

WASHINGTON FAMILIES FUND HIGH-NEEDS FAMILY PROGRAM

Year 2 Evaluation Summary



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SECTION I. INTRODUCTION

The Washington Families Fund (WFF) High-Needs Family (HNF) program is a permanent supportive housing program for homeless families who are experiencing multiple barriers, including serious and persistent mental illness, chemical dependency, domestic violence, trauma from violence and/or dislocation, HIV/AIDS or other chronic illness, child protective service involvement, and/or criminal history. The housing incorporates a case management team with expertise in mental health, chemical dependency and trauma treatment; wrap around services that are tied to these areas; and targeted children's activities.

Begun in 2007, the HNF program is based on the underlying assumption that permanent housing and intensive services lead to better outcomes for children and families who have complex needs and significant barriers to stability and well-being. The model places a strong emphasis on addressing mental health, chemical dependency, and family reunification concerns and is aimed at improving family stability and stability in permanent housing, increased safety and economic well-being, increased access to benefits and mainstream services, and improved physical and behavioral health for both children and adults. Families who participate in the HNF programs are provided with: permanent supportive housing for as long as needed; on-site services; intensive strengths-based case management with case-loads of no more than 1:10; a minimum of 3-5 service contacts per week that may reduce over time as families needs change; cross-provider coordination and referrals to services for all members of the family; and flexible funds available to meet immediate individual child and family needs.

The HNF program is targeted to families with children under 18 who are currently homeless and at-risk for chronic homelessness. Because it includes intensive supports in the housing, it is specially intended for families with multiple barriers, including serious and persistent mental illness, chemical dependency, domestic violence/trauma from violence and dislocation, HIV/AIDS or other chronic illness, Child Protective Services (CPS) involvement, and/or serious criminal histories.

This report provides a review of the data collected on families as part of an evaluation being conducted by Westat. In this second of two reports (the first of which was submitted in January 2010), we present baseline data on all families that have entered the program since its inception and have completed baseline assessments. In addition, we present preliminary six month data for a subset of families and analyze the changes that have occurred for these families in the six month timeframe. To contextualize the findings, where relevant, we compare the demographic characteristics and service needs of families served by the HNF program to those served in other supportive housing programs. Appendix A presents a more complete summary of the key descriptive findings of participants in studies of seven similar housing programs that are used as comparisons.

Description of the Sample

As of September 2010, eleven providers have been funded to implement the HNF program, for a total of 132 units. From October 1, 2008 through September 30, 2010, as detailed in Table 1, a total of 299 families have been screened for eligibility for the housing¹ and 56 percent (N=168) have been found eligible. Of the 168, 122 families enrolled in the program, an additional 20 families are on a waitlist, and 26 (21%) chose not to enroll or exited before completing a baseline assessment. Although we do not have complete data on the reasons families left before enrollment, communications with the providers indicate that at least in some situations families found alternate housing or were placed in housing that was available sooner.

¹ Initial screening is conducted by the program staff at each provider organization. Once it is established that families meet the eligibility criteria for the High Needs Family program they must be screened for housing. Some families have been deemed ineligible for the program because the partnering housing program does not approve the housing application.

Table 1. High Needs Family Program Enrollment

| Agency | Units funded | Families Screened | Eligible for participation | On waitlist | Enrolled | Chose not to participate |
|---|---------------------|--------------------------|-----------------------------------|--------------------|-----------------|---------------------------------|
| Abused Deaf Women's Advocacy Services | 10 | 9 | 9 | 0 | 9 | 0 |
| Catholic Charities of Spokane | 10 | 20 | 14 | 3 | 10 | 1 |
| Community Services Northwest | 20 | 99 | 17 | 0 | 16 | 1 |
| Crisis Support Network | 11 | 15 | 8 | 0 | 8 | 0 |
| Drug Abuse Prevention Center | 20 | 66 | 62 | 10 | 39 | 13 |
| Serenity House | 4 | 13 | 11 | 2 | 6 | 3 |
| Sound Mental Health | 15 | 20 | 19 | 0 | 19 | 0 |
| Valley Cities* | 20 | -- | -- | -- | -- | -- |
| Volunteers of America | 5 | 27 | 8 | 0 | 7 | 1 |
| West End Outreach Services* | 10 | -- | 1 | -- | 1 | -- |
| Women's Resource Center of North Central WA | 7 | 30 | 19 | 5 | 7 | 7 |
| TOTAL | 132 | 299 | 168 | 20 | 122 | 26 |

* As of September 2010 we have not collected any enrollment data from Valley Cities or from West End Outreach Services although West End Outreach Services has submitted one completed baseline assessment.

Methodology

Upon enrollment in the HNF program, families are administered an in-depth baseline assessment. The assessment was developed by the research team, but is administered by HNF case managers trained in its administration. The data from the assessment are used by the case managers for clinical purposes and used by the evaluation team to track the progress of clients. The assessment, incorporating a number of standardized measures, collects information about families' demographic characteristics, family composition, education and employment histories, housing and homeless histories, physical health, mental health, substance abuse, trauma experiences, legal problems, and criminal histories. The assessment also asks a range of questions about use of childcare, school enrollment and performance, and health and mental health needs of the children in the household. A description of the standardized measures used is included in Appendix B.

Table 2 documents the completion of the baseline assessment tool. Of the 122 families enrolled in the program, 110 completed baseline assessments; seven refused, and five are slated to complete a baseline, as of September 2010. Three baseline assessments are omitted from the analyses presented in this report because data entry had not yet been completed. Therefore, results are presented on 107 baseline assessments.

Table 2. High Needs Family Program Eligibility for and Completion of the Baseline Assessment

| Agency | Eligible for baseline | Refused baseline | Not yet completed | Completed baseline |
|---|-----------------------|------------------|-------------------|--------------------|
| Abused Deaf Women's Advocacy Services | 9 | 2 | 0 | 7 |
| Catholic Charities of Spokane | 10 | 0 | 0 | 10 |
| Community Services Northwest | 16 | 1 | 0 | 15 |
| Crisis Support Network | 8 | 0 | 0 | 8 |
| Drug Abuse Prevention Center | 39 | 3 | 5 | 31 |
| Serenity House | 6 | 1 | 0 | 5 |
| Sound Mental Health | 19 | 0 | 0 | 19 |
| Valley Cities* | 0 | 0 | 0 | 0 |
| Volunteers of America | 7 | 0 | 0 | 7 |
| West End Outreach Services* | 1 | 0 | 0 | 1 |
| Women's Resource Center of North Central WA | 7 | 0 | 0 | 7 |
| TOTAL | 122 | 7 | 5 | 110 |

SECTION II: BASELINE DATA (October 2008 – September 2010)

Demographic Background

The one hundred and seven families included in the following analysis account for 115 adults and 169 children living in the households at the time of enrollment. An additional 46 children were living away from their families at the time of enrollment.

The head of household completed the baseline assessment interview. On average, this person was female and in her mid 30s, similar to most studies and evaluations involving homeless families. The majority (72%) of the respondents were white, following by African American (11%), Hispanic (8%) and other race/multi-racial (9%). The racial-ethnic composition of this sample reflects that of the general population of the counties where the HNF providers are located. Almost 90 percent of the respondents are U.S. citizens; of those not U.S. Citizens (N=14), 86 percent indicate they are legal residents of the U.S.

Table 3. Demographic Characteristics at Baseline (N=107)

| | Percent or Mean ¹ |
|--------------------|------------------------------------|
| Female | 91% |
| Mean Age, in years | 35.0 (7.7) |
| Race (N=104) | |
| White | 72% |
| African American | 11% |
| Hispanic | 8% |
| Other Race | 9% |
| U.S. Citizenship | 87% |

¹ Standard deviation in parentheses.

Family Composition

At baseline, most of the respondents are single, either having never been married (50%) or separated or divorced (41%) Eight percent of the families have another adult living in the household; of these, five percent are a spouse or partner and the remaining three percent are adult children.

To be eligible for the housing, families had to have at least one child living with them or have high prospects of having a child reunited. The number of children in each family ranged from one to seven, with an average of 2.1 children. Over one-third of the families (38%) had only one child, and another 31 percent had two. Ten percent of families had four or more children under the age of 18. Most families had very young children. Nearly half (41%) had a child two years old or younger and 67 percent had a child under the age of six years. On average, the number of children in a HNF family is comparable to

the number of children in families served through other supportive housing programs evaluated (see Appendix A).

Table 4. Family Composition at Baseline (N=107)

| | Percent or Mean ¹ |
|-----------------------------------|------------------------------------|
| Marital status | |
| Married | 7% |
| Single/Never married | 50% |
| Separated/Divorced | 41% |
| Widowed | 2% |
| % with another adult in household | 8% |
| # of children under 18 years | 2.1 (1.2) |
| # of children under 6 years | 0.9 (0.7) |

¹ Standard deviation in parentheses.

Family Separations at Baseline

Nearly one third of the families (32%) had at least one child living away, a percentage that is a bit larger than seen in other supportive housing programs that have comparable data (e.g., Sound Families reported 25 percent with one or more children living away and the Schwab Foundation Permanent Supportive Housing Initiative, reported 26 percent of the families with one or more children living away.)

Table 5. Family Composition at Baseline (N=107)

| | Percent |
|--|---------|
| % with child living away | 32% |
| % with CPS involvement (for those with children living away) | 17% |

Nine percent of the families had multiple children living away and nearly 10 percent (n=7) had all of their children living with them at the time of the baseline assessment. Seventeen percent of all families report CPS plan was involved in the decision for children to live away.

Across all families, a total of 46 children are living away. Almost half of whom (44%) were living with their other parent. Another 42 percent are living with grandparents or other relatives. Eight percent of children living away are in foster care.

Table 6. Where Children Living Away Live (N=46)

| | Percent |
|----------------------|---------|
| With other parent | 44% |
| With grandparent | 31% |
| With other relatives | 11% |
| In foster care | 8% |
| On their own | 2% |
| Someplace else | 4% |

Education and Employment History

About one-third of the parents (36%) completing the assessment had less than a high school diploma, one-third (33%) had a high school diploma or GED, and about one-third (31%) had greater than a high school diploma. Thirty-four percent of respondents were enrolled in a vocational, trade, or business program at baseline or had previously completed one. The education level of the HNF program enrollees is slightly lower than generally found in homeless family studies at large, especially with respect to families in housing. For example, in the Sound Families Initiative, 30 percent of heads of household had less than a high school degree; similarly, 29 percent in both the Illinois Supportive Housing Program and the Schwab Family Permanent Supportive Housing Initiative had less than a high school degree. In the Bridges to Housing program, even fewer families (23%) lacked a high school diploma or GED (see Appendix A).

Table 7. Education Level (N=107)

| | Percent |
|---|---------|
| Less than high school diploma | 36% |
| Finished high school/Completed GED | 33% |
| More than high school diploma | 31% |
| Enrolled in vocational program/Completed a vocational program | 34% |

Although nearly all respondents (96%) had worked at some time in their lives, only 12 percent were working at the time of the assessment interview and nearly half (41%) reported that they were currently unable to work. Of those unable to work (N=42), almost half (42%) reported they had a physical or

mental disability and 19 percent were unable to work in order to meet treatment program requirements. Other reasons, such as transportation issues, lack of childcare, and family responsibilities account for less than five percent of the responses.

The percent of families who are employed is somewhat comparable to what is generally reflected in homeless studies when families arrive at shelter or while they are homeless (typically around 14%) (Rog and Buckner, 2008) but lower than is seen in other housing studies, such as the Illinois Supportive Housing Program, in which 21 percent of participants were employed and the Connecticut Supportive Housing Program, with 33% employed.

Table 8. Employment Status (N=107)

| | Percent |
|---|---------|
| Ever employed | 96% |
| Currently employed at time of interview (N=103) | 12% |
| Unable to work (N=100) | 41% |

Housing History

Eligibility for the HNF program required that families were living in a homeless situation at the time of program screening and were previously homeless at least once in the last three years or that the current episode of homelessness had been at least three years in length.

Table 9. Last Placed Stayed (N=104)

| | Percent |
|---|---------|
| Stayed in own place | 12% |
| Stayed in parent's place | 7% |
| Stayed in doubled up place | 20% |
| Stayed in hospital/treatment center | 12% |
| Stayed in jail | 1% |
| Stayed in shelter | 18% |
| Stayed in another program (i.e. crisis or respite program, transitional housing program, etc.) | 8% |
| Homeless prior to entering shelter (i.e. living on the street, in a car, or in an abandoned building, etc.) | 18% |
| Stayed some other place | 4% |

Homeless living situations were limited to circumstances such as families sleeping in a place not meant for human habitation; spending a short time in an institutionalized setting but ordinarily sleeping in a place not meant for human habitation; exiting an institutional setting without an appropriate housing destination; being evicted within a week and having no subsequent residence secured; or staying in an emergency shelter or motel.

The baseline assessment tool recorded where respondents stayed the night before entering the HNF program and every night prior for a period of six months. The majority of respondents stayed doubled up with family or friends (20%), in shelter (18%), on the street (18%), in a hospital or treatment center (12%), or in their own place (12%). For most families there was a lag of 2-4 weeks between being screened into the program and being enrolled into the program. This lag accounts for the 27 percent of families who were residing in a location (doubled up or parent's place) that would otherwise make them ineligible for the program.

Table 10. Residential History

| | Percent or Median |
|--|----------------------------------|
| Previously homeless in lifetime (N=99) | 97% |
| Median # of times homeless in lifetime (N=99) | 4.0 |
| Previously homeless in last 2 years (N=98) | 92% |
| Median # of times homeless in last 2 years (N=98) | 2.0 |
| Previously living doubled up in lifetime (N=91) | 88% |
| Median # of times living doubled up in lifetime (N=91) | 4.0 |
| Previously living doubled up in last 2 years (N=96) | 79% |
| Median # of times living doubled up in last 2 years (N=96) | 1.0 |
| Experienced conflicts in last household (N=100) | 28% |
| Moved more than once in 6 months prior to enrollment | 93% |
| Median # of moves in last 6 months | 3.0 |

Families reported a great deal of housing instability over their lifetime and in recent years. This instability is considerably more than is reported in general homeless studies and in the Sound Families Initiative. Almost all HNF families had been homeless at least once in the past and 92 percent of families had reportedly been homeless in the past two years. The median number of times families report being homeless in the last two years is 2 times. A few cases report very high number of episodes (4 to 25). This is similarly true for the number of times heads of households reported being homeless in their

lifetimes (median = 4 times). Three-quarters of families reported being homeless between 0 and 8 times, while a few cases reported being homeless as many as 100 times in their lifetime.

Most families (88%) also reported living doubled up at least once in their lifetime and 79 percent reported living doubled up at least once in the last two years. Eighty-seven percent of families indicate they lived doubled up fewer than 10 times in their life, while the remaining 13 percent say they have lived doubled up too many times to count.

Twenty-eight percent of families noted that conflicts in their household or with others made it impossible to stay where they were living. Families moved a median of 3.0 times in the 6 months before enrollment in the HNF program.

Residential Risks

Respondents were asked a series of questions intended to measure their degree of housing instability during the six months prior to completing the baseline assessment. More than half of the families had received free food or meals (58%) and had stayed at a shelter or another place not meant for regular housing for at least one night (54%). Forty-nine percent of families had borrowed money from family or friends to help pay bills and 44 percent had moved in with other people because of financial problems. Almost one third of respondents said that they went hungry at some point in the last six months, while a quarter of families did not pay their full amount of rent or mortgage (26%) and had their utilities disconnected because of lack of payment (23%).

Table 11. Residential Risks in the Last Six Months (N=103)

| | Percent |
|--|---------|
| Received free food or meals | 58% |
| Went hungry | 31% |
| Children went hungry | 10% |
| Did not pay the full amount of rent or mortgage payments | 26% |
| Was evicted for not paying the rent or mortgage | 10% |
| Did not pay the full amount of gas, oil or electricity bill | 17% |
| The service was turned off by the gas or electric company, or the oil company did not deliver oil | 11% |
| The service was disconnected by the telephone company because payments were not made | 23% |
| Borrowed money from friends or family to help pay bills | 49% |
| Moved in with other people even for a little while because of financial problems | 44% |
| Stayed at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night | 54% |
| Someone in the household needed to see a doctor or go to the hospital but couldn't because of the cost | 13% |

Health Problems and Access to Benefits and Care

Health Conditions and Functioning at Baseline

The baseline assessment measured the health status and access to care for the responding parent in several ways. Respondents were asked whether they had any chronic or on-going health problems or any physical or mental/developmental disabilities and whether they received SSI or SSDI. To assess current physical functioning, we used the physical component summary (PCS) of the Short Form-8 Health Survey (SF8) (Ware, Kosinski, Dewey, and Gandek, 2001). The SF8 is an eight-item health survey with four selected questions measuring physical health functioning. Possible scores range from 0 to 100, and a score of 50 indicates the norm. Higher scores indicate better health functioning; scores less than 40 (i.e., one standard deviation and more below the mean) can be considered in the clinical range, having poorer functioning.

At baseline, almost half of parents completing the assessment report having a chronic or ongoing medical problem (47%) and/or a disability (42%), such as arthritis, asthma, Hepatitis C, or diabetes. Thirty-five percent of respondents report having both a chronic or ongoing illness and a disability. Fifteen percent of respondents have SF8 physical health summary scores of 40 or below, indicating poor health functioning. Eight percent of families report having someone pregnant in the household at the time of the assessment.

The prevalence of reported health conditions for HNF families and reports of physical functioning compared to the rates found in evaluations of other supportive housing programs for homeless families differ to some degree, though it is not clear whether the differences reflect differences in condition or differences in measurement of the conditions. In the Minnesota Supportive Housing Program, for example, more than 40 percent of the women had at least one health condition, and 38 percent had impaired physical functioning. In the Illinois Supportive Housing Program, 34 percent of heads of household had a chronic health condition, and 30 percent had a physical disability.

Table 12. Health Functioning at Baseline (N=107)

| | Percent |
|--|---------|
| Has a chronic or on-going medical problem (N=99) | 47% |
| Has a disability | 42% |
| Has both a chronic or on-going medical problem and a disability (N=99) | 35% |
| Poor physical health functioning (SF8-PCS) ¹ | 15% |
| One or more physical health indicators | 62% |
| Pregnant (N=102) | 8% |

¹ 8-item Short-Form Health Survey

Parents' Access to Benefits and Care at Baseline

Overall, at the time of the baseline assessment, the vast majority of respondents had a source of medical insurance for themselves (92%), and most (82%) had a routine source of care (e.g., a doctor's office, health clinic, etc.). However, only 9% of parents reporting a health disability received SSI or SSDI.

Sixty-two percent of parents reported that they had received a physical examination in the last six months and 41 percent said they had received a dental examination in the last six months. Eight percent of parents (N=8) had been hospitalized for a physical problem in the last six months, one to have a baby and the remaining seven for diabetes, pneumonia, seizures, or surgery.

Table 13. Parents' Access to Health Care (N=107)

| | Percent |
|--|---------|
| Has a source of medical insurance (N=101) | 92% |
| Has a routine source of care (N=101) | 82% |
| Has a disability and receives either SSI or SSDI | 9% |
| Received physical examination in last 6 months | 62% |
| Received dental examination in last 6 months | 41% |
| Hospitalized in the last 6 months (N=102) | 8% |

Children's Access to Benefits and Care at Baseline

Participants were asked a similar set of questions as those discussed above about their children's access to benefits and care. All respondents report that their children have a source of medical insurance and 91 percent of the respondents report having a routine source of care for them. Seven percent (N=7) of respondents indicate that they have a child who receives SSI or SSDI. Use of medical services is also common among the children of the respondents. Seventy-five percent received a physical examination in the six months prior to the baseline assessment; 46 percent received a dental examination and 30 percent visited the emergency room.

Table 14. Children's Access to Health Care (N=107)

| | Percent |
|--|---------|
| Children have a source of medical insurance (N=97) | 100% |
| Children have a routine source of care (N=97) | 91% |
| Children have a disability and receives either SSI or SSDI | 7% |
| Children received physical examination in last 6 months | 75% |
| Children received dental examination in last 6 months | 46% |
| Children visited the emergency room (in last 3 months) | 30% |

Mental Health, Substance Abuse, and Trauma

Three measures of mental health status are used: PHQ-9, GAD-7, and Maternal Health SF-8. The Patient Health Questionnaire (PHQ-9) is a nine-item instrument that screens for depression (Spitzer, Kroenke, and Williams, 1999). Scores of 10–14 represent moderate depression, scores of 15–19 represent moderately severe depression, and scores of 20 or greater represent severe depression. The GAD-7, a seven-item scale, screens for general anxiety disorder (Spitzer, Kroenke, Williams, and Löwe, 2006). Scores between 10 and 14 represent moderate anxiety; scores of 15 or greater represent severe anxiety. The Maternal Health-SF-8 Mental Component Summary (MCS; Ware et al., 2001) is derived from the four items measuring mental health functioning. Like the physical health functioning score, the mental health functioning score is standardized. Scores range from zero to 100. The average score is 50, and scores less than 40 (i.e., 1 standard deviation or more below the mean) are considered to fall within the clinical range. We also included a measure of whether the respondent was ever hospitalized for psychiatric or emotional problems in her lifetime.

Nearly one quarter of the respondents report having been hospitalized at least once in the past for a mental health condition. The majority of families (65%) have one or more current indicators of mental health conditions indicating a need for assessment and possible intervention, including moderate or severe depression (45%), anxiety (53%), and impaired mental health functioning (28%) as measured by the SF8-MCS.

Table 15. Mental Health Indicators (N=106)

| | Percent |
|--|---------|
| Hospitalized in the past for mental health (N=100) | 23% |
| Moderate or severe depression score (PHQ) ¹ (N=101) | 45% |
| Moderate or severe anxiety score (GAD) ² (N=101) | 53% |
| Poor mental health functioning (SF8-MCS) | 28% |
| One or more mental health indicators | 65% |

¹ Depression Scale: Spitzer, R.L., Kroenke, K., Williams, J.B. Patient Health Questionnaire Primary Care Study Group, 1999. Validation and Utility of a Self-Report Version of PRIME-MD: the PHQ primary care study. JAMA 282, 1737-1744.

² GAD: Spitzer, R.L., Kroenke, K., Williams, J.B., Lowe, B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006; 66(10):1092-7

As with physical health, the indicators for mental health treatment for HNF families signal the same or greater need as families served in other supportive housing programs. The difference in measurement between these various studies precludes easy comparison, but those referenced as “In Need of Service” or “Having Mental Health Indicators” range from 36 to 81 percent in the evaluations of other supportive housing programs included in Appendix A.

The AUDIT screening test (Saunders, Aasland, Babor, de la Fuente, and Grant, 1993) is a ten-question test about recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. A version of the Drug Abuse Screening Test (DAST), the DAST-10, is a brief iteration of the 28-item DAST (Skinner, 1982). The DAST-10 is designed to identify drug-abuse-related problems in the year prior to interview

(Cocco and Carey, 1998; French, Roebuck, McGeary, Chitwood, and McCoy, 2001). Scores of 3 or greater represent moderate or severe problems related to drug use.

Almost one quarter of families (24%) screened positive for substance abuse, the vast majority screening positive for drug use and a small percent screening positive for alcohol. The majority of respondents (73%) report that they never have a drink containing alcohol; however, over half (62%) reported having received substance abuse treatment in the past. In other supportive housing studies, those in need of substance abuse treatment ranged from 26 to 40 percent. The rate of treatment is comparable to the rate of past issues, as measured in the Schwab Foundation Supportive Housing Program (61%). Thirteen percent of families screen positive for substance abuse and either depression or anxiety.

Table 16. Substance Abuse (N=101)

| | Percent |
|--|---------|
| Positive screen for alcohol abuse (AUDIT) ¹ | 2% |
| Positive screen for drug abuse (DAST-10) ² | 23% |
| Positive screen for alcohol or drug abuse | 24% |
| Ever received substance abuse treatment | 62% |

¹ AUDIT: Saunders, J.B., Aasland, O.G., Babor, T.F., De La Fuente, J.R., Grant, M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative project on early detection of persons with harmful alcohol consumption- II.

² DAST-10: Skinner HA. The Drug Abuse Screening Test. *Addict Behav* 1982;7(4):363-367.

Exposure to traumatic events is assessed using an eight-item trauma index that is based on the Life Stressors Checklist-Revised (LSC-R) developed by Wolfe, Kimerling, Brown, Chrestman, and Levin (1996). The index measures exposure to physical trauma, violence, sexual assault, sexual abuse, and other traumatic events like a serious disaster or the death of a child. It consists of items measuring lifetime exposure, exposure as an adult, exposure as a child, and exposure within the 6 months prior to survey.

Almost all families (87%) reported having experienced physical and/or sexual violence in the past, with 16 percent having experienced it in the six months prior to completing the baseline assessment. Similarly, more than three quarters (80%) experienced other traumatic events in their lifetime, with nearly 11 percent in the past six months. The rates are comparable to those obtained in general homeless families studies and studies of low income domiciled families.

Table 17. Exposure to Trauma (N=107)

| | Percent |
|--|---------|
| Ever experienced physical or sexual violence | 87% |
| Ever experienced other traumatic events | 78% |
| Experienced physical or sexual violence in past 6 months | 16% |
| Experienced other traumatic events in past 6 months | 11% |

Legal and Criminal History

The majority of parents completing the assessment have a criminal history. Sixty percent of heads of household have spent time in jail or prison because of a conviction. More than a third of parents (39%) have been convicted of a felony in the past and one quarter (24%) were on probation or parole at the time of the baseline assessment. While about two-thirds of those on probation have had felony convictions in the past, one-third (N=7) had not. These percentages of past criminal involvement are higher than what is generally seen in homeless family studies (see Appendix A).

Table 18. Legal and Criminal History (N=107)

| | Percent |
|--|---------|
| Convicted of a felony (N=100) | 39% |
| Spent time in jail or prison because of a conviction (N=100) | 60% |
| Currently on probation or parole (N=93) | 24% |
| Dealing with current housing-related legal problems | 9% |
| Dealing with current other legal problems | 25% |

Fewer than 10 percent were dealing with housing-related legal problems (e.g. issues related to eviction, property damage, violations in section 8 rules, etc.), but 25 percent were dealing with other legal problems, such as bankruptcy, divorce, child custody, or DUI, at the time of the baseline assessment.

Income, Benefits, and Debt

Table 19. Sources and Amount of Income (N=107)

| | Percent |
|---|---------|
| Sources of Income | |
| Earnings | 10% |
| TANF ¹ | 68% |
| SSI/SSDI | 11% |
| Child support/Alimony | 11% |
| Median amount of income in past 30 days | \$453 |
| Has no income | 13% |

¹ TANF is Temporary Assistance for Needy Families, a federal assistance program.

On average, the income level of the High Needs Families appears to be lower than comparable data in other studies. The median amount of monthly income at baseline was just over \$450. The most common source of income was TANF, with 68% of families receiving it in the last 30 days.

About 10 percent of families receive income from employment; 11 percent receive income from SSI or SSDI and 11 percent receive child support or alimony. Thirteen percent of families report having no income at baseline.

Table 20. Access to Benefits (N=107)

| | Percent |
|--|---------|
| Receives food stamps/SNAP ¹ | 93% |
| Food stamps/SNAP pending | 2% |
| Receives WIC ² (N=65) | 65% |
| WIC pending | 2% |
| Receives school lunch (N=91) | 33% |
| School lunch pending | 4% |
| Receives daycare vouchers (N=63) | 41% |
| Daycare vouchers pending | 5% |

¹ SNAP is Supplemental Nutrition Assistance Program, a federal food stamp program.

² WIC is Women, Infants, and Children supplemental nutrition program.

The majority of families indicate that they receive food stamps or SNAP (93%). Smaller proportions receive WIC (65% of those who fit the eligibility criteria), school lunches (33% of those with school-aged children), and day care vouchers (41% of those with children 5 years old or younger).

Table 21. Source and Amount of Debt (N=107)

| | Percent or Median |
|---------------------------|----------------------------------|
| Has debt | 81% |
| Median amount of debt | \$3,350 |
| Sources of Debt | |
| Telephone/Cell phone bill | 39% |
| Legal bills | 38% |
| Medical bills | 35% |
| Utilities | 29% |
| Cable | 28% |
| Has housing-related debt | 47% |

More than 80 percent of the families have debt, with a median amount of \$3,350. About 41 percent of families have more than \$10,000 of debt, and 10 percent have more than \$20,000 of debt. The most common sources of debt are for telephone or cell phone bills, other utilities, legal bills, and medical bills. Almost half of the families (47%) have housing-related debt (e.g. money owed for overdue rent or utilities or money owed to a PHA).

Child Care at Baseline

The baseline assessment included questions about access to childcare for all of the children in the household. Almost half of the families (46%) have a child that participates in a type of child care, including care by relatives, care in a center or someone's house, or a before or after school program. Of those families, nine percent must pay for some or all of the care. One-third of families (34%) indicate that they need a child care program or a regular babysitter for one of more of their children. Four percent of those families (N=4) say they are having problems getting the child care they need.

Table 22. Use of and Need for Child Care

| Daycare | Percent |
|--|---------|
| One or more child participates in child care (N=94) | 46% |
| Family pays for some or all of child's care (N=94) | 9% |
| Needs child care for one or more child (N=96) | 34% |
| Having problems getting child care for one or more children (N=96) | 4% |

Children's Schooling at Baseline

For questions on school attendance and performance, we selected a target child, chosen at random among all of the children in the household who were between the ages of 2 and 16. Among those families who completed a baseline assessment, 64 percent of them (N=69) identified a target child who met these criteria. Forty-two percent of families (N=29) identified a target child who was pre-school aged (i.e. less than 6 years old and enrolled in preschool or nursery school). The remaining 58 percent of families (N=40) identified a child who was between the ages of 6 and 16.

Among those families with a pre-school aged target child, one-third of them attend pre-school or nursery school. One-quarter (24%) have received an assessment for early intervention services, such as Head Start, and 21% of them have received or are currently receiving those services.

Among those families with a school-aged target child, more than half have missed school in the 30 days before the baseline assessment. Although most students (33% of all school-aged target children) have missed between 1 and 3 days, 15 percent of students have missed 10 or more days in the past 30 days. The primary reason their parents cite for these absences is illness, but a smaller number also cite reasons may be related to residential instability (e.g., they move around a lot; the child is needed at home). More than half of the families with a school-aged target child (58%) said their child left their last school because they changed school districts.

Table 23. Target Child's Schooling

| Pre-school aged (N=29) | Percent |
|---|----------------|
| Attends pre-school or nursery school | 31% |
| Has received an assessment for early intervention services | 24% |
| Has received/Is currently receiving early intervention services | 21% |
| School aged (N=40) | |
| Has missed school in past 30 days | 55% |
| Left last school because changed school district | 58% |
| Has an individualized education plan (IEP) or child study plan | 38% |
| Has repeated a grade | 15% |
| Has academic problems in school | 30% |
| Has other problems in school | 28% |

Thirty-eight percent of the school-aged target children have individualized education plans or child study plans and fifteen percent have repeated a grade. This is slightly higher than the national average of children who repeat a grade (10%) but lower than the average of children living in poverty (25%) (Child and Adolescent Health Measurement Initiative, 2007). About a third of the school-aged target children have academic problems in school (30%) or other problems in school (28%).

Summary of Service Needs at Baseline

Minimum eligibility criteria for participation in the HNF program include members of the household having at least two service needs in addition to a history of homelessness. Measures of service needs include: CPS involvement; a physical disability or long-term chronic health problem; a recent history of hospitalization for mental health or a positive mental health screening; a recent history of substance abuse treatment or a positive substance abuse screening; a recent experience with domestic violence; felony conviction; misdemeanor conviction; and/or a development or learning disability. Consequently, over 70 percent of the families have three or more barriers, at the time of the baseline assessment. Eighteen percent have two barriers, and 11 percent (N=12) have zero or one² service barrier at baseline.

² The families with fewer than two barriers at baseline do have multiple service barriers as measured by the screening tool, and thus, qualify for the HNF program.

Table 24. Co-occurrence of Barriers (N=107)

| | Percent |
|-------------------------------------|---------|
| Family has zero barriers | 1% |
| Family has one barrier | 10% |
| Family has two barriers | 18% |
| Family has three barriers | 28% |
| Family has more than three barriers | 43% |

Baseline Summary

These data, though on a subset of the families that will eventually be served in the Washington Families Fund High-Needs Family program, suggest that the screening efforts of the providers to date have identified families with higher needs than were obtained in more general studies of homeless families and, to some extent, higher than previous studies of supportive and transitional housing for families. On average, the families in the HNF program have:

- low levels of educational attainment,
- substantial histories of homelessness and residential instability,
- significant rate of child separation upon entry in to the program,
- high rate of past criminal involvement, and
- high rates of physical and mental health issues, substance abuse and trauma needs.

Seventy percent of HNF heads of households have three or more of these barriers at baseline. Such great service needs suggest that the population to date is indeed a high service need group and would be most appropriate for the model of service delivery intended by the HNF program.

SECTION III: SIX MONTH DATA
(April 2009 – September 2010)

Families are administered follow-up assessments every six months they are enrolled in the housing, up to a total of 24 months following program enrollment.

Table 25. High Needs Family Program Eligibility for and Completion of the 6-Month Assessment

| | Eligible for 6 month | Exited before 6 month | Refused 6 month | Not yet completed | Completed 6 month |
|---|-------------------------|--------------------------|--------------------|----------------------|----------------------|
| Abused Deaf Women's Advocacy Services | 7 | 0 | 0 | 0 | 7 |
| Catholic Charities of Spokane | 10 | 0 | 1 | 0 | 9 |
| Community Services Northwest | 13 | 4 | 0 | 0 | 9 |
| Crisis Support Network | 0 | 0 | 0 | 0 | 0 |
| Drug Abuse Prevention Center | 26 | 16 | 0 | 5 | 5 |
| Serenity House | 5 | 0 | 1 | 0 | 4 |
| Sound Mental Health | 18 | 3 | 0 | 1 | 14 |
| Valley Cities | 0 | 0 | 0 | 0 | 0 |
| Volunteers of America | 6 | 2 | 0 | 0 | 4 |
| West End Outreach Services | 0 | 0 | 0 | 0 | 0 |
| Women's Resource Center of North Central WA | 7 | 1 | 0 | 0 | 6 |
| TOTAL | 92 | 26 | 2 | 6 | 58 |

Fifty-eight families (50%) completed a six month follow-up, while 26 families exited the HNF program before they completed the six month assessment, and two families refused to complete a six month assessment. See Table 25. The remaining six families have six month assessments pending at the time of this analysis. In addition, three families who refused to complete baseline assessments completed six month assessments. During these six month assessments additional information was collected on demographic characteristics and family composition to fill in some of the missing baseline data. The high number of program exits can reportedly be attributed to one agency experiencing a high degree of staff turnover and implementation issues early in the program roll-out. This agency has since stabilized and therefore, WFF expects fewer program exits moving forward.

The six month assessments include many of the same measures included in the baseline tool. It also includes a series of questions about the services that families needed and received during the 6 months between the baseline and follow-up assessments. These include case management services, parenting

and family reunification services, physical health, mental health, substance abuse, and legal services. Measures of service need and receipt throughout the six month assessment are self-reported by the respondent, unless otherwise marked.

Family Composition

Between baseline and the six month assessment a few families experienced changes in their family composition. Two parents (3% of the sample) divorced their spouses. Neither of these partners was living with the family at the time of the baseline assessment. Three families had an additional adult living in the household at six months. Two of these adults were partners/spouses and one was an adult daughter. There were not significant differences in the number of children under 18 years or the number of children under six years between the two time periods.

Table 26. Family Composition at Six Months (N=58)

| | Baseline | 6 Months | T-Test |
|---|--------------|--------------|--------|
| % with a change in legal marital status | -- | 3% | -- |
| % with another adult in household | 7% | 9% | NS |
| # of children under 18 years | 2.2 (1.2) | 2.1 (1.1) | NS |
| # of children under 6 years | 0.7 (0.7) | 0.7 (0.7) | NS |

¹ Statistics presented are the mean and standard deviation (in parentheses).

Service Receipt and Family Reunification

Family reunification did not occur in their first six months of housing for the majority of families in the six month sample who had one or more children living away. Only 5 percent of the families completing a six month assessment (N=3) were reunited with one or more children. Unexpectedly, seven families (12%) had at least one additional child who moved to another living situation during this time period, raising the percent of families with children living away from 36 to 40 percent. Two children moved in with their other parent and one mother said her children were temporarily living with other relatives because she went to jail. During this same time period the percent of families for whom CPS was involved in the decision for children living away dropped from 17 to 12 percent, but this does not represent a significant decline.

Table 27. Family Composition (N=58)

| | Percent |
|--|---------|
| Baseline | |
| % with child living away | 36% |
| % with CPS involvement (for those with children living away) | 17% |
| Six months | |
| Reunited with one or more children since baseline | 5% |
| Families with 1 or more additional children living away | 12% |
| % with child living away | 40% |
| % with CPS involvement (for those with children living away) | 12% |

Over one third of families (39%) in the subsample completing a six month assessment indicated that they both needed and received parenting services while in the HNF program. An additional nine percent of families who did not report needing parenting services received them and one family (2%) indicated that they needed parenting services but did not receive them. The remaining 50 percent of families reported that they neither needed nor received these services.

Table 28. Parenting Services Received at Six Months

| | Percent |
|---|---------|
| Parenting services (N=54) | |
| Needed and received parenting services | 39% |
| Needed but did not receive parenting services | 2% |
| Did not need but received parenting services | 9% |
| Families with children living away (N=34) | |
| Received reunification services | 6% |

Families who had a child living away at baseline (N=34) were asked at six months if they had received any help reuniting with their children. Only two families (6% of those with a child away at baseline) indicated they had received this help.

Education and Employment History at Six Months

A total of 28 percent of families were engaged in some sort of educational opportunities between baseline and six months. Seven percent of the parents completed a GED program and an additional three percent were currently enrolled in one by six months. An additional 19 percent of parents were enrolled in school at 6 months. Seven percent of all families had completed or were enrolled in a vocational, trade, or business program at six months.

Table 29. Education Level (N=58)

| | Percent |
|---|---------|
| Enrolled in GED program (currently) | 3% |
| Completed GED program | 7% |
| Enrolled in school (currently) | 19% |
| Enrolled in vocational program/Completed a vocational program | 7% |
| Any GED/school/vocation program | 28% |

There were not significant gains in employment for the sample of families completing a six month assessment. The same number of families (N=8) were employed at baseline and at six months; however, not all of the same families were employed at both time periods.

Table 30. Current Employment Status (N=58)

| | Percent |
|---|---------|
| Employed at baseline (N=55) | 15% |
| Employed at six months | 14% |
| Employed at both baseline and six months | 5% |
| Not employed at baseline and employed at six months | 9% |
| Employed at baseline and not employed at six months | 9% |

Only three families (5%) were employed at both baseline and at six months. Five families (9%) were employed at baseline but we no longer employed at six months and five families (9%) were not employed at baseline but had found jobs by the six month assessment.

Table 31. Employment Service Need and Receipt (N=35)

| Needed and received help getting a job | 18% |
|---|-----|
| Needed but did not receive help getting a job | 9% |
| Did not need but received help getting a job | 6% |

Most families (18%) who said they needed help getting a job received it, however, three families (9%) who needed this service did not receive it and two families (6%) who said they did not need the service received it.

Housing History

The six month assessment reveals an increase in residential stability for families in the HNF program. Among those in the six month sample, 72 percent of families moved more than once in the six months before enrollment in the program, with an average of 4.4 moves. In the first six months in the program only 28 percent of families moved more than once, with an average of 1.5 times. For many of these families, this was the move into the HNF housing.

Table 32. Residential History at Six Months (N=58)

| | Baseline | 6 Months | T-Test |
|--|--------------|--------------|--------|
| Moved more than once in six months prior to enrollment | 72% | 28% | *** |
| # of moves in last six months ¹ | 4.4 (3.3) | 1.5 (1.5) | *** |

¹ Statistics presented are the mean and standard deviation (in parentheses).

Residential Risks

Moreover, there are significant declines in the percentages of families who report experiencing a variety of residential risks after six months in the HNF program.

Table 33. Residential Risks at Six Months (N=58)

| | Baseline | 6 Months | T-Test |
|--|----------|----------|--------|
| Received free food or meals | 73% | 59% | ** |
| Went hungry | 40% | 17% | *** |
| Children went hungry | 15% | 12% | NS |
| Did not pay the full amount of rent or mortgage payments | 33% | 22% | ** |
| Was evicted for not paying the rent or mortgage | 11% | 0% | ** |
| Did not pay the full amount of gas, oil or electricity bill | 16% | 12% | NS |
| The service was turned off by the gas or electric company, or the oil company did not deliver oil | 11% | 0% | ** |
| The service was disconnected by the telephone company because payments were not made | 25% | 10% | *** |
| Borrowed money from friends or family to help pay bills | 55% | 28% | *** |
| Moved in with other people even for a little while because of financial problems | 45% | 3% | *** |
| Stayed at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night | 67% | 5% | *** |
| Someone in the household needed to see a doctor or go to the hospital but couldn't because of the cost | 20% | 7% | ** |

Smaller percentages of families received free food, went hungry, were unable to pay the rent or mortgage, had the utilities or telephone disconnected because of lack of payment, or were unable to see a doctor when they needed to because of the cost. Eleven percent of families were evicted in the six months prior to the baseline assessment while none were evicted in the six months between the baseline and six month assessments. Further, while 55 percent of families borrowed money from family or friends prior to the baseline, only 28 percent said they borrowed money for bills at six months. The percentages of families living doubled-up with family or friends and/or in shelter or other place not meant for regular housing dropped dramatically between baseline and six months, from 45 percent to three percent and from 67 percent to five percent, respectively. These findings suggest that six months after program enrollment families continue to have food insecurities but many of their other residential risks have diminished or disappeared.

Health Problems and Access to Benefits and Care

Parents' Health Conditions and Functioning at Six Months

Among those families who completed both a baseline and a 6 month assessment, there were slight improvements in their physical health during the first 6 months in the HNF program. A statistically significant smaller percent of parents (14% vs. 21%) had poor health functioning six months after entering the program.

Table 34. Health Functioning at Six Months (N=58)

| | Baseline | 6 Months | T-Test |
|---|----------|----------|--------|
| Has a chronic or on-going medical problem (N=99) | 55% | --- | -- |
| Has a disability | 46% | --- | -- |
| Poor physical health functioning (SF8) ¹ | 21% | 14% | ** |
| Pregnant(N=54) | 6% | 2% | NS |

¹ 8-item Short-Form Health Survey

Parents' Access to Benefits and Care at Six Months

At six months, almost all responding parents continue to report a source of medical insurance (95%). Six of the eight individuals from the six month sample who did not report having medical insurance (no insurance or missing) at baseline had a source of insurance at six months. However, two respondents who reported having medical insurance at baseline do not have it at six months. A statistically significant higher percentage of the respondents (93% compared to 78%) now report having a routine source of care for themselves.

Table 35. Access to Benefits and Care

| | Baseline (N=54) | 6 Months (N=58) | T-Test |
|--|--------------------|--------------------|--------|
| Has a source of medical insurance (N=54) | 93% | 95% | NS |
| Has a routine source of care | 78% | 93% | *** |
| Has a disability and receives either SSI or SSDI | 14% | 16% | NS |

Respondents were asked a set of questions about their needs for and access to care. About half (52%) of the parents reportedly received a physical examination during their first six months in the HNF program and a third (29%) received a dental examination. Twelve percent of parents were hospitalized during this time period for illnesses, such as swine flu, and injuries such as back spasms and arm sprains. One parent was hospitalized for surgery.

Table 36. Health Services Receipt at Six Months (N=58)

| | Percent |
|---------------------------------|---------|
| Received physical examination | 52% |
| Received dental examination | 29% |
| Hospitalized in last six months | 12% |

Children's Access to Benefits and Care at Six Months

Almost all families report having a source of medical insurance and a routine source of care for their children at six months. However, three families who report having medical insurance (through Medicaid) for their children at baseline indicate that they do not have insurance at six months. The 10 families who are missing or report no routine source of care for their children at baseline all report having a routine source of care for them at 6 months. One fifth (21%) had a new routine source of care for their children by the six month assessment.

Table 37. Children's Access to Benefits and Care (N=58)

| | Baseline | 6 Months | T-Test |
|--|----------|----------|--------|
| Children have a source of medical insurance (N=54, 57) | 100% | 96% | NS |
| Children have a routine source of care (N=54, 57) | 92% | 100% | * |
| Children have a disability and receives either SSI or SSDI | 9% | 9% | NS |

Over half of the families had children who received both physical examinations (67%) and dental examinations (55%) while enrolled in the HNF program. A third of families (36%) brought their children to the emergency room in the three months prior to the 6 month assessment.

Table 38. Health Services Receipt at Six Months (N=58)

| | Percent |
|--|---------|
| Children received physical examination | 67% |
| Children received dental examination | 55% |
| Children visited the emergency room (in last 3 months) | 36% |

Unmet Medical and Dental Needs at Six Months

At six months, 20 percent of families still report having unmet medical needs for themselves or their children and 15 percent report having unmet dental needs for themselves or their children. Most families cite lack of insurance or insufficient coverage to get the treatment they need or difficulties in finding providers who will accept their insurance/medical coupons as reasons for their unmet health needs.

Table 39. Unmet Health Needs at Six Months (N=52)

| | Percent |
|--------------------------------|---------|
| Family has unmet medical needs | 20% |
| Family has unmet dental needs | 15% |

Mental Health, Substance Abuse, and Trauma History and Status at Six Months

The six month subsample of families in the HNF program shows improvements in their mental health. Whereas at baseline 72% of families have one or more current indicators of mental health conditions needing more assessment and possible intervention, only 45% of families fit this criteria after six months in the program. There is a statistically significant improvement in the percentage that score in the moderate or severe level on the anxiety score (38% compared to 63%). Also, fewer respondents also have moderate or severe depression scores (35% vs. 48%), and poor mental health functioning (22% vs. 34%) though these differences are not statistically significant.

Table 40. Mental Health Indicators at Six Months

| | Baseline | 6 Months | T-test |
|---|----------|----------|--------|
| Moderate or severe depression score (PHQ) ¹ (N=56, 58) | 48% | 35% | NS |
| Moderate or severe anxiety score (GAD) ² (N=56, 58) | 63% | 38% | *** |
| Poor mental health functioning (SF8) (N=53, 58) | 34% | 22% | NS |
| One or more mental health indicators(N=53, 58) | 72% | 45% | *** |

¹ Depression Scale: Spitzer, R.L., Kroenke, K., Williams, J.B. Patient Health Questionnaire Primary Care Study Group, 1999. Validation and Utility of a Self-Report Version of PRIME-MD: the PHQ primary care study. JAMA 282, 1737-1744.

² GAD: Spitzer, R.L., Kroenke, K., Williams, J.B., Lowe, B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006; 66(10):1092-7

These differences may represent improvements in the mental health of HNF participants but it is also important to note that some of the change results from regression to the mean. That is, because mental health problems were an eligibility criteria for enrollment in the program, high proportions of families experienced each of these conditions at baseline. Repeated measures are likely to be lower over time.

There was no change in the percent of families with substance abuse issues between baseline and six months. Comparable proportions of families screened positive for alcohol abuse and drug abuse at both time periods, with the majority of those screening positive for drug abuse.

Table 41. Substance Abuse at Six Months

| | Baseline | 6 Months | T-test |
|---|----------|----------|--------|
| Positive screen for alcohol abuse (AUDIT) ¹ (N=54, 54) | 2% | 2% | NS |
| Positive screen for drug abuse (DAST-10) ² (N=54, 58) | 17% | 19% | NS |
| Positive screen for alcohol or drug abuse (N=54, 58) | 17% | 19% | NS |

¹ AUDIT: Saunders, J.B., Aasland, O.G., Babor, T.F., De La Fuente, J.R., Grant, M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative project on early detection of persons with harmful alcohol consumption- II.

² DAST-10: Skinner HA. The Drug Abuse Screening Test. Addict Behav 1982;7(4):363-367.

Similar numbers of families also experienced physical or sexual violence in the six months prior to the baseline and 6 month assessments (17% vs. 14%). Slightly more families recently experienced other traumatic events while in the HNF program (10% vs. 16%), but the difference is not statistically significant.

Table 42. Trauma at Six Months (N=58)

| | Baseline | 6 Months | T-test |
|--|----------|----------|--------|
| Experienced physical or sexual violence in past six months | 17% | 14% | NS |
| Experienced other traumatic events in past six months | 10% | 16% | NS |

Service Needs and Services Received at Six Months

At six months the majority of families (65%) reported both needing and receiving mental health services. Two families (4%) said they received mental health services but did not need them and 4 families (7%) said they needed mental health services but did not receive them. Two parents were hospitalized for mental health in the last six months (both of whom reported needing and receiving mental health services).

Table 43. Mental Health Services Need and Receipt (N=56)

| | Percent |
|---|---------|
| Needed and received mental health services | 65% |
| Needed but did not receive mental health services | 7% |
| Did not need but received mental health services | 4% |
| Hospitalized for mental health in last six months | 3% |

At six months, about a quarter of families (26%) report both needing and receiving substance abuse services. Two families (4%) said they received services but did not need them and two families (4%) said they needed services but did not receive them.

Table 44. Substance Abuse Services Need and Receipt (N=55)

| | Percent |
|---|---------|
| Needed and received substance abuse services | 26% |
| Needed but did not receive substance abuse services | 4% |
| Did not need but received substance abuse services | 4% |

Legal and Criminal History at Six Months

Almost half of families completing a six month assessment (46%) indicated they had ever been convicted of a felony while four percent of families were convicted of a felony in the past six months. Fifty-eight percent of families had ever spent time in jail or prison because of a conviction and seven percent had done so in the past six months.

However, the families, on average, had fewer legal barriers at the six month assessment than they did at the baseline assessment. A significantly smaller proportion of the responding parents were on probation or parole by six months (16% vs. 26% at baseline) and smaller proportions were dealing with current housing-related legal problems (5% vs. 7%). Additionally, a smaller percentage (12% vs. 21%) was dealing other legal problems, such as eviction, bankruptcy, DUI, or immigration issues at six months.

Table 45. Legal and Criminal History (N=58)

| | Baseline | 6 Months | T-test |
|--|----------|----------|--------|
| Convicted of a felony in the last six months (N=57) | 6% | 4% | NS |
| Spent time in jail or prison because of a conviction in the last six months (N=57) | 9% | 7% | NS |
| Currently on probation or parole (N=51, 56) | 26% | 16% | * |
| Dealing with current housing-related legal problems | 7% | 5% | NS |
| Dealing with current other legal problems | 21% | 12% | * |

Legal Service Needs and Services Received at Six Months

Most families (83%) said they did not need help with legal services. Sixteen percent of families (9 families) said they needed help with legal services and received that help. An additional two percent of families (N=1) needed help but did not receive it.

Table 46. Services Received at Six Months (N=56)

| | Percent |
|---|---------|
| Needed and received legal services | 16% |
| Needed but did not receive legal services | 2% |
| Did not need but received legal services | 0% |

Income, Benefits and Debt at Six Months

There are not statistically significant differences in either the amount or the sources of income at six months, as compared to baseline. Median family income increased from \$455 to \$562. Also, the percentage of families who cite no source of income decreased from 14% to 7%.

Table 47. Sources and Amount of Income (N=58)

| | Baseline | 6 Months | T-test |
|---|----------|----------|--------|
| Sources of Income | | | |
| Earnings | 12% | 16% | NS |
| TANF ¹ | 66% | 66% | NS |
| SSI/SSDI | 17% | 24% | NS |
| Child support/Alimony | 17% | 17% | NS |
| Median amount of income in past 30 days | \$455 | \$562 | NS |
| Has no income | 14% | 7% | NS |

¹TANF is Temporary Assistance for Needy Families, a federal assistance program.

Similarly, there are not statistically significant differences in the percentages of families with food stamps/SNAP, WIC, school lunches, or day care vouchers at the baseline and six month assessments. Food stamps are received by nearly all families in the HNF program and the majority of families among those who are eligible receive WIC and school lunches. Daycare vouchers are less common, with about 40 percent of the families who are eligible for them receiving them at baseline and at six months. One family has a pending application for daycare vouchers at the six month assessment.

Table 48. Access to Benefits

| | Baseline | 6 Months | T-test |
|---|-----------------|-----------------|---------------|
| Receives food stamps/SNAP ² (N=55,58) | 95% | 97% | NS |
| Food stamps/SNAP pending | 0% | 0% | NS |
| Receives WIC ³ of those eligible (N=29,33) | 59% | 52% | NS |
| WIC pending | 3% | 0% | NS |
| Receives school lunch of those eligible (N=38,43) | 61% | 55% | NS |
| School lunch pending | 5% | 0% | NS |
| Receives daycare vouchers of those eligible (N=29,33) | 41% | 40% | NS |
| Daycare vouchers pending | 7% | 3% | NS |

¹ SNAP is Supplemental Nutrition Assistance Program, a federal food stamp program.

² WIC is Women, Infants, and Children supplemental nutrition program.

Eighty-one percent of families have debt at both the baseline assessment and the six month assessment. There is an increase in the median amount of debt, from \$3,780 to \$4,035; however, this difference is not statistically significant. Telephone/cell phone bills, utilities, cable, legal bills, and medical bills remain the most common sources of debt at six months, yet, a smaller percentage of families owe money for telephone or cell phone bills by the six month assessment. Comparable proportions of families have housing-related debt, such as money owed for overdue rent or utilities or money owed to a PHA.

Table 49. Sources and Amount of Debt (N=58)

| | Baseline | 6 Months | T-test |
|---------------------------|----------|----------|--------|
| Has debt | 81% | 81% | NS |
| Median amount of debt | \$3,780 | \$4,035 | NS |
| Sources of Debt | | | |
| Telephone/Cell phone bill | 38% | 29% | * |
| Legal bills | 38% | 43% | NS |
| Medical bills | 26% | 29% | NS |
| Utilities | 28% | 21% | NS |
| Cable | 24% | 22% | NS |
| Has housing-related debt | 47% | 41% | NS |

Service Needs and Services Received at Six Months

Approximately one quarter of families said they received help accessing benefits. Eighteen percent of families needed help dealing with debt and received it. Another 16 percent of families said they needed help dealing with debt but did not receive this help. One family indicated they did not need help, but they received it anyway – in fact, the family did have approximately \$3500 of debt at baseline. The most common types of debt among those who received help were medical and legal debt.

Table 50. Financial Services Received at Six Months (N=58)

| | Percent |
|---|---------|
| Received help accessing benefits | 23% |
| Needed and received help dealing with debt | 18% |
| Needed but did not receive help dealing with debt | 16% |
| Did not need but received help dealing with debt | 2% |

Child Care at Six Months

Among all families who completed a baseline and six month assessment, fewer have a child that participates in child care at six months, as opposed to baseline (36% vs. 47%). Among those families who do have a child in child care, a much larger percentage pay for some or all of that care at six months. A smaller proportion of families need child care (19% vs. 33%) by the six month assessment. No families indicate they are having problems getting the child care they need.

Table 51. Use of and Need for Child Care (N=58)

| | Baseline | 6 Months | T-test |
|--|----------|----------|--------|
| One or more child participates in child care (N=51, 53) | 47% | 36% | * |
| Family pays for some or all of child's care (N=51, 53) | 2% | 13% | *** |
| Needs child care for one or more child (N=54, 54) | 33% | 19% | * |
| Having problems getting child care for one or more children (N=54, 54) | 2% | 0% | NS |

Children's Schooling at Baseline

There are not significant differences in the school attendance of families with preschool aged target children between baseline and six months. Almost one-third of these children (29%) received an assessment for early intervention services in the six months in the HNF program and 14 percent of children received those services.

Table 52. Target Child's Schooling

| | Baseline | 6 Months | T-test |
|--|----------|----------|--------|
| Preschool aged (N=14) | | | |
| Attends preschool or nursery school | 29% | 36% | NS |
| Has received an assessment for early intervention services | 22% | -- | -- |
| Received an assessment for early intervention services in the last six months | -- | 29% | -- |
| Has received/Is currently receiving early intervention services | 22% | -- | -- |
| Received/Is currently receiving early intervention services in the last six months | -- | 14% | -- |
| School aged (N=28) | | | |
| Has missed school in past 30 days | 64% | 54% | * |
| Left last school because changed school district | 29% | 3% | *** |

| | Baseline | 6 Months | T-test |
|--|----------|----------|--------|
| Has an individualized education plan (IEP) or child study plan | 46% | -- | -- |
| Received an individualized education plan (IEP) or child study plan in the last 6 months | -- | 7% | -- |
| Has repeated a grade | 14% | -- | -- |
| Repeated a grade in the last 6 months | -- | 0% | -- |
| Has academic problems in school | 36% | 43% | NS |
| Has other problems in school | 25% | 39% | * |

Among the older target children, a smaller percent of missed school in the thirty days before the six month assessment, and none of them have missed 10 or more days of school. Moreover, there is a significant decrease in the percentage of children who left their last school because they changed school districts, from 29 percent to 3 percent. Two target children (7%) received an individualized education plan or child study plan in the last six months and no target children have repeated a grade in school while enrolled in the HNF program. Although more parents say their children are having academic problems at six months (43% vs. 36%) this difference is not statistically significant. However, there is a significant increase in the percent of children who are having other problems in school.

Service Needs and Services Received at Six Months

Approximately one quarter of families (N=11) said their target child needed services for a learning or school-related problem, yet only 10 percent (N=4) said their children received those services. Seventeen percent of families said they did not receive the services that their children needed.

Table 53. School Services Received at Six Months (N=42)

| | Percent |
|--|---------|
| Child needed and received services for a learning or school-related problem | 10% |
| Child needed but did not receive services for a learning or school-related problem | 17% |
| Child did not need but received services for a learning or school-related problem | 0% |

Other Service Receipt

The six month assessment also asked families if they needed and/or received a wide range of case management services, including learning about housekeeping and nutrition, help with budgeting and paperwork, help resolving conflicts, accessing transportation, and obtaining necessary items like furniture and clothing. The most common unmet needs include help getting furniture, getting tickets paid, and learning about nutrition.

Table 54. Case Management Services Received at Six Months (N=58)

| | Percent Needed Service | Percent Received Service |
|---|-------------------------------|---------------------------------|
| Learning about housekeeping | 12% | 7% |
| Learning about nutrition | 17% | 7% |
| Help with food shopping or preparation | 7% | 3% |
| Help with budgeting | 31% | 22% |
| Help with organizing bills and other important papers | 14% | 5% |
| Help with computer skills | 16% | 9% |
| Help with getting furniture | 29% | 19% |
| Help with buying clothes | 16% | 12% |
| Help with accessing cell phone cards | 5% | 3% |
| Help with getting voicemail | 0% | 0% |
| Help with landlord-tenant relations | 17% | 12% |
| Help with conflict resolution/mediation | 19% | 14% |
| Help with anger management | 9% | 5% |
| Help with getting bus passes | 40% | 31% |
| Help with getting gas vouchers | 14% | 5% |
| Help with getting tickets paid | 19% | 5% |
| Help with getting/re-instating a driver's license | 17% | 7% |
| Help with getting car insurance | 16% | 10% |
| Help with paying for car insurance | 21% | 10% |
| Help with accessing public transportation | 17% | 14% |
| Help with getting rides places you needed to go | 35% | 28% |
| Other kinds of help | 5% | 3% |

Summary of Service Needs at Six Months

At six months, families, on average, have fewer service needs than they do at baseline. Families at baseline have an average of 3.3 service needs while at six months they have 2.5 service needs. A significantly higher proportion of families have two barriers at six months and a significantly smaller proportion of families have more than three barriers.

Table 55. Co-occurrence of Barriers¹ (N=58)

| | Baseline | 6 Months | T-Test |
|-------------------------------------|----------|----------|--------|
| Family has zero barriers | 0% | 0% | -- |
| Family has one barrier | 10% | 16% | NS |
| Family has two barriers | 14% | 43% | *** |
| Family has three barriers | 26% | 24% | NS |
| Family has more than three barriers | 50% | 17% | *** |

¹ Barriers include CPS involvement; disability or long-term chronic health problem; positive mental health indicator; positive substance abuse screening; a history of trauma; and criminal history or current legal problems.

SIX MONTH SUMMARY

Preliminary findings are available on a subset of families from the six month assessment tool. Although these preliminary analyses indicate a few significant changes in a number of key outcomes over the six month time period, it is important that these findings be viewed cautiously. First, the families with six month data are only a subset of those who will eventually be in the complete analyses of the program. Initial findings could be misleading for the more complete population, especially when factoring in adjustments for missing cases. In addition, because the current sample available is small, differences that may ultimately be significant may not be detected due to the low statistical power associated with a small sample size. Finally, multiple assessments will be available to track changes over time and initial trends may not predict trends over time.

With those cautions in mind, we summarize the key findings to date. By six months, families who enter the HNF housing program, on average, have fewer service needs, are more residentially stable, and have improved mental health. However 15 percent of families indicate a new experience with trauma during the last six months. Almost three quarters of the families received mental health services and 30 percent of families received substance abuse treatment while in the HNF program.

There were no significant changes in family reunification. While three families reunited with their children during this time period, seven families were separated from one or more additional children during the six months. Almost half received parenting services but only a few report receiving help reuniting with children.

About one third of families indicated they received help with physical health services and more than half had a physical examination and/or dental examination for themselves and their children. Significantly fewer parents report poor health functioning at six months than at baseline however, 20 percent of the sample indicate they still have unmet medical or dental needs for themselves or their children.

Although one quarter of parents received help with getting a job, there are not significant differences in the rate of employment between the baseline and the six month assessments. Almost 30 percent of families are enrolled in school or have completed a GED or vocational training program. Further, families have comparable levels of income and debt at the two time periods and receive comparable levels of benefits.

Fewer families indicate using or needing child care at six months. School-aged target children miss less school, on average, and are less likely to change schools because they moved to a different school district, but a greater percentage of them have non-academic problems in school. Only about one third of the families who indicated needing services for a learning or school-related problem for their child said their children received those services.

These preliminary findings suggest that the HNF program is serving its intended population of homeless families who are experiencing multiple barriers. Based on a limited number of cases who have completed both a baseline and a six month assessment, families appear to be increasing stability in housing and schooling that may lead to better outcomes. These families have complex sets of needs, many of which will take longer than six months to address.

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APPENDIX A.

The following supportive housing programs are similar to the Washington Families Fund High-Needs Family program. Table A.1 outlines some similarities and differences between the programs on several key measures.

Sound Families Initiative

<http://www.buildingchanges.org/our-work/grantmaking-and-evaluation/15-grantmaking-and-evaluation-sidebar/303-sound-families-evaluation-reports>

A \$40 million commitment from the Bill & Melinda Gates Foundation launched the Sound Families Initiative, a program to develop new housing with support services for homeless families, or families in danger of becoming homeless, in King, Pierce, and Snohomish counties. The Sound Families Initiative is now complete and our comprehensive evaluation reports show that the program helped homeless families in ways far beyond putting roofs over their heads. The legacy of Sound Families lives on in the Washington Families Fund, a unique public-private partnership created by the Washington State Legislature in 2004 to provide long-term funding for supportive services for families across the state. The fund was inspired in part by promising evaluation results from Sound Families, and it has already funded projects that will serve roughly 5,000 families over the lifetime of its 5 and 10-year grants.

Minnesota Supportive Housing and Managed Care Pilot

<http://www.hearthconnection.org>

The Minnesota Supportive Housing and Managed Care Pilot is the result of a multi-year, public/private planning effort begun in 1996. In 2000, the Minnesota Legislature appropriated funds to serve homeless families in the Pilot. In 2001, it appropriated additional funds to serve homeless, single adults. A total of \$10 million was invested from 2000 to 2007. Through contracts with the Minnesota Department of Human Services, appropriations were distributed to two Minnesota counties: Blue Earth (a rural county including the city of Mankato and its environs) and Ramsey (an urban county including the city of Saint Paul and its suburbs). The counties contracted with Hearth Connection, a nonprofit agency created to lead the Pilot. Hearth Connection then maintained contracts with four organizations to provide direct services in the two counties.

Connecticut Supportive Housing for Families

<http://documents.csh.org/documents/ct/PilotsFactSheet.pdf>

The Connecticut Supportive Housing for Families program provides families served by the Connecticut Department of Children and Families (DCF) throughout the state with support services and access to safe, quality, affordable and permanent housing. Connecticut Supportive Housing for Families' mission is to help DCF families thrive by finding homes in safe, nurturing neighborhoods, achieving economic independence, developing healthy relationships, and providing their children with a stable and caring home environment. Supportive Housing for Families is located throughout the state, with offices in New Haven, Groton, Middletown, Hartford, Waterbury, and Bridgeport. The program helps families become reunited with children who have been placed in foster care, or prevents the placement children in foster care from happening by providing adequate housing.

Beyond Shelter

<http://www.beyondshelter.org/home.html>

Beyond Shelter's "Housing First" Program for Homeless Families is an innovative, cost-effective approach to ending and preventing family homelessness. Since its inception in 1988, the housing first methodology has helped thousands of homeless families—primarily single mothers with children—to rebuild their lives in permanent rental housing throughout Los Angeles County. The "Housing First" Program was designed as the next step for homeless families in the emergency shelter system in L.A. County. The program helps homeless families move as quickly as possible into permanent, affordable rental housing in residential neighborhoods and provides families with six months to one full year of

individualized case management and social services to enable improved social and economic well-being. From 1989 to 2008 the program helped over 4,000 homeless families, more than 12,000 adults and children, rebuild their lives in permanent housing. Over the years, the "housing first" approach has become widely recognized as a model for ending family homelessness. The methodology has been adapted by other agencies throughout the country through Beyond Shelter's Institute for Research, Training and Technical Assistance and the National Alliance to End Homelessness' Housing First Network.

Bridges to Housing

<http://bridgestohousing.org/>

Bridges to Housing is a regional initiative aimed at assisting high-needs homeless families by providing permanent housing and intensive case management for up to two years with flexible funds available to meet immediate or emerging child and family needs. The goals of Bridges to Housing are to stabilize families in housing, stabilize children in childcare and education settings, attend to physical, mental, and behavioral health concerns of children and adults, and help families begin to move towards greater self-sufficiency and well-being. Bridges to Housing aims to realign the homeless family housing and service system in a four-county metropolitan area: Multnomah, Washington, and Clackamas Counties in Oregon and Clark County in Washington State.

Bridges to Housing began enrolling families in Clark County in September of 2006. As of the end of July 2009, when data were extracted from the state's Homeless Management Information System (HMIS) for this report, 266 families had entered the program across four counties that comprise the region. All were without permanent or stable housing at the time of enrollment. In addition to homelessness, families entering the program had many challenges and virtually all came into Bridges to Housing without resources or supports to sustain themselves and their children.

Family Permanent Supportive Housing Initiative

<http://www.urban.org/publications/411220.html>

Permanent supportive housing for families is a relatively new undertaking throughout the country. FPSH grew from the recognition that some adults have both disabilities that render them unable to maintain stable housing on their own as well as children they are trying to raise. Without substantial help, these parents have not been able to provide a stable residence for themselves or their children. FPSH addresses these difficulties by providing these distressed families with affordable housing and access to the same types of supportive services that have proven effective at helping disabled single homeless people achieve housing stability.

In March 2003, the Charles and Helen Schwab Foundation, the Urban Institute, and Harder+Company launched an evaluation of the Family Permanent Supportive Housing Initiative (FPSHI). This evaluation was designed to assess the impact of FPSHI's innovative approach to meeting the long-term needs of formerly homeless families in permanent supportive housing. This report presents findings from interviews with 100 families that were conducted between November 2003 and April 2004, as well as descriptions of the seven FPSH programs from which the study sample was drawn.

Table A.1. Other Supportive Housing Programs

| | Sound Families Initiative | Supportive Housing in Illinois for Individuals & Families | Minnesota Supportive Housing & Managed Care Pilot | Connecticut Supportive Housing for Families | Beyond Shelter "Housing First" | Bridges to Housing | Family Permanent Supportive Housing Initiative |
|---------------------------------------|--|---|--|--|---|---------------------------|---|
| STUDY DESIGN | | | | | | | |
| Dates | 2001-2003 | 2004-2006 | 2000-2007 | 1998-2008 | 1997-2001 | 2006-2009 | 2002-2004 |
| Sponsor/ Funder | Gates Foundation Sound Families University of Washington School of Social Work | The Heartland Alliance Institute on Poverty | Hearth Connection Robert Wood Johnson National Center on Family Homelessness | The Connection Inc. University of Connecticut Research Team | Beyond Shelter Seaver Institute | Portland State University | Urban Institute Harder+Co The Schwab Foundation |
| Location # Counties # Providers | Washington 3 counties 9 providers | Illinois 11 counties 26 providers | Minnesota 2 counties 4 providers | Connecticut 5 providers | Los Angeles 60+ providers | Oregon 4 counties | San Francisco 7 providers |
| Recruitment Eligibility | | Homeless or at risk; mentally ill or formerly incarcerated, at site at least 1 yr | Not helped by other program, and/or had been homeless for long periods | | Previously homeless families, 6 mos of program, 6 mos of sobriety | High-needs families | |
| Population (families) | N = 1487 | N = 476 | | | N = 1600 | | |
| Study Sample (families) | n =203 | n =177 | n = 56 | n = 757 | n = 200 | n = 196 | n = 100 |
| Attrition | 31% Attrition | | 10% Attrition | 42% Attrition | | | |

| | Sound Families Initiative | Supportive Housing in Illinois for Individuals & Families | Minnesota Supportive Housing & Managed Care Pilot | Connecticut Supportive Housing for Families | Beyond Shelter "Housing First" | Bridges to Housing | Family Permanent Supportive Housing Initiative |
|---------------------------|---|--|--|--|---|--|---|
| POPULATION: ADULTS | | | | | | | |
| Demographics | <p>Mean age: 31 yrs</p> <p>47% White 27% Black 7% Native American 7% Multi-racial 6% Latino 3% Asian 3% Hawaiian</p> <p>85% Female</p> <p>29% Some HS 32% HS 21% Some College 13% Tech/Voc 5% BA</p> <p>42% have incomes less than \$500/mo</p> | <p>Mean age: 42 yrs</p> <p>26% White 69% Black 4% Latino 1% Other</p> <p>48% Female</p> <p>71% GED</p> <p>Unemployed 70%</p> | <p>Mean age: 38 yrs</p> <p>57% White</p> <p>Mean years of schooling completed: 11.2 yrs</p> <p>Unemployed 60%</p> <p>33% have incomes less than \$5,000/yr</p> | <p>Mean age: 32 yrs</p> <p>38% White 23% Black 34% Latino 93% Female</p> <p>Mean years of schooling completed: 10.9 yrs</p> <p>Unemployed 59%</p> <p>18% FT 15% PT</p> <p>Mean income: \$10,400/yr</p> | <p>Mean age: 38 yrs</p> <p>8% White 65% Black 22% Latino 3% Other</p> <p>92% Female</p> <p>Mean income: \$12,000/yr</p> | <p>70% White 17% Black 11% Latino 7% Indian 5% Other 23% do not have a GED</p> <p>Unemployed 29%</p> <p>Mean wage: \$8.30/hr</p> | <p>Mean age: 36 yrs</p> <p>10% White 56% Black 19% Latino 8% Multi-racial 3% Native American 2% Asian</p> <p>100% Female</p> <p>71% have high school degree</p> <p>Unemployed 70%</p> <p>Mean income: \$10,680/yr</p> |
| Homeless History | 45% homeless for 1 st time | | Mean length: 5 years | 15% homeless for 20 +months | Moved 11+ in times past 2 years | Mean length: 4 years Mean # of homeless episodes: 4 | 96% homeless in past |
| # Kids | 42% 1 Kid 20% 2 Kids 19% 3 Kids 29% 4+ Kids | | Mean: 2.53 children | Mean: 2.5 children | | | Mean: 2.3 children |

| | Sound Families Initiative | Supportive Housing in Illinois for Individuals & Families | Minnesota Supportive Housing & Managed Care Pilot | Connecticut Supportive Housing for Families | Beyond Shelter "Housing First" | Bridges to Housing | Family Permanent Supportive Housing Initiative |
|---|--------------------------------------|---|--|--|--------------------------------|---|---|
| Separation From Children | 25% had 1+ kids not living with them | | 60% had been separated from their kids in the past | 61% lived with all kids 11% families with some kids in foster care 21% families with all kids in foster care 40% had been separated from their kids in the past | | 25% had 1+ kids returned or awaiting return from foster care | 74% lived with all kids 40% had been separated from their kids in the past |
| POPULATION: CHILDREN | | | | | | | |
| <i>Demographics</i> Age Race Sex Education | | | Mean age: 11 years 42% White | | | | 50% are 5 yrs or younger 73% are 10 yrs or older |
| Trauma | | | 50% experienced death of friend/family 50% experienced 3 or more violent events | | | | |
| <i>School</i> # Schools Suspensions Disabilities | | | | | 98% attend school | 16% have a learning disability 40% families have 1+ kids w/social emotional or behavioral problems | 96% attend school |

| | Sound Families Initiative | Supportive Housing in Illinois for Individuals & Families | Minnesota Supportive Housing & Managed Care Pilot | Connecticut Supportive Housing for Families | Beyond Shelter "Housing First" | Bridges to Housing | Family Permanent Supportive Housing Initiative |
|--|---|--|---|---|---|--|--|
| NEEDS/USAGE OF SERVICES BY FAMILIES | | | | | | | |
| Physical/ Medical | <p>50% received health care services</p> <p>4% have developmental delays</p> <p>11% have a physical disability</p> <p>4% are pregnant</p> <p>50% need dental services</p> | <p>34% have chronic health conditions</p> <p>10% have a developmental disability</p> <p>30% have a physical disability</p> | <p>40% have at least 1 health condition</p> <p>Mean # conditions:2</p> <p>28% have a physical disability</p> | | <p>49% have medical needs</p> <p>21% have more than 1 condition</p> | <p>23% have medical needs</p> | <p>82% have medical needs</p> <p>50% of mothers reported need for health services for children</p> |
| Mental Health/ Trauma | <p>20% need mental health services</p> <p>46% used mental health services</p> <p>59% need counseling</p> <p>31% have a domestic violence history</p> | <p>42% need mental health services</p> | <p>81% report being depressed</p> <p>50% report high parent stress</p> <p>60% have had 3+ traumatic events</p> <p>16% of kids have PTSD</p> | <p>57% need mental health services</p> | <p>40% have a history of domestic violence</p> | <p>36% need mental health services</p> | <p>41% need mental health services</p> |

| | Sound Families Initiative | Supportive Housing in Illinois for Individuals & Families | Minnesota Supportive Housing & Managed Care Pilot | Connecticut Supportive Housing for Families | Beyond Shelter "Housing First" | Bridges to Housing | Family Permanent Supportive Housing Initiative |
|--------------------------|---|---|---|--|--|--|--|
| | 26% need substance abuse services | 40% need substance abuse services | 66% have been substance abusers for 3+ years | 30% need substance abuse services 50% used substance abuse services | 27% need substance abuse services | 36% need substance abuse services 46% used substance abuse services | 61% have past issues with substance abuse |
| Employment | 47% need job training 76% used employment services | | | 59% need employment services | | 29% need employment services | 54% need employment services |
| Criminal Justice | 47% need legal services | 22% were formerly incarcerated | | | | | |
| REPORTED OUTCOMES | | | | | | | |
| Length of Stay | Mean: 12 mos | Mean: 38 mos | Mean: 18 mos | Mean: 20 mos | | 35% positive exit after 2 year program | |
| Housing | 89% in permanent housing 7% live with family 4% live in a shelter | | # of days at home increased from 64 to 144 out of 180 | | 90% had housing stability 73% received housing services | | |

| | <i>Sound Families Initiative</i> | <i>Supportive Housing in Illinois for Individuals & Families</i> | <i>Minnesota Supportive Housing & Managed Care Pilot</i> | <i>Connecticut Supportive Housing for Families</i> | <i>Beyond Shelter "Housing First"</i> | <i>Bridges to Housing</i> | <i>Family Permanent Supportive Housing Initiative</i> |
|------------------------|--|--|---|--|---------------------------------------|---------------------------|---|
| Income | <p>Rent increased from \$116 to \$400/mo after 3 years</p> <p>Those with no income decreased from 42% to 5%</p> <p># of families with incomes of \$1,000+/mo doubled</p> | | | | 98% had a budget | | |
| Medical | | <p>Inpatient services reduced 38%</p> <p>Nursing home services decreased 97%</p> | <p>Inpatient use decreased 83%</p> <p>Outpatient services increased</p> <p>Emergency room use decreased 40%</p> | 80% improved their medical condition | 82% had insurance | | |
| Mental Health | | Medicaid inpatient services decreased 66% | Fewer symptoms reported | | | | |
| Substance Abuse | | | Substance use declined | 85% were sober at exit | 93% were sober at exit | | |

| | <i>Sound Families Initiative</i> | <i>Supportive Housing in Illinois for Individuals & Families</i> | <i>Minnesota Supportive Housing & Managed Care Pilot</i> | <i>Connecticut Supportive Housing for Families</i> | <i>Beyond Shelter "Housing First"</i> | <i>Bridges to Housing</i> | <i>Family Permanent Supportive Housing Initiative</i> |
|---------------------|---|---|--|--|--|---|---|
| Education | 15% received education services # kids attending 2 or more schools decreased from 53% to 17% | | | | 24% received education services 48% of youth in after school programs | 21% received education services | |
| | <i>Sound Families Initiative</i> | <i>Supportive Housing in Illinois for Individuals & Families</i> | <i>Minnesota Supportive Housing & Managed Care Pilot</i> | <i>Connecticut Supportive Housing for Families</i> | <i>Beyond Shelter "Housing First"</i> | <i>Bridges to Housing</i> | <i>Family Permanent Supportive Housing Initiative</i> |
| Employment | 15% increase in employment | | | Employment significantly increased | 40% received job training 59% received employment services | 14% received job training 45% received employment services | |
| Cost Savings | | 39% cost reduction \$854,477 in savings Saved \$2,414 person/yr | Cost decreased from \$6,290 person/yr to \$4,239 person/yr | | | | |

*Based on risk level as defined by the Rapid Exit Program Model.

APPENDIX B.

Table B.1 describes the standardized measures used in the baseline and six month assessment tools.

Table B.1 Standardized Measures

| Physical Health Measure | | |
|-------------------------------------|---|---|
| Short Form-8 Health Survey (SF8) | Ware, J.E., Kosinski, M., Dewey, J.E., and Gandek, B. (2001). How to Score and Interpret Single-Item Health Status Measures: A Manual for Users of the SF-8 Health Survey. Lincoln, RI: Quality Metric. | An eight-item health survey with four selected questions measuring physical health functioning. Possible scores range from 0 to 100, and a score of 50 indicates the norm. Higher scores indicate better health functioning; scores less than 40 (i.e., one standard deviation and more below the mean) can be considered in the clinical range, having poorer functioning. |
| Mental Health Measures | | |
| PHQ-9 | Spitzer, R.L., Kroenke, K., Williams, J.B. Patient Health Questionnaire Primary Care Study Group, 1999. Validation and Utility of a Self-Report Version of PRIME-MD: the PHQ primary care study. JAMA 282, 1737-1744. | A nine-item instrument that makes criteria-based diagnoses of depression. Scores of 10–14 represent moderate depression, scores of 15–19 represent moderately severe depression, and scores of 20 or greater represent severe depression. |
| GAD-7 | Spitzer, R.L., Kroenke, K., Williams, J.B., Lowe, B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006; 66(10):1092-7 | A seven-item scale that screens for general anxiety disorder. Scores between 10 and 14 represent moderate anxiety; scores of 15 or greater represent severe anxiety. |
| SF-8 Mental Component Summary (MCS) | Ware, J.E., Kosinski, M., Dewey, J.E., and Gandek, B. (2001). How to Score and Interpret Single-Item Health Status Measures: A Manual for Users of the SF-8 Health Survey. Lincoln, RI: Quality Metric. | Derived from the four items measuring mental health functioning. Like the physical health functioning score, the mental health functioning score is standardized. Scores range from zero to 100. The average score is 50, and scores less than 40 (i.e., 1 standard deviation or more below the mean) are considered to fall within the clinical range. |

| Substance Abuse Measures | | |
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| AUDIT | Saunders, J.B., Aasland, O.G., Babor, T.F., De La Fuente, J.R., Grant, M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative project on early detection of persons with harmful alcohol consumption. | A ten-question test about recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. |
| DAST-10 | Skinner, H. (1982). The Drug Abuse Screening Test. Addictive Behaviors 7(4): 363–71. | A brief iteration of the 28-item DAST ³ , the DAST-10 is designed to identify drug-abuse-related problems in the year prior to interview. Scores of 3 or greater represent moderate or severe problems related to drug use. |
| Trauma Measure | | |
| Life Stressors Checklist-Revised (LSC-R) | Wolfe, J., Kimerling, R., Brown, P.J., Chrestman, K.R., Levin, K. (1996). Psychometric Review of the Life Stressor Checklist-Revised. 198–200 in Instrumentation in Stress, Trauma, and Adaptation, edited by B. Hudnall Stamm. Lutherville, MD: Sidran Press | Measures exposure to physical trauma, violence, sexual assault, sexual abuse, and other traumatic events like a serious disaster or the death of a child. It consists of items measuring lifetime exposure, exposure as an adult, exposure as a child, and exposure within the 6 months prior to survey. |