Final Report on the Family Housing Solutions Project

Transitional Housing Corporation

and

Community of Hope

June 2014

OrgCode Consulting, Inc.

June 2014

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Introduction

This is a final report pertaining to the Family Housing Solutions (FHS) Project. The project is a partnership between the Community of Hope (COH),Transitional Housing Corporation (THC), the DC Department of Human Services (DHS) and The Community Partnership for the Prevention of Homelessness (TCP) with funding from the Freddie Mac Foundation.

The purpose of this report is to highlight activities related to the project intentions. This will involve an outline of what the data has illuminated, the findings from structured qualitative interviews with program participants and reflections of various staff involved.

This report ends with conclusions and considerations for moving this project into the next stage.

Homelessness in Washington

In January, 2013, there were 6,865 persons who were literally homeless in the District of Columbia, a 10% increase since 2009. In the metropolitan Washington region, there were over 11,500 people who were homeless.

This rate is extremely high, not simply as an absolute value but also normalized for population. The rate of homelessness in Washington is 109.98 homeless persons per 10,000 population, which is more than five times higher than national average, and is significantly higher than other major cities in the US.

Region	Homeless people per 10,000 population
United States	20.26
Chicago	24.71
Los Angeles	45.51
New York City	67.98
District of Columbia	109.98

Table 1: Homeless people per 10,000 population, by region

As the nation's capital, as well as a larger urban area, there is heightened attention on homelessness in the District. This can be seen in the press coverage provided to the issue, especially as it relates to family homelessness and the state of family shelter demand in DC. There are a number of diverse opinions across the community sector, local government, advocates, and external experts on the most appropriate approach to overcoming a well-entrenched social issue. Undoubtedly there are passionate opinions, dedicated practitioners, and intelligent policy staff working very hard to identify, implement and evaluate the best possible approach to mitigating family homelessness in DC.

Transitional Housing Corporation and Community of Hope

Transitional Housing Corporation (THC), founded in 1990 as a faith-based organization, provides housing and services to homeless and low-income families in DC to help them transform their lives. In 2013, THC housed over 500 families, including 380 families in the homeless system, in transitional housing, permanent supportive housing, and rapid rehousing. THC also develops mixed income affordable rental housing in the District to increase the affordable housing stock for families.

Community of Hope (COH), founded in 1980 as a faith-based organization, serves homeless and low-income families in DC through providing healthcare, housing with supportive services, and educational opportunities. In 2013, COH served 354 families who have experienced homelessness in a range of housing programs, including temporary shelter, transitional housing, permanent supportive housing, and rapid rehousing.

In 2012, THC and COH were jointly awarded a grant from the Freddie Mac Foundation to complete the Family Housing Solutions project, which implemented the Service Prioritization Decision Assistance Tool to ensure that homeless families are prioritized based on their acuity and are delivered the right services to end their homelessness as quickly and efficiently as possible.

The Department of Human Services and The Community Partnership

The Department of Human Services (DHS) offers a plethora of services – from Adult Protective Services to Youth Services Shelters. Homeless Services, as well as Housing and Shelter Services, are two service areas within the purview of DHS. These service areas are invaluable to homeless men, women, and children in the District. DHS also plays a critical role in establishing the policy direction locally as it relates to homelessness, and helps inform City resource allocation to ameliorate homelessness.

The Community Partnership (TCP) has been in operation since 1989, and coordinates the District's Continuum of Care. Providing leadership with training, HMIS, contracting with service providers, and liaising with landlords, TCP is an influential local entity for the prevention and end of homelessness.

Both DHS and TCP were important to the FHS project through making resources and expertise available, providing guidance and input, and being receptive to lessons learned through the FHS project to inform future policy and programming.

Intentions of the Project

The two stated intentions of the project are to:

1. alleviate the immediate pressures in the family shelter system; and,
2. continue to move forward with system reform.

Undoubtedly, these intentions are interdependent, as has been made acutely obvious during the course of the project. The pressures within the family shelter system are present—in part—because of the necessity to undertake system reform.

The ability to take steps forward with system reform are influenced by the ability to take pressure off the family shelter system and move towards a more proactive, thoughtful response to family homelessness rather than responses driven by crises.

Importantly, the observations about the current state of family homelessness and the family shelter system are not an indictment of the many people that have labored to create the safest emergency service environment possible, nor is it disrespectful to the many women and men that staff family shelter operations throughout the District. The state of family shelter services reflects changes in economic and rental market forces locally, policy shifts, sometimes lagging implementation of promising practices (for many reasons), resource demands, and a plethora of other dynamics within families and homeless service providers.

In addition to the overarching intentions, COH and TCH agreed that the project would:

- implement a comprehensive assessment tool;
- provide supportive services to 25 families in a permanent supportive housing model;
- provide supportive services to 125 families using a rapid rehousing model; and,
- document the process and outcomes of the project.

A New Way Forward

Rapid Re-Housing (RRH) is a support intervention intended to serve homeless persons with mid-range acuity, often with co-occurring issues. Persons and families in a Rapid Re-Housing program usually receive time-limited supports. In the case of this project, the support is in four-month increments allowing for a limited number of renewals (up to 12 months of supports). Services include housing based case management supports but these are less intense than those offered in a Permanent Supportive Housing intervention.

Knowledge about effective Rapid Re-Housing practices continues to grow nationally – and there are variations in types, duration, frequency and intensity of support offered in Rapid Re-Housing programs. Emerging data from various jurisdictions throughout the country shows positive results – with overwhelming data showing families not returning to homelessness after Rapid Re-Housing. That said, it is accepted that a small number of families that receive this type of housing intervention will return to homelessness. That is not failure – merely a reality with any type of housing intervention. And it is the opportunity to learn, and as necessary, increase the level of support the family receives. Furthermore, the data from other jurisdictions is not always clear on the depth of need (acuity level) of families that received Rapid Re-Housing supports, which suggests that perhaps in some instances families were matched to Rapid Re-Housing when really they did not require the intervention, or conversely, were matched to Rapid Re-Housing when really they would have benefited from a more intensive support program like Permanent Supportive Housing.

Permanent Supportive Housing is permanent housing (meaning that as long as the tenant pays his or her rent on time and abides by normal tenant requirements, he or she is never required to move out, i.e. his tenancy does not have a time limit). The provision of supports within the housing is designed to maintain housing and stability. Often these supports are available on a 24-7 basis. Supportive housing is one housing option that is available for those who face the most complex challenges such as individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include addictions, mental illness, HIV/AIDS, or other serious challenges. Unlike Transitional Housing where a tenant is *required* to move within a predetermined time limit (usually two years) residents in Permanent Supportive Housing may *choose* to move out at any point in time, but are not required to do so.

While there can be a strong preference to receive Permanent Supportive Housing given its long-term affordability and access to other resources, it is not *required* by all families that experience homelessness. As the most costly type of housing intervention and the intervention with the most intensive supports, it must be reserved for the households that would benefit from their assessed needs, and not just their desire to have it. In communities that have implemented an assessment tool to date, it is not uncommon for service providers to perceive the need for more Permanent Supportive Housing to be greater than the actual need as supported by the assessment data.

In order to effectively implement Rapid Re-Housing and Permanent Supportive Housing, it is vital that clients are matched to a housing intervention that meets their needs. By not providing enough support, clients are likely to lose their housing again. By providing too much support, scarce resources are wasted on clients that do not need them, unnecessarily limiting the amount of clients that can be taken on.

A valid assessment tool is needed to ensure the right services are matched to the right client. For this project, the Family Service Prioritization Decision Assistance Tool (Family SPDAT or simply F-SPDAT) was selected after careful consideration by THC and COH.

The SPDAT is an assessment tool released by OrgCode Consulting, Inc. in 2010 to assist homeless-serving agencies in determining which clients to serve first, and is now in use in over 100 communities nation-wide. It has two versions, one designed to assess singles and the other for families. The Family SPDAT uses twenty indicators across the

Wellness, Socialization & Daily Functioning, History of Housing, Risks, and Family Unit domains to give clients a score out of 80, with a higher score indicating higher acuity. The higher the score, the more urgent the client's needs, and the higher level of supports required for that client. Based on the score, clients are recommended for One-Time Assistance (for low acuity), Rapid Re-Housing (for moderate acuity), or Permanent Supportive Housing (for high acuity).

An even more effective system-wide approach is to adopt the same assessment tool across all service providers. This works to ensure that all clients, regardless of which shelter they visit first, or which part of the city they live in, are prioritized according to their acuity. This is referred to as Common Assessment. System-wide, this means that some clients don't "luck out" by going to a program that has easier admission criteria. It also decreases even the perception that a service provider or client can manipulate who gets access to which resources. When fully implemented across the region, the homeless persons with the highest needs will get housing assistance first, regardless of where they live or what shelter (if any) they access.

This project is an important step in that direction. SPDAT is already widely adopted across the nation, and is a requirement in many communities and several states. The success of this project will demonstrate to service providers and funders alike that it works. The next step would be to encourage more service providers to adopt the same tool, implementing a Common Assessment protocol across the District.

Year One Results

The FHS Project has achieved various stated objectives since starting October 1, 2012 :

- A comprehensive assessment tool was selected and has been implemented - the Family Service Prioritization Decision Assistance Tool (F-SPDAT). The evidence-informed[1] tool is influencing how families are assessed and prioritized. Assessment personnel from COH and THC are fluent in the tool, and the case managers are using the information from F-SPDAT to help inform the support services.
- The information collected is providing objective, fact-based insights into the families within the shelter system, and is better dimensioning the types of strengths and issues that the families are experiencing. F-SPDAT also appears to be part of the local family service provider lexicon. A task force working to create a model for centralized intake for individuals who are homeless is also looking at SPDAT as the tool of choice indicating acceptance and use throughout the city.
- System reform is being advanced through the piloting of new processes for determining which families are suitable for which types of support and housing interventions. Fundamentally, the FHS Project is assisting with:
  - A uniformed assessment that results in transparent and defensible decision-making in support and housing interventions thus improving the understanding of types of homeless families, their needs and how best to serve them in a system-context;
  - Focusing on the acuity of a family, not exclusively their length of time homeless or a system based on first come, first served;
  - Influencing how progressive engagement is practiced – allowing families to first attempt to resolve their own homelessness while in shelter before taking the next step towards financial and support assistance – and for the latter, making an informed, objective decision on what type of assistance may be offered as opposed to a blanket approach;
  - Increasing accountability of how resources are allocated and how best to use existing documented information about families to fully inform the assessments;
  - The budget process for resource allocation to homeless families in DC.

There have also been instances where variables have influenced the project, but are not controlled by either THC or COH. For example:

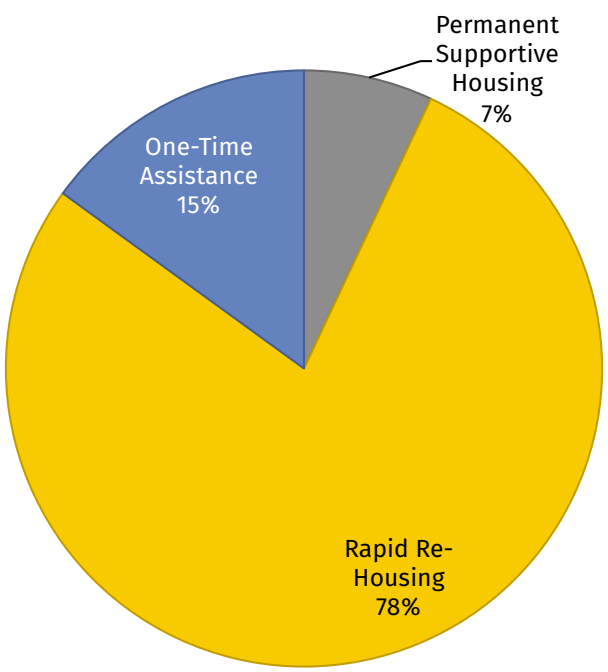
- Anecdotally, the landlord community has indicated a preference to engage in permanent subsidies rather than time-limited assistance such as rapid re-housing. As a result, the pool of available rental units for prospective clients has been less than initially anticipated when the project was originally designed. This would seem to be a legacy impact of previous rental assistance programs that have made permanent subsidies available.
- The process for approval for funds for prospective clients has been slow and prolongs homelessness for some families. This may be a natural by-product of any program of this nature that has resource allocation specifically to families with housing and the checks and balances that are required for funding. Nonetheless, opportunities to make process improvements may be possible.
- The unit inspection process is seen as a vital step for ensuring that the family is not moving into an apartment unfit for habitation. This process has

1 "Evidence informed" means that the tool excludes non-scientific prejudices, builds upon available data and research, while also considering clinical experience and the constructive judgment of practitioners, academics and service users. When the program began, the F-SPDAT was evidence-informed. Since the time of project launch, there is sufficient information and analysis to suggest that the tool is becoming evidence-based. The approach used is formalized and there is comparative analysis between SPDAT and non-SPDAT users in controlled settings, as well as independent testing for inter-rater reliability. Other studies have demonstrated that housing outcomes improve when there is fidelity in the implementation of the SPDAT.

also impacted the ability to move families expediently into housing. Again, this may be a natural by-product of a program of this nature where there are tax-base resources allocated to provide assistance to others, and a well-intentioned desire to ensure families are only moving into suitable accommodation. All the same, there may be opportunities for process or resource improvements.

- The assessment process includes existing documentation provided by the family or professionals who have interacted with the family to help inform the overall assessment. Since neither THC nor COH owns and controls the documentation in many instances, the release of documentation is slow or there is a complete absence of documentation even though the family has a history of being involved in the overall service delivery system in DC. The absence of documentation is, perhaps, the most troubling finding with regards to this issue as there is no quick remediation to address something that does not exist. It does, however, present an opportunity for future improvements.

Figure 1: Support and housing intervention recommendations based upon assessment of families



Client Acuity

One of the most compelling parts of the FHS project to date has been the volume of data collected, involving more than 1,600 records of households that have been prescreened and 835 of those households that have undergone the full assessment.

"Acuity" refers to the family's depth of need. A more acute family has more co-occurring, complex issues. A moderately acute family may have mid-range acuity across all the areas assessed, or may have higher acuity in some areas but lower acuity in other areas. The robust data combined with the volume of records have indicated compelling and undeniable differences between families that will benefit from Permanent Supportive Housing (higher acuity households) compared to Rapid Re-Housing (moderate acuity households) or one-time assistance (lower acuity households where no direct support and housing intervention beyond meeting immediate needs is required).

With data informing the support interventions and financial assistance that a family will be offered, the ability to make objective and accurate service delivery decisions increases. Clearly, not every family that has been assessed requires the intensive support provide through Permanent Supportive Housing, as seen in ***Figure 1***.

Four out of five families that have undergone the full assessment would benefit from Rapid Re-Housing. They have moderate acuity and with time limited case management and financial assistance, the majority should be able to sustain housing and escape homelessness permanently if the sustained results in DC are comparable to other jurisdictions. This does not mean that Rapid Re-Housing is perfect – there will undoubtedly be a small percentage of households that will return to homelessness. At that time, they can be re-assessed to determine if another attempt at Rapid Re-Housing is the prudent course of action, or if the household needs to progress to a more intensive level of financial and social supports.

One in seven households assessed does not require any type of ongoing support beyond the one-time assistance. In fact, the household may require no housing or support assistance based on their acuity assessment. An adverse life event(s) most

Domain	Avg. PSH Score	Avg. RRH Score	Avg. OTA Score	Possible Score
Wellness	15.56	9.23	2.34	20
Socialization & Daily Functioning	11.66	9.24	5.13	16
History of Housing	3.56	3.02	2.50	4
Risks	12.72	7.65	4.91	20
Family Unit	12.16	8.96	7.66	20
TOTAL	**55.66**	**38.10**	**22.53**	**80**

Table 2: Average F-SPDAT scores of clients, by recommended intervention and by domain

likely precipitated their shelter stay so based upon acuity as the sole measure, they will not require supports to be successful in housing.

One in thirteen families assessed have acuity levels indicating that they would benefit from Permanent Supportive Housing. This means less than one in ten of all the families assessed have higher acuity that demonstrates the type of complex, co-occurring life issues that Permanent Supportive Housing is designed to support and help address.

Assessment data demonstrates clear demarcations between those households that would benefit from Permanent Supportive Housing compared to those households where Rapid Re-Housing would be most appropriate or One Time Assistance.

For each component of the F-SPDAT, a score will range from 0 (meaning very high functioning or no issues) to 4 (meaning higher acuity or more complex issues). Digging into the specific components of each domain of the F-SPDAT, the fundamental similarities and differences between Permanent Supportive Housing and Rapid Re-Housing families are clear:

Domain/Component	Avg. PSH	Avg. RRH
WELLNESS		
Physical Health & Wellness	3.3	2.0
Mental Health & Wellness and Cognitive Functioning	3.7	2.4
Medication	2.8	1.5
Abuse/Trauma	***2.9***	2.3
Substance Use	2.8	1.1
SOCIALIZATION & DAILY FUNCTIONING		
Self-care and Daily Living Skills	2.2	1.9
Social Relations & Networks	3.2	2.3
Meaningful Daily Activities	3.4	2.7
Personal Administration & Money Management	2.9	2.3
HISTORY OF HOUSING AND HOMELESSNESS		
History of Homelessness	3.6	***3.0***
RISKS		
Interaction with Emergency Services	2.3	1.7
Involvement with High Risk/ Exploitive Situations	2.2	0.7
Managing Tenancy	***4.0***	***4.0***
Risk of Personal Harm/ Harm to Others	2.7	***0.6***
Legal Issues	1.5	0.7
FAMILY UNIT		
Parental Engagement	1.4	***0.6***
Family Stability and Resiliency	1.3	0.5
Needs of Children	***4.0***	***4.0***
Family Size	***3.5***	3.4
Family Court/ Child Protection Services	1.9	0.6

Table 3: Average F-SPDAT scores of clients, by recommended intervention and by component

Some of the assessment findings in the population groups show considerable similarity and this has policy and program implications.

For example, the History of Homelessness is remarkably similar between the two populations. As such, the length of time that a family experiences homelessness should NOT be an independent influencing factor in determining a housing intervention. Length of time homeless, while of high acuity for both households, only has a slight relationship with higher acuity across all components of inquiry in the family. This finding suggests that overall acuity is a better determinant for selecting an appropriate housing and support intervention for a family than solely looking at the length of time that they have experienced homelessness.

Personal Administration and Money Management is also quite similar between the two populations and in both instances, this is a moderately acute issue. It is safe to conclude that both population groups have support needs when it comes to ensuring stable income, taking care of administrative tasks in their life, and budgeting money appropriately. However, it would be erroneous based upon the assessment data to think that financial matters are driving the overall acuity of the household (there are other components with higher acuity having a greater impact on overall housing stability).

Both Permanent Supportive Housing and Rapid Re-Housing candidates have moderate acuity when it comes to Interactions with Emergency Services. It is reasonable to believe that housing both groups has the potential to decrease overall service costs within the homeless service delivery system and first responders and health care.

Other areas of assessment findings demonstrate considerable and *significant* differences between the Rapid Re-Housing and Permanent Supportive Housing candidates.

For example, Permanent Supportive Housing candidates have moderate acuity in High Risk and/or Exploitive Situations whereas Rapid Re-Housing families have low acuity. Undoubtedly, Permanent Supportive Housing households are involved in and/or victims of more high risk and exploitive circumstances, from involvement in sex work to injection drug use; drug running to being used against one's will, consent or knowledge.

Mental Health & Wellness and Cognitive Functioning is another example of considerable difference between the populations. The Permanent Supportive Housing families have high acuity in this component and are much more likely to have one or more family member that has a serious and persistent mental illness. This is not to say that Rapid Re-Housing families have no exposure to compromised mental wellness or cognitive functioning, but it is more likely to be moderate to low acuity and suggests that the impact on daily functioning is not disabling.

Medication amongst Permanent Supportive Housing families is moderately high acuity, but is a low acuity issue within Rapid Re-Housing families. From this, one can deduce that households in Permanent Supportive Housing would benefit from more structure, prompts and reminders related to medication management, and/or greater assistance accessing and safely storing their medications.

Substance Use is found to be an issue related to low acuity within Rapid Re-Housing households, but is a moderately acute issue within Permanent Supportive Housing families. The latter families are more likely to be using substances and it is more likely that those substances are impacting the overall wellness of family members.

The final difference from a significance perspective pertains to the Risk of Harm to Self or Others. In this component, Rapid Re-Housing families are low acuity and Permanent Supportive Housing families are presenting moderate acuity. Family members within Permanent Supportive Housing candidates are more likely to have been exposed to violence or threats of violence as victims or perpetrators within the last six months of their life.

There are other noteworthy differences, albeit not necessarily significant.

The Social Relations and Networks of PSH families are more acute than those of their RRH counterparts. There is a greater degree of victimization and dependency within the PSH families, as well as other friends/families in their lives that are having serious consequences on their overall wellness.

Another noteworthy difference is that RRH families tend to have family units that are more stable than their PSH counterparts. Within PSH families, the adult members of the family and/or the children with the family change more frequently within any 12 month period.

The last noteworthy difference is with regards to Parental Engagement. PSH families do not have as frequent of meaningful family activities as RRH families. Furthermore, PSH families tend to have older children (those 15 years of age and older) undertaking more activities that would otherwise be completed by a head of household. And finally, as it relates to Parental Engagement, PSH families tend to have children spending more hours without directly engaging with a head of household than RRH families.

Assessments have not been occurring exclusively within shelter—they have also been happening with families in the System Transformation Initiative (STI). The STI program was started in 2007 as part of the effort to close DC Village. Families were prioritized for STI based on the length of time in the shelter system and placed in what was initially conceived as two-year transitional housing consisting of their own apartments with supportive services. Information collected through this project suggests that services under STI were unevenly provided, with many families reassigned from their original support providers due to poor quality services.

Table 4: Average F-SPDAT scores of STI clients vs. shelter clients, by component

Domain/Component	AVG. STI	AVG. FAMILY CURRENTLY IN SHELTER
WELLNESS		
Physical Health & Wellness	1.5	2.0
Mental Health & Wellness and Cognitive Functioning	1.8	2.1
Medication	1.2	1.4
Abuse/Trauma	1.4	2.1
Substance Use	0.8	1.0
SOCIALIZATION AND DAILY FUNCTIONING		
Self-care & Daily Living Skills	1.5	1.9
Social Relationships & Networks	1.4	2.2
Meaningful Daily Activities	2.5	2.5
Personal Administration & Money Management	2.0	2.2
HISTORY OF HOUSING AND HOMELESSNESS		
History of Housing and Homelessness[2]	3.6	3.0
RISKS		
Interaction with Emergency Services	1.4	1.9
Involvement in High Risk/Exploitive Situations	0.3	0.9
Managing Tenancy[3]	4.0	4.0
Risk of Personal Harm/ Harm to Others	0.6	0.8
Legal	0.4	0.7
FAMILY UNIT		
Parental Engagement	0.8	0.6
Family Stability & Resiliency	0.4	0.6
Needs of Children[4]	4.0	4.0
Family Size	2.8	3.3
Family Court/Child Protection Services	0.8	0.6

2 It is reasonable to speculate that this is higher within the STI families because families are technically considered homeless while in transitional housing

3 Because all families assessed are technically homeless and all homeless families must be scored a 4 if they are homeless when it comes to Managing Tenancy, these are identical between STI and Shelter families.

4 Because all families assessed are technically homeless and all homeless families must be scored 4 for the Needs of Children if they are homeless, these are identical between STI and Shelter families.

Also, while conceived as a two-year transitional housing project, this time limit was never enforced.

- The families in STI are less likely to need Permanent Supportive Housing;
- Of all the families where Permanent Supportive Housing has been recommended, less than a quarter (23%) come from STI; and,
- STI families account for 61% of all families where no further assistance is recommended.

This data may cause some to jump to the conclusion that transitional housing has done its job resulting in a more stable, less acute family; however, without baseline data of the acuity of these families at their time of intake into transitional housing, this may be a false conclusion. An alternate hypothesis (in the absence of data) is that the STI families were always thought to be higher functioning, less-risky candidates when they were offered the transitional housing. Or, it is also possible that when transitional housing was offered, staff erroneously thought that the families had deep needs even though no comprehensive, common assessment was conducted.

Within specific components of the F-SPDAT, there is generally higher acuity amongst families currently in shelter, but only slightly and with few exceptions (see ***Table 4***).

What Clients Are Saying About The Program

On January 27 and 28, 2014, intensive qualitative interviews were conducted with nine families housed through the program to date. To complete these interviews, an OrgCode Associate was physically located in the same building where families were coming to handle administrative tasks associated with the program (a THC building). Over those two days, all families that arrived were offered the opportunity to participate in the interview. None were preselected prior to the dates, nor was there any preferential selection of particular families on site to participate.

The January interviews supplemented nine interviews conducted on August 1 and 2, 2013. Of the 9 households interviewed in January, three were follow-up interviews with families that had been previously interviewed in August, while the other six were interviewed for the first time, for a total of 15 families interviewed. The households agreeing to be interviewed were all RRH households. Staff from COH and THC helped organize the interviews in August after the families indicated a willingness to be interviewed, but staff were not present for any of the interviews. There was no specific targeting put in place to identify the candidates for the August interviews.

August 2013 interviews were conducted in person in the family's apartment with the exception of two that could only be completed over the telephone (at the family's request), while January 2014 interviews were completed at the THC offices, in a private meeting room. Each interview lasted between 10 and 111 minutes, using a structured interview guide. Each family was asked the same thematic questions in the same order after providing verbal consent to participate in the interview. Answers were transcribed by hand during the course of the interview. While participants were instructed that they could skip any question, none elected to do so.

Interview participants were also instructed that they would not be identified by name nor would identifiable information be shared with program staff so as to assure their anonymity in responding openly and honestly. Furthermore, each participant was instructed that responses given would not influence their participation in the FHS project.

The general characteristics of the households interviewed are as follows:

- 12 of 15 were single parent households.
- There was an average of 2.4 children per household, with the average age of 4.5.
- The average age of parent(s) was 25.5.
- On average, each household had been homeless for just over 2 years.

On the matter of income, employment and financial sustainability, the interviews illuminated the following:

- None of the households interviewed have current formal employment.

- 3 of the 15 have never had a formally employed head of household, but of the remaining 12 households, all but one had experienced employment sometime in the last three years, ceasing at or around the time of giving birth to a child in every instance. The last type of employment ranged considerably including retail, security, data entry, car detailing, and light industrial work – to name a few.
- When asked about the relationship between having a child and stopping employment, 7 households that had employment in the last two years said that they could not find reliable childcare or afford childcare and maintain their job. Several shared stories of family or friends that had offered to help with child care but were unable to, or which ended up being unsafe or unreliable environments.
- Ten of fifteen households reported to the interviewer that they currently have at least one source of income in addition to government benefits through the informal economy, and most had two or more "jobs" in the informal economy. Examples of informal employment that those interviewed are participating in include: laundering clothes for seniors in the neighborhood; hair and esthetics; babysitting; moving; lawn mowing; painting; and, artwork (visual arts, sculpture, carving, jewelry making). In all but two instances the informal employment began after they were housed. It should be noted that many of the families that revealed an informal source of income were reluctant to provide too specific of details out of fear of reprisal or loss of government assistance.

Table 5: Change in quality of life since becoming housed

	Better	Same	Worse
Physical health			
Mental health			
Stress			
Quality of food			
Quantity of food			
Friendships			

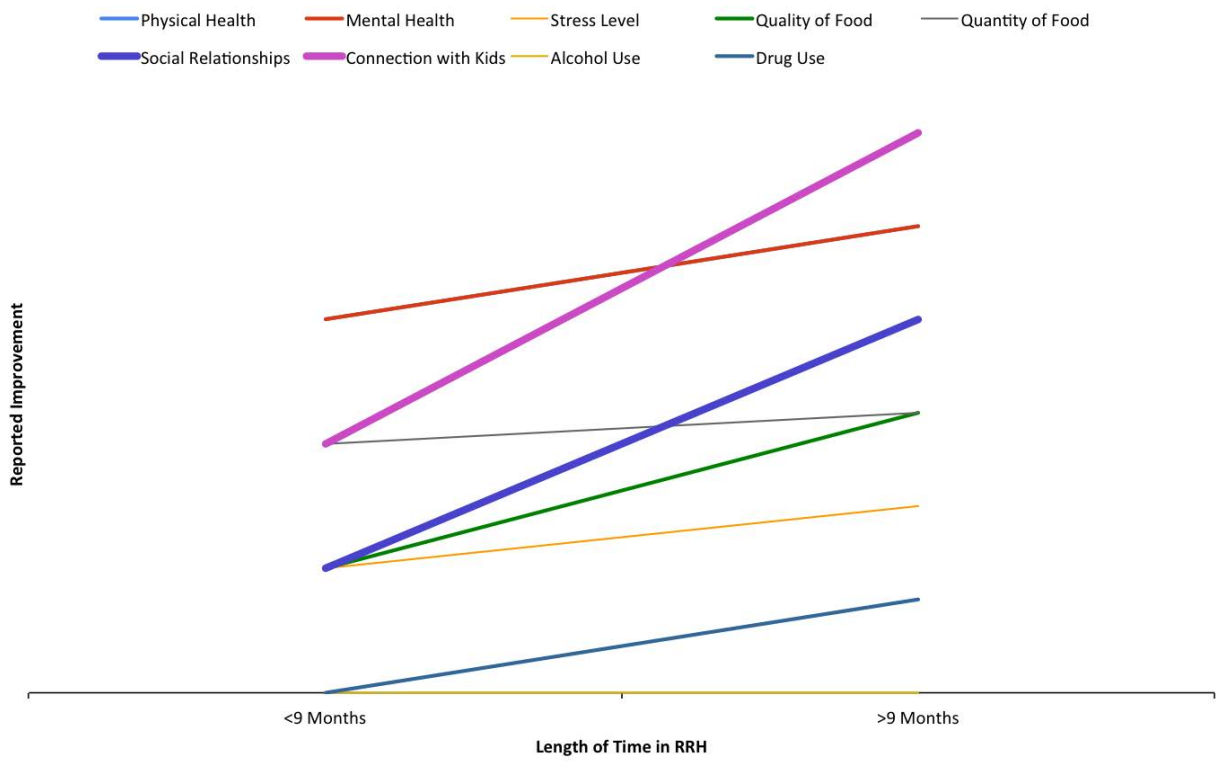
- Of those households reporting that they have informal monthly income, they had difficulties putting a precise figure on the amount collected, however, on average, they reported around $325 each month in this manner. Some placed their monthly earning through informal income at almost $1,000 while others reported it as less than $100.
- Only three families interviewed feel they will not have enough to sustain the apartment after the rental subsidy comes to an end.
- On average, households were bringing in $454 per month in benefits, and this was supplemented with an average of $540 in food stamps.
- 9 heads of household had completed high school, and 3 were within one year of completing high school. The rest of those interviewed (3) completed 10th grade or less.

Regarding parenting and the childhood experience of the heads of household, the interviews shed light on the following:

- Five of fifteen heads of households had been in the foster care system when they were children.
- Only one household has had formal involvement with child protection regarding their own children.
- Two-thirds of the households interviewed said their connections with their kids had improved since they moved into housing, and one reported it was worse. The remainder said their connection with their kids was the same as when they were homeless.

Households interviewed were ask to self assess changes in their quality of life now that they are homeless compared to when they were homeless along six domains. The results of these interviews are summarized in ***Table 5***.

Figure 2: Relationship between length of time in RRH and life improvements



In context, these self-reported changes are important given that three of the households that reported improvements in physical health had one or more serious and/or chronic health issues amongst family members including diabetes, HIV+, respiratory illness, and heart conditions. Furthermore, of the households that reported improvements in mental health, half self-disclosed in the interview that they had a diagnosed Axis 1 or Axis 2 mental health disorder.[5]

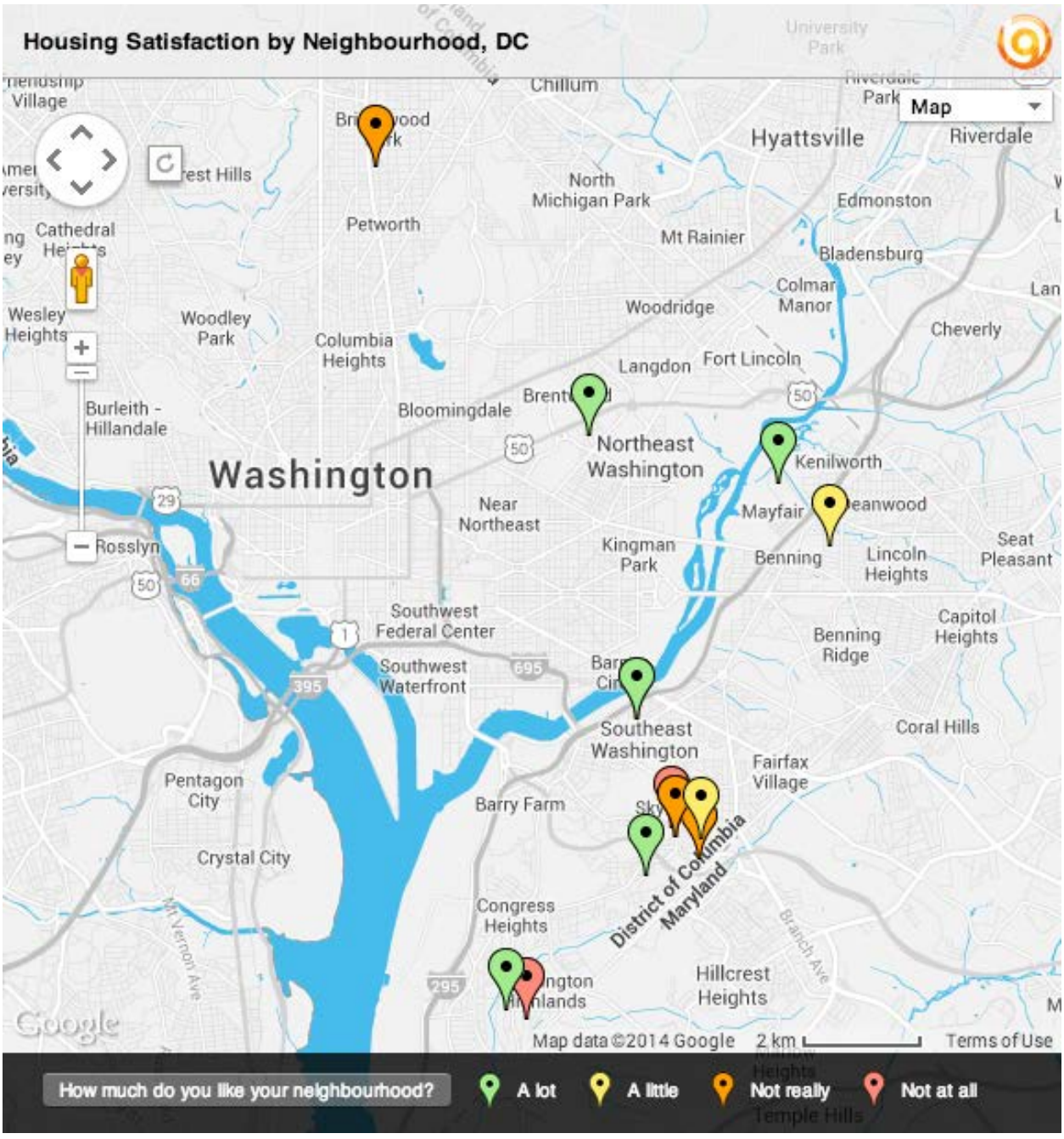
In addition, most areas of quality of life, the largest gains were seen in those who had been in the program for longer. That is to say, of the clients who had been in the program for at least 9 months, fewer reported worsening quality of life than those who had been in the program for less than 9 months. The largest differences were reported with regards to Connection with Kids and Social Relationships, while the least gains were made in Quantity of Food, Alcohol Use, and Stress Level (see ***Figure 2***).

In terms of other health related components of the households interviewed, none reported any brain injuries amongst family members, and only one reported a history of problematic drug or alcohol use amongst any members of the household. Four heads of household reported that they had been assessed as having a learning disability. From a wellness perspective, it is also worth noting that 11 of the 15 heads of household reported that they had experienced emotional, physical, sexual and/or psychological abuse at some point in their life.

Regarding housing, stability and supports, the following can be gleaned from the interviews:

- On a scale of 1-10 with 1 being very poor and 10 being excellent, on average those interviewed rated the condition of their apartment as a 6.7.
- On a scale of 1-10 with 1 being very poor and 10 being excellent, on average those interviewed rated the support they are receiving from their case manager as a 9.5.
- When asked to assess their outlook for the future, with 1 being very poor and 10 being excellent, on average those interviewed assessed this as a 7.7.
- On a scale or 1-10 with 1 being very likely and 10 being very unlikely, those interviewed were asked to assess the likelihood of becoming homeless again in the next three years. The average score was 6.8, although three households reported that they were absolutely certain they would be homeless again soon and there was overlap between these households and those reporting insufficient income to sustain their apartment.
- Six households were of the opinion that they had a choice in where they live, seven households felt they had somewhat of a choice, and two households felt they only had a little bit of a choice. No households reported that they had no choice of any sort in where they live.
- Six households indicated that they like their neighborhood a lot, two reported that they liked their neighborhood a little bit, and three reported they did not really like their neighborhood, and four reported that they do not like their neighborhood at all. Thus, about half liked their neighborhoods and half did not. Those that liked the neighborhood were most likely to indicate it was a good, safe place for children to play. Those that did not like the neighborhood were most likely to report they felt it was not suitable for their children because of lack of amenities, crime/police activity, or street-level activity of others. There appears to be no major correlation between housing location and neighborhood satisfaction (see ***Map 1***).

5 Or perhaps more accurately, disorders that would have been classified as Axis 1 or 2 prior to the DSM V.



Map 1: Relationship Between Neighborhood Satisfaction and Location

When asked the open-ended question of what they liked most about their apartment, eight of the households said "it's mine" (see ***Figure 3***).

When asked the open-ended question of what they liked least about their apartment, all but one household indicated pests or rodents as part of their response. Other responses were all related to building or apartment conditions (not enough hot water, peeling paint, mold, lack of weather stripping, broken doors) (see ***Figure 4***).

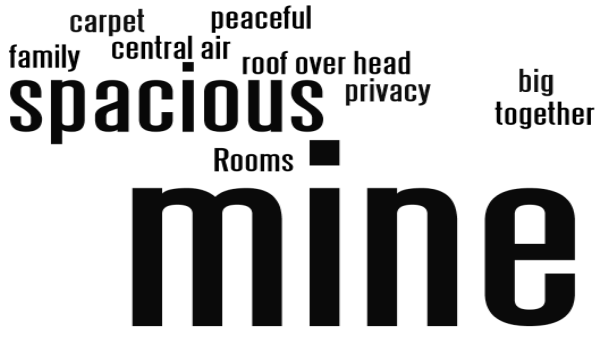


Figure 3: Best thing about apartment

All but one household reported a very positive relationship with their case manager and indicated they were getting the right type of supports to remain housed.

When asked the question "What is the one thing most likely to result in you becoming homeless again?" almost all responses related to "a job" (one was related to noise complaints because of their children; one was mental health) (***Figure 5***).

However, the actual perceptions of employment were qualitatively different when asked to explain why they felt that would be the one thing that would most likely result in them becoming homeless again. For four of the eight households that indicated employment, they felt it necessary to increase the volume of informal employment they currently had going on to make it a sustainable venture to address the future lost rental subsidy, but were not concerned about the ability to do so.

Figure 4: Worst thing about apartment

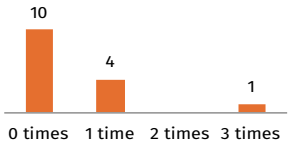
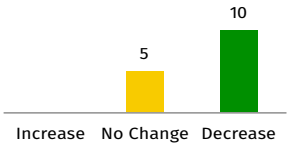
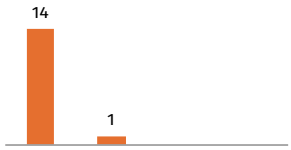
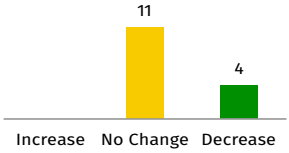
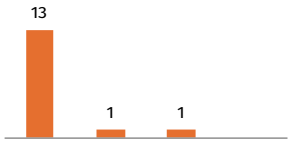
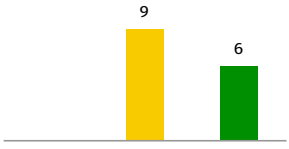
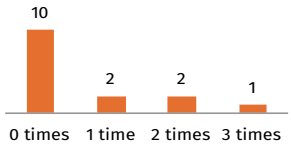
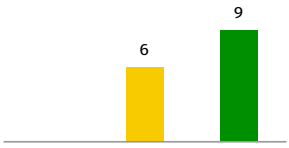
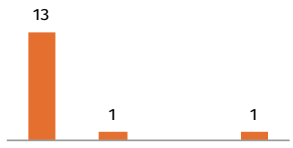
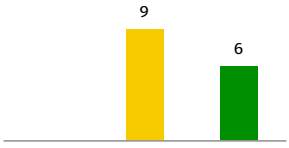
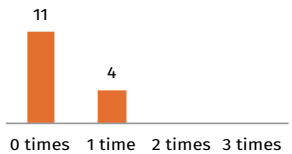
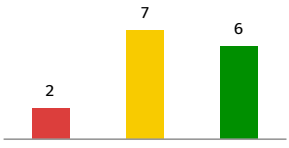
Figure 5: Thing most likely to cause homelessness in future

The amount they felt they needed to increase their revenue by ranged from $150 to $350 per month. Three of the eight households said "employment" because, they explained, that is what their case manager said they needed to be focused on if they didn't want to be homeless again even though the household itself thought they would be fine.

Interview participants were asked what they and their family did for fun now that they are housed. Eleven of the households reported playing as a family – going to the park, playing board games, hide and seek, playing cards – and all of these respondents were very enthusiastic of this opportunity and how it was an improvement over time in shelter as a family. Heads of household also reported that they enjoyed the quiet time and the chance to read or watch TV in peace (***Figure 6***).

Figure 6: Favorite activity while housed

Table 6: Emergency service usage since being housed

Emergency Service	Frequency	Change
Been to the emergency department	 ***Average: 0.47 times***	 ***67% reported an improvement***
Encounters with the police, other than a casual encounter	 ***Average: 0.07 times***	 ***27% reported an improvement***
Used a crisis hotline	 ***Average: 0.20 times***	 ***40% reported an improvement***
Needed an ambulance	 ***Average: 0.60 times***	 ***60% reported an improvement***
Been hospitalized	 ***Average: 0.27 times***	 ***40% reported an improvement***
Been in a fight, physical altercation, or been the victim of violence	 ***Average: 0.27 times***	 ***40% reported an improvement***

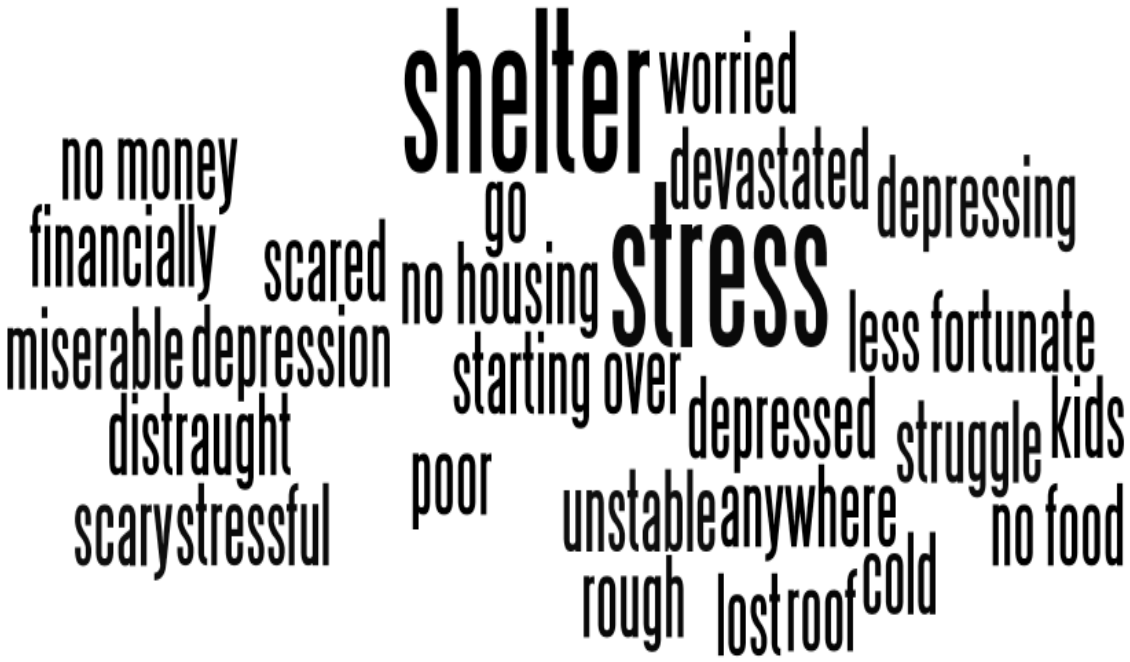
As it pertains to interaction with emergency services and history of incarceration comparing time homeless to their experience since being housed, ***Table 6*** summarizes the results of qualitative interviews.

While five of the heads of households reported that they had been incarcerated at some point in their life, only two of the households had any current legal issues that they reported, and those two were not households with a history of involvement with the law.

Participants were asked why they did not or were unable to move out of the shelter and into housing on their own. 90% spoke of other shelter residents, other organizations and/or shelter staff telling them to stay in shelter as long as possible in order to get a permanent voucher. Given the nature of the interviews and the location of where the interviews occurred (after they had moved out of shelter) it is not altogether surprising that the participants were raw, honest and at times critical in their responses:

- *You don't know which way is up or down. At first you're like, "yeah, I want to get out of here as quick as I can". Then people starting telling you stuff and you're like, "we just got to suck it up and stay here if we want the ticket". It's all a big mind game. Trying to get a straight answer? That's crazy.* ***Nobody has a straight answer in that place.***
- *Staff there got this mind frame that* ***it is their job to help you work the system****. Know what I'm saying? Not to get what you need from the system – how to work the system. Straight up some said to me, "I'll tell you everything you need to say and do to get permanent housing."*
- *I was told my kids would have a really hard time adjusting to apartment life and a new neighborhood and it would be better for them if we stayed. And I believed that for a long time until I realized just how crazy that thinking is.* ***Now look at my kids [pointing] – they never smiled like that once the entire two years we were in shelter****.*

Figure 7: What comes to mind when the word "homelessness" is mentioned?



- *There is a whole world of itself at the shelter. It's like it isn't connected to reality. Everybody there thinks the government owes them something for nothing. It wasn't the government that got me pregnant twice before I turned 20. It wasn't the government that didn't finish high school. It wasn't the government that quit her job to take care of her kids. That was me. Just me.* ***But it is only now that I am out of the shelter that I can think differently about stuff like this.***

- ***Bunch of lies that sound scary and truthful when you are at DC General****. This one lady who works there said if I moved into housing that my kids would likely be taken away because they would learn that I don't know how to take care of an apartment or look after my babies. That stuff gets in your head. Makes you scared. The other lady who did my test for housing had to promise me like ten times that if I moved into housing I wouldn't automatically lose my babies.*

The other main reason why the households did not move out of the shelter, cited by six of the households, was one of affordability. They did not have enough money on their own to get set up in an apartment, even though they felt they would be fine financially once they were in.

Figure 8: What comes to mind when the word "housed" is mentioned?

Families were asked what words come to mind when the word "homeless" was mentioned. Overwhelmingly, they mentioned shelter and stress. Responses are illustrated in ***Figure 7***.

Families were also asked what words come to mind when the word "housed" was mentioned. Respondents shared their feelings of being safe, happy, and excited (see ***Figure 8***).

Finally, the households interviewed were asked, "What would you like to say to other families that are in the same situation that you were in when homeless and in shelter?"

- *Take rapid re-housing. The case managers in this program are way different and they won't look down on you. Lots of people in DC General are taking bad advice from people not in the know.* ***Put your children first***.

- *Take your time.* ***Don't rush at the first apartment****. Find the right apartment for you and your family.*

- *Lots of people will be talking your head off with different ideas. Some will say "take housing". Some will say rapid re-housing is BS. I think some workers are jealous that this program actually houses people.* ***Is it perfect? No it ain't. But it is***

way better than being in shelter. *And it ain't as bad – ain't even close to the sort of bad – that people at shelter say it is.*

- *Have hope. You can get out.* ***Keep trying****.*
- ***Don't make friends in the shelter****. They'll just try to keep you there.*
- ***Never give up, work hard****. If you give up you are done, we need to share that.*
- ***Move out of shelter if you can****. Some shelter workers tell you to just keeping waiting and you'll get a voucher. That isn't right and I no longer think that's true.*
- *Try to work together, pay rent, keep a job, d****on't go through what I went through.***
- *Some people are scared of responsibility. I like that I have to pay rent.* ***I like showing my kids responsibility****. I like them knowing that there are responsibilities in life.*
- ***Here I can think about my kid's needs and my needs****. I can really think about a job. If you get to a place like this you can do that to. You can't really do that when you're homeless.*
- *Don't take rapid re-housing. It is way too hard.* ***It's scary****. Nobody should have to take this type of program. We should all get vouchers without worrying about not having enough money. There should be no time limits. Don't take rapid re-housing or you will be homeless again in a year. I'm already thinking about how to get my stuff back to shelter because I know that's going to happen sooner than later. Then when I am back in shelter I can say it to their faces – don't take rapid re-housing.*
- *Push forward.* ***You can get your life back on track when you have an apartment****. Maybe not right away, but each day's a little better. Shelter changes you. I can feel me and my kids changing back.*

In January of 2014, follow-up interviews were completed with four of the original nine households surveyed. On a scale of 1 to 10, the respondents reported an average score of 5.5 when asked how ready they felt to move on from the Rapid Re-Housing program. However, all respondents rated the importance to them of moving on from the program as a 9 or 10 out of 10.

When asked how confident they felt that they would be able to remain housed and not return to a shelter after the program ended, results were mixed. One household felt unable to answer, because their supports were being extended for another four months, and they felt that a lot could change in that time. Two households reported being very unconfident (3 out of 10), while the final household was very confident (10 out of 10) that they would be able to remain housed.

Three quarters of the households agreed that the type of services provided were "just right" for their needs. One household reported that the duration of the program was just right, while two reported that it was too short, and the fourth did not feel comfortable answering, since they didn't know their program end date yet. Three out of the four reported that the frequency of interactions with their case worker were just right, while the last said they were not enough. Finally, half reported the intensity of supports to be just right, while half reported that it was not enough.

What Staff Are Saying About The Program

Interviews were conducted with the Direct Supervisors, Case Managers, and Assessors within THC and COH. Following a structured interview format, each staff member from THC and COH had the opportunity to provide an open response, which was transcribed during the discussion.

Assessors

The Assessors are the front door to the program. Without effective, consistent assessment there would be the absence of information from which to inform decisions about which households will be offered which resources. It is also, perhaps, the most misunderstood job in the project on the part of potential clients and staff within other organizations.

Assessors are most proud of the fact that they are part of the process that is reforming how homeless families are supported and housed in DC. Consistently, they are also proud of their mastery of the assessment tool and their ability to take the information that they glean from households and to turn it into meaningful analysis regarding what type of program provides the best assistance for the family.

The challenges experienced by the assessment staff are diverse. *The following notes where two or more assessors experience the same challenge*.

For some, documentation has been the largest challenge. They struggle to get other partner organizations to submit existing documentation on a family in a timely fashion (or at all). For others, the waiting periods have been the biggest challenge from the time that they have completed their assessment and determined a family is a fit for a program and the length of time it takes for that family to get housed. Finally, it has been noted that it is a considerable challenge to work in the shelter environment when shelter staff and other organizations have explicitly misled families. Overcoming false perceptions of the program and the role of assessors has been time consuming and, at times, in conflict with other professionals within the service delivery system.

Assessors were asked what difference they think their role is making. Participating in helping to improve or fix the process of how families get served was the dominant theme of the responses. To that end, it is the ability to have a common assessment and use that information in a way that can be meaningfully shared with others that is seen as the largest difference.

When asked what improvements would make the assessment role more impactful, the most consistent response related to capturing information was regarding education and employment. It was felt that this is a limitation with the F-SPDAT especially as it relates to Rapid Re-Housing clients that will be expected to become financially independent in a shorter period of time.

All assessors see their role as having the potential to change how homeless families are served in DC. The common assessment tool is a game-changer, allowing assessors to meet families where they are truly at and displace the complacency and false perceptions that exist.

Case Managers

Case Managers are responsible for providing direct supports to families in accessing and maintaining housing. They are the conduit to community resources and provide valuable assistance in navigating what can be a complex array of services and bureaucratic processes in DC.

Every case manager reported that they are most proud of the progress, resiliency, and positive results to date within the families they are supporting. Several case managers reported already seeing decreased acuity within the F-SPDAT scores of the families that they are supporting.

The most common challenge noted across the case managers is in finding and accessing housing for the families they are supporting that have been accepted into the program. They have experienced frustrations with the length of time of the various processes and/or resistance from landlords. The ability to motivate some clients was also noted as a challenge, especially amongst those younger heads

of household that do not have meaningful education or employment history. Finally, case managers noted that meeting with the families they are supporting is sometimes a challenge because of no-shows or refusing to answer the door.

Case managers can see their role making a difference on two levels. Firstly, they can see the difference they are making in the lives of the families they are supporting as a guide and motivator. Secondly, they can see their role making a difference in the overall service delivery system in how they provide case management and help clients connect with resources.

The most common improvement that case managers would like to make so that their role is more impactful is to spend more time with households and to have a smaller caseload. This is a noteworthy point as the FHS project has a staff to client ratio of 1:20 and the preferred ratio for RRH from DHS is 1:25.

Another improvement noted would be to gain access to more resources related to education and employment for the Rapid Re-Housing families that are being supported.

Case managers were asked what difference they see their role making overall in DC in how families are served. The most common responses from three of the case managers pertained to overall system changes related to the "culture" of service delivery—specifically, challenging notions that the system is enabling or coddling clients to remain homeless.

Finally, case managers were asked why case management is important to this project. The complex and complicated nature of the system design and bureaucracy of the range of supports in DC were cited by everyone who was interviewed. The many "moving parts" that need to be tracked and properly responded to in the current processes requires astute and skilled case management to ensure that families can access supports that are required to remain housed.

Supervisors

Supervisors provide day-to-day leadership to the project. They are responsible for the performance of their staff and the outputs and outcomes expected from the project.

Supervisors were asked to report on one or two successes of the project that made them most proud. Consistent between the two is the formalized assessment through the use of the SPDAT. Both felt it had been an improvement that decisions on what type of housing people may be eligible for is no longer an "off the cuff" decision.

When asked about the biggest challenges thus far, the Supervisors had mixed responses. It was noted that getting families housed is a challenge and that families do not always feel the same sense of urgency that the assessors and case managers feel. In addition, the learning curve associated with the project was noted as a challenge.

Supervisors noted the following as critical success factors for the project moving forward: turning the actions of the project into policy; messaging what is happening and why; further professional development of staff; working effectively with advocates; and, getting the targeted number of families housed.

When Supervisors were asked how they feel this project is impacting relationships with other service providers including DC General, both the yin and the yang were noted. The project is seen as both strengthening relationships at the same time that it has the ability to cause stress. It was agreed that it is very important to get people on the same wavelength regarding the assessment by explaining the "why and how" of the assessment.

Supervisors were asked to provide an opinion about what they know now that they did not know when the project started. They noted that they were now aware that there is a smaller number of families that truly require Permanent Supportive Housing.

Lastly, Supervisors were asked to comment on any improvements to staffing or programming they thought would be beneficial at this stage of the project. More training was identified as important, especially as it relates to case managers being fully informed about how to use the F-SPDAT information

to help inform case management. It was also suggested that improvements to the educational and employment elements of the F-SPDAT (or complementary assessment) be used to help out in the assessment of households.

All Staff

Family homelessness is a highly politicized issue in Washington, D.C. When asked to comment on how the project is situated in that context, most staff responded that the project is very much a pilot. Respondents spoke of "creating a framework" and "dispelling myths" and being at the "tip of the iceberg." It seems that this project is seen as somewhat non-threatening so long as it is thought of as an isolated project, which is a good thing. In addition, some staff spoke of the Mayor's office increasingly using data from the project. It appears that the project is making very slow headway to affecting the political landscape, and that it is a constant uphill battle. However, if the RRH project continues to be successful, it could very well be a catalyst for change in D.C.

When asked if there was leadership for change, staff largely responded that more is needed. The landscape would benefit very much if there were a dedicated effort that focused on ending homelessness. Right now, staff spoke of a lack of accountability, a lack of transparency, and a lack of clarity as to who was responsible for what. There is a general consensus that there are too many players, all of whom have different interests and different levels of interest.

Next, staff were asked what they had learned about family homelessness in Washington, and what they wanted to share with others. Surprisingly, nearly all respondents did not respond directly about family homelessness. Instead, most spoke about how valuable it was to have a tool to use (F-SPDAT), how important it was to conduct assessments, and how important it was to conduct ongoing evaluations. They also spoke about the importance of training and communication, and having everyone on the same page.

In terms of housing, things progress somewhat slower in Washington, D.C. than in other locations with similar market characteristics. Staff spoke about having difficulty in working with landlords. The general consensus is that landlords are *hesitant* to work with the RRH program. According to some, the first time RRH was implemented in D.C. it wasn't done well, so some landlords have a "poor taste in their mouths" from last time. According to others, landlords are reluctant to accept a temporary voucher when they feel that they could hold out for a different tenant that comes with a permanent voucher. Although the housing locators are able to make arrangements with landlords on a case-by-case basis, the system could be improved by having a coordinated housing system.

There seems to be, as one respondent put it, a "philosophical divide" on the matter of poverty reduction versus ending homelessness. Staff were asked if the work of this project was closer to one or the other, and responses were very mixed. Some were definitively in the ending homelessness camp, while others were strongly in favor of reducing poverty. Most, however, realized that the work being done was split down the middle. It would be valuable to get all staff in the same camp, so there is a unified understanding of what the project is aiming to ultimately achieve.

When asked what staff have learned about Rapid Re-Housing, most replied that the biggest takeaway was the change in mindset. As one respondent said, "a lazy Rapid Re-Housing is just Transitional Housing." Respondents talked about things changing from the system level, and changing the message, particularly with regards to how it is communicated to clients.

According to staff, the biggest pleasant surprise that resulted from the project was, almost unanimously, that it works!

In contrast, there were many reported disappointments. Many responded that they were disappointed or even frustrated by the lack of system efficiency, and the constant need to defend the program. In addition, staff were disappointed by resistance from landlords, lack of coordination between this program, DC General, and The Community Partnership (TCP), and a general lack of communication. Finally, there is a barrier created by the Local Rent Supplement Program (LRSP) voucher program – if a family receives a voucher while in the shelter, they don't have any interest in the RRH program.

Finally, staff were asked about how to go about changing the culture within the shelter system. The responses are illuminating, though it must be noted that some of the comments refer specifically to DC General and not the shelter system as a whole:

- *We have advocates working on reinforcing shelters as a destination. We have shelter environments that have deplorable conditions like the Rec Centers.* ***We have opposing goals, which means that there is absence of a system****.*
- *I realized recently that if you put people in these roles that are just equipped enough to do them, the work survives. If you put someone in the role that combine like case management and work in the School of Social Work at a major college, you would get substantial returns.* ***People on the frontline need to be HIGHLY equipped, and very trained, and very skilled, and well paid****. When the staff themselves are living in such low income that they themselves are at risk of homelessness, how do you think that impacts their homelessness? Of course they have bitterness and resentment towards people that seem to get something for nothing.*
- ***It is easy to blame the clients, but that isn't the answer****. The advocates should also be right there so that then they can understand why things like people showing ID before they get into the building isn't about trying to be a barrier but about trying to provide security to the other 2,000 people in the building.*
- *A lot of it is changing the culture from "this is a welcoming place" to "****this is a welcoming place, but not a permanent place****". There has to be a clear outline of expectation. You have to do the F-SPDAT properly within the shelter system.*
- *DC General shelter staff need more training. DC General staff need more accountability to their supervisors.* ***We need to get into a culture of "doing"****. There can be resistance to implementing new processes or tools.*
- ***We don't have good consistent data on what is happening****...who has moved out, what is working, what isn't working, etc.*
- *If the shelter system is the only access point to permanent housing – and you have loaded up the shelter system with permanent vouchers – the ripple impacts of that are felt still. Then it reinforces a blaming mentality of homeless people themselves for trying to benefit while being in survival mode.* ***We need to reinforce what works within the shelter system****. If you have a hypothermia approach, you let things bottle up all year and then explode into a crisis.*
- ***We need to focus on education and it has to be constant****. Shelter staff needs to have a lot more training. We can't rely on the staff in place to have the capacity to understand RRH and promote it effectively. Staff in shelters need to be able to educate on the various housing models. Staff in shelters need to be able to park some of their personal beliefs out of the mix like holding on for a voucher.*
- ***I would provide more training****. On the higher levels of the shelter system, they can repeat to us what Rapid Re-housing is. But on the frontline staff we get ongoing confusion and disagreement about RRH. We probably need something like quarterly training to get the message through. They need a lot more supervision and monitoring to ensure a consistent message from direct service staff to clients. I would ask for more communication in writing from the government agencies about what is going on now and what they should expect from the system because there is a void on what is realistically available, and then gets filled with myths and false hopes. Rarely has there been literature from DHS or TCP on what is actually available to families. More social marketing is required... people will believe their neighbors and friends more than government which is why a consistent message is so important.*
- *The way things were more than a year ago when I came on was a feeling that shelters just kept trying to move people on, without thinking what is best for the family. Part of the culture is also that people see the shelter system as a way to get housing. It is seen as the entry door. Even people that may be arriving from out of state see the shelter as the only way to get access to housing support. Even as we saw hotels being*

made available for families, there was an influx. It became attractive to people. But then when Rec Centers were opened, it stopped because Rec Centers were not seen as being as good as motels. ***Shelters have become a destination to stay as long as you can****. But then when capacity reaches a crisis, there is a big desire to move, but without an understanding of what exactly the support and housing options are for the families. There is a lack of understanding of many shelter staff of what all the service options are and how to access them.*

External Viewpoints

Persons from TCP, DHS, DC General, and the Legal Clinic were invited to provide commentary on the FHS pilot. In total, 10 people were invited to participate in providing an external viewpoint. Four elected to do so. As indicated in the communication sent to each person, remaining anonymous was an option, though the preference was to specify the individual and organization making the comments. All four wanted to remain anonymous.

Respondents were unanimous in having a positive impression of the pilot, offering the following commentary:

- *The project has demonstrated the value in assessment.* ***A lot of assumptions that have been made for years have been wrong.***
- *There is a chance to be more strategic in where resources are put, and the* ***investment in Rapid Rehousing and Permanent Supportive Housing should exceed what is put into family shelter****.*
- *To me it has demonstrated* ***there are some things we have to unlearn*** *if we are going to be successful in working with the homeless families in DC.*
- *They (Community of Hope and Transitional Housing Corporation)* ***deserve a lot of credit*** *for being committed to making this work.*

When asked to discuss the overall impact on family homelessness in DC the pilot is having, respondents provided these rather mixed comments:

- ***As a pilot, the overall impact is very small****. It would take implementation on a much larger scale for this to truly impact family homelessness.*
- *It has impacted our learning with an understanding that* ***assessment and prioritization can work*** *for the homeless in DC.*
- ***It has impacted the lives of each family that has been housed****, but to say it has impacted the overall state of family homelessness – or imply that this may be the case – is too far reaching.*
- *This project has probably had a greater impact on family homelessness than any program attempts by the last few administrations. It is telling us that* ***we need to be smarter about this work****. Does that mean that everyone is listening to the what the pilot has to say? No. But that isn't surprising in DC where a lot of the most influential people stopped listening years ago. They believe what they do is right. They ignore new information. They disrespect new knowledge.*

Similarly, comments regarding the use of the F-SPDAT were also mixed, though there were more positive comments than critical ones:

- *The tool does just the things they (COH and THC) said it would do – and then some. I wish it could be done a little quicker than it takes to do, but that may just be* ***the price that needs to be paid to get really accurate information on homeless families.***
- *I have not seen the data, but from what I have been told, the F-SPDAT is clearly showing which families need a lot of support and which families need only a little support. I have also heard that this isn't what shelter workers wanted to know.* ***When data flies in the face of assumptions it is fairly typical for people to dismiss the data or the tool used to get the data.***
- ***The information we have now through the SPDAT trumps everything we thought we knew.*** *I'd be strongly in support of making it mandatory across all services.*
- *It seems like one more hoop to jump through before families get what they really need. I also know that shelter workers hate it and that it feels like outsiders are constantly looking over*

their shoulders. ***There has to be an easier way to do this with less conflict.***

All respondents felt that there were unique characteristics to DC that impact the success or failure of a project such as this one. Noted across all four respondents in different ways was the political nature of homelessness in DC, as well as the characteristics of an increasingly unaffordable rental housing market.

Respondents were asked for their single most eye-opening aspect about the project – what they learned that they didn't expect to learn; as well as what the single biggest let-down, disappointment or missed opportunity was about this project. These are outlined in ***Table 7***.

Table 7: Eye-openers and let-downs

Eye Opener	Let-Down
Assessment works in DC	People resist having a common assessment tool
How dysfunctional DC General seems to be	The early stages of the pilot when there was a long hold-up for assessments and getting people housed
Re-housing is more successful than I thought it would be	Too long to get families housed after assessment
Families will accept rapid re-housing	Only having two organizations involved in the pilot

Discussion and Recommendations

It is possible to reflect upon lessons learned, adjustments already made, and to consider further refinements.

The evidence supports the fact that the assessment tool is assisting with system reform. That being said, there are improvements that can and should be considered:

- A clear communication strategy about what the F-SPDAT does and does not do that can be shared with service providers and households that are going to be assessed, which may include written descriptions and key messages for staff to use;
- Further training and explanations to service providers that there are four ways to assess people for the F-SPDAT (that which is observed, that which is learned from reviewing documentation, that which is gathered from other professionals when consent is provided to do so, and that which is heard through discussion) and that trying to coach households to provide certain answers to achieve Permanent Supportive Housing is misguided and will not assist the household;
- Continued efforts to have other service providers produce documentation where it exists, and where it does not, to shed light on overall service improvements that must be made within the service delivery system from the perspective of client-centered service, contractual obligation, legality, and ethically, while concurrently examining opportunities within HMIS for this type of documentation capture and ready access;
- Bridge the disconnects regarding education and employment and the information gleaned through the client interviews that demonstrates recent participation in the formal economy and current participation in the informal economy, including the possibility of cross-sectoral responses that would bring more education and employment expertise to the table. Only one case manager cited education and employment as an area requiring improvement as it relates to the F-SPDAT;
- Additional education for shelter staff about the effectiveness of rapid re-housing and negative impacts on children and families when they stay in a shelter too long; and,
- Consider a longer-term follow-up with a select group of the families that have been served to assess their housing stability and wellness longer term.

The assessment of the different populations demonstrates that there are three very distinct family homeless populations:

1. families that may benefit from Permanent Supportive Housing;
2. families that may benefit from Rapid Re-Housing; and,
3. families that do not require a support intervention but may require one-time assistance.

The type of household assessed (STI vs. shelter) demonstrates some differences between the populations, but evidence that explains those differences is limited.

The exercise of making data-driven decisions through the assessment information clearly demonstrates:

- The percentage of families that have acuity that would warrant Permanent Supportive Housing is quite low, even though the perception of homeless families, service providers, and other organizations may be very different.
- Length of time homeless is NOT an independent influencing factor on acuity within DC[6], and the data clearly shows that differences between households that would benefit from Permanent Supportive Housing instead of Rapid Re-Housing in DC is much more likely to be related to involvement in high risk and/or exploitive situations, substance use, risk of harm to self or

6 Readers are cautioned not to generalize this finding to other cities or nationally at this time. It is possible that this is a DC-specific situation due to the design of the shelter system and the general experience of long shelter stays in DC as opposed to multiple shelter experiences that may be more the norm elsewhere.

others, mental health and wellness & cognitive functioning, and medication.

It may be necessary to closely examine the targets at this point in the project and evaluate whether they remain reasonable and accurate forecasts considering:

- The length of time it is taking to get from a family accepting the program to actually realizing housing;
- Reported difficulties in meaningfully engaging the landlord community; and,
- Availability of resources to make it possible for families to move into housing.

There are larger policy questions emerging from the project than the project itself can resolve. There is sufficient data to date to enter into the following policy and programming discussions:

- How can the informal employment involvement be better considered without it being punitive to the household?
- If there was improved access to affordable childcare, would as many households drop out of the labor force after having children?
- Given the greater likelihood of PSH families having higher acuity in High Risk/Exploitive Situations, Substance Use, Mental Health and Wellness & Cognitive Functioning, and/or Medication, are the program support models and eligibility criteria for PSH in the District aligned to meet the needs of these families and informed by harm reduction principles and strategies?
- Should standards of documentation be a contractual requirement for case management funding, and what are the consequences for an organization that cannot produce evidence of participation in a case management program despite a family having been considered on the caseload?
- What improvements should be made to the reception and intake functions within the family shelter system to put a stronger focus on housing and knowledge about the range of housing support options from the day the family arrives?
- How should the system address ongoing concerns around shortage of jobs, low incomes and affordability of housing – especially for those households where no assistance or only one-time assistance seems warranted based upon their acuity?
- Is DC ready to enter into an evidence-driven discussion about the best use of voucher resources, under which circumstances and for which families using a common assessment tool (potentially F-SPDAT) across ALL family service providers? If vouchers without services are available, what group is the best to target for them?
- And with the expanded use of F-SPDAT, will the DC system truly prioritize housing resoureces for those who score the highest/have the greatest need, even if that means not all can or will be served?

Next Steps

This marks the end of the initially agreed upon review and evaluation period for the project, the analyzing of service user data, and the interaction with the organizations involved in delivering the pilot. That said, there are some next steps that are prudent for consideration:

- Creating policies and procedures for the Rapid Re-Housing programs in DC, infusing lessons learned from the FHS program intimately into the document;
- Mining the data to look at impacts on specific population groups such as youth-headed households;
- Expanding Family SPDAT training to shelter staff, and, providing a refresher to staff doing the assessments;
- Providing the training on how to use the F-SPDAT for more effective housing-based case management to even further enhance the professional development of case managers and increase likelihood of housing retention longer term;
- Creating a data analysis plan for reports and exports from HMIS, as the F-SPDAT is approaching completion of full integration with Bowman Systems;
- Another round of follow-up conversations with families in the program – both those already enrolled and housed and a new set of those recently housed;
- Examining rates of recidivism and characteristics of households that experience recidivism;
- Creating a policy position and program implementation strategy for where affordable housing vouchers fit in for families with lower acuity;
- Improving the housing search, inspections and move-in process; and,
- Sharing the findings of the report far and wide.

Conclusions

The project has been unable, thus far, to practically address the crisis within the family shelter system. Neither THC nor COH control the shelter and there were many factors this past Winter that led to a massive increase in the number of families entering shelter. Interviews with the 15 households points to a pervasive attitude within DC General that is counter-productive to the intent of the project to get people out of shelter and into housing. A lot of work must still be doing with training and education of everyone involved about the assessment process and different types of interventions.

The project is thus far impacting system reform in considerable ways, even with limitations in getting families housed. The data collected through the assessments points to a much more in-depth understanding of homeless families and the types of support and housing interventions that are truly necessary to meet their needs. The COH and THC staff has demonstrated considerable professionalism and tenacity to implement changes that are informed by the assessment data. But, they cannot do it alone. The findings are already pointing to the need for broader system reform that would increase the likelihood of success of the project or similar initiatives.

Embarking upon the policy changes and an investment and monitoring strategy that would allow for true system transformation should begin with relevant funders and partners throughout the District. Given the volume of assessments conducted, it would be unlikely that significant fluctuations in the characteristics of the Rapid Re-Housing and Permanent Supportive Housing families will occur. Building upon the data, it is possible to begin mapping processes that will be family-centered and transformative.

Finally, while external parties have not necessarily seen the full weight and impact of the pilot, some rather substantial achievements have occurred. More than 130 families have been housed. Of those that have been housed, while there are concerns and worries about returns to homelessness, this appears to be grossly unfounded. The successes and knowledge gleaned point to the importance of morphing the pilot into permanent programs, and expanding beyond two organizations delivering the services. Re-programming, ongoing training, and re-aligning resources across DC will be essential to make that effective, and as re-programming occurs we need – as a community – to insist on the use of one common tool and a proven approach to rapid re-housing.