THE BECK INSTITUTE ON RELIGION AND POVERTY
REPORT TO THE FAHS-BECK FUND FOR RESEARCH AND
EXPERIMENTATION

Prepared by:
Dr. Anita Lightburn, Principal Investigator
Dr. Amanda Sisselman, Co-Investigator

With the assistance of the Beck Institute Research Team:
Jennifer Hili, Project Manager
Donald Garner, II, Doctoral Research Assistant
Deborah Mullin, Doctoral Research Assistant
Linda Hood, Doctoral Research Assistant
Sue Groman, Master’s Research Assistant

DEVELOPING AN EVIDENCE
BASED MODEL FOR THE POST-
INCARCERATED AND THE
HOMELESS
And with the support of the leadership, staff, and participants of

The Educational Outreach Program, Catholic Charities

L-STEP Program, Xavier Mission

Coming Home ComALERT Program, The Brooklyn DA’s Office

Living Well LSEP Program for survivors of domestic violence, Supported by the Interfaith Assembly on Homelessness and Housing, Catholic Charities, and the Beck Institute

And the support of the Fordham University Graduate School of Social Service

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Executive Summary

Introduction

This report presents the findings from a pilot evaluation of four grass-roots life skills empowerment programs providing an intensive community based experience for individuals who are homeless or formerly homeless, particularly those who are struggling with life transitions because they are also post-incarcerated and/or survivors of domestic violence. Programs ran for 3 months during the spring of 2012, with an approximately 6-month follow-up study completed at the end of 2012 or early 2013, depending on program completion date and the interruptions caused by Hurricane Sandy. Data analysis was completed during the spring and summer of 2013. The program model was developed by Catholic Charities and the Interfaith Assembly for Housing and Homelessness for the general homeless population over 20 years ago and adapted first by the Xavier Mission and then later for the Com ALERT program through the Brooklyn DA’s office to meet the needs of the post incarcerated, and then for the Living Well program to meet the needs of domestic violence survivors. The program, through a small intensive group experience, runs twice a week for approximately twenty-seven session, and the model includes: community meals, mentoring, case management, life skills empowerment workshops with life story development, goal setting, and stipends to support participation and transportation needs. The model was documented through a process evaluation supported by the Fordham University Graduate School of Social Service’s Beck Institute.

Summary of Study Method

This pilot study funded through the Fahs-Beck Fund used a quasi-experimental design, with mixed methods, including quantitative data collected at 3 points in time, pre-program, post-program, and 6 months following program completion. Quantitative data collection included nationally validated measures examining well-being and coping (Sense of Coherence Measure), trauma levels (Post-traumatic Checklist-Civilian version), program satisfaction (SAMHSA), and commonly examined demographic variables including: housing needs, education and employment needs and status, presence of physical and mental health issues, as well as presence of substance abuse concerns. Qualitative data collection included interviews and focus groups with program staff during and following the program cycle, focus groups with participants post program and at 6-month follow up, as well as individual interviews with participants at 6-month follow up. Given the smaller than anticipated sample size, a decision was made to complete individual interviews to gain a more
in depth knowledge of participants’ program and follow-up experiences. Further data triangulation was possible through this additional qualitative data.

Summary of Program Reviews

Four programs were followed in this evaluation: The Education Outreach Program through Catholic Charities, the Coming Home Program through the ComALERT office at the Brooklyn DA’s Office, The Life Skills Training and Empowerment Program through the Xavier Mission, and the Living Well Program supported by the Interfaith Assembly on Homelessness and Housing, Catholic Charities, and the Beck Institute. The pilot demonstrated that all 4 programs share success, in that the majority of participants complete the programs and graduate (with an 80 to 85% completion rate that is exceptional for this population). This is a significant accomplishment for many who report not having finished anything before in their lives. Each program has a combination of peer facilitation (a former participant) and with co-professional facilitation and where possible professional case management services.

The Educational Outreach Program (EOP) and the Life Skills Training and Empowerment Program (L-STEP) were two of the longer-standing programs included in this evaluation and had higher program N’s (11 to 12 number of participants) than the other two, which were newer programs, still struggling with growing pains and logistical issues, making outreach a challenge. Both the EOP program and the L-STEP program serve the general homeless population, but findings demonstrated over half of these participants were post incarcerated, adding an additional element to the group. Both of these programs have long-standing relationships with mentors. The EOP program has the advantage of their connection to Catholic Charities to refer participants for various social services. The L-STEP program has worked successfully over the years to establish connections to social services in the area. The ComALERT Coming Home Program serves the post-incarcerated population exclusively. Wraparound services are available to support ongoing development for Coming Home participants through the ComALERT services that support re-entry. Challenges include the difficulty participants face trying to find employment with a history of incarceration. ComALERT program staff was disappointed in their initial experience with mentors from a local congregation. The Living Well program had challenges in the area of outreach, as the program staff was still working to develop and maintain connections in the community to recruit appropriate participants. The program benefited from a conscious adaptation to include trauma-informed programming and children’s programming.
Summary of Participant Demographic Profile

Participants of all programs were diverse, with 60% identifying as African American and the remaining participants identifying as Latino, Caucasian, Caribbean American, and mixed ethnicity. Most participants were between the ages of 22 and 55, including many single parents. The majority (78%) of participants at the beginning of the program indicated that they felt able to achieve goals, which suggests readiness to work and commit to the three month program. Participants wanted to further their education and look for work, but physical and mental health issues, including substance abuse, stymied many. Thirty-five percent of participants reported being disabled at baseline. Interviews demonstrated that participants had difficulties connecting with health care coverage and health care providers. Substance abuse histories were reported by over 60% of the participants across programs, while some still struggled with current addiction issues. Participants in all 4 programs had high levels of clinical trauma, indicating problematic trauma histories that influenced current functioning. Participants reported strong connections to spirituality, also associating their spirituality to their ability to recover from trauma and substance abuse.

Hypotheses and Research Questions

Hypotheses:

1. There will be a statistically significant increase in SOC mean total SOC scores from baseline to post program. (This means that ability to cope will increase)
2. Total mean SOC scores will hold steady, with no significant decrease from post program to six-month post program follow up.
3. There will be a statistically significant decrease in PCL (trauma levels) mean scores from baseline to post-program, to six-month follow up.

Research questions:

1. Are program participants able to find housing options?
2. Do program participants get connected with education resources?
3. How does the program help participants to connect with new resources (housing, education, health or mental health services)?
4. How do participants articulate their most pressing needs?
   a. Which of these needs did the program address, and which still need to be addressed?
Summary of Results/Outcomes

**Hypothesis 1:** There was a statistically significant increase in the Sense of Coherence (SOC) mean total scores from baseline to post program (from 127 to 140, at the p<.001 level), indicating significant improvement in participant well-being and ability to cope with life challenges.

**Hypothesis 2:** Total mean SOC scores did hold steady, with no significant decrease from post program to six-month follow up, with an average SOC score of 143 at 6-month follow up.

**Hypothesis 3:** There was a decrease in PCL trauma scores, although not traditionally statistically significant, (from 44 to 40, at the p<.06 level) from baseline to post-program. Scores then decreased further, (from 40 to 35, at the p<.059 level) from post program to 6-month follow up.

**Research Question 1:** Participants struggled with housing, as evidenced in the qualitative interview and focus group data. The New York City housing crisis also played a role in this struggle. This was something with which participants consistently asked for additional help and connections. However, despite this, participants' need for housing did decrease from baseline to 6-month reunion, with 63% reporting a need for housing pre-program, 38% at post-program, and 36% at 6-month follow up.

**Research Question 2:** Participants reported through focus groups and interviews, as well as on the survey that they sought to further their education (90% wanted further education), whether it was to get a GED or vocational training or a college degree. This was a common goal for participants in all 4 programs. Interviews and focus group indicated that many participants were working on educational goals.

**Research Question 3:** Connecting to new resources was something that participants struggled with, many described distrust, disappointment, and negative experiences with social services prior to this program. Through the help from program staff, case managers and program mentors, participants were now able to do so. Participants reported that life skills workshops were less helpful in connecting to new resources. They found the individual relationships that were cultivated through the mentors and case managers to be the most effective in forging connections to health and mental health resources, as a number were even accompanied to appointments to further ensure successful connection. Participants were also connected to GED classes, vocational programs, and legal resources. The hardest resources to connect to were employment and housing.

**Research Question 4:** Participants articulated their most pressing needs as those related to financial security and housing. Participants related to the housing crisis
in the New York City area, understanding this was a larger societal issue, but finding safe and affordable housing still remained one of their largest concerns. Participants also had needs related to health care and health coverage. Many participants were disabled due to either physical or mental health conditions. This contributed to difficulties finding suitable employment, as well as connecting to benefits. Participants also discussed the reality of losing benefits, including health care coverage if their income level reached a certain amount and the employment opportunity was not steady or did not include health benefits. Employment was also complicated by histories of incarceration. Over 30% of the participants who returned at 6-month follow up had a job or were looking for employment. Qualitative data revealed the difficulties and frustrations associated with multiple failed attempts at different job openings due to prison histories. This feedback was provided to the program staff, which are beginning to make connections to small businesses and known employers who might connect with the life skills program participants.

However, despite the challenges and difficulties associated with forging new connections in the community, satisfaction with the program was high. Participants generally rated satisfaction with all elements of the program between 4 and 5 out of 5, with 5 being most satisfied on a likert-type scale. Participants reported that staff and mentors believed in them and that they trusted their mentors.

Qualitative Data Themes

Qualitative data revealed that participants found the program to be rewarding in many ways, with much having to do with newly formed communities and the personal relationships that countered isolation. Participants felt that they had new families and developed shared understandings with new people, after sharing their own life stories and hearing those of others. Participants felt empowered and developed higher levels of self-confidence, allowing them to move forward and make changes in their lives, including following up with education, health care benefits, and working on troubled family relationships. Most participants graduated the program and were able to begin meeting their goals, even if they did not fully meet them at the time of the 6-month follow up. Through the voices of the participants it is clear that the Life Skills Empowerment Program creates a pathway to productive community living for individuals in transition.

Conclusions

From observations and analysis of the four programs in this study it is reasonable to conclude that this complex community based grass roots program can be provided successfully. The two existing programs’ collaboration has enhanced program quality for all programs. For the two new programs, ComALERT and Living
Well, a tailored curriculum and responsive program is being developed. These programs are moving forward to adequately meet participants’ needs, enhance engagement, and strengthen their program core supported by the collaboration of existing programs. The model is cost effective and dynamic in the way it utilizes volunteers and participants to provide the core program.

As the capacity building report shows, an active agenda is being worked on to further adaptation as well as strengthen critical parts of the program core that includes work on outreach, mentor and facilitator training and support, ensuring program coordination, developing community and organizational support, curriculum development, support for trauma informed programming, and development of effective follow-ups to sustain participants’ progress.

It is important to recognize the progress that has been made to further the development and replication of the model, including the development of a mentors’ manual as well as manuals for the Coming Home – for the post incarcerated, and Living Well for the survivors of domestic violence. Furthermore, currently a demonstration evaluation is being completed that reviews the outcomes for eight programs.

This life skills empowerment model is responsive to the needs of people in transition who want an opportunity to develop a foundation for self-sufficiency. They signed a contract and followed through with their commitment to complete 27 sessions with less than three absences. The result was a range of experiences that helped them build relationships, learn, develop goals, increase motivation, and experience the healing necessary in working with their life stories to take on life’s challenges. The PCL and SOC outcome measures described the participants’ functioning and needs, and demonstrated improvement. These significant results can be reasonably correlated to their completion of the three-month program.

Nonetheless, real challenges remain for these men and women, as there are still formidable obstacles to housing and employment, and recovery from trauma and coping with disability and difficult family relationships that require ongoing support and in many cases mental health and medical care. The experience of community and/or ‘family’ (as participants described their program) was central to their progress and the notable high percentage of graduates who celebrated this milestone in their lives. This pilot case study has provided evidence to continue development of this life skills empowerment model for people in transition, with clarity about participants’ needs and how to more effectively support their progress.
Introduction

This report details the findings from the pilot study of a community based, intensive life skills program that addresses the needs of individuals who are homeless or formerly homeless, particularly those who are struggling with life transitions because they are also post-incarcerated and/or survivors of domestic violence. The purpose of the study: to build an evidence base for the life skills empowerment model involves a multi-dimensional study that evaluates how the program is provided with a view to describing and understanding the contribution the program makes to the participants’ outcomes. Therefore two sets of outcomes are important, the program’s and the program participants. Also important are the participants’ discussions of how the program meets their needs and helps them work on their goals during the program and in the six months that follow.

Findings are reported in three forms: a review of the program provision, a profile of participant outcomes from the quantitative measures that are pre-post program provision with a 6 month follow-up report, and qualitative data gathered from participants in focus groups and individual interviews to detail personal experience and elaborate on participants’ experiences during and after the program as they continue their transitions.

The evaluation results examine four of the intensive community based life skills empowerment programs (LSEP). The Beck Institute for Religion and Poverty has collaborated with Catholic Charities, The Interfaith Assembly for Homelessness and Housing (IAHH), the Brooklyn District Attorney’s Office ComALERT program and the Xavier Mission at the St. Francis Xavier Church to evaluate their multi-faceted grassroots programs. These programs include a “Coming Home” program for the post-incarcerated provided by the Brooklyn District Attorney’s ComAlert program (with the support of IAHH), a “Living Well” program supported by Catholic Charities, IAHH, and the Beck Institute, an Educational Outreach Program (EOP) provided by Catholic Charities, and an L-STEP Program (life skills training empowerment program) provided by the Xavier Mission. All programs are based on core principles and share similar structure and methods that were developed by Catholic Charities and IAHH to meet the needs of the homeless. Adaptations of the model include names that denote the program’s emphasis, such as “Coming Home” for the post incarcerated, and that are responsive to particular population needs, such as trauma informed services for survivors of domestic violence and prison life. Each program combined professional staff and volunteers, albeit in different ways. All programs benefited from volunteers and support from faith-based communities (congregations and social service organizations). Each program worked with inspi-
rational readings from different faith traditions that included prayer, with one program situated in a church mission. The programs do not provide specific denominational teachings, nor do they purposefully work to convert or connect participants to a congregation. Some mentors do invite their participants to visit their churches. However, many participants express feeling that the hope they experience does come from people of faith working with them. These programs have been provided in Manhattan and Brooklyn, with participants coming to these programs from these boroughs as well as the Bronx, Harlem, Queens and Staten Island.

Funding from the Fahs-Beck fund has made it possible to conduct a pilot evaluation of the core program model from spring 2012 to early 2013. As stated, this evaluation was a pilot study to examine the efficacy of the model for people in transition. The report introduces the different programs and highlights findings that describe areas that can be strengthened to build capacity for existing programs and for future program replication. In addition to the survey data and group and individual interview data, extensive details were gathered describing the program, including an assessment from program leadership, staff and the evaluation team. An ongoing learning collaborative attended by program staff and leadership has served to review initial findings, and more specifically to provide feedback on program practices that worked and those that needed further development. Each of the programs has participants who are homeless or have experienced homelessness; one program is for those returning from prison, another program is for survivors of domestic violence, and two programs have people that share these experiences, some with 50% having been in prison.

Because two of the programs were newer and still learning about logistics, there were issues with recruitment and outreach, as well as continued engagement, contributing to an N that was lower than the expected 11 to 12 participants. It allowed the research team to take note of important differences in programs that had matured over the years and had valuable experience and to pass on these observations to the newer programs. It should be noted that because the pilot yielded a small N (22 participants at the final 6 month review), complex statistical analysis was difficult, thus primarily descriptive statistics and qualitative data analysis results will be reported, with the exception of means testing on two important measurement tools. However, extensive interviews with the majority of program participants who were available for the six month follow-up data collection has provided qualitative data that has enriched understanding of the participants’ struggles for self sufficiency and the efficacy of the model.

Participants were provided with a stipend at each data collection point, to support participants and honor their involvement. This is a transient population, with follow-up data collection difficulties well documented in the literature. Efforts
were made by researchers and program staff to maintain regular contact with participants throughout the study period. Participants were also provided with a meal, in accordance with the program protocol during each data collection period. To further encourage participation in this study funds to aid in meal preparation for the reunion dinners at the six-month follow-up were included in the budget. Fordham University Institutional Review Board approval for this project was granted in February 2011 through February 2012, and was renewed in 2012 through 2013, with amendments to the questionnaire based upon findings from this pilot.

Background and Context
Two years prior to receiving this funding opportunity through the Fahs-Beck Fund, the Beck Institute research team was engaged in a process evaluation with a collaborative of five life skills empowerment programs. During this time, the Beck team was able to develop relationships with existing programs and to document and support the early stages of new program development. Two of the programs that participated in this Fahs-Beck funded case study evaluation were in existence for many years, one over 20 years and the other over 15 years. The remaining two programs were newer, younger programs, one in its third cycle and one in its second during this pilot evaluation. All four of the participating programs will be described in further detail below.

The complex needs of men and women living on the margin without support requires a program that offers a community experience as well as knowledge and skill to work with opportunities to meet life’s basic needs for affirming relationships, secure housing, to complete educational goals and find and maintain employment. The community model under examination is multi-dimensional as it engages and involves participants in gaining information, receiving support that emphasizes individual strengths, while challenging them to work with achievable goals that include self-care. Participants speak about the importance of new experiences that increased their motivation and prepared them to move forward. For most program participants’ new perspectives are gained, with personal connections that are positive relationships essential for healing from troubled and often traumatic histories. The program model is unique in its blend of grassroots support combined with educational and focused developmental work for individuals who would rarely have such opportunities. The experience of a safe community and capacity building includes activities that expand participants’ sense of themselves and others, that result in many participants creating bonds that counter isolation. Many participants say that they now have “a new family”.

Current rates of recidivism in the post incarcerated, as well as prevalence rates of domestic violence in the United States point to the level of need in these communities. Approximately two thirds of the 600,000 individuals released from

Both populations often share histories of trauma and economic instability, combined with social isolation and family upheaval with the formidable challenges of poverty. Neither population has been served well by existing programs as they are few and far between, and most do not respond to their complex needs (Cnaan, Draine, Frazier, & Sinha 2008; Goodman & Epstein, 2008; Jacinto, Turnage, & Cook, 2010; Kasturirangan, 2008; Lightburn, et. al., 2011; Listwan, Cullen, & Letessa, 2006; McKean, & Ransford, 2004; Roman, Wolfs, Correa, & Buck, 2007; Visher, Lindquist, & Brumbaugh, 2007).

The challenge for this pilot has been to understand how this three-month intensive experience is a new beginning that provides a foundation from which to grow and meet basic needs. The goal has been to clarify a working model that can be replicated so that the extensive need for those in transition from prison; domestic violence and homelessness can be met.

*The program model* has been adapted from one developed over 20 years ago for the homeless, now to specifically serve the post incarcerated and survivors of domestic violence, as these two populations are quite heavily represented in the general homeless population and in the populations that these programs have served (Lightburn, Sisselman, & Riley 2011; National Coalition for the Homeless, 2007, 2008a). The program runs approximately three months, twice weekly, for about 24 to 27 total sessions, with a six-month follow-up to review with participants’ their progress. The program includes the following core elements:

- Community Meals, Inspirational Reflections, Networking, Celebrating
- Mentoring (7-8 sessions)
- Case Management to facilitate connections to community resources and mental health services
- Life Skills Empowerment Workshops, including advocacy and education regarding social justice
- Life Story Development, that can include a creative arts component
- Goal Setting
- Stipend to support participation, some receive support for transportation
- Small intensive group experience for 10 to 12 participants
Each session begins with a communal meal and is followed by an inspirational reading and discussion before the life skills groups begin. Participants also use this early session time to check in with staff to process their progress. The mid portion of the session is devoted to life story development and sharing, a life skills workshop, or meetings with mentors. There is some variation in how the development of a participant’s story is managed, as some programs integrate developing goals with focusing on specifics in a person’s story with a look to the future. Each session ends with a non-denominational prayer or brief reading and for some a mindfulness exercise. Mentors meet with participants once weekly, starting 4 weeks into the program to work toward developing a supportive, healthy relationship, assistance with developing one’s story and setting and reaching goals. The programs for homeless individuals who are survivors of domestic violence have been adapted to include more life skills sessions dealing with trauma, adjustment to community life and healthy relationship building. Facilitators (both professional and peer) and community mentors work with participants in strengthening their sense of self and understanding and managing trauma reactions, as they relate to life success and transition. Case managers and professional facilitators support this process and guide mentors and peer facilitators.

Study Method

A mixed method, quasi-experimental, longitudinal pilot study was conducted with three data collection points: baseline at program start, post program, and six month post program follow up. The rationale for three data points is to demonstrate time order in program effect, particularly with a six month follow-up that also documents the progress and challenges of program participants over that period to assist in reviewing findings and to inform future program development. Data was collected at four sites, garnering 36 participants at initial collection, 28 at post program, and 22 at six month follow up.

Quantitative data collection consisted of a 64-item questionnaire at time 1 and a 95-item questionnaire at time 2 and time 3. The following measurement tools were utilized and are included in the questionnaire: PCL-civilian version to assess Post Traumatic Stress (Weathers, Huska, & Keane, 1991), a modified SAMHSA MHSIP Consumer Survey (2006), tested in 25 U.S. states, (Lutterman, Phelan, Berhane, Shaw & Rana, 2007) with demographic items modified by the research team in collaboration with all program leaders and representatives from past EOP/LSEP programs for the 2011 process evaluation (Lightburn, et al.); the Sense of Coherence, Orientation to Life Measure (SOC) (Antonovsky, 1993, 1996), recently used in a national study of substance abuse, that has been correlated with resilience in health, management of stress and coping, reduced substance use and mental health (Midanik & Zabkiewicz, 2009; Smith, 2002); and the SAMHSA consumer satisfaction items (MHSIP, February, 2006). These items include questions about whether or
not participants have people with whom to have meaningful relationships, as well as questions about program satisfaction. Program satisfaction items are used at time 2 and time 3. The research team also chose to ask questions about the importance of spiritual growth and the degree to which participants used spirituality to cope in difficult times.

**Measurement tools** were carefully selected to be certain that they were not only validated nationally, but also appropriate for the life skills participants. During the Beck Process Evaluation period, the team learned through interviews and focus groups with participants, staff, and mentors that program participants were not only struggling with homelessness, but also with significant trauma histories. The Beck team piloted the PCL measurement tool with one program cycle of participants in the process evaluation and carefully reviewed all results as they compared to qualitative interviews and focus groups. The average PCL scores for that group were very much in line with the trauma histories described in the qualitative data via focus groups and interviews. Thus, the measurement tool was selected for use in the pilot case study evaluation.

Similarly, the Sense of Coherence (SOC) measure was piloted during the process evaluation and average scores were examined. Program staffs were interviewed about the group as a whole, including participant dynamics, and focus groups were conducted with participants. Qualitative data reports were in line with SOC scores as well, leading the team to believe that the SOC measurement was also a good fit for LSEP participants as it has three major constructs: manageability, comprehensibility and meaning making, all dynamic factors in coping and resilient responses for well-being, linked with mental health (Almedom, 2005; Langeland, Wahl, Kristoffersen, Hanestad, 2007; and Becker, Whetstone, Glascoff, & Moore, 2008). In the report of outcomes explanation of each factor with examples from the qualitative data show what this means to participants.

The SAMHSA consumer satisfaction survey was nationally tested as well for use with individuals in recovery-oriented programs, as well as community based mental health programs. The measure was tested nationally with individuals with similar demographics to those in the LSEP programs. During the initial process evaluation phase, participants spoke articulately in interviews and focus groups about their satisfaction with the LSEP program and the elements with which they were most satisfied. These findings and themes were reflected in the mean scores on the SAMHSA consumer satisfaction survey, thus the measure was selected for the pilot case study evaluation.

**Qualitative data collection** at time 2 included focus groups with participants and debriefings with staff and mentors. Participants were also involved in focus
groups and individual interviews at time 3, the six month follow up. Focus groups and interviews were tape recorded and transcribed. All data was managed according to a set of confidentiality specifications identified in the consent forms. The focus group and individual interview question guides are attached to this report. In order to document program fidelity, further data was collected from all program sites documenting engagement, participation, use of case management services and program completion/graduation. Information about program offerings, experience, and quality assessment was also collected from each program. Programs were provided with feedback notes following the program debriefings to enhance collaborative ownership of the evaluation process. This qualitative data complements the survey data, providing a fuller picture of the ways in which the program impacts participants.

Quantitative data analysis was done using SPSS (Statistical Package for the Social Sciences). Descriptive statistics were utilized to create participant profiles, pre and post program, as well as at follow up. T-testing and ANOVA were utilized to compare participant scores on measurement tools pre and post program as well during six month follow up at time 3. Means comparisons for the PCL and SOC will be reported. Means comparisons on the SAMHSA consumer items will not be reported, as the sample size was too small to be able to demonstrate any level of significance. Means from the participant satisfaction items post program will be reported. Qualitative data was analyzed using content analysis. Investigators and research team members coded data independently and random member checking was done to ensure validity. Finally, researchers have compared themes of individual interviews and focus groups to triangulate the data. Qualitative data will be reported as it relates to and applies to the program reviews and research questions, but some of the major themes, with specific examples from the data will also be shared.

Program Reviews
The four programs described above have had very different histories in program development and provision. The leadership, auspices and experience of providers, as well as the populations served, all in various ways contribute to outcomes. At the same time, all programs share the described core components, including the intense program schedule provided twice weekly over three months, with a six month follow-up in order to review participant outcomes. Programs were provided in the spring of 2012 with six-month follow-up occurring in the late fall of 2012. A number of program follow-up sessions were delayed into early 2013 because of the displacement resulting from hurricane Sandy.

Over the course of the program data was gathered that informed how programs provided the core components described below following an introduction to
each program. An assessment of what worked and steps taken to further program
development is highlighted in the program description. This information has been
used to set an agenda for capacity building based on shared identified needs to
strengthen specific aspects of the core parts presented in the conclusions.

**All programs share experiences of success.** Foremost is the fact that the majority
of participants are engaged and fulfill their contracts to complete the required three
month program with less than four absences for the 27 sessions. This
accomplishment is in contrast to the known fact that homeless men and women and
those returning from prison have been described as both difficult to engage and
maintain engaged in service provision and training programs (Listwan, 2009,
Listwan, Cullen, & Latessa, 2006). Graduations are inspiring celebrations where the
participants report their steps forward in spite of exceptionally difficult lives.
Participants and staff comment on the special synergy that is generated in program
that they experience as a holistic approach. Leadership, staff and
volunteers/mentors (and those who provide meals and program curriculum) are
committed, generous people who support participants in myriad ways. For the most
part program integration is successful, so that the various components work
together. An important result of this synergy is the mutual aid that develops
through community activities, such as meals together, sharing inspirational readings
and reflections, and working through the life skills curriculum in ways that respond
to their deepest needs. Participants express appreciation for having this
opportunity, as they state that they now belong, they are part of a community.

A central feature of the programs is the emphasis on empowerment which is
accomplished through participant involvement in the reflections, curriculum ses-
sions, work with mentors and public events and celebrations. The majority of par-
ticipants’ comment on the importance of developing their life story which is an af-
firming process that has lasting meaning, and also comment that the focus on goal
setting helps them believe in their future. They now have a sense of direction as they
move forward during the program, experiencing success over the three months and
during the six months that follow. Participants highly valued the affirmation and
acceptance they experienced from all staff and mentors as one of the most enduring
contributions to their renewed motivation and ability to do things differently (as it
empowers them to do).

One of the important forms of empowerment also comes from the example
set by the peer facilitator. Individuals who have graduated from the programs are
valued contributors during the program and an important part of the participants’
experience. Not only do the peer facilitators offer encouragement and support, they
also share their journey and accomplishments. These peer facilitators have been
active contributors to the ongoing development of the program model, as they have
participated in educational workshops, and in general are a valued staff resource. At the conclusion of the program and during follow-up interviews participants express a desire to offer the help that they have been given, volunteering to be similarly involved in future programs, in the example of the peer facilitator.

Two of the programs (EOP & L-STEP) have a well-developed history with a solid foundation so that their programs continue with good momentum. These programs have established traditions that include support from their organizational communities. It has been indispensable to have these well-established program staff collaborate with the new program staff in support of the core program. More time and experience is needed to adapt certain parts of the program to meet the needs of the post incarcerated and survivors of domestic violence.

*The EOP (Educational Outreach Program)* provided at Catholic Charities in Manhattan is the oldest of the programs, as it has been in existence for over 25 years, with programs held in the spring and fall. The original program developer, George Horton, remains steadfast in providing leadership and group facilitation for the program. Catholic Charities has been committed to supporting the program, with a space for meetings, staff, and resources to meet program needs. A case manager, a social worker with Catholic Charities has extensive experience in work with program participants from recruitment to follow-up. A major emphasis of the program is the development, telling, and reflecting on a participant’s life story, central to the healing that occurs in the program. Curriculum components have been provided by a consistent group of volunteers who offer their special topics as part of service to the community. Program leadership has made an effort to include new components to respond to specific needs, such as helping people deal with the losses in their lives. Participants are from homeless shelters and rehabilitation programs. They are required to be sober for at least three months, with many celebrating sobriety, and others still struggling. Many have spent time in prison; others are survivors of domestic violence; others have mental health and physical health concerns.

One of the advantages of the EOP program is the relationship to Catholic Charities social services, where participants can receive tutoring, assistance to obtain a GED, and other supports that meet special needs. Mentors for the program have a long relationship with Catholic Charities EOP; some have been involved for over ten years, with a number of mentors who are graduates of the EOP program. While mentors have been a stable group, more support through training and debriefings would assist them in their important work with participants. In general mentors are grateful for access to staff and value being part of EOP.
The longevity of EOP speaks to the dedication of the program leader and social worker. There is exceptional potential for EOP to have a more established role as part of Catholic Charities general services to those in most need. It is important to note that program leadership has been generous in supporting program evaluation to support their EOP model so that it can be replicated in other settings. George Horton, Director of Community Programs and Alison Hughes-Kelsick, the program’s social worker, have been active in the work of the research advisory group concerned with ongoing program developments.

The ComALERT “Coming Home” Program is relatively new, as it was in its third program cycle during this evaluation. One year later it is planning for its seventh cycle for the fall of 2013! IAHH CEO, Marc Greenberg supported the program’s establishment within the ComALERT program that is part of the Brooklyn DA’s office. ComALERT is unique to the Brooklyn DA’s efforts to assist men and women returning from prison. During this third cycle, the program was supported from a distance, with some on-site visits. Program content (directions for facilitating life skills sessions) was mostly provided over the Internet, at times materials were provided the evening before the program. This was challenging for the program staff. They did not have a program manual to use as a basic guide. An agreement with a large congregation who offered to support this effort resulted in some mentors who received training through Prison Fellowship, the Chuck Colson organization that supports re-entry. Coming Home also provided an orientation for the mentors once they completed the Prison Fellowship program. Unfortunately assistance from this congregation was not fully realized. Not all mentors followed through, and the vision of how mentors could support the specific components of the life skills curriculum was not realized for many participants. Feedback from participants indicated that this core component could have been more helpful, even though some did value work with their mentor. Review of this situation resulted in a new approach for the next program cycle that resulted in invitations for mentors from many congregations to apply to work with the program, supported by training from Prison Fellowship. This evolution has been exceptionally successful in providing important supports for ongoing program cycles as some 12 to 14 congregations have responded. Mentors do need an ongoing opportunity to talk with staff as they come to understand the needs of their participant and how they are using the inputs from the curriculum with the ongoing daily issues that arise.

An enduring challenge is assisting participants in finding employment. Feedback post program and at the six month follow-up session indicated that finding employment was still a concern for which they needed help. Employment would provide structure, a desired sense of worth and financial means that participants thought the program should be able to find for them. While they were aware of the obstacle that a prison record created, they hoped for an opportunity to prove that
they could work and be responsible. Employment is a major concern that the pro-
gram advisory group has begun to work on. Other requests from participants in-
volve help with their relationships, as they want to repair family ties, or learn how
to live without the toxic influences that could lead to re-incarceration.

The various parts of the program could have benefited from the attention of a
program coordinator. The case manager, part of the ComALERT program, worked
with participants on their personal needs, and she also had a role in providing coo-
dration. Unfortunately there was inconsistent involvement. The program has com-
plex parts and someone needed to be assisting integration and assuring program
quality. It was obvious that the program needed a committed staff person to be fo-
cused on the details required to make sure all aspects worked for each evening
meeting. Fortunately an administrative assistant was inspired to take on the chal-
lenge and in future cycles she made a significant difference in the program quality.

ComALERT is unique as a one-stop shop situation with a range of services
available if Coming Home participants are motivated to become involved in commit-
ting to work with their program offerings. Substance abuse counseling, help with
employment, education and case management all are readily accessed. The chal-
lenge is engaging those who are coming out of prison. The Coming Home Program,
now a recognized part of the ComALERT system provides a solid way of engaging
returnees, supporting their transitions, and helping them find direction. Leadership
notes that this is a value added experience that makes a difference in establishing a
connection to the broader ComALERT program. One of the strengths of this pro-
gram is the solidarity experienced by participants as they discover that they share
life experience and become supportive of each other. All participants have recently
returned from prison. ComALERT leadership has made a strong commitment to
providing this intense three-month program, as they witness the participants’ en-
gagement and development, and in some cases transformation. A number of partici-
pants have gone on to be contributors to the next program cycle, providing peer
leadership and group facilitation. Support for this program has come from the fed-
eral justice department funding for innovative programs to support re-entry and
reduce recidivism. The leadership of John Chaney has been essential in the contin-
ued development and integration of the Coming Home program into ComALERT,
and with the broader Brooklyn Community. He and key staff are part of the research
advisory group that focuses on program development.

Xavier Mission LSTEP (Life Skills Training and Empowerment Program)
has a history of 18 years providing their program based on the original model in-
nspired Catholic Charities EOP Program and by IAHH’s LSEP program. Current staff
has worked together over the past five years. This collaboration has resulted in clar-
ity about mission, program goals, coordination, and delivery of all of the program

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components, including integration of mentors in an effective way so that the curriculum is reinforced through their work with participants. The current team has worked to develop an L-STEP manual that has added to the clarity and direction of the program. Staff, mentors and participants agree that there is a real “synergy” that is recognized as a program strength. Recently the program director of the mission, Cassandra Agredo noted that “L-STEP is often identified as the “flagship” program of their Jesuit mission: Social Justice through Education. The participants that enter this challenging program become part of a community that is committed to growth and healing by recognizing each person’s strength and resilience in the face of incredible personal challenges.”

L-STEP has made a conscious effort to see their intensive program as building a foundation for participants to pursue pathways to their future through education, training, job preparation, and continued work on recovery. Therefore, program curriculum is centered on development and achievement of goals with opportunity to connect with information and support that has specific relevance for each individual’s next steps. Efforts have been made to work with successful programs that provide education, job training, and specialized vocational development. Program leadership has worked with volunteer presenters to provide effective content that meets participants’ needs that has included reviewing what is relevant and what type of content delivery engages participants. Attention to curriculum has resulted in careful selection of presenters, rather than accepting the offers of congregants so that there is a better fit with program need. A new group of mentors was also developed for this cycle, with a different approach to mentor orientation, training and support. All of this enhanced the integration of the various aspects of the program, such as reinforcement of the curriculum presentations in the work of the mentors with participants.

The director of the mission has been the case manager, although case management has not been considered a core part of their program, and is a support that only some of the participants seek out. The director has not had time to see all participants on a regular basis. In the next program cycle, the director took a workshop in student supervision and is now supporting a social work student intern as the case manager for the program. This new addition of case management has been a result of the participation in the research effort. This is an important addition as participants are largely homeless, with substance abuse histories, live in shelters and can benefit from the assistance of a case manager familiar with their efforts in the program. The L-STEP program director, John Langdon, and mission director, Cassandra Agredo have been active participants in the Program Advisory Group and Learning Collaborative. They have been generous in their support of other programs, providing timely contributions to guide program provision.
Living Well Life Skills Empowerment Program was developed to support survivors of domestic violence, supported by IAHH, Catholic Charities and the Beck Institute. This adaptation of the LSEP curriculum was shaped in response to women’s needs for safety, support to deal with the trauma associated with domestic violence, homelessness, and the need for healing relationships while they find ways to support their families. The program was held in Harlem at the Kennedy Center, with case management provided by a social work intern. Women came from domestic violence shelters, most working on plans for more stable housing. A detailed curriculum was followed that had been developed the previous year, with attention to psycho-education regarding trauma and unhealthy relationships, advocacy and empowerment. The focus on developing life stories was an important component that was done in a manner that responded to women’s difficulty in describing very hurtful lives so that they were not re-traumatized.

Mentors came from many places in response to IAHH’s advertising and outreach to congregations, as well as networking. Some training was provided to orient the mentors to the program, although some mentors joined after the orientation. In a final debriefing session mentors suggested that they needed time during the program to discuss how to best work with their participants. Nonetheless, the women attended all of their program sessions and commented on how much they valued the opportunity to work with their mentor.

A committed staff member of IAHH assisted in recruitment and program coordination organizing meals, childcare and session presenters. The childcare was an important part of the program, albeit challenging to prepare adequately for varying numbers of children of different ages. An obvious need is to work out a parallel program for the children who also have been exposed to domestic violence.

A strength of the Living Well program is the conscious adaptation of the curriculum to respond to the participants needs and ability to work with the content in a meaningful way. Obvious integration of key principles of trauma informed programming was woven throughout the three month curriculum. Participants valued most the development and telling of their stories (a central way healing occurs for trauma survivors), and the support they received from mentors. This conscious adaptation proved to be successful as participants talked at length about the sessions that were designed to deal with healthy relationships and understanding more about the cycle of abuse. Participants were able to connect prior traumas with more current relationship issues through the telling of their life stories, and felt empowered to make important changes in their lives.

Sessions from outside presenters were “hit or miss” – as it was clear the presenter might not really have understood their audience and how to reach them, such
as the time and money management sessions. Safety was an issue throughout the three months and when outside presenters came the group was not as cohesive. The work of the group facilitator, a trained clinician was critical in meeting participants' needs, supported by a peer facilitator who also was a domestic violence survivor. This team worked well together and mutual aid developed between the women in the program. However staff was clear that the clinical issues presented major challenges and there was a real need for ways to help the women with serious concerns, such as disassociating and coping with PTSD symptoms.

While case management was helpful, participants were somewhat resistant, commenting on past negative experiences working with case managers from other programs. Learning to trust a social service professional was hard. Therefore the program offered this support in a low key way that resulted in each individual meeting at least twice with the case manager with a focus on legal issues, housing information and how they were progressing with life skill sessions. Support from the peer facilitator helped to successfully connect participants to the case manager. Participants ultimately found this piece to be helpful and were able to make connections to outside resources through their work with the case manager.

**Participant Profile:**

Please see demographic Table 1(available at the end of the report), more than half (60%) of the participants are African American, while others identify as Latino, Caucasian, Caribbean, and have mixed race. More than half of the participants across all programs are post-incarcerated, in addition to the program that serves entirely post incarcerated individuals. It is of note that just over half of the participants were single and almost all participants had at least 1 child in the home, most of which were below 18 years old. Thus, it is clear that many of the participants were single parents, potentially adding an additional dimension to their struggles with homelessness and poverty. Approximately 85% of the participants were between the ages of 22 and 55. Interestingly, the average graduation rate for the programs is between 80 and 85%. Further, almost 80% of the participants reported feeling able to achieve goals at baseline. Their report may reflect a participant’s motivation for change and ability to complete the program. Age may also play a role in disposition for change as a factor to be investigated in further evaluations with larger N’s and ability to do more complex analysis.

**Education** is stated as a goal for many in the focus group discussions and interviews, which mean completing high school with a GED, including vocational training, as 41% of participants have completed high school and 24% percent some higher education and training. For the majority of participants, an opportunity to complete basic education is important in their pathway to employability. Interestingly 47% of the participants who identified as post-incarcerated had at least a GED.
versus fewer of those without incarceration histories who had at least a GED, at 33%.

Disability, Health and Mental Health: Approximately 35% of the participants identified as disabled, while 19% of the participants reported being unemployed and not looking for work. Sixty percent of the participants reported having physical health problems, which corresponded with focus group and individual interview data that chronicled the health struggles of many of the participants, including diabetes, asthma, chronic heart disease, hypertension, HIV, as well as dental health issues and basic illness left untreated due to lack of medical coverage.

The research team discovered through the interview process with participants that disability status was also based on mental health issues (46% so indicated at the beginning of the program), including PTSD and substance abuse. Mental health issues may or may not have been related to a trauma diagnosis, but participants explained through interviews and focus groups that many of their mental health issues, such as depression and anxiety, stemmed from living in impoverished environments for much of their lives, as well as serious abuse histories. Participants also discussed the ways that their histories often led to substance abuse, as a coping mechanism. Finally, participants discussed their family histories with substance use as well, many of them describing parents and siblings with drug and alcohol addictions.

Physical health issues remained an issue post program (59%), as well as at 6-month follow up. However, of those that returned 6 months after completing the program, there was a decrease in the presence of physical health concerns. It is possible that these returning participants found better ways to better manage their health concerns or connected with health care benefits. Interview data with participants and program staff indicated that participants were concerned with physical health issues and used the case management services to help them make connections with health care providers or coverage. For example, one participant had serious dental issues when she began the program, but through the assistance of the case manager, was able to reinstate her Medicaid benefits, find a dentist, and resolve this concern.

Again it will be important to examine to what extent health and mental health influence motivation and ability to achieve goals that include self-sufficiency. Questions for further investigation include the connection between employment capacity and ability or lack thereof, as well as completion of education, and to care for one’s self and manage multiple health and mental health concerns. The role disability payments plays needs to be examined carefully as it is a complex issue in the lives of many participants who clearly want to have responsible jobs in the community.
Substance Use and Abuse: The qualitative data revealed that many participants struggled with substance abuse, often they stated that this was to self medicate and/or to be part of old networks that they knew were toxic. At the same time they expressed that their goal was to be or stay sober. Some 60% of the participants indicated a substance history. It is a requirement for program participation that individuals be sober for at least three months, for some programs six months. However, all staff indicates that substance abuse remains a problem for a number of those who become active participants. Programs address the role of substance abuse that interferes with work in the group. Participants are given responsibility for their own and other group members’ sobriety while part of the program. Nevertheless, this remains a concern.

Some of the early and even late attrition in programs is due to the lack of readiness because of an undisclosed substance problem. The loss of participants because of substance is a concern, as the individuals’ involved demonstrated desire and commitment to change their lives. For those few (one or two in different programs) who were not ready to complete the program – a referral to a rehabilitation program was a step forward. In future studies an effort will be made to assess the substance abuse situation. However, considering that 60% disclosed that substance abuse was part of their history does suggest that many have made progress in managing their addiction, and for some it is clear that sobriety is an ongoing challenge, but something they are proud of maintaining. At baseline, 24% report current issues with substance abuse, while at post program 10% said that substance abuse was still a concern. This represents an important decrease for participants who completed the program. Certainly the high program completion rate indicates that participants have for the most part been able to be consistent and function well with program requirements.

Many participants talked about recovery and the role that substance abuse played in their histories or the recent past and how this impacted their ability to maintain employment and housing. Participants often linked their histories with substance abuse to their histories of trauma, mentioning that they were more self-aware of the ways those things interacted. Participants reported that maintaining their sobriety was a constant struggle and that finding a supportive community in the LSEP program, where they felt safe, was a key factor in their success. The data in the individual interviews and focus groups indicated that participants did not feel judged in the LSEP environment, which allowed them to connect and trust other participants and staff, contributing to a safe environment to process emotional troubles and maintain sobriety. Also interesting, 46% of the participants self-identified that they had mental health concerns at baseline. As we know from the literature, there are correlations between mental health diagnoses, substance abuse
issues, and homelessness.

**Role of Spirituality:** Participants remarked in the interviews and focus groups that they often use spirituality to cope and to help them get through difficult times. This was triangulated in the quantitative data as the average score on the item, “Spirituality helps me cope when faced with difficulties”, was 4.6 out of 5, indicating that participants strongly agree with this statement. The qualitative data showed that many participants connected their recovery and ability to change with some level of spirituality. One participant stated, “God brought me here and to these people, and watched over me as I grew.”

**Trauma and coping experience:** Participants in all four programs had high trauma levels at the pre-program baseline that reached clinical significance for individuals in the community, according to the PCL-civilian version. Table 3 shows a mean participant score on the PCL measure, from 44 at baseline that indicates clinical levels of trauma, or a trauma diagnosis. Also of note, the mean SOC (Sense of Coherence) score at baseline was 127, indicating ability to function at a very basic level, but also an indication of functional challenges and a need for information, new ways of thinking and managing, as well as development of meaning that was essential to well being most likely influenced by the effect of trauma experiences.

Based on what we learned about baseline trauma scores, the Beck Institute supported training for all program staff around trauma informed programming. Average trauma scores for the entire group, as well as per program were provided for context, as staff was not always aware of the significance of trauma histories in their participant groups. It is well established that trauma survivors are more likely than then the general population to have serious medical and mental health concerns (Bloom, 2013).

**The remaining 22:** As this was a pilot, we were very interested in the journey of the 22 participants that we were able to follow from the baseline, pre-program through to the 6-month follow up. This number represented approximately 60% of the original 38 participants who began the LSEP program with the evaluation. The majority of the demographic variables for this group, at baseline and post-program, were consistent with those of the larger groups, both at baseline and post-program. This is important to note, as this eliminates some level of concern regarding demographic variables that might put some participants at risk for not completing the program or returning for follow up. Important to note, histories of substance abuse were similarly reported in this smaller group as in the larger group. Education and employment statuses were also similar. One important difference is that most of those who returned did not report having children in the home. This is important to consider, as it may be part of the reason why some others did not return for 6-month follow up. This finding has been shared with program staff and
has opened a discussion regarding possible child care needs for the other programs, outside of Living Well, which is the only program currently offering child care. Table 2 following this written report demonstrates demographics for this smaller group.

**Hypotheses for this pilot were the following**

1. There will be a statistically significant increase in SOC mean total SOC scores from baseline to post program. (This means that ability to cope will increase)
2. Total mean SOC scores will hold steady, with no significant decrease from post program to six-month post program follow up.
3. There will be a statistically significant decrease in PCL (trauma levels) mean scores from baseline to post-program, to six-month follow up.

**Research questions for this pilot were the following**

1. Are program participants able to find housing options?
2. Do program participants get connected with education resources?
3. How does the program help participants to connect with new resources (housing, education, health or mental health services)?
4. How do participants articulate their most pressing needs?
   a. Which of these needs did the program address, and which still need to be addressed?

**Results and Outcomes**

**Enhanced Coping and Well-Being**: As demonstrated in table 2, hypotheses 1 and 2 were confirmed, as the mean total SOC score increased to 140 at time 2 from 127, and held steady with a small increase to 143 at time 3. All changes were statistically significant. This degree of change is very noteworthy, as changes in coping and changing the way one thinks and makes meaning in life take time, and small increments of 5 points of change show progress. To see over 13 points of change in three months that have increased during the next 6 months suggests that participation in the life skills programs provided a substantive experience that has become part of a more productive way of coping and approaching continued challenges.

<table>
<thead>
<tr>
<th>Question or Item</th>
<th>Avg. Score Pre-Program</th>
<th>Avg. Score Post Program</th>
<th>Avg. Score Reunion</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC Total Score</td>
<td>127</td>
<td>140*</td>
<td>143</td>
</tr>
<tr>
<td>PCL Total Score</td>
<td>44</td>
<td>40**</td>
<td>35**</td>
</tr>
</tbody>
</table>

* Significant at the p<.001 level
**Significant at the p<.06 level
**Trauma:** Table 2 shows confirmation of hypothesis 3, with steady decline of mean participant score on the PCL measure, from a high of 44 at baseline to 40 at post-program, and 35 at time 3 (6-month follow up). This indicates that participants are below the clinical level of trauma score for a trauma diagnosis post program, as well as at 6 month follow up. The average score at baseline, prior to the program, was 44, which indicates clinical levels of trauma, or a trauma diagnosis.

**Sense of Coherence (SOC) Profile**

At post program and at the 6-month follow-up below are some representative statements participants made that we associate with the three main factors (Comprehensibility, Manageability and Meaning) that combined represent the SOC measure presented in Table 3:

**Comprehensibility** – *Which is - How a person understands and perceive their internal and external environments cognitively*

**Score**

<table>
<thead>
<tr>
<th>Pre program</th>
<th>Post Program</th>
<th>6-Month follow-up</th>
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<tbody>
<tr>
<td>46</td>
<td>50</td>
<td>51</td>
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</tbody>
</table>

**Participants' comments**

“Realization that abuse was not normal” “People see me”

“Helped to structure my life”

“Initiative and drive to try new things”

“Setting goals”

“I have become more self aware and I am more elevated and I have a more truer understanding of myself. My connection to myself means I can connect better with others”

“With this program, one was accepted as is, not necessarily as one would like them to be...I was born the black sheep...and in this group, I was not the black sheep”
Manageability – Which is - How a person perceives resources to meet the demands and that one does not feel victimized by events or that life treats them unfairly.

**Score**  
**Pre program** 42  
**Post Program** 45  
**6 Month follow-up** 48

Participants’ comments

“Helped to recognize “my own strength”

“Increased creativity”

“Ability to set limits and say “no”

“Network of people that you associate helps you and you can help them... getting involved”

“I will do just this little area... 9 times out of 10 this little area I feel so good that I do much more than I originally intended”

“I cope a lot different now, I am able to accept more and...never thought I would be homeless ... but I have learned to cope with what I have to do”

Meaning – Which is - The extent that one feels life makes emotional sense and that the many demands in one’s life are worth working for, worthy of commitment and engagement. Life is worth living. It is associated with spirituality, faith and hope.

**Score**  
**Pre program** 40  
**Post Program** 44  
**6 month follow-up** 44

Participants’ comments

“The group really understood me,”

“Faith and sharing turned my life around” “Got real feedback”
“I felt like I was all alone in here. I used to have low self esteem, but that is where spirituality comes in... it teaches you that you are loved. God loves you, ... I built a new network.....”

“I had never completed anything before the EOP program. ... I see that certificate hanging in my living room and that plays a big part of where I have been, where I can go and where I stand. It’s a big part of my life – it changed me”

**Housing:** Table 4, following this report, details demographic outcomes baseline to 6 month follow-up for several key demographic items. In terms of participants finding housing, there were decreases in numbers of participants reporting the need for permanent housing. At baseline, 58% of participants reported needing housing, while 29% of those who completed the program reported this need, and 18% of those who attended the 6-month follow up. Due to attrition of participants at the 6-month follow up, it is important to review these results with caution, as we are uncertain whether or not those who did not attend the 6-month follow up were more stably housed or still in need of housing.

The housing crisis in the NY Metropolitan area continues to be of great concern, especially for the LSEP participants. Again, the mentors and case managers were most helpful, according to participants, in addressing their individual needs. Mentors and case managers often had individual connections or networks that worked to help participants with housing issues or in finding temporary shelter. Participants stated that they would have liked more programming on housing, although all were very aware of the context of the situation and the lack of available, affordable housing. Challenges remain for many post incarceration, as finding housing is more difficult because of their prison history. Often participants report living with family who are a reluctant resource, as relationships are difficult and often toxic – the source of domestic violence and substance abuse that makes it difficult to keep to parole requirements and make progress. Others appreciate their family’s willingness to support them as they find their way again, adjusting to life after years in the prisons. These individuals want to be independent, as well as find a way to give back to their families.

**Education:** Participants report the need and desire to connect with educational resources, for a variety of reasons. Individual interviews and focus groups with participants across all four programs yielded information indicating that participants were interested in technical programming to assist them with specific jobs
skills, GED classes, as well as furthering their education with a college degree. Participants said that these were the kinds of connections that are or would have been helpful to them. While one program offered structured sessions with this type of referral information, the others did not. Program case managers and mentors were most effective in individually assisting participants with connecting to resources. Mentors and case managers often had connections to different community resources and were able to find creative low or no-cost solutions to some legal or educational concerns. It remained an area that participants stated they would like more help and direction with though.

**Employment:** As demonstrated in Table 1 and 4, following this report at baseline, only one person in this group of participants was employed, reporting part time employment, with the rest either unemployed and looking for work, disabled, or not looking for work. Qualitative data corroborated this picture, as participants reported the struggles involved in finding employment. Participants with histories of incarceration were consistently applying for jobs, yet being turned down because of their incarceration histories. Others reported that finding work would sometimes mean losing Medicaid health benefits or food stamps. This would make life unbearable, as their work income may not be enough to pay living expenses and oftentimes would not offer health benefits. This often connected directly to the participants’ desire to further their education, as they were learning that higher levels of education or vocational training would help them to find more secure employment and career options.

As reported in Table 4, following the results post program, recall that only 10% of participants were working pre-program, at the post program evaluation point 24% were working part or full time at 6-month follow up. Again, it is important to recognize that this final percentage is of those who came back for 6-month follow up. It is unclear whether or not the remaining participants were or were not employed. Program staff did report, however, that in their conversations with participants following the program, some were unable to return because of current work commitments.

It is important, though, to consider whether employment alone is a strong outcome indicator of participant achievement in the three-month LSEP programs. Although the literature often looks at outcomes with regard to employment, we see employment as a longer-term outcome that is achieved through a pathway that supports self-efficacy and well being critical to the tenacity required to find and keep employment in the current job market. We agree with Hong, Sherrif and Naegar (2009) in their discussion of “bottom-up definition of self-sufficiency”, that was based on the voices of low-income job seekers. They found that definitions for employment equated with self-sufficiency fall short of addressing the comprehensive
nature of personal and systemic barriers to obtaining this goal. Rather as we have shown in this pilot study, physical, psychological, and social well being for individuals is equally important as a foundation to self-sufficiency and personal agency.

Similar to the above authors’ study, our participants emphasize that the process of learning and healing experienced in their programs re-enforced motivation and self-efficacy (empowerment), improved psychological health, and helped them define goals and discover pathways important to moving forward with their goals for education and employment. We appreciate the efforts that are ongoing to respond to the gap in the literature and hence the public policy and social service providers’ perspective on how the most vulnerable individuals move forward to more stable, self-sufficient lives in community. We agree with the following statement highlighted by Hong, Polanin and Piggot, (2012. P. 324)

An empowerment definition of Self Sufficiency offered by Becker, Kovach, and Gronseth (2004) is

An individual who has self-sufficiency can define her own needs, decide what to do, implement that decision, and move on to meet the next need... It implies taking care of your needs, having confidence, and being able to find solutions for yourself. There is an aspect of survival in being SS. It’s living life on life’s terms. (p. 332)

As we move forward to assess outcomes for the life skills empowerment programs it will be helpful to consider this perspective in defining outcomes that accurately represent the achievements possible that build a foundation for self sufficiency. As we evaluate outcomes that include employment, it is also important to position consideration of outcomes in the broader national employment context where there is reasonable agreement that the current employment structure poses exceptional challenges for vulnerable populations, particularly those with prison histories, and that are inherent in the structural nature of poverty.

In summary, focus groups and interviews indicated that participants made progress with goals related to education and employment, even if their employment or degree status had not changed. For example, participants enrolled in GED classes or found available training programs for their career of choice. Many participants were able to outline the next steps that they would take in order to continue with these goals. A few participants stated that they tried education and decided that they were not going to complete the program. For the majority of participants the program provided a pathway with skills to develop goals and the emotional capacity to move forward with concrete steps, in addition to positive connections.
Community and Connections: Mean scores for items around community and whether or not participants had others to do enjoyable or meaningful things with, indicating that the average participant did not agree or strongly agree that they felt connected to others at baseline. These mean scores remained the same following the program at time 2 and time 3. However, the focus groups and individual interviews contained rich data from participants regarding the extent to which they felt part of a community following the program. Thus, the research team has reflected and is considering that the wording of the item in the survey may be problematic. Participants were asked detailed follow up questions about the extent of community and data indicated that participants connected with one another and the program staff, mentors, and sponsoring congregation where applicable. As noted earlier, many participants often used the word “family” to describe their newly found community and connections.

Consumer Satisfaction: Participants also reported very high levels of program satisfaction as demonstrated in Table 5 (following this report). All item means were above a 4, on a 5 point likert-type scale, with 5 being most satisfied and 1 being the least. Participants reported feeling supported and also being able to support others through the program. Participants reported that they were very likely to recommend this program to a family member or friend. Program staff across all 4 programs corroborates this piece of data through interviews, as they reported that several program participants each cycle come from referrals from prior participants. Participants strongly agreed that they learned ways to improve their lives through the life skills sessions, and also strongly agreed that staff believed in them and that they had the ability to change.

Trust was also an important part of the participant experience. Participants reported trusting their mentors and staff. This came out in the qualitative data as well, as demonstrated in table 4, selected qualitative themes and examples pulled directly from the data transcripts. One of the themes relates directly to trust and participants remarking that they were able to break down emotional walls, learn to trust and to make changes in their lives. Note that the level of satisfaction while reasonably high over 4.2 is rated lower than other areas. Mentors were not as available for one of the programs, and in general it is difficult for participants to trust, considering their histories of abuse, isolation, and time in prison.

Themes from Interviews and Focus Groups with Participants: Themes and data that came from interviews and focus groups with program staff are reflected in the program reviews and program level outcomes and conclusions, as well as throughout the report, where relevant, as they relate to participant outcomes. Participants themselves participated in focus groups at post program data collection, as well as at the 6-month follow up. Because the sample size was small, as discussed
previously, the research team chose to do additional individual interviews with participants at the 6-month follow up in order to further triangulate the data. Table 6 at the end of this written report documents some of the major themes that came from both the interviews and focus groups with participants.

Themes are separated such that it is clear which relate to the program components and which relate most to individual participant outcomes. Themes corroborate quantitative data, and also provide additional depth to demonstrate participant outcomes and impact of the program upon the individuals who complete it. The idea of empowerment is found throughout the qualitative data, in the idea of personal narratives through the telling of life stories, as well as in the ability to make better decisions and choices and in participant development of self esteem/self-confidence. Also running throughout the data is the notion of community and the role that this type of support plays in helping participants to develop confidence and wellbeing, both important factors in pathways to becoming productive citizens.

**Program-Level Outcomes and Conclusions**

**Capacity Building Needs**

As previously stated, we have gathered data on how programs have provided the complex components that contribute to the synergy experienced by participants. One of the major sources of data about what has worked in these programs has been information gathered from leadership, staff and participants with suggestions on improvements that can be made. The discussion that follows is a summary of areas for capacity building in the next phase of development to improve the model for replication.

**AREAS FOR CAPACITY BUILDING**

1 - **Outreach:** While current methods for outreach are satisfactory, all programs emphasized that they would benefit from working together to support each other’s efforts in developing a participant pool that would benefit from the life skills program. Timing is key – as it is necessary to build relationships with staff at shelters and in rehabilitation programs for productive referrals, as staff need to be aware of the potential this type of program offers. Continued review of how best to engage potential participants requires discussion between programs staff so that the assessment guide is updated based on lessons learned. Strategies need to be worked out well ahead of the program date so that it is possible to have time to interview and assess potential participants so that readiness for the program can be determined.
The outcome: Specific criteria are being considered for the survivors of domestic violence and for the returnees from prison, particularly those who come through the Brooklyn DA’s office. Collaboration will occur in the future so that programs can assist each other in developing a cadre of potential participants.

2 - Mentor training and support: For three of the programs mentoring was highlighted as a major contributing factor in participants’ sense of accomplishment. While there was some variability in how participants’ valued their mentors, the majority commented on the success of their mentor’s match that met their needs as someone they could relate to and who made a real contribution to their development. In the Living Well program mentors could have been recruited earlier and provided with a more complete orientation to the program. They also felt that they needed more support to understand the needs of survivors and how best to be of assistance. A debriefing at the end of the program was helpful. Feedback from mentors suggested that debriefings happen more frequently, with opportunities for mentors to confer with each other and staff so that they are more aware of how to work with participants’ challenges, specifically experiences of trauma, and targeted work with the life skills curriculum. For the Coming Home Program at ComALERT, mentors were not as available as hoped. The relationship with the congregation that was supporting the program with mentors did not develop as planned. Participants’ comments reflected the problems in developing mentors that met their needs in terms of timing, match, and investment. The L-STEP mentors at Xavier Mission highlighted the effectiveness of their integration into the program through a useful orientation, ongoing program updates from the program facilitator and continued contact and debriefings with staff that helped them orient and meet the objectives of the curriculum and their role in supporting participants. The EOP mentors at Catholic Charities, many who had long-term relationships with the program valued their work, although they wanted more information about their participants, the program, and their role.

Mentoring is a fundamental part of these complex community programs’ efforts to individualize and provide an important relationship to people who have limited supportive relationships. The variability in program supports for mentors provided a view of what would be involved in building the capacity of the program in this area: clarity and information about the mentor’s role, information about the details of the curriculum, information about the participants’ needs and how to respond to their challenges, as well as ongoing support during the program for mentors to learn from each other by sharing concerns and solutions.

The outcome: Following this pilot study’s program cycle, a grant was written for the Beck Institute to support mentoring. Funded by the Reformed Church of Bronxville, a mentor’s manual and a training curriculum were developed for the
2012 Fall Program cycle. Programs also shared ideas about how to use program notes following curriculum sessions to meet mentors’ need for information and integration with the ongoing work. A number of debriefings also were developed to help mentors process and learn from their experience during the program.

3 - Facilitator training and support: In identifying “Best Practices” for these programs, a lead facilitator is seen as critical to assisting with developing and facilitating group process that engages all participants in the learning process. A professional background with training in group facilitation, particularly with experience in working with women who are domestic violence survivors was noted as an important contribution to the success of the Living Well program that engaged and worked well with participants. Programs’ lead facilitators for the most part had extensive experience as group leaders, with the exception of the ComALERT program that had previous program participants facilitate their groups. They did have training as substance abuse counselors and were sensitive to the challenges associated with coming home from prison. In discussion with leadership it became apparent that all facilitators could benefit from further support in developing skills in group facilitation, with more knowledge about group skills for trauma informed programs. The work of the facilitator to build a cohesive group where mutual aid was a healing factor was, for the most part, achieved.

The outcome: A training program was provided in January 2013 for group facilitators focused on developing mutual aid. Information from this Pilot was incorporated in both the Coming Home and Living Well manuals that were being developed for program replication. The following guides for facilitators were developed based on the experience of these programs.

- **Experience in group facilitation and some training in facilitating mutual aid** makes a difference in how participants are empowered to engage with the life skills curriculum.

- **The circumstances and activities in work with the life skills curriculum require a certain level of sensitivity and competence in dealing with trauma.** Program evaluation has identified that survivors of domestic violence, returnees, and the chronically homeless that may also be homeless are more likely than others to have histories of serious trauma.

- **A professional facilitator can be instrumental in helping participants with their story telling and goals setting.** Use of prepared materials and attending trainings to support these important program activities will help.
• **The lead facilitator should be working with the program coordinator** so that they are aware of each session the week before the session begins.

• **The lead facilitator should be involved in providing feedback to the mentors** as to the group’s focus and general progress. Case managers also need to know about participants who have special needs and can benefit from counsel and referrals to the right help.

### 4 - Ensuring program coordination:
Coordination is critical to the program’s success, as many moving parts need to be developed and maintained. It is clearly a role that needs to be supported by leadership. It cannot be done in a piecemeal way, nor can it be done from a distance. The more on-site involved attention given to this role, the more effective program delivery will be. Two programs struggled with curriculum inputs, mentor integration, and resource supports because of insufficient coordination, even though the participants still valued their experience.

**The outcome:** Feedback was provided to all programs on what was needed to strengthen programming. Two of the programs, for different reasons, needed to consider how to support better program coordination. A job description was developed by one program with successful facilitation/coordination. This was shared with the others, as it was a good guide to use for replication. The following are suggestions for program leadership and the program coordinator to consider in their planning and the activities that will bring all of the different components and those providing the components of the program together.

• **Designate a program coordinator.** Provide a job description and support the person in this role. Coordinators can be part of the organization or congregation, or may be someone who is familiar with the program and can function in this position for the duration of the program. This is an important position, central to developing a successful program.

• **The Program Coordinator needs to work with the “big picture” with Program Leadership** to make sure that they are in agreement regarding the design, schedule and selection of key people for roles in the program, with all of its components (meals, life skills sessions and the supporting curriculum, group facilitation, mentoring, and case management).

• **Program coordination ensures that all of the staff and mentors understand their roles and each other’s role** to facilitate collaboration that supports program integration.
Coordinators need to make sure that staff has meetings to review where they are and where they are going. It is recommended that time for debriefing occur, so that balanced planning is possible.

5 - Community support from congregations and other organizations is vital for sustainability. It is difficult for programs to depend on external funding that has to be secured for each year or cycle. Anchoring programs in an organization and community can offer resources that contribute mentors, curriculum input, connections and pathways for jobs, education, and mental health services. Collaboration between organizations, congregations, and between programs contributes to stability and program quality as demonstrated by the differences in program resources experienced across the four programs.

The outcome: Programs are working on developing stronger community supports, such as ComALERT’s Coming Home Program, that now has 14 congregations that have indicated that they have mentors who want to prepare for work with their program. LSTEP now has participant sponsorship from their congregation by offering an opportunity to provide support for an individual. Previously it was more challenging to gain funding for the program when it was requested from the congregation to support the full program. Individual sponsorship is an idea that is now being used in other programs.

6 - Curriculum development: Participants report that specific core activities in the life skills curriculum have been personally helpful. These include development and telling their story and goal setting. Feedback post program and six months later established that other forms of help were also needed, particularly help with employment, housing, communication and family relationships, dealing with becoming part of the broader community, budgeting, custody issues for women survivors of domestic violence, and staying sober. Feedback from evaluators includes comments that some of the program participants needed to have more opportunity to dialogue during the curriculum sessions so that they could digest and make sense of the session content based on their current life experiences. Other feedback included requests for responsive input to meet specific population needs – such as post incarceration.

The outcome: Two manuals to support program provision have recently been completed for the re-entry programs and the domestic violence survivors that have incorporated suggestions from this pilot study that offer guidelines for program facilitators to work more purposefully with the curriculum content that 1) provides opportunity for dialogue and 2) considers the specific needs of the participants. Also progress is being made with program leadership and staff investing time to develop further materials that will support efforts to gain employment. The ongoing
work of the Beck Program Advisory Group and the Learning Collaborative has targeted curriculum topics to review and develop, including communication and relationships.

**7- Supports for trauma informed programs:** Concern for the lasting impact of trauma on program participants has emerged as a dynamic influencing how able they are to manage the demands of life in community. Comments from participant interviews underscore the pernicious effects of trauma “I’d go back to my old behavior if I held onto trauma…I have to let it go!”; “I still don’t know how to cope as a result of violence”; “I saw so much, it kept me stuck emotionally, I couldn’t go to the next level, I didn’t have a healthy model, so I relived it.”

For survivors of domestic violence and returnees from prison and those who experience chronic homelessness, multiple traumas have had a lasting impact on how they think and solve problems, their health and mental health, substance use, and ability to trust others. Men and women who have been incarcerated have experienced multiple traumas, including feeling discounted and judged by the community at large and stigmatized by those in the outside world. Traumas that occur inside or outside of the prison situation often cause shame and lowered sense of self, which leads to poor coping, and lowered ability to function successfully. For domestic violence survivors trauma is ubiquitous. Trauma reactions include Post Traumatic Stress Disorder, where participants experience flashes backs of traumatic events and anxiety in situations that remind of the trauma, as well as inability to function in a daily routine. Domestic violence and traumatic events tend to remove an individual’s sense of control over their lives. As one participant said when being pursued by her abuser, “Just having to deal with him consciously on an everyday basis and since the abuse isn’t now…what happened was the past entered the present, and I went from totally functional to can’t cross the street or can’t recognize that I am standing in front of my own address trying to get home”. Often participants are not aware that their various challenges are more difficult for them to manage because of the way trauma has changed them. As programs have become aware of the impact of trauma it has become important for staff to be informed about how to work with participants so that recovery is possible through sensitive programming, and foremost, that care is taken so that participants are not re-traumatized.

**The outcome:** A training session was held in the fall of 2012 that was a half-day event focusing on trauma informed programming. Emphasis was given to the SAMSHA set of principles for guiding programs. Furthermore the evaluation now includes baseline and follow-up profiles of trauma from a well-developed questionnaire so that important information is available profiling participants’ experience with trauma for programs so they can be aware of participants’ need for assistance with this critical problem. Our research has shown that the majority of participants
have suffered from life altering traumatic experiences that influence their daily functioning. Consideration of trauma informed principles would make a difference in how participants recover. These principles are already inherent in the way programs work with participants. However there is a need to emphasize certain aspects of programs that can be strengthened in order to further support recovery, such as understanding the prevalence and impact of trauma, promoting safety, and pursuing a person’s strengths, choice and supporting autonomy.

8 - Development of follow-up options to strengthen outcomes for participants:
Numerous requests from participants have been made for a longer program. Many say the program is too short. Many participants do keep in touch with their mentors, case managers and program leadership. Others regret that they are no longer in contact with staff and the people from their program. It is obvious that the majority of people in these programs could benefit from ongoing connections. Some have made new connections, particularly those who report joining congregations and fellowship programs. With programs that are part of a well-developed service center, such as ComALERT, there are many opportunities to stay connected by using the range of supportive services available. However, support is needed to further the progress made from this intensive three-month experience that has started many on the road to new beginnings. Participants frequently say that their program group became their family. There is a real need to develop some means for supporting the advantage in continued connections, as most still struggle with difficult circumstances. Crises continue to occur, jobs secured in a volatile economic environment end abruptly, relationships become strained again. All of these situations and similar challenges make it difficult to continue moving forward without ways to find support and redirection.

The outcome: All programs are developing ways to offer follow-up connections for participants for at least six months, and for some this means a monthly reunion dinner. For others it means a phone call. A serious need exists that will be considered by the Beck Program Advisory Board, as some form of continued connection would most likely increase progress in moving forward to meet their goals of finding jobs, housing and repairing relationships.

Conclusion

Individuals who are post incarceration and women survivors of domestic violence faced with the added realities of homelessness are often people with complex problems, requiring multi-faceted interventions to address their issues. Few faith based community-based models exist in the literature, demonstrating the need
to establish an evidence base in this area. The program model that has been studied and evaluated is innovative as it provides many layers of emotional, educational and community support, developing and sharing critical resources. Innovation is found in its use of peer and professional facilitation in combination with a multi-faceted educational opportunity that has met participants’ needs to begin to cope differently with trauma and troubled histories. In diverse ways the programs are supported by the faith community, as host, with financial support, with volunteers who provide mentoring and meals, and as a fundamental catalyst for change for people in transition with very limited resources as they strive for self sufficiency.

These challenged men and women who commit to do the three-month program demonstrate by their investment during evening sessions and graduation that the program was worth the effort. The high graduation rate is exceptional for this population (80 to 85%), as for many this was a landmark experience inspiring them to go forward. In a multitude of ways there is evidence that they have gained a foundation that has improved their wellbeing, and hence motivation and hope that they will be able to continue taking steps forward. At the same time, there are many miles to go, they have major unmet needs that could benefit from a myriad of supports that only a few have found. It is understandable that participants repeated request for their programs to continue during the six-month focus groups and interviews. Permanent housing remains an unmet need for 36% of those who returned for the 6 month follow up and even more, the 33% of those who returned who want work and have not found a job. Physical and mental health problems persist, as more than 40% of those who returned reported struggles with both. Many also discussed conflicted family relationships, toxic environments, as well as persistent substance use that interfere with purposeful work on their goals.

From the extensive data collected for this quasi-experimental study, it is important to recognize, that while this is in most respects a case study of four programs, each with a small number of participants (7-11), there is evidence from the reduced symptom score on the PCL and participants’ qualitative comments indicating program impact as a finding from the combined program participants. In general, both the Living Well and other LSEP/EOP, L-STEP program components supported reduction in the effects of trauma post program and at the six-month reunion down from participants’ clinical scores on a nationally validated measure from a high 44 pre-program to 39 at 6 month follow up. This finding is encouraging, as it was very close to being statistically significant, despite the small number of participants, suggesting that this is an important outcome. A trauma informed approach, as taken by the Living Well program for example, is based on the understanding that an individual’s functioning in a daily routine is impacted by past trauma that is re-lived in the present. It is obvious from this study that while the other programs have not intentionally been working with trauma informed principles, the integrated
programs parts as described in this report have been contributors to reducing participants’ trauma symptoms.

Evidence from the Sense of Coherence (SOC) measure was also encouraging, as this was also statistically significant, indicating that factors which contribute to coping and well being have been developed through the participants’ program experience. Of particular note is the detail in qualitative themes where participants describe life changes that can be attributed to the empowerment that the programs’ support as a fundamental principle for work with people in transition. A strong complimentary factor that facilitates empowerment is the focus on goal development that was not only evidenced in the increase in the SOC scores, but also in the reunion data where the majority of participants wanted further help with education. Of note is the strength of participants’ response to others in need, as they express a desire to find ways help others, as well as report of experiences of opportunities to give back to others the benefit they have received.

Each of the programs has unique identifying characteristics while providing the core program components. Of particular importance for all programs are the participants emphasizing the value of developing and telling their story and listening to group members’ stories; and for many the combined helpfulness of goal setting with mentor support in moving forward with their story. Participants discussed how the process of group work with facilitators was a central part of their experience, as acceptance, affirmation and mutual aids influenced how they were learning to value and accept themselves. This finding is in line with the work of Westwood and Ewasiw, 2011, and White and Epston, 1990, who have documented the power of creating stories combined with action (goals and doing). The clear support from participants regarding the value they received in developing their stories is also supported in other studies of domestic violence survivors and returnees (Mahoney & Daniel, 2006 and Lynch, Keasler, Reaves, Chanter & Bukowski, 2007). So while the programs are for different populations, they all promote coping, build community, provide a refuge – a safe place, and are intense experiences that provide alternative life experiences which promote transitions through the group work with story development and goal setting essential to recovery, healing and learning. It is reasonable to see the connection of these program activities to the strong increase in the statistically significant SOC outcomes for the majority of participants.

A cross program finding also supports the importance of providing a new reference group, and as participants described their program as providing “a new family”, one that counters loneliness, anxiety and depression, and that "has your back", “will not let you down”. From this study we have evidence that community was important to participants, with a multi-dimensional meaning that became central in their growth and in many cases was transformative. Community has potential
to be a sustaining resource for participants. It is possible that the meaning of community is fundamental to the achievement of the long-term goals participants expressed that needs to be considered in the evolving of this program model.

Faith based programs for people in transition can provide collaborative ways of offering innovative and cost-effective services. This pilot study suggests that the life skills empowerment/educational outreach model produces important outcomes that are steps on the way to stability and life in community supported by other studies of programs that document the developmental nature of participants’ experience and outcomes (Borden, & Serido, 2009). Participants experience the intense three-month work as a foundation, with clearer pathways to stability. As these programs develop a strong evidence base, it is expected that increased opportunities to replicate programs in other setting will follow as more congregations and organizations provide these services.

From observations and analysis of the four programs in this study it is reasonable to conclude that this complex community based program can be successfully provided as the long-term examples of the Catholic Charities and the Xavier Mission Programs demonstrate. For the two new programs, ComALERT and Living Well for people in transition with specific needs, a tailored curriculum and responsive program has been shown to respond to the their needs. These programs are moving forward to more adequately meet participants’ needs, enhance engagement and strengthen their program core supported by the collaboration of existing programs. As the capacity building report shows, an active agenda is being worked on to further adaptation as well as strengthen critical parts of the program core.

This pilot has been helpful in establishing direction for strengthening the model, pointing to best practices that are now part of manuals developed during 2012 and 2013 for mentors and programs for the post incarcerated and survivors of domestic violence. It has also influenced the agenda for the life skills empowerment learning collaborative seminars and trainings.

Furthermore, this pilot was the basis for developing a major demonstration of eight programs that is now underway, supported by the New York Community Trust Lois and Samuel Silberman fund that began in July 2012 to be completed in March 2014. This study includes three more congregation sponsored programs, two that specifically support the post incarcerated and survivors of domestic violence, as well as a program for veterans – called Home Coming. Following on from this work is recent funding provided by an Anonymous Donor in June 2013 for another year of development and evaluation that is supporting further work on capacity building, sustainability and promotion of restorative justice. Based on current requests from
congregations interested in offering this type of opportunity, it is anticipated that an additional four programs will be developed during this time.

References


### Table 1: Baseline Demographic Profile  Total N=37

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The Beck Institute for Religion and Poverty
Fordham University Graduate School of Social Service
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### Table 4: Demographic Outcomes

**Fahs Beck Report Lightburn and Sisselman**

**Table 4: Demographic Outcomes**

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<td>No</td>
<td>31%</td>
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</tr>
</tbody>
</table>
Table 5: Program Satisfaction Post Program
Fahs Beck Report Lightburn and Sisselman

<table>
<thead>
<tr>
<th>I like the services that I received in this program</th>
<th>I was able to learn ways to improve my life from the life skills sessions</th>
<th>I would recommend this program to a friend or family member</th>
<th>The location of the program services was convenient</th>
<th>The staff was supportive and available to see me as needed</th>
<th>The staff believed that I can grow, change, and recover</th>
<th>Staff and mentors encouraged me to take responsibility for how I live my life</th>
<th>I felt my mentor or understood my life experiences and concerns</th>
<th>I trusted my mentor and stayed in touch after the program</th>
<th>Staff was sensitive to my circumstances and life struggles (race, religion, language, trauma, losses, etc.)</th>
<th>I felt that the program participants were supportive and helpful to my own healing and development</th>
<th>I felt that being part of the life skills program gave me an opportunity to help others</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9</td>
<td>4.8</td>
<td>4.7</td>
<td>4.6</td>
<td>4.5</td>
<td>4.4</td>
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</table>
Table 6: Qualitative Themes Table From the Focus Groups and Individual Interviews

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example from the Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressed and demonstrated sense of empowerment and development of</td>
<td>“I had never completed anything before the EOP program. Every morning I see that certificate hanging in my living room and that plays a big part of where I have been, where I can go and where I stand. It’s a big part of my life – it changed me.”</td>
</tr>
<tr>
<td>confidence and better coping as pathways to ability to make concrete</td>
<td>“I am more confident. I am not falling into that shell anymore. I know how to speak up for myself.”</td>
</tr>
<tr>
<td>changes</td>
<td>“The program gave me self-esteem to try to succeed”</td>
</tr>
<tr>
<td></td>
<td>“It enhanced the way that I deal with my sobriety in ways that I feel confident in my self and that I can be self supportive to others...that I can grow with others.”</td>
</tr>
<tr>
<td></td>
<td>“For me, my self esteem, [learning] to speak more cause I didn’t really speak much in the groups. I speak more in NA meetings and stuff like that... I think the entire program helped with my self esteem.”</td>
</tr>
<tr>
<td></td>
<td>“Anything that empowers a person to know that they are on their own path and that path is ok no matter what it looks like in your state of being.”</td>
</tr>
<tr>
<td>Breaking down emotional walls led to trust which led again to</td>
<td>“My mentor is always there and this place is a source of refuge when I need help. That gives me the initiative to try new things. I can go out there and try because I have people to support me.”</td>
</tr>
<tr>
<td>concrete changes</td>
<td>“My whole thing is having relation-</td>
</tr>
</tbody>
</table>
Developing an evidenced based model for the post incarcerated, survivors of domestic violence, and the general homeless population

<table>
<thead>
<tr>
<th>Empowerment, through the ability to make better decisions</th>
<th>“I identify situation as dangerous now and remove myself instead of getting involved”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“The program taught me how to distance myself from problems and make responsible choices”</td>
</tr>
<tr>
<td></td>
<td>“Choice not chance leads to good outcomes”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sharing and hearing of life stories led to shared understandings of life circumstances and community</th>
<th>“Telling my story I realized I was not a bad person, I made bad choices.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“I don’t have to hold in the pain anymore. They showed me how to release that and let it go. Writing my life story, sitting down and putting it out. It was very hard to do...and then to speak it in front of a whole audience...it was hard and it felt really good. Now, I feel like I could talk and say anything. I am not afraid no more.”</td>
</tr>
</tbody>
</table>
As I started to hear the stories, I realized, WOW, I would have never known. You can’t tell how a person is just by looking at them. You have to dig down inside to get to know a person. Meeting another challenged woman has inspired me through the program

“I was trying to go to be a drug and alcohol counselor and I was going to the classes (refresher course to prepare to start the GED) and I was involved in that class until all of this with the housing”

“I would go back to my old behavior if I held onto the trauma. I have to let it go...Sometimes I shut myself away cause I don’t know how to cope as a result of some of the violence I have experienced.”

“In my house I witnessed a lot of abuse, my father beat my mother. It is difficult and I don’t know how to deal with things sometimes.”

“I come here to get away from other things. I am striving to do the right thing. I am not used to that...any other time that I came out I would have gone back into the street. That is not what’s on my mind. My thinking has changed, so I want my life to change with it”

“I have a child now and I want to live and I want to watch her grow and watch my grandkids....and on my final resting place that my daughter can say that I was a good father, that I provided for her, that I did everything that she needed.”

“I want to do that so that I can do all of the things so that I can be a better man for my daughter and something that I...
| Participants have a desire to give back to the community | "I want to be able to give back to those that are innocently charged and cannot speak for themselves in a way to get the right justice for themselves. That’s the way I want to go with my life.”

"I want to help other women and I just loved it.”

"I would like to help the life program...why not use some of us to be involved in the program instead of oh its finished...bringing us back even for speaking.”

"Since I left the program, I have been able to help one of the person’s in the program to have a place to stay.” |
| --- | --- |
| Spirituality is important | "God helped me heal from my anger”

"The church community helped me to stay connected to positive relationships”

"I still go to my bible and my psalms every morning and I go to church. I can say that it helped...yes.”

"I have a strong sense of spirituality in my home”

"This program is part of being Christ-like. HE wants us no matter where we
<table>
<thead>
<tr>
<th>Suggestions for program improvement, around employment</th>
<th>“Program needs more opportunity for training and networking”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Program needs more opportunities to help people find jobs”</td>
</tr>
</tbody>
</table>

come from or what race we are to love and help one another and that’s how we can make the hood more beneficial where people can get more education”
Appendix
Individual Interview Questions
Beck Research Team
Fahs-Beck Grant Pilot Study

To begin, ask participants to write or draw a timeline of sorts to map out where in life they were before the program, how they were during the program, and what has happened to them since the end of the program, how their lives have changed, or stayed the same, either positive or negative, so that we can start to have a trajectory of what is going on during this time period and how we can better help with follow up. They can work on this throughout the interview as well, using the questions to help them map it out.

Preface the questions by stating that there were some things in the data that we wanted to understand more about, in terms of participants needs, how we can continue to help and understand needs more specifically. Remind them that it is confidential and no one in the program will hear their interview. Any identifying information will be removed.

Re: Education – Most participants reported wanting/needing more education.
--Can you say whether or not this is true for you?
--Have you pursued further education or vocational training?
--If so, what kind of training or education have you pursued, what kind of help, if any did you get in finding opportunities?
--Which programs have you explored? Is there anything else that would be helpful to you as you got forward with your education?
--If you have not pursued further education yet, would you like to?
--What kinds of things would be helpful to you if you were to pursue this? What is your ultimate goal in this area?

Re: Legal services – More than half of the life skills program participants reported some need for help with legal services, post program.
--Is this true for you? Is this something you need help with?
--Have you pursued any legal services? Types? How did you go about seeking them out? What happened when you sought the services out? Did you get the help you needed? Were there challenges?
--What kinds of needs do you have in this area?
--How can we be more helpful in pursuing these services?

Re: Employment – During the post program focus groups, participants in most groups reported real challenges in finding and keeping solid, secure employment and finding viable options for employment.
--Have you tried to look for employment?
--If so, have you experienced challenges or barriers? What were some of these?
Have you applied to jobs? What types of jobs? What happened when you did apply?
What kinds of help would you like in your job search? What types of things would be helpful to you?

Re: Housing, we are very aware that NYC and surrounding areas are in a serious housing crisis and that there are some real challenges associated with finding permanent and even temporary housing during this time.
What have been your experiences with housing?
Have you been looking for temporary housing?
Permanent housing?
Are you settled in housing?
What kinds of help would you say you would need in this area?

Re: Goals – Have you been able to achieve your goals?
What are a couple of examples of goals you set? Have you reached them and if not, where are you in the process?
What has the goal setting and achieving process been like?
Are there skills that you need to achieve these goals? Do you feel you have these skills or need more training?
What has been helpful in working on the goals?
Have you continued to work on the goals in the last several months?

Re: Physical Health Issues – Many participants reported having some physical health concerns
Would you say that this is true for you?
If you do have physical health concerns, have they impacted your ability to move forward?
Have the physical health concerns contributed to homelessness and housing instability issues?
Are there any medical insurance issues?
Did any of your goals focus on resolving or dealing with physical health concerns or medical issues?

Re: Rehabilitation needs – Two-thirds of participants reported having some history of substance abuse
Have you had experience with this?
Have you been in a rehabilitation program of any sort? Or a detox program?
Do you use any services now associated with substance abuse? Do you use any support groups, such as AA or NA?
Understanding that periods of transition that include homelessness and housing instability can be very stressful, we are wondering how our participants are coping with stress.

- How have you coped with stress in the past?
- How are you coping now? Do you see any differences, either positive or negative?
- Have you sought outside services to help you cope with stress or stress related concerns, such as anxiety or depression?
- Do you feel that you need referrals for such services -- help finding services to help you cope with stress?

Many of the participants reported using social services. So, we are interested to learn more about the types of social services, if any, you have used.

- Can you describe the types of services you’ve used, if you have needed to? i.e., cash assistance, disability, unemployment, food stamps, Medicaid
- Which services have been most helpful to you in moving forward?
- Do you feel you need help connecting to any social services? If so, which ones?
- Are there ways that the program itself can be more helpful in connecting to or dealing with social services during the program and afterward, in following up?

Re: Community -- Participants were more likely to say that people were there for them following the program than they were before the program. There were not as many differences in responses re: belonging to a community, or feeling a part of a community. So, we want to know a bit more about what the word community means to you.

- Can you describe what a community is to you? Can you describe your own community, one you feel a part of?
- What kinds of things would you want or would be helpful from a community?

Re: Social Support/Relationships -- Most participants in the post program focus group talked about support in the program.

- How do you feel about the level of support from the life skills program?
- Did this feel like a sort of community? Or something different?
- Do you feel that you have others in your life who are there for you, to support you? Who are these people?
- Have there been any changes in your relationships with family or close friends?
- Are there additional changes you’d like to see happen in these relationships? Can you describe?

Re: Ability to handle problems -- There was a difference in the way participants felt they could handle problems before and after the group.

- What are some things that have helped you to better handle problems? Specific skills or things learned?
--What are some of the problems that you've had to deal with?

On a related note, there were significant levels of trauma experience across all of the life skills programs, both current experiences and past experiences. 
--Do you think that trauma or abuse or experience with violence (witnessed, hurt by, etc) has impacted your ability to cope in life or manage problems effectively? 
--Is this a part of life's challenges and difficulties for you? If so, how?

As we conclude, we would like to know more about our participants' life circumstances and what kinds of things have stayed the same and what things may have changed, positive or negative. 
--Any trouble with the law or incarceration or re-incarceration? 
--Difficulties with substance use/abuse? 
--Housing status? 
--Employment status? 
--Education status?

If time permits and participants are able to elaborate more, the interviewer can ask about various program elements and participant experiences related to: 
--Life skills sessions – are there particular sessions or topics that stood out? 
--If they could add another session or two, what would these be on? Topics? 
--Are there things missing that would be helpful to them? 
--Goals? 
--Experiences with mentors? 
--Experience of story development and sharing their story, impact on their life and how they view the world and understand people/situations? 
--Was there an element of spirituality for them in this process? Spiritual growth? How so? 
--Advocacy and speaking out/up for themselves – did they feel they learned these skills, how so? What specific skills? Are there more skills they’d like to know? Concrete information with regard to advocacy? 
--What about the opportunity to share leadership roles and talk with one another, did they feel heard? Was this a different experience for them in any way? If so how, if not, what other types of experiences have they had that were similar?

--Which things were not as helpful? 
--Ideas for improvements? 
--Other suggestions/comments?
Questions Focus Groups/Interviews – Follow up
FALL 2012
FAHS-BECK STUDY

--70% of participants have HS education or below, 90% want to improve their education, 86% want help to improve their education.

QUESTION
What are your needs re: education - GED services, reading, ESL ?
Training for trades/VOCATION?
College classes,
What would be helpful?

--More than 50% of participants report needing help with legal services,

QUESTION
What kinds of help with legal services do you need?

--How are things going with regard to employment, some in the focus group at time 2 talked about real challenges in getting a job.

QUESTION
What specifically would be helpful to support you in employment?

QUESTION
What specifically would be helpful to support you in gaining stable housing? What housing is still needed?

--78% of participants feel able to achieve their goals at baseline.

QUESTION
What did your goals focus on? What were some of the areas they worked on?

How have you been able to achieve your goals? Are there skills you need to achieve them?

--60% report physical health issues and 46% report mental health issues,
QUESTION
How do physical health issues influence your ability to function and move forward during time of transition?

Have these things been a part of the reason for homelessness?

Are there medical insurance issues, did any of their goals focus on dealing with these issues?

What if any are rehabilitation needs?

What if any are needs to have help with depression, anxiety, stress?

What social services have you been successful in using?

In what ways can the program help with social services?

--There was an increase in the question about having people there for you from pre to post, but small different in pre to post on question about belonging to a community,

QUESTIONS
What does being part of community mean to you?

Is it about having people there for you? Something else?

How do they feel about the support from Coming Home group experience?

Who do you feel is there for you, to support you?

What are the changes in your relationships with family and friends?
---Difference in perceived ability to handle problems from pre to post,

**QUESTION**
What are some of the things that have helped you to better handle problems?

What are these problems?

What has helped most? (new information, skills, connections?)

How does handling problems better matter to their overall life? i.e., do they manage relationships better, get into less trouble, handle personal business more effectively, etc.

---Significant levels of trauma across the board were evident,

**QUESTION**
How do you think /feel the trauma (violence) in your life has impacted your ability to cope in life and manage? Is this part of difficulties in life circumstances?

Additional Questions, similar to prior groups/interviews:

Ask about program elements:
What stands out as helpful to you in the program:
Meals,

Life skills sessions, (which ones?)

What other skill sessions would help?

Mentoring,

Goals – what was helpful in moving toward accomplishing your goal?

Story development and telling,

Inspiration – opportunity to talk
Spiritual time

Advocacy and speaking out –

What was not helpful in your experience?

What things could be improved?

--If they could add another session or two, what would they add in?
Developing an evidenced based model for the post incarcerated, survivors of domestic violence, and the general homeless population
Supporting Transitions From Homelessness, Post-Incarceration & Domestic Violence

The Program
Twice weekly group sessions for 26 to 29 weeks

- Use of restorative justice and trauma informed approaches
- Writing Life Stories
- Goal Setting with one to one mentoring
- Unique Program Components Combine to Create Community and Pathways for Change
- Community meals with staff, participants, and mentors
- Life Skills Sessions
- Casework support for individualized referrals and attention

Life Skills are Key to Recovery
Discovering What Works
A Learning Collaborative among Programs and the Beck Institute

- Trainings (i.e., trauma, group facilitation, mentor training)
- Development of core program components
- Active program advisory board

Large Faith Based Organization – program for homeless men and women

Large church congregation program for the homeless

Program with the D.A.’s Office with connection to congregations

Large church congregation program for the homeless

Interfaith organization with congregational support – program for women survivors of domestic violence

Interfaith organization with congregational support – program for homeless veterans

Two large church Congregations – programs for post incarceration

Guiding Values of Trauma-Informed Programs
“Relationship is Central to Recovery”

- Share power
- Communicate with compassion
- Understand the prevalence and impact of trauma
- Promote safety
- Earn trust
- Embrace diversity
- Provide holistic care
- Respect human rights
- Pursue the person’s strengths, choice and autonomy
Program Evaluation

Evaluation Process:
- Process evaluation 2010-2011
- Initial Pilot with 4 programs Jan 2012 to February 2013
- Demonstration Evaluation with 8 programs (total 12 cycles) July 2012 to December 2013
- Larger Demonstration Evaluation with 12 to 15 programs to focus on capacity building and sustainability June 2013 to September 2014

Evaluation Methodology
- Baseline – Time 1 – Survey with quantitative measures
- Post-program – Time 2 – Survey with quantitative measures and focus group, and program debriefing
- 6 month follow up – Time 3 – Survey with quantitative measures, focus group, and individual interviews

Project Support Timeline:
- Fordham (GSS) Beck Institute 2010 – 2011
- Fols – Beck Foundation (Fund for Innovation) 2012
- New York Community Trust (Samuel & Lois Silberman fund) 2012-2013
- Anonymous Donor 2013 to 2014
Evaluation Methodology

- Quantitative (Written Survey)
  - Sense of Coherence (Antonovsky)
  - PCL Civilian Version (Weathers, Litz, Huska, & Keane)
  - SAMHSA Consumer Satisfaction Survey
  - Demographic Information

- Qualitative
  - Focus groups time 2 and time 3
  - Individual Participant Interviews with Pilot
  - Program Debriefings (with staff and mentors)

Quantitative Outcomes Measures

- Coping and Functioning (SOC)
- Trauma Levels (PCL Civilian)
- Satisfaction with Program Elements (SAMHSA)
- Participant graduation rate
- Recidivism (added for newest evaluation round)
- Housing status
- Employment Status
- Education level (closer examination for newest evaluation round)
Demographic Profile

- N Pilot 38, 28, and 22 and N Demonstration Round 1 65 and 45 (still processing follow up data, has just come in). Total N Demon. Baseline 112

- Gender
  - Male
  - Female

- Age
  - 22-35
  - 36-55
  - 56+

Demographics Cont’d

- Education
  - Less than high school
  - HS or GED
  - Some college
  - College
  - Graduate
Demographics Cont’d

- Employment Status
  - Employed FT
  - Employed PT
  - Unemployed, looking
  - Unemployed, not looking
  - Disabled
  - Retired

Demographics Cont’d

- History of Incarceration
  - Yes
  - No

- Length of Incarceration
  - Less than one year
  - 1-5 years
  - 6+ years
Demographics Cont’d

- Marital Status
  - Single
  - Married
  - Separated or Divorced
  - Widowed

- Children in Household
  - No
  - Yes

Demographics cont’d

- Ethnicity
  - African American (60%)
  - Latino
  - Caucasian
  - Caribbean American
  - Biracial
  - Other
Quantitative Outcomes....

- **Housing Status**
  - Pilot
    - 63% in need time 1
    - 38% in need time 2* (post program)
    - 36% at 6 month follow up
  - Demonstration Evaluation Round 1
    - 80% in need at time 1
    - 72% at time 2 (post program)

Quantitative Outcomes cont’d

- **Employment**
  - Pilot –
    - 3% employed at time 1
    - 10% at time 2
    - 24% at 6 month follow up*
  - Demonstration evaluation Round 1 –
    - 14% working part or full time
    - 22% post program

- **Graduation rate** – approximately 90% across the board for all programs, pilot and demonstration evaluation
Quantitative Outcomes cont’d

- Sense of Coherence Measurement (Coping/Functioning)
  - Pilot 127 → 140* → 144
  - Demonstration evaluation Round 1 120 → 132***

- Post Traumatic Checklist Civilian Version (Trauma Levels)
  - Pilot 44 → 40 → 35
  - Demonstration evaluation 50 → 44.5*

Themes – Qualitative Data

- Expressed and demonstrated sense of empowerment
- Development of confidence and better coping as pathways to ability to make concrete changes i.e., GED classes, looking for a job, repairing relationships
- Sharing life stories and hearing life stories of others led to shared understandings of life circumstances and community
- Breaking down emotional walls led to trust which led again to concrete changes
"My mentor is always there and this place is a source of refuge when I need help. That gives me the initiative and drive to try new things. I can go out there and try because I have people to support me." – Participant (Coming Home post-incarceration program)

"I had never completed anything before the EOP program. Every morning I see that certificate hanging in my living room and that plays a big part of where I have been, where I can go and where I stand. It's a big part of my life — it changed me"
“It enhanced the way that I deal with my sobriety in ways that I feel confident in myself and that I can be self supportive to others…that I can grow with others. My whole thing is having relationships…My mentor played a major part in my relationships and being able to trust.”

--Participant (Life Skills Training and Empowerment Program for homeless men and women)

“With this program, one was accepted as is, not necessarily as one would like them to be…I was born the black sheep…and in this group, I was not the black sheep”

--Participant, Life Skills Empowerment Program for women survivors of domestic violence
Complex Ecology & Collaborative Group Process

Collaborative Activities Promote Synergy
Resources developed to enhance capacity & sustainability
Synergistic Effects [that supports transformation]

Community of hosting organization
Organization/ Congregation
Advisory Board and Beck – Learning Collaborative
LSEP Programs

Thinking about Synergy

- **Synergy** “the whole is greater than the parts”
- The whole can do things which the parts cannot
- The parts may be unaware or partly unaware of their contribution to the whole
- **Synergy involves transformation**
- Synergistic transformation happens through collaboration
Unique Program Components Combine to Create Community and Pathways for Change

- Writing Life Stories
  - Emphasis on Healing with Narrative Therapy Processes
- Use of restorative justice and trauma-informed approaches
  - Emphasis on Healing & Personal Development
- Life Skills Sessions
  - Process builds Mutual aid & Empowerment
- Community meals
  - with staff, participants, & mentors
  - Emphasis on social connections
- Goal Setting with Mentors
  - Emphasis on solution focused change
  - Relationship building bonding
- Casework support for individualized referrals & attention

Discovering Group and Therapeutic Traditions in Action
Understanding Synergy

Story Development & Celebration within Community Groups

- Life stories are co-constructed “BY” & WITH Others
- Participants are capable of developing empowering stories
- Stories are told and listened to in Life Skills Group
- Stories are celebrated in Community
- A Synergy of Stories becomes transformative
The Dynamics of Mutual Aid
- Discovering hope together
- Observing the improvement of others
- Reflecting on personal and group achievements
- Celebrating and discovering individual and group strength
- Self-reflection - thinking about and recognizing personal experience.
  - Recognizing and talking about personal experience
- Group acceptance, witnessing an individual’s experience.

The Community Milieu Groups Synergistically Meets Participants’ Complex Transitional Needs

- Meeting Developmental Needs
- Life Skills & Opportunity
- Connections in Community
- Building a Social Life
- Healing Process
- Multi-relational Multi-dimensional groups
Meeting Immediate & Evolving Needs

Social Needs
- Mutual Aid & Support
- Community
  - Membership – belonging - social identity
  - Opportunities (networking)
  - Roles/new status
  - Connection/reciprocity
  - Experience a different social order, a “Community of Concern; Faith & spiritual journey
- Collective work, prepare for advocacy, take social responsibility & decision making - civic action

Multi-Relational Needs for Healing & Transitions
Sanctuary: To be safe, to have a home, family, To be nurtured (affirmed, supported, challenged, to know & give voice to one’s story)
Promotes recovery
- Personal choice
- Builds trust & an anchor
- Guides steps forward

A Developmental Focus
The Community Milieu

- Encourages relationships & attachment, bonding, trust, guidance
- Autonomy (empowerment – mutuality - toward healthy interdependence & independence)
- Identity development - finding voice
- Practical orientation
  - Problem solving, crisis response
- Learning & capacity building to manage transitions
  - Life skills
  - Managing life's curriculum

Meeting Developmental Needs with Life Skills
Contact information --
Please email for copy of presentation

- Dr. Anita Lightburn  
  Principal Investigator  
  Fordham University  
  Graduate School of Social Service, Beck Institute  
  914-367-3436  
  lightburn@fordham.edu

- Dr. Amanda Sisselman  
  Co-Principal Investigator  
  Empire State College  
  Metropolitan Center  
  Staten Island  
  718-667-7524  
  Amanda.sisselman@esc.edu
Collaborations

2012 has been an extraordinary year for collaboration, with important new partnerships, including major foundation support from the New York Community Trust’s Fahs–Beck and Silberman Funds and an Anonymous Donor that is supporting program evaluation and capacity building with the faith community.

This newsletter celebrates the many facets of developing an evidence-based program for people in transition from homelessness, domestic violence, prison, and veterans experiencing the challenges of homecoming. As you can read in the insert, some of these faith-based programs have a long history, others began in the last few years. Supported by their congregations and in collaboration with Catholic Charities and the Brooklyn District Attorney’s Office they all are making an incredible difference in people’s lives. The table below accounts for Beck’s involvement over the past few years. The leadership of the programs are members of Beck’s Program Advisory Group. They are an integral part of our collaboration for ongoing program development and replication. We value their work and commitment to people with troubled life journeys, in need of supportive communities for healing and new direction. Members include George Horton from Catholic Charities, Marc Greenberg from Interfaith Assembly for Homelessness and Housing, Cassandra Agredo and John Langdon from the Xavier Mission, John Chaney from the Brooklyn DA’s Office ComALERT Program, Dawn Ravella from the Reformed Church of Bronxville and John Delfs from the Riverside Church. Our work together over the past few years has resulted in a replicable program model providing encouraging findings from outcome evaluations of those in transition.

Begun in 2011 with a process evaluation, our studies show how these programs contribute to better coping, less trauma, connections to community and opportunity. The story of this work is shared in a number of the news items in this issue. We are grateful to this extraordinary group of leaders who have made it possible to serve those struggling to recover, heal and grow while discovering meaningful lives in community. Be sure to read the insert, “Celebrating the Journey”, to note their accomplishments during this past year.

Our First Documentary

Applauding a significant achievement – we congratulate Dale Lindquist, Associate Director of Beck, on completing three years of work in the development and presentation of the documentary “Bread of Life”.

As Beck’s first documentary, we welcomed a diverse community of attendees at our Lincoln Center campus for an inside look at how the needs of New Yorkers are being met by the faith community. It was a stimulating evening of discussion inspired by the documentary and the exceptional leadership of the programs reviewed. The take-home message was clear from those present: hunger should not exist in our city. Because it does, we have unique and meaningful opportunities to partner with those in need. We look forward to our Westchester Campus premier of the film and will announce plans for distribution in the fall.

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Program Evaluation

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<td>Process evaluation 2010-2011</td>
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<td>Initial Pilot with 4 programs Jan 2012 to February 2013</td>
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<tr>
<td>Demonstration Evaluation with 8 programs (total 12 cycles) July 2012 to December 2013</td>
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<tr>
<td>Larger Demonstration Evaluation with 12 to 15 programs to focus on capacity building and sustainability June 2013 to September 2014</td>
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Evaluation Process

Fordham (GSS) Beck Institute 2010 – 2011
Fahs–Beck Fund for Research and Experimentation 2012
New York Community Trust (Lois & Samuel Silberman Fund) 2012-2013
Anonymous Donor 2013 to 2014
Our Daily Bread: Feeding the Hungry in New York

Dale Lindquist, L.C.S.W., D.Min., former documentary film maker, Associate Director of the Beck Institute, and Director of the GSS Online MSW Program, combined his passion for social service with his love of film, to direct, shoot and edit, Our Daily Bread: Feeding The Hungry in New York City. This 45 minute documentary shown on Thursday, May 2, 2013, at Fordham’s Lincoln Center Campus, profiles three emergency food programs in New York City, all organized and run by churches and their affiliates.

Our Daily Bread focuses on the Brooklyn based St. John’s Bread and Life, Holy Apostles Soup Kitchen in Chelsea, and the West Side Campaign Against Hunger at the Church of St. Paul and St. Anthony. Lindquist selected these three for the film because they are the largest faith-based emergency food programs in NYC. "In a city where it is estimated that one in five New Yorkers use emergency food services, such programs bring hope and comfort to those who don't know where their next meal is coming from," said Lindquist. Through an organized set-up of soup kitchens, food pantries and mobile kitchens, the three faith-based programs feed more than 1 million hungry people per year. "These are very innovative programs providing unique approaches to offering services while simultaneously honoring the capacities and dignity of those being served. These are qualities that can readily be replicated," said Lindquist, who hopes the documentary encourages both support of existing programs and provides inspiration and ideas for faith and community organizations to follow suit.

Recognition of Service and Transitions

Heartfelt Thanks & Best Wishes

Summer 2013 is the beginning a significant transition for the Beck Institute and for Dean Peter Vaughan as he retires as Dean of the Graduate School of Social Service. We have valued his indispensable support and leadership, believing that the mission and work of Beck brought together the capacity of the faith community with service provided by social workers to meet the needs of those beset by poverty. His work with us has strengthened our community collaborations and work with our colleagues across the University. He has been a faithful steward of Beck, keeping the original vision alive, patiently and concertedly promoting new initiatives. The significant strides forward of these past years have been possible because of his investment and faith in us.

President McShane, S.J., presented Peter with the University’s highest honor, the Presidential Medal, at the conclusion of our May 20th diploma ceremony in Avery Fisher Hall. President McShane called Peter a “wise, patient and loving patron saint”. We agree that this award is a fitting tribute to Peter's life of service and leadership. “Pray for us, Peter,” Father McShane said as he concluded the celebration, a request we echo as we also give thanks for his work with us, and our anticipation of the next chapter of Beck built on the strong foundation he has helped us establish.

In Memorial

It is with great sadness that we note here the passing of Bishop Joseph M. Sullivan, who was a founder of the Beck Institute and a source of inspiration and support over the years. As Chair of the Beck Advisory Board he was instrumental in shaping the mission and forwarding the work of the Institute. His life mission was advocacy and service to the poor. He received his master’s degree from Fordham’s GSS in 1961, and has said that becoming a social worker “was the best thing that ever happened to me”. Marc Santora of the New York Times reported that Bishop Sullivan became the executive director in 1968 of Catholic Charities in Brooklyn and Queens, where, “under his leadership that organization would become the largest Roman Catholic human services agency in the country”. For more than five decades he was a tireless advocate for the most “frail, neglected and impoverished citizens.”

For all who knew him, this is a tragic loss. The contagious vision and compassion he communicated lives on. He is quoted in a 1999 New York Times interview as saying that he could not imagine a better life. “I really think of this job as heaven on the way to heaven...It doesn’t come at the end. It begins here.” We all will miss his extraordinary way of embracing the challenges of each day with faith and hope entwined.


May he rest in peace!

George Horton remembers Bishop Sullivan. See page 4.
Collaboration at Work  

As Program Consultant to the Beck Institute’s evaluation study of the Life Skills and Empowerment programs, I had the very exciting opportunity to work with program staff, participants, mentors and students in the eight programs. While I had a fledgling knowledge of Marc Greenberg’s life skills programs during my long tenure in homeless services, getting up close, looking at how the core components combine to create the life-altering impact on the participants and everyone involved can’t help but be inspiring.

This past year saw the inception of two new programs: Riverside Church’s Coming Home program for formerly incarcerated individuals and Interfaith Assembly on Homelessness and Housing’s Homecoming program for homeless veterans. Bronxville Reformed Church shifted their prison ministry to focus on women who had experienced incarceration and violence. While the participants in all the programs share many of the challenges of transition: reintegrating into a community, finding jobs, training, housing, re-establishing relationships with family, children, friends, they also have their unique needs. The challenge to the programs continues to be adapting their approach and curriculum to meet the specific needs of each group.

Of course the bottom line of any program’s success is the impact. The eight programs graduated 103 men and women during 14 fall and spring cycles, representing an 81% graduation rate. Since graduation requires that participants miss no more than three sessions, this is an excellent outcome for individuals with multiple challenges. Those who leave the programs before completion often do so because of employment opportunities, health reasons, or sometimes because they are not ready. Not surprisingly, quite a few return at a later time to continue and graduate. In providing evaluation and support to the eight programs, Beck Institute sought to identify and strengthen the core components or “pillars” of the program: life skills curriculum, mentoring, case management, storytelling, peer facilitation, fellowship/community that make these programs unique and effective.

- A Learning Collaborative of program leaders, facilitators, students and Beck staff, came together regularly. Trainings were provided in trauma informed care and group facilitation skills.
- Fordham student interns were involved in recruitment of participants and mentors and case management that helped address personal challenges.
- Mentor training provided opportunities to learn about the programs, the challenging worlds of participants, and training and practice in listening and feedback skills. Mentor groups were supported in their work with participants.
- Mindfulness meditation and art activities tapped into participants’ nonverbal expressions, particularly important for people affected by trauma who cannot easily express themselves.

One has only to attend a graduation to know that these programs change lives. To hear a graduate talk about who they were when they became homeless, and who they are now: recounting their strengths and accomplishment, their goals for the future, and credited the love, strength and support from the community of participants, facilitators, students, who believe in them, is to know, without doubt, the power of community.

Like everything in life, we are always learning and always a work in progress. Beck and the life skills programs continue to work together to learn and develop ways to maximize impact on the people they serve and replicate these programs so they can serve others. In that process, we all, coordinators, facilitators, students, mentors, congregations, staff gain so much more than we ever give.

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HOT OFF THE PRESS - PROGRAM & MENTOR MANUALS!!

Intense activity has resulted in a number of publications to support “best practices” across all of the programs. In October a Mentor’s Manual, funded by the Reformed Church of Bronxville, was developed by Mercedes Riley and Anita Lightburn. Mentors are indispensable, contributing to the unique synergy that participants say is one of the reasons the life skills community programs provide hope and direction for their futures. Printed just in time for Beck’s first mentors’ training, the Mentor’s Manual was inspired by the requests of mentors from all of the programs that I had the privilege to interview during 2011. They sought information and skills to enrich understanding and work with program participants (their mentees). Mentor training guides were contributed by all the programs highlighting the traditions developed over the past twenty plus years.

—Continued on page 4
George Horton, a fellow Beck Advisory Board member shares his reflections on Bishop Sullivan.

“Although I had known Bishop Joe Sullivan for many years through my work at Catholic Charities, where both in the Brooklyn Diocese and nationally he was a revered leader of the Catholic Charities movement and a powerful advocate for people who are poor, I first had the opportunity to work closely with him on the founding Advisory Board of the Beck Institute on Religion and Poverty. As chair of the Advisory Board, he led our discussions as we worked to assist the university and religious institutions to build community for and with people who are poor. The fruit that has been borne of the work of the Beck Institute and its support of the Education Outreach/ Life Skills Empowerment Programs owes much to the formative guiding presence, wisdom, and dedication of Bishop Sullivan.

Throughout his life he understood the centrality of the Sermon on the Mount to the mission of the Church as expressed in the teaching of a preferential option for the poor. He often found himself as a minority voice among Church leaders in insisting on the priority of this Church teaching. He was at home in interfait collaboration and was a deeply human and compassionate man who led not because of his position, but by the power of his faith, commitment to others, and his always inclusive pastoral way of working.

Over the past few years our time together has been limited to brief visits before the annual Good Friday Walk conducted through midtown Manhattan by Pax Christi, a Catholic peace organization, at which for years he offered the Walk’s opening prayer. Again this year we shared a brief moment, catching up on our lives and as always with him, I felt his sense of joy, his celebration of life, his humor and humanity. Bishop Joe Sullivan was a great gift to all who knew him. By his example he helped us all to be better.”

Hot off the Press…..continued from page 3

GSS supported the development of two Program Manuals: one for returning citizens from prison and one for survivors of domestic violence. Amanda Sisselman and the Beck Team has completed the task of developing them; they are now “in press”! As adaptations of the original programs, manuals integrate specialized knowledge concerning the needs of participants in the different programs. Similar to the Mentor’s Manual, these are a work in progress.

Recent Publications and Presentations:
Developing an Evidence-based Program for People in Transition

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and Success
Celebrating our Funders……………11

The Beck Institute on Religion and Poverty
Fordham University
Graduate School of Social Service
400 Westchester Avenue
West Harrison, NY  10604
Celebrating the Journey

Each of the eight programs under the Education Outreach Program/ Life Skills Empowerment Programs umbrella (EOP/LSEP) have been touched by, and responded to the complexities involved in the trauma of being homeless, incarcerated, a survivor of domestic violence or service in the military. By creating and operating these programs, for anywhere between one and 25 years, the sponsoring organizations embarked on their own journeys by creating opportunity through community collaborations that embrace, engage, educate and empower those who are ready to commit to stabilizing and owning their lives. Each program has adopted the program model incorporating key components that, together, create a unique synergy that makes these programs so effective.

Following is a history of their origins and journeys and the accomplishments of the past year that they celebrate today.

The History

The EOP/LSEP programs have their roots in the 1989 Interfaith Assembly on Homelessness and Housing’s (IAHH) Annual Interfaith Convocation and Overnight Vigil in City Hall Park and its call for action. Here, many gathered to address the crisis of homelessness and lack of funding for affordable housing in the New York City Budget. Unexpectedly, the overnight event turned into a 200-day encampment of the homeless men and women who had participated in the Vigil. The personal testimonies of those leading the encampment were so compelling that IAHH invited them to share their stories publicly as part of the effort to encourage citizen action. Inspired by these homeless men and women, Marc Greenberg, Executive Director of IAHH, and George Horton, Director of the Department of Social and Community Development of New York Catholic Charities (NYCC) developed the first Education Outreach Program (EOP). The goal of EOP is to assist homeless men and women articulate their experience of homelessness through the telling of their life stories while providing a space for recovery from the trauma of homelessness through development of life skills, assistance from a mentor, and the creation of a supportive healing community.

The Model

With the leadership and support of IAHH and Catholic Charities, the EOP/LSEP model has been replicated, first at St. Francis Xavier Church about 17 years ago, and in the last few years, in six additional locations in Manhattan, Brooklyn and Westchester County. These programs have operated under the umbrella term Life Skills Empowerment Program (LSEP) and have been tailored to meet the needs of each program’s participants. Over 1,000 people have graduated from the EOP/LSEPs and many have found permanent housing and employment often in positions that provide services for others in need. The spirituality brought to this endeavor by the participants themselves and expressed in their reflections on inspirational, non-sectarian readings which open each program session is an essential pillar of the EOP/LSEP.

The Participants

EOP/LSEP men and women commit to ownership of their lives, regularly attending life skills weekly sessions over three to four months. They become part of a healing community that reconnects them to others. Through sharing their story with first their group and mentors, and then friends, family and others, they discover new ways to value their life and achieve goals as they move forward to more stable, fulfilling lives. Graduation from the program is a meaningful experience, reflected in the comments of a recent EOP participant, “I had never completed anything before the EOP program. Every morning I see that certificate hanging in my living room and that plays a big part of where I have been, where I can go and where I stand. It’s a big part of my life--it changed me.” “EOP is just wonderful….it is loving comfort! A supportive program.”
The Community

One of the major goals of the EOP/LSEP programs is to create community among the participants and also with and among the agency or congregation which hosts and provides resources for the program. Many program graduates continue to participate, often serving as program mentors and staff themselves. For the past 25 years the IAHH has conducted a Speakers Bureau of EOP/LSEP graduates who have spoken before congregations of all faiths and other forums. EOP/LSEP graduates have testified before numerous civic and legislative bodies about their experiences and the need for criminal justice, housing and homeless policy reform.

The Programs

A diverse group of life skills programs were interviewed for this publication. They offer these reflections and their reasons to celebrate their journey.

Catholic Charities, a founder of the EOP program 25 years ago, has continuously provided programs to support those transitioning from homelessness, and more recently survivors of domestic violence. Catholic Charities celebrates:

- Graduating 13 men and women from its 46th and 47th cycles of the EOP programs
- Supporting the Living Well program at the Kennedy Center, serving homeless women who are survivors of domestic violence, graduating 14 women in the last two cycles.
- Assisting coordinators of new programs, such as Coming Home at Riverside Church for formerly incarcerated individuals and supporting the new IAHH Home Coming program for veterans.

In its staunch commitment to supporting the future of its own and the growing family of EOP/LSEP programs, Catholic Charities continues the Journey!

The Interfaith Assembly on Homelessness and Housing (IAHH) is a coalition of congregations (churches and synagogues) advocating for public policies that will produce affordable housing, prevent homelessness, provide needed services, and promote income for those in danger of becoming homeless. Today IAHH celebrates the many successes they have enjoyed since that overnight vigil in 1989 as leaders in founding the life skills model. Its programs continue to offer skill building, mentoring relationships, peer support, and spiritual growth, along with developing community awareness and community involvement. IAHH celebrates:

- The growing relationship with the Beck Institute that has enabled IAHH to document and further explore best practices.
- Panim El Panim, a program IAHH operates that brings several houses of worship together in order to serve homeless people in their community.
- The programs it helped to replicate:
  - Coming Home, a program sponsored by the Brooklyn District Attorneys’ Office for citizens returning from prison that was initiated with the leadership and assistance of IAHH.
  - In 2009 IAHH assisted the Reformed Church of Bronxville in establishing their program for citizens returning from incarceration.
  - Living Well, created by IAHH for women made homeless as a result of domestic violence, now is operated jointly by IAHH and Catholic Charities in collaboration with the Beck Institute.
  - In 2012 IAHH celebrated its newest program, Homecoming, serving homeless veterans.
IAHH’s journey as an inspiration and a catalyst for innovation, and change continues.

**Xavier Mission’s Life Skills Training and Empowerment Program (L-STEP)** was born out of concerns expressed by parishioners who were committed to responding to the many people they found sleeping on the steps of their church. It was not acceptable to call the police and simply drive the homeless away. The authorities would respond by providing jail cells, group shelters or drop in centers. Nothing changed! Human dignity was lost, stories weren’t understood and all in the community saw the trauma of homelessness in front of their eyes on their own doorstep. Parish members along with leadership searched for better ways to respond to and accept responsibility for finding alternative options.

In 1995 Xavier Mission joined with Catholic Charities and modeled their program after the Educational Opportunity Program (EOP). In 2007 Xavier Mission revisited and refined the program model, under the direction of their new Mission Director, Cassandra Agredo, creating the Life Skills Training and Empowerment Program (L-STEP). L-STEP is a 25 session comprehensive program that is often identified as the “flagship” program of their Jesuit mission: Social Justice through Education. The participants entering this challenging program become part of a community that is committed to growth and healing by recognizing each person’s strength and resilience in the face of incredible personal challenges.

Xavier Mission celebrates the success of its program and,

- The welcome addition of a Fordham MSW student intern who provided case management services to the participants, a much valued new component to the existing program.
- Collaboration in the startup of the Coming Home program at Riverside Church and ongoing collaboration which will be further strengthened this coming year with the leadership of a shared coordinator, Hope Eisdorfer. Hope served as student intern at the Riverside Program and has just graduated with an MSW from Fordham.
- A graduate of Xavier Mission’s L-STEP is finishing her studies in preparation for a career as an optician. She will also be assisting with child care as part of the “Living Well” life-skills program for women made homeless as a result of domestic violence.
- The L-STEP alumni are committed to giving back. In the two years ending in December 2012, four L-Step cycles were completed and 44 participants graduated. Much of the program’s success has been attributed to the support of mentors as well as peer support.

The Journey continues.

**The Reformed Church of Bronxville’s Coming Home Program** for the post incarcerated completed their fourth cycle. The first two cycles were in partnership with Hudson Link for Higher Education that enables incarcerated individuals to complete university and graduate courses while in prison. Hudson Link referrals became the first Coming Home participants and were an impressive group with their consistent attendance and work on goals for the future. One of those grads is now a second year Fordham MSW student! Another program grad is enrolled in a PhD program and inspired RCB Mission Director Dawn Ravella to enroll in a Doctor of Ministry program, which she has now completed!

In the second cycle, participants came from a number of programs that work to assist those returning home: Exodus House, The Osborne Association, New York Theological Seminary and Hudson Link. This past program year RCB shifted its focus to work with women who had experienced incarceration and domestic violence. Many of the 35 graduates continue to return to its reunion events. The fall 2013 series has four participants referred by recent program graduates already waiting for the program to start. They expect to recruit additional participants among residents of the Nodine Hill section of Yonkers, where RCB is leading a systemic change.
“Opening Doors Yonkers” is a project inspired by the Coming Home Program, as congregational leaders were motivated to become involved in prevention as an important part of social justice work.

Dawn Ravella, the RCB Director of Mission, celebrates:

- The generosity of their congregation. “So many have prepared and served the meals, joined participants as mentors, provided instruction and expertise during educational sessions, and have been generous of spirit, time and expertise!”

- The growing awareness of the RCB community of the challenges people returning from prison face, as they have taken on the challenge of working as volunteers to support families and youth in Yonkers.

- During this last cycle, a Habitat for Humanity group from RCB renovated the apartment of one of the participants who could not afford to move from a depressing and dilapidated space that she hated living in. Following that refurbishing and generous community spirit, she finds peace in her home and a sense of safety that she hasn’t known in her life. This young woman enjoyed her first Christmas tree this year....She has a HOME!

- The growing collaboration around “Opening Doors Yonkers” in bringing about systemic change in a low-income neighborhood that has been identified as a zip code that sends too many to prison.

The Journey at RCB continues.

Community and Law Enforcement Resources Together (ComALERT) was established in 1999 by Kings County District Attorney Charles J. Hynes and serves as a bridge between men and women transitioning from prison back into Brooklyn’s communities. ComALERT participants are on parole. Its goal is to provide services for returning citizens and reduce the rate of recidivism. ComALERT has received national recognition for well-documented reduction in the recidivism rate among its participants.

The Coming Home program for clients was initiated in 2010 by Executive Director John Chaney following a meeting with Marc Greenberg of IAHH because it offered a more intensive option for some of the participants at ComALERT. This intensive 13-week program includes mentoring, peer facilitation, an educational series and case management services. The model provides participants with a healing community along with concrete services to enhance personal growth. Peer facilitators offer clear examples of ways one can give back. Giving back remains an important piece of the healing process as it offers participants greater awareness of their value and worth as they rebuild their lives and come to develop and understand their personal story. Community connection is also key to a successful reintegration and remains an integral part of the life skills empowerment program.

The program has identified so many moments to celebrate:

- The accomplishments of their graduates who have worked hard to rebuild their lives and join their communities. Some have earned a CAC (Credential in Alcohol Counseling), an MSW in Social Work, BA degrees and GED’s. They have completed trade schools to become electricians, truck drivers and food service employees. Many celebrate their new found ability to reconnect with family.

- At the graduation held this spring one of those graduating talked about being dropped off by the prison bus at an unfamiliar location. This was his first moment back in the community. He didn’t see a pay phone and didn’t know how to reach anyone. Another returning citizen saw him, stood by him, gave him money, helped him find a working pay phone, and waited until he could connect with his contact. His feelings of isolation filled the room. We all sensed his loneliness. He learned about Coming Home from his probation officer. The program helped him continue to make connections. His journey continues...

- The faith communities of Brooklyn are engaged in the program and provide mentors. The circle continues as community members connect to participants and participants connect to community.
Riverside Church’s Coming Home Program seeks to empower men and women who have returned from incarceration. As the newest program, Riverside Church has much to celebrate with the successful completion of a fall and spring cycle graduating 17 men and women.

Perhaps we can begin to understand the impact of the Coming Home program with the following quote from one of its participants:

“I wondered what was up with the name “Coming Home.” Then I came and sat down with church members at a table with a white tablecloth and china. The minister welcomed us and said a prayer. Can you believe it? The minister himself!! Then church members served us a delicious meal. Now we’re here in this spiritual space in this beautiful church, sharing our stories with one another. It feels like I’ve come home.”

Inspiration to implement a program for returning citizens began when a member of Riverside Church, Dr. John Delfs, was called to serve as a grand juror, where he observed firsthand the injustice brought upon those who were imprisoned by the system. Following his jury service, John returned to Riverside determined to work with others in his parish and build support for the implementation of a comprehensive program that would assist previously incarcerated men and women. Full support for the establishment of a Coming Home program was granted by the church leadership in record time.

The Reformed Church of Bronxville provided a wonderful model that Riverside was interested in replicating. Dr. Dawn Ravella who initiated the Coming Home program in Bronxville, George Horton of Catholic Charities and John Langdon of St. Xavier Mission, were all very generous in serving as mentors to John in implementing the program model.

Riverside Church is celebrating:

- The launching of the Coming Home program on November 13, 2012.
- The impact on Riverside church members who were elated to be part of a program that was transforming lives by addressing the difficulties faced by those citizens coming home to their community. Many citizens coming home, were without family connections compounded by few supports available to assist in their desire to restart their lives.
- The dedicated mentors who were recruited from Riverside’s parish and worked with participants on identifying goals.
- The peer facilitators who facilitated groups, provided friendship, support and respect. Peer facilitation also highlights the notion of “giving back.”
- The healing community that was developed and is changing lives. The community has enjoyed building relationships with participants and participants in turn are changing the lives of community members.
- A Fordham University intern, Hope Eisdorfer, who served as coordinator and case manager of the Coming Home program. Hope will continue in the coordinator position at Riverside Church and Xavier Mission.
- The Coming Home program also celebrates the many accomplishments of this year’s graduates: one participant is beginning a full time job. Another has recently graduated from a home health aide program. Still another has reunited with family after years of estrangement, and yet another reengaged with Coming Home after dropping out.

Yes—the Journey Continues!
Celebrating the Beck Team

The Beck Team has many new additions that have brought a diversity of experience, skills, gifts and interests to support our evaluation and program development work. We are truly thankful for each person who has been part of the “team” in helping us bring to conclusion the Fahs Beck Pilot Project, and the successful launching of the New York Community Trust demonstration. It has been an exciting, albeit demanding time, to manage the different aspects of our collaborative work, as in total we have been involved with evaluating sixteen programs from January 2012 to June 2013. Both Amanda Sisselman and I, as Co-Principal Investigators for the demonstration evaluations, are appreciative of the investment of all who have put in an exceptional effort.

Jennifer Hili, our GSS doctoral student, served as the Fahs Beck Pilot Project Coordinator. Skills in organizing data collection were complimented by expert interviewing of program participants. Elaine Gerald took on the Project Coordinator role for the New York Community Trust grant, a challenging change from her role as Dean of Admissions at GSS! Her engaging enthusiasm has helped launch mentor training, the Beck Learning Collaborative events, and key development activities. Anne Teicher, a veteran non-profit leader and coach, has been our program consultant focused on “fidelity” as she assisted the twelve programs. Mentor training, support work and assistance with program development has been enriched from her experience in developing programs for the homeless. She continues in the role of program capacity builder for the new initiative.

The evaluation team is headed by Dr. Amanda Sisselman, who has shepherded our research team of doctoral students. As a partner with Anita Lightburn she has been energetically involved in the development of all of the program evaluations and new capacity building initiatives. This year we are grateful to have Donald Garner, Debbie Mullin and Jen Hili who continue their important data gathering and managing role. Linda Hood, new to the data collection team, has been a delightful addition and will continue as we focus on capacity building. Mercedes Riley, a recent Fordham MSW graduate, has brought commitment, investing her academic skills in the development of the first edition of our Mentor’s Manual, as well as partnering in mentor training and support. Behind the scenes, Sue Groman, a newly graduated Fordham MSW, has been indispensable as an all-around Research Assistant, transcriber of hundreds of hours of interviews, and expert editorial and production support for all of our manuals and materials. Jan Miner, GSS Dean of Fieldwork, is a recent addition to the team as our media researcher, bringing her film making expertise to document program outcomes. Finally, we recognize Angela Belsole, Grant Officer for GSS, who has been exceptionally supportive with her many skills. These talented and committed individuals’ contributions make all of our collaborative work possible. THANK YOU!

Celebrating Student Involvement and Success

The collaboration between the Beck Institute and the Life Skills Empowerment Programs (LSEP) has yielded educational opportunities on many levels. Students in Bachelor’s, Master’s, and Doctoral level programs have worked closely with the LSEP programs and the evaluation team.

In collaboration with Empire State College, and under the direction of Dr. Amanda Sisselman, approximately 10 undergraduate students have been involved in many aspects of the LSEP programs such as program coordination, administrative assistance, provision of children’s programming, and casework support under the task supervision of MSW interns. These students took a class entitled, Working with Community Based Organizations: A Hands on Learning Experience, and each spent at least 20 hours working in some capacity with the LSEP programs. During the Spring 2013 term, two undergraduate students acted as volunteer mentors for the homeless veterans program.

During the 2010-2011 academic year, the Beck Institute began working collaboratively with several LSEP programs to develop field internships and several new field supervisors were trained—welcome to Cassandra.
Agredo and Alison Hughes-Kelsick! To date, 10 students have completed field internships with LSEP programs and are graduating Fordham’s GSS. Students provide individual casework support services to LSEP participants and provide support in outreach and engagement, program coordination and development. They have also gained skills in community organizing and have learned what it means to be a part of a true grassroots effort. MSW interns connected with community resources to recruit participants and volunteer mentors for the programs, in addition to guest speakers.

One MSW intern spoke of the new perspectives she gained on the post-incarcerated population, learning how the absence of judgment can help someone to make progress and move forward with their life. Another says, “I continue to be amazed by the resiliency each participant has and the support and strength they share with each other”, as he reflects on the group process and the idea of mutual aid. Another student reflects on the excitement shared by participants and staff in the domestic violence program, “For many of the participants, this is the first time they have shared their stories and connected with so many people at once. It is extremely gratifying to see the participants feel less alone in their pain and feel like they’re being heard.”

Yet another intern speaks of the transformative power of the Coming Home program for post incarcerated individuals, not only for participants but for herself as well, “Being a part of the Coming Home Program has been a transformational experience not just for the participants in the group, but for me and the group facilitators as well…The Coming Home Program has allowed me to get to know some of the best people I have ever met. I truly believe that and I want the participants in the group to believe that about themselves. As I said to the graduates at our first graduation in February, “Each of you have shown me what it means to be honest, brave, respectful, caring, thoughtful, and resilient.” The Coming Home program has also allowed me to get to know myself better. It has helped me to create for myself a more positive outlook on humanity since I have seen how true transformation can happen in a loving, supportive environment”.

As the collaboration and the evaluation process grew, several doctoral students became involved as research assistants and continue to be involved on an ongoing basis. Doctoral students collect data, conduct individual interviews and focus groups, and assist with quantitative data entry and management, qualitative data analysis, as well as development of academic presentations and writing for publication. The doctoral students also speak of the transformative nature of the work, from an evaluation perspective. One doctoral student shared that it has been particularly rewarding to be able to learn about research procedures and technical protocols in the context of such meaningful work. She says, “By uncovering the many truths we are learning about how people in transition can be helped…and can offer [evidenced based] ways to get people their lives back”. Another doctoral student mentions learning about recovery from her work with the qualitative data, “The research outcome for me, demonstrated by the groups, was that illness and treatment were converted into new meanings. Recovery can be found in wellness, hope, strength, and community”.

In celebration of the learning that has occurred in the past and that which will continue as the next academic year begins this coming Fall please take note of the following names. These are all of the students who have been involved and played an integral role in the LSEP program collaboration with the Beck Institute.

**Doctoral Students:**
Jennifer Hili
Donald Garner
Debbie Mullin
Linda Hood

**Master Level Students:**
Iana Ryan

Karen Lippitt
Dillon Nishimoto
Solange Delmar
Anjenae (Ye-ye) Wilson
Hope Eisdorfer
Naomi Herman
Marie Dunn
Margaret Hannigan (Meg)
Celebrating our Funders

External funding is the backbone of every research university, and Fordham is no different. The Beck Institute has a small operating budget provided by the Dean of the Graduate School of Social Service, but all research, evaluation and training projects must receive funding from corporate or private foundations, government agencies, or private donors. Beck has been blessed to receive three large grants this year to fund the work we are doing with our faith-based partners.

The Fahs-Beck Fund for Research and Experimentation at New York Community Trust

The Beck Team was encouraged in January 2012 when Dr. Anita Lightburn was chosen as a Fahs-Beck Fellow and received a grant for a pilot study titled, “Developing an evidenced based model for the post incarcerated and homeless”. The homeless and post incarcerated populations of New York City have similar needs for programs that engage them in community experiences and build a foundation for meeting complex needs for lasting stability. According to statistics from the New York City Department of Homeless Services for October 27, 2011, over 39,000 individuals slept in municipal shelters on the night of October 26th; of these, more than 8,000 were
single adults. Each year, over 100,000 people are released from New York’s prisons and jails; two-thirds of them are rearrested within three years (Independent Committee on Reentry and Employment, 2006). These recidivism rates are a clear indication that more must be done to not only help prevent reentry into the prison system, but to rehabilitate so that these men and women can be successful, contributing members of society.

The homeless and those returning home from prison have given powerful testimonials of individual transformation as they graduate from life skills programs that are part of the Fahs-Beck Pilot. These programs have a 25 year history. Despite participants’ reports of changed lives, a formal evaluation has not been done to describe their success. At a time when ongoing financial support depends on knowing if programs are effective, testimonials while valued, are not enough to support promotion of a model of service that should be continued because of the intrinsic difference it makes in the lives of those who are struggling to begin anew, often in dire circumstances.

The Fahs-Beck fund has made it possible to develop a formal evaluation of the programs’ effectiveness. These programs are being examined so that their success is understood and best practices developed to develop evidence to support a full demonstration. A pilot study of four of these faith-based programs, including those in the Brooklyn DA’s ComALERT program, was evaluated with a mixed method, quasi-experimental, longitudinal pilot study with three data collection points to review outcomes over the course of 2012 – 2013. Detailed field reports from this pilot evaluation have identified areas for capacity building that are now being developed and tested as progress is being made to provide a replicable model.

**The Lois and Samuel J. Silberman Fund at The New York Community Trust**

Generous support received June 2012 has enabled the Beck evaluation team to build on the findings of the Fahs-Beck Pilot. The New York Community Trust’s Silberman Fund has supported an ongoing demonstration evaluating eight programs that provide life skills and community experiences for those homeless, or formerly homeless due to post incarceration and/or domestic violence. In response to the findings that specific program components could be strengthened, this funding has assisted Beck in increasing training for mentors and staff, with added support for program leadership so that programs provide core components of the model. To date, since July 2012, the Beck Team has worked in collaboration with our community partners to support and evaluate 12 program cycles of these eight programs. Data collection concludes in December 2013, with the six month follow-up evaluation. This is a major accomplishment for all involved. We look forward to the report of the findings from this demonstration in March 2014.

In this demonstration attention has been given to the need for trauma informed services that follow a recovery model, which supports an individual’s right to a productive life in the community. Results thus far from the Fahs Beck Pilot evaluation has shown that professional facilitation provided by a trauma-informed clinician in combination with a peer facilitator created a safe holding environment for the participants, important to good outcomes. Therefore, a fall 2012 seminar: Providing Trauma Informed Programs was offered by the Beck team and a seminar of group facilitation in January 2013. Early review of pre/post program outcomes on a measure that reports on trauma symptoms indicates significant symptom reduction for program participants across all of the programs. This is an important finding, as trauma symptoms too frequently influence participants’ ability to learn, hold a job, and have satisfying relationships.

Needs of the post-incarcerated and survivors of domestic violence are often complex, requiring multi-level interventions to address them. Few such models supported by the faith community exist. Even fewer of these programs are supported by evidence documenting program components and their effectiveness. This demonstration study will document an innovative program providing many layers of emotional support, community support and resource sharing. Early evidence suggests that this is a model that can be provided across the faith community. The program has a strong social justice component that is consistent with the mission of congregations and organizations that are concerned about recidivism and the unmet needs of families struggling
with domestic violence. There is a great need to demonstrate how faith based services can provide collaborative ways of being part of innovative, cost-effective services that offer strong outcomes. It is essential to support programs working with these populations who receive the least services and opportunities to establish new pathways to productive lives in the community.

**Generous Anonymous Donor Supports Capacity Building, Sustainability and Promotion of Restorative Justice**

This May was an amazing month for Beck, as we received notification that an anonymous donor was providing substantial support for the next fifteen months of life skills program development and replication for people in transition. We have already begun working with all of the programs who have been involved in the last two projects, with plans to further capacity building to strengthen participant outcomes, program evaluation and work on sustainability. We are also looking forward to beginning the process of replication with a number of new congregations, organizations and communities as we document the process of adaptation and stages of development. We look forward to providing mentor training and support, as well as ongoing work with our “Learning Collaborative” for seminars that support knowledge building and examine ways to support implementation to further the work of restorative justice. We welcome Patricia Dawson, as companion researcher on capacity building for this phase of our work to help us document “what works” as models to support future developments.

*We thank our funders and all who have inspired and supported us on this journey!*