



The Washington Families Fund High Needs Family Program:

Preliminary Evaluation Findings

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OVERVIEW

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

Evaluation Overview

Implementation of the HNF Model

Residential Stability

Changes Over Time for 12 Month Stayers

Comparative Findings in Health and Behavioral Health Service Access

Summary

HNF BACKGROUND



WFF Housing Programs

Program Goals

High Needs Family Program

Family Eligibility

WASHINGTON FAMILIES FUND

Administered by Building Changes

- 25+ funding partners, including:
 - Gates Foundation
 - State of Washington

Funds over 45 programs around Washington State

Two Services+Housing Programs

- Moderate Needs Family Housing
- High Needs Family Housing




HIGH NEEDS FAMILY PROGRAM GOALS

Increase access to services

*Increase **housing** and family
stability*

Create cost effective solutions





HIGH NEEDS FAMILY PROGRAM

Housing

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

Services

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

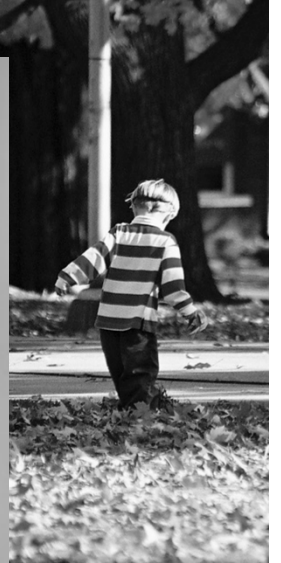
HIGH NEEDS FAMILY PROGRAM

20 programs at 14 agencies

- Services paired with over 200 units of permanent housing intended to serve families with high barriers to housing stability

Variety of organizations

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



FAMILY ELIGIBILITY

Family Definition

- *At least one adult age 18 or older*
- *At least one child under age 18*

Multiple Episodes of Homelessness

Income Less Than 20% Area Median Income (AMI)

Service Needs and Housing Barriers

- *serious and persistent mental illness*
- *chemical dependency*
- *domestic violence or other trauma*
- *HIV/AIDS or other chronic illness*
- *child protective service involvement*
- *criminal history*

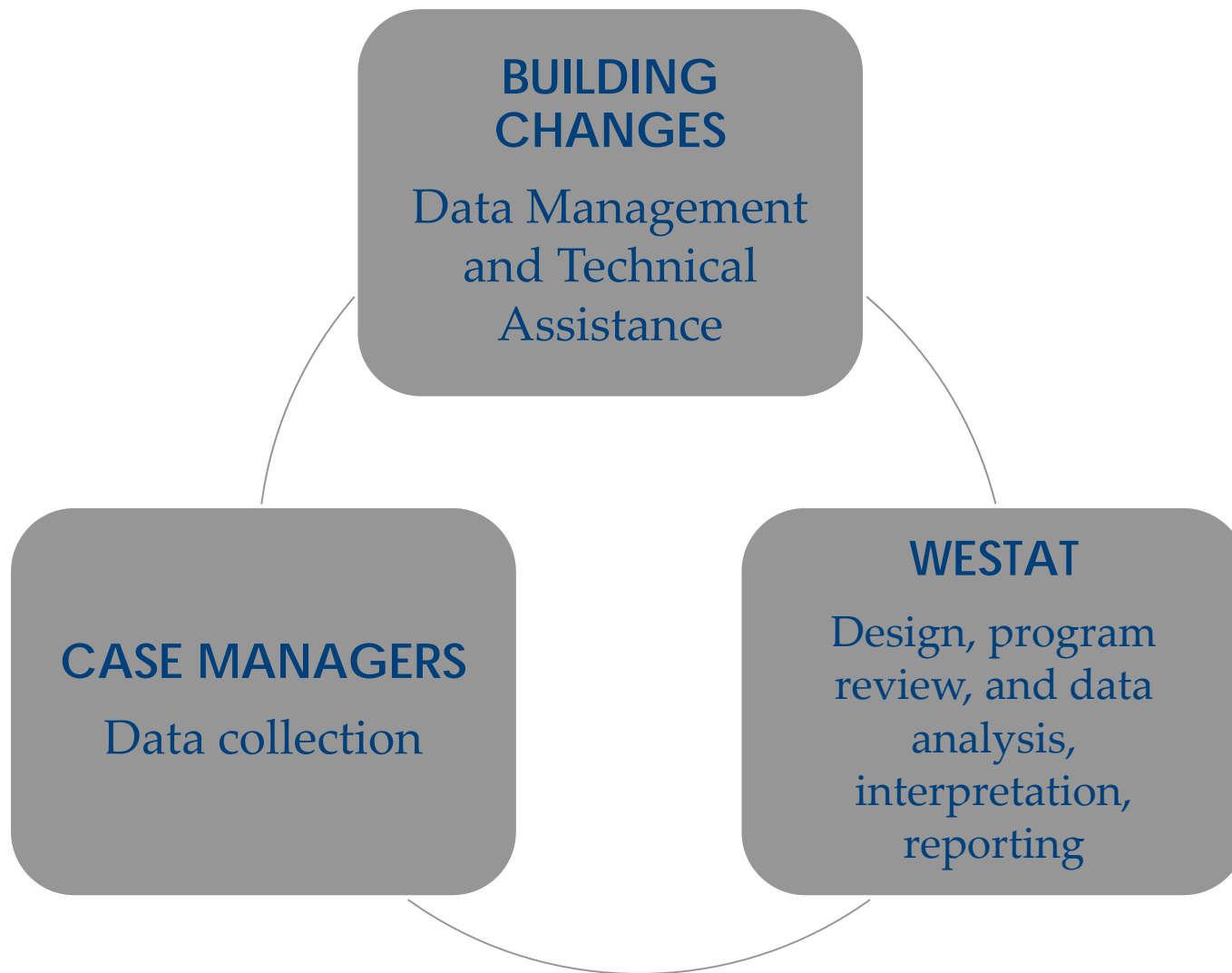


EVALUATION

Structure of the Evaluation

Evaluation Methods

MULTI-SITE EVALUATION



EVALUATION METHODS

Method	Purpose
'Fidelity' Visits	<i>Examine program implementation</i>
Routine Collection and Analysis of Family Data	<i>Examine baseline and 6 month status of families participating in HNF</i>
Collection and Analysis of State Data	<i>Examine HNF compared to two control groups of matched families:</i> <ul style="list-style-type: none">• <i>Families entering shelter (ES)</i>• <i>Families entering public housing (PH)</i>

UNDERSTANDING THE HNF PROGRAM



IMPLEMENTATION:

- *Target Population*
- *Type of Housing Assistance*
- *Availability of Services*



TARGET POPULATION

12 programs serve general population of families with needs

7 programs serve special populations, including families:

- *Involved in child welfare system (5 programs)*
- *With one or more children separated (1 program)*
- *That have been chronically homeless and living in tents (1 program)*

TYPE OF HOUSING ASSISTANCE

Program	Family Unification Program	Tenant-Based Rental Assistance (time –limited)	Tenant-Based Section 8	Project-Based Section 8
1	•			
2	•			
3	•			
4	•			
5		•		
6		•		
7		*		
8			•	
9			•	
10				•
11				•
12				•
13				•
14				•
15				•
16				•
17				•
18				•
19				•

* Program 7 uses local Housing and Homelessness Assistance Act to pay families' rents

PROGRAM VARIATION IN AVAILABILITY OF SERVICES

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



EXAMPLES OF MODEL IMPLEMENTATION

Low Fidelity Agency A

Housing is single-site, pod-living and time-limited

- *High case management ratio*
- *Limited services availability for families*
- *Clean and sober facility*

High Fidelity Agency B

Scattered-site housing with FUP vouchers

- *Strong internal services for mental health, substance abuse, employment, etc.*
- *Overall agency culture of harm reduction model*

QUESTIONS?

UNDERSTANDING THE FAMILIES SERVED

Family Characteristics

Housing Barriers

Assets

FAMILY CHARACTERISTICS (N=358)

RESPONDENT BACKGROUND

- *90% female*
- *Average age 32 years*

FAMILY COMPOSITION

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

HOMELESS HISTORY

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

INCOME

- *Average monthly income of \$512, primarily from TANF*
- *14% with no income*

FAMILY CHARACTERISTICS (N=358)

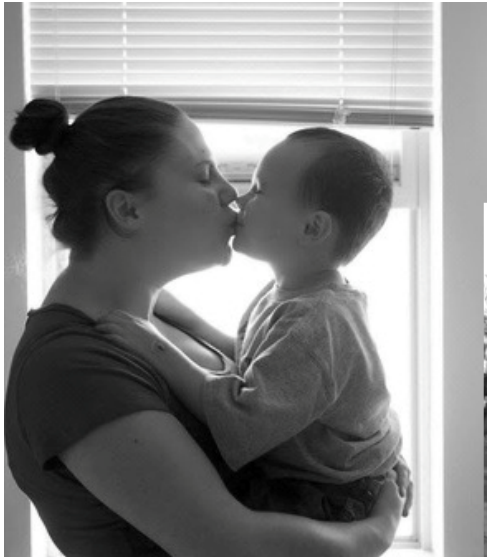
HOUSING BARRIERS

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

FAMILY CHARACTERISTICS (N=358)

ASSETS

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

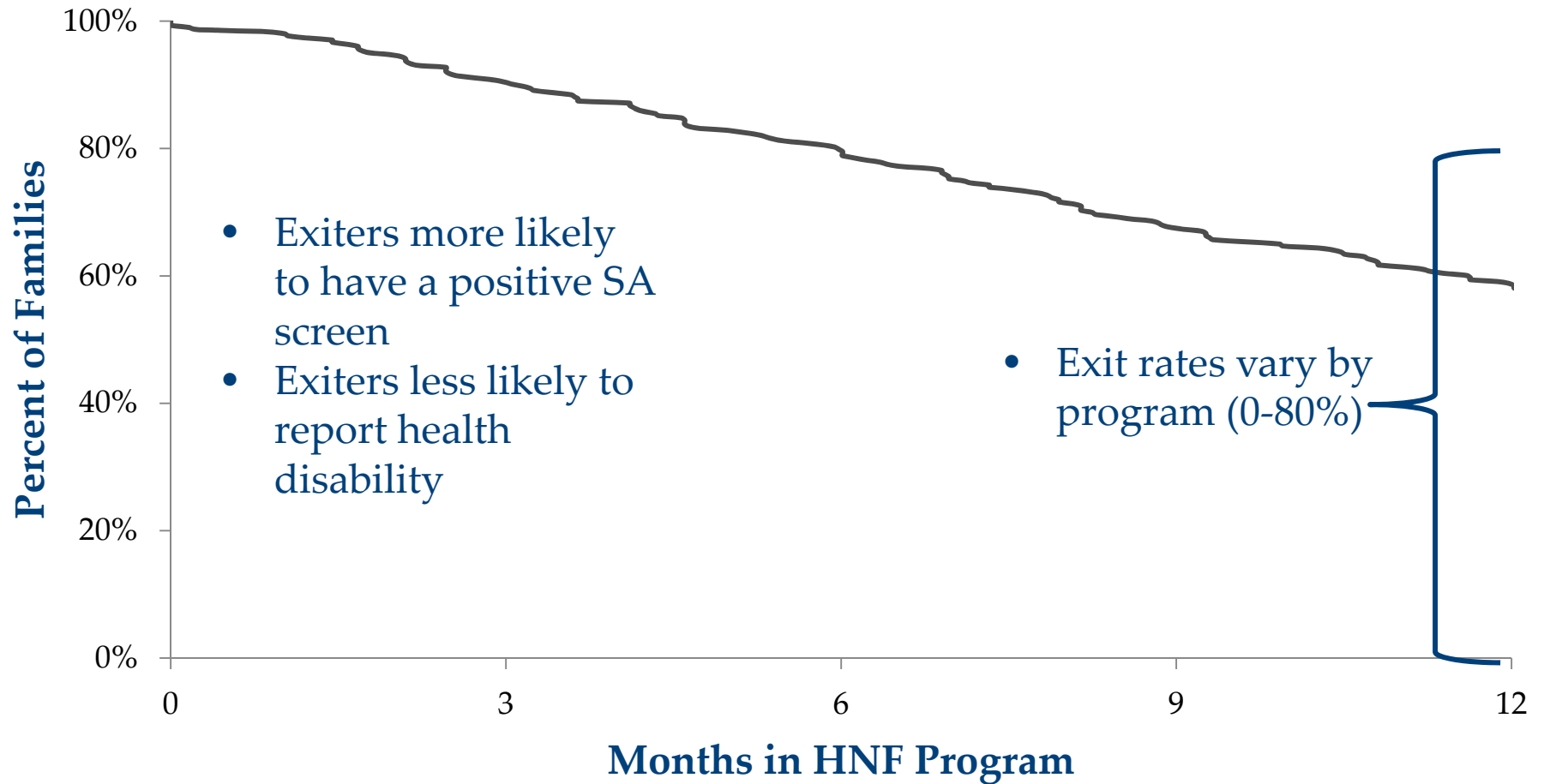


RESIDENTIAL STABILITY

Program Exit Rates

*Differences between
“Stayers” and “Exiters”*

OVER HALF STAY 12+ MONTHS (N=303)



EXITS PRIOR TO 12 MONTHS (N=125)

NATURE OF THE EXITS

3% known to be positive

- graduated program
- became “self-sufficient”

30% neutral

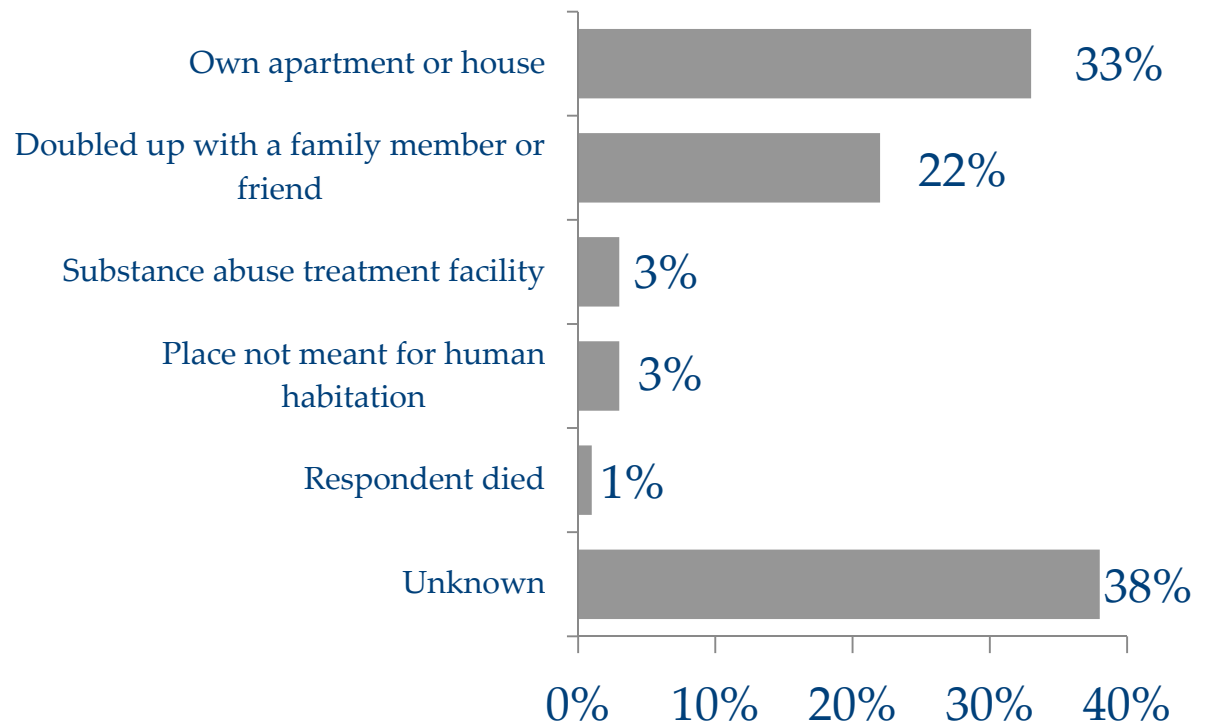
- wanted to live elsewhere

40% negative

- evicted from housing
- lost eligibility
- non-compliance with program

27% unknown

EXIT DESTINATIONS



CHANGES OVER TIME FOR 12 MONTH STAYERS

Overall Take-Aways

Significant Changes

Non-Significant Changes



OVERALL TAKE-AWAYS THUS FAR

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

- *Residential stability*
- *Employment*
- *Income*
- *Family reunification*
- *Substance abuse*
- *Current trauma*
- *Healthcare access*
- *Dental needs*

SIGNIFICANT CHANGES: 12 MONTH STAYERS (N=143)

At Entry Into Housing

3.3 moves (in 6 months prior)

12% employed

Average income \$549

18% Child separation involving CPS

12 Months Following

0.8 moves (in 12 months)

25% employed

Average income \$693

6% Child separation involving CPS

SIGNIFICANT CHANGES: 12 MONTH STAYERS (N=143)

At Entry Into Housing

*23% report sexual/physical
abuse*

*18% positive substance abuse
screen*

*81% have routine source of
care*

*72% have non-emergency
sources for sick care*

62% unmet dental needs

12 Months Following

*10% report sexual/physical
abuse*

*9% positive substance abuse
screen*

*95% have routine source of
care*

*89% have non-emergency
sources for sick care*

45% unmet dental needs



NON-SIGNIFICANT CHANGES: 12 MONTH STAYERS

Mental health symptoms

Health functioning

Debt

Access to health insurance

QUESTIONS?

HEALTH AND BEHAVIORAL
HEALTH SERVICE ACCESS:
COMPARATIVE ANALYSES

ER Use

Inpatient Hospitalization

Mental Health Services

Substance Abuse Services

SAMPLE FOR COMPARATIVE ANALYSES

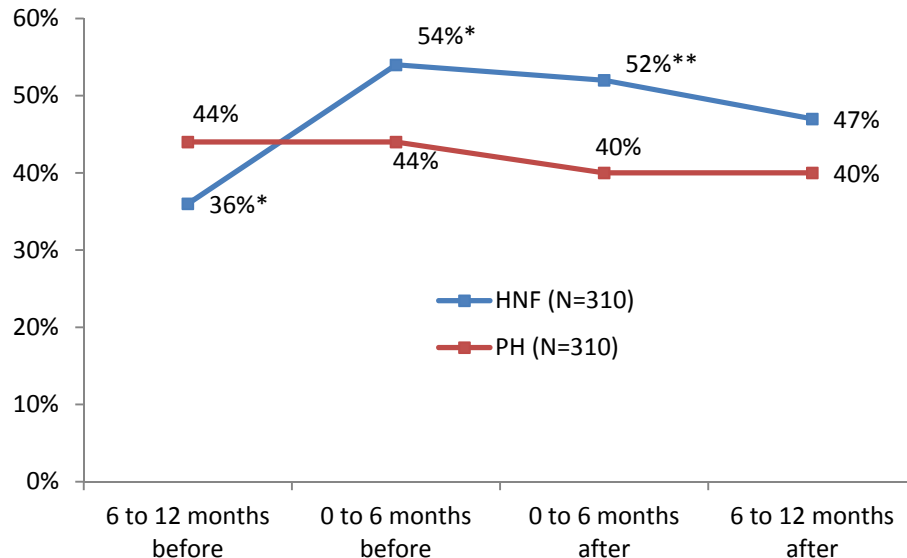
- *Based on state data, subsample of HNF who signed ROI*
- *PH sample matched from KCHA PH data; ES sample from balance of state*
- *HNF subsample compared to overall HNF sample :*
 - *HoH more likely to be older, with relatively older children, more educated*
 - *HoH less likely to have SA indicators, and felony convictions*
 - *Family has larger average income and larger average debt*
 - *Family has stayed in the HNF longer*

EARLY TAKE AWAYS

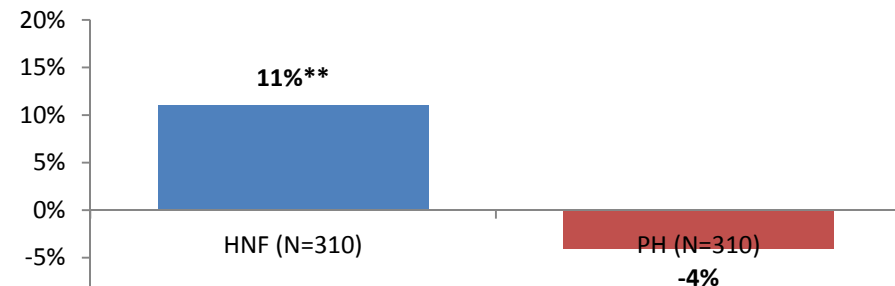
- *Access to behavioral health outpatient services is increased for HNF families compared to comparable families in both public housing and emergency shelter*
- *Use of the ER actually increases for families in the HNF compared to both comparison samples*
- *Families who stay longer in the HNF program appear to have more access than those who exit before 12 months*

HNF FAMILIES MORE LIKELY TO USE ER THAN PH FAMILIES

Respondents with at least one ER visit over time



Difference between those with at least one ER visit 6 to 12 months before and after enrollment

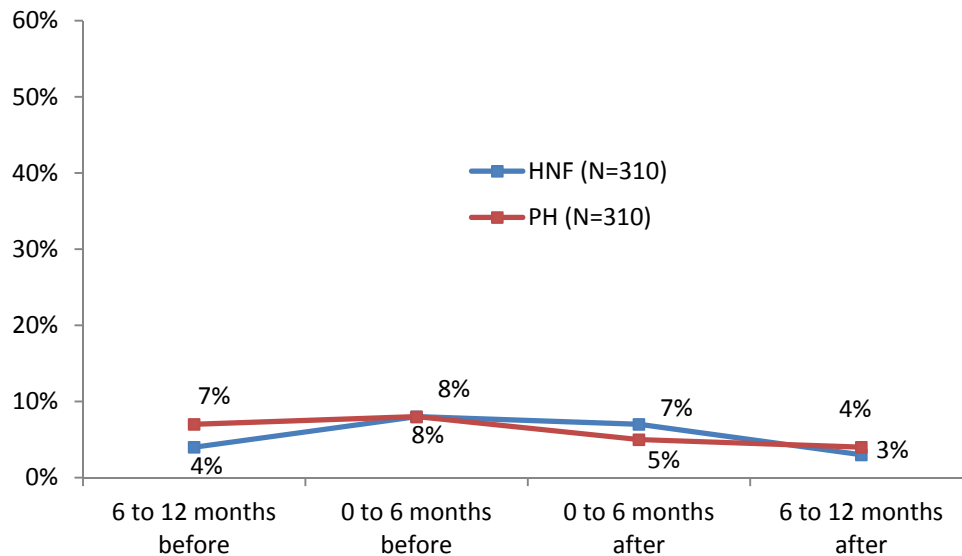


Regression Findings

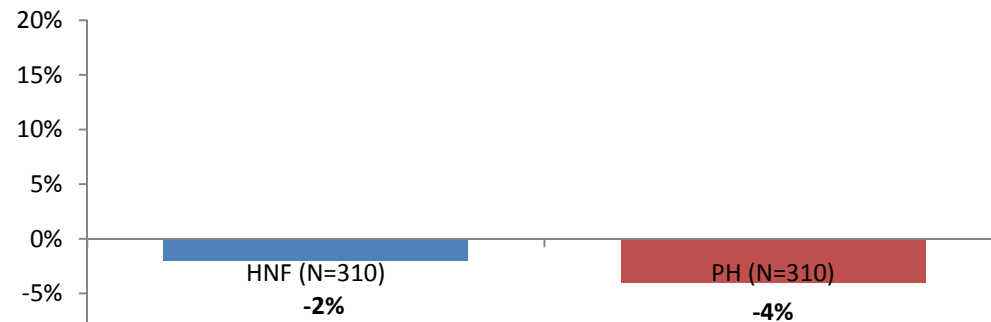
- Participating in HNF increases likelihood of having an ER visit
- Being older decreases likelihood of having an ER visit
- Having a previous ER visit (6-12 months prior) increases likelihood of having an ER visit

HNF & PH FAMILIES HAVE COMPARABLE ACCESS TO INPATIENT HOSPITALIZATION

Respondents with at least one inpatient hospitalizations over time



Difference between those with at least one inpatient hospitalization 6 to 12 months before and after enrollment



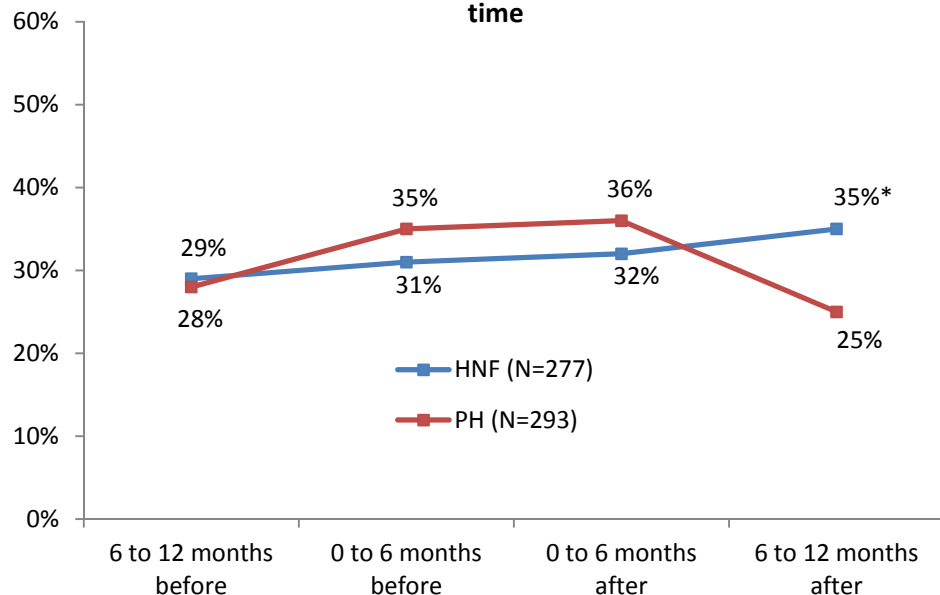
* p < 0.05, ** p < 0.01, *** p < 0.001

Regression Findings

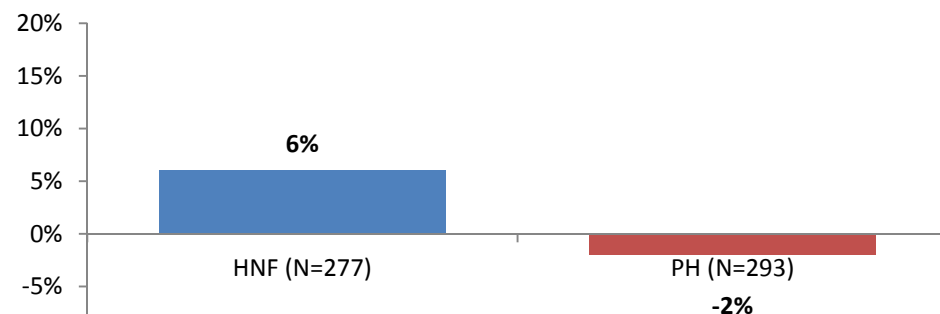
- Participating in HNF does not affect likelihood of inpatient hospitalization
- Being older and having a previous inpatient service do not affect likelihood of inpatient hospitalization

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

Respondents with at least one mental health service receipt over time



Difference between those with at least one mental health service receipt 6 to 12 months before and after enrollment

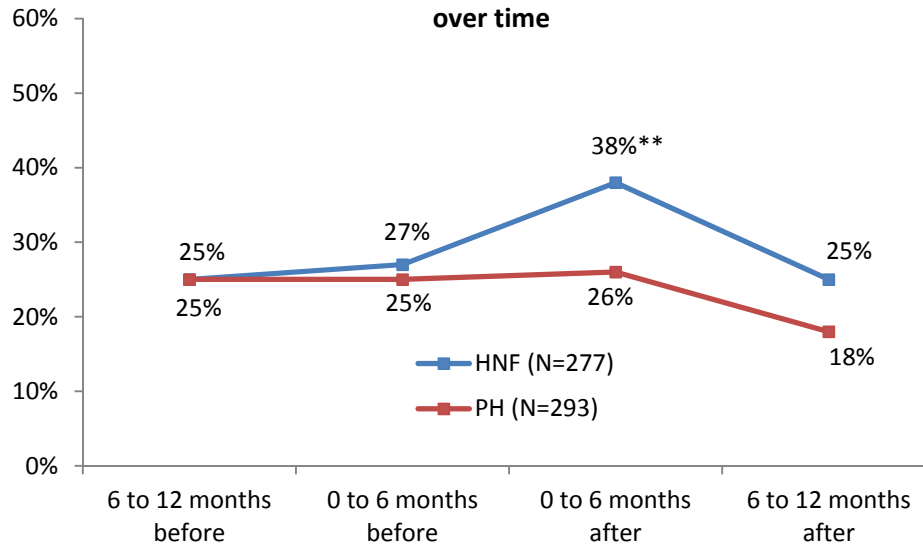


Regression Findings

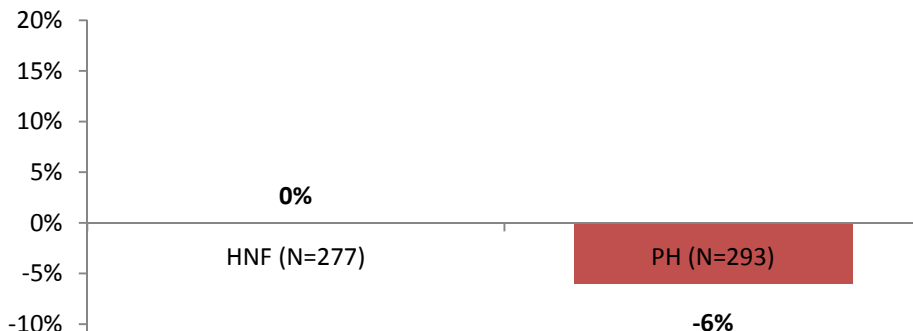
- Participating in HNF increases likelihood of having a mental health service
- Being older does not affect likelihood of having a mental health service
- Having a previous mental health service (6-12 months prior) increases likelihood of having a mental health service

HNF AND PH FAMILIES HAVE COMPARABLE ACCESS TO SA OUTPATIENT SERVICES

Respondents with at least one SA outpatient service receipt over time



Difference between those with at least one SA outpatient service 6 to 12 months before and after enrollment



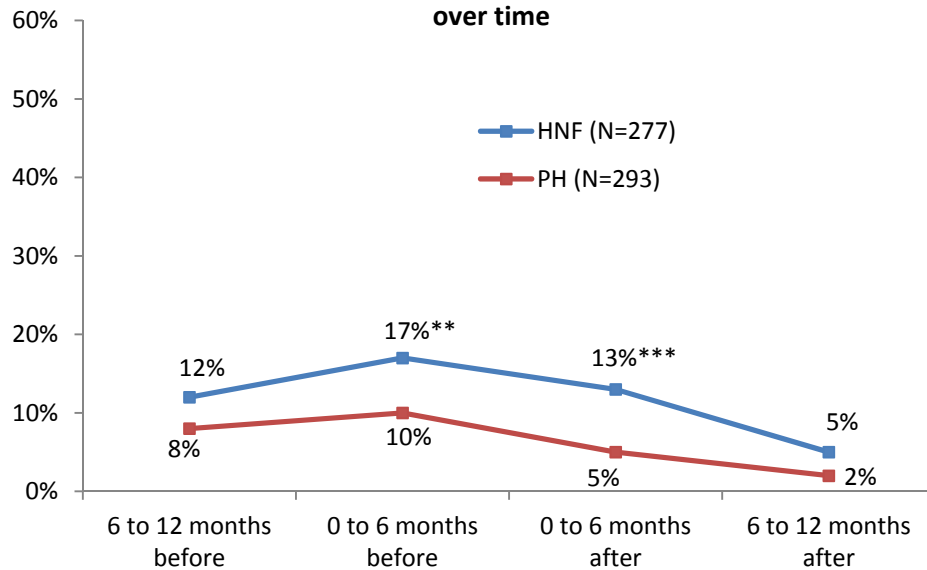
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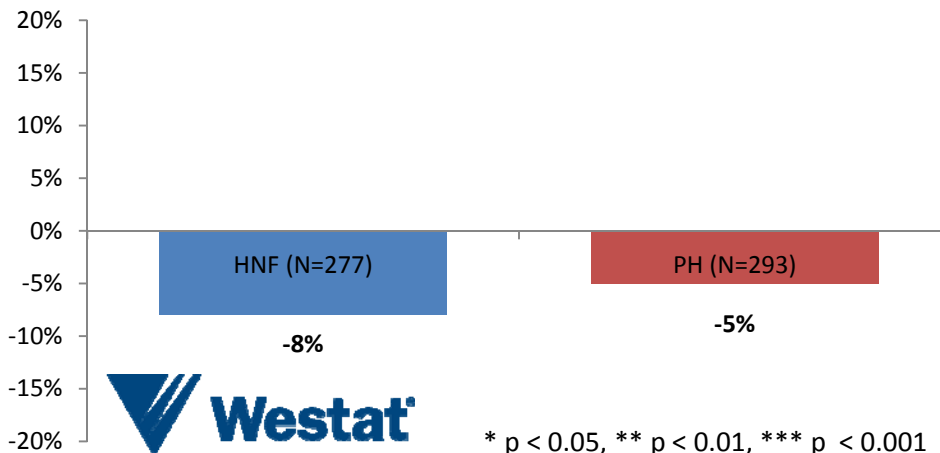
- Participating in HNF does not affect likelihood of having a substance abuse outpatient service
- Being older does not affect likelihood of having a substance abuse outpatient service
- Having a previous substance abuse outpatient service (6-12 months prior) increases likelihood of having a substance abuse outpatient service

HNF AND PH FAMILIES HAVE COMPARABLE ACCESS TO SA RESIDENTIAL SERVICES

Respondents with at least one SA residential service receipt over time



Difference between those with at least one SA residential service 6 to 12 months before and after enrollment

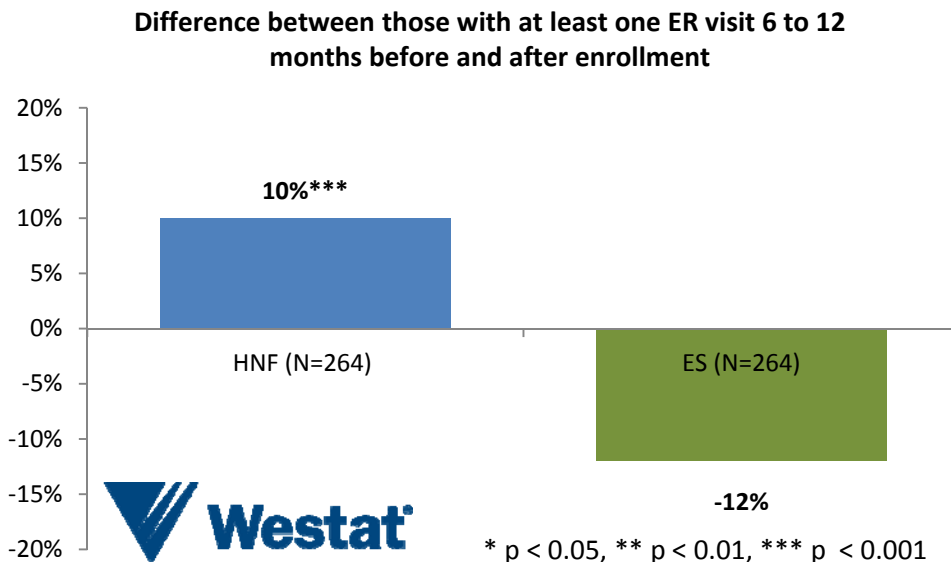
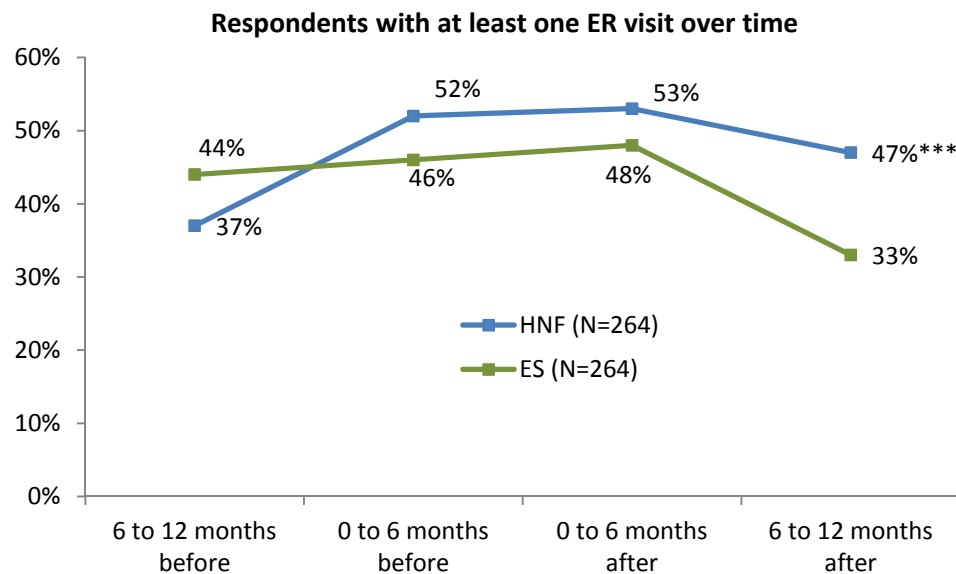


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Regression Findings

- Participating in HNF does not affect likelihood of having a substance abuse residential service
- Neither being older nor having a previous substance abuse residential service (6-12) affects likelihood of having a substance residential service

HNF FAMILIES MORE LIKELY TO USE ER THAN ES FAMILIES

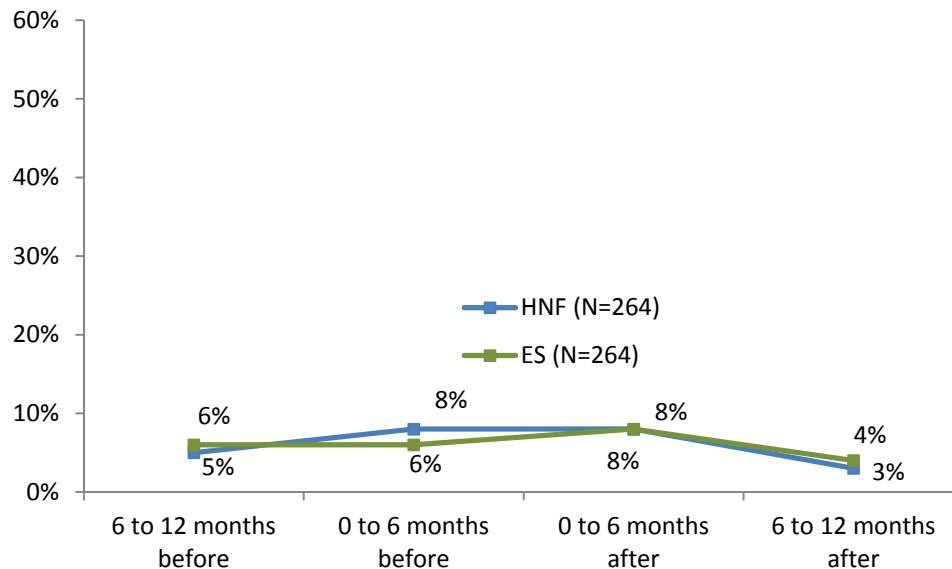


Regression Findings

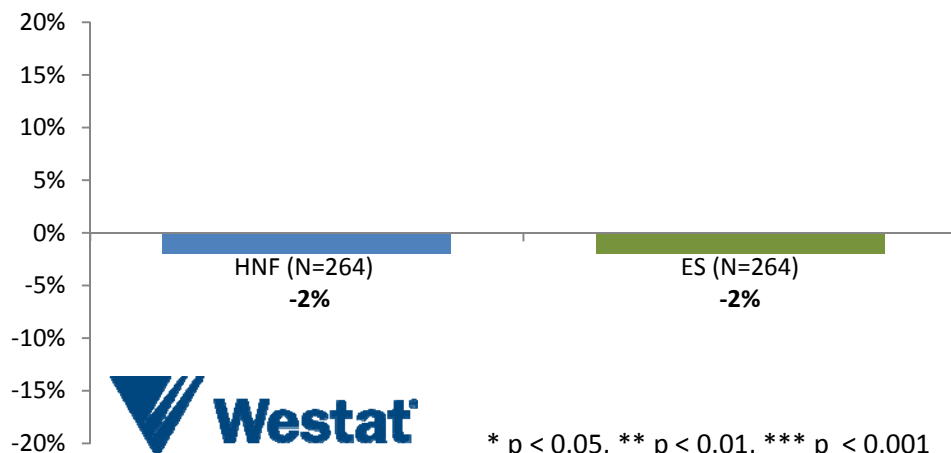
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- Being older decreases likelihood of having an ER visit
- Having a previous ER visit (6-12 months prior) increases likelihood of having an ER visit
- Living in an urban setting does not affect likelihood of having an ER visit

HNF AND ES FAMILIES HAVE COMPARABLE ACCESS TO INPATIENT HOSPITALIZATION

Respondents with at least one inpatient hospitalization over time



Difference between those with at least one inpatient hospitalization 6 to 12 months before and after enrollment



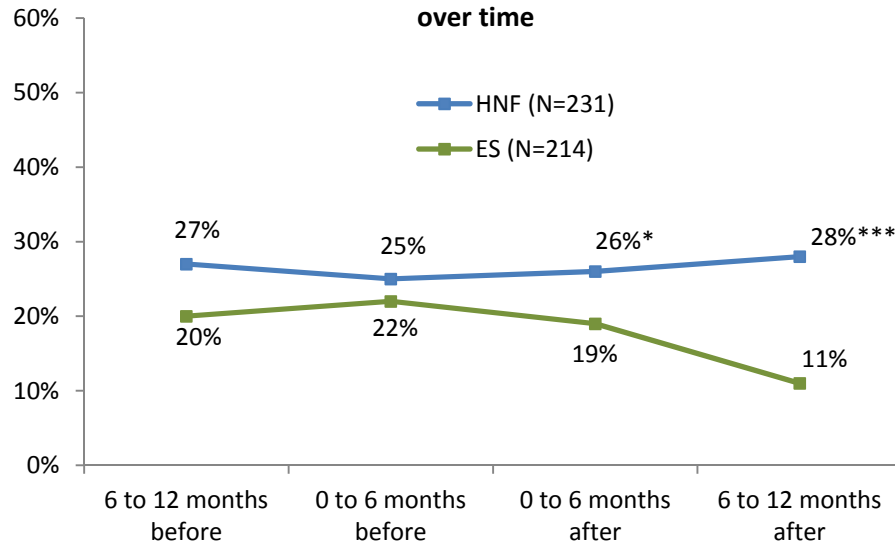
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Regression Findings

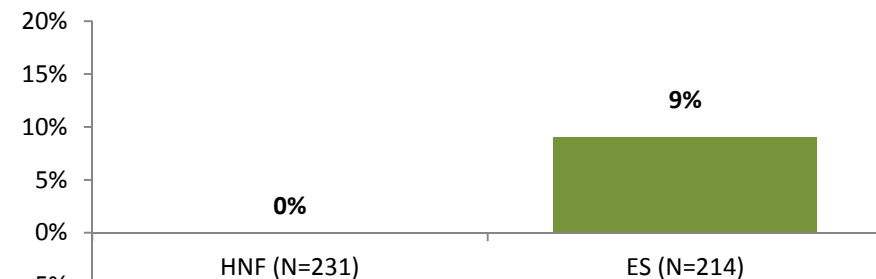
- Participating in HNF does not affect likelihood of inpatient hospitalization
- Being older or living in an urban setting do not affect likelihood of inpatient hospitalization
- Having a previous service increases likelihood of inpatient hospitalization
- Note: overall model is nonsignificant

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

Respondents with at least one mental health service receipt over time



Difference between those with at least one mental health service 6 to 12 months before and after enrollment

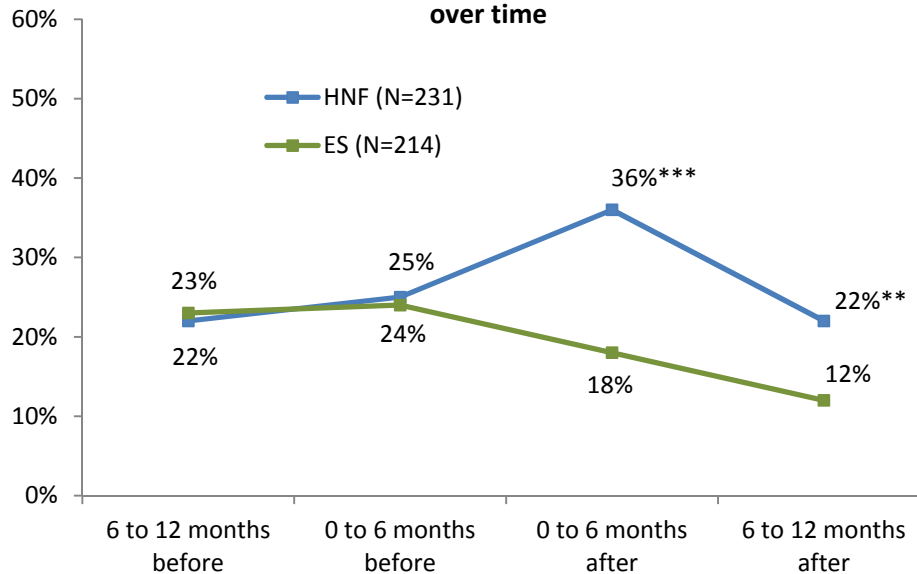


Regression Findings

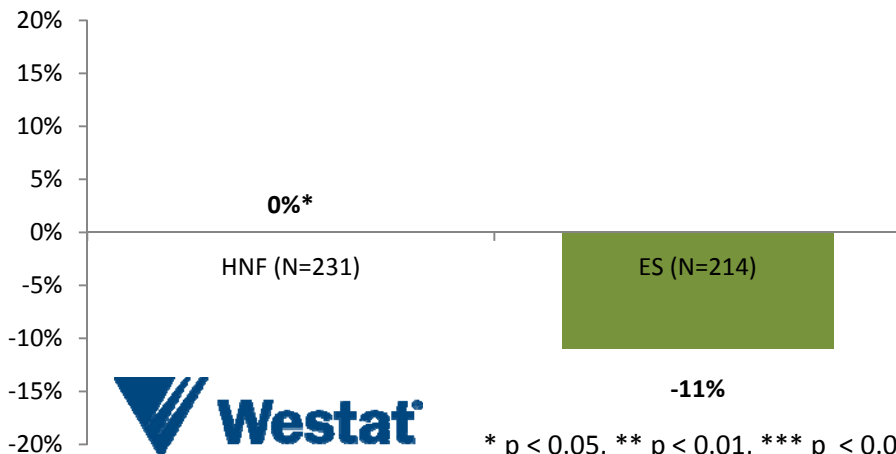
- Participating in HNF increases likelihood of having a mental health service
- Being older does not affect likelihood of having a mental health service
- Having a previous mental health service (6-12 months prior) increases likelihood of having a mental health service
- Living in an urban setting increases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

HNF FAMILIES MORE LIKELY TO USE SA OUTPATIENT SERVICES THAN ES FAMILIES

Respondents with at least one SA outpatient service receipt over time



Difference between those with at least one SA outpatient service 6 to 12 months before and after enrollment



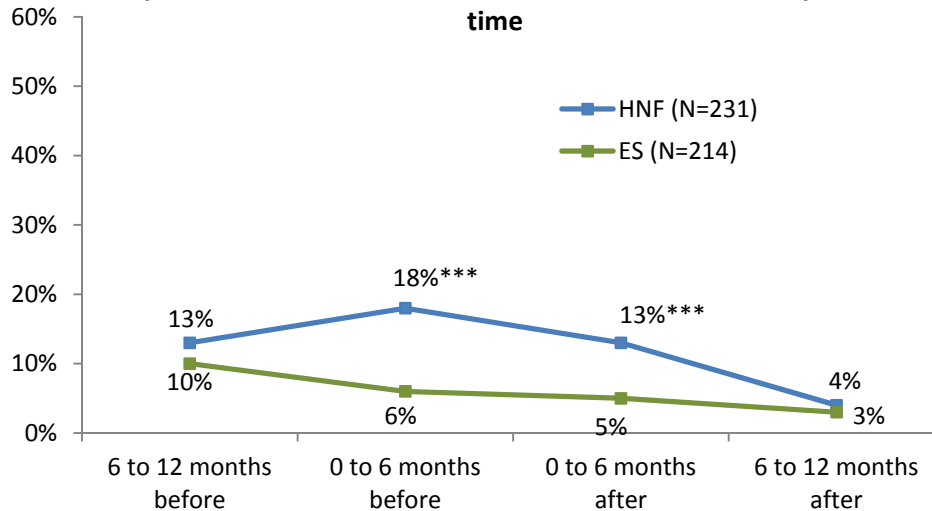
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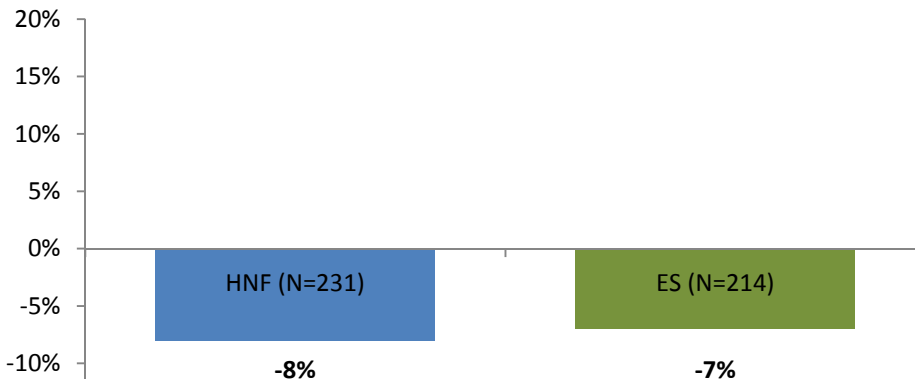
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- Being older does not affect likelihood of having a substance abuse outpatient service
- Having a previous substance abuse outpatient service (6-12 months prior) increases likelihood of having a substance abuse outpatient service
- Living in an urban setting does not affect likelihood of having a substance abuse outpatient service

HNF AND ES FAMILIES HAVE COMPARABLE ACCESS TO SA RESIDENTIAL SERVICES

Respondents with at least one SA residential service receipt over time



Difference between those with at least one SA residential service 6 to 12 months before and after enrollment



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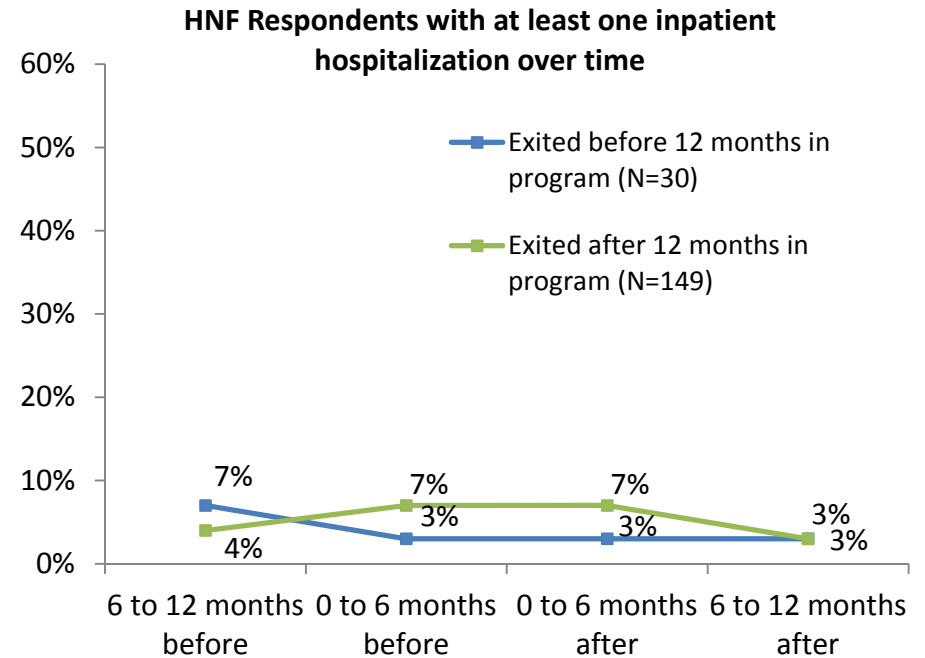
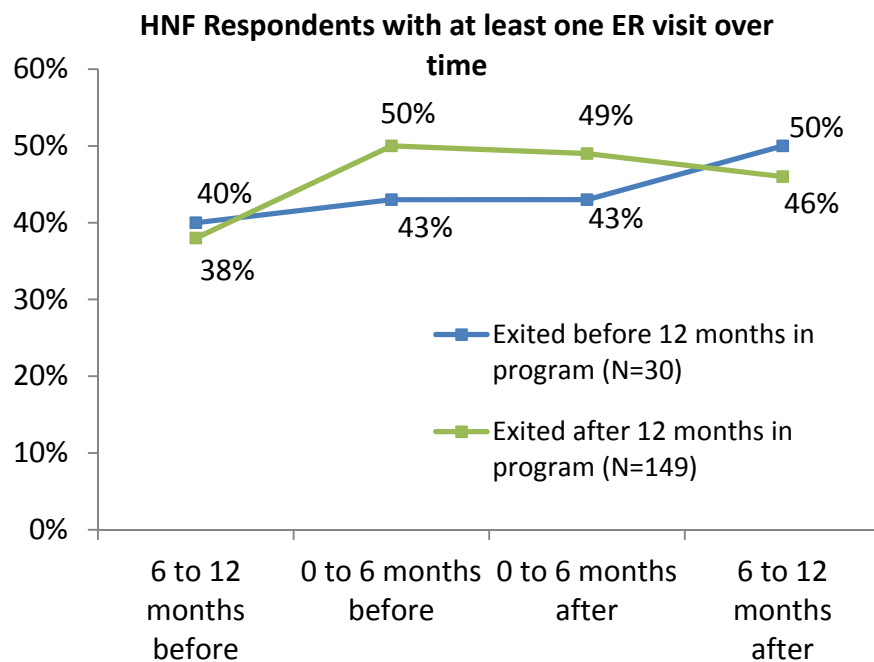
Regression Findings

- Participating in HNF does not affect likelihood of having a substance abuse residential service
- Neither being older nor having a previous substance abuse residential service (6-12) affects likelihood of having a substance residential service
- Living in an urban setting decreases likelihood of having a substance residential service
- Note: overall model is non-significant

EXAMINING SERVICE ACCESS BETWEEN HNF STAYERS AND EARLY EXITERS

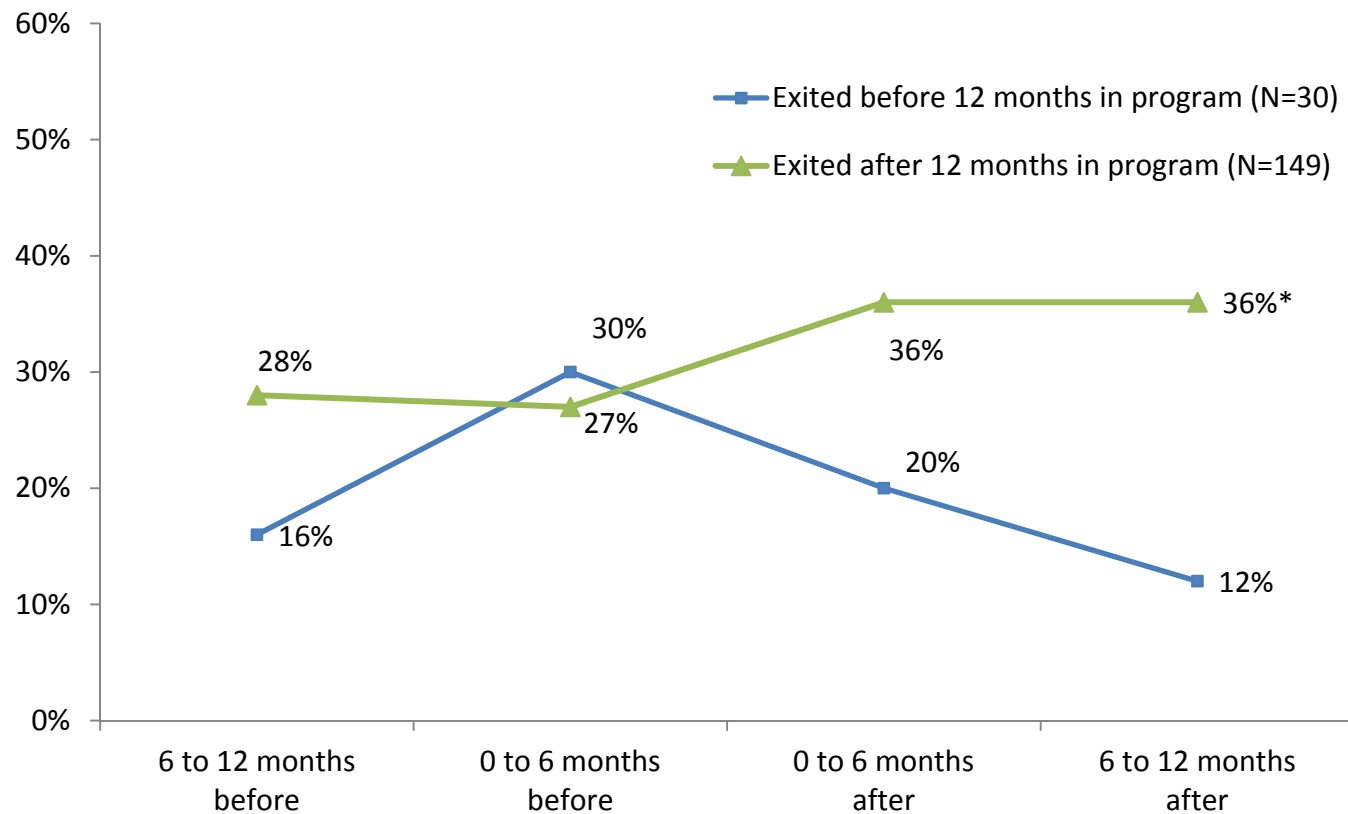
- *State data provide ability to examine rates of access to services for families who drop out of the HNF compared to those who remain 12+ months*
- *Analyses provide insight, but should be viewed cautiously due to selection biases (e.g., different people choose to stay in program than drop-out)*

ER VISITS AND INPATIENT HOSPITALIZATIONS FOR HNF STAYERS VS EXITERS

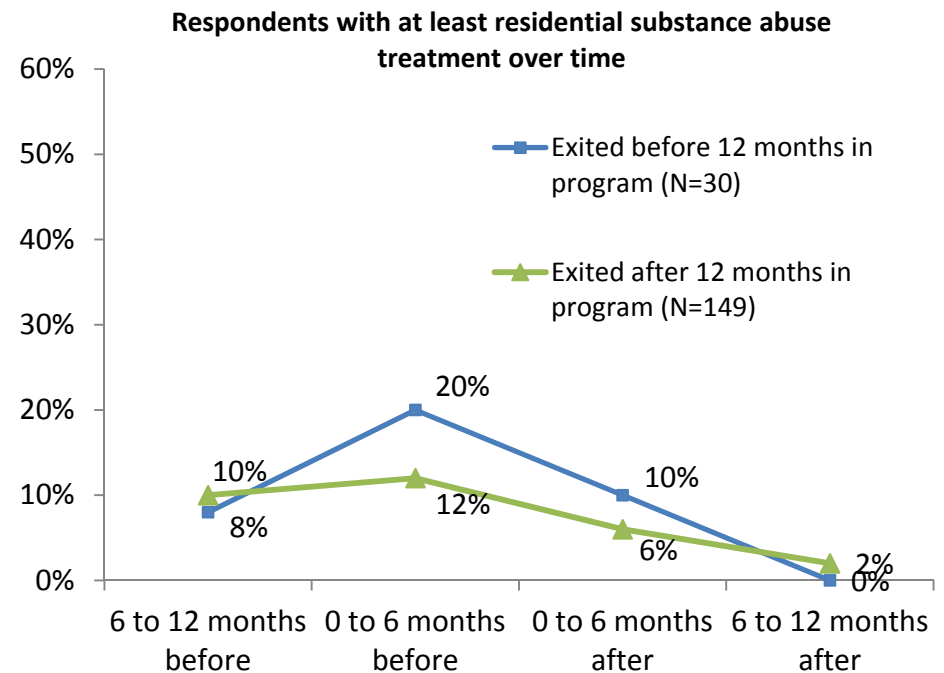
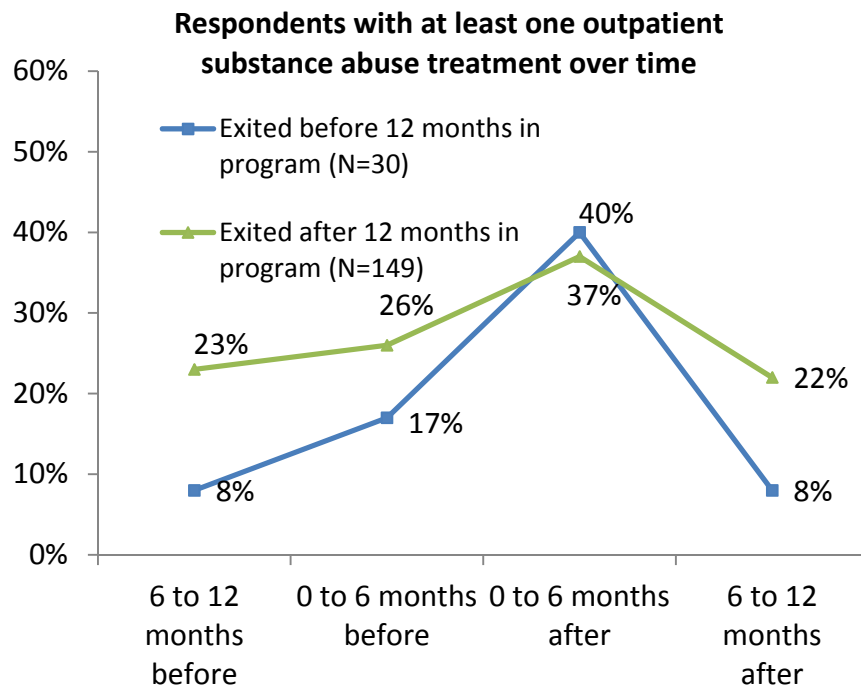


MENTAL HEALTH SERVICES FOR HNF STAYERS VS EXITERS

Respondents with at least one mental health service over time



SA OUTPATIENT SERVICES AND RESIDENTIAL TREATMENT FOR HNF STAYERS VS EXITERS



QUALIFICATIONS AND CONSIDERATIONS

- *Additional analyses will provide greater sensitivity to the full set of longitudinal data*
- *Small n 's require relatively large differences for significance*
- *Samples using State data (for the HNF group) are not totally representative of the complete sample*
- *Variation in housing models and its effects on outcomes will be considered in forthcoming analyses*

SUMMARY

- *Data provide promising findings*
- *HNF program does not replace use of ER, but does provide greater access to behavioral health services*
- *Having greater exposure to the program may provide for greater access to services as well as opportunity to achieve other outcomes*

QUESTIONS?