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Housing First for Families and Young Adults Program Evaluation

Cyleste C. Collins, Ph.D. Rebecca D'Andrea, MSSA, Kendra Dean, MSSA, MNO, David Crampton, Ph.D.

This report focuses on the evaluation of FrontLine Service, Inc.'s Housing First pilot for families and young adults using data from the time of the program's start in April of 2013 to May of 2015. The pilot, led by Enterprise Community Partners with the support of multiple government and foundation funding streams is based on the best practice Housing First model for single adults, and focuses on providing housing to some of the county's hardest to serve populations—young adults and families who have had substantial homeless histories as well as a disabling condition. Data from multiple sources indicated the strength of the program in retaining 89% of clients, with strong indications of housing stability, and some indications of increased income, and indications of increased self-sufficiency and decreased reliance on case managers over time. However the population remains at high risk of homelessness due to their low incomes and high needs for basic goods to maintain stability, and young adults are at risk for being "lost" to the system.

EVALUATION PURPOSE

The purpose of this evaluation was to conduct a formative evaluation of permanent supportive housing projects serving chronically homeless families and young adults (ages 18-24) to understand project strengths, challenges, and opportunities for improvement. The evaluation was intended to describe the FHM and PHYA clients and services in detail and examine the program outcomes, especially with regard to housing and indication of clients' progress of self-sufficiency to date. This evaluation seeks to answer the following questions:

1. What are the characteristics of the program in regards to housing, supportive services, participants and strategies to engage the participants?

2. Does the program effectively engage and enroll the intended target population?

3. What are the benefits and challenges associated with the current housing available?

4. How do the supportive services provided support housing stability, leverage community resources, and foster greater independence, self-sufficiency, and resiliency from future housing crises?

HOUSING*first*

METHODS

The Housing First evaluation sought to develop an integrated view of the FHM and PHYA programs at FrontLine by drawing on a variety of key data sources and methods. The research was conducted at FrontLine in Cleveland, Ohio using both qualitative and quantitative methods. Access to client information at FrontLine was provided by Data Use Agreements (DUAs) between Case Western Reserve University (CWRU) and: (1) FrontLine Service, Inc. (for HMIS data and Progress Note data); (2) the Cuyahoga County Department of Jobs and Family Services (for public assistance data) and, (3) Cuyahoga County Department of Children and Family Services (for child maltreatment and foster care data). **See Table 1** on the next page for details the methods and data sources used to address the questions.

FINDINGS

Data were collected on 78 clients in the family housing management (FHM) and permanent housing for young adults (PHYA) programs from

Table 1. Method, Data Source and Focus

Method/Data Source	Focus
1) *HMIS data*- Data on client contact with homeless service providers within the CoC	Demographic data, "pre" and "post" Housing First entry, housing stability
2) *Client Progress Notes*- including case management, counseling, and supported employment	Type, frequency, length of service contacts, common service themes, housing locations
3) *Interviews with Staff*- Individual, in-depth, semi-structured interviews with leads, case managers	Perspectives on Housing First, history and current state of program, program impact
4) *Interviews with Housing First Clients*- Individual in-depth, semi-structured interviews	Client perspectives on their housing, Housing First
5) *Benefit and Child Welfare Analysis*- Cuyahoga County Department of Jobs and Family Services public assistance data and Cuyahoga County Department of Children and Family Services	Overall family stability, including changes in public assistance receipt and child welfare involvement since Housing First entry

April 2013-May 2015. More than three-quarters (78%) of clients were Non-Hispanic Black, 87% were female, and more than two-thirds were between the ages of 20 and 34 (with an average age of 28). Clients had on average two children, 60% with children between the ages of 0-4. More than 90% of clients had a mental health issue, almost half of the clients were domestic violence survivors and slightly less than half were chronically homeless. With regard to homeless history, all had received homeless assistance services since 2009, with an average stay of 42 days, and 33% had been in transitional housing with an average stay of 295 days.

The findings from the program evaluation overall are very positive. According to HMIS data, more than 89% of clients in Housing First remain in the program, and more than 79% have never returned to shelter after entering the program. With regard to indications of stability, analysis of Department of Jobs and Family Services data indicate that at least some clients are able to increase their incomes through SNAP and TANF after being involved in the program, and although the data are incomplete, available data indicate that overall, clients are increasing their incomes in dollars as well (**see Figure 1** to the right). Analyses of child welfare data indicate that before entering Housing First, more than one quarter of clients had children who were victims of either substantiated or indicated child

maltreatment, but after entering Housing First, that number dropped to less than 11%. Finally, 57% of clients who had an open DCFS case at Housing First entry had their case closed by December 31, 2014. These data suggest that the program plays a role in helping these young adults and families.

Interview data from staff and clients also support the idea that the program is contributing to client stability. While staff indicated that working with this population is challenging, they were able to see how case management services help their clients move toward self-sufficiency, and value the program for its role in keeping their clients out of shelter. Case managers' expertise in assessing their clients' needs and assistance in navigating bureaucracies (i.e., government benefit systems as well as those of community-based organizations), play a key role in connecting clients to resources. Interviews indicated that attracting and retaining high quality staff to work with Housing First clients, however, is difficult. Low salaries, the need for a wide range of skills (from mopping floors to helping clients work through the impact of complex trauma), skill in advocating for clients across multiple agencies, a willingness to be exposed to and work with clients in extreme poverty, and to confront internal biases around race, class, and disabilities were all cited as barriers to the work as well. Staff, however, noted that their organizational

Figure 1. Income Reported in HMIS Before and After HF Entry (N=30)
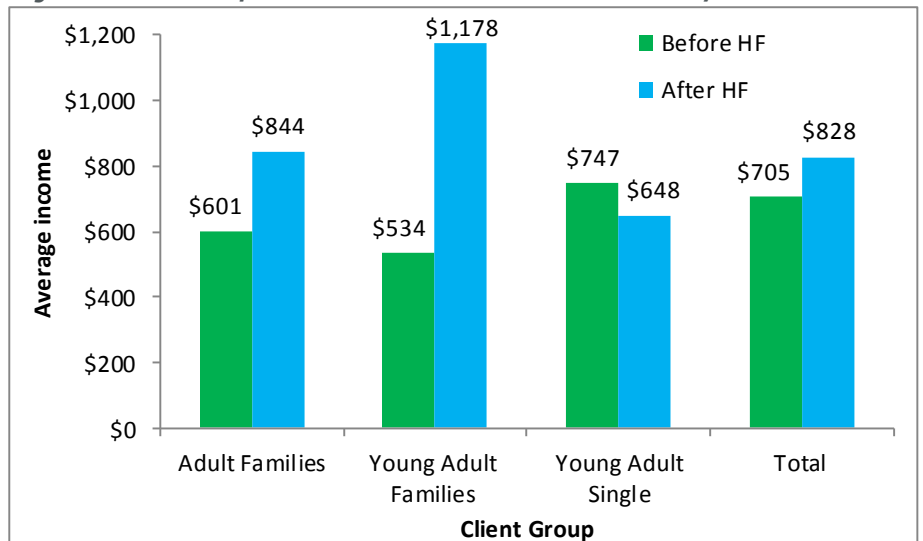
Table 2. Most Frequently Documented Case Management Topic, by Group

Rank	YA Single (*n=1356*)	%	YA Family (*n=2506*)	%	Adult Families (*n=3955*)	%
1	Mental Health	19.4	Mental Health	17.4	Housing	18.7
2	Transportation	15.1	Housing	17.1	System	18.4
3	System	12.8	System	13.8	Mental Health	15.5
4	Financial	11.6	Child	10.7	Financial	11.7
5	Independent Living Skills	11.2	Independent Living Skills	10.6	Child	9.6
6	Housing	10.9	Financial	9.2	Independent Living Skills	8.6
7	Child	7.7	Transportation	8.7	Transportation	8.2
8	Social Environment	4.3	Social Environment	6.9	Social Environment	6.0
9	Health	3.5	Health	3.1	Health	2.0
10	Food	3.4	Food	2.5	Food	1.3

leadership and support systems are exceptional, and contribute to their resilience.

Progress note data also suggest that clients may be utilizing case management services less over time, indicating progress with regard to self-sufficiency. We took a deeper look into 32 case files and found that housing issues were among the top five most frequent case management contacts. The progress note data, while provocative in pointing toward general trends, also indicate that case management services are highly individualized to each client's situation and specific needs. Progress note "dosage" data indicate that case management is intensive through the first 18 months clients are in the program, and at around 18 months, service contacts begin to decrease. These findings suggest that the first 18 months are a critical period for getting clients stabilized and building skills, and that some aspects of "self-sufficiency" begin to manifest after that time, as clients are able to become more independent and less reliant on their case managers. Despite the general trends in the data, it is important to note that the qualitative progress note data, overall, indicate crises in this population arise frequently and approaches must be tailored to the unique needs of each specific case.

CONCLUSIONS & RECOMMENDATIONS

Our recommendations include the following. First, improvements around housing and coordination with housing services and expanding the number of landlords who accept vouchers may help to both decrease pressure on case managers and streamline the moving process to decrease delays. Second, data collection and reporting could be improved to allow for better tracking of housing stability with regard to evictions, voucher losses and other moves. These essential data elements, as well as the reasons for housing changes could shed more light on client housing stability. An updated and consistent overall assessment of client's progress by using and/or refining tools that address and summarize client progress over time could also help to improve data reporting. Lastly, long-term planning for innovative ways to help meet the basic needs of extremely poor families is urgently needed in order to keep clients stable over the long term.

Figure 2. Case Management Contacts Over Time in Program
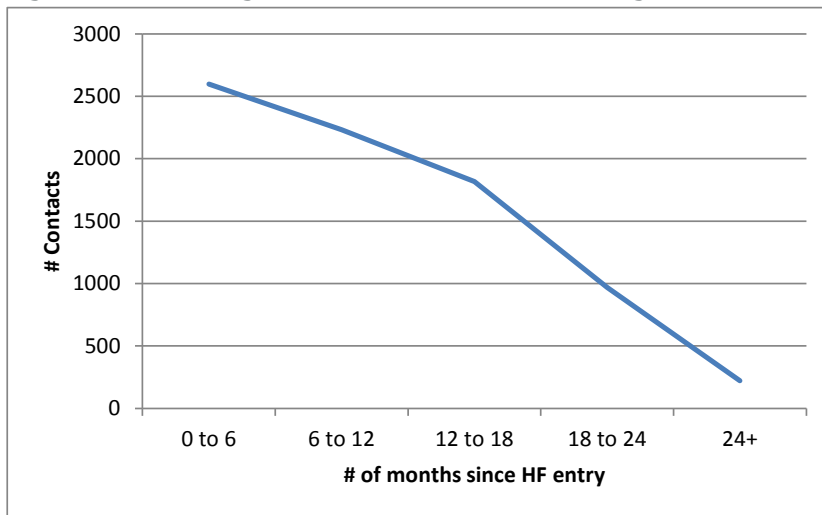
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Cyleste C. Collins, MA, MSW, PhD, is a Senior Research Associate at the Jack, Joseph and Morton Mandel School of Applied Social Sciences. She holds MSW and PhD degrees in social work, and MA and BA degrees in psychology.

Rebecca D'Andrea, MSSA, is a recent graduate of social work from the Mandel School with a degree in social science administration.

Kendra Dean, MSSA, MNO, is a recent graduate from the Mandel School with joint degrees in social science adminsitration and non-profit organization.

David Crampton, PhD, MSW, MPP, is an Associate Professor at the Mandel School. He holds MSW and PhD degrees in social work, and Masters in public policy.

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JACK, JOSEPH AND MORTON MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE UNIVERSITY

Center on Urban Poverty and Community Development

Jack, Joseph and Morton Mandel School of Applied Social Sciences

Case Western Reserve University

11402 Bellflower Road

Cleveland, Ohio 44106-7167

216.368.6946

povcenter@case.edu

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