization**

   - *Over 90 clients had been served by the Families F.I.R.S.T program during the evaluation period (60 with substance abuse problems were referred to a variety of treatment programs; 51 to job training and placement programs; and 92 to GED certification) and a substantial proportion of residents are currently engaged in services.*

4. **Substance Related Activities**

   - *Significant improvements over time were observed in the intervention site for drug and alcohol abuse, drug selling, and violence as reported by residents.*
   - *A significant decrease in drug selling had occurred in the intervention site compared to the control site, although drug selling remained a major problem.*

- *Despite the significant reductions in these types of activities, major problems still remain in the community based on resident reports.*

5. **Crime**

- *Residents reported a significant decrease in crime and improved safety over time at the intervention site.*
- *Residents attributed improved crime and safety to increased police presence in the community.*
- *Trends over time revealed by calls for service data indicate fewer UCR I and II crimes since the inception of the Families F.I.R.S.T program, although a similar reduction occurred at the control site.*

Discussion

Quinnipiac Terrace, like many other public housing developments built around the country in the last century, is physically and socially isolated from the broader community. As highlighted in the summary above, this pilot intervention program aimed at reducing the impact of substance use, abuse and crime in the community by providing on-site services, was effective in impacting the level of crime in the community as well as serving the unmet social service needs of residents.

Historically, traditional services (social or otherwise) have been found to be lacking in public housing (Rouse and Rubenstein, 1978), partly due to safety issues as well as high costs associated with providing such services (Weisel, 1990; Vitella, 1992). Generally

speaking, safety issues have precluded social service providers from providing direct services to public housing residents. Green et al (1998) note that public housing residents tend to fall through the cracks of coordinated services delivery.

More recently, Public Housing Drug Elimination Program (PHDEP) funds have been used to support anti-crime activities for youth but have not targeted the broader needs of families. For example, in some parts of the country programs have emerged such as Combating Alcohol and Drugs through Rehabilitation and Education (CADRE) a program that provides direct services to youth. It has been a highly utilized program that typically involves a drug prevention and drug treatment agency with the goal of increasing self-confidence and self-worth among youth. A few other model youth programs have also emerged, however, at this point in time it is unclear whether any of these youth based programs have been evaluated.

In general, Holzman (1996) noted that research in public housing has been sparse, ill-conceived and ill-applied. Greene and colleagues (1998) in presenting the results of the Philadelphia 11th corrider study of public housing and crime in Philadelphia highlight the difficulty and challenges in doing effective research in this area. Aside from the comprehensive social service based programming provided in Miracle Village, and the limited evaluation work that had been initiated, the present author was not able to find any other relevant evaluation literature based in public housing.

Contrary to what one might believe, and aside from public myth, few studies have examined the prevalence of crime in public housing. Of the few studies that have been conducted, the results are mixed and/or controversial (Fagan et al, 1998; Piquero et al. 1991). That is, as many studies have shown a positive association (Brill and Associates, 1977; Weisburd and Green, 1995; Dunsworth and Sarger; 1994) as those that do not (Roncek et al, 1981; Farley, 1982; Harell & Grouvis, 1994).

Several surveys have been conducted on public housing residents across the country. The America Housing Survey, indicated that 25% of residents report crime as a problem (DeFrancis & Smith (1998). The National Crime Victim Survey (1998) indicated that crime victimization was the same in public housing as it was outside of public housing (23.8% vs 23.4% respectively). Holzman et al (1996) using data from the 1996 Survey of Public Housing residents found: a) that the size of the development (500 or more units) was related to crime; b) fear of crime varies across developments; c) family high rises may not have increased rates of crime. Other studies have shown that concentrated community poverty increases the likelihood of crime and disorder (Wilson, 1987; Massey & Kanaiaupuni, 1993; Sampson, 1995), and that family disruption is associated with poverty, crime and disorder (Greene, 1997; Sampson, 1995). Moreover, physical signs of the environment (including vacant, abandoned, run-down housing, graffiti, trash, etc) are significant signs of disorderly behavior (Taylor and Gottfredson, 1986; Skogan 1990).

The finding in the present study that crime had dropped over the course of the evaluation period was interesting and is worth further discussion. Although residents attributed the change in crime and increase in safety to an increased presence of police in the development, the actual facts were that the police did not dramatically alter their presence. Indeed, at any given time there were only two police officers in the neighborhood and they were not necessarily walking a beat in the development. It is true that the tenant council and others were very familiar with the local Sergeant who would attend meetings and had a great physical presence. However, at night only a patrol car was in the neighborhood. To conclude that the drop in crime is only a function of increased police presence in the community is far too simplistic. It is equally plausible, and more parsimonious to link the change in crime in the community and the increased perception of personal safety to a composite of factors, including but not limited to the presence of Families F.I.R.S.T, increased police presence, positive changes in the physical environment, the new administration at HANH, among other factors. After all, Families F.I.R.S.T came with a host of other positive community activities including children and family events, clean-up days, newsletters and other forms of communication. Perhaps this previously disenfranchised setting began to feel more like a community.

There is some literature to support the premise that perception and/or fear of crime is associated with actual crimes, physical disorder and social disorder (Skogen, 1992). Covington and Taylor (1991) in a review of incivilities argue that the environment that individuals live in has implications on their perception of safety in that those who live in

poor environments are more vulnerable and more fearful of crime and victimization. The positive changes that occurred at Quinnipiac Terrace since the inception of the Families F.I.R.S.T. program may have contributed to the changes in perception that have occurred in the community by virtue of its on-site high profile physical presence.

Nonetheless, having a positive police presence in the community is a powerful force for impacting change. Cooper (1994) in an analysis of public housing drug elimination programs across 4 public housing authorities (Chicago, Cleveland, Philadelphia and Smithfield, North Carolina) concluded that a substantial reduction in violent crimes is important in contributing to residents perception of safety and that high visibility by police is an effective method in developing and improving quality of life in developments.

Lessons Learned

The results of continuous process evaluation and monitoring have led to the following conclusions:

1. Resident buy-in is a multi-stage process that requires persistence and continuity.
2. Resident word-of-mouth and motivated staff are the most efficient methods of attracting residents into services.
3. Staff matched to the race/ethnicity and potential backgrounds (e.g. history of living in public housing and/or substance use/abuse) of residents is central to engaging and motivating clients.
4. The Evaluator and the evaluation process must be seen as an integral part of the intervention process.

5. Continuous process evaluation is a critical factor in program implementation and ultimate program efficacy.
6. The parameters of community change are complex and are difficult to attribute to any single factor.

Strengths, Limitations and Ongoing Challenges

This pilot program includes an innovative on-site comprehensive services model that includes both clinical (substance abuse treatment and family support services) and non-clinical components (e.g. extensive outreach and community organizing as well as job training and placement and GED certification) as well as high profile police involvement It has demonstrated its effectiveness in impacting the social service needs of residents as well as reducing crime and increasing the perception of personal safety making the community a more viable place to live in then it had been previously. The acceptance of this program as a model program for the HANH is further testimony of its value to residents living in local public housing.

In large part, the successes of this program are based on the strong collaborative partnership between the HANH, Department of Police Services, New Haven Fighting Back as well as the collaborating social service agencies including representation from health clinics, substance abuse treatment providers, the faith community, welfare-to-work, and youth organizations, among others. The strength of this partnership was exemplified by the regular attendance of these partners at monthly meetings.

However, the program and the evaluation process was not without its shortcomings as summarized below:

1. The *bureaucratic process* for initiating and finalizing service contracts was cumbersome, inefficient and took several months before agencies had the funds to provide necessary services on-site. For example, the hiring of the on-site substance abuse counselor took almost 9 months due to contractual issues, and in the subsequent year, similar issues held up the same person.
2. The *staff turnover* and subsequent low staff moral during the first year delayed the onset of many of the programs that should have occurred on-site (e.g. job training and placement programs). In the first year most of the referrals were to off-site entities/organizations.
3. *Engaging the trust of residents* and establishing a presence in the community was an unexpected lengthy and ongoing process and was ultimately based on the persistence and creativity of staff members who had to balance a caseload and run community activities (e.g. a highly publicized, well-orchestrated Christmas party drew approximately 100 residents and their children in 1999).
4. *Initial expectations regarding the role of the tenant council* in helping drive the acceptance of the program in the community was problematic given that in the initial stages of the program the tenant council was dysfunctional. More recently, the tenant council has taken a more noticeable and active role in the community. If the tenant council had been functioning properly and appropriate resources had

been provided to them for leadership development and training, the Families F.I.R.S.T. program would have benefited.

5. *Expectations of the Evaluator* regarding the case monitoring, case tracking, data management and computer skills of the staff were not on target in that the evaluator had to provide these critical resources to the project.
6. *Expansion of the Families F.I.R.S.T. program* to two other developments was premature and based in part on the management staff attempting to fulfill an obligation to one of the funding streams without negotiating and thinking through the impact that this would have on the existing programming. The decision to expand divided the resources, complicated the staffing structure and imposed unrealistic expectations on staff. The impact on the residents at the intervention site was difficult to gauge.
7. The *selection of the control site* was problematic in the sense that it didn't maximize the opportunity to detect significant differences post-intervention. Originally it had been chosen because it was a family based development matched for race/ethnicity and high crime rate. Factors that were unexpected at both baseline and follow up included the larger number of Hispanics at the intervention site, and the dramatic shift in crime that was based on the changing population at the control site due to demolition and a step up on drug raids and police activity.

The ongoing challenges that Families F.I.R.S.T. must address include, but are not limited to the following:

1. *Program efficacy can only be determined through adequate follow-up.* Necessary next steps in determining the value of this program include ongoing evaluation studies that investigate the numbers of residents that successfully complete the different arms of the intervention.
2. *Ongoing strategies are needed to engage, motivate, and retain residents in services.* Early on outreach workers/case managers identified motivation as a key issue among the clients that they were serving. Staff found themselves in almost daily dialogue with clients assisting them with the most basic and fundamental aspects of life including instructing them to set an alarm clock, planning meals, reviewing transportation options, among others. Additional funding that included motivational enhancements is one option to engage, retain and motivate clients.
3. *Community investment in change is a key factor that requires continuous feeding and care.* Community organizing and mobilization activities are a continuous process that will need to occur because the population is dynamic and turnover is high. Outreach and education of Families F.I.R.S.T. programming activities will become an integral part of the program.
4. *Political forces need to recognize the value in their investment in order to ensure program continuation.* Local and federal government are notorious for creating 'rules of engagement' and policy for the indigent poor without recognizing the complexities involved. For example, when the HUD "one-strike" eviction policy was implemented, there was little attention paid to the impact that these evictions would have on public safety and the homeless systems. Moreover, the major change in the welfare system with respect to the 21-month rule for women

receiving TANF, continues to be problematic for women living in public housing who have not been given the opportunities needed to be employable (e.g. child-care, convenient access to GED certification and job training opportunities). Political forces need to recognize that poverty is attached to a number of complex issues including apathy, depression, substance use/abuse, crime, and poor health. For the most part just getting a job isn't in and of itself going to help someone move out of public housing and into the community. Programs that are multi-faceted and directed towards the specific needs of the poor are needed. The Families F.I.R.S.T. program is a model program that serves the complex needs of individuals living in public housing.

Policy Implications

The major contribution of this intervention program to criminal justice system policy and practice is the development of a partnership program between a Public Housing Authority, treatment providers and a police department whereby at-risk individuals can seek the treatment they need and maintain sobriety living in an environment where drug activity is reduced. The program represents an opportunity for the Department of Police Services, Housing Authority officials and residents, and the City to evaluate the effectiveness of combining community policing and human resource and support programs in public housing authorities. Thus, Families F.I.R.S.T. is a model on-site human services program that is tailored to meet the needs of individuals living in high-crime public housing. This program is currently being expanded across public housing

developments in the City of New Haven and has the potential to be adopted statewide and/or nationally. The policy and practice change within the criminal justice system will include the incorporation of police sub-stations within housing projects, active participation of the officers in resident activities, and a round-the-clock presence to inhibit the purchase and sales of drugs.

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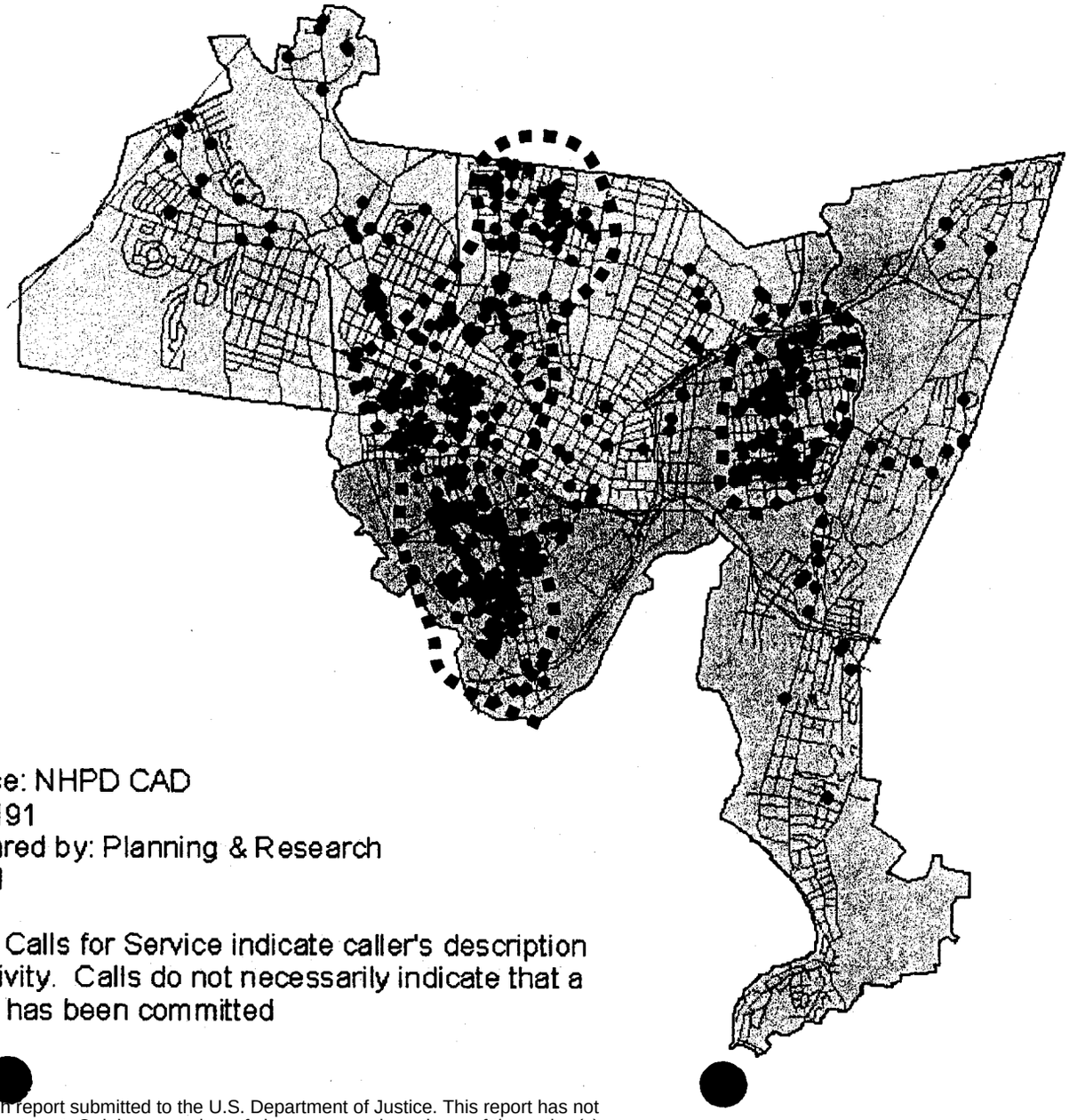
APPENDICES

1. New Haven Calls For Service GIS Maps
2. Baseline and Follow-Up Survey's
3. Process Evaluation Forms & Summaries
4. Environmental Assessment
5. Summary of Electronic Datasets

APPENDIX I

New Haven Calls For Service GIS Maps

Calls For Service: Drug Complaints
9/1/97 to 11/30/97



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Streets_fin.shp
Police_districts.shp
Beaver Hill
Dixwell
Downtown/Wooster Square
Dwight/Chapel
East Shore/Morris Cove
Fairhaven
Hill North
Hill South
Newhallville
Westville/West Hills
City_boundary.shp

N
W
E
S

Source: NHPD CAD
N=1,191
Prepared by: Planning & Research
4/6/01

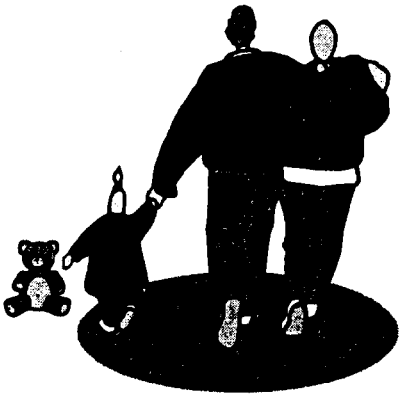
Note: Calls for Service indicate caller's description of activity. Calls do not necessarily indicate that a crime has been committed

APPENDIX 2

Baseline & Follow-Up Surveys

*****

FAMILIES FIRST



BASELINE NEEDS ASSESSMENT SURVEY
March 1999

FAMILIES FIRST

NEED ASSESSMENT QUESTIONNAIRE: BASELINE

Introduction

Hello, my name is _____. We are conducting a study about what people in your community think about their neighborhoods and how your neighborhood might be improved. Anything you tell us is completely confidential and will be used for purposes of generating programming ideas for your community..

(IF NECESSARY: THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR OPINIONS ARE AS IMPORTANT AS ANYONE ELSE'S. YOUR ANSWERS ARE VERY IMPORTANT BECAUSE WE ARE INTERVIEWING ONLY 250 PEOPLE THAT LIVE IN YOUR NEIGHBORHOOD. WE ARE NOT CONNECTED WITH THE HOUSING AUTHORITY OR ANY GOVERNMENT AGENCY AND THE INFORMATION YOU GIVE IS STRICTLY CONFIDENTIAL.

CODE HOUSING UNIT NUMBER: ☐☐☐☐ (1-4)

(Ask which unit number they live in during lease up process or code unit number if door to door survey)

Q1. Are you the person that holds the lease to this housing unit? ☐ (5)

(CODE 1 if Yes, otherwise choose from list below)

Spouse/significant other	2
Adult child (>18 yrs) of the leasee	3
Grandparent of the leasee	4
Aunt/Uncle of the leasee	5
Other family member of the leasee	6
Friend of the leasee	7

DEMOGRAPHICS

D1. Sex of respondent: ☐ (6)

Male 1
Female0

D2. What is your age? [CDC 37 1994]

Code age in years ☐☐☐ (7-9)
(VOL) Refused 99

D3. What is your race? Would you say: [CDC 38 1994] ☐ (10)

White	1
Black or African American	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
(VOL) Hispanic	5

[IF HISPANIC, CODE BUT DO NOT READ "HISPANIC" CATEGORY]

Other (specify)_____	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

D4. Are you: [CDC 40 1994] ☐ (11)

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
A member of an unmarried couple	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

GENERAL HEALTH

G1. Would you say that, in general, your health is: [CDC 1 1994] ☐ (12)

Excellent	1
Very Good	2
Good	3
Fair, or	4
Poor	5
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's (health maintenance organizations), or government plans such as Medicare or Medicaid ? [CDC 5 1994] ☐ (13)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

CHILDREN

C1. How many children live in your household who are...[CDC 41 1994] ☐ (14)

C1a) Less than 5 years old	(number) ☐	1	(15)
C1b) 5 through 12 years old	(number) ☐	2	(16)
C1c)13 through 17 years old	(number) ☐	3	(17)
None (VOL) Don't have any children		4	
(VOL) Don't know/Not sure		5	
(VOL) Refused		6	

C2. Are you expecting an addition to your family within the next year? ☐ (18)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

C3. Are there times during the day when other people care for your children? ☐ (19)

Yes	1
No	2 **(skip to Question #C11)**
NA	9

C6. How far do you travel for child care? ☐ (22)

Less than a mile	1
1-5 miles	2
6-10 miles	3
More than 10 miles	4
(VOL) Don't know/Not sure	8
NA	9

C11. Do you feel your concerns about child care have interfered with your...
(check all that apply and CODE 1=Yes, 2=NO, 8=DK, 9=NA or refused))

Ability to work/find a job	☐	(27)
Ability to seek medical help	☐	(28)
Ability to seek treatment for an alcohol or drug problem	☐	(29)
Ability to seek emotional counseling	☐	(30)
Ability to return to school	☐	(31)
Ability to deal with legal issues	☐	(32)

***C12.** If your housing community provided day care services, would you use them? ☐ (33)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

EMPLOYMENT

***E1.** Are you currently: [CDC 43 1994] ☐☐ (34-35)

Employed for wages	1 **(skip to Question #E2)**
Self-employed	2 **(skip to Question #E2)**
Out of work for more than one year	3 **(skip to Question #E7)**
Out of work for less than one year	4 **(skip to Question #E7)**
Homemaker	5 **(skip to Question #E7)**
(VOL) Student	6 **(skip to Question #E7)**
Retired	7 **(skip to Question #E7)**
Unable to work	8 **(skip to Question #E7)**
(VOL) Don't know/Not sure	9 **(skip to Question #E7)**
Refused	10 **(skip to Question #E7)**

***E2.** Are you currently employed full or part time? [CDC 43 1994] ☐ (36)

Full time	1
Part time	2

E7. Have you been actively looking for a job? ☐ (44)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

E8. Do you think a job training and placement program would help you? ☐ (45)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

***E9.** Did you receive your high school diploma or GED? ☐ (46)

Yes	1 **(skip to Question E11)**
No	2
Don't Know/Not sure	8
Refused	9

E10. Would you like to receive your diploma/GED? ☐ (47)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

***E11.** Are you receiving the following types of federal assistance
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):

Family Welfare	☐	(48)
Food stamps	☐	(49)
SSI/Disability	☐	(50)
WIC	☐	(51)
Other	☐	(52)

please specify:_____

NEIGHBORHOOD

N1. How long have you lived in public housing? ☐ (55)

Less than 6 months	1		
6 months to less than 1 year	2		
1-2 years	3		
3-5 years	4		
5-10 years	5		
Over 10 years	6		
(VOL) Don't know/Not sure	8	(VOL) Refused	9

N2. If you could, would you move out of this neighborhood? ☐ (58)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

N3. Do you think your neighborhood is a safe place to live? ☐ (60)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N7. How often during the past few months have you heard of the following things happening in your neighborhood—how often was (ITEM) a problem?

Often 1 Sometimes 2 Never 3 Don't know 8 NA 9

a.	A fight in which a weapon was used ☐	(65)
b.	Violent arguments between neighbors ☐	(66)
c.	Youth gang fights ☐	(67)
d.	People hit by the police ☐	(68)
e.	Someone badly hurt ☐	(69)

N8. How much of a problem is each of the following crimes in your neighborhood? What about (ITEM)—would you say it is a problem or not?

Yes 1 No 2 Don't know/Not sure 8 NA 9

a.	burglary of homes or apartments	(70)
b.	mugging or robbery	(71)
c.	assault by strangers	(72)
d.	rape	(73)
e.	selling drugs	(74)

N11. Do you feel you would receive quick help in an emergency situation? (7)

Yes 1
No 2
(VOL) Don't Know/Not sure 8
(VOL) Refused 9

N12. Do you feel the police have a high profile in your community? (8)

Yes 1
No 2
(VOL) Don't Know/Not sure 8
(VOL) Refused 9

N13. Do you think your housing community would benefit from having more police involvement? (9)

Yes 1
No 2
(VOL) Don't Know/Not sure 8
(VOL) Refused 9

N14. Do you think your housing community is too large? (10)

Yes 1
No 2
(VOL) Don't Know/Not sure 8
(VOL) Refused 9

N18. In your community, do you think there is a need for more:
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

Drug/alcohol treatment services	☐	(19)
Family support services	☐	(20)
Child care services	☐	(21)
Job training & placement services	☐	(22)
Church services	☐	(23)
Health clinic/hospital services	☐	(24)
Youth programs	☐	(25)

SUBSTANCE USE

S1. Are you currently in treatment for *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

A medical condition	☐	(32)
An alcohol problem	☐	(33)
A drug problem	☐	(34)
An emotional problem	☐	(35)
Other	☐	(36)

please specify:_____

S4. Do you see people who are drunk or high on drugs in your neighborhood?
Would you say...[READ LIST] [NHS R4 WHITE 1994] ☐ (39)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S7. Do you think that drug abuse in your neighborhood is...? ☐ (45)
[READ LIST] [CUNY]

Getting worse	1
Getting better, or	2
Staying the same	3
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S9. Do you think you, a friend, or a family member would use a drug/alcohol treatment program if it was available here in your housing community? ☐ (47)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

S14. What are the substances that you think are a problem in your community?
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

- Alcohol ☐
- Marijuana ☐
- Cocaine/Crack ☐
- Heroin ☐
- Other (list)_____

Now, we would like to ask you a few questions about substances. Remember that all of your responses are confidential and this information remains between us.

S15. Are you currently using any of the following substances?
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

- Alcohol ☐
- Marijuana ☐
- Cocaine/Crack ☐
- Heroin ☐
- Other (list)_____

S16. Do you believe that you have a problem with alcohol or drugs?

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

The last series of questions have to do with children support services that people might require.

DUPLICATE (1-4)

F1. Do you currently have any children in the custody of DCF? ☐ (5)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

F1a. If yes, how many children are in custody? ☐☐ (6-7)

F2. Is there a positive male role model in your children(s) lives? ☐ (8)
1=Yes 2=No 8= not applicable 9=refuse

F3. Are your children in contact with their biological father? ☐ (9)
1=Yes 2=No 8= not applicable 9=refuse

If not in contact, is there a particular reason? (check all that apply)

Legal issues ☐ (10)
Financial issues ☐ (11)
Moved out of state ☐ (12)
Lost contact over time ☐ (13)
Don't want them to have contact ☐ (14)
Haven't tried to locate father ☐ (15)
Other, please specify..... ☐ (16)

F3a. If not, would you like to see your children have contact with their father?
1=Yes 2=No 8= not applicable 9=refuse ☐ (17)

F4. Do you get financial support from your children's father?
1=Yes 2=No 8= not applicable 9=refuse ☐ (18)

F5. What is the nature of the contact?
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

Daily contact, lives in household	☐	(19)
Frequent telephone calls (e.g. once/wk)	☐	(20)
Frequent outings (e.g. once/wk)	☐	(21)
Minimal contact via telephone and/or visits (e.g. < once/month)	☐	(22)
No contact	☐	(23)

F6. Are there any barriers that prohibit your children from seeing their father?

1=Yes 2=No 8=not applicable 9=refuse ☐ (24)

F6a. If yes, then ask "what are the barriers" (check all that apply)

Incarceration	☐	(25)
Other legal issues	☐	(26)
Transportation	☐	(27)
Housing	☐	(28)
Can't locate father	☐	(29)
Distance from children	☐	(30)

F7. Would you like to see programs developed within your housing community that address father engagement issues?

1=Yes 2=No 8= not applicable 9=refuse ☐ (31)

BLANK (32-76)

☐☐☐☐ (77-80)

CARD #3

*****

FAMILIES FIRST

Short-Form 3/99

FAMILIES FIRST

NEED ASSESSMENT QUESTIONNAIRE: Short Form

Introduction

We are conducting a study about what people in your community think about their neighborhoods and how your neighborhood might be improved. Anything you tell us is completely confidential and will be used for purposes of generating programming ideas for your community.

(IF NECESSARY: THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR OPINIONS ARE AS IMPORTANT AS ANYONE ELSE'S. YOUR ANSWERS ARE VERY IMPORTANT BECAUSE WE ARE INTERVIEWING ONLY PEOPLE THAT LIVE IN YOUR NEIGHBORHOOD. WE ARE NOT CONNECTED WITH THE HOUSING AUTHORITY OR ANY GOVERNMENT AGENCY AND THE INFORMATION YOU GIVE IS STRICTLY CONFIDENTIAL.

CODE HOUSING UNIT NUMBER: ☐☐☐☐ (1-4)

(Ask which unit number they live in during lease up process or code unit number if door to door survey)

Q1. Are you the person that holds the lease to this housing unit? ☐ (5)

(CODE 1 if Yes, otherwise choose from list below)

Spouse/significant other	2
Adult child (>18 yrs) of the leasee	3
Grandparent of the leasee	4
Aunt/Uncle of the leasee	5
Other family member of the leasee	6
Friend of the leasee	7

DEMOGRAPHICS

D1. Sex of respondent: ☐ (6)

Male 1
Female0

D2. What is your age? [CDC 37 1994]

Code age in years ☐☐☐ (7-9)
(VOL) Refused 99

D3. What is your race? Would you say: [CDC 38 1994] ☐ (10)

White	1
Black or African American	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
(VOL) Hispanic	5

[IF HISPANIC, CODE BUT DO NOT READ "HISPANIC" CATEGORY]

Other (specify)_____	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

D4. Are you: [CDC 40 1994] ☐ (11)

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
A member of an unmarried couple	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

GENERAL HEALTH

G1. Would you say that, in general, your health is: [CDC 1 1994] ☐ (12)

Excellent	1
Very Good	2
Good	3
Fair, or	4
Poor	5
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's (health maintenance organizations), or government plans such as Medicare or Medicaid ? [CDC 5 1994] ☐ (13)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

CHILDREN

C1. How many children live in your household who are...[CDC 41 1994] ☐ (14)

C1a) Less than 5 years old	(number) ☐	1	(15)
C1b) 5 through 12 years old	(number) ☐	2	(16)
C1c)13 through 17 years old	(number) ☐	3	(17)
None (VOL) Don't have any children _____		4	
(VOL) Don't know/Not sure_____		5	
(VOL) Refused		6	

***C12.** If your housing community provided day care services, would you use them? ☐ (33)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

EMPLOYMENT

***E1.** Are you currently: [CDC 43 1994] ☐☐ (34-35)

Employed for wages	1 **(skip to Question #E2)**
Self-employed	2 **(skip to Question #E2)**
Out of work for more than one year	3 **(skip to Question #E7)**
Out of work for less than one year	4 **(skip to Question #E7)**
Homemaker	5 **(skip to Question #E7)**
(VOL) Student	6 **(skip to Question #E7)**
Retired	7 **(skip to Question #E7)**
Unable to work	8 **(skip to Question #E7)**
Refused	10 **(skip to Question #E7)**

***E2.** Are you currently employed full or part time? [CDC 43 1994] ☐ (36)

Full time	1
Part time	2

E8. Do you think a job training and placement program would help you? ☐ (45)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

***E9.** Did you receive your high school diploma or GED? ☐ (46)

Yes	1 **(skip to Question E11)**
No	2
Don't Know/Not sure	8
Refused	9

E10. Would you like to receive your diploma/GED? ☐ (47)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

NEIGHBORHOOD

N3. Do you think your neighborhood is a safe place to live? ☐ (60)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

☐☐☐☐ (77-80)

CARD #1

N13. Do you think your housing community would benefit from having more police involvement? (Duplicate 1-4) ☐ (9)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N18. In your community, do you think there is a need for more:
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

Drug/alcohol treatment services	☐	(19)
Family support services	☐	(20)
Child-care services	☐	(21)
Job training & placement services	☐	(22)
Church services	☐	(23)
Health clinic/hospital services	☐	(24)
Youth programs	☐	(25)

SUBSTANCE USE

S1. Are you currently in treatment for *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

A medical condition	☐	(32)
An alcohol problem	☐	(33)
A drug problem	☐	(34)
An emotional problem	☐	(35)
Other	☐	(36)

please specify:_____

S9. Do you think you, a friend, or a family member would use a drug/alcohol treatment program if it was available here in your housing community? ☐ (47)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

Now, we would like to ask you a few questions about alcohol and drug use. Remember that all of your responses are confidential and this information remains between us. We are not connected with any legal authorities and are just trying to gather information about what's happening in this community and what we might be able to do to help.

S15. Are you currently using any of the following substances?
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)

Alcohol	☐	(48)
Marijuana	☐	(49)
Cocaine/Crack	☐	(50)
Heroin	☐	(51)

Other (list)_____

S16. Do you believe that you have a problem with alcohol or drugs?

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

☐☐☐☐ (77-80)
CARD #2

The last series of questions have to do with children support services that people might require.

DUPLICATE (1-4)

F2. Is there a positive male role model in your children(s) lives? ☐ (8)
1=Yes 2=No 8= not applicable 9=refuse

F3. Are your children in contact with their biological father? ☐ (9)
1=Yes 2=No 8= not applicable 9=refuse

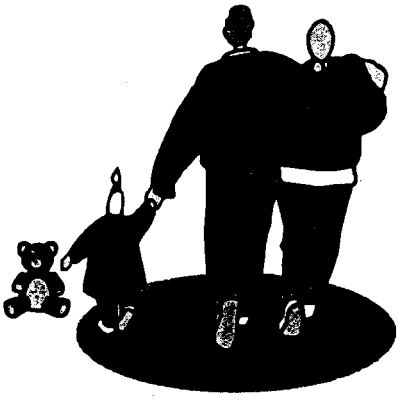
F3a. If not, would you like to see your children have contact with their father?
1=Yes 2=No 8= not applicable 9=refuse ☐ (17)

F7. Would you like to see programs developed within your housing community that address father engagement issues?
1=Yes 2=No 8= not applicable 9=refuse ☐ (31)

BLANK (32-76)

☐☐☐☐ (77-80)
CARD #3

FAMILIES FIRST



FINAL SURVEY
McCounaghy Terrace
September 2000

FAMILIES FIRST

NEED ASSESSMENT QUESTIONNAIRE: FINAL SURVEY

Introduction

Hello, my name is _____. We first conducted a survey last year to find out what people in your community think about their neighborhoods and how your neighborhood might be improved. Now we are doing a follow-up survey to see if there have been any changes that you have noticed or to see if the general views of the community have changed or remained the same. As before, anything you tell us is completely confidential and will be used for purposes of generating programming ideas for your community.

(IF NECESSARY: THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR OPINIONS ARE AS IMPORTANT AS ANYONE ELSE'S. YOUR ANSWERS ARE VERY IMPORTANT BECAUSE WE ARE INTERVIEWING ONLY 250 PEOPLE THAT LIVE IN YOUR NEIGHBORHOOD. WE ARE NOT CONNECTED WITH THE HOUSING AUTHORITY OR ANY GOVERNMENT AGENCY AND THE INFORMATION YOU GIVE IS STRICTLY CONFIDENTIAL.

CODE HOUSING UNIT NUMBER: ☐☐☐☐(1-4)

(Ask which unit number they live in during lease up process or code unit number if door to door survey)

Q1. Are you the person that holds the lease to this housing unit? ☐(5)

(CODE 1 if Yes, otherwise choose from list below)

Spouse/significant other	2
Adult child (>18 yrs) of the leasee	3
Grandparent of the leasee	4
Aunt/Uncle of the leasee	5
Other family member of the leasee	6
Friend of the leasee	7

DEMOGRAPHICS

D1. Sex of respondent: ☐(6)

Male 1

Female 0

D2. What is your age? [CDC 37 1994]

Code age in years ☐☐☐(7-9)

(VOL) Refused 99

D3. What is your race? Would you say: [CDC 38 1994] ☐(10)

White	1
Black or African American	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
(VOL) Hispanic	5

[IF HISPANIC, CODE BUT DO NOT READ "HISPANIC" CATEGORY]

Other (specify)_____	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

D4. Are you: [CDC 40 1994] ☐(11)

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
A member of an unmarried couple	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

GENERAL HEALTH

G1. Would you say that, in general, your health is: [CDC 1 1994] ☐(12)

Excellent	1
Very Good	2
Good	3
Fair, or	4
Poor	5
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G2. Have you seen a doctor/nurse/physician associate (PA) in the last year? ☐(13)

Yes	1
No	2 (skip to next question G4)
Don't Know	8
Refused	9

If yes, how many times in the last year: _____

G3. Were you seen by the same doctor/nurse/PA each visit? ☐(14)

Yes	1
No	2
Don't Know	8
Refused	9

G4. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's (health maintenance organizations), or government plans such as Medicare or Medicaid? [CDC 5 1994] ☐(15)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G5. Have you received care in an emergency department in the past year? ☐(16)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G6. Would you like to receive home health visits and be assigned to a health team to visit you monthly?

Yes	1	☐(17)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G7. If you would consider home health care, would you prefer to be seen:

In your apartment	☐(18)
In a separate apartment building	☐(19)
In a mobile health van	☐(20)

G8. Has anyone in your household been hospitalized in the past year?

Yes	1	☐(21)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G9. Have you ever delayed getting medical treatment or preventative care over the past year?

Yes	1	☐(22)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G9a. If yes, was the delay due to:

The cost of care	☐(23)
Time needed for travel and appointment	☐(24)
The cost of travel	☐(25)
Lack of child care	☐(26)
Difficulty in scheduling appointments	☐(27)
Long waiting times	☐(28)
Lack of bi-lingual doctor/translator	☐(29)
Difficulty in getting transportation	☐(30)

G10. Have you received a blood pressure measurement in the past year?

Yes	1	☐(31)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G11. Have you undergone a breast examination by a doctor/nurse/PA?

Yes	1	☐(32)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G12. Have you undergone a breast examination by a doctor/nurse/PA?

Yes	1	☐ (33)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G12a. Do you know how to do a self-breast exam?

Yes	1	☐ (34)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G13. Have you seen a dentist in the past year?

Yes	1	☐ (35)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G14. Would you be interested in a smoking cessation program?

Yes	1	☐ (36)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G15. Do you feel that you have a strong personal resource network? (i.e. if you were ever in need, that you can count on family, friends, church)

Yes	1	
No	2	☐ (37)
Don't Know	8	
Refused	9	

CHILDREN

C1. How many children live in your household who are...[CDC 41 1994] ☐ (38)

C1a) Less than 5 years old (number) ☐ (39)

C1b) 5 through 12 years old (number) ☐ (40)

C1c)13 through 17 years old (number) ☐ (41)

None (VOL) Don't have any children	7
(Please refer to next section)	
(VOL) Don't know/Not sure	8
(VOL) Refused	9

C2. Have your school-aged children ever had any problems with truancy? ☐ (42)

Yes	1
No	2
Don't Know	8
Refused	9

C3. Do you currently have any children in the custody of DCF? ☐(43)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

C3a. If yes, how many children are in custody? ☐☐(44-45)

C4. If there are children in the house, are your children up to date on his/her vaccines such as measles, polio, tetanus/DPT, hepatitis B? ☐(46)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

EMPLOYMENT

*E1. Are you currently: [CDC 43 1994] ☐☐(47-48)

Employed for wages	1 **(skip to Question #E2)**
Self-employed	2 **(skip to Question #E2)**
Out of work for more than one year	3 **(skip to Question #E3)**
Out of work for less than one year	4 **(skip to Question #E3)**
Homemaker	5 **(skip to Question #E3)**
(VOL) Student	6 **(skip to Question #E3)**
Retired	7 **(skip to Question #E3)**
Unable to work	8 **(skip to Question #E3)**
(VOL) Don't know/Not sure	9 **(skip to Question #E3)**
Refused	10 **(skip to Question #E3)**

***E2.** Are you currently employed full or part time? [CDC 43 1994] ☐(49)

Full time	1
Part time	2

***E3.** Did you receive your high school diploma or GED? ☐(50)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

E4. Are you receiving the following types of federal assistance
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):

Family Welfare	☐(51)
Food stamps	☐(52)
SSI/Disability	☐(53)
WIC	☐(54)
Other	☐(55)

please specify: _____

If on Family Welfare for how many months have you been on assistance? (leave blank if not relevant)?

☐☐ (56-57)

E5. Are you currently involved with any social service agencies in the New Haven county area (e.g. social services, department of children and families)?

☐ (58)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

E5a. If yes, can you please list those agencies:

_____

NEIGHBORHOOD

N1. How long have you lived in public housing?

☐ (59)

Less than 6 months	1
6 months to less than 1 year	2
1-2 years	3
3-5 years	4
5-10 years	5
Over 10 years	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

N2. Have you ever been threatened with eviction from public housing (e.g. asked to leave)?

☐ (60)

Yes	1
No	2
Don't Know	8
Refused	9

N3. Do you think your neighborhood is a safe place to live?

☐ (61)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N4. Have you noticed a drop in crime in the neighborhood in the past year?

☐ (62)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N5. Now I am going to read several statements about neighborhoods. As I read each one, tell me whether you would say it is true or not true in your neighborhood.

True 1 Not true 2 Don't know/Not sure 8 NA 9

a. Many people in this neighborhood are afraid to go out at night ☐ (63)

b. You are taking a big chance if you walk in this neighborhood alone after dark ☐ (64)

c. I am afraid to walk alone in this neighborhood ☐ (65)

N6. In the past year, have you noticed a higher police presence in the community? ☐ (66)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N7. In the past year, would you say that the amount of crime in your neighborhood has...[READ LIST] [EAGLETON 26 1993] ☐ (67)

Gone up	1
Gone down	2
Remained the same	3
(VOL) Don't know/Not sure	8
(VOL) Refused	9

N8. Have you or anyone you've known in this community ever been a victim of domestic violence? ☐ (68)

Yes	1
No	2
Don't Know	8
Refused	9

COMMUNITY ISSUES

I1. If necessary, do you think that you, a friend, or a family member would be able to get *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

Drug/alcohol treatment services	☐	(69)
Family support services	☐	(70)
Child-care services	☐	(71)
Job training & placement services	☐	(72)
Church services	☐	(73)
Health clinic/hospital services	☐	(74)

I2. Which of the following would you say are major problems within your community *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)*

Drug abuse	☐	(75)
Alcohol abuse	☐	(76)
Drug selling	☐	(77)
Violence	☐	(78)
Unsupervised children	☐	(79)
Safety	☐	(80)

SUBSTANCE USE/ TREATMENT CENTERS

S1. Have you personally used or advised someone else to approach the Families F.I.R.S.T. staff about a problem with drugs or alcohol? ☐(81)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

S2. How often do you see people who are drunk or high on drugs in your neighborhood? Would you say...[READ LIST] [NHS R4 WHITE 1994] ☐(82)

Often	1
Once a month	2
Rarely	3
Never	4
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S3. How often do you see people selling drugs in your neighborhood? Would you say...[READ LIST] [NHS R5 WHITE 1994] ☐(83)

Often	1
Once a month	2
Rarely	3
Never	4
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S4. Has there been a decrease in drug selling in the past year? ☐(84)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

S5. Do you think that drug abuse in your neighborhood is...? [READ LIST] [CUNY] ☐(85)

Getting worse	1
Getting better, or	2
Staying the same	3
(VOL) Don't know/Not sure	8
(VOL) Refused	9

PERSONAL SUBSTANCE USE

Now I would like to ask you a few questions about your own alcohol and drug use. Please remember that all of your responses are confidential and this information remains between us. We are not connected with any legal authorities and are just trying to gather information about what's happening in this community and what we might be able to do to help.

P1. Are you currently in treatment for *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

A medical condition	☐	(86)
An alcohol problem	☐	(87)
A drug problem	☐	(88)
An emotional problem	☐	(89)
Other	☐	(90)

please specify:_____

P2. Have you ever been treated for an alcohol or drug problem? ☐ (91)

Yes	1
No	2
Don't Know	8
Refused	9

P2a. If yes, how long ago? ☐ (92)

0-1 Years
2-4 Years
5-7 Years
8-10 Years
Over 11 Years

P3. Would you be interested in learning more about how to identify whether or not someone has a problem with alcohol or drug use? ☐ (93)

Yes	1
No	2
Don't Know	8
Refused	9

FAMILIES FIRST

FINAL SURVEY
September 2000

FAMILIES FIRST

NEED ASSESSMENT QUESTIONNAIRE: FINAL SURVEY

Introduction

Hello, my name is _____. We first conducted a survey last year to find out what people in your community think about their neighborhoods and how your neighborhood might be improved. Now we are doing a follow-up survey to see if there have been any changes that you have noticed or to see if the general views of the community have changed or remained the same. As before, anything you tell us is completely confidential and will be used for purposes of generating programming ideas for your community.

(IF NECESSARY: THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR OPINIONS ARE AS IMPORTANT AS ANYONE ELSE'S. YOUR ANSWERS ARE VERY IMPORTANT BECAUSE WE ARE INTERVIEWING ONLY 250 PEOPLE THAT LIVE IN YOUR NEIGHBORHOOD. WE ARE NOT CONNECTED WITH THE HOUSING AUTHORITY OR ANY GOVERNMENT AGENCY AND THE INFORMATION YOU GIVE IS STRICTLY CONFIDENTIAL.

CODE HOUSING UNIT NUMBER: ☐☐☐☐(1-4)

(Ask which unit number they live in during lease up process or code unit number if door to door survey)

Q1. Are you the person that holds the lease to this housing unit? ☐(5)

(CODE 1 if Yes, otherwise choose from list below)

Spouse/significant other	2
Adult child (>18 yrs) of the leasee	3
Grandparent of the leasee	4
Aunt/Uncle of the leasee	5
Other family member of the leasee	6
Friend of the leasee	7

DEMOGRAPHICS

D1. Sex of respondent: ☐(6)

Male 1
Female 0

D2. What is your age? [CDC 37 1994]

Code age in years ☐☐☐(7-9)
(VOL) Refused 99

D3. What is your race? Would you say: [CDC 38 1994] ☐(10)

White	1
Black or African American	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
(VOL) Hispanic	5

[IF HISPANIC, CODE BUT DO NOT READ "HISPANIC" CATEGORY]

Other (specify)_____	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

D4. Are you: [CDC 40 1994] ☐(11)

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
A member of an unmarried couple	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

D5. Did you live at Quinnipiac Terrace between December 1998 and September 2000 when we last did this survey?

Yes	1	☐(12)
No	2	

D5a. If yes, do you recall having completed the survey before?

Yes	1	☐(13)
No	2	
(VOL) Don't know/Not sure	8	

GENERAL HEALTH

G1. Would you say that, in general, your health is: [CDC 1 1994] ☐(14)

Excellent	1
Very Good	2
Good	3
Fair, or	4
Poor	5
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G2. Have you seen a doctor/nurse/physician associate (PA) in the last year?

Yes	1	☐(15)
No	2	(skip to next question G4)
Don't Know	8	
Refused	9	

If yes, how many times in the last year: _____

G3. Were you seen by the same doctor/nurse/PA each visit?

Yes	1	☐(16)
No	2	
Don't Know	8	
Refused	9	

G4. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's (health maintenance organizations), or government plans such as Medicare or Medicaid? [CDC 5 1994] ☐(17)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

G5. Have you received care in an emergency department in the past year?

Yes	1	☐ (18)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G6. Would you like to receive home health visits and be assigned to a health team to visit you monthly?

Yes	1	☐ (19)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G7. If you would consider home health care, would you prefer to be seen:

In your apartment	☐ (20)
In a separate apartment building	☐ (21)
In a mobile health van	☐ (22)

G8. Has anyone in your household been hospitalized in the past year?

Yes	1	☐ (23)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G9. Have you ever delayed getting medical treatment or preventative care over the past year?

Yes	1	☐ (24)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G9a. If yes, was the delay due to:

The cost of care	☐ (25)
Time needed for travel and appointment	☐ (26)
The cost of travel	☐ (27)
Lack of child care	☐ (28)
Difficulty in scheduling appointments	☐ (29)
Long waiting times	☐ (30)
Lack of bi-lingual doctor/translator	☐ (31)
Difficulty in getting transportation	☐ (32)

G10. Have you received a blood pressure measurement in the past year?

Yes	1	☐ (33)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G11. Have you undergone a breast examination by a doctor/nurse/PA?

Yes	1	☐(34)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G12. Have you undergone a breast examination by a doctor/nurse/PA?

Yes	1	☐(35)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G12a. Do you know how to do a self-breast exam?

Yes	1	☐(36)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G13. Have you seen a dentist in the past year?

Yes	1	☐(37)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G14. Would you be interested in a smoking cessation program?

Yes	1	☐(38)
No	2	
(VOL) Don't know/Not sure	8	
(VOL) Refused	9	

G15. Do you feel that you have a strong personal resource network? (i.e. if you were ever in need, that you can count on family, friends, church)

Yes	1	
No	2	☐(39)
Don't Know	8	
Refused	9	

CHILDREN

C1. How many children live in your household who are...[CDC 41 1994] ☐(40)

C1a) Less than 5 years old (number) ☐ (41)

C1b) 5 through 12 years old (number) ☐ (42)

C1c)13 through 17 years old (number) ☐ (43)

None (VOL) Don't have any children	7
(Please refer to next section)	
(VOL) Don't know/Not sure	8
(VOL) Refused	9

C2. Have your school-aged children ever had any problems with truancy? ☐(44)

Yes	1
No	2
Don't Know	8
Refused	9

C3. Do you currently have any children in the custody of DCF? ☐(45)

Yes	1
No	2
(VOL) Don't know/Not sure	8
(VOL) Refused	9

C3a. If yes, how many children are in custody? ☐☐(46-47)

C4. If there are children in the house, are your children up to date on: ☐(48)

Measles Vaccine
Polio Vaccine
Tetanus/DPT
Hepatitis B

EMPLOYMENT

*E1. Are you currently: [CDC 43 1994] ☐☐(49-50)

Employed for wages	1 **(skip to Question #E2)**
Self-employed	2 **(skip to Question #E2)**
Out of work for more than one year	3 **(skip to Question #E3)**
Out of work for less than one year	4 **(skip to Question #E3)**
Homemaker	5 **(skip to Question #E3)**
(VOL) Student	6 **(skip to Question #E3)**
Retired	7 **(skip to Question #E3)**
Unable to work	8 **(skip to Question #E3)**
(VOL) Don't know/Not sure	9 **(skip to Question #E3)**
Refused	10 **(skip to Question #E3)**

*E2. Are you currently employed full or part time? [CDC 43 1994] ☐(51)

Full time	1
Part time	2

*E3. Did you receive your high school diploma or GED? ☐(52)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

E4. Are you receiving the following types of federal assistance
(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):

Family Welfare ☐(53)
Food stamps ☐(54)
SSI/Disability ☐(55)

WIC ☐(56)

Other ☐(57)

please specify: _____

If on Family Welfare for how many months have you been on assistance? (leave blank if not relevant)?

☐☐(58-59)

E5. Are you currently involved with any social service agencies in the New Haven county area (e.g. social services, department of children and families)?

Yes	1	☐(60)
No	2	
Don't Know/Not sure	8	
Refused	9	

E5a. If yes, can you please list those agencies:

_____

NEIGHBORHOOD

N1. How long have you lived in public housing? ☐(61)

Less than 6 months	1
6 months to less than 1 year	2
1-2 years	3
3-5 years	4
5-10 years	5
Over 10 years	6
(VOL) Don't know/Not sure	8
(VOL) Refused	9

N2. Have you ever been threatened with eviction from public housing (e.g. asked to leave)?

Yes	1	☐(62)
No	2	
Don't Know	8	
Refused	9	

N3. Do you think your neighborhood is a safe place to live?

Yes	1	☐(63)
No	2	
(VOL) Don't Know/Not sure	8	
(VOL) Refused	9	

N4. Have you noticed a drop in crime in the neighborhood in the past year?

Yes	1	☐(64)
No	2	
(VOL) Don't Know/Not sure	8	
(VOL) Refused	9	

N5. Now I am going to read several statements about neighborhoods. As I read each one, tell me whether you would say it is true or not true in your neighborhood.

True 1 Not true 2 Don't know/Not sure 8 NA 9

a. Many people in this neighborhood are afraid to go out at night ☐ (65)

b. You are taking a big chance if you walk in this neighborhood alone after dark ☐ (66)

c. I am afraid to walk alone in this neighborhood ☐ (67)

N6. In the past year, have you noticed a higher police presence in the community? ☐ (68)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

N7. In the past year, would you say that the amount of crime in your neighborhood has...[READ LIST] [EAGLETON 26 1993] ☐ (69)

Gone up	1
Gone down	2
Remained the same	3
(VOL) Don't know/Not sure	8
(VOL) Refused	9

N8. Have you or anyone you've known in this community ever been a victim of domestic violence? ☐ (70)

Yes	1
No	2
Don't Know	8
Refused	9

COMMUNITY ISSUES

I1. If necessary, do you think that you, a friend, or a family member would be able to get *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

Drug/alcohol treatment services	☐	(71)
Family support services	☐	(72)
Child-care services	☐	(73)
Job training & placement services	☐	(74)
Church services	☐	(75)
Health clinic/hospital services	☐	(76)

I2. Which of the following would you say are major problems within your community *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused)*

Drug abuse	☐	(77)
Alcohol abuse	☐	(78)
Drug selling	☐	(79)
Violence	☐	(80)
Unsupervised children	☐	(81)
Safety	☐	(88)

SUBSTANCE USE/ TREATMENT CENTERS

S1. Have you personally used or advised someone else to approach the Families F.I.R.S.T. staff about a problem with drugs or alcohol? ☐(89)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

S2. How often do you see people who are drunk or high on drugs in your neighborhood? Would you say...[READ LIST] [NHS R4 WHITE 1994] ☐(90)

Often	1
Once a month	2
Rarely	3
Never	4
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S3. How often do you see people selling drugs in your neighborhood? Would you say...[READ LIST] [NHS R5 WHITE 1994] ☐(91)

Often	1
Once a month	2
Rarely	3
Never	4
(VOL) Don't know/Not sure	8
(VOL) Refused	9

S4. Has there been a decrease in drug selling in the past year? ☐(92)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

S5. Do you think that drug abuse in your neighborhood is...? [READ LIST] [CUNY] ☐(93)

Getting worse	1
Getting better, or	2
Staying the same	3
(VOL) Don't know/Not sure	8
(VOL) Refused	9

PERSONAL SUBSTANCE USE

Now I would like to ask you a few questions about your own alcohol and drug use. Please remember that all of your responses are confidential and this information remains between us. We are not connected with any legal authorities and are just trying to gather information about what's happening in this community and what we might be able to do to help.

P1. Are you currently in treatment for *(check all that apply and CODE 1=Yes, 2=No, 8=DK, 9=refused):*

A medical condition	☐	(94)
An alcohol problem	☐	(95)
A drug problem	☐	(96)
An emotional problem	☐	(97)
Other	☐	(98)

please specify:_____

P2. Have you ever been treated for an alcohol or drug problem? ☐(99)

Yes	1
No	2
Don't Know	8
Refused	9

P2a. If yes, how long ago? ☐(100)

0-1 Years
2-4 Years
5-7 Years
8-10 Years
Over 11 Years

P3. Would you be interested in learning more about how to identify whether or not someone has a problem with alcohol or drug use? ☐(101)

Yes	1
No	2
Don't Know	8
Refused	9

FAMILIES F.I.R.S.T.

F1. Have you heard about Families FIRST in your community over the past year? ☐(102)

Yes	1
No	2
Don't know/Not sure	8
Refused	9
Never heard of Families F.I.R.S.T.	3

F2. Did you know that Families F.I.R.S.T. is a program in your community that can help you with employment and/or job training? ☐(103)

Yes	1
No	2
Don't know/Not sure	8
Refused	9
Never heard of Families F.I.R.S.T.	3

F2a. If yes, have you used the he Families F.I.R.S.T. office to help you find a job? ☐ (104)

Yes	1
No	2
Don't know/Not sure	8
Refused	9

F2b. If yes, to using Families FIRST, did you successfully find and keep a job (for at least 6 months)? ☐ (105)

Yes	1
No	2
Don't know/Not sure	8
Refused	9

F3. Were you aware that Families F.I.R.S.T. has offered GED classes? ☐ (106)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

F3a. If yes, did you use Families FIRST to get your GED? ☐ (107)

Yes	1
No	2
Don't Know/Not sure	8
Refused	9

F4. Did you know that the Families F.I.R.S.T. staff are available to assist you, a friend, or a family member who is in need of substance abuse treatment? ☐ (108)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

F5. Have you noticed more opportunities for father's to be involved in engagement activities since Families F.I.R.S.T. has been in your community? ☐ (109)

Yes	1
No	2
(VOL) Don't Know/Not sure	8
(VOL) Refused	9

F6. Do you think that the reduction in crime in Quinnipiac Terrace is related to:

A. Families FIRST coming into the community ☐ (110)
B. Increased police presence in the community ☐ (111)
C. Evictions of drug users in the community ☐ (112)
D. Less drug trafficking ☐ (113)
E. Other reasons ☐ (114)

F7. Do you think that people report feeling safer at Quinnipiac Terrace because:

A. Families FIRST coming into the community	☐	(115)
B. Increased police presence in the community	☐	(116)
C. Evictions of drug users in the community	☐	(117)
D. Less drug trafficking	☐	(118)
E. Other reasons	☐	(119)

F8. Do you feel that the services (state or local) that you are involved with are better coordinated now that Families F.I.R.S.T. is in the community

Yes	1	☐ (120)
No	2	
(VOL) Don't Know/Not sure	8	
(VOL) Refused	9	

F8. Do you think that Families FIRST should offer other types of programs to the community?

Yes	1	☐ (121)
No	2	
(VOL) Don't Know/Not sure	8	
(VOL) Refused	9	

F8a. If yes, what other types of programs would you like to see? (*Read list from above question and write in numbers for yes, no, don't know or refused)*

After School	☐	(122)
Family Violence	☐	(123)
HIV Prevention	☐	(124)
Senior Citizen Activities	☐	(125)
Any Others....PLEASE LIST	☐	(126)

APPENDIX 3

Process Evaluation Forms & Summaries

FAMILIES FIRST
CLIENT FEEDBACK FORM

(circle or check all appropriate responses)

1. Which components of Families FIRST have you been involved in? (circle all that apply)

   a. job training and placement programs
   b. substance abuse treatment
   c. counseling services
   d. child care services
   e. high school certification
   f. father engagement activities

2. Are you satisfied with the programs that you have been involved in?

   Yes No Don't know Too early to say

   2a. Can you think of any improvement that we could make?

   Yes No Don't know

   3b. If yes, what would they be?

   _____
   _____
   _____

3. How would you rate the overall quality of the contact that you have with your Families FIRST outreach worker?

   Excellent Very Good Good Fair Poor

4. Was your FAMILIES FIRST outreach worker helpful to you?

   Yes No Don't know

5. Did you feel that you could be open with your FAMILIES FIRST outreach worker?

   Yes No Don't know

6. Do you feel that you need more contact with your FAMILIES FIRST outreach worker?

   Yes No Don't know

7. Are there any additional programs that you believe we should be offering?
   Please specify:

   _____
   _____

FAMILIES FIRST
RESIDENT FEEDBACK FORM

(circle or check all appropriate responses)

1. Are you aware of the Families FIRST program that is now available in your community?

   Yes No DK Refused

2. What have you heard about this program? (circle all that apply)

   a. It provides job training and placement programs
   b. It provides substance abuse treatment
   c. It provides counseling services
   d. It provides child care services
   e. It provides high school certification
   f. It links fathers together with their children
   g. It's involved in community organizing

3. Have you ever used the Families FIRST program?

   Yes No Don't know

   3a. If yes, and *finished using* program, was the program useful to you?

   Yes No Don't know

   Why? _____

   3b. If yes, and *currently using* the program, is the program beneficial to you?

   Yes No Don't know

   Why? _____

4. Have you ever seen the police officers that are assigned to your community?

   Yes No Don't know

5. Do you know the names of the officers?

   Yes No Don't know

   5a. If you have interacted with the officers, how would you rate the quality of the interaction?

   Excellent Good Fair Poor

   Why? _____

6. What do you continue to see as the most pressing problems in your community (circle all that apply)?

   a. Drug abuse
   b. Alcohol abuse
   c. Drug selling
   d. Violence
   e. unsupervised children
   f. safety
   g. other: _____

Process Evaluation Summary
Quinnipiac Terrace
June/July 1999

Client Feedback Form

Twenty-six clients using the Families FIRST program completed a six-item process evaluation form. The process evaluation covered the following major areas: 1) components of the program the client had utilized; 2) satisfaction with the program; 3) overall quality of contact with their outreach worker; 4) quantity of contact with their outreach worker; and 5) additional programs that would be of interest. The following is a summary of their responses/suggestions:

1. **Program Components Utilized**

- 38.5% of the clients were involved in job training and placement services
- 38.5% of the clients were involved in substance abuse treatment services
- 54% of the clients were involved in counseling services
- 11.5% of the clients were involved in child care services
- 27% of the clients were involved in GED certification
- 19% of the clients were involved in father engagement activities

2. **Satisfaction with the Program**

- 88.5% were satisfied with the programs that were being offered to them
- 15.4% could think of improvements to make to the program (for example)

3. **Quality of Contact with Outreach worker**

- 43% reported that the quality of their interactions with their case manager was excellent
- 23.1% reported that the quality of the interactions with their outreach worker was very good
- 19.2% reported that the quality of the interactions with their outreach worker was good.
- 92.3% reported that their outreach worker were helpful to them.
- 100% reported that they could be open with their outreach worker.

4. **Frequency of Contact with Outreach worker**

- 35% reported that they would like to have more contact with their outreach worker

5. **Additional Programs**

-

Process Evaluation Summary
Quinnipiac Terrace
June/July 1999

Outreach Workers Feedback Form

Four of the Outreach Workers completed the six item process evaluation form. The following is a summary of their statements/suggestions:

- Three of the four believed that they had been appropriated trained to administer the Needs Assessment Survey (NAS).
- The two greatest difficulties that the staff faced in administering the survey included: a) content of some of the questions; and b) problems reaching residents.
- The two major difficulties that Outreach Workers face in their roles are: a) engaging clients (e.g. developing rapport) and b) clients are often not at home.
- Thoughts that Outreach Workers had in terms of what they like most about their jobs include:
  - Team work
  - Opportunity to help clients improve their lives
  - A great supervisor
  - Working with the community
- Aspects of their job that Outreach Workers like least is:
  - Lack of available office equipment (e.g. phones)
  - Clients not at home
- In terms of further training that would be beneficial to conduct their jobs successfully the Outreach Workers would like to have made available to them:
  - More workshops for staff
  - More workshops for residents
  - More knowledge regarding work ethics

APPENDIX 4

Environmental Assessments

ENVIRONMENTAL SURVEY

1. Community center

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

2. Highrise

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches

congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

3. Open Space

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

4. Parking Lot

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights

inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

5. Perimeter

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)
businesses (check cashing, convenience/grocery, restaurant, other) (yes,no)

6. Playground

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)

abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
equipment condition (good, moderate damage, extensive damage)
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

7. Rest Area

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

8. Rowhouse

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans

dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

9. Walkway

graffiti (none, little, moderate, extensive)
trash cans
overflow trash cans
dumpsters
overflow dumpsters
litter (none, little, moderate, extensive)
glass (none, little, moderate, extensive)
type of litter (paper, cans/bottles, household items, drug paraphernalia) (yes,no)
shrubs (none, neatly trimmed, partially trimmed, not trimmed)
abandoned/wrecked cars
illegally parked cars
payphones
inoperable phones
lighting (well-lit, poorly lit, dark, none)
number of lights
inoperable lights
broken windows (none, little, moderate, extensive)
boarded windows (none, little, moderate, extensive)
benches
broken benches
congregation of people #1 (size, 0=no congregation)
congregation of people #1 (type==> children, teens, adults, seniors, mixed)
congregation of people #1 (location)
congregation of people #2 (size, 0=no congregation)
congregation of people #2 (type==> children, teens, adults, seniors, mixed)
congregation of people #2 (location)

APPENDIX 5

Summary of Data Sets

The electronic disk contains the following datasets.

Data Type	File Name & Data Format	Information
Process	Client_process#1.sav (SPSS)	Process evaluation: client data
	Residents_process.sav (SPSS)	Process evaluation: resident data
Crime	Crimeall98.sav (SPSS)	Calls for service data both sites
	Crimemt98.sav (SPSS)	Calls for service data control site 1998
	Crimemt2000.sav (SPSS)	Calls for service data control site 2000
	Mcpolfin.xls (EXCEL)	Calls for service data control site
	PoliceUCRqt00.sav (SPSS)	Calls for service subset intervention site 2000
	PoliceUCRqt99.sav (SPSS)	Calls for service subset intervention site 1999
	PoliceUCRqt98.sav (SPSS)	Calls for service subset intervention site 1998
Survey: Basline	Codebk_base.original.doc (WORD)	Code book with variables attached
	Final_baseqt_v4.xls (EXCEL)	Excel file with baseline data for intervention
	Mt_baseline.xls (EXCEL)	Excel file with baseline data control site
	QT basedata.sav (SPSS)	SPSS file with intervention site baseline data
	Mtbaseline.sav (SPSS)	SPSS file with control site baseline data
Survey Follow-up	QT_follow-up.xls (EXCEL)	EXCEL file with 12-month follow-up data
	QTfollowup1.sav (SPSS)	SPSS file with intervention site follow-up data
Survey Final	Mterrace_final'00.xls (EXCEL)	EXCEL file with final data control site 2000
	Qterrace_final'00.xls (EXCEL)	EXCEL file with final data intervention site 2000
	Qtfinal.sav	SPSS file with final data intervention site
	Mterrfin.sav	SPSS file with final data control site

Process Evaluation Summary
Quinnipiac Terrace
June/July 1999

Resident Feedback Form

Twenty-six residents were chosen at random from Quinnipiac Terrace and were asked to complete a six-item process evaluation form. The process evaluation covered the following major areas: 1) awareness of the Families FIRST program in their community; 2) knowledge of the components of the Families FIRST program; 3) use of the Families FIRST program and its efficacy; 4) knowledge regarding visibility and quality of interactions with police officers within their community; and 5) opinions regarding current problems in their community. The following is a summary of their responses/suggestions:

1. **Awareness of Families FIRST Program**

- 76.9% of the residents surveyed reported knowledge of the Families FIRST program.

2. **Knowledge Regarding the Components of the Families FIRST program**

- 50% reporting that the program included job training and placement services
- 50% reporting that the program included substance abuse treatment services
- 42.3% reporting that the program involved counseling services
- 23.1% reporting that the program involved child-care services
- 61.5% reporting that the program involved GED certification
- 46.2% reporting that the program involved father engagement services/activities
- 53.8% reporting that the program involved community organizing activities

3. **Use of the Families FIRST Program**

- 30.8% of those surveyed had used the Families FIRST program. Of the eight residents who reported that they had used the program 15.4% found their involvement with the program to be useful. In addition, 3 residents reported that they were still using the program and that it was beneficial to them.

4. **Knowledge Regarding Visibility and Quality of Interactions with Police Officers**

- 76.9% reported that they had observed Police Officers within their community.
- 19.2% knew the names of the Officers that were assigned to their community.
- Of the 12 residents who reported having interacted with the Officers within their community, 26.9% reported that their interactions were positive, 15.4% reported that their interactions were fair and 3.8% reported that their interactions were poor.

5. Current Problems in the Community

- 69.2% reported that drug abuse continues to be a pressing problem in their community
- 34.5% reported that alcohol abuse continues to be a pressing problem in their community
- 73.1% reported that drug selling continues to be a pressing problem in their community
- 38.5% reported that violence continues to be a pressing problem in their community
- 76.9% reported that unsupervised children continues to be a pressing problem in their community
- 42.3% reported that safety continues to be a pressing problem in their community