

# Impacts of the High-Needs Families Model

A summary of evaluation findings



## BACKGROUND

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### Program Definition

The Washington Youth and Families Fund High-Needs Families (HNF) model, developed and supported by Building Changes, provided housing, services and intensive case management to families with histories of homelessness and at least two current or recent housing barriers. Barriers included: physical health, mental health, substance abuse, past criminal justice involvement, HIV/AIDS, domestic violence, trauma from violence, and Child Protective Services involvement.

Initiated in 2008, the HNF model operated in **20 housing sites** throughout the state of Washington, with a total of **216 living units** rolled out over five years. In all, **385 families** received housing and services through the program.

The 20 housing sites were operated by **14 agencies**, ranging from large behavioral health organizations in urban settings with many services available on-site and nearby, to local community action councils in rural areas with few resources available on- or off-site.

The HNF model aimed to improve families' housing stability and access to needed services and incorporates Permanent Supportive Housing (PSH), which is generally defined as subsidized housing matched with ongoing supportive services.

### Model Definition and Implementation

Building Changes outlined key components and principles for the HNF model but did not require housing providers to strictly adhere to the criteria in implementing their program. Differences in model implementation occurred because of variations in the capacities of the agencies operating the sites and the availability of services within the communities where the sites were located, as well as differing philosophies among the providers.

In defining the HNF model, Building Changes described the following four features:

- Operates under a *housing first* approach where families move into housing directly from homelessness, housing is permanent, and services offered through the housing program are optional for the tenant.
- Promotes *harm reduction*, which is intended to reduce the adverse consequences and unsafe behaviors of substance use by emphasizing a practical focus on the harm associated with substance use rather than requiring abstinence.
- Maintains intensive case management, with case managers having 10 or fewer families on their caseloads.
- Offers on-site access to three or more of the following core services: parenting education and support, mental health and substance use support for parents, domestic violence support, and children's mental health support.

Based on determinations from site visits, five of the 20 sites (serving 65 families) adhered to all four Building Changes criteria, nine sites (serving 152 families) met three criteria, and five others (serving 168 families) met two or fewer. (One site was not evaluated.)

## Family Characteristics

Heads of households in the HNF program were almost all single and female, primarily in their 20s or 30s, and 69 percent were white, reflecting the racial composition of the statewide population that lives at or below the federal poverty line (65 percent white).<sup>1</sup> In the two HNF housing sites in King County (Seattle area), however, heads of household were disproportionately individuals of color, as 49 percent were African American.

The typical family had two or three children, with most having at least one or more pre-school aged.

More than 70 percent of families in the program were assessed to have three or more housing barriers, the most common being physical health problems, behavioral health issues and criminal justice involvement.

## OUTCOMES

Building Changes engaged the services of [Westat](#), a national research and evaluation firm, to conduct a multi-year evaluation of the model to help us better understand the needs and experiences of the families being served. Westat evaluated impacts of the model on the following outcomes:

- Health Care Use
- Behavioral Health Care
- Family Stability and Child Welfare Involvement
- Income and Employment
- Criminal Justice Involvement

As part of the evaluation, Westat compared experiences of families in HNF housing with two matched samples of families: those in emergency shelter and those in public housing. The comparable families in emergency shelter and public housing did not receive the type of wraparound services available through the HNF model.

**Key comparative findings are in the following table<sup>2</sup>:**

| Families in HNF housing, compared to families in emergency shelter  | Families in HNF housing, compared to families in public housing  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increased use of mental health and substance abuse outpatient services</li> <li>• Higher emergency room use for children</li> <li>• Higher rates of family reunification</li> <li>• Lower rates of criminal justice involvement</li> <li>• Higher rates of receiving Temporary Assistance for Needy Families (TANF)</li> </ul> | <ul style="list-style-type: none"> <li>• Increased use of mental health and substance abuse outpatient services</li> <li>• Higher emergency room use for heads of household</li> </ul> |

<sup>1</sup> Washington state Department of Social and Health Services, 2012

<sup>2</sup> Comparative data were drawn from the state Department of Social and Health Services (DSHS) Integrated Client Database, which contains information from over 30 data systems across and outside of DSHS.

## Health Care Use

At the time they entered the program, half of the families in HNF housing reported at least one chronic medical problem, such as arthritis, asthma or Hepatitis C. The vast majority had medical insurance (89 percent for themselves and 90 percent for their children) and therefore had access to non-emergency sources of care—if they chose to use them.

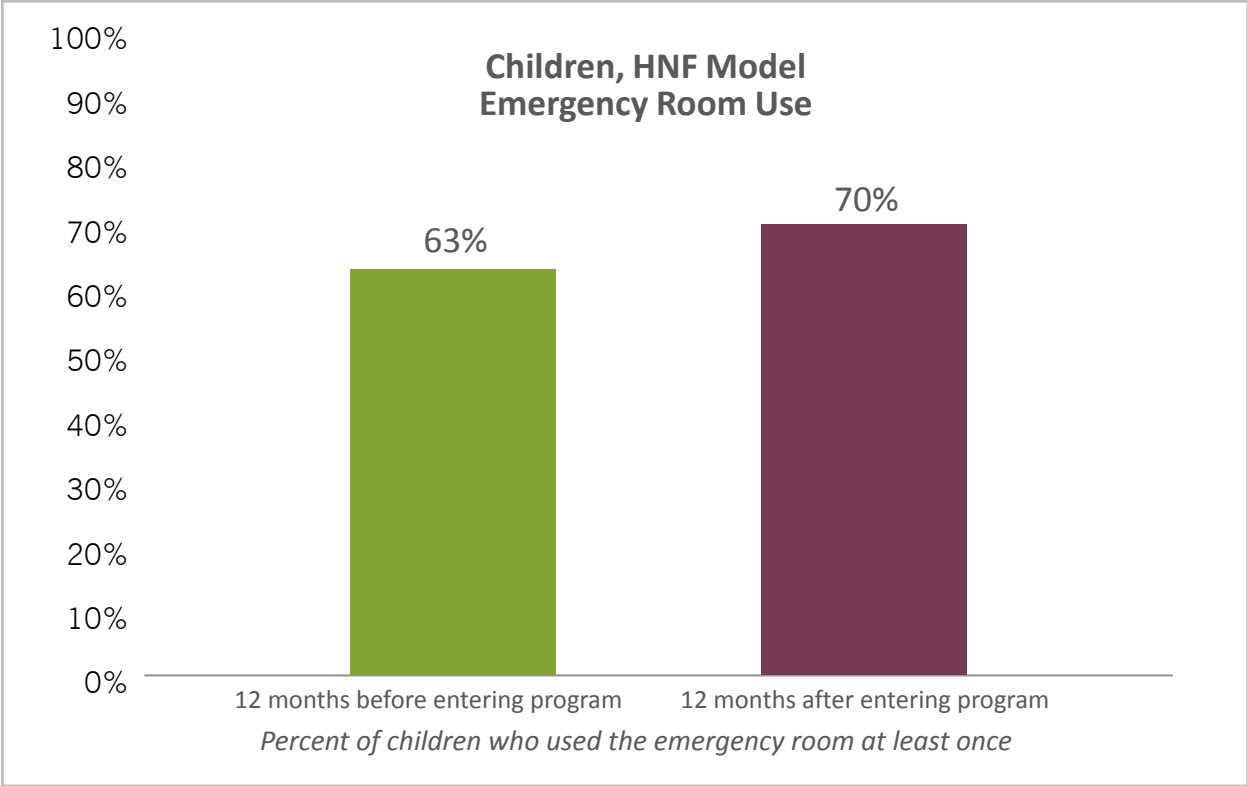
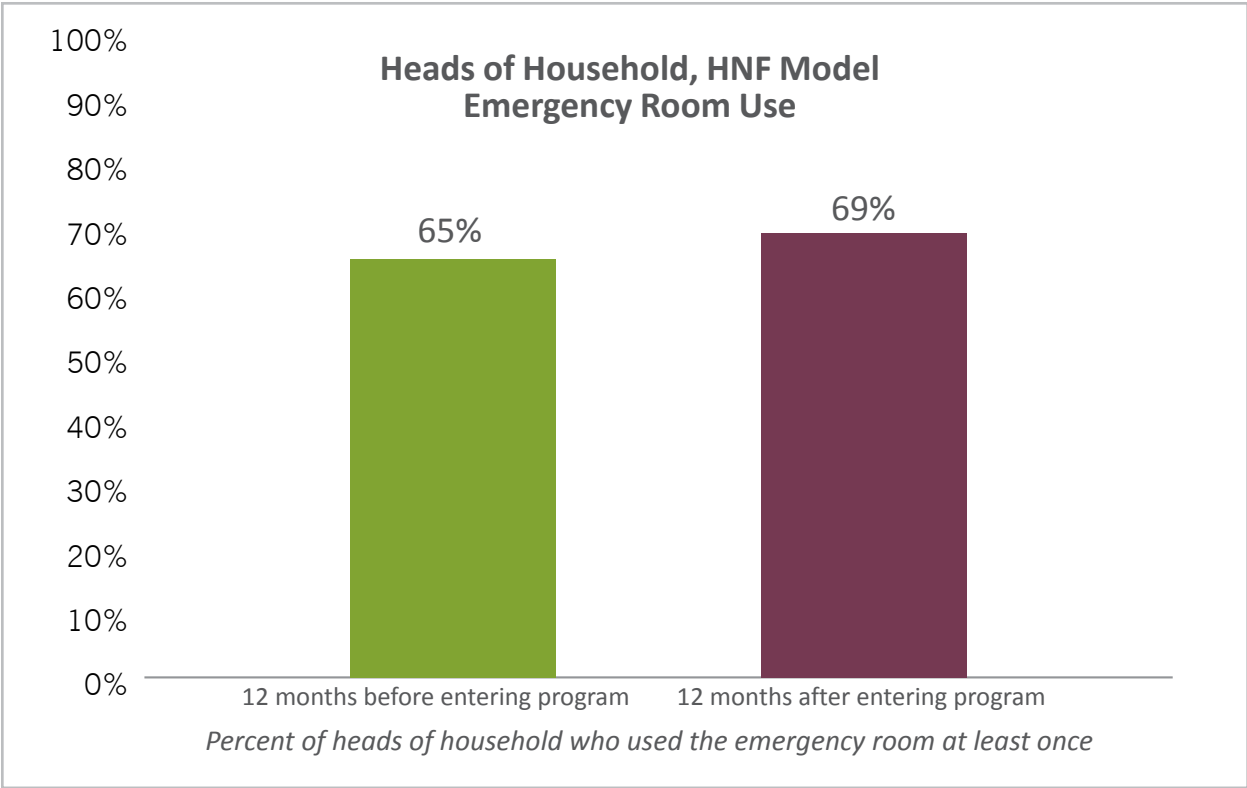
### Emergency room use

A goal of the HNF model was to reduce the amount of non-essential emergency room use among the families. In an effort to break families from the habit of accessing emergency rooms to address routine medical care, some providers counseled families on the advantages of preventive health care and encouraged them to establish relationships with primary care physicians and pediatricians. Providers also informed families of various benefits under the Affordable Health Care Act, which were new to them.

In spite of the providers' efforts:

- ***Heads of household used the emergency room at a similar rate after entering HNF housing as they did before entering.***
- ***Children used the emergency room at a slightly higher rate after entering HNF housing than they did before entering.***

These outcomes occurred despite the families having medical insurance, access to non-emergency sources of care, and resources within HNF housing to help them access these sources of care.

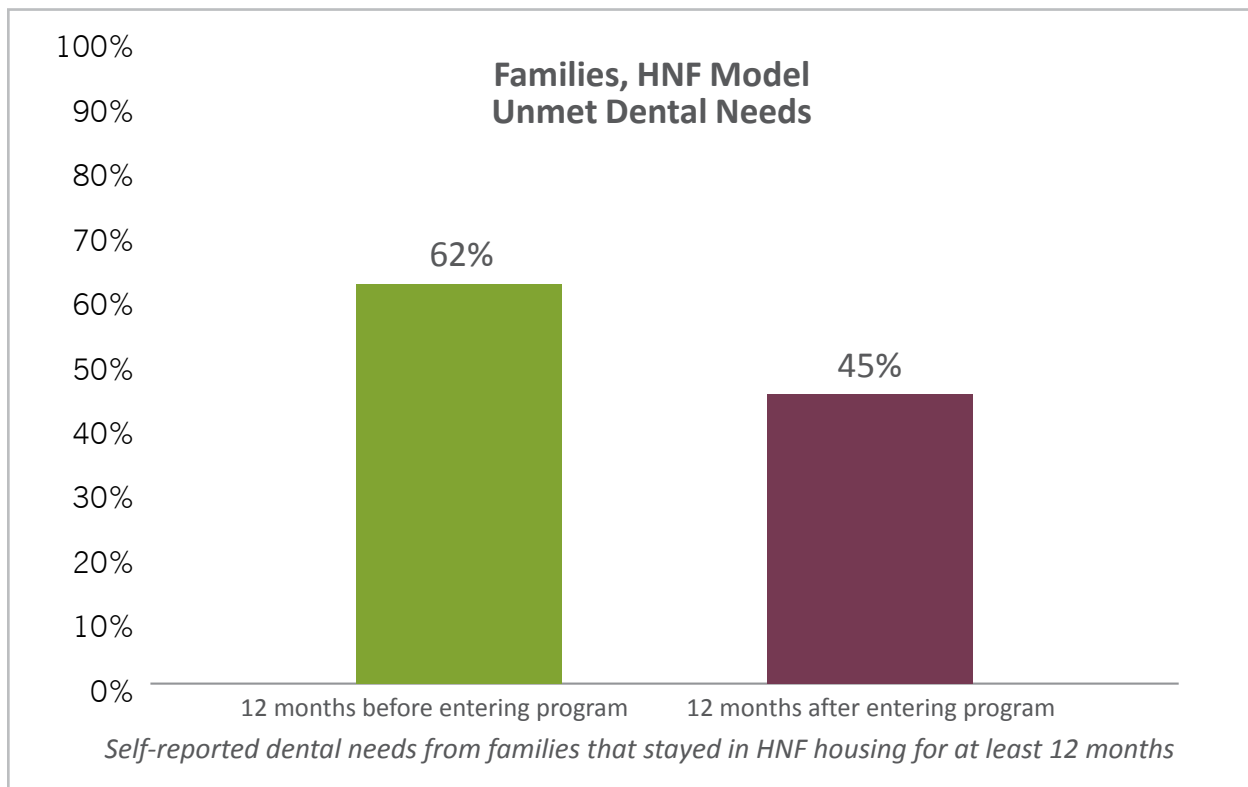


## Dental care

A majority of families that entered HNF housing had self-reported unmet dental needs, which included cavities, broken and/or missing teeth or overdue dental exams. A high rate of unmet dental needs is typical for this population.<sup>3</sup>

A key finding in dental care is:

- ***Although the rate stayed high, among those families that stayed in the program for at least 12 months, fewer families reported unmet dental needs after entering HNF housing.***<sup>4</sup>



<sup>3</sup> Vujcic, M. and Nasseh, K. (2014), A Decade in Dental Care Utilization among Adults and Children (2001–2010). Health Services Research, 49: 460–480. doi: 10.1111/1475-6773.12130

<sup>4</sup> Families that remained in HNF housing for 12 or more months may differ from those that left sooner. Data on unmet dental needs were not available in state administrative data used for other comparisons in this report, therefore it is unknown whether the overall rate of unmet dental needs changed or how these rates compare with families in other types of housing.

## Behavioral Health Care

The HNF model was designed to help connect families to needed behavioral health services. Behavioral health problems were among the multiple housing barriers that families in HNF housing faced—most heads of household struggled with one or more mental health or substance abuse issues.

### Mental health

Among heads of household, 61 percent had a mental health issue, with 51 percent reporting moderate or severe anxiety, 47 percent reporting moderate or severe depression, and 24 percent reporting poor mental health functioning. More than a quarter of the heads of household (27 percent) had been hospitalized in their lifetime for a mental health concern, with 6 percent in the six months prior to entering HNF housing. Trauma likely is related to mental health issues for some of the families, with 88 percent of heads of household reporting an experience of physical or sexual abuse in their lifetime, and 23 percent in the six months prior to completing the baseline assessment.

### Substance abuse

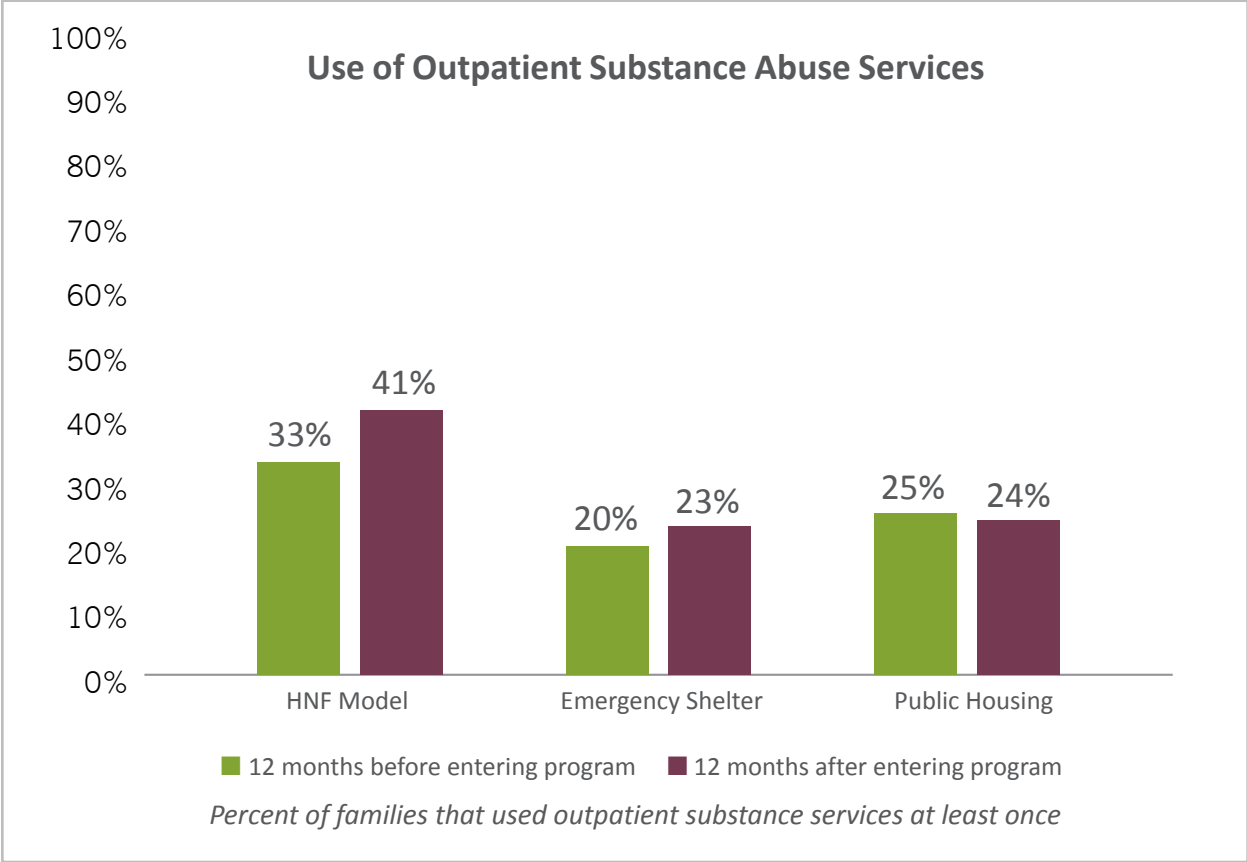
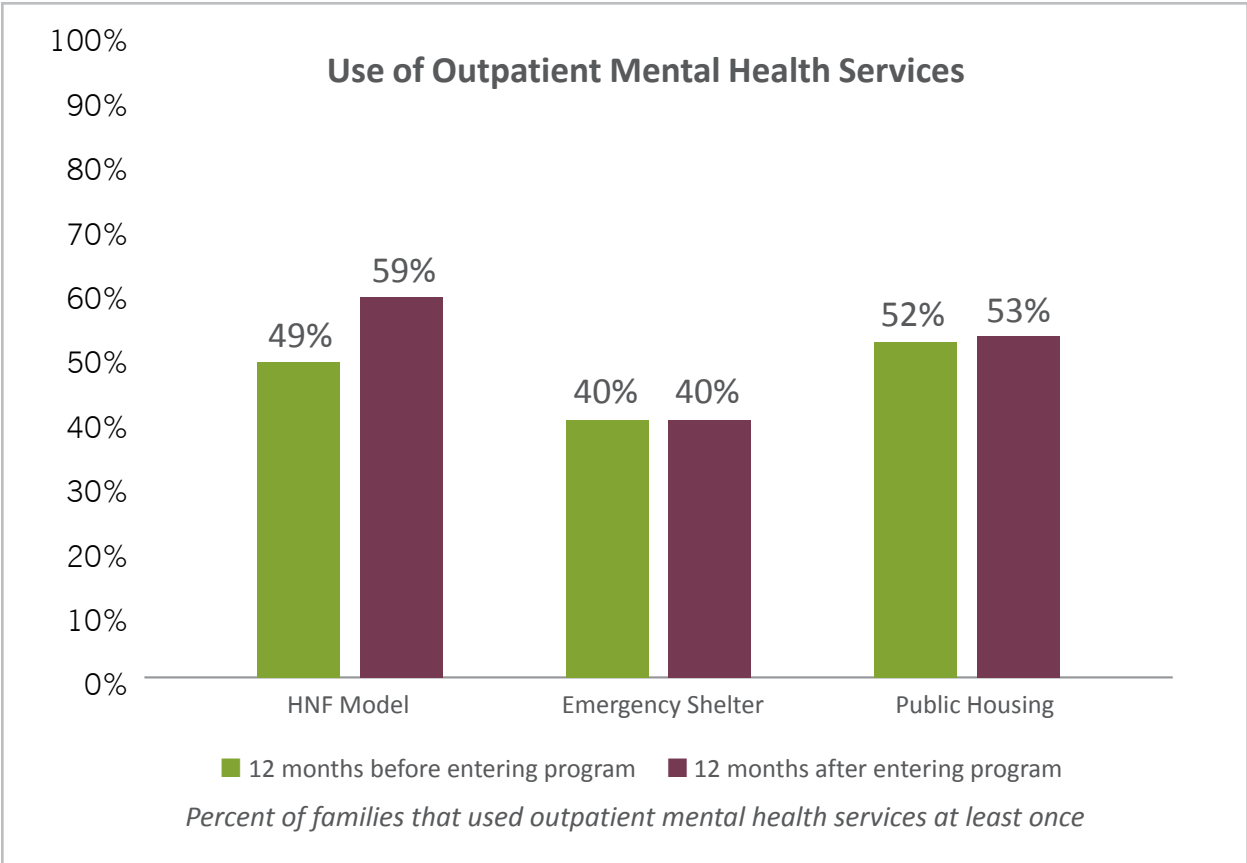
Among heads of household entering HNF housing, 22 percent self-reported substance abuse issues, 32 percent had received treatment six months prior to entering HNF housing, and 61 percent received treatment at least once in their past.

### Service use comparisons

To evaluate whether the HNF model was helping families access behavioral health services, the evaluators examined the extent families used behavioral health outpatient services, comparing families in HNF housing with those in emergency shelter and public housing 12 months after entering the program.

Key findings include:

- ***After entering HNF housing, families made more frequent use of mental health and substance abuse outpatient services than they had before entering.***
- ***Families in HNF housing increased their use of behavioral health outpatient services more than comparable families in emergency shelter or public housing.***



## Family Stability and Child Welfare Involvement

Children in homeless families are disproportionately vulnerable to being separated from their parents, when compared to children in housed families experiencing poverty.<sup>5</sup> They are more likely to voluntarily separate, become involved with child welfare and be placed in foster care.<sup>6 7</sup>

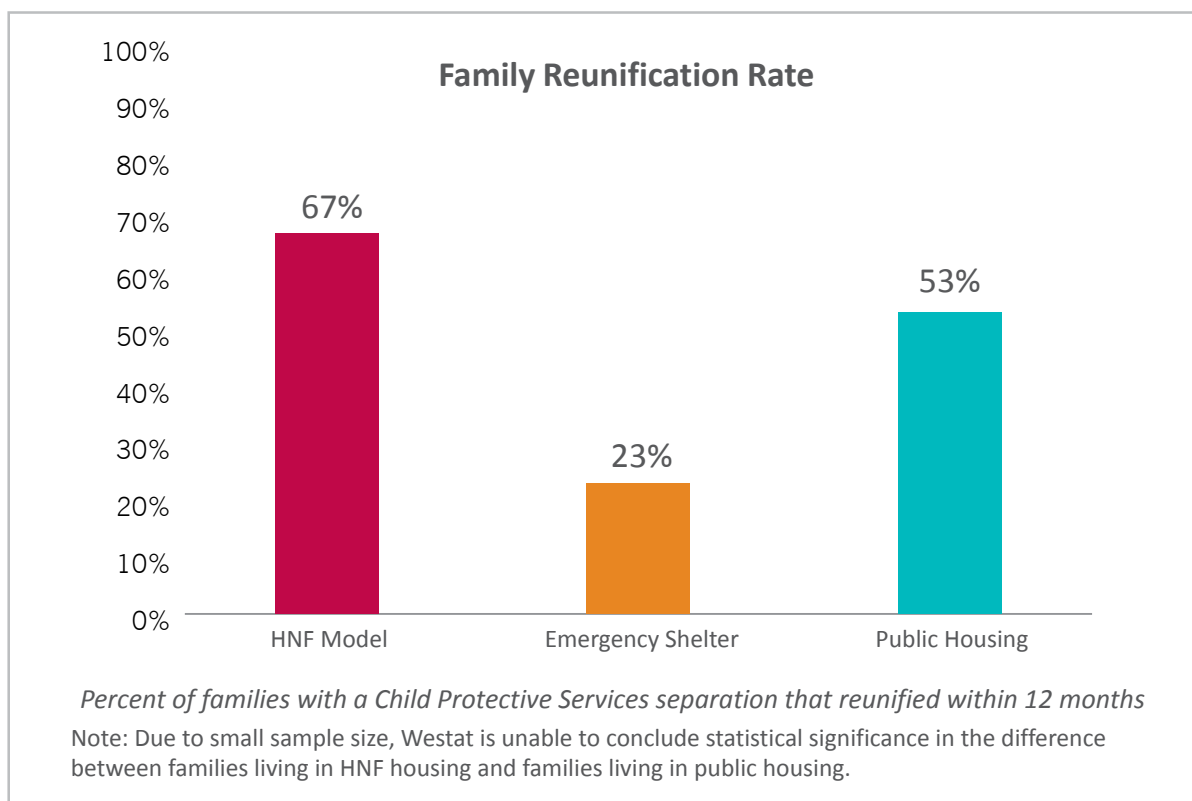
A primary focus of the HNF model was on families in need of reunification as well as those with broader involvement in the child welfare system. All housing programs using the HNF model screened for family separations and child welfare involvement, and six of the programs gave priority to families involved in the child welfare system, including one that targeted families with children living away from home in foster care or with someone else.

At entry into HNF housing, 42 percent of all families were separated from one or more of their children, including 16 percent that were separated due to Child Protective Services (CPS) involvement and 8 percent that had a child in foster care.

### Family reunification and preservation

To evaluate how the HNF model may affect family stability, Westat examined reunification rates among families involved with CPS, comparing the families in HNF housing with those in emergency shelter and public housing. The results show:

- **Families in HNF housing were more likely to reunify with their children than comparable families living in emergency shelter.**



<sup>5</sup> Cowal, K., Shinn, M., Weitzman, B. C., Stojanovic, D., & Labay, L. (2002). Mother-child separations among homeless and housed families receiving public assistance in New York City. *American Journal of Community Psychology*, 30, 711–730.

<sup>6</sup> Ibid.

<sup>7</sup> Park, J., Metraux, S., Brodbar, G., & Culhane, D. (2004). Child welfare involvement among children in homeless families. *Child Welfare*, 83, 423–436.



## Income and Employment

At entry into HNF housing, families had minimal incomes and low rates of employment. The average monthly income was \$512, and 14 percent of families reported no income whatsoever. Temporary Assistance for Needy Families (TANF) was the most common income source, with 60 percent of families reported having received the benefit within 30 days. Only 12 percent of heads of household were employed, and 74 percent of all jobs held were part-time. The average wage among those working was \$9.38 an hour.

Westat compared employment and earnings changes for families in HNF housing with those in emergency shelter and public housing.

The results show that 12 months after program entry:

- ***Heads of households in HNF housing were employed at similar rates to those in emergency shelter and public housing.***
- ***Heads of households in HNF housing experienced a decrease in average wage, while wages for those in emergency shelter remained about the same and wages for those in public housing increased.***
- ***Families in HNF housing received TANF at a higher rate than they had 12 months before entry, and had significantly higher rates than families in emergency shelter and public housing.***

## Criminal Justice Involvement

Families that include an adult with prior felony convictions often are ineligible for subsidized housing<sup>8</sup> and current criminal activity can result in families being evicted from subsidized housing and/or terminated from housing programs.<sup>9</sup>

A history of criminal justice involvement was among multiple housing barriers that families in HNF housing faced. In the two years prior to entering HNF housing, 37 percent of heads of household had been arrested and 34 percent had been convicted of a crime.

To evaluate how the HNF model may affect criminal justice involvement, Westat compared arrests and convictions for heads of household in HNF housing with those in emergency shelter and public housing. The results show:

- ***Heads of households experienced a decrease in criminal justice system involvement during the 12 months after entering HNF housing compared to the 12 months before entry.***
- ***Heads of households in HNF housing experienced a greater decrease in convictions compared to those in emergency shelter and a similar decrease as those in public housing.***

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<sup>8</sup> Shinn, M. (2010). Homelessness, poverty and social exclusion in the United States and Europe. *European Journal of Homelessness*, 4, 19-44.

<sup>9</sup> Regional Research Institute Portland State University. (2009). *Bridges to Housing Evaluation 2008 Year-End Report*. Retrieved from [www.bridgestohousing.org](http://www.bridgestohousing.org).

## Conclusion

The experiences of families living in HNF housing suggest that the combination of housing and wraparound supports can increase the use of behavioral health outpatient services, promote family reunification and lower rates of criminal convictions. Improvements are not evident in lowering emergency room use or improving employment and wage outcomes.

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