



Washington Families Fund High Needs Families

Year 5 Evaluation Report

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I. EXECUTIVE SUMMARY

Introduction

The Washington Families Fund (WFF) was established by the Washington State Legislature in 2004 in response to the widespread and significant need for affordable housing and supportive services for families experiencing homelessness. The purpose of WFF is to expand the availability of service-enriched affordable housing for homeless families by providing stable long-term funding for housing-based services. With the launching of the WFF Systems Initiative in 2009, the WFF mission has expanded to include a focus on both program-based and systems-based methods for addressing family homelessness. WFF now also funds this systems change effort along with other supportive housing efforts. The fund is administered by Building Changes, a non-profit organization based in the Seattle, WA. Founded in 1988 (as AIDS Housing of Washington), Building Changes has a long history of working at federal, state, and local levels on strategies to help vulnerable populations, especially those with housing and homelessness issues. The organization's work has largely focused on systems that affect broad populations; including employment and public benefits, child welfare, and domestic violence. Its three primary activities are grant-making, capacity building/technical assistance, and advocacy.

Beginning in 2008, the WFF introduced the High-Needs Family (HNF) program to provide more intensive housing and services than transitional housing programs can typically provide. Five-year WFF HNF grants were provided to 14 agencies in Washington State to provide housing services to families that had histories of chronic homelessness and at least two co-occurring barriers, including serious and persistent mental illness, chemical dependency, domestic violence, trauma from violence, criminal histories, and/or Child Protective Services involvement.

Building Changes contracted with Westat, a national research and evaluation firm, to conduct the HNF evaluation, including the development and implementation of a rigorous screening tool that has ensured that the program serves a more homogenous population of the most vulnerable families than is typical, the development and implementation of an in-depth assessment administered at baseline and every six months thereafter, implementation assessments of the funded programs to understand the nature of each supportive housing project and to provide feedback on the extent to which the project activities are in line with the HNF model. Thirteen of the agencies receiving HNF funds are participating in this five-year evaluation, which began in 2008.

This first in a series of Westat outcome evaluation reports provides a foundation of in-depth understanding of the characteristics and needs of families served in the HNF program by 13 agencies, with an emphasis on health and behavioral health in particular, as well as a description of the changes over time in key outcome areas such as family stability, residential stability, health and well-being for those families who are in the program for at least a year. The extent to which changes in these outcomes are likely caused by the program will be investigated in subsequent reports.

Families Served in the Washington Families Fund High Needs Families Program

Since September 2008, 385 families have received housing and services through the HNF program. Ninety-three percent (N=358) of whom completed a baseline assessment with their case managers.

Families served in the HNF program are similar to families served in other supportive housing programs for homeless families described in the literature in terms of their demographic characteristics and family composition. The heads of households were almost all female and single, and primarily in their 20s to

30s, and predominantly white. The average HNF family had 2-3 children, with most having one or more pre-school aged children. At program enrollment, nearly half of the families had one or more children living away.

Yet, the data presented here indicate that program was targeting families with higher levels of service needs than are served in other supportive housing programs. Compared to other supportive housing programs, families in the HNF program have substantially more previous experiences with homelessness and residential instability, higher rates of child separation upon entry in to the program, lower levels of educational attainment, higher rates of physical and mental health issues, substance abuse and trauma needs, and a higher rate of past criminal involvement.

Nearly all of the HNF families (96%) were homeless at least once in the past, with a median of 3 times. Two-thirds of families moved more than once in the six months prior to moving into the HNF program, with a median of two moves.

Half of the heads of families reported having a chronic or ongoing medical problem with 44 percent of respondents considering it a disability and half of the families (47%) reported having unmet dental needs. The majority of respondents (61%) were coping with mental health issues at baseline, including depression, anxiety, and poor mental health functioning. Thirty-nine percent considered themselves to have either an alcohol or drug problem at program entry and 22 percent of respondents screening positive for either alcohol problems or drug problems. Almost all HNF families (88%) reported having experienced physical and/or sexual violence in the past, with 23 percent having experienced it in the six months prior to completing the baseline assessment.

More than two-thirds of the HNF population had a high school diploma/GED or higher. Although nearly all respondents (95%) had worked at some time in their lives, only 12 percent were working at the time of the assessment interview. On average, the monthly income of the HNF families is quite low with a median amount of just over \$450. The majority of families received TANF and food stamps/SNAP, but smaller proportions received other benefits, such as WIC, school lunches, day care vouchers, and SSI/SSDI. Most families had debt, with a median amount of \$4,289.

About half of the respondents in the HNF program had a criminal history, with a third of respondents (34%) having been convicted of a felony in the past and half (52%) having spent time in jail or prison because of a felony or misdemeanor conviction. At the time of the baseline assessment 15 percent were on probation or parole.

Twelve Month Housing Stability

Over half of the families (59%) who were enrolled in the HNF program stayed for 12 or more months. Of the 41 percent of families that exited within the first 12 months, half (20%) exited within six months of program enrollment. Few were considered by their case managers to have left for positive reasons. The exit destination is unknown for about a third of families. One-third exited to their own apartment or house and about 20 percent exited to a doubled up situation. The remaining families exited to substance abuse treatment facilities, emergency shelters, or places not suitable for habitation. There were some significant differences in the characteristics of the families who stayed and those who exited. Respondents who exited compared to those who stayed were more likely to have a positive screening for drug or alcohol problems but less likely to report a health disability. Additionally, exit rates differed among the agencies implementing the program. Some programs had no families leave before a year, whereas several had over 70 percent of their families exit within their first year in housing. Differences

in program exit rates are likely due to variations in how the housing was provided (i.e., tenant vs. project based), variations in the needs of the families served, and/or the availability of other housing and service options in the community.

Changes over Time for Families Staying in HNF Programs for 12 Months

Families that stayed for at least 12 months in the HNF program experienced few moves. Two-thirds of the families who stayed in the program did not move at all during the 12 months. Compared to their six months prior to entering the program, when 67 percent of the sample moved two or more times, with an average of 3.3 moves, this represents a significant increase in residential stability.

Families that remained in the program for 12 months or longer experienced statistically significant improvements in employment, income, family stability, and behavioral health.

In the first 12 months of the program, the employment rate among respondents more than doubled, from 12 percent to 25 percent. Wages averaged a little less than \$10 an hour and were comparable to wages for those employed at baseline. Families realized an average increase of over \$100 in their monthly income, despite a drop in the receipt of TANF. This increase was likely due to the increase in the number of families earning wages from their jobs. The percentage with debt decreased, and the average amount of debt decreased, primarily due to decreased telephone/cell phone debt, back rent, and money owed to friends or family. Overall, changes in employment, income, and debt are significant and positive, but pertain to only a subset of the families. The majority of families (75%) remained unemployed, lived on \$700 a month income, and had over \$3,000 in debt.

Family reunification occurred for families with children living away due to CPS involvement, a key goal of the HNF program. For families staying in the HNF program at least 12 months, the percent of families that have children living away due to CPS involvement declined significantly, from 18 percent at baseline to six percent at 12 months. While new family separations also transpired over the 12 months, overall, fewer families had children living away at the end of the 12 months than upon entry into the program with a quarter of families experiencing reunification over that time period.

Fewer families reported experiencing recent physical or sexual abuse, down from 23 percent at program entry to ten percent at 12 months. Fewer families screened positive for substance abuse, with the rate cut in half from 18 percent to about nine percent. Almost half of the families (45%), continued to report unmet dental needs, but there was a significant drop in need from a baseline rate of 62 percent having unmet dental needs. Rates of mental health and health concerns were similar at both time points and did not show significant improvements overall.

Overall, families served through the HNF for at least a year improved significantly in a number of areas of their lives, some that were explicit goals of the program (housing stability, family reunification) and some unexpected (employment). However, we are limited, with the current study design, in being able to determine whether improvement is due to the HNF program or if families would have changed in one or more of these areas without the program. In addition, because we only tracked families who stayed in housing and not those who dropped out, we are not able to provide a complete story of the changes of all families served through the HNF. With data provide by the Research and Data Analysis department (RDA) of the Washington State Department of Social and Health Services (DSHS) Integrated Client Database, we will be able to strengthen the design and understand the outcomes of all families served as well as compare these outcomes to matched families who enter shelter and receive services as usual as well as families who enter public subsidized housing but without special designated services.

In addition, using the DSHS data we will examine the cost-effectiveness of serving high needs families through the HNF program, compared to serving these families through the current system of shelter and housing without supports.

II. INTRODUCTION

The Washington Families Fund (WFF) was established by the Washington State Legislature in 2004 in response to the widespread and significant need for affordable housing and supportive services for families experiencing homelessness. The purpose of WFF is to expand the availability of service-enriched affordable housing for homeless families by providing stable long-term funding for housing-based services. With the launching of the WFF Systems Initiative in 2009, the WFF mission has expanded to include a focus on both program-based and systems-based methods for addressing family homelessness. WFF now also funds this systems change effort along with other supportive housing efforts. The fund is administered by Building Changes, a non-profit organization based in the Seattle, WA.

Beginning in 2008, the WFF introduced the High-Needs Family (HNF) program to provide more intensive housing and services than transitional housing programs can typically provide. Five-year WFF HNF grants were provided to 14 agencies in Washington State to provide housing services to families that had histories of chronic homelessness and at least two co-occurring barriers, including serious and persistent mental illness, chemical dependency, domestic violence, trauma from violence, criminal histories, and/or Child Protective Services involvement.

In 2008 with \$500,000 seed funding from the Bill & Melinda Gates Foundation, Building Changes contracted with Dr. Debra J. Rog of Westat, a national research and evaluation firm, to conduct the HNF evaluation. This seed money was used to develop a strong evaluation foundation on which outcome designs can be built to provide a more definitive understanding of the effectiveness of intensive support services combined with housing. In collaboration with Building Changes and the funded agencies, Westat developed and implemented a rigorous screening tool that has ensured that the program serves a more homogenous population of the most vulnerable families than is typical and thus provides a stronger base for studying the effects of the intervention. The in-depth assessment is administered at baseline and every six months thereafter and was developed with standardized measures but administered by HNF case managers (trained in its administration) to allow for both clinical and evaluation uses. A participatory feedback loop to HNF service providers on the family assessment data informed their work. Westat also conducted evaluability assessment interviews with each of the funded programs to understand the nature of each supportive housing project and to provide feedback on the extent to which the project activities are in line with the HNF model.

In 2011 the Robert Wood Johnson Foundation provided \$750,000 in additional funding to support and strengthen the HNF evaluation for a projected term of three years. The additional funding allowed for access to in-depth data on service usage and costs from Washington State's Department of Social and Health Services integrated data system that provides additional data on service usage and costs on the program participants and longitudinal follow-up as well as provides a basis for constructing a synthetic comparison group of homeless families with similar needs but in 'status quo' residential arrangements. The funding also allowed for qualitative interviews with HNF grantees and select client case studies for a richer understanding of service provision and usage among clients, and in-depth fidelity assessments in each site to understand the nature of the model to link more closely to the outcome data and to guide replication efforts.

Thirteen of the agencies receiving HNF funds are participating in this seven-year evaluation, which began in 2008.

This first in a series of Westat evaluation reports provides a foundation of in-depth understanding of the characteristics and needs of families served in the HNF program, with an emphasis on health and behavioral health in particular, as well as a description of the changes over time in key outcome areas such as family stability, residential stability, health and well-being for those families who are in the program for at least a year. The extent to which changes in these outcomes are likely caused by the program will be investigated in subsequent reports.

We begin the report with a description of the families screened and enrolled, including their demographic background and family composition; homelessness and housing background; service needs; employment and education; income, benefits, and debts; and legal problems. We then analyze the exit rate for families over a 12 month period, followed by a set of basic outcome analyses for the sample of families who remained in the HNF program for 12 months. We end with a brief summary and discussion of next steps.

Appendix A presents enrollment numbers in each of the 13 agencies participating in the evaluation of the HNF program. Appendix B presents a summary of the key descriptive findings of participants in studies of eight similar housing programs to contextualize the HNF program findings. Appendix C presents the results of an attrition analysis comparing baseline data on families who have exited the HNF program in the first 12 months with families who stayed 12 months or longer and completed a 12 month assessment to determine if there are any significant differences in the characteristics of families who are included in the outcome analysis and those who are not.

III. FAMILIES SERVED IN THE WASHINGTON FAMILIES FUND HIGH NEEDS FAMILIES PROGRAM

Screening and Eligibility

Since September 2008, nearly 1,000 families (N=935) have been screened for entry into the HNF program across 13 agencies. Each agency participating in the program used the same uniform screening tool to identify barriers to housing and focus eligibility on those families with multiple barriers. Across the agencies, an average of forty-one percent of the screened families (N=385) were deemed eligible for the HNF program, 93 percent (N=358) of whom completed a baseline assessment with their case managers. Table A-1 in Appendix A presents the screening and enrollment numbers by agency.

The 358 families included in this analysis account for 407 adults and 534 children living in the households at the time of enrollment. An additional 273 children were living away from their families at the time of enrollment. The descriptive findings in this section focus on the families as a whole and the heads of the households.

Families in the HNF program were screened eligible if they had a history of chronic homelessness and at least two co-occurring barriers, including serious and persistent mental illness, chemical dependency, domestic violence, trauma from violence, criminal histories, and/or Child Protective Services involvement. Moreover, some programs gave priority to specific populations, such as families involved in the child welfare system, families that had children living away from the home, and families that had been chronically homeless and lived outdoors in tents. Therefore, while the following characteristics provide important context for understanding the outcome data, they are specific to the HNF population and do not represent homeless families as a whole.

Demographic Background and Family Composition

As Table 1 outlines, the characteristics of families served in the HNF program are similar to families served in other supportive housing programs for homeless families (e.g., Bodonyi, Orlando, Yancey, Lamberjack, & McClaughlin, 2008; The Heartland Alliance Mid-America Institute on Poverty, 2009; The National Center on Family Homelessness, 2009; Nolan, Broeke, Magee, & Burt, 2005; Spellman, Khadduri, Sokol, & Leopold, 2010). The heads of households were almost all female and single, and primarily in their 20s to 30s. Most of the heads of households (69%) were white, reflecting the racial composition of the population in Washington State that live at or below the federal poverty line, which was about 65 percent white (Washington State Department of Social & Health Services, 2012). However, as with most homeless programs, those served were disproportionately individuals of color. Ten percent of the HNF respondents were African-American, compared to eight percent of those living in poverty in Washington State. This is especially true in King County, where 49 percent of the HNF program participants in the two programs in this county were African American.

Table 1. Demographic Characteristics – Baseline Sample

| | Percent or Mean ¹ |
|--------------------|------------------------------------|
| | (N=358) |
| Female | 90% |
| Age | (N=356) |
| Mean | 32.2 years |
| (Std. Dev.) | (8 years) |
| Range | 18.7 – 60.8 years |
| Race | (N=357) |
| White | 69% |
| African American | 10% |
| Hispanic | 10% |
| Other Race | 11% |
| Marital Status | |
| Married | 9% |
| Single | 56% |
| Separated/Divorced | 35% |

¹ Standard deviation in parentheses.

HNF families, for the most part, were small with young children (Table 2). The average HNF family had two to three children, with two-thirds having one or more children less than six years of age and 34 percent having at least one child younger than two years of age. A small percentage of families (13%) had another adult in the household, the majority of these (11%) were spouses or partners and the remaining were adult children, parents, or siblings.

At program enrollment, nearly half of the families had one or more children living away, in part due to HNF's increasing focus on serving families who were in need of reunification. Nearly one in five families (16%) was separated from a child due to CPS involvement and one in ten (10%) had a child in foster care.

Table 2. Family Composition – Baseline Sample

| | Percent or Mean ¹ |
|---|------------------------------------|
| | (N=358) |
| % with another adult in household | 13% |
| # of children | |
| Mean | 2.3 (1.4) |
| Range | 0 – 9 |
| % with children under 18 | 98% |
| % with children under 6 | 67% |
| % with children under 2 | 34% |
| % of families with 1 or more children living away ² | 42% |
| % of families 1 or more children living away due to CPS involvement | 16% |
| % of families with 1 or more children living in foster care | 10% |

¹ Standard deviation in parentheses.

² Excludes children living independently and those adopted out.

Homelessness and Housing Background

Families reported a great deal of housing instability over their lifetimes and in recent years. As Table 3 indicates nearly all of the HNF families (96%) were homeless at least once in the past, with a median of 3 times. Twenty percent of families reported experiencing literal homelessness more than 10 times and seven percent of families reported being homeless more than 20 times in their lifetime. Nearly all families (91%) experienced at least one additional episode of homelessness in the past two years and more than half (53%) experienced two or more episodes of homelessness in the past two years. This instability is higher than found in studies of broader homeless samples and in the evaluation of the Sound Families Initiative in which just over half (55%) had been homeless in the past (Bodonyi et al., 2008). Because families had to have a history of homelessness in order to be eligible for the HNF program, it is not surprising that all or nearly all families in the program have been homeless at least once in the past.

Most HNF families (89%) also reported having lived doubled up at least once in their lifetime and 80 percent reported having lived doubled up at least once in the last two years.

Table 3. Homelessness History – Baseline Sample

| | Percent or Median |
|---|-------------------------|
| Lifetime Homeless | (N=340) |
| Previously homeless in lifetime | 96% |
| Median # of times homeless in lifetime | 3.0 |
| Homeless in last two years | (N=347) |
| Previously homeless in last two years | 91% |
| Median # of times homeless in last two years | 2.0 |
| Previously living doubled up in lifetime | (N=352) |
| Previously living doubled up in lifetime | 89% |
| Median # of times living doubled up in lifetime | 5.0 |
| Previously living doubled up in last two years | (N=353) |
| Previously living doubled up in last two years | 80% |
| Median # of times living doubled up in last two years | 2.0 |

Not surprisingly, families experienced a great deal of residential instability in the six months just prior to moving into the HNF program. As shown in Table 4, two-thirds of families moved more than once, 2.9 times on average, with a median of two moves. Only 14 percent stayed in their own home at some point during the six month period.

Table 4. Housing History – Baseline Sample

| | Percent or Mean ¹ |
|--|------------------------------------|
| Moved more than once in 6 months prior to enrollment | (N=358) 66% |
| Number of moves in last 6 months | |
| Mean | 2.9 (2.3) |
| Range | 0 - 9 |
| Median | 2.0 |
| Stayed in own place in past 6 months | 14% |

¹ Standard deviation in parentheses.

Service Needs

Data were collected on a range of service needs, including physical health, mental health, substance abuse, trauma experiences, legal problems, and criminal histories. For each of these areas we collected information on both current statuses (at the time of the assessment) and history, using both standardized measures and self-reports.

Health and Dental: Because having a chronic health condition requiring medical care in the past 12 months was one of the criteria that could make a family eligible for the HNF, it is not surprising that half of the heads of families entering the program reported having a chronic or ongoing medical problem (50%), as shown in Table 5, such as arthritis, asthma, Hepatitis C, or diabetes and 44 percent of respondents self-report having a disability. However, only ten percent of respondents' current health is considered poor functioning using the physical component summary (PCS) of the Short Form-8 Health Survey (SF8) (Ware, Kosinski, Dewey, & Gandek, 2001).

The majority of families reported having access to health care. Eighty-nine percent of the respondents noted that they had medical insurance, primarily Medicaid, for themselves. In addition, 80 percent indicated that they had a clinic or doctor that they went to for routine or preventive care. Twenty percent indicated they did not have a clinic or doctor for routine care; however, only one percent indicated they went to the emergency room for this type of care. Three-quarters (76 %) indicated they had a clinic or doctor for sick care. Twenty-four percent indicated they did not have a clinic or doctor for sick care and eight percent indicated they went to the emergency room for sick care for themselves. About one third of the respondents reported receiving a dental examination in the past six months and half (47%) reported having unmet dental needs, including cavities, broken and/or missing teeth, and overdue dental exams.

Table 5. Respondent’s Self-Reported Physical Health Needs and Access to Services– Baseline Sample

| | Percent |
|---|---------|
| | (N=355) |
| Has a chronic or on-going medical problem | 50% |
| | (N=358) |
| Has a self-reported disability | 44% |
| | (N=355) |
| Has both a chronic or on-going medical problem and a disability | 35% |
| | (N=358) |
| Poor physical health functioning (SF8-PCS) ¹ | 10% |
| | (N=358) |
| One or more physical health indicators | 59% |
| | (N=358) |
| Pregnant | 9% |
| | (N=344) |
| Has a source of medical insurance | 89% |
| | (N=352) |
| Has a routine source of preventive care | 80% |
| | (N=347) |
| Have a non-emergency source for sick care | 76% |
| | (N=350) |
| Received a dental examination in past 6 months | 34% |
| | (N=358) |
| Has unmet dental needs | 47% |

Children’s Health: Children in the HNF program have high levels of access to medical and dental care. Virtually all respondents (99%) reported that their children have a source of medical insurance, with 92 percent receiving Medicaid, Medicare, or SCHIP. Ninety-four percent of the respondents reported having a clinic or doctor that they bring their children to for routine or preventive care and 93 percent had a non-emergency source of sick care for their children (see Table 6). One third of the respondents (34%) reported that their children were taken to the emergency room in the three months prior to the baseline assessment. This is considerably higher than for other families. According to the CDC, in 2011, 19 percent of children under 18 had at least one emergency room visit in the previous 12 months. For children below the federal poverty line, 25 percent had at least one emergency room visit in the previous 12 months (National Center for Health Statistics, 2012). Almost two thirds of respondents reported their children received a dental examination in the past six months and 13 percent indicated

their children had unmet dental needs including cavities, broken teeth, overdue exams, and orthodontia.

Table 6. Children’s Access to Physical Health Services – Baseline Sample

| | Percent |
|--|---------|
| | (N=337) |
| Children have a source of medical insurance | 99% |
| | (N=332) |
| Children have a routine source of care | 94% |
| | (N=328) |
| Children have a non-emergency source for sick care | 93% |
| | (N=325) |
| Children visited the emergency room in the last 3 months | 34% |
| | (N=343) |
| Children received a dental examination in past 6 months | 63% |
| | (N=358) |
| Children have unmet dental needs | 13% |

Mental Health: The majority of respondents were coping with mental health issues at baseline as seen in Table 7. Approximately half of the respondents scored in the moderate or severe range on the depression scale (47%) and anxiety scale (51%), both of which indicate the need for further assessment of these conditions (Spitzer et al., 1999; Spitzer et al., 2006). Nearly one in four (24%) scored in the poor range on the mental health component summary (MCS) of the Short Form-8 Health Survey (SF8) (Ware et al., 2001) (e.g., limiting social activity with friends or family, having difficulty with usual work, school, or other activities). In addition, over a quarter (27%) had been hospitalized for mental health in the past, with six percent having had a hospitalization in the six months prior to entering the HNF program.

Table 7. Mental Health Status and History – Baseline Sample

| | Percent |
|--|---------|
| Mental health indicators | (N=350) |
| Moderate or severe depression score (PHQ) ¹ | 47% |
| Moderate or severe anxiety score (GAD) ² | 51% |
| Poor mental health functioning (SF8-MCS) ³ | 24% |
| One or more mental health indicators | 61% |
| Mental health hospitalization | (N=354) |
| Ever hospitalized for mental health | 27% |
| Hospitalized for mental health in the past 6 months | 6% |

¹ 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 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

³ 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.

Substance Abuse: Substance abuse conditions are difficult to assess, in large part due to stigma concerns and concerns about jeopardizing one’s housing. Individuals, especially heads of households, entering housing are particularly concerned about any consequences of revealing alcohol and drug use, let alone abuse. Therefore, reports of current use of alcohol and drugs are often considered underestimates of actual use; reports of past use and treatment may be more accurate indicators of the possible level of current problems being experienced. Table 8 shows that over half (61%) of the respondents reportedly had received substance abuse treatment at least once in the past, with 30 percent having had alcohol abuse treatment and 54 percent having received drug abuse treatment. Twenty-two percent received both types of treatment.

About one fifth of respondents reported having received either alcohol treatment (20%) or drug treatment (18%) in the six months prior to entering the HNF program, with a total of one third of the respondents (32%) receiving any substance abuse treatment in that time period. Twenty-two percent of respondents screened for either alcohol problems (4%) using the Alcohol Use Disorders Identification Test (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) or drug problems (21%) using the Drug Abuse Screening Test (Skinner, 1982). However, thirty-nine percent considered themselves to have either an alcohol or drug problem.

The screening numbers for current substance abuse are lower in this study than in other studies of supportive housing, which found slightly higher percentages of heads of households in need of substance abuse treatment ranged from 26 to 40 percent (Bodonyi et al., 2008; Jackson-Swann et al.,

2010; The Heartland Alliance Mid-America Institute on Poverty, 2009; The National Center on Family Homelessness, 2009; Regional Research Institute Portland State University; 2009; Spellman et al., 2010). Differences in screening numbers may be due, in part, to the use of different screening tools. The percentage of HNF families reporting past treatment (61%), however, is comparable to the percentage of families (61%-66%) that have past issues with substance abuse in other supportive housing programs (The National Center on Family Homelessness, 2009; Nolan et al., 2005).

Table 8. Substance Abuse Status and History – Baseline Sample

| | Percent |
|---|---------|
| Alcohol Abuse | (N=352) |
| Ever received alcohol abuse treatment | 30% |
| Received alcohol abuse treatment in the past 6 months | 20% |
| Currently consider themselves to have an alcohol problem | 15% |
| Positive screen for alcohol abuse (AUDIT) ¹ | 4% |
| Drug Abuse | (N=348) |
| Ever received drug abuse treatment | 54% |
| Received drug abuse treatment in the past 6 months | 18% |
| Currently consider themselves to have a drug problem | 36% |
| Positive screen for drug abuse (DAST-10) ² | 21% |
| Alcohol and/or Drug Abuse | (N=352) |
| Ever received substance abuse treatment | 61% |
| Received substance abuse treatment in the past 6 months | 32% |
| Currently consider themselves to have alcohol or drug problem | 39% |
| Positive screen for alcohol or drug abuse | 22% |

¹ 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 Skinner, HA. The Drug Abuse Screening Test. Addict Behaviors 1982;7(4):363-367.

Trauma: Families were screened for exposure to trauma as part of program eligibility, which may account for rates slightly higher than found in most other past studies (Rog & Buckner, 2008). Almost all HNF families (88%) reported having experienced physical and/or sexual violence in the past, with 23

percent having experienced it in the six months prior to completing the baseline assessment as shown in Table 9. Similarly, more than three quarters (78%) experienced other traumatic events, like a serious disaster or the death of a child, in their lifetimes, with nearly 14 percent experiencing a traumatic event in the past six months.

Table 9. Trauma Exposure and History – Baseline Sample

| | Percent |
|--|---------|
| | (N=358) |
| Ever experienced physical or sexual violence | 88% |
| Ever experienced other traumatic events | 78% |
| Experienced physical or sexual violence in past 6 months | 23% |
| Experienced other traumatic events in past 6 months | 14% |

Employment and Education

More than two-thirds of the HNF population had a high school diploma/GED or higher (Table 10). Thirty-one 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 comparable to those 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 (Bodonyi et al, 2005; Nolan et al., 2005). In the Bridges to Housing program, even fewer families (23%) lacked a high school diploma or GED (Regional Research Institute Portland State University, 2009).

Although nearly all respondents (95%) had worked at some time in their lives, only 12 percent were working at the time of the assessment interview and one third (33%) reported that they were currently unable to work. The most common reasons cited for being unable to work included mental disability (15%) and physical disability (12%). 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 & 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 percent employed (Arthur Andersen LLP, 2002; The Heartland Alliance Mid-America Institute on Poverty, 2009).

Table 10. Education and Employment – Baseline Sample

| | Percent |
|---|----------------|
| Educational level | (N=357) |
| Less than high school diploma | 32% |
| Finished high school/Completed GED | 36% |
| More than high school diploma | 31% |
| Enrolled in vocational program/Completed a vocational program | (N=358) 31% |
| Employment Status | (N=358) |
| Ever employed | 95% |
| Currently employed at time of interview | 12% |
| Unable to work | 33% |

Income, Benefits, and Debt

On average, the income level of the HNF families appears to be lower than families in other studies of supportive housing programs, which averaged about \$700-\$1,000 per month (Arthur Andersen LLP, 2002; Nolan et al, 2005; The National Center on Family Homelessness, 2009; Tull et al, 2009). This is likely due to the lower employment rate among HNF families than families in other supportive housing programs. The median amount of monthly income at baseline for HNF families was just over \$450 and the mean was \$512 (see Table 11). The mean amount of income may not be suitable for comparison because it can be skewed by a few outlying observations.

Table 11. Sources and Amount of Income – Baseline Sample

| | Percent or Mean ¹ |
|----------------------------------|------------------------------------|
| Amount of income in past 30 days | |
| Mean amount | \$512 (\$411) |
| Range | \$0 - \$2,620 |
| Median amount | \$453 |
| % with no income | 14% |

¹ Standard deviations are in parentheses.

As Figure 1 indicates, the most common source of income was TANF, with 60 percent of families receiving it in the last 30 days. About 14 percent received child support; 12 percent of respondents received income from employment; seven percent received SSI or SSDI for someone else and six percent received income from SSI or SSDI for themselves. Fourteen percent of families reported having no

income at baseline as described in Table 11. This is consistent with other studies. Families in the Family Permanent Supportive Housing Initiative, received income from TANF (66%), child support (20%), unemployment insurance (8%), alimony (1%), and VA benefits (1%) in the past 12 months (Nolan et al, 2005).

Figure 1. Percentage of Families that Receive Each Source of Income and Amounts of Income

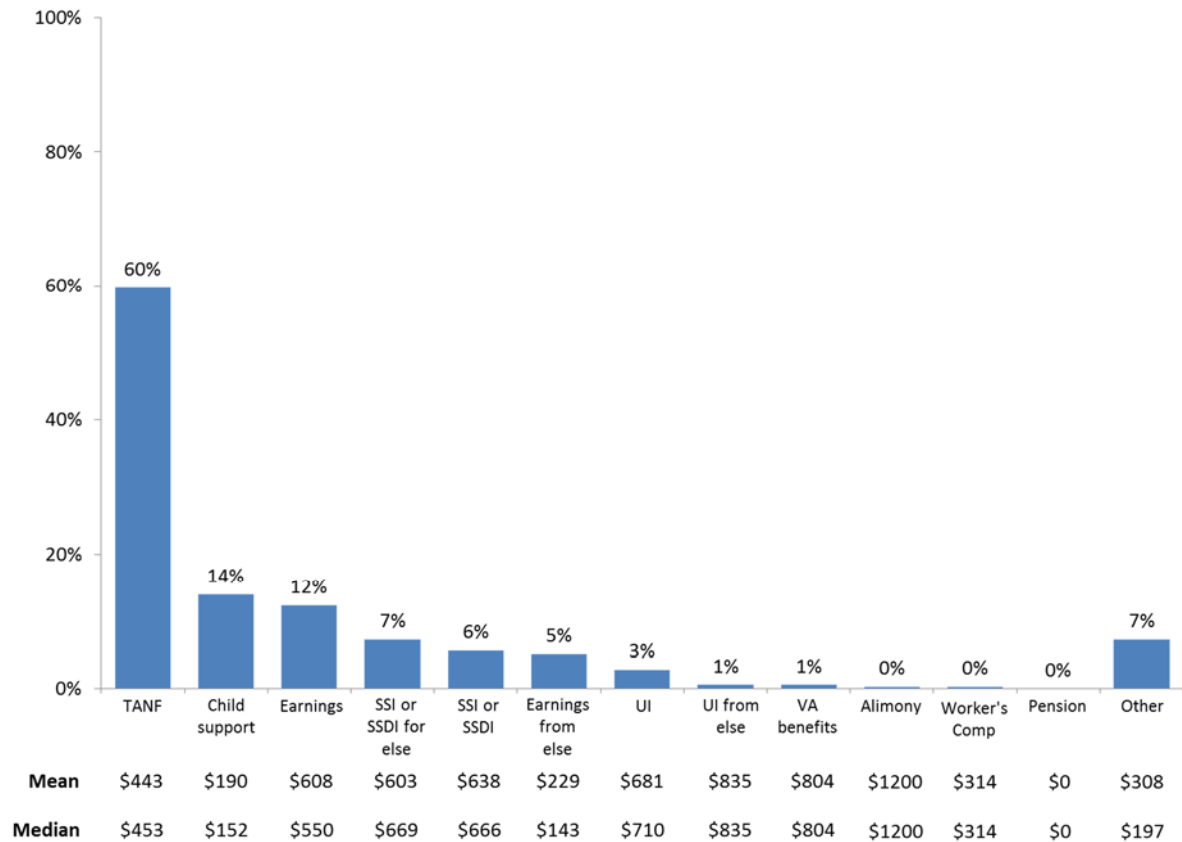


Table 12 shows that nearly all HNF families indicated they receive food stamps/SNAP (97%). Smaller proportions received WIC (55% of those who fit the eligibility criteria), school lunches (61% of those with school-aged children), and day care vouchers (32% of those with children 5 years old or younger). Although low, these numbers are consistent with other studies on similar populations. For example, in the Family Permanent Supportive Housing Initiative, most families reported receiving food stamps/SNAP (78%) and fewer reported receiving child care subsidies (21%) (Nolan et al, 2005). Discussions with providers indicated logistical and other concerns that families note with applying for and using some benefits, especially WIC.

Table 12. Benefit Receipt – Baseline Sample

| | Percent |
|---|---------|
| Food Stamps/SNAP ¹ | (N=352) |
| Currently receives | 97% |
| Pending | <1% |
| WIC ² (of those who are eligible) | (N=227) |
| Currently receives | 55% |
| Pending | 2% |
| School Lunch (of those with at least one school-aged child) | (N=226) |
| Currently receives | 61% |
| Pending | 1% |
| Receives daycare vouchers (of those with at least one child 5 years old or younger) | (N=218) |
| Currently receives | 32% |
| Pending | 3% |

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 (86%) had debt, with a median amount of \$4,289 as shown in Table 13. About 41 percent of families had more than \$10,000 of debt, and 10 percent had more than \$20,000 of debt. Two respondents reported owing very large amounts of debt (\$700,000 and \$805,000, respectively), both were almost exclusively for medical bills.

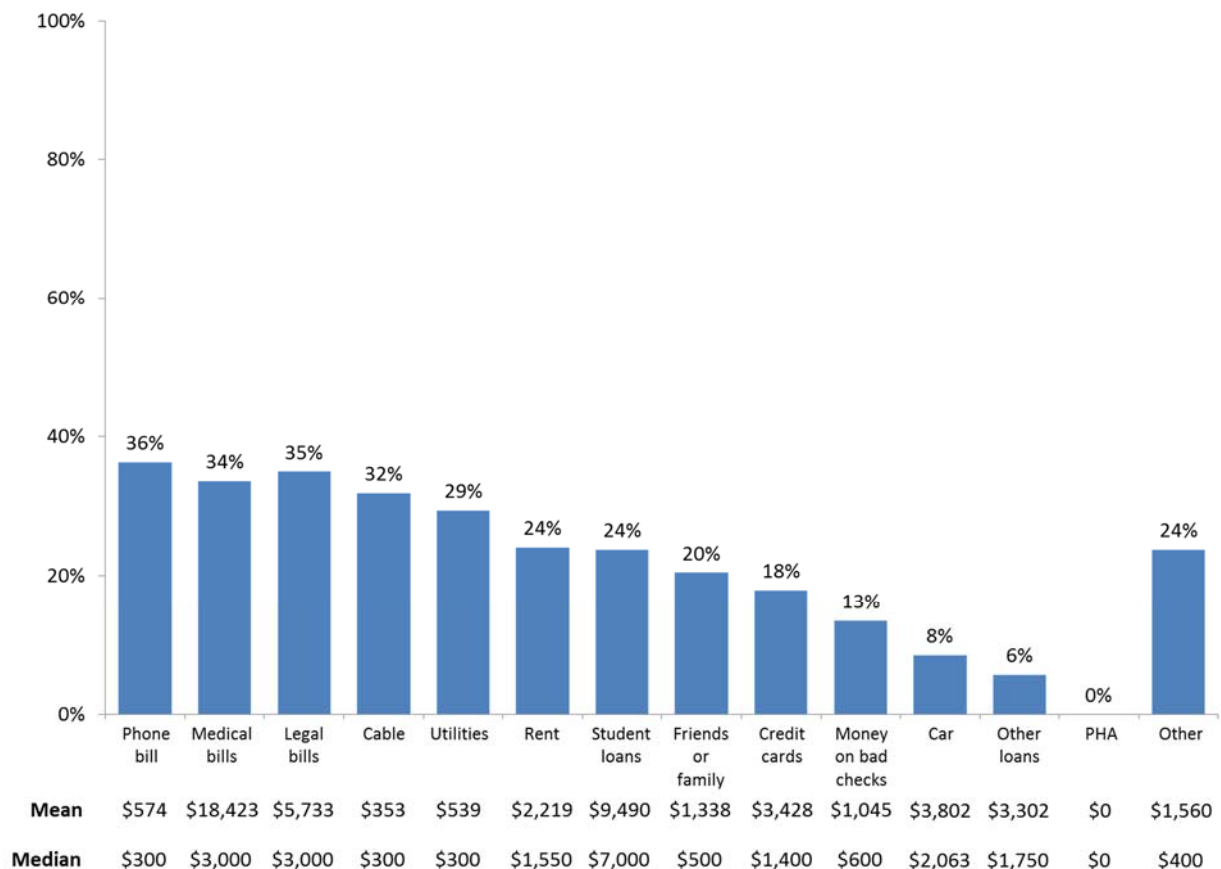
Table 13. Sources and Amount of Debt – Baseline Sample

| | Percent |
|----------------|-----------------|
| | (N=358) |
| Has debt | 86% |
| Amount of debt | |
| Median amount | \$4,289 |
| Range | \$0 - \$805,500 |

As Figure 2 displays, the most common sources of debt were for telephone or cell phone bills, medical bills, legal bills, and cable. Forty-one percent of the families had at least one source of housing-related

debt¹ (e.g., money owed for overdue rent or utilities), with a median of \$800. The highest average amounts owed were for medical bills (with an average of \$18,423), student loans (with an average of \$9,490) and legal bills (with an average of \$5,733).

Figure 2. Percentage of Families that Have Each Source of Debt and Amounts of Debt



Legal Problems

Legal problems were one of the housing barriers included as a key screening criterion and likely account for the higher percentages of past criminal involvement than in other supportive housing studies (Bodonyi et al., 2005; The Heartland Alliance Mid-America Institute on Poverty, 2009). About half of the respondents in the HNF program had a criminal history. As shown in Table 14, a third of respondents (34%) had been convicted of a felony in the past and 52 percent had spent time in jail or prison because of a felony or misdemeanor conviction. At the time of the baseline assessment 15 percent were on probation or parole. Eleven percent of the respondents were dealing with housing-related legal problems, such as eviction or property damage, and 33 percent were dealing with other legal problems, such as immigration, DUI, or child custody.

¹ Housing-related debt includes money owed for back rent; back utilities, like gas, electric, or water; and money owed to the housing authority.

Table 14. Respondent Criminal History and Legal Problems – Baseline Sample

| | Percent |
|---|----------------|
| Criminal History | (N=351) |
| Convicted of a felony | 34% |
| Spent time in jail or prison because of a conviction | 52% |
| Legal Problems | (N=351) |
| On probation or parole | 15% |
| Dealing with housing-related legal problems | 11% |
| Dealing with other legal problems (e.g., immigration, DUI, and child custody) | 33% |

Summary of Service Needs at Baseline

As noted, the HNF program adopted a rigorous screening process and use of a tool that geared eligibility toward families with minimum of two service needs in addition to a history of homelessness. Service needs that were screened included 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.

As the data reported in this section from the more detailed baseline assessment attest, families entering the HNF program had an array of housing barriers and more so than generally found in other studies of supportive housing. Over 70 percent of the families were assessed to have three or more barriers. Seventeen percent had two barriers, and 12 percent (N=43) had zero or one² service barrier at baseline.

Table 15 presents a summary of the barriers families experienced at baseline, with more than half of the families in the HNF program with four of the six service needs at baseline. The most common service need was exposure to physical or sexual violence, followed by legal problems, mental health problems, and physical health problems. About one-fifth of the families had substance abuse problems or an open CPS plan for one or more of the children at the time of program enrollment.

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 15. Number and Type of Housing Barriers – Baseline Sample

| | Percent |
|---|----------------|
| Number of Barriers | (N=358) |
| Family has zero barriers | 2% |
| Family has one barrier | 10% |
| Family has two barriers | 17% |
| Family has three barriers | 30% |
| Family has more than three barriers | 41% |
| Types of Barriers | (N=358) |
| Ever experienced physical or sexual violence | 88% |
| Any legal problems | 67% |
| At least one mental health indicator | 61% |
| Has a chronic or on-going medical problem or disability | 59% |
| Moderate to severe substance abuse problem | 22% |
| Open CPS plan | 21% |

IV. TWELVE MONTH HOUSING STABILITY

Enrollment into the HNF occurred on a rolling basis since September 2008. Of the 385 families enrolled in the HNF program, 79 percent (N=303) were eligible for this analysis as they were enrolled at least 12 months prior to the analysis cut-off date. The remaining 21 percent (N=82) entered the program within the past 12 months and thus were not yet eligible for the 12 month analysis (see Table 16).

Table 16. Enrollment Status (N=385)

| | Number | Percent of Enrolled who Have Exited or Stayed in Program |
|--|--------|--|
| Enrolled | 385 | -- |
| # Not Yet Eligible for 12 Month Assessment | 82 | 21% |
| Eligible for a 12 Month Assessment | 303 | 79% |

As shown in Table 17, 59 percent of the families in the analysis stayed in the HNF program for 12 or more months, whereas 20 percent exited within the first six months of the program and 21 percent exited between 6 and 12 months. Exiting families stayed for an average of ten months. Of those families that stayed in the HNF program for more than 12 months, 20 percent (N=35) did not complete a 12 month assessment.

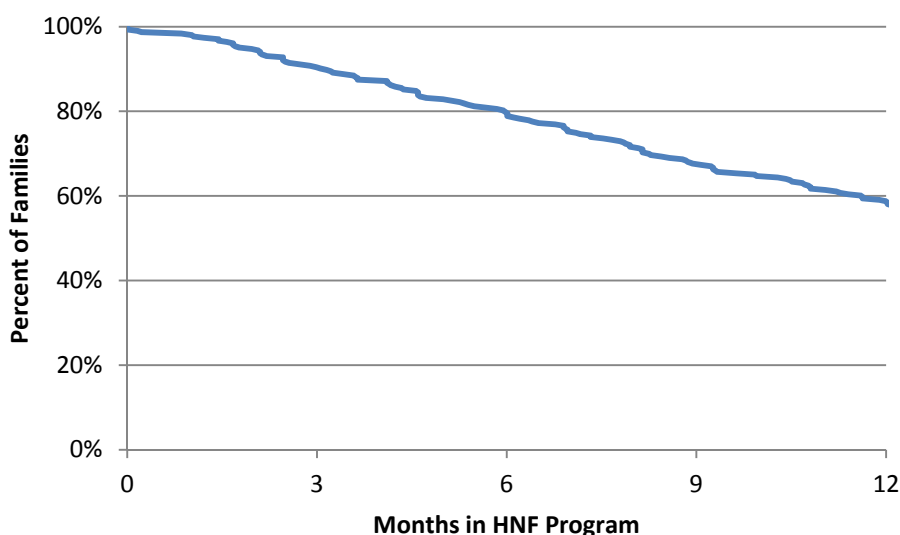
Table 17. Exit Status (N=303)

| | Number | Percent of Enrolled who Have Exited or Stayed in Program |
|------------------------------|--------|--|
| Exited within 6 Months | 62 | 20% |
| Exited between 6 - 12 Months | 63 | 21% |
| Stayed in Program 12+ months | 178 | 59% |

Figure 3 displays the percent of enrolled families in the HNF program for the first 12 months (of those who were eligible). Nine percent of families (N=26) exited within the first couple of months of program enrollment without completing a baseline assessment.³

³ The majority of families that exited before completing a baseline assessment were served by two programs, Drug Abuse Prevention Center and Yakima Neighborhood Health Services. Due to their high exit rates, they enrolled more families for each funded unit than agencies with lower exit rates. Therefore, these two agencies are both over-represented in the exit analysis and over-represented in the baseline analysis.

Figure 3. Months in the Program (N=303)



Data on type of exit and exit destination were provided through case manager records. Caution must be used in drawing conclusions from these analyses because the findings are likely highly correlated with agency, case managers, and program rules. Additionally, the sample sizes are quite small and there is a significant amount of missing or unknown data.

Of those families that exited the program within the first 12 months, few left with a positive exit according to case manager records (e.g., achieved their goals in the program), while the majority experienced either a negative outcome (e.g., evicted from housing or exited from program for non-compliance), a neutral outcome (e.g., left the program to live with family or friends), or an unknown outcome. The outcome is unknown for some families due to participants completing or leaving the program without providing follow-up data.

Table 18. Type of Exit from Program

| | Exited before 6 Months | Exited between 6 and 12 Months |
|----------|------------------------|--------------------------------|
| | (N=62) | (N=63) |
| Positive | 3% | 3% |
| Neutral | 32% | 29% |
| Negative | 39% | 41% |
| Unknown | 26% | 27% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Among the families who exited before six months, about one third (37%, N=23) exited to their own apartment or house, while 19 percent (N=12) moved in with a family member or friend (see Table 19). Three percent exited the HNF program for a substance abuse treatment facility and six percent exited to a homeless situation. The exit destination is unknown for the remaining third of families who exited before six months.

Among the families who exited between 6 and 12 months, 29 percent exited to their own apartment or house and 24 percent exited to a doubled up situation. One family (2%) exited to an emergency shelter and one respondent (2%) passed away while in the HNF program.

Table 19. Exit Destination

| | Exited before 6 Months | Exited between 6 and 12 Months |
|---|------------------------|--------------------------------|
| | (N=62) | (N=63) |
| Own apartment or house | 37% | 29% |
| Doubled up with a family member or friend | 19% | 24% |
| Substance abuse treatment facility | 3% | 2% |
| Place not meant for human habitation | 3% | 2% |
| Emergency shelter | 3% | 2% |
| Respondent died | 0% | 2% |
| Unknown | 35% | 39% |

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

We conducted exploratory regression analyses on the number of months in the HNF program using data provided through the assessments. The results may not be interpreted as causal impacts of the HNF program. We were only able to include measures that are available in the assessment and cannot address characteristics that are unobserved. Many of the variables, such as type of voucher and number of on-site services, are not evenly distributed across the families and there may be confounding variables, such as active drug addiction, that affect both the positive screening for substance abuse and time in the program, omitted from this analyses. The programs have different characteristics and serve different populations, factors which may contribute to the length of time families stay in the HNF program. Additionally, the number of families from each program included in these analyses differs.

Tables 20 and 21 present the results from five separate multivariate regression analyses designed to try to understand the factors that predict when a family exits the program. Model 1 examines respondent characteristics alone, and finds that respondents reporting a disability were likely to stay in the program about three and a half months longer than respondents who did not report a disability. Respondents with a positive screening for drug or alcohol problems left 5.5 months earlier, controlling on all other characteristics. However, the significant relationship between substance abuse and early exit disappears when families served by Drug Abuse Prevention Center (DAPC) are excluded from the analysis. This suggests that the high rate of exit among families in DAPC explains the relationship between substance abuse and time to exit.

When agency is included in the model (Model 2), the findings shift due to the differences among the programs both in exit rates and in the characteristics of families served. Families who were employed at some point in the six months prior to the baseline assessment left the program about 4.6 months earlier than those without recent employment experience, holding other characteristics constant. Moreover, disability and substance abuse problems are no longer significant, suggesting that families with these characteristics were more likely to be served by programs with longer and shorter average stays, respectively. Relative to Sound Mental Health, the agency omitted from the analysis, families in Crisis

Support Network and Drug Abuse Prevention Center stayed in the program significantly shorter, 21 months and 23 months less, respectively. Families in all other agencies except Valley Cities also stayed significantly shorter periods than families in Sound Mental Health.

Table 20. Regression of Months in the HNF Program on Respondent and Program Characteristics (N=315)

| | Model 1 | Model 2 |
|--|----------|-----------|
| Intercept | 19.65*** | 33.02*** |
| Respondent Characteristics | | |
| Age | 0.04 | 0.08 |
| Other adult(s) in household | 0.87 | -0.17 |
| Child under 5 and under in household | -2.14 | -1.16 |
| Employed within last 6 months | 1.93 | 4.61* |
| Total monthly income | 0.00 | -0.00 |
| Disability | 3.59* | 2.31 |
| Mental health problem | -1.26 | -1.67 |
| Alcohol or drug problem | -5.50** | -1.09 |
| Experienced recent trauma | -1.04 | -1.13 |
| Legal problems | -1.20 | 0.12 |
| HNF Agencies ¹ | | |
| Benton Franklin Community Action Committee | -- | -8.69* |
| Community Services Northwest | -- | -16.66*** |
| Crisis Support Network | -- | -21.11*** |
| Drug Abuse Prevention Center | -- | -22.64*** |
| Serenity House | -- | -16.10*** |
| Valley Cities | -- | -4.33 |
| Volunteers of America | -- | -16.84*** |
| Walnut Corners | -- | -14.75*** |
| Westend Outreach Services | -- | -14.37*** |
| West Sound Treatment Services | -- | -15.71*** |
| Women's Resource Center | -- | -12.69*** |
| Yakima Neighborhood Services | -- | -18.51*** |

* p < 0.05, ** p < 0.01, *** p < 0.001

¹ Sound Mental Health is the omitted category.

Table 21. Regression of Months in the HNF Program on Respondent and Program Characteristics (N=315)

| | Model 3- Project Based vs. Tenant Based Voucher | Model 4- Number of On- Site Services | Model 5- Case Manager Caseload |
|--------------------------------------|--|---|---|
| Intercept | 22.58*** | 14.60*** | 28.46*** |
| Respondent Characteristics | | | |
| Age | 0.01 | 0.04 | 0.00 |
| Other adult(s) in household | 0.13 | 0.94 | -1.14 |
| Child under 5 and under in household | -2.63 | -2.03 | -2.59 |
| Employed within last 6 months | 1.86 | 4.35 | 1.73 |
| Total monthly income | 0.00 | 0.00 | 0.00 |
| Disability | 3.49* | 3.75 | 3.01 |
| Mental health problem | -1.22 | -1.74 | -1.04 |
| Alcohol or drug problem | -5.11** | -5.19** | -3.62* |
| Experienced recent trauma | -1.12 | -0.84 | -1.59 |
| Legal problems | -0.54 | -0.61 | -0.29 |
| Program Ingredient Variables | | | |
| Project-based | -3.41* | -- | -- |
| Number of on-site services | -- | 2.69*** | -- |
| Caseload (per case manager) | -- | -- | -0.60*** |

* p < 0.05, ** p < 0.01, *** p < 0.001

Models 3 through 5 combine programs with similar service and housing characteristics together to try to understand the role these features may play in predicting exit (see Table 21). Due to high correlations between the three program ingredient variables, each variable is presented in a separate model. When project-based is added to the model disability and positive screening for substance abuse program remain statistically significant predictors of time in the program. When number of on-site services and caseload are added, respondent reported disability is no longer a significant predictor of time in the program, but a positive screening for an alcohol or drug problem is still significant. Additionally, program characteristics significantly predict time in program in each of the three models. Families in project-based programs left the program 3.4 months earlier on average than those in tenant-based programs.⁴ For each additional on-site service provided by the program, families stayed about 2.7 months longer. As the caseload per case manager increased by one, families left the program about half a month earlier, controlling for other factors.

Table 22 outlines the way the various programs align with these features. Exit rates for the programs varied from 0 percent (e.g. Benton Franklin Community Action Committee) to over 70 percent in some agencies (e.g., Drug Abuse Prevention Center, Yakima Neighborhood Health Services' FIESTAS Lower Valley and FIESTAS Youth and Family Safety Net).

⁴ Due to the high exit rate at DAPC, we re-ran the length of stay analysis excluding families served by DAPC and found the same results. Families with project based vouchers have significantly shorter stays than those with tenant based vouchers.

Table 22. Table of Program Characteristics

| Agency | Program Name | Number of Families Enrolled | Housing Model | # of On-Site Services | Caseload per Case Manager | % Exited before 12 Months |
|--|--|-----------------------------|---------------|-----------------------|---------------------------|---------------------------|
| Benton-Franklin Community Action Committee | Home Base Connections | 10 | Tenant-based | 1 | 10 | 0% |
| Catholic Charities of Spokane | Walnut Corners | 22 | Project-based | 2 | 20 | 17% |
| Community Services Northwest | Family Housing Northwest | 25 | Project-based | 1 | 10 | 20% |
| | Family Housing Northwest II | 18 | Project-based | 1 | 10 | 36% |
| | Family Housing Northwest III | 10 | Project-based | 1 | 10 | 0% |
| Crisis Support Network | Pacific Pearl | 29 | Project-based | 1 | 15 | 48% |
| Drug Abuse Prevention Center | Phoenix House | 86 | Project-based | 2 | 20 | 74% |
| Serenity House | Cornerstone | 11 | Project-based | 2 | 7.5 | 30% |
| | Cornerstone Family Unification Project | 7 | Tenant-based | 2 | 7.5 | 0% |
| Sound Mental Health | Project Homestead | 24 | Project-based | 5 | 12.5 | 10% |
| | Project Homestead II | 8 | Tenant-based | 5 | 12.5 | 0% |
| Valley Cities | Families First | 22 | Tenant-based | 5 | 10 | 5% |
| Volunteers of America | Sky Valley | 12 | Tenant-based | 4 | 10 | 50% |
| | FUP Housing First | 7 | Tenant-based | 4 | 10 | 33% |
| West End Outreach | Homestead II | 17 | Project-based | 1 | 10 | 29% |

| | | | | | | |
|---|-------------------------------------|----|---------------|---|----|------|
| Services | | | | | | |
| West Sound Treatment Center | Forward Bound | 19 | Project-based | 1 | 14 | 24% |
| Women's Resource Center of North Central WA | Strong Families | 17 | Tenant-based | 0 | 7 | 20% |
| Yakima Neighborhood Health Services | FIESTAS Lower Valley | 33 | Project-based | 1 | 10 | 70% |
| | FIESTAS Youth and Family Safety Net | 8 | Tenant-based | 1 | 10 | 100% |

V. CHANGES OVER TIME FOR FAMILIES STAYING IN HNF PROGRAMS FOR 12 MONTHS

Understanding the Study Sample

As described in the previous section, 12 month assessment data are available on only a subset of the 385 families (35%) who were enrolled in the HNF program. One hundred forty-three families were enrolled in the program for 12 months and completed a 12 month assessment. The remaining 242 families were excluded because they enrolled less than 12 months ago (N=82), exited prior to 12 months (N=125), or did not complete a 12 month assessment (N=35).

We performed attrition analyses to determine if there are any significant differences in the characteristics of families who are included in the 12 month dataset and those who are not (including those who enrolled less than 12 months ago, those who exited before 12 months, and those who did not complete the 12 month assessment). In these analyses, we examined agency, respondent characteristics, service needs and housing barriers at baseline (e.g., mental health, substance abuse, criminal justice involvement, etc.). These attrition analyses (presented in Appendix C) reveal that there were some key program and individual respondent differences between the outcome sample and the baseline population. In particular, some HNF agencies were more likely to have families included in the outcome analyses, including Benton Franklin Community Action Committee, Community Services Northwest, Sound Mental Health, and Valley Cities. Each of these agencies had lower exit rates and thus had greater percentages of families in the outcome analyses. Drug Abuse Prevention Center (DAPC), on the other hand, had a higher percentage of families excluded from the outcome analyses than included due to its higher than average exit rate⁵. Yakima Neighborhood Health Services also had almost as many families excluded as included from the outcome analyses because many families were not yet eligible for the 12 month assessment.⁶

Among participant characteristics, families with another adult in the household were more likely to be included in the outcome analyses while families with children 5 and under were less likely. Respondents with a disability were over-represented among the 12 month sample and respondents with drug and alcohol problems were under-represented. Given these differences, caution must be used in generalizing the findings from the outcome analyses to all families in the HNF program.

These data should not be used to draw conclusions about which families are best served by the HNF program because there are numerous factors, independent of families' service needs that affect their propensity to stay in the program. These factors include differences in the agencies that served them; program and housing rules, such as whether the housing is a clean and sober facility; differences in the populations targeted and served by the programs; families' relationships with program staff; and other unobserved family characteristics, such as desire to reside with significant others or relatives.

Results of the outcome analyses, all on the 143 families, are reported below, beginning with an examination of housing stability within the program and then changes in family stability, and changes in service access and outcomes for health, behavioral health, education, employment, income, benefits,

⁵ Though DAPC has a higher percentage of its families excluded from the outcome analyses, it also has a higher number of families included in the analyses due to its enrollment rate. DAPC has a higher exit rate in part because it operates the HNF program with shared housing (multiple families sharing the same housing), it is a clean and sober facility so if families are using drugs or alcohol they are exited, and early in the implementation of the program it experienced a high level of staff turnover. Of the families that exited DAPC, none were positive exits, 35% were neutral exits, 20% were negative exits, and 45% were unknown type of exit.

⁶ Of the 41 families enrolled in YNHS, only 22 were eligible for a 12 month assessment as of July 2013.

and debt. Caution must be used in attributing these changes to the HNF program, in part, because of the limited sample size and selection bias. Moreover, without a comparison group of similar families we cannot determine whether these changes would have occurred independent of the HNF program. Future analyses using matched comparison groups will provide a greater understanding of the benefits of the supportive housing program beyond services as usual.

Housing Stability within the HNF Program

Thirty-eight percent of the families moved one or more times during their 12 months in the program (see Table 23), most frequently citing that they wanted to live in a different location. In the six months prior to entering the program, nearly 70 percent moved at least once. This represents a significant increase in stability for this subset of families.

Table 23. Residential Stability at Baseline and Twelve Months

| | Baseline | 12 Months |
|--|-----------|-----------|
| Number of moves in past 6 months | (N=142) | |
| Moved more than once in the past 6 months | 67% | |
| Mean # of moves in the past 6 months ¹ | 3.3 (2.5) | |
| Number of moves in past 12 months | | (N=143) |
| Moved 1 or more times in the past 12 months | - | 38% |
| Mean # of moves in the past 12 months ¹ | - | 0.8 (1.6) |

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

Changes in Family Stability

After a year in housing, the majority of families that entered intact remained intact (89%). The remaining 11 percent of families experienced a new separation after entering the housing as shown in Table 24. Four separations were due to CPS or court removals and three were because the respondent chose to have them live away. Of all the separations, all but one were placed with the other parent, grandparents, or other relatives; the one non-family separation was placed in foster care.

The majority of families that entered with HNF program with a child living away continued to be separated at 12 months. Forty-two percent of families entered with a separation; over half of those families (62%) experienced no reunifications or new separations while 17 percent experienced an additional separation (including 5% who experienced both a separation and a reunification). A fourth of the families who entered with a separation (N=16) were reunified with at least one child (including 5% who experienced both a separation and a reunification). Over half (N=9) of these families reunited with a child from foster care. Most reunifications (70%) occurred within the first 6 months of entering the HNF program.

Table 24. Family Separations and Reunifications

| | Baseline | | 12 Months |
|--|----------|---|-----------|
| | (N=143) | | (N=143) |
| Intact families | 58% | Intact | 89% |
| | | 1 or more children separated | 11% |
| Families with one or more children separated | 42% | Continue to be separated | 62% |
| | | Reunified with 1 or more children | 21% |
| | | Both reunited and separated from children | 5% |
| | | 1 or more additional separations | 12% |

Across all 12 month families, there was a statistically significant decline in the percent of families that have children living away due to CPS involvement, from 18 percent at baseline to six percent at 12 months. Fewer families had children living away (for any reason) at the end of the 12 months than upon entry into the program (35% at 12 months vs. 42% at baseline) as presented in Table 25. Also, fewer families had children living in foster care at 12 months than at baseline though this decline is not statistically significant.

Nineteen families included in the outcome analyses had their housing supported by Family Unification Program (FUP) vouchers. These vouchers are intended to provide housing assistance to families involved with the child welfare system, and to reunify families or keep them together. None of these families had children living in foster care at baseline or 12 months, however during this time the number with an open CPS plan decreased from 11 percent to 0 percent. Due to the small sample size, this difference is not statistically significant.

Six of the 19 HNF programs specifically target child welfare involved families or families with children living away. The twenty-six families included in the outcome analyses served by these programs experienced improvements in family preservation, reunification, and CPS involvement. Among these 26, two families (8%) had children living in foster care at baseline and one family (4%) had children living in foster care at 12 months. The percentage of families with a CPS plan significantly decreased from 20 percent to four percent.

Eighteen respondents reported receiving help reuniting with their children in the first 12 months in the HNF program. Among those families, the percentage of families with at least one child living in foster care significantly decreased from 50 percent to 11 percent and the percentage of families with an open CPS plan significantly decreased from 67 percent to 17 percent. However, due to the small sample sizes caution should be used in interpreting these findings.

Table 25. Family Intactness at Twelve Months

| | Baseline | 12 Months |
|--|----------|-----------|
| | (N=142) | (N=143) |
| % of children living away | 42% | 35% |
| % of children living away due to CPS involvement** | 18% | 6% |
| % of children living in foster care | 7% | 4% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Changes in Health Service Access and Outcomes

Respondents' access to medical care for themselves and their children remained stable or increased during the first 12 months in the HNF program. Table 26 shows that the majority of respondents had access for themselves to insurance (88%) at both baseline and 12 months (89%). Further, most respondents had access to a clinic or doctor for routine or preventive care (81%) or for sick care (72%) at baseline but still experienced a significant increase in both types of access (95% and 89%, respectively) over time.

At 12 months, as with baseline, almost all families also reported having a source of medical insurance and access to a clinic or doctor for a routine or preventive care and for sick care for their children as displayed in Table 27. Surprisingly, a quarter of the families continued to report bringing their children to the emergency room at least once in the prior three months, similar to the percentage that reported taking their children to the emergency room in the three months prior to the baseline assessment. Although we do not have data on the reasons for these visits, about four percent of families at baseline and two percent at 12 months indicated they did not know where to get their children the medical services their children need. The majority of families (79% at baseline and 90% at 12 months) said there was nothing preventing them from getting the medical services their children need.

Table 26. Access to Health Services at Twelve Months

| | Baseline | 12 Months |
|--|----------|-----------|
| | (N=140) | (N=142) |
| Has a source of medical insurance | 88% | 89% |
| | (N=140) | (N=141) |
| Has a routine source of care*** | 81% | 95% |
| | (N=138) | (N=142) |
| Has a non-emergency source for sick care*** | 72% | 89% |
| | (N=138) | (N=143) |
| Received a dental examination in past 6 months | 30% | 29% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 27. Children’s Access to Physical Health Services at Twelve Months

| | Baseline | 12 Months |
|--|-----------------|------------------|
| | (N=139) | (N=142) |
| Children have a source of medical insurance | 100% | 99% |
| | (N=132) | (N=138) |
| Children have a routine source of care | 93% | 99% |
| | (N=135) | (N=141) |
| Children have a non-emergency source for sick care | 90% | 97% |
| | (N=136) | (N=140) |
| Children visited the emergency room in the last 3 months | 29% | 26% |
| | (N=137) | (N=143) |
| Children received a dental examination in past 6 months | 64% | 59% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Respondent’s physical health functioning did not change significantly over time (see Table 28), although the percentage of families with poor physical health functioning slightly increased. The percentage of families with unmet health needs decreased from 22 percent to 14 percent, a non-significant difference, whereas the percentage of families with unmet dental needs decreased significantly from 61 percent at baseline to 45 percent at 12 months. Overall families in supportive housing programs had their health needs met whereas dental needs were typically unmet (Bodonyi, Orlando, Yancey, Lamberjack, McClaughlin, 2008) in part because Medicaid includes only limited dental coverage and finding dental providers that accept it can be challenging. Comparable percentages of respondents at baseline and 12 months (approximately 17%) cited lack of dental insurance as the reason for their unmet dental needs.

Table 28. Physical Health Needs at Twelve Months

| | Baseline | 12 Months |
|---|-----------------|------------------|
| | (N=142) | (N=141) |
| Poor physical health functioning (SF8) ¹ | 11% | 16% |
| | (N=138) | (N=134) |
| Family has unmet medical needs | 22% | 14% |
| | (N=137) | (N=137) |
| Family has unmet dental needs*** | 61% | 45% |

* p < 0.05, ** p < 0.01, *** p < 0.001

¹ 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.

Changes in Behavioral Health Service Access and Outcomes

In the baseline and 12 month assessments, families were asked about their receipt of mental health services, but the timeframe covered by the question differed. At baseline, the assessment asked about the previous three months while at 12 months, the assessment asked about the previous six months. Therefore, the responses can only be qualitatively compared. In the three months before baseline, 11 percent of the families reported an unmet need for mental health services compared to five percent in the six month period prior to the 12 month assessment (see Table 29). A small percentage of respondents were hospitalized for mental health reasons in the six month period prior to each assessment.

Table 29. Mental Health Services Need and Receipt at Twelve Months

| | Baseline | 12 Months |
|---|---------------|---------------|
| Mental Health Services in the Past Three Months | (N=134) | |
| Received services | 66% | -- |
| Needed but did not receive services | 11% | -- |
| Mental Health Services in the Past Six Months | | (N=143) |
| Received services | -- | 71% |
| Needed but did not receive services | -- | 5% |
| Hospitalized for mental health in the past 6 months | (N=142) 3% | (N=141) 1% |

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Overall, there was little change in the overall percentages of the population displaying mental health concerns on any of the measures. What is interesting, as the bottom of Table 30 reveals, is that there was a significant change in mental health symptoms for those who enter the housing with mental health problems. What the full table reveals, however, is that although a significant percentage of respondents experienced improvement in their symptoms (e.g., significant decrease in the percentage of families who had a moderate or severe anxiety score from 87 percent at baseline compared to 60 percent at 12 months among those who entered with mental health problems), a similar percentage experienced declines in symptoms, thus resulted in no overall change for the population.

Table 30. Mental Health Indicators at Twelve Months

| | Baseline | 12 Months |
|---|----------|-----------|
| | (N=140) | (N=141) |
| Moderate or severe depression score (PHQ) ¹ | 48% | 48% |
| Moderate or severe anxiety score (GAD) ² | 56% | 48% |
| Poor mental health functioning (SF8) | 24% | 21% |
| One or more mental health indicators | 65% | 59% |
| Among those with one or more mental health indicators at baseline | (N=91) | (N=91) |
| Moderate or severe depression score (PHQ)* | 36% | 22% |
| Moderate or severe anxiety score (GAD)*** | 87% | 60% |
| Poor mental health functioning (SF8)* | 36% | 22% |
| One or more mental health indicators *** | 100% | 74% |

* p < 0.05, ** p < 0.01, *** p < 0.001

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 shown in Table 31, the percentage of respondents who report recent physical or sexual violence decreased significantly over time (from 23% to 10%), but the percentage of respondents who reported experiencing other traumatic events remained relatively constant over time (i.e. a serious disaster, unexpected death of someone close, death of a child, or witnessed a homicide or assault).

Table 31. Trauma at Twelve Months

| | Baseline | 12 Months |
|--|----------|-----------|
| Trauma | (N=142) | (N=142) |
| Experienced physical or sexual violence in past six months *** | 23% | 10% |
| Experienced other traumatic events in past six months | 13% | 15% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Drug use also improved over the 12 months for those who remained in the housing; alcohol use remained relatively unchanged. The percentage of respondents who screened positive for drug abuse (primarily drug use) and the percentage that reported they currently have a drug problem dropped significantly over time (see Table 32).

Table 32. Substance Abuse at Twelve Months

| | Baseline | 12 Months |
|--|-----------------|------------------|
| Alcohol Abuse | (N=141) | (N=143) |
| Positive screen for alcohol abuse (AUDIT) ¹ | 4% | 1% |
| Currently have an alcohol problem | 14% | 11% |
| Drug Abuse | (N=139) | (N=142) |
| Positive screen for drug abuse (DAST-10) ^{2*} | 16% | 8% |
| Currently have a drug problem* | 27% | 23% |
| Alcohol or Drug Abuse | (N=141) | (N=143) |
| Positive screen for alcohol or drug abuse* | 18% | 9% |
| Currently have alcohol and drug problem* | 31% | 23% |

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

¹ 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 Skinner, H.A., The Drug Abuse Screening Test. Addictive Behaviors 1982;7(4):363-367.

To examine the change more closely, we examined the data for only those who presented with a substance abuse problem at baseline. As Table 33 indicates, there was significant improvement over time for this subgroup of individuals. None of the individuals who screened positive for alcohol abuse at baseline and were in the program for at least 12 months screened positive again at 12 months. Similarly, while 88 percent of families screened positive for a drug problem at baseline only 25 percent screened positive at 12 months; however, as with the mental health concerns, the total population numbers reveal that there were other respondents who did not screen positively for a substance abuse problem at baseline but screened positively at 12 months. Because the decrease for the overall population is still significant, however, the findings suggest that the drop was largely due to the decrease in use among those who entered the program with a problem.

It is important to remember, however, people with substance abuse problems were more likely to exit the HNF program before the 12 month assessment. Therefore, the 12 month sample of families was “self-selected” and may have been more ready to change than families who exited.

Table 33. Substance Abuse at Twelve Months among those with Substance Abuse Problems at Baseline

| | Baseline | 12 Months |
|---|-----------------|------------------|
| Alcohol Abuse | (N=24) | (N=24) |
| Positive screen for alcohol abuse (AUDIT) ^{1**} | 25% | 0% |
| Currently have an alcohol problem | 29% | 21% |
| Drug Abuse | (N=24) | (N=24) |
| Positive screen for drug abuse (DAST-10) ^{2 ***} | 88% | 25% |
| Currently have a drug problem | 58% | 58% |
| Alcohol or Drug Abuse | (N=24) | (N=24) |
| Positive screen for alcohol or drug abuse*** | 100% | 25% |
| Currently have alcohol and drug problem | 67% | 63% |

* p < 0.05, ** p < 0.01, *** p < 0.001

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.

Changes in Education and Employment Access and Outcomes

Seven percent of families completed a GED program while enrolled in the HNF program and four percent completed a vocational program (see Table 34). Just over one-fourth of respondents were enrolled in school or a GED or vocational program at the time of the 12 month assessment. Thirteen percent of families were enrolled at both time periods.

Table 34. Education Level at Twelve Months

| | Baseline (N=142) | 12 Months (N=142) |
|--|-----------------------------|------------------------------|
| Completed a GED program in last 12 months | -- | 7% |
| Completed a vocational program in last 12 months | -- | 4% |
| Any GED/school/vocation program (currently) | 24% | 27% |

* p < 0.05, ** p < 0.01, *** p < 0.001

One third of respondents indicated they had received employment services to help get a job in the six months before the 12 month assessment, similar to the number that said they received help prior to the baseline assessment despite the different time frames, presented in Table 35. The amount of unmet need did not change over time.

Table 35. Employment Service Need and Receipt at Twelve Months

| | Baseline | 12 Months |
|--|----------|-----------|
| Received Help Getting a Job in the Past Three Months | (N=143) | |
| Received services | 30% | -- |
| Needed but did not receive services | 8% | -- |
| Received Help Getting a Job in the Past Six Months | | (N=143) |
| Received services | -- | 36% |
| Needed but did not receive services | -- | 7% |

Despite the lack of difference in employment service receipt, there was a significant difference in employment rates over the 12-month period, shown by Table 36. More respondents were employed after staying in the program 12 months than were employed when entering the program. By the 12 month assessment, a quarter of the respondents were employed, up from 15 percent at baseline. Eight percent of respondents were continuously employed for that time period, while 17 percent became employed by the 12 month assessment and seven percent who were employed at baseline became unemployed during this time period. About one third of respondents indicated they were unable to work at each time periods, with 20 percent unable to work at both time periods. This finding is comparable to other PSH programs. In the Bridges to Housing program, 20 percent were employed at intake and of those still enrolled at 18 months, 33 percent were employed (Regional Research Institute Portland State University, 2009). Similarly, in the Sound Families Initiative, 22 percent were employed at baseline and 45 percent were employed at program exit (Bodonyi et al, 2008).

Table 36. Current Employment Status

| | Baseline (N=142) | 12 Months (N=142) |
|---|---------------------|----------------------|
| Employed* | 15% | 25% |
| Continuously Employed | - | 8% |
| Became Employed | - | 17% |
| Employed at baseline, but not employed at 12 months | - | 7% |
| Unable to Work | 32% | 37% |

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 37 presents the hourly wages for individuals working at the 12 month assessment. Wages ranged from \$8.40 to \$15.00 per hour, averaging \$9.78 per hour, comparable to wages for those employed at baseline. There was a non-significant increase in the percentage of respondents who were working in permanent jobs (75%) as opposed to temporary or seasonal jobs. At both time periods the jobs were primarily in food service, clerical, sales, and cleaning/housekeeping occupations.

Table 37. Job Characteristics for Respondents Employed at 12 Months

| | Baseline | 12 Months |
|--------------------|-----------------|-----------------|
| Income per hour | (N=21) | (N=36) |
| Mean ¹ | \$9.38 (1.57) | \$9.78 (1.68) |
| Range | (\$8.07 - \$15) | (\$8.40 - \$15) |
| Hours per week | (N=21) | (N=31) |
| Full-time | 26% | 39% |
| Part-time | 74% | 61% |
| Type of job | (N=19) | (N=31) |
| Permanent job | 53% | 75% |
| Temporary job | 37% | 22% |
| Seasonal/day labor | 11% | 3% |

* p < 0.05, ** p < 0.01, *** p < 0.001

¹ Standard deviations in parentheses.

Changes in Income, Benefits, and Debt

The amount of income families have over time significantly increased from an average of \$549 at baseline to an average of \$693 at 12 months as shown in Table 38. This was largely due to significant increases in the percent of families with income from earnings (from 13% to 24%) and SSI/SSDI for the respondent (from 6% to 11%). During this 12 month period a significant percentage of people stopped receiving TANF (63% at baseline vs. 45% at 12 months). The majority of families who became employed by 12 months were no longer receiving TANF. In the Connecticut Supportive Housing program, the average tenant income increased from \$500 to \$639 per month (Arthur Andersen LLP, 2002).

Half of the families experienced an increase in their monthly income from baseline to 12 months while 41 percent experienced a decrease in their income and nine percent experienced no change. At either time period about 15 percent of families had no source of income. Very few families (3%) lacked an income at both time points.

Table 38. Sources and Amount of Income at Twelve Months

| | Baseline (N=142) | 12 Months (N=143) |
|---|-----------------------------|------------------------------|
| Sources of Income | | |
| TANF ^{1***} | 63% | 45% |
| Earnings from respondent*** | 13% | 24% |
| Earnings from someone else | 4% | 6% |
| Child support | 18% | 17% |
| Alimony | 1% | 0% |
| SSI/SSDI for respondent*** | 6% | 11% |
| SSI/SSDI for someone else | 7% | 10% |
| Unemployment insurance for respondent | 4% | 1% |
| Unemployment insurance for someone else | 1% | <1% |
| Pension | 0% | 0% |
| Worker's compensation | 0% | 0% |
| VA benefits | <1% | 1% |
| Other income | 6% | 7% |
| Amount of income in past 30 days | | |
| Mean amount* | \$549 | \$693 |
| Range | \$0 - \$1,971 | \$0 - \$3,400 |
| Median amount | \$453 | \$484 |
| Has no income | 15% | 14% |
| Change in income | | (N=129) |
| % that had an increase in income | -- | 50% |
| % that had a decrease in income | -- | 41% |
| % whose income stayed the same | -- | 9% |

* p < 0.05, ** p < 0.01, *** p < 0.001

There was not a significant difference in the percent of families who received benefits other than TANF and SSI/SSDI between baseline and twelve months (see Table 39). Nearly all families received food stamps at both time-points. About two thirds of those who were eligible received WIC and school lunches and just over a third of families with pre-school aged children received day care vouchers. It is possible that not all HNF families with pre-school aged children were eligible for day care vouchers. Families who did not receive TANF may not have an alternate source of day care assistance. In 2011, Washington State had an extensive wait list for childcare assistance through the Child Care and Development Fund, which is another source of childcare assistance for low-income families (Schulman and Blank, 2011). Moreover, if families did receive TANF but did not work or attend school they may not have been eligible to receive them.

Table 39. Benefit Receipt at Twelve Months

| | Baseline | 12 Months |
|---|-----------------|------------------|
| Food Stamps/SNAP ¹ | (N=140) | (N=142) |
| Currently receives | 98% | 94% |
| Pending | 0% | 1% |
| WIC ² (of those who are eligible) | (N=64) | (N=82) |
| Currently receives | 61% | 61% |
| Pending | 6% | 1% |
| School Lunch (of those with at least one school-aged child) | (N=85) | (N=100) |
| Currently receives | 65% | 66% |
| Pending | 2% | 0% |
| Receives daycare vouchers (of those with at least one child 5 years old or younger) | (N=59) | (N=79) |
| Currently receives | 36% | 39% |
| Pending | 5% | 1% |

* p < 0.05, ** p < 0.01, *** p < 0.001

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

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

There was a significant decrease in debts among HNF families, shown in Table 40. At baseline 86 percent of families had debt, while 78 percent had debt 12 months after program entry. Additionally, the mean amount of debt decreased from \$9,611 to \$8,711. Medical bills, telephone/cell phone bills, student loans, legal bills, cable and utility bills remained the most common sources of debt at 12 months, with more than a quarter of the families having each type. There was a non-significant decrease in the percentage of families that had housing-related debt, such as money owed for back rent or utilities or money owed to a PHA.

There was a significant decrease between baseline and 12 months in amount of utilities owed from \$409 to \$163, the amount of back rent owed decreased from \$2137 to \$703, and the amount of other debts decreased from \$1,094 to \$256. While in the HNF program, the majority of families (56%) decreased their debt. While some programs may have assisted families in paying debts, especially for utilities or overdue rent in order to qualify them for housing, families may have been able to pay debts because they have fewer expenses while in the HNF program and some debts may have been forgiven or written off after a period of time. While most families decreased their amount of debt between baseline and 12 months more than a third of the families (37%) experienced an increase in their debt.

Table 40. Sources and Amount of Debt at Twelve Months

| | Baseline (N=142) | | 12 Months (N=143) | |
|---------------------------------------|-----------------------------|----------|------------------------------|----------|
| Has debt* | 86% | | 78% | |
| Amount of debt | | | | |
| Mean | \$9,611 | | \$8,711 | |
| Standard deviation | (\$12,122) | | (\$12,730) | |
| Median amount | \$4,812 | | \$3,100 | |
| Range | \$0 - \$74,948 | | \$0 - \$72,000 | |
| Sources of Debt | % | Mean | % | Mean |
| Medical bills | 36% | \$16,873 | 31% | \$10,749 |
| Telephone/Cell phone bill* | 35% | \$348 | 24% | \$282 |
| Legal bills | 33% | \$4,136 | 31% | \$3,345 |
| Utilities (gas, electric, or water) | 32% | \$409 | 25% | \$163 |
| Student loans | 27% | \$7,377 | 24% | \$8,594 |
| Rent* | 25% | \$2,137 | 15% | \$703 |
| Cable | 25% | \$203 | 29% | \$154 |
| To friends or family** | 20% | \$1,333 | 10% | \$1,096 |
| Credit cards | 18% | \$1,707 | 20% | \$2,810 |
| Money owed on bad checks | 18% | \$929 | 15% | \$807 |
| Car payments | 10% | \$3,892 | 8% | \$2,570 |
| Any other loans | 5% | \$1,785 | 5% | \$1,275 |
| Housing authority* | 0% | - | 3% | \$1,615 |
| Other debt*** | 25% | \$1,094 | 10% | \$256 |
| Has housing-related debt ¹ | 44% | | 36% | |
| Change in debt | | | (N=142) | |
| % that had an increase in debt | - | | 37% | |
| % that had a decrease in debt | - | | 56% | |
| % whose debt stayed the same | - | | 7% | |

* p < 0.05, ** p < 0.01, *** p < 0.001

¹ Housing-related debt includes money owed for back rent; back utilities, like gas, electric, or water; and money owed to the housing authority.

VI. SUMMARY

The HNF program is intended to provide housing and services to families that have histories of chronic homelessness and at least two co-occurring barriers, including serious and persistent mental illness, chemical dependency, domestic violence, trauma from violence, criminal histories, and/or Child Protective Services involvement. The goals of the program are to help families achieve improved access to and use of key services and supports, increased family stability or reunification, improved housing stability, improved health and behavioral health outcomes, improved educational and employment outcomes, decreased use of high cost crisis care and institutional care, and improved health and educational outcomes for children.

The data presented here indicate that program was targeting families with higher levels of service needs. On average, the families in the HNF program had:

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

Over half of the families (59%) who were enrolled in the HNF program stayed for 12 or more months. Of the 41 percent of families that exited within the first 12 months, half (20%) exited within six months of program enrollment. Of those families that exited the program within the first 12 months, few left with a positive exit according to case manager records (e.g., achieved their goals in the program), while the majority experienced either a negative outcome (e.g., evicted from housing or exited from program for non-compliance), a neutral outcome (e.g., left the program to live with family or friends), or an unknown outcome. Future analyses incorporating data provided by the Research and Data Analysis department (RDA) of the Washington State Department of Social and Health Services (DSHS) Integrated Client Database will provide a us with an ability to examine the services received by families who exit as well as the extent to which they returned to homeless in the two years following their exits.

Families that remained in HNF housing for 12 months or more differed significantly on several key characteristics from families who exited within the first 12 months. Exiting families, compared to those who stayed, were more likely to have screened positive for drug or alcohol problems on the assessment tool at baseline, but less likely to report a health disability. Additionally, exit rates differed by the agencies participating in the program. Some programs had no families exit the program before 12 months (i.e., Benton Franklin Community Action Committee) whereas at three programs (i.e., Drug Abuse Prevention Center, Yakima Neighborhood Health Services' FIESTAS Lower Valley and FIESTAS Youth and Family Safety Net) had over 70 percent of the families they served leave within the first year in housing. Differences in program exit rates are likely due to variations in the type of housing provided (i.e., tenant vs. project based), variations in the needs of the families served, and/or the availability of other housing and service options in the community. Analyses to date indicated that several program characteristics correlate with the amount of time families spent in the program. Families in project-based programs left housing 3.4 months earlier on average than those in tenant-based programs. Families in programs with more on-site services stayed longer as do families in programs with a lower case manager caseload. There may, however, be other variables that can account for this; many other program variables were not able to be measured that could account for these differences. In addition, because families are not randomly assigned to programs, any of these correlational findings need to be considered tentative at best. Future analyses will more fully explore how program implementation, including type of housing and program rules, relates to families' stability in the program.

Among those families that stayed for at least 12 months, most experienced few moves. Two-thirds (62%) of the families who stayed in the program did not move at all during the 12 months. Compared to their six months prior to entering the program, when two-thirds (67%) of the sample moved two or more times, with an average of 3.3 moves, this represents a significant increase in residential stability.

Families who remained in the program for 12 months or longer experienced statistically significant improvements in employment, income, behavioral health, and family stability.

In the first 12 months of the program, the employment rate increased significantly, from 15 percent at baseline to 25 percent at the 12 month mark. Wages at both time points, however, were comparable, averaging just under \$10 an hour. However, due to the increase in the number of families working, families as a whole realized an average increase of over \$100 in their monthly income, despite a drop in the receipt of TANF. Overall, the Improvements in employment and income are significant, but incremental and modest. The majority of the families in the HNF program are not working and those who are generally are working at minimum wage with incomes under \$700 a month.

Families' average debt also decreased, though not a statistically significant level. The biggest drops were in telephone/cell phone debt, back rent, and money owed to friends or family. Although we did not ask for detail in what helped families reduce debt, there could be several factors, including some direct assistance by programs, especially for utilities or overdue rent in order to qualify them for housing; the ability of families to pay some on their own while living in the subsidized housing; and the possibility that some debts may have been forgiven or written off after a period of time.

Family reunification occurred for families with children living away due to CPS involvement, a key goal of the HNF program. For families staying in the HNF program at least 12 months, the percent of families that have children living away due to CPS involvement declined significantly, from 18 percent at baseline to six percent at 12 months. While new family separations also transpired over the 12 months, overall, fewer families had children living away at the end of the 12 months than upon entry into the program with a quarter of families experiencing reunification over that time period. However, new family separations also transpired over the 12 months, but the overall decline continued to be significant. Future analyses will provide greater understanding of how these changes compare with families who enter shelter and receive services as usual as well as families who enter housing without supports. We will also be able to investigate where families who exit the program before 12 months experience any changes in family stability.

Families staying in the program for a year or more as a whole, experienced less trauma, had less indications of substance use (specifically drug use), and fewer unmet needs for dental services. Reports of recent physical or sexual abuse dropped from 23 percent at program entry to ten percent at 12 months. Similarly, the rate of positive screens for substance abuse was cut in half, from 18 percent at baseline to about 9 percent at 12 months. Unmet dental needs, though still being reported by nearly half of the families at 12 months (45%), significant decreased from the baseline level of 61 percent. Mental health and health concerns did not change significantly over the 12 month period for the families who remained in housing.

In summary, families that remained in the HNF program showed improvements in a number of key areas. However, because the study design to date has only looked at changes in these families, we do not know how they compare to other families. Moreover, we do not know if they are due to changes these families would have made on their own or due to the supports provided to them in the housing. Future analyses will be conducted to help us explore these attributions more directly. In particular, using DSHS data we will compare the outcomes of families who have been served through the HNF

Supportive Housing Program with two groups of families matched on background and needs: families entering shelter and families entering public subsidized housing. By comparing these two groups of families that did not receive any special supports with families served in the HNF, we will have a greater ability to understand the role permanent supportive housing plays in affecting families' outcomes. In addition, the DSHS data will allow us to examine the outcomes in relation to costs, and determine how the cost-effectiveness of serving families in the HNF program compare to cost effectiveness of serving similar families who are entering shelter and entering public subsidized housing.

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APPENDIX A. Program Enrollment

Table A-1. High Needs Families Program Enrollment, by Agency

| Agency | Units funded | Families Screened | Enrolled | Exited Before Baseline | Refused Baseline | Completed Baseline |
|---|---------------------|--------------------------|-----------------|-------------------------------|-------------------------|---------------------------|
| Benton-Franklin Community Action Committee | 10 | 13 | 10 | 0 | 0 | 10 |
| Catholic Charities of Spokane | 10 | 33 | 22 | 1 | 0 | 21 |
| Community Services Northwest | 30 | 240 | 53 | 0 | 1 | 52 |
| Crisis Support Network | 15 | 38 | 29 | 1 | 0 | 28 |
| Drug Abuse Prevention Center | 20 | 181 | 86 | 11 | 0 | 75 |
| Serenity House | 15 | 30 | 18 | 0 | 4 | 14 |
| Sound Mental Health | 25 | 41 | 32 | 0 | 0 | 32 |
| Valley Cities | 20 | 39 | 22 | 1 | 0 | 21 |
| Volunteers of America | 10 | 46 | 19 | 0 | 0 | 19 |
| West End Outreach Services | 10 | 42 | 17 | 2 | 0 | 15 |
| West Sound Treatment Center | 14 | 90 | 19 | 0 | 0 | 19 |
| Women's Resource Center of North Central WA | 7 | 53 | 17 | 0 | 0 | 17 |
| Yakima Neighborhood Health Services | 30 | 78 | 41 | 10 | 0 | 31 |
| TOTAL | 216 | 924 | 385 | 26 | 5 | 354 |

APPENDIX B. Descriptions of Other Supportive Housing Programs

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

Sound Families Initiative

<http://www.soundfamilies.org/>

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.

Supportive Housing in Illinois

<http://www.dhs.state.il.us>

The permanent supportive housing program for Illinois is a state-funded program for residents of Illinois. The goal of the program is to help eligible residents find permanent housing and to get local mental health services if needed. The Department of Human Services works to develop and expand the program in order to promote and stabilize recovery of eligible individuals in the state of Illinois. In 2009, the program was evaluated by The Heartland Alliance in order to assess the outcomes of services provided. The evaluation includes an assessment of 177 sample families involved in the supportive housing program, with outcomes reported at 2 years before enrollment and 2 years post enrollment.

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.

Keeping Families Together

<http://www.csh.org/KeepingFamiliesTogether>

Keeping Families Together (KFT) is an initiative piloted in 2007 by the Corporation for Supportive Housing (CSH), which aims to assess the impact of permanent supportive housing on families living in New York who have been homeless for at least a year and who have also been involved in the child welfare system. The goal for the initiative was to improve agency collaboration and promote capacity among system providers to better serve struggling families. Funding for the initiative was provided by the Robert Wood Johnson Foundation. Metis Associates conducted an evaluation of the initiative between 2009 and 2010 to determine the success of Keeping Families Together in meeting its objectives. The report includes a retrospective assessment of the initiative as well as an outcome evaluation to examine the impact of KFT on the 29 families recruited for the study.

Table B.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 | Keeping Families Together |
|--|--|---|--|--|---|--|---|--|
| STUDY DESIGN | | | | | | | | |
| Dates | 2001-2003 | 2004-2006 | 2000-2007 | 1996-2001 | 1997-2001 | 2006-2009 | 2002-2004 | 2007-2009 |
| Authors | Bodonyi, Orlando, Yancey, Lamberjack, McCloughlin, 2008 | The Heartland Alliance Mid-America Institute on Poverty, 2009 | The National Center on Family Homelessness, 2009 | Arthur Andersen LLP, 2002 | Tull, Hurley-Macy, Malakuti, Tonn, 2009 | Regional Research Institute--Portland State University, 2009 | Nolan, Broeke, Magee, Burt, 2005 | Swann-Jackson, Tapper, Fields, 2010 |
| 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 | Robert Wood Johnson |
| Location # Counties # Providers | Washington 3 counties 9 providers | Illinois 11 counties 26 providers | Minnesota 2 counties 4 providers | Connecticut 5 providers | Los Angeles Skid Row Neighborhood 60+ providers | Oregon 4 counties | San Francisco 7 providers | New York 1 county 6 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 | | Homeless families with children under 18 associated with Skid Row | High-needs families | | Chronically homeless or at risk; Head of household suffers from substance abuse, disability, or HIV/AIDS |
| Population (families) | N = 1487 | N = 476 | | N= 444 | N = 295 | | | |
| Study Sample (families) | n =203 | n =177 | n = 56 | n = 351 | | n = 162 | n = 100 | n=29 |
| Attrition | 31% Attrition | | 10% 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 | Keeping Families Together |
|---------------------------|---|---|---|---|--|--|---|---|
| POPULATION: ADULTS | | | | | | | | |
| Demographics | Mean age: 31 yrs | Mean age: 42 yrs | Mean age: 38 yrs | Mean age: 43 yrs | Mean age: 33 yrs | | Mean age: 36 yrs | Mean age: 39 yrs |
| Age | | | | | | | | |
| Race | 47% White 27% Black 7% Native American | 26% White 69% Black 4% Latino 1% Other | 57% White | 45% Black 33% European-American 12% Hispanic | 70% Black 21% Hispanic 4% White 5% Other | 70% White 17% Black 11% Latino 7% Indian 5% Other 23% do not have a GED | 10% White 56% Black 19% Latino 8% Multi-racial 3% Native American 2% Asian | 10% White 59% Black 31% Hispanic |
| Sex | | | | | | | | |
| Education | 7% Multi-racial 6% Latino 3% Asian 3% Hawaiian | 48% Female | Mean years of schooling completed: 11.2 yrs | | | | | |
| Employment | | 71% GED | Unemployed 60% | 66% Men 34% Women | 86% single-parent household | Unemployed 29% | 100% Female | 79% Female Only 7% Male Only 14% Couple |
| Income | 85% Female 29% Some HS 32% HS 21% Some College 13% Tech/Voc 5% BA 42% have incomes less than \$500/mo | Unemployed 70% | 33% have incomes less than \$5,000/yr | | 42% unemployed and no GED/HS diploma 52% no work at any point 2 years prior to program entry 23% debt of \$1000 or greater | Mean wage: \$8.30/hr 84% single female parent household | 71% have high school degree Unemployed 70% Mean income: \$10,680/yr | 69% Less than HS 24% HS/GED 7% Some College 23% Employed |
| Homeless History | 45% homeless for 1st time | | Mean length: 5 years | 78% homeless at some point in life 23% living in homeless shelters | Average length of homelessness: 8 months 47% previously homeless as a family | Mean length: 4 years Mean # of homeless episodes: 4 | 96% homeless in past Mean length: 25 months | Mean length: 40 months |
| # Kids | 42% 1 Kid 20% 2 Kids | | Mean: 2.53 children | | 14% have 4+ children | 312 children Mean: 3 children | Mean: 2.3 children | 86 minors |

| | 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 | Keeping Families Together |
|--|--------------------------------------|---|---|---|--------------------------------|---|---|---|
| | 19% 3 Kids 29% 4+ Kids | | | | | | | |
| Separation From Children | 25% had 1+ kids not living with them | | 60% had been separated from their kids in the past | | | 17% had a child placed in foster care in prior 6 months to intake | 40% had been separated from their kids in the past | 29% of children living in foster care |
| POPULATION: CHILDREN | | | | | | | | |
| Demographics Age Race Sex Education | | | Mean age: 11 years 42% White 33% suspended from school in past year | | | 56% six years and younger 16% have a learning disability | 41% are 5 yrs or younger 50% between 11-15 yrs | School-Aged Kids: 86% Black 14% Hispanic 57% Female 43% Male 64% Elementary 21% Middle 14.3% High School |
| Trauma | | | 50% experienced death of friend/family 50% experienced 3 or more violent events 16% of kids have PTSD | | | | | |
| School # Schools | | | 100% have attended more than 4 schools | | | 35% of children attended 2+ schools | 96% attend school | 64% require special education |

| | 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 | Keeping Families Together |
|--|--|---|---|--|---|--|---|--|
| Suspensions Disabilities | | | | | | | | |
| NEEDS/USAGE OF SERVICES BY FAMILIES | | | | | | | | |
| Physical/Medical | 50% received health care services 4% have developmental delays 11% have a physical disability 4% are pregnant 50% need dental services | 34% have chronic health conditions 10% have a developmental disability 30% have a physical disability | 40% have at least 1 health condition Mean # conditions:2 28% have a physical disability | 38% had been hospitalized for health reasons | 25% adult with chronic health condition 23% adult with physical or mental disability | 23% have medical needs | 50% of mothers reported need for health services for children 22% have physical disability | |
| Mental Health/Trauma | 20% need mental health services 46% used mental health services 59% need counseling 31% have a domestic violence history | 42% need mental health services | 81% report being depressed 50% report high parent stress 60% have had 3+ traumatic events | 9% victims of violence before age 18 30% victims of violence after age 18 39% received mental health treatment | 23% adult with physical or mental disability | 36% need mental health services 44% reported DV at intake | 41% use mental health services | 54% HoH have mental illness 96% have history of substance abuse |
| Substance Abuse | 26% need substance abuse services | 40% need substance abuse services | 66% have been substance abusers for 3+ years | 57% reported never abusing alcohol | | 7% came from substance abuse treatment centers | 61% have past issues with substance abuse | |

| | 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 | Keeping Families Together |
|--------------------------|---|---|---|---|--|--|--|---------------------------|
| | | | | 34% received detox services | | at time of intake | 78% reported no abuse in past 12 months | |
| Employment | 47% need job training 76% used employment services | | | 29% were employed | | 20% employed at intake | 47% use employment services | |
| Criminal Justice | 47% need legal services | 22% were formerly incarcerated | | 23% spent time in jail | | | | |
| REPORTED OUTCOMES | | | | | | | | |
| Length of Stay | Mean: 12 mos | Mean: 38 mos | Mean: 18 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 | | 83% achieved permanent housing (6 months post entry) 99% own lease agreements (6 months post entry) 81% retained permanent housing at 2-year follow-up | | | |
| Income | Rent increased from \$116 to \$400/mo after 3 years | | | Average tenant income increased from \$500 to \$639 monthly | Less than 1/3 of families at entry and follow-up reported source of | \$9.10 average hourly wage at 12 months post entry | | |

| | 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 | Keeping Families Together |
|------------------------|--|---|--|--|--|--|--|--|
| | Those with no income decreased from 42% to 5% # of families with incomes of \$1,000+/mo doubled | | | | income other than welfare or work (such as SSI or child support) \$894 monthly income at program exit | | | |
| Medical | | Inpatient services reduced 38% Nursing home services decreased 97% | Inpatient use decreased 83% Outpatient services increased Emergency room use decreased 40% | 71% decrease in average Medicaid reimbursement per tenant 83% reported health as 'good to fair' | | | | 39% receive ongoing medical treatment |
| Mental Health | | Medicaid inpatient services decreased 66% | Fewer symptoms reported | | | | | 27% receive ongoing psychiatric treatment |
| Substance Abuse | | | Substance use declined | | | | | 46% receive substance abuse treatment 27% receive family or individual counseling |
| Education | 15% received education services # kids attending 2 or more schools | | | 66% employed or in education and training programs | | 41% enrolled in job search/training or school program at 12 months | | 8% receive education services |

| | 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 | Keeping Families Together |
|---------------------|----------------------------|---|--|--|---|--|--|--|
| | decreased from 53% to 17% | | | | | | | |
| Employment | 15% increase in employment | | | 66% employed or in education and training programs | 27% of households contain at least one working adult at 6 months of participation | 14% received job training 45% received employment services 34% employment rate at 12 months post entry | | 35% Accessed job readiness/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 | Tenants decreased their utilization of acute and expensive health services | | | | |

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

APPENDIX C. Attrition Analyses for 12 Month Analyses

Table C-1. How Are People who are Excluded from the 12 Month Analyses Different from those who are Included?

| | Included in the 12 Month Analyses (N=143) | Excluded from the 12 Month Analyses (N=215) |
|---|--|--|
| Agencies | | |
| Benton Franklin Community Action Committee** | 6% | 1% |
| Catholic Charities of Spokane | 5% | 7% |
| Community Services Northwest* | 19% | 12% |
| Crisis Support Network | 8% | 7% |
| Drug Abuse Prevention Center*** | 7% | 30% |
| Serenity House | 4% | 3% |
| Sound Mental Health** | 12% | 7% |
| Valley Cities*** | 11% | 2% |
| Volunteers of America | 5% | 6% |
| West End Outreach Services | 5% | 6% |
| West Sound Treatment Services | 8% | 4% |
| Women's Resource Center of North Central WA | 7% | 3% |
| Yakima Neighborhood Health Services | 4% | 12% |
| Demographic Characteristics | | |
| Female (n=145, 130) | 87% | 92% |
| Mean Age, in years (n=145, 128) | 32.6 (8.2) | 31.0 (8.0) |
| Race (n=146, 129) | | |
| White | 66% | 74% |
| African American | 13% | 8% |
| Hispanic | 10% | 11% |
| Other Race | 11% | 11% |
| Family Composition | | |
| Single/Never married (n=146, 129) | 54% | 56% |
| % with another adult in household (n=146, 130)* | 16% | 10% |
| % with children under 18 years | 98% | 98% |
| % with children under 6 years** | 57% | 74% |
| Pregnant (n=146, 128) | 8% | 9% |
| Family Intactness | | |
| % of families with child living away | 42% | 44% |
| % of families with CPS involvement (for families with children living away, n=61, 56) | 40% | 51% |
| Education and Employment | | |

| | Included in the 12 Month Analyses (N=143) | Excluded from the 12 Month Analyses (N=215) |
|--|---|---|
| Less than high school diploma (n=145, 130) | 31% | 33% |
| Finished high school/Completed GED (n=145, 130) | 35% | 37% |
| More than high school diploma (n=145, 130) | 33% | 30% |
| Ever employed (n=145, 126) | 97% | 95% |
| Currently employed at time of interview | 15% | 10% |
| Unable to work (n=141, 124) | 32% | 35% |
| Homelessness History | | |
| Moved more than once in 6 months prior to enrollment | 67% | 65% |
| Mean # of moves in last 6 months | 3.3 (2.6) | 2.8 (2.1) |
| Previously homeless in lifetime (n=138, 123) | 98% | 95% |
| Mean # of times homeless in lifetime | 6.7 (7.7) | 7.0 (15.8) |
| Previously homeless in last two years (n=140, 126) | 92% | 89% |
| Mean # of times homeless in last two years (n=140, 126) | 2.8 (5.0) | 2.0 (2.0) |
| Health | | |
| Has a chronic or on-going medical problem (n=143, 125) | 54% | 47% |
| Has a disability (n=142, 130)*** | 54% | 38% |
| Poor physical health functioning (SF8-PCS) (n=139, 122) | 11% | 9% |
| Behavioral Health | | |
| Hospitalized for mental health (ever in lifetime) (n=146, 126) | 28% | 26% |
| Moderate or severe depression score (PHQ) (n=144, 126) | 48% | 46% |
| Moderate or severe anxiety score (GAD) (n=144, 127) | 56% | 47% |
| Poor mental health functioning (SF8-MCS) (n=139, 122) | 24% | 24% |
| One or more mental health indicators | 65% | 58% |
| Ever received alcohol abuse treatment (n=145, 126)* | 3% | 29% |
| Positive screen for alcohol abuse (AUDIT) (n=145, 126) | 4% | 6% |
| Currently have an alcohol problem (n=143, 124) | 13% | 16% |

| | Included in the 12 Month Analyses (N=143) | Excluded from the 12 Month Analyses (N=215) |
|---|---|---|
| Ever received drug abuse treatment (n=141, 125) | 51% | 56% |
| Positive screen for drug abuse (DAST-10) (n=144, 126)*** | 15% | 25% |
| Currently have a drug problem (n=143, 126)*** | 27% | 43% |
| Ever received substance abuse treatment (n=145, 126) | 60% | 62% |
| Positive screen for alcohol or drug abuse (n=145, 126)*** | 17% | 26% |
| Currently have alcohol or drug problem (n=144, 126)*** | 31% | 45% |
| Experienced physical or sexual violence in past 6 months | 23% | 23% |
| Experienced other traumatic events in past 6 months | 13% | 15% |
| Criminal Justice Involvement | | |
| Convicted of a felony (n=144, 126) | 33% | 34% |
| Spent time in jail or prison because of a conviction (n=142, 125) | 51% | 53% |
| On probation or parole (n=134, 120) | 15% | 15% |
| Dealing with housing-related legal problems | 13% | 10% |
| Dealing with other legal problems, excluding respondents with a felony (n=86, 70) | 59% | 61% |
| Income and Debt | | |
| Mean amount of income in past 30 days (n=141, 124) | \$469.5 (350.5) | \$425.8 (388.6) |
| Has no income (n=141, 124) | 13% | 14% |
| Has debt | 87% | 86% |
| Mean amount of debt | \$14,970.1 (66,949.7) | \$13,766.0 (61,807.3) |
| Has housing-related debt | 44% | 39% |
| Number of Barriers (n=145, 126) | | |
| Family has zero barriers | 0% | 2% |
| Family has one barrier | 9% | 9% |
| Family has two barriers | 15% | 17% |
| Family has three barriers | 32% | 29% |
| Family has more than three barriers | 44% | 44% |

* p < 0.05, ** p < 0.01, *** p < 0.001