1. **Major activities initiated:**
   a. We are continuously restructuring staffing so that we can maintain the most feasible interaction for overall stability of the house;
   b. We have initiated drug screening for all paid staff;
   c. A staff training was facilitated by the counseling intern on Saturday, January 13, Noon – 4 PM. We were introduced to developing effectiveness in helping families identify ways to manage their responses to situations that bring on their anger. We have begun recruiting volunteers to provide one or two family outings each month.

2. **Number of individuals served during the last three months:** 5 (2 families)

3. **Outcomes observed for these individuals:**
   a. Improved nutrition skills observed as all mothers have participated in planning and preparing meals with guidance of volunteers and staff;
   b. Short-term Goal setting was initiated by all mothers
   c. One family moved to a more permanent situation with her significant other and the other moved back with family members to await the arrival of her baby—baby born February 25 and she is under consideration to return to our facility while she pursues longer term goal of more permanent housing;
   d. All children have attended school and/or day care regularly.

4. **Outcomes related to program goals and objectives:**
   a. Nutrition and goal setting were both included in our initial goals/objectives;
   b. We got to observe one of the residents employ more acceptable means of behavior at a time that she was very angry;
   c. Moving into permanent housing;
   d. Children exhibited signs of feeling safe and valued – hard to measure in a quantifiable way, but it is observed children beginning to open up to those of us around them; changes from seeming to be intimidated at coming in the door to being excited about returning to the house, looking around and checking things out to insure that things were still there; communicating more readily with everyone.

5. **Changes or modifications to services:**
   a. We continue to make necessary changes to tailor services to promote stability within the intact family’s needs. For example, we have observed a higher level of residual stress after mothers bring their children who may be temporarily living with others in for a temporary weekend/overnight visit. Thus, we have determined that those interactions will be permitted and arranged for limited times, such a day outing, but not for overnight.
b. We continue integrating the residents into existing classes being held at area agencies instead of trying to bring everything to the house. This approach is more cost effective, provides the opportunity to be in different environments; and an exchange of information with more varied people.

c. The guidelines for the house have been through several rewrites. Again, started out “tight” and are now moving toward identifying what rules are critical (i.e., non-negotiable), such as those related to safety, and what are norms which can be changed and modified based upon each individual residents needs.

d. We are now very much convinced that the time for each resident to truly accomplish the goals which will better assure achieving self-sufficiency and breaking the intergenerational cycle of poverty varies greatly. A number of variables must be considered, such as length of time of homelessness, educational level, and previous access to the socially acceptable things of the broader community.

6. **Percentage of project funds expended:** Approximately 100%.