

# INTERIM EVALUATION REPORT

Family Housing Collaborative  
Direct Housing—Long Term Pilot

January 5, 2009

### **Our Mission**

To end homelessness, CSB innovates solutions, creates collaborations, and invests in quality programs.

We thank our Partner Agencies for their assistance in collecting data and ensuring data accuracy for our community reports.

This pilot was funded by the generous financial support of the Ohio Department of Development and JP Morgan Chase.

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## **Family Housing Collaborative**

### **Direct Housing – Long Term**

#### **Interim Evaluation Report**

#### **Executive Summary**

The Community Shelter Board (CSB) implemented in FY2008 a new Family Housing Collaborative (FHC) pilot project to complement the existing short-term direct housing program with a longer term program addressed to families that need more intensive assistance. Homeless Families Foundation (HFF) was chosen through a competitive RFP process to implement this direct housing long-term pilot (HFF LT).

This evaluation assesses the performance of the pilot from the inception in the fall of 2007 through June 30, 2008. The pilot served 33 families with a 91% success rate through the evaluated period for those households that continued to stay in the program and those that exited. Of the 9 households that exited the program, 67% had a successful exit, meeting the average successful housing outcomes for the Family System for FY2008. The pilot did meet most of its goals that it set to achieve for FY2008.

The pilot will continue to be phased out and this Interim Report will be followed by a Final Evaluation Report that will contain outcomes and descriptive demographic information for all households that were served during the two year period of the pilot's life.

Based on the information provided in the evaluation and CSB staff discussions we are proposing that for future Direct Housing projects the following guidelines to be implemented:

#### Program Design by CSB

- < Develop Best Practices for Program Implementation and Monitoring
- < Involve the entire Family System in the design of the project/pilot. Participants need to fully participate in the design. CSB should assign an internal team to work on the project development and early implementation.
- < Develop the concept in detail prior to implementation and receive feedback and acceptance from the Family System.
- < Develop the project's Logic Model and Evaluation Plan.
- < Develop the project's Implementation Plan.
- < Include expected outcomes in all requests for funding for the project.
- < Develop all necessary tools for the appropriate tracking of the families throughout their participation. Involve the Family System and get their feedback and acceptance.
- < Issue a well-developed, detailed Request for Proposal for the project implementation that clearly states all the objectives, outcomes, roles, responsibilities and expectations for CSB as a funder and the implementer of the project. A detailed and comprehensive program design should be included.

- < Thoroughly review all responses to the Request for Proposal and select the project implementer.
- < Work closely with the project implementer in the early stages of the project and offer technical assistance and guidance.
- < Conduct training on the correct usage of data tracking tools, assessments, forms, as applicable for the project.
- < Closely monitor the project implementation and offer assistance as needed.
- < Project design may change as implementation occurs and needed changes are identified. CSB should be ready to change course as needed.
- < Changes should not be made based solely on challenges presented by partners or other system providers. A thorough examination of the proposed changes should be made.
- < Closely monitor the project performance and issue an evaluation of the project

Program Implementation by Partner Agency

- < Employ case workers that are appropriate (skills and experience) for the families that the pilot intends to serve
- < Offer services for families for a shorter period of time (6-12 months).
- < Offer financial assistance for a shorter period of time (less than 12 months) with a step-down plan.
- < Better assess families at entry into the program on their needs and likelihood of success.
- < Evaluate and improve staff assessment capabilities and use appropriate assessment tools.
- < Implement an Individualized Financial Assistance Plan for all the households, at entry into the program.
- < Serve exclusively families coming from the YWCA Family Center.
- < Set clear expectations for families at entry into the program.
- < Be able to change course as needed – flexible.
- < Changes should not be made based solely on challenges presented by partners or other system providers. A thorough examination of the proposed changes should be made.

## Overview/Background

The purpose of the pilot project was to address the needs of families who are in need of transitional support for up to 18 months in order to stabilize their housing and not have a repeat episode of homelessness. The pilot was expected to:

- < Assist no less than 30 families through the pilot project during FY2008 with rapid housing placement and stabilization services consistent with Housing First best practices.
- < Adhere to FHC policies and procedures (as amended to incorporate the FHC expansion pilot), including participation as a full member of the Family Housing Collaborative and attend weekly direct service meetings and periodic management meetings.
- < Identify and pursue additional funding for the program from sources such as the Ohio Department of Development, Franklin County Department of Job & Family Services, and/or Medicaid.
- < Employ direct service staff with adequate education and experience to serve the target population effectively.
- < Provide culturally competent services.
- < Provide individualized housing planning and placement assistance for homeless families who:
  - o Are staying at the YWCA Family Center or a Tier II shelter program, with priority to the YWCA Family Center clients;
  - o Are unable to obtain permanent housing due to inadequate education or job training, involvement with children's services, non-disabling mental health or substance abuse issues, criminal histories, prior eviction from subsidized housing, etc.;
  - o Are not more appropriately served in other permanent housing, permanent supportive housing, transitional housing, or short-term direct housing.
- < Establish and maintain relationships with area landlords, including both informal and formal relationships, as appropriate, to meet the needs of participating families.
- < Facilitate access to direct client assistance provided through CSB and food/household item assistance provided through the Mid-Ohio Food Bank and Material Assistance Provider (MAP).
- < Provide intensive, home-based case management grounded in evidence-based practice(s) for up to 18 months (12 month average) once families are housed.
- < Provide service referral, advocacy, and long-term housing stability planning such that families do not experience future homelessness.

## Purpose of the Evaluation

The evaluation of the pilot is assessing to what degree this new pilot program helped families in need and the Family System itself and at what cost. The timeframe for the evaluation is 7/1/2007 – 6/30/2008. The evaluation also compares the performance of this pilot with the other programs that are serving homeless or at risk families like the Salvation Army's FHC short-term Direct Housing program (SA), the HFF's Tier II Family Emergency Shelter program (HFF Tier II) and the Stable Families homelessness prevention program (Stable Families).

## Limitations

For the comparative measures the evaluation is limited to quantitative data collected through our homeless management information system Columbus ServicePoint (CSP) and financial information provided by the partner agencies and CSB.

The assessment tools that case managers used to evaluate families were in some cases administered retroactively (CSB developed these tools later than the program start date) which made it difficult to retroactively assess the barriers and status of a family at entry into the program. Also, the assessments were not consistently administered to all the participants and given the change in the program's case managers in the middle of the implementation we are questioning the reliability of the results shown by these tools.

## Audiences

The evaluation was developed by CSB's Data and Evaluation department to help guide decisions regarding the viability of the pilot on a long-term basis. The evaluation is provided to the funders of the pilot project, pilot partners, CSB trustees and it is posted on [www.csb.org](http://www.csb.org).

## Evaluation Questions

The evaluation answers the following questions:

- < Who did the program serve?
- < What are the population differences between the pilot and like-programs?
- < What core services were provided?
- < What intervention(s) utilized in the pilot were effective in stabilizing a family?
- < What different interventions were used in the pilot program vs. like programs?
- < What measurable changes occur as a result of the family participating in the pilot?
- < Which community based resources were most effective in stabilizing the family?
- < What level/type of intervention is necessary for the family while in program?
- < What level of intervention is necessary for a family in the pilot vs. like programs?
- < How were the direct client assistance funds used?
- < What are the costs of serving the families in the pilot and are the funds efficiently used?
- < Was the pilot successful in achieving its goals?

## Responses to the Evaluation Questions

### **Who did the program serve? What are the population differences between the pilot and like-programs?**

For the evaluated period, the pilot served 33 families with 67% of the families having only 1 adult in composition and the following demographic characteristics, compared to the Family System demographic characteristics:

Demographics	HFF		Family System
Average Household Size	3.8		3.4
Average head of household (HoH) age	32		30
	#	%	%
Female HoH	29	88	87
Male HoH	4	12	13
Veteran HoH	2	6	2
Race			
White	9	27	27
Black	24	73	73
Other	0	0	1
Ethnicity			
Hispanic	0	0	2
Non-Hispanic	33	100	98

Twenty seven percent of HoHs had employment income at entry into the program (17% for the entire family system). The average monthly household income (for all households) at entry was recorded to be \$496, broken down into the following sources of income (some households had multiple sources of income):

Income Source	#	%
Employment income	9	27
Child Support	5	15
SSI	3	9
TANF	14	42
VA Benefits	1	3
Food Stamps	23	70

Based on these income levels, 63% of households identified at the point of entry into the program that they would spend 36% or more of their income on housing (Appendix 1).



Overall the program served 44 adults and 83 children. The average number of children per household was 2.5, with 54% under the age of 7:

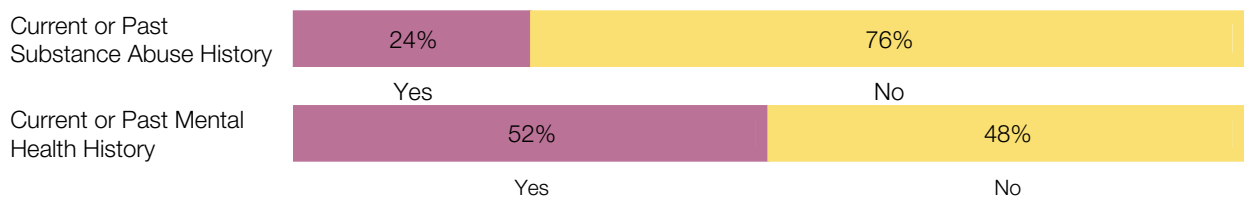
Children 0-2 years	23%
Children 3-7 years	31%
Children 8-12 years	25%
Children 13-17 years	20%



As reason for homelessness, most of the families (64%) cited “Loss of Income/Inadequate Income” as the primary reason for their current crisis and 9% cited “Poor Money Management/Unexpected Financial Crisis” as the 2<sup>nd</sup> most prevalent reason for homelessness.

The demographic characteristics of the population that the pilot program served are consistent with the demographic characteristic of the population served by the Family System in general.

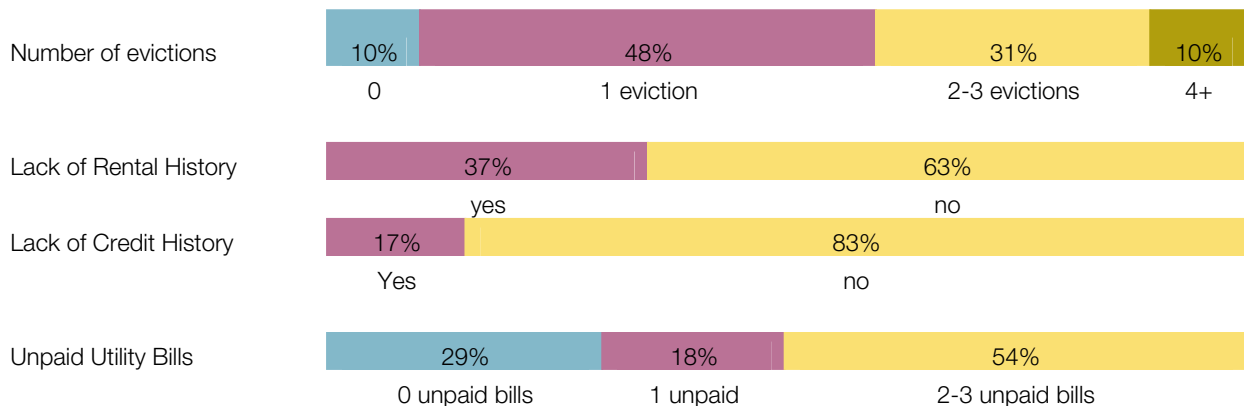
HFF staff reports that they accepted into the program the most difficult to serve families, with substantial barriers, with most of them having a long history of mental health problems and substance abuse – some of them dually diagnosed as well. The self-reported data that the HFF staff collected confirms the mental health and substance abuse history of the admitted households. 17% of the households reported as having both mental health and substance abuse problems (Appendix 1).



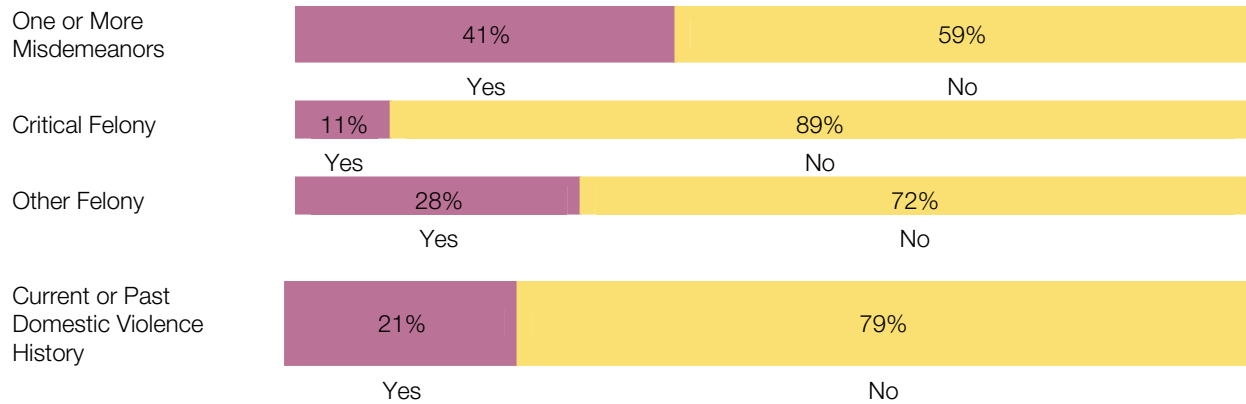
When compared to the population enrolled in the Stable Families pilot (Appendix 2), it is apparent that indeed, the families served by the HFF LT pilot had considerably more substance abuse and mental health problems (5% and 28% respectively in the Stable Families pilot). However, the Stable Families program serves households at risk of homelessness not literally homeless thus the comparison has some limitations. Because of lack of comparative data we are not able to assess the levels of mental health and substance abuse problems for the households enrolled in other Family System programs.

This approach is seen now as a mistake by the HFF staff. They suggest that family selection should have been applied and the program should not serve the families that would actually require permanent supportive housing placement and long-term subsidies.

Eighty eight percent of households (29) were administered a Barriers to Housing Stability Assessment (Appendix 4) to determine the level of needs the families have at the point of entry into the program. The results of the assessment tool show that at entry into the program 90% of the respondents had 1 or more past evictions and 71% had 1 or more unpaid utility bills:



Fifty two percent of households assessed had some kind of criminal background history at entry into the program and 14% had current or past domestic violence history. The high percentage of households that had a criminal background history supports HFF’s report that they enrolled in the program difficult to serve families. Also, this fact shows that HFF did follow the pilot design in that they enrolled families that otherwise were not eligible for housing subsidies.



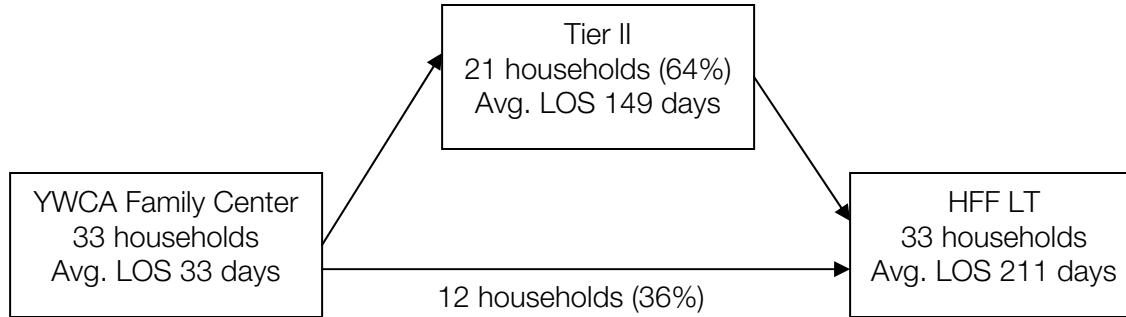
Please see Appendix 1 for full results of the Barriers to Housing Stability Assessment tool.

As it relates to the source for the families entering the pilot program, 56% of the families (19 out of 33) were re-directed to the pilot through the HFF Tier II program. Seven of these families were in the HFF Tier II at the start of the pilot. The rest of the families (14 out of 33) entered the pilot directly from the YWCA Family Center.

The large number of families admitted from the HFF Tier II program increased the length of stay that these families had in the Family System. A breakdown of the average lengths of stay for the families admitted into the program follows:

	Days	# of Households
Average length of stay at the YWCA Family Center	33	33
Average length of stay at the HFF Tier II	145	19
Average length of stay at the VOA Family Services Tier II	182	2
Average length of stay at the HFF LT	211	33
<b>Average Cumulative Length of Stay per household</b>	<b>338</b>	<b>33</b>

This average will continue to increase, given that only 9 out of 33 families exited the program as of 6/30/2008.



The 149 days spent on average by each of the 21 households that had a Tier II stay prior to entry into the pilot is noted as a programmatic inefficiency.

**What core services were provided?**

The overall pilot implementation followed the established FHC policies and procedures and HFF continues to participate as a full member in the FHC.

At the onset of the pilot a holistic approach was planned for the implementation — any services that the family needed to maintain housing, connection to pantries, parks and recreation, children’s services, legal, mental health services, etc. would be provided through referrals and making sure that linkage was in place. Two case workers were hired for the pilot, one of them with workforce development experience to provide employment related services. Housing First best practices were used in the implementation of the program, per pilot design.

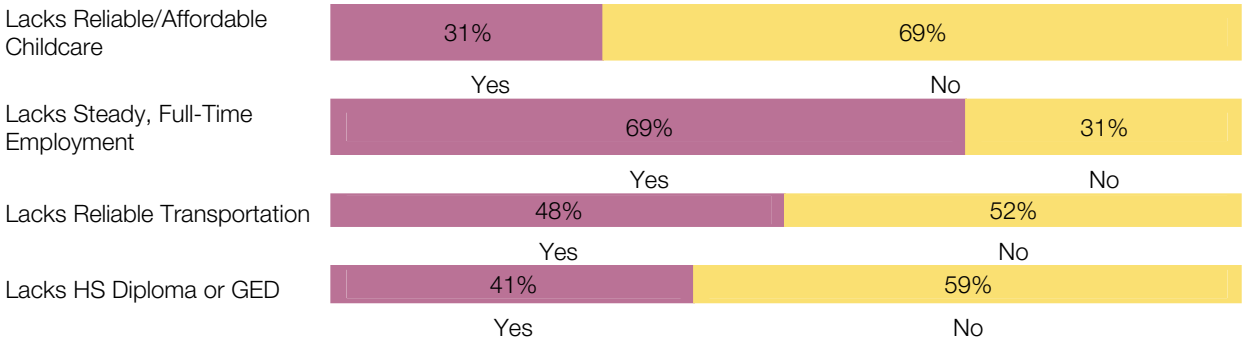
One year later, basic case management was provided more than anything else. More so than housing and employment, HFF staff assessed that families were not ready to be employed and were lacking basic life skills.

The housing unit was collaboratively identified by the family and HFF staff. HFF did establish and maintain new relationships with area landlords to meet the needs of the families served. The family had the opportunity to turn down an option and look for something else. HFF staff took care of the move-in phase of the family, lease negotiation with the landlords, walkthroughs, MAP appointments, moving the family belongings and helping set-up the right utilities. The family signed a Program Agreement at enrollment that detailed the policies, procedures, housing and services related to their participation in the program (Appendix 7).

HFF staff established goal plans for every family in the program. Linkages were established with Project Connect, mental health services for stabilization, transfer of child care cases, welfare, application for benefits that the family was entitled to and various medical appointments. Those families that were moved from the HFF Tier II program received the same services as the ones moving from the YWCA Family Center.

While each family was very different and had different needs, HFF staff assessed that childcare and basic case management (life skills, budgeting, etc) emerged as the most common need. Also, mental health and legal issues were listed as high in the “needs” category.

The Barriers to Housing Stability Assessment (Appendix 1) identified some of the needs the families had at entry into the pilot:



For a summary of the services received by 22 (67%) of the households served 6 months into the pilot, please see Appendix 6. Housing search, case management and help with transportation were the most utilized services by the majority of the households.

**What intervention(s) utilized in the pilot were effective in stabilizing a family?**

In HFF staff’s opinion, program turned out to be a very intense case management based program. Case workers visited the families no less than 2 times per week initially. There were instances where case management was provided on a daily basis, for up to 2 months. Approximately 30% of the cases required a daily contact with the family, mostly for the families that had mental health and/or substance abuse problems.

With families that stabilized, a step-down approach was implemented where one direct contact with the family was replaced by a phone call.

The most utilized services were basic case management, involving life skills and child care and help with the children while family members had to get to the appointments related to benefit receipts (food stamps, SSI, etc.) or employment and linkage and relationship with the Department of Family Services.

The most effective services were related to mediation with the landlords so that the families can keep their housing. Tenants had to pay their own portion of the rent to the landlord (determination of amount based on 30% of their income); however, some did not have money management skills. Utilities were often cut off, tenant share of the rent wasn’t paid. HFF staff had to do a lot of hand holding and direct contact with both the landlord and the household to keep the family in housing.

The one-on-one meetings with families were seen as the most efficient services offered by the HFF staff. They offered direct guidance to the family and the face-to-face approach helped establish the trust between the family and the case worker. Also, the case worker had the opportunity to see first-hand whether the family was taking responsibility at the expected levels.

As HFF recognized, the case workers initially assigned to the pilot were ill prepared, lacked experience and were not knowledgeable enough to handle the barriers and needs of the households in the pilot. It took them a very long time to determine what the real needs of the families are and they lost valuable time by trying to implement a plan that was not well suited for

the families served. About six months into the implementation, after realizing the mismatch, HFF changed the assigned case workers with a team that had more experience.

**What different interventions were used in the pilot program vs. like programs?**

The long term and amount of financial assistance of the families was definitely the most important aspect of this program that differentiated it from the like programs - SA and HFF Tier II programs. Also, the financial assistance was exceptionally flexible, allowing payment for different costs like court fees, traffic tickets, driver’s license, etc. Based on CSB’s research in the design phase of the pilot, flexibility in spending was considered critical to such a program’s success.

HFF staff reported that like in the HFF Tier II program, families were expected to be more self sufficient in the direct housing program than they were actually able to be, as evidenced by the several instances of unpaid rent and utilities while in the program. The design of the pilot called for an “incentive” for the families that were regularly paying their rent portion. None of the families met the requirements for the incentive as all of them had at least one instance where rent was not paid on time.

**What measurable changes occur as a result of the family participating in the pilot?**

HFF was not able to identify one singular change that could be attributed to all families and generalized. Some households made strides towards their education, working towards completing their GED. Some households improved their employability by receiving the necessary guidance (right way to dress, present and answer interview questions). In some instances, family members experienced some degree of normalcy and stability (child received her first birthday party in 13 years).

An analysis of the Self-sufficiency Matrix Assessment (Appendix 5) that was administered to 61% of the households served both at entry and 6 months into the program (n=20) shows overall a 10% improvement in self-sufficiency during this period (Appendix 3).

The matrix assessed households’ self-sufficiency in 17 different domains using a scale of 1 to 5 (5 being the highest level of self-sufficiency) as follows:

Level 1	In crisis
Level 2	Vulnerable
Level 3	Safe
Level 4	Building Capacity
Level 5	Empowered

The 10% improvement represents a change from an average rating of 3.11 at entry to an average rating of 3.41, 6 months into the pilot. The change is statistically significant at the 5% level<sup>1</sup>.

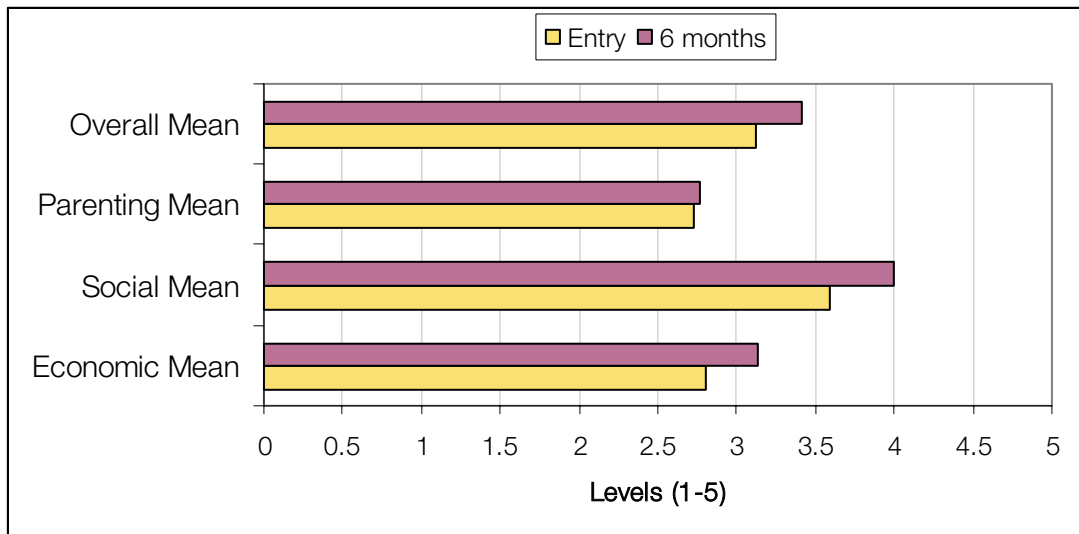
n=20	At Entry	At 6 months
Average rating	3.11	3.41 <sup>2</sup>

<sup>1</sup> Paired t-test, t= 2.4, df=19, p = 0.027 < 0.05. Confidence interval of 0.3 ± 0.25 at a 95% confidence level (excludes 0)

<sup>2</sup> Confidence interval of 3.41 ± 0.21 at a 95% confidence level

Median rating	3.06	3.53
Minimum rating	2.29	2.06
Maximum rating	4.18	4.18
Standard Deviation	0.45	0.48

Areas where households experienced success and improvement over a 6 month period of time were in the “shelter” and “adult education” domains. The “shelter” domain had a 23% improvement that shows that households were safe and in decent housing. Also, the “adult education” domain had a 27% increase showing that families gained in employability levels and literacy. Another significant domain was “life skills”, moving families toward being “able to meet all basic needs of daily living without assistance”. However, families experienced decreases in their self-sufficiency in a number of other domains, like “childcare” and “child education”. Grouped by large areas of interest, the change in self-sufficiency shows the greatest improvement in the “economic” area.



For a full listing of all domains and areas in our self-sufficiency matrix and related scores please see Appendix 3. We are cautioning against putting too much emphasis on the results of this assessment – it was the first time that we used this evaluation tool in our community, the tool was administered retroactively to some families and was potentially administered by two different persons to the same household, given the change in HFF’s staff.

The Stable Families homelessness prevention pilot is testing the same self-sufficiency assessment for the families enrolled in the program. Compared to this group, the self-sufficiency levels at entry of families enrolled into the HFF LT pilot are higher than the families enrolled through the Stable Families pilot. We would have expected lower self-sufficiency scores for the families that are homeless versus the families that are at risk of homelessness. At this point we are not able to explain this inconsistency.

Self-Sufficiency Means at Entry	HFF LT pilot	Stable Families pilot
Economic Self-Sufficiency	2.80	2.67
Social Self-Sufficiency	3.59	3.09
Parenting Self-Sufficiency	2.73	3.59

Overall, families experienced a 10% increase in their self-sufficiency during the evaluation period. Families remained in the area of “safe” in our matrix and only 2 of them reached the level of “building capacity”, one of which was already there at entry (which questions the correct administration of the assessment).

### **Which community based resources were most effective in stabilizing the family?**

A number of community based resources were identified by both HFF and CSB staff as being most effective in stabilizing a family: MAP Furniture Bank, food pantries, utility assistance programs (HEAP), Columbus Foundation Concern for Others program and the Southeast on-site mental health professional. For a summary of the community-based services received by 22 (67%) of the households served 6 months into the pilot, please see Appendix 6. Mental health and substance abuse, basic needs and emergency financial services were accessed by more than 50% of the households.

### **What level/type of intervention is necessary for the family while in program? What level of intervention is necessary for a family in the pilot vs. like programs?**

The level of intervention for the pilot was higher than like programs in terms of rent subsidies, case management, time frame and flexibility of funds.

HFF staff stated that crises for the households in the direct housing programs seemed to happen after 5:00 pm and on the weekends and were mostly drug, alcohol and domestic violence related issues that were difficult to handle by the staff. Transportation was also seen as one of the biggest issues – families did not have planning skills so the HFF case workers had to handle transportation issues on an emergency basis.

In the pilot, case workers had to be available around the clock, which is much rarer in the HFF Tier II program. It seems that the barriers that the pilot families were facing were more demanding than those in the HFF Tier II program and the staff was not adequately prepared.

As mentioned by HFF staff, initially, the case managers' skills were not appropriate with the level of need that the families had. While the household needed basic case management, what the families received was a different level of services that was not matched by the actual need. For example, where the family had no basic living skills, the case manager was trying to get the client employed, before taking care of the primary barriers first. Or, the question “are you doing OK?” was far less appropriate for the family that needed to be asked “did you pay your last utility bill? When? Can I see?” For the first 6 months of the program, the case management was not appropriate for this type of program. In the HFF staff's opinion, two of the case management essentials for this program are the trust building with the family and asking the right questions. HFF realized this mismatch and replaced the case workers.

### **How were the direct client assistance funds used?**

Direct client assistance funds were mostly used for subsidized rent payment, utilities payment, car repairs and for normalcy or stabilization purposes (birthday party). CSB gave HFF discretion to determine the needs of families and use the funds accordingly. On average, \$3,465 were used so far in direct client assistance funds for each of the families served.

Additionally, some community based client assistance funds were received directly by HFF from: FEMA, Columbus Foundation Concern for Others, HEAP, COMPASS, PRC, Children Services and Columbus Area mental health.

**What are the costs of serving the families in the pilot and are the funds efficiently used?**

As you can see in the table below, the overall costs for the pilot were within the budgeted amounts for FY2008, as well as the cost per household served and the cost per successful household served.

Comparatively, the total cost per household served by the SA program for FY2008 was \$1,875, for a direct housing program that serves families, on average, for 3 months.

<b>CSB vs. Other Funding Sources (07/01/2007 – 6/30/2008)</b>	<b>Annual Budget</b>	<b>Annual Actual</b>
CSB Funds	\$ 121,016 <sup>1</sup>	\$ 121,016
Other Funds	\$ 7,015	\$ 4,896
Total	\$ 138,645	\$ 125,912
Cost per household served	\$ 4,622	\$ 3,816 <sup>2</sup>
Cost per successful household served	\$ 5,135	\$ 4,197 <sup>2</sup>

The following table summarizes the current average costs incurred by the system for the families served by the HFF LT pilot and the increased costs for those families that had a stay in the HFF Tier II program,

<b>Program</b>	<b>CSB Cost per Household moved first to HFF Tier II</b>	<b>CSB Cost per Household moved directly to HFF LT</b>
YWCA Family Center	\$1,362 <sup>3</sup>	\$1,362 <sup>3</sup>
HFF Tier II	\$2,640	N/A
HFF LT Program	\$3,667	\$3,667
Direct Client Assistance (CSB Administered)	<u>\$3,465</u>	<u>\$3,465</u>
<b>Total Cost per Household</b>	<b>\$11,134</b>	<b>\$8,494</b>
# of households	<u>19</u>	<u>14<sup>4</sup></u>
<b>Total CSB Cost</b>	<b>\$211,546</b>	<b>\$118,916</b>

<sup>1</sup> Includes ODOD grant given to CSB for administration on behalf of HFF

<sup>2</sup> These numbers are an understatement of the true costs as most families (24) have not yet exited the program so we will continue to incur costs.

<sup>3</sup> Excludes Resource Specialists costs

<sup>4</sup> Costs for 2 households that went through VOA Tier II first were not assessed



The current average cost incurred by CSB for serving these families throughout the Family System seems high, at \$10,014/household.

These costs will considerably increase given that 24 of the households were still in the pilot as of 6/30/2008. All cost increases will be derived from the Direct Client Assistance funds that will be allocated to the families served.

**Was the pilot successful in achieving its goals?**

The goals for the pilot, as set at the beginning of FY2008 and their achievement are shown in the table below:

Measure <sup>1</sup>	Annual Goal 7/1/07-06/30/08	Annual Actual 7/1/07-06/30/08	Achieved
Total Households Served - #	30	33	Yes
Average Length of Stay - (Days) <sup>2</sup>	15	19	No
Average Length of Participation - (Days)	300	221	N/A <sup>3</sup>
Exited Households Served - #	5	9	Yes
Successful Housing Outcomes - # <sup>4</sup>	27	30	Yes
Successful Housing Outcomes - %	90	91	Yes
Recidivism - %	5	0 <sup>5</sup>	Yes
Access to CSB Direct Client Assistance - %	90	78	No
Average CSB DCA Amount Per Household - \$	\$5,800	\$3,465	Yes
Change in Income from Entry to Exit - %	30	6	No
Efficient use of a pool of community resources	CSB costs per household consistent with CSB budget	Compliant	Yes

HFF staff defined success of the program as maintaining housing after support has ended, with linkage to the right services in case of crisis and right referrals<sup>6</sup>. Placing a family in the right place based on the family's readiness at that particular point.

Based on CSB's definition of the successful housing outcome, families that remained in the program were considered successful, along with the families that exited to successful housing

<sup>1</sup> Definitions for all CSB performance measures are posted on [www.csb.org](http://www.csb.org)

<sup>2</sup> Seven households had to be excluded from the average length of stay calculation due to YWCA Family Center exit dates that occurred prior to the corresponding FHC entry dates.

<sup>3</sup> Too early to assess as 24 households are still in the program

<sup>4</sup> Includes households that are in the pilot and those that exit successfully.

<sup>5</sup> One successfully exited household enrolled in the Stable Families prevention pilot right after its successful exit from the HFF LT pilot.

destinations. As shown in the table above, the successful housing goal of the pilot was met. HFF staff thinks that overall 65% of the families will be successful in the program; “the remaining used program as crutch”. In their opinion, for these families permanent supportive housing or treatment programs would be a better match. Early results of the pilot confirm HFF staff’s expectation – 6 of the 9 exited households had a successful destination or 67%.

### **How should the program change?**

In HFF staff’s opinion, the program needs to be better structured in the future, with the following proposed improvements:

- < Families should be selected in the program with no focus towards the hardest to serve.
- < There is a need for a skilled case worker to assess families at the YWCA Family Center for the right selection.
- < Reduce program length, it seems that a maximum of 12 months would be more appropriate
- < Define rules and expectations upfront - holding clients accountable is critical to success
- < Introduce a rent step-down early in the process, otherwise family gets too comfortable on where they are – again, families need to be hold accountable
- < Employ case workers that have more case management skills vs. professional skill set

In CSB’s staff opinion, HFF did not seem to have a clear understanding of the purpose of the pilot before the program started. This holds CSB at fault as funders of the pilot that did not provide appropriate guidance at the inception of the pilot and throughout the early implementation stages. CSB should have been clearer of its expectations and more involved to set the correct course and suggest changes as needed.

### **What could CSB have done differently?**

CSB planned for the long-term direct housing program by involving the family system in discussing the concept of the pilot. However, it seems that the details of the pilot beyond the concept were not communicated fully to the participants, nor were they developed as needed.

No implementation plan or evaluation plan was developed by CSB. The evaluation plan was later developed, once the pilot was already functional.

The Request for Proposal developed by CSB lacked substance and detail around the pilot design, roles, expectations, outcomes and objectives. No clear guidance was offered to HFF in implementing the pilot. CSB should have been clearer of its expectations and more involved to set the correct course.

While the program was intended to fill a gap (longer-term assistance) in reality it did not fill the needed gap. HFF staff recognized that the design of the program for an average of 12-18 months length of participation for the family and with 12 months of rent assistance is not conducive to the families to become self sufficient and not rely on assistance. While CSB staff monitored the program, there was no action taken to correct course of the pilot.

In response to a frequent complaint from HFF that the rent subsidies precluded client accountability because they were long-term in nature, the CSB DCA Manager should have

proposed HFF that they decrease rent subsidies gradually until they would have been phased out entirely for each household. This is one of the examples of interventions that the CSB staff should have proposed to HFF to change direction of the pilot.

### **Expected Outcomes/Results**

The evaluation was expected to show that most of the families served were successfully stabilized. Indeed, 21 families of the 23 that entered the program at least 6 months prior to the end of the evaluation period (91%) stayed in the program for at least six months.

Compared to the other, short-term programs, the pilot was expected to demonstrate a higher rate of success. The rate of successful exits was only 67%, inline though with the successful exit rate for the entire Family System. For the comparable, short-term SA program, the successful housing outcome rate for the same period was 97%.

Compared to the other like-programs the pilot was expected to be more expensive given the longer time period for rent subsidy and the intensity of the case management. Given that only 9 out 33 families exited the program (27%) it is too soon to evaluate costs at this point.

The program was designed to be an alternative to Tier II shelter. Instead, the pilot was viewed as an extension to the Tier II program, adding additional costs to the system (overflow, Tier II and HFF LT costs).

### **Recommendations for future Direct Housing Projects**

Based on the information provided in the evaluation and CSB staff discussions we are proposing that for future Direct Housing projects the following guidelines to be implemented:

Program Design by CSB

- < Develop Best Practices for Program Implementation and Monitoring
- < Involve the entire Family System in the design of the project/pilot. Participants need to fully participate in the design. CSB should assign an internal team to work on the project development and early implementation.
- < Develop the concept in detail prior to implementation and receive feedback and acceptance from the Family System.
- < Develop the project's Logic Model and Evaluation Plan.
- < Develop the project's Implementation Plan.
- < Include expected outcomes in all requests for funding for the project.
- < Develop all necessary tools for the appropriate tracking of the families throughout their participation. Involve the Family System and get their feedback and acceptance.
- < Issue a well-developed, detailed Request for Proposal for the project implementation that clearly states all the objectives, outcomes, roles, responsibilities and expectations for CSB as a funder and the implementer of the project. A detailed and comprehensive program design should be included.
- < Thoroughly review all responses to the Request for Proposal and select the project implementer.

- < Work closely with the project implementer in the early stages of the project and offer technical assistance and guidance.
- < Conduct training on the correct usage of data tracking tools, assessments, forms, as applicable for the project.
- < Closely monitor the project implementation and offer assistance as needed.
- < Project design may change as implementation occurs and needed changes are identified. CSB should be ready to change course as needed.
- < Changes should not be made based solely on challenges presented by partners or other system providers. A thorough examination of the proposed changes should be made.
- < Closely monitor the project performance and issue an evaluation of the project

#### Program Implementation by Partner Agency

- < Employ case workers that are appropriate (skills and experience) for the families that the pilot intends to serve
- < Offer services for families for a shorter period of time (6-12 months).
- < Offer financial assistance for a shorter period of time (less than 12 months) with a step-down plan.
- < Better assess families at entry into the program on their needs and likelihood of success.
- < Evaluate and improve staff assessment capabilities and use appropriate assessment tools.
- < Implement an Individualized Financial Assistance Plan for all the households, at entry into the program.
- < Serve exclusively families coming from the YWCA Family Center.
- < Set clear expectations for families at entry into the program.
- < Be able to change course as needed – flexible.
- < Changes should not be made based solely on challenges presented by partners or other system providers. A thorough examination of the proposed changes should be made.

#### **Evaluation Methods**

The information relative to the program functionality was collected from the HFF staff directly involved in the program and CSB Program and Planning staff.

The quantitative data relative to the families served was extracted from CSP through custom reports. The qualitative information needed to evaluate the success of the program was collected through assessments of the families served. Two assessment tools were used. The Barriers to Housing Stability Assessment (Appendix 4) was used to evaluate the barriers that the families were facing at entry into the program (some of the assessments were administered retroactively). The Self-Sufficiency Matrix Assessment (Appendix 5) was used to track household progress while in the program. The Assessment was administered at entry, 6 months into the program or at exit from the program (some of the assessments were administered retroactively). The assessments were administered by the case workers and had to be filled out with the consent and full knowledge of the households involved. The participating families were rewarded with gift cards for their involvement.

#### **Sample**

The quantitative data was collected from all families served by the program. The qualitative information was attempted to be collected from all participants, the rate of completion was 61%

(n=20) for the Self-Sufficiency Matrix Assessment (both at entry and 6 months) and 88% (n=29) for the Barriers to Housing Stability Assessment.

## Instrumentation

Four evaluation instruments were developed and used as follows:

- < Tool to interview the HFF staff directly involved in the pilot for the program functionality aspect. The interviews were conducted with the HFF Program Director and the 2 case managers assigned to the pilot
- < Tool to interview CSB staff involved in the pilot for the program design and functionality aspect. The interviews were conducted with the Assistant Director of Programs and Planning and the DCA Manager.
- < Barriers to Housing Stability Assessment tool to interview the families served by the pilot at their entry into the program. The tool assessed the barriers that the families were facing at their entry point. This tool was developed based on the Hennepin County, Minnesota Barriers to Housing Stability Assessment tool.
- < Self-Sufficiency Matrix Assessment tool to interview families at different stages in their program participation. The self-sufficiency assessment was to be administered for up to 4 times during the family's participation in the program – at entry, at 6 months in the program, at 12 months in the program and at exit. This tool was developed based on the Phoenix, Arizona Self Sufficiency Assessment tool.

**APPENDIX**

## Barriers to Housing Stability Assessment Results

## Appendix 1

Tool captures the barriers to housing stabilities for households at entry into the program. The results are an aggregation of the assessments as submitted by HFF to CSB.

N=29

<b>Number of Evictions or Unlawful Detainers</b>	Total	%
0 evictions/unlawful detainers	3	10%
1 eviction/unlawful detainer	14	48%
2-3 evictions/unlawful detainers	9	31%
4-9 evictions/unlawful detainers	3	10%
Grand Total	29	100%

<b>Number of Eviction Notices for Unpaid Rent or Non-Compliance</b>	Total	%
0 eviction notices	5	18%
1 eviction notice	13	46%
2-3 eviction notices	6	21%
4-5 eviction notices	4	14%
Grand Total	28	100%

<b>Poor Reference from Current/Prior Landlords</b>	Total	%
No	13	46%
Not assessed	1	4%
Yes	14	50%
Grand Total	28	100%

<b>Lack of Rental History</b>	Total	%
No	17	63%
Yes	10	37%
Grand Total	27	100%

<b>Lack of Credit History</b>	Total	%
No	24	83%
Yes	5	17%
Grand Total	29	100%

<b>Unpaid Utility Bills</b>	Total	%
1 unpaid utility bill	5	18%
2-3 unpaid utility bills	15	54%
No unpaid utility bills	8	29%
Grand Total	28	100%

<b>One or More Misdemeanors</b>	Total	%
No	17	59%
Yes	12	41%
Grand Total	29	100%

<b>Critical Felony</b>	Total	%
No	25	89%
Yes	3	11%
Grand Total	28	100%

## Barriers to Housing Stability Assessment Results

## Appendix 1

<b>Other Felony</b>	<b>Total</b>	<b>%</b>
No	18	72%
Yes	7	28%
Grand Total	25	100%

<b>Chemical Use Has Resulted In Housing Loss</b>	<b>Total</b>	<b>%</b>
No	24	83%
Yes	5	17%
Grand Total	29	100%

<b>Chemical Use Currently Affects Housing</b>	<b>Total</b>	<b>%</b>
No	22	76%
Not assessed	1	3%
Yes	6	21%
Grand Total	29	100%

<b>Mental Health Has Resulted in Housing Loss</b>	<b>Total</b>	<b>%</b>
No	17	59%
Yes	12	41%
Grand Total	29	100%

<b>Mental Health Currently Affects Housing</b>	<b>Total</b>	<b>%</b>
No	18	62%
Yes	11	38%
Grand Total	29	100%

<b>DV/Abuse Resulted in Housing Loss</b>	<b>Total</b>	<b>%</b>
No	25	86%
Not assessed	1	3%
Yes	3	10%
Grand Total	29	100%

<b>DV/Abuse Currently Affects Housing</b>	<b>Total</b>	<b>%</b>
No	25	86%
Yes	4	14%
Grand Total	29	100%

<b>Needs/ed Financial Assistance for Housing</b>	<b>Total</b>	<b>%</b>
No	5	17%
Yes	24	83%
Grand Total	29	100%

<b>Lacks Permanent Housing Subsidy</b>	<b>Total</b>	<b>%</b>
No	15	52%
Yes	14	48%
Grand Total	29	100%



**Barriers to Housing Stability Assessment  
Results**

**Appendix 1**

<b>If Housed: % Income Spent on Housing</b>	<b>Total</b>	<b>%</b>
35% or less	10	37%
36% to 50%	9	33%
51% to 65%	4	15%
66% to 80%	3	11%
More than 80%	1	4%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>

<b>Lack of Reliable/ Affordable Childcare</b>	<b>Total</b>	<b>%</b>
No	20	69%
Yes	9	31%
<b>Grand Total</b>	<b>29</b>	<b>100%</b>

<b>Lacks Steady, Full-Time Employment</b>	<b>Total</b>	<b>%</b>
No	9	31%
Yes	20	69%
<b>Grand Total</b>	<b>29</b>	<b>100%</b>

<b>Lack of Reliable Transportation</b>	<b>Total</b>	<b>%</b>
No	15	52%
Yes	14	48%
<b>Grand Total</b>	<b>29</b>	<b>100%</b>

<b>Lacks HS Diploma or GED</b>	<b>Total</b>	<b>%</b>
No	16	59%
Yes	11	41%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>

<b>Limited English Proficiency</b>	<b>Total</b>	<b>%</b>
No	29	100%
<b>Grand Total</b>	<b>29</b>	<b>100%</b>

**Barriers to Housing Stability Assessment  
HFF LT Pilot population comparison with Stable Families Pilot.**

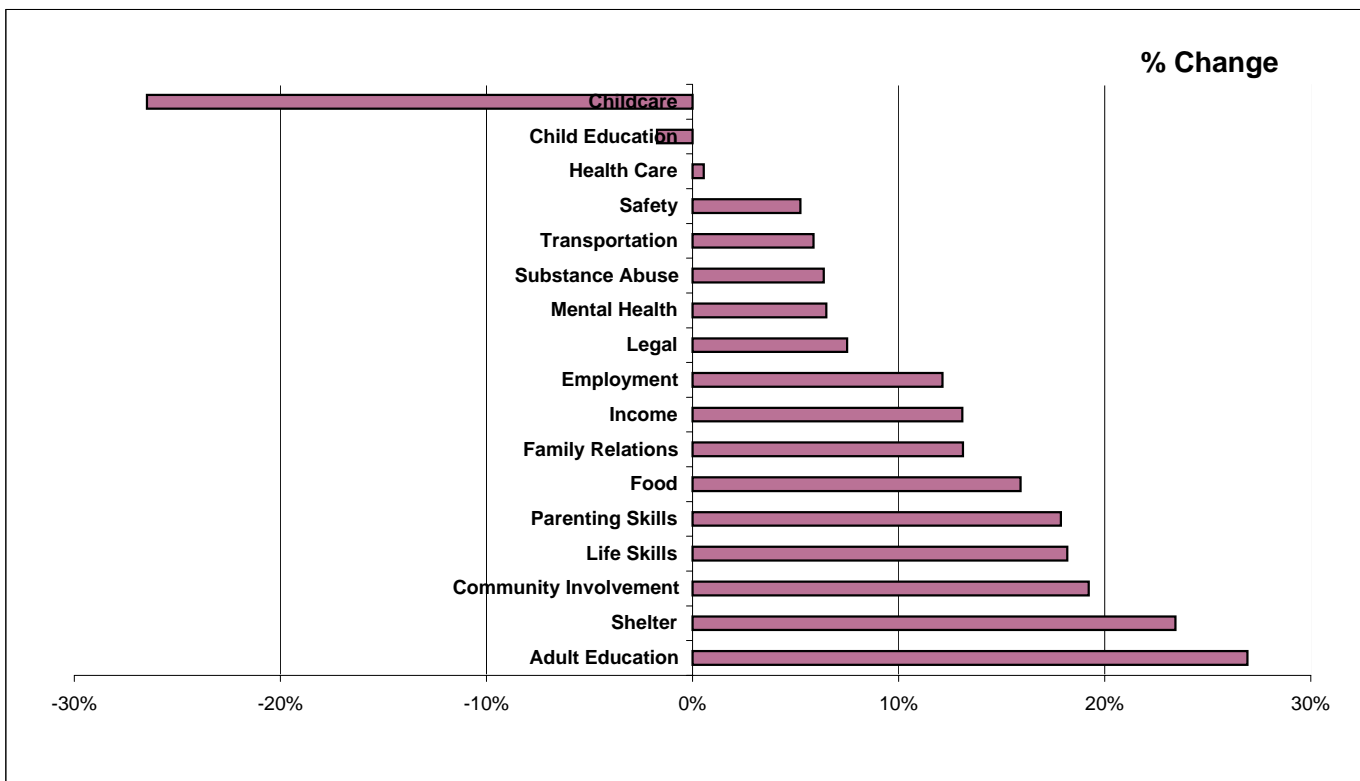
**Appendix 2**

Barriers to Housing Assessment	HFF - LT	Stable Families
	N=29	N=104
1 or more evictions	90%	51%
1 or more eviction notices	82%	53%
Poor Reference from Current/Prior Landlords	50%	45%
Lack of Rental History	37%	6%
Lack of Credit History	17%	40%
1 or more unpaid Utility Bills	71%	61%
One or More Misdemeanors	41%	41%
Critical Felony	11%	7%
Other Felony	28%	6%
Chemical Use Has Resulted In Housing Loss	17%	4%
Chemical Use Currently Affects Housing	21%	1%
Mental Health Has Resulted in Housing Loss	41%	7%
Mental Health Currently Affects Housing	38%	21%
DV/Abuse Resulted in Housing Loss	10%	9%
DV/Abuse Currently Affects Housing	14%	1%
Needs/ed Financial Assistance for Housing	83%	95%
More than 36% of Income Spent on Housing	63%	87%
Lack of Reliable/ Affordable Childcare	31%	39%
Lacks Steady, Full-Time Employment	69%	70%
Lack of Reliable Transportation	48%	38%
Lacks HS Diploma or GED	41%	40%

## Self-Sufficiency Matrix Assessment Results Entry and 6 months into the pilot

Tool captures the self-sufficiency of households at entry and 6 months into the program. The results are an aggregation of the assessments as submitted by HFF to CSB.

Self Sufficiency Assessment (Means) N=20	Entry	6 months	% Change
<b>Economic Self-Sufficiency</b>			
Shelter	3.20	3.95	23%
Employment	1.65	1.85	12%
Income	2.75	3.11	13%
Food	2.20	2.55	16%
Health Care	3.63	3.65	1%
Family Relations	3.05	3.45	13%
Transportation	3.15	3.34	6%
<b>Economic Self-Sufficiency</b>	<b>2.80</b>	<b>3.13</b>	<b>12%</b>
<b>Social-Emotional Self Sufficiency</b>			
Adult Education	2.60	3.30	27%
Legal	4.00	4.30	8%
Life Skills	3.30	3.90	18%
Mental Health	3.85	4.10	6%
Substance Abuse	4.40	4.68	6%
Community Involvement	2.60	3.10	19%
Safety	4.40	4.63	5%
<b>Social Self-Sufficiency</b>	<b>3.59</b>	<b>4.00</b>	<b>11%</b>
<b>Parenting Self Sufficiency</b>			
Childcare	1.70	1.25	-26%
Child Education	2.90	2.85	-2%
Parenting Skills	3.58	4.22	18%
<b>Parenting Self-Sufficiency</b>	<b>2.73</b>	<b>2.77</b>	<b>2%</b>
<b>Overall Self-Sufficiency</b>	<b>3.12</b>	<b>3.43</b>	<b>10%</b>



## Barriers to Housing Stability Assessment

Client Name:	Assessment Date: ____ / ____ / ____ ____ Entry      ____ 6 months      ____ 12 months ____ Exit
--------------	---

FOR HOUSEHOLD HEADS

1. TENANT SCREENING BARRIERS (*prior to entering program or since last assessment*)TENANT SCREENING BARRIERS (*Check one*)
 Barriers (*complete below*)     
  No Barriers (*skip to next section*)     
  Barriers not assessed (*skip to next section*)

## 1A. RENTAL HISTORY/ISSUES

Number of evictions or unlawful detainers (*Check one*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 evictions/ unlawful detainers	1 eviction/ unlawful detainers	2-3 evictions/ unlawful detainers	4-9 evictions/ unlawful detainers	10 or more evictions/ unlawful detainers	Not assessed

Number of eviction notices for unpaid rent or other lease non-compliance (*Check one*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 eviction notices	1 eviction notice	2-3 eviction notices	4-5 eviction notices	5 or more eviction notices	Not assessed

Poor reference from current/prior landlords (*Check one*)
 Yes       No       Not assessed
Lack of rental history (*Check one*)
 Yes       No       Not assessed

## 1B. CREDIT HISTORY/ISSUES

Unpaid utility bills (*Check one*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No unpaid utility bills	1 unpaid utility bill	2-3 unpaid utility bills	4-5 unpaid utility bills	5 or more unpaid utility bills	Not assessed

## Lack of credit history

 Yes       No       Not assessed

## 1C. CRIMINAL HISTORY

## One or more misdemeanors

 Yes       No       Not assessed

## Critical felony (sex crime, arson, drugs, violence)

 Yes       No       Not assessed

## Other felony

 Yes       No       Not assessed

## ASSESSMENT 1: ABILITY TO OBTAIN/MAINTAIN HOUSING IN THE COMMUNITY

Impact of tenant screening barriers on housing (*Check one*)
 No Effect     
  Minimal Effect     
  Moderate Effect     
  Major Effect     
  Not assessed

## 2. PERSONAL BARRIERS (prior to entering program or since last assessment)

### PERSONAL BARRIERS (Check one)

- Barriers (complete below)
                 
  No Barriers (skip to next section)
                 
  Barriers not assessed (skip to next section)

#### 2A. CHEMICAL HEALTH

##### Chemical use has resulted in housing loss

- Yes
                 
  No
                 
  Not assessed

##### Chemical use currently affects ability to obtain/maintain housing

- Yes
                 
  No
                 
  Not assessed

#### 2B. MENTAL HEALTH

##### Mental health has resulted in housing loss

- Yes
                 
  No
                 
  Not assessed

##### Mental health currently affects ability to obtain/maintain housing

- Yes
                 
  No
                 
  Not assessed

#### 2C. DOMESTIC VIOLENCE/ABUSE

##### Domestic violence/abuse resulted in housing loss

- Yes
                 
  No
                 
  Not assessed

##### Domestic violence/abuse currently affects ability to obtain/maintain housing

- Yes
                 
  No
                 
  Not assessed

### ASSESSMENT 2: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

#### Impact of client's personal barriers on housing (Check one)

- No Effect
                 
  Minimal Effect
                 
  Moderate Effect
                 
  Major Effect
                 
  Not assessed

## 3. INCOME BARRIERS (prior to entering program or since last assessment)

## INCOME BARRIERS (Check one)

- Barriers (complete below)       No Barriers (skip to next section)       Barriers not assessed (skip to next section)

## 3A. INCOME

## Needs/needed temporary financial assistance to obtain/maintain housing

- Yes       No       Not assessed

## If housed: percent of income spent on housing (rent and utilities) (Check one)

- 35% or less       36% to 50%       51% to 65%       66% to 80%       More than 80%       Not Assessed

## If not housed: amount able to spend on housing-\$ (Check one)

- 0       1-100       101-151       151-200       201-250       251-300       301-350  
 351-400       401-500       501-600       601-700       701-800       801 or more       Not Assessed

## 3B. OTHER INCOME - RELATED

## Lacks ongoing, permanent housing subsidy (e.g. Section 8)

- Yes       No       Not assessed

## Lacks steady, full time employment

- Yes       No       Not assessed

## Lacks high school diploma or GED

- Yes       No       Not assessed

## Job barrier: limited English proficiency

- Yes       No       Not assessed

## Job barrier: lack of reliable transportation

- Yes       No       Not assessed

## Job barrier: lack of reliable/affordable child care

- Yes       No       Not assessed

## ASSESSMENT 3: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

## Impact of client's income barriers on housing (Check one)

- No Effect       Minimal Effect       Moderate Effect       Major Effect       Not assessed

## OVERALL BARRIER ASSESSMENT

## OVERALL BARRIER-level (Optional)

- Level 1: Zero to minimal barriers-able to obtain/maintain housing with no or minimal supports  
 Level 2: Moderate barriers-able to obtain/maintain housing with moderate one-time or brief transitional supports  
 Level 3: Serious barriers-able to obtain/maintain housing with significant, intensive transitional supports  
 Level 4: Long-term barriers-able to obtain/maintain housing with significant, intensive transitional or ongoing supports  
 Level 5: Severe barriers-able to obtain/maintain housing with significant, intensive and ongoing supports

SERVICES RECEIVED BY FAMILY (only complete at 6 month, 12 month and exit assessment):	
<b>Services provided by FHC Long-Term program for this family:</b> <i>(Check all that apply)</i>	<b>Community based resources/services used by this family:</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Housing search and/or placement assistance	<input type="checkbox"/> Mental health and/or substance abuse treatment
<input type="checkbox"/> Case management (assessment, goal setting, etc.)	<input type="checkbox"/> Physical health
<input type="checkbox"/> Budgeting assistance/instruction	<input type="checkbox"/> Basic needs (food, clothing, furniture, etc.)
<input type="checkbox"/> Housekeeping assistance/instruction	<input type="checkbox"/> Emergency financial needs (e.g. rent, utilities, other)
<input type="checkbox"/> Mediation with landlord to address lease compliance concern	<input type="checkbox"/> Daycare
<input type="checkbox"/> Help with developing other life skills (e.g. time management, stress management)	<input type="checkbox"/> Transportation
<input type="checkbox"/> Access to FHC direct client assistance for emergency financial need (e.g. rent, utilities, other)	<input type="checkbox"/> Legal assistance
<input type="checkbox"/> Help with transportation (bus tickets, ride to appointment, etc.)	<input type="checkbox"/> Landlord mediation assistance to obtain or maintain housing
<input type="checkbox"/> Help with finding/keeping employment	<input type="checkbox"/> Employment
<input type="checkbox"/> Help with educational goal attainment, goal setting	<input type="checkbox"/> Education/training/GED
<input type="checkbox"/> Assistance accessing one or more of the following community resources/services (through information, referral and/or advocacy):	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Mental health and/or substance abuse treatment	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Physical health	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Basic needs (food, clothing, furniture, etc.)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Emergency financial needs (e.g. rent, utilities, other)	
<input type="checkbox"/> Daycare	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Legal assistance	
<input type="checkbox"/> Landlord mediation assistance to obtain or maintain housing	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Education/training/GED	
<input type="checkbox"/> Other (specify):	<b>FHC CASE MANAGEMENT SERVICES</b>
<input type="checkbox"/> Other (specify):	<b>Case management assistance since last assessment:</b>
<input type="checkbox"/> Other FHC Services (specify):	Number of home/office visits with family: _____
<input type="checkbox"/> Other FHC Services (specify):	Average duration of visit (in minutes): _____

## Family Housing Collaborative – Long Term

## Self-Sufficiency Matrix Entry

**1. Matrix Summary**

Intake Date \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Name: \_\_\_\_\_

Agency Name \_\_\_\_\_ Program Name: \_\_\_\_\_

**2. Client Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Client ID (optional Agency ID) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. Self-Sufficiency Matrix**

Instructions:

- Complete this form for all clients at: 1) entry, 2) 6 months into the program, 3) 12 months into the program and 4) exit
- Select one and only one level in each of the 17 areas below by marking the box next to the appropriate level
- Level categories: 1 = In Crisis, 2 = Vulnerable, 3 = Safe, 4 = Building Capacity, 5 = Empowered

Assessment Type (Point in Time - select one):  Entry  6 Months  12 Months  Exit**1. Income**

- 1. No Income
- 2. Inadequate income and/or spontaneous or inappropriate spending
- 3. Can meet basic needs with subsidy; appropriate spending
- 4. Can meet basic needs and manage debt without assistance
- 5. Income is sufficient, well managed; has discretionary income and is able to save

**2. Employment**

- 1. No Job
- 2. Temporary, part-time or seasonal; inadequate pay; no benefits
- 3. Employed full-time; inadequate pay; few or no benefits
- 4. Employed full-time with adequate pay and benefits
- 5. Maintains permanent employment with adequate income and benefits

**3. Shelter**

- 1. Homeless or threatened with eviction
- 2. In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable
- 3. In stable housing that is safe but only marginally adequate
- 4. Household is safe, adequate, subsidized housing
- 5. Household is safe, adequate, unsubsidized housing

**4. Food**

- 1. No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost
- 2. Household is on food stamps
- 3. Can meet basic food needs but requires occasional assistance
- 4. Can meet basic food needs without assistance
- 5. Can choose to purchase any food household desires

**5. Childcare**

- 0. N/A
- 1. Needs childcare, but none is available/accessible and/or child is not eligible
- 2. Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
- 3. Affordable subsidized childcare is available but limited
- 4. Reliable, affordable childcare is available; no need for subsidies
- 5. Able to select quality childcare of choice



**6. Children's Education**

- 0. N/A
- 1. One or more eligible children not enrolled in school
- 2. One or more eligible children enrolled in school but not attending classes
- 3. Enrolled in school, but one or more children only occasionally attending classes
- 4. Enrolled in school and attending classes most of the time
- 5. All eligible children enrolled and attending on a regular basis

**7. Adult Education**

- 1. Literacy problems and/or no high school diploma/GED are serious barriers to employment
- 2. Enrolled in literacy and/or GED program and/or has sufficient command of English so language is not a barrier to employment
- 3. Has high school diploma/GED
- 4. Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
- 5. Has completed education/training needed to become employable. No literacy problems

**8. Legal**

- 1. Current outstanding tickets or warrants
- 2. Current charges/trial pending; noncompliance with probation/parole
- 3. Fully compliant with probation/parole terms
- 4. Has successfully completed probation/parole within past 12 months; no new charges filed
- 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months

**9. Health Care**

- 1. No medical coverage with immediate need
- 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health
- 3. Some members (Healthy Start, Health Families or children on State Children's Health Insurance Program)
- 4. All members can get medical care when needed but may strain budget
- 5. All members are covered by affordable, adequate health insurance

**10. Life Skills**

- 1. Unable to meet basic needs such as hygiene, food, activities of daily living
- 2. Can meet a few but not all needs of daily living without assistance
- 3. Can meet most but not all daily living needs without assistance
- 4. Able to meet all basic needs of daily living without assistance
- 5. Able to provide beyond basic needs of daily living for self and family

**11. Mental Health**

- 1. Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems
- 2. Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms
- 3. Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems
- 4. Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
- 5. Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems/concerns

**12. Substance Abuse**

- 1. Meets criteria for severe abuse; resulting problems so severe that institutional living or hospitalization may be necessary
- 2. Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities
- 3. Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month
- 4. Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use
- 5. No drug use/alcohol abuse in last 6 months

**13. Family Relations**

- 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
- 2. Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
- 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
- 4. Strong support from family or friends; household members support each other's efforts
- 5. Has healthy/expanding support network; household is stable and communication is consistently open

**14. Transportation/Mobility**

- 1. No access to transportation, public or private; may have car that is inoperable
- 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- 3. Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
- 4. Transportation is generally accessible to meet basic travel needs
- 5. Transportation is readily available and affordable; car is adequately insured

**15. Community Involvement**

- 1. No community involvement; in "survival" mode
- 2. Socially isolated and/or no social skills and/or lacks motivation to become involved
- 3. Lacks knowledge of ways to become involved
- 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
- 5. Actively involved in community

**16. Safety**

- 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- 2. Safety is threatened/temporary protection is available; level of lethality is high
- 3. Current level of safety is minimally adequate; ongoing safety planning is essential
- 4. Environment is safe, yet future of such is uncertain; safety planning is important
- 5. Environment is apparently safe and stable

**17. Parenting Skills**

- 0. N/A
- 1. There are safety concerns regarding parenting skills
- 2. Parenting skills are minimal
- 3. Parenting skills are apparent but not adequate
- 4. Parenting skills are adequate
- 5. Parenting skills are well developed

The above assessment was completed with agreement and full knowledge of both the Case Manager and Client.

Case Manager \_\_\_\_\_

Client \_\_\_\_\_

**Services Received by households 6 months into the program**

**Appendix 6**

n=22

<b>Services provided by FHC LT for families</b>	<b>#</b>	<b>%</b>
Housing search and/or placement assistance	20	91%
Case management	18	82%
Budgeting assistance/instruction	13	59%
Housekeeping assistance/instruction	7	32%
Mediation with landlord to address lease compliance concern	12	55%
Help with developing other life skills	6	27%
Access to FHC DCA for emergency financial need	15	68%
Help with transportation	18	82%
Help with finding/keeping employment	14	64%
Help with educational goal attainment, goal setting	12	55%
Assistance accessing one or more of the following community resources/services	9	41%
Mental health and/or substance abuse treatment	11	50%
Physical health	6	27%
Basic needs	15	68%
Emergency financial needs	14	64%
Daycare	5	23%
Transportation	14	64%
Legal assistance	4	18%
Landlord mediation assistance to obtain or maintain housing	9	41%
Employment	7	32%
Education/training/GED	7	32%
Other: Child Support, FCCS, Section 8, STNA Classes	5	23%
Other FHC Services: Child Assessment	1	5%

<b>Community based resources/services used by families</b>	<b>#</b>	<b>%</b>
Mental health and/or substance abuse treatment	12	55%
Physical health	5	23%
Basic needs	12	55%
Emergency financial needs	13	59%
Daycare	2	9%
Transportation	9	41%
Legal assistance	1	5%
Landlord mediation assistance to obtain or maintain housing	6	27%
Employment	6	27%
Education/training/GED	5	23%
Other: Child Support, FCCS, CHN, CMHA	5	23%

### Family Housing Collaborative Program Agreement

<b>Program Policies and Procedures</b>	
Appointments	I will keep all scheduled appointments with my FHC Case Manager or other support agency. If unable to keep an appointment, I will notify the provider prior to the appointment. I understand that it is not acceptable for appointments to be repeatedly cancelled.
Program Participation	I agree to partner with the FHC Case Manager for the time required to attain <i>and maintain</i> housing. This will likely include continued case management after I have moved into housing. I agree to keep my Case Manager informed of my lease compliance, income status, and other issues as requested.
Employment	Unless receiving /or eligible for, disability income benefits, I agree to seek and maintain employment.
Income	I understand that I must demonstrate either adequate income to maintain rent or have the ability to gain adequate income to pay market rent within 30 days, unless my family is already approved for public or assisted housing.
Evaluation	I agree to assist with the evaluation of the FHC program on a voluntary basis, even after I have exited the program.
Appeal	I understand that if I wish to appeal any decision of the FHC, I must file the appeal within five (5) working days. I have been informed of how to do this.
Grievance	I understand that if I have a grievance against my FHC Case Manager, I must file the grievance within five (5) working days. I have been informed of how to do this.
<b>Permanent Housing Issues</b>	
Housing	I understand that in order to receive FHC assistance, our housing costs (rent and utilities) can not be more than 50 percent of my family's income.
Housing Repair	I understand that I am responsible for choosing my own housing, that I should not accept housing that is not in decent repair or with facilities that are not in good working order even if the landlord verbally promises to fix such things. I will inspect prospective housing and complete a Housing Checklist.
Lease	I understand that I am responsible for reviewing and understanding my housing lease prior to signing and for abiding by the terms of the lease once it has been signed.
Deposit	I understand that it is preferred that families pay their own security deposits. If I am not able to do so, the FHC may pay the deposit.
<b>Supportive Services</b>	
Credit Counseling	If referred by my FHC Case Manager, I agree to work with a credit counseling organization to begin to repay debt that may interfere with my family's ability to maintain housing.
Benefits	I agree to apply immediately for any benefits available to my family such as OWF, Food Stamps, SSI, Worker's Compensation, public health insurance, public / assisted housing, child support assistance etc. as appropriate.
Substance Abuse	I understand that my family and I cannot be terminated from the program for having alcohol or drug abuse issues <i>as long as it does not interfere with the maintenance of our housing</i> . However, if the FHC Case Manager is concerned about current substance abuse, any member of my family must accept referral to a qualified AOD provider for assessment and treatment, and follow-through with such treatment.
FCCS Cases	I understand that if my family has an open case with FCCS we must work jointly with the FCCS case manager and my FHC Case Manager.

## Appendix 7

Family Housing Collaborative

Financial Planning	I agree to work with my FHC Case Manager in order to establish a target budget for sustainable living as well as a short-term budget.
Education	I agree to work with my FHC Case Manager to ensure that my children are in school as is required by law.
Mental Health	I understand that my family members and I cannot be terminated from the program for having a mental illness <i>as long as the symptoms do not limit my family's ability to attain or maintain housing.</i> However, if the FHC Case Manager is concerned about the mental health of any family member, then I agree that the family member must accept referral to a qualified mental health provider for an assessment and treatment and follow-through with any scheduled treatment.
<b>Moving</b>	
Moving Van Rental	I understand that it is my responsibility to obtain a vehicle in which to move my furniture and to provide a "working party" as necessary. It is not the responsibility of my FHC Case Manager to move me.

I agree to observe this Program Agreement and understand that failure to observe this Agreement may result in program termination.

**FHC participant should carefully read each category above and initial to the left of each box to which he/she is in agreement.**

FHC Participant Signature\_\_\_\_\_

Date\_\_\_\_\_

Case Manager Signature\_\_\_\_\_

Date\_\_\_\_\_

  
communityshelterboard

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