

Summary Report on the Family Housing Solutions Project

Transitional Housing Corporation
and
Community of Hope

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OrgCode Consulting, Inc.



Introduction

The Family Housing Solutions (FHS) 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.

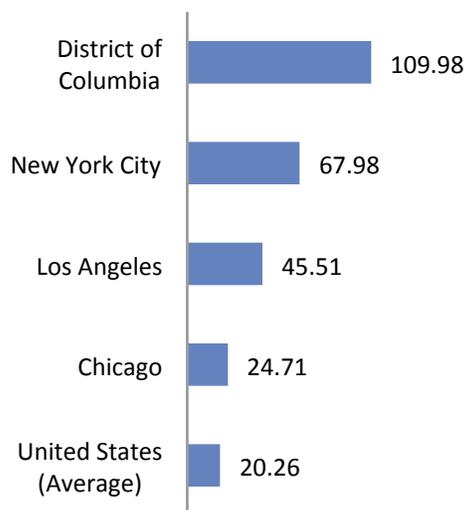
The two stated intentions of the project are to:

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

In addition to these main 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 re-housing model; and,
- document the process and outcomes of the project.

This summary report highlights the major lessons learned from the project.



Graph adapted from Table 1: Homeless people per 10,000 population, by region (page 5 of full report)

Context

Homelessness in DC is amongst the highest in the nation – more than five times the national average – with 110 per 10,000 population. As the nation’s capital, how the District responds to the issue also has considerable scrutiny, sensitivity and media attention. Furthermore, homelessness garners considerable political attention within the District.

COH and THC are both established service providers in DC, each having been in operation for decades. Each has a proven track record of providing housing and supports to families. This venture was a partnership between the two service organizations. The Department of Human Services (DHS) offers a plethora of services and 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) coordinates the District’s Continuum of Care, provides training, liaisons with landlords, and manages the Homeless Management Information System (HMIS).

Leveraging existing knowledge, COH and THC entered into this project with a desire to advance the knowledge and success of a Rapid Re-Housing program intervention for families experiencing homelessness. Nationally there are several different approaches to Rapid Re-Housing with households of various presenting needs, with variation in the type, duration, frequency and intensity of assistance and supports the household receives. Across the country, Rapid Re-Housing has demonstrated successful results with more than 80% of Rapid Re-Housing participants not returning to homelessness in most communities.

Rapid Re-Housing provides time limited supports to families in housing, with an intention of helping the family achieve greater independence. Rapid Re-Housing specifically targets those households with moderate acuity. Knowledge about Rapid Re-Housing continues to grow even though there is an acknowledgement that there is more to be learned. For example, better understanding why and under which conditions Rapid Re-Housing does not get the intended results and how best to engage progressively with families that return to homelessness is important.

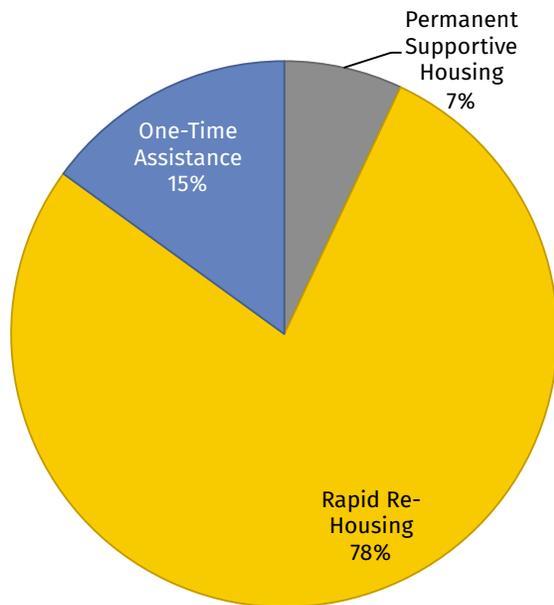


Figure 1: Support and housing intervention recommendations based upon assessment of families (page 10 of full report)

In addition to Rapid Re-Housing, the FHS also offered Permanent Supportive Housing for those families with more intensive needs and higher acuity. Permanent Supportive Housing has been a housing and support model in operation for several decades. All the same, it has not always been possible to determine if households that receive Permanent Supportive Housing are the households that needed it the most based upon acuity.

To help determine which families would benefit from which intensity of supports in housing, the project used the Family Service Prioritization Decision Assistance Tool (F-SPDAT). The F-SPDAT is an evidence-informed tool that is effective at assessing the type of supports and housing a family will most benefit from receiving.

Key Findings

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.

The robust data combined with the volume of records have indicated compelling and undeniable differences between families that will benefit from Permanent Supportive Housing compared to Rapid Re-Housing or one-time assistance (no direct support and housing intervention beyond meeting immediate needs).

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

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, and demonstrated on **Table 2**.

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 (page 11 of full report)

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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 (page 11 of full report)

To be concluded from this data:

- Length of homelessness does not have a bearing on acuity level – at least in DC;
- There are five major differences between PSH families and RRH families:
 - PSH families are more likely to have involvement in High Risk and Exploitive Situations compared to RRH families.
 - PSH families are more likely to have higher acuity with managing medications than RRH families.
 - PSH families are more likely to have compromised mental health and/or cognitive functioning issues than RRH families.
 - PSH families are more likely to have life impacted through substance use than RRH families.
 - PSH families are more likely to have family members at risk of harm to themselves or others 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.

Comparison between STI and sheltered families illustrates:

- 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.



Figure 8: What comes to mind when the word “housed” is mentioned? (page 22 of full report)

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.

Qualitative interviews were conducted with 15 families that have been involved in the FHS project. Conclusions that can be reached from those semi-structured interviews are as follows:

- While none of those interviewed are currently employed:
 - Almost all had been employed in the past;

- Most surrendered their employment because of child care issues when a child was an infant;
- Many are involved in the informal economy (working “under the table”) and make an average of \$325 per month in this manner.
- Almost all experienced pressure while within the shelter – either from other families staying in shelter or shelter staff – not to participate in the FHS project, and most are, in hindsight, either angry or frustrated that they did not participate in RRH sooner.
- There is a strong feeling of support from case managers.
- Interactions with emergency and health services are considerably lower once in housing compared to when the family was in shelter.
- Two-thirds of the families indicate that their relationships with their kids have improved since being in housing.

- Families indicate there are improvements in their life once housed, as demonstrated in **Figure 2**.
- While generally more positive than negative, areas of improvement in the project from the families' perspective can be found in the quality of the apartment units and quality of neighborhoods.

Interviews with staff involved with the project were generally positive. Most were very pleased with the project results to date. Many felt that the system transformations were in fact happening as a result of the project, especially through having a common assessment through the F-SPDAT and the fact that families were being housed and being successful in housing. Staff did point out concerns, however, with how homelessness is being addressed in the District, especially within the shelter system, and had a desire to see a stronger housing focus within shelter environments.

External parties to the project were also invited to provide input into the project. 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.*

External persons surveyed 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**.

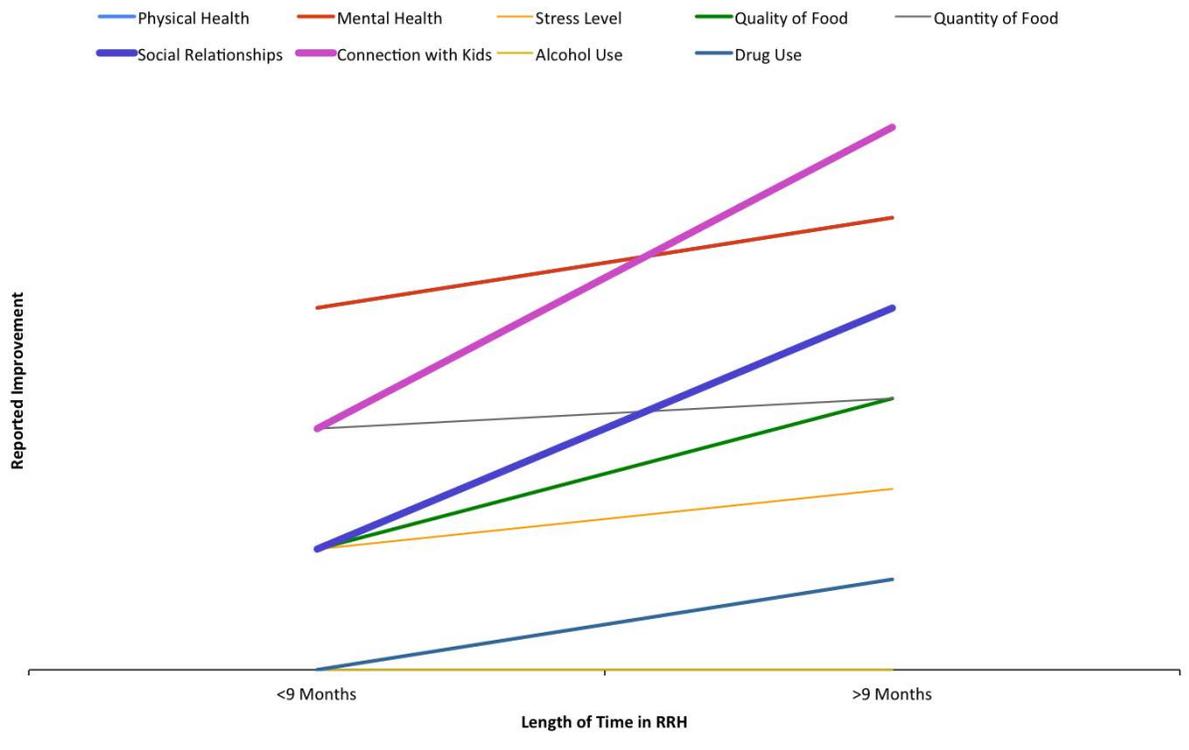


Figure 2: Relationship between length of time in RRH and life improvements (page 16 of full report)

Eye Opener

Let-Down

Assessment works in DC
 How dysfunctional DC General seems to be

 Re-housing is more successful than I thought it would be
 Families will accept rapid re-housing

People resist having a common assessment tool
 The early stages of the pilot when there was a long hold-up for assessments and getting people housed
 Too long to get families housed after assessment
 Only having two organizations involved in the pilot

Table 7: Eye-openers and let-downs (page 29 of full report)

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 done 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. 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.

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.