The Washington Families Fund
High Needs Family Program:
Preliminary Evaluation Findings

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OVERVIEW

Background and Description of the High Needs Family (HNF) Program

Evaluation Overview

Implementation of the HNF Model

Residential Stability

Changes Over Time for 12 Month Stayers

Comparative Findings in Health and Behavioral Health Service Access

Summary
HNF BACKGROUND

WFF Housing Programs

Program Goals

High Needs Family Program

Family Eligibility
WASHINGTON FAMILIES FUND

Administered by Building Changes
- 25+ funding partners, including:
  - Gates Foundation
  - State of Washington

Funds over 45 programs around Washington State

Two Services+Housing Programs
- Moderate Needs Family Housing
- High Needs Family Housing
HIGH NEEDS FAMILY PROGRAM GOALS

*Increase access to services*

*Increase housing and family stability*

*Create cost effective solutions*
HIG H NEEDS FAMIL Y PROGR AM

Housing
- Housing First approach
  - Primary focus on housing stability
  - Tenancy not dependent on service engagement
  - Scattered-site or single-site

Services
- Wide array of services available, but not required
  - On-site services
  - Cross-provider coordination
  - Strengths-based case management
  - Harm reduction approach to substance use
HIGH NEEDS FAMILY PROGRAM

20 programs at 14 agencies
- Services paired with over 200 units of permanent housing intended to serve families with high barriers to housing stability

Variety of organizations
- Large mental health agencies to local community action councils
- In a mix of urban and rural settings
FAMILY ELIGIBILITY

Family Definition
- At least one adult age 18 or older
- At least one child under age 18

Multiple Episodes of Homelessness

Income Less Than 20% Area Median Income (AMI)

Service Needs and Housing Barriers
- serious and persistent mental illness
- chemical dependency
- domestic violence or other trauma
- HIV/AIDS or other chronic illness
- child protective service involvement
- criminal history
EVALUATION

Structure of the Evaluation

Evaluation Methods
MULTI-SITE EVALUATION

BUILDING CHANGES
Data Management and Technical Assistance

CASE MANAGERS
Data collection

WESTAT
Design, program review, and data analysis, interpretation, reporting
# Evaluation Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Purpose</th>
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<tr>
<td>‘Fidelity’ Visits</td>
<td>Examine program implementation</td>
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<tr>
<td><strong>Routine Collection and Analysis of Family Data</strong></td>
<td>Examine baseline and 6 month status of families participating in HNF</td>
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<tr>
<td><strong>Collection and Analysis of State Data</strong></td>
<td>Examine HNF compared to two control groups of matched families:</td>
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<td></td>
<td>• Families entering shelter (ES)</td>
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<td>• Families entering public housing (PH)</td>
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IMPLEMENTATION:

- Target Population
- Type of Housing Assistance
- Availability of Services
TARGET POPULATION

12 programs serve general population of families with needs

7 programs serve special populations, including families:

- Involved in child welfare system (5 programs)
- With one or more children separated (1 program)
- That have been chronically homeless and living in tents (1 program)
<table>
<thead>
<tr>
<th>Program</th>
<th>Family Unification Program</th>
<th>Tenant-Based Rental Assistance (time -limited)</th>
<th>Tenant-Based Section 8</th>
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* Program 7 uses local Housing and Homelessness Assistance Act to pay families’ rents
PROGRAM VARIATION IN AVAILABILITY OF SERVICES

- Requirement of services
- Frequency of contact with case manager
- Specialized professions on HNF staff
- Access to flexible funds
- Types of services available on-site
- Types of services available in community
EXAMPLES OF MODEL IMPLEMENTATION

**Low Fidelity Agency A**
- Housing is single-site, pod-living and time-limited
  - High case management ratio
  - Limited services availability for families
  - Clean and sober facility

**High Fidelity Agency B**
- Scattered-site housing with FUP vouchers
  - Strong internal services for mental health, substance abuse, employment, etc.
  - Overall agency culture of harm reduction model
QUESTIONS?
UNDERSTANDING THE FAMILIES SERVED

Family Characteristics

Housing Barriers

Assets
FAMILY CHARACTERISTICS (N=358)

RESPONDENT BACKGROUND
- 90% female
- Average age 32 years

FAMILY COMPOSITION
- 13% with another adult
- Average of 2.3 children under age 18 (67% with child under age 6)
- 42% have at least one child away

HOMELESS HISTORY
- 91% homeless at least once in last 2 years, median of 2 times

INCOME
- Average monthly income of $512, primarily from TANF
- 14% with no income
FAMILY CHARACTERISTICS
(N = 358)

HOUSING BARRIERS

- 73% have 3 or more barriers
- 61% have 1 or more mental health indicators
- 22% positive ‘screen’ for substance abuse
- 23% report physical or sexual abuse in past 6 months; 88% lifetime abuse
- 50% report a chronic medical condition; 20% report an unmet medical need; 57% report an unmet dental need
- 21% have a child living away due to CPS involvement; 10% in foster care
- 34% report past felony conviction
FAMILY CHARACTERISTICS (N = 358)

**ASSETS**

- 67% have HS/GED or higher
- 31% enrolled or completed vocational program
- 95% ever employed; 12% currently employed
RESIDENTIAL STABILITY

Program Exit Rates

Differences between “Stayers” and “Exiters”
OVER HALF STAY 12+ MONTHS (N=303)

- Exiters more likely to have a positive SA screen
- Exiters less likely to report health disability
- Exit rates vary by program (0-80%)
EXITS PRIOR TO 12 MONTHS (N = 125)

NATURE OF THE EXITS

3% known to be positive
• graduated program
• became “self-sufficient”

30% neutral
• wanted to live elsewhere

40% negative
• evicted from housing
• lost eligibility
• non-compliance with program

27% unknown

EXIT DESTINATIONS

- Own apartment or house: 33%
- Doubled up with a family member or friend: 22%
- Substance abuse treatment facility: 3%
- Place not meant for human habitation: 3%
- Respondent died: 1%
- Unknown: 38%
OVERALL TAKE-AWAYS
THUS FAR

Families who stay in housing for at least a year improve on:

- Residential stability
- Employment
- Income
- Family reunification
- Substance abuse
- Current trauma
- Healthcare access
- Dental needs
SIGNIFICANT CHANGES: 12 MONTH STAYERS (N=143)

**At Entry Into Housing**
- 3.3 moves (in 6 months prior)
- 12% employed
- Average income $549
- 18% Child separation involving CPS

**12 Months Following**
- 0.8 moves (in 12 months)
- 25% employed
- Average income $693
- 6% Child separation involving CPS
**SIGNIFICANT CHANGES:**

**12 MONTH STAYERS (N=143)**

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<th>At Entry Into Housing</th>
<th>12 Months Following</th>
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<tr>
<td>23% report sexual/physical abuse</td>
<td>10% report sexual/physical abuse</td>
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<tr>
<td>18% positive substance abuse screen</td>
<td>9% positive substance abuse screen</td>
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<tr>
<td>81% have routine source of care</td>
<td>95% have routine source of care</td>
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<tr>
<td>72% have non-emergency sources for sick care</td>
<td>89% have non-emergency sources for sick care</td>
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<tr>
<td>62% unmet dental needs</td>
<td>45% unmet dental needs</td>
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NON-SIGNIFICANT CHANGES: 12 MONTH STAYERS

Mental health symptoms
Health functioning
Debt
Access to health insurance
QUESTIONS?
HEALTH AND BEHAVIORAL HEALTH SERVICE ACCESS:

COMPARATIVE ANALYSES:

ER Use
Inpatient Hospitalization
Mental Health Services
Substance Abuse Services
SAMPLE FOR COMPARATIVE ANALYSES

• Based on state data, subsample of HNF who signed ROI

• PH sample matched from KCHA PH data; ES sample from balance of state

• HNF subsample compared to overall HNF sample:
  ▪ HoH more likely to be older, with relatively older children, more educated
  ▪ HoH less likely to have SA indicators, and felony convictions
  ▪ Family has larger average income and larger average debt
  ▪ Family has stayed in the HNF longer
EARLY TAKE AWAYS

• Access to behavioral health outpatient services is increased for HNF families compared to comparable families in both public housing and emergency shelter

• Use of the ER actually increases for families in the HNF compared to both comparison samples

• Families who stay longer in the HNF program appear to have more access than those who exit before 12 months
HNF FAMILIES MORE LIKELY TO USE ER THAN PH FAMILIES

Regression Findings

- Participating in HNF increases likelihood of having an ER visit
- Being older decreases likelihood of having an ER visit
- Having a previous ER visit (6-12 months prior) increases likelihood of having an ER visit
HNF & PH FAMILIES HAVE COMPARABLE ACCESS TO INPATIENT HOSPITALIZATION

Regression Findings

• Participating in HNF does not affect likelihood of inpatient hospitalization
• Being older and having a previous inpatient service do not affect likelihood of inpatient hospitalization
HNF FAMILIES MORE LIKELY TO USE MENTAL HEALTH SERVICES THAN PH FAMILIES

Regression Findings

• Participating in HNF increases likelihood of having a mental health service
• Being older does not affect likelihood of having a mental health service
• Having a previous mental health service (6-12 months prior) increases likelihood of having a mental health service
HNF AND PH FAMILIES HAVE COMPARABLE ACCESS TO SA OUTPATIENT SERVICES

Regression Findings

- Participating in HNF does not affect likelihood of having a substance abuse outpatient service
- Being older does not affect likelihood of having a substance abuse outpatient service
- Having a previous substance abuse outpatient service (6-12 months prior) increases likelihood of having a substance abuse outpatient service
HNF AND PH FAMILIES HAVE COMPARABLE ACCESS TO SA RESIDENTIAL SERVICES

Regression Findings

- Participating in HNF does not affect likelihood of having a substance abuse residential service
- Neither being older nor having a previous substance abuse residential service (6-12) affects likelihood of having a substance residential service
HNF FAMILIES MORE LIKELY TO USE ER THAN ES FAMILIES

Regression Findings

- Participating in HNF increases likelihood of having an ER visit
- Being older decreases likelihood of having an ER visit
- Having a previous ER visit (6-12 months prior) increases likelihood of having an ER visit
- Living in an urban setting does not affect likelihood of having an ER visit

* p < 0.05, ** p < 0.01, *** p < 0.001
HNF AND ES FAMILIES HAVE COMPARABLE ACCESS TO INPATIENT HOSPITALIZATION

Regression Findings

- Participating in HNF does not affect likelihood of inpatient hospitalization
- Being older or living in an urban setting do not affect likelihood of inpatient hospitalization
- Having a previous service increases likelihood of inpatient hospitalization
- Note: overall model is nonsignificant

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HNF FAMILIES MORE LIKELY TO USE MENTAL HEALTH SERVICES THAN ES FAMILIES

Regression Findings

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EXAMINING SERVICE ACCESS BETWEEN HNF STAYERS AND EARLY EXITERS

- State data provide ability to examine rates of access to services for families who drop out of the HNF compared to those who remain 12+ months.

- Analyses provide insight, but should be viewed cautiously due to selection biases (e.g., different people choose to stay in program than drop-out).
ER VISITS AND INPATIENT HOSPITALIZATIONS FOR HNF STAYERS VS EXITERS

HNF Respondents with at least one ER visit over time

- Exited before 12 months in program (N=30)
- Exited after 12 months in program (N=149)

HNF Respondents with at least one inpatient hospitalization over time

- Exited before 12 months in program (N=30)
- Exited after 12 months in program (N=149)

* p < 0.05, ** p < 0.01, *** p < 0.001
MENTAL HEALTH SERVICES FOR HNF STAYERS VS EXITERS

Respondents with at least one mental health service over time

- Exited before 12 months in program (N=30)
- Exited after 12 months in program (N=149)

* p < 0.05, ** p < 0.01, *** p < 0.001
SA OUTPATIENT SERVICES AND RESIDENTIAL TREATMENT FOR HNF STAYERS VS EXITERS

Respondents with at least one outpatient substance abuse treatment over time:

- Exited before 12 months in program (N=30):
  - 6 to 12 months before: 8%
  - 0 to 6 months before: 17%
  - 0 to 6 months after: 26%
  - 6 to 12 months after: 40%
  - 6 to 12 months after: 22%

- Exited after 12 months in program (N=149):
  - 6 to 12 months before: 23%
  - 0 to 6 months before: 26%
  - 0 to 6 months after: 37%
  - 6 to 12 months after: 8%

Respondents with at least residential substance abuse treatment over time:

- Exited before 12 months in program (N=30):
  - 6 to 12 months before: 8%
  - 0 to 6 months before: 10%
  - 0 to 6 months after: 20%
  - 6 to 12 months after: 47%

- Exited after 12 months in program (N=149):
  - 6 to 12 months before: 12%
  - 0 to 6 months before: 10%
  - 0 to 6 months after: 20%
  - 6 to 12 months after: 6%

* p < 0.05, ** p < 0.01, *** p < 0.001
QUALIFICATIONS AND CONSIDERATIONS

- Additional analyses will provide greater sensitivity to the full set of longitudinal data

- Small n’s require relatively large differences for significance

- Samples using State data (for the HNF group) are not totally representative of the complete sample

- Variation in housing models and its effects on outcomes will be considered in forthcoming analyses
SUMMARY

• Data provide promising findings

• HNF program does not replace use of ER, but does provide greater access to behavioral health services

• Having greater exposure to the program may provide for greater access to services as well as opportunity to achieve other outcomes
QUESTIONS?