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# **Stable Families Initiative**

## *Evaluation Report of Pilot Program*

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*April 2016*



**Hennepin County**  
Center of Innovation and Excellence



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## Executive summary

On a single night in January 2015, over 200,000 people in 64,197 families with children were homeless in the United States, representing 37 percent of all people experiencing homelessness.<sup>1</sup> Homelessness is traumatic, especially for children, because of the particularly adverse effects it has on them. Young homeless children are more likely to experience developmental delays and to suffer from emotional problems. By the time they reach school age, their social, emotional, and academic lives are negatively affected by their homelessness.<sup>2</sup>

One of the most important strategies for lifting families out of homelessness is to quickly connect them to long-term housing solutions providing rent subsidies, cash assistance, and supportive services. Many communities, including Hennepin County, are taking such steps to improve their response to family homelessness. The Stable Families Initiative (SFI) is an intentional and targeted response to families who are repeat emergency shelter users. SFI was launched in 2014 as a 2-year pilot program with three primary goals:

1. Reduce the number of families in emergency shelter
2. Reduce the number of families returning to emergency shelter
3. Increase family stability for pilot participants

To accomplish these goals, the SFI is composed of three primary program components: Prevention Program, Young Parent Program, and Integrated County Services. The Prevention and Young Parent programs have randomly assigned treatment and comparison groups to evaluate the success of the programs.

The Prevention Program targets families before they lose their housing, and services include intensive case management and housing support, as well as rent subsidies and emergency funds. The Young Parent Program is designed for families headed by parents under the age of 25 who entered shelter in 2014. This component includes a 2-year rent subsidy, early childhood services and parent education programming, as well as an array of support services tailored to meet the needs of each family. The third component, Integrated County Services, is based on the concept that clients have a coordinated case plan supported by all the case managers involved in their lives. Clients in all three components are also offered enrollment in parent support and enhanced employment services.

### Key findings

- During the study period (February 2014 to December 2015), 35 percent of the Prevention treatment families and 46 percent of the Prevention comparison families had a return to shelter.
- In the Young Parent Program, 7 percent of the treatment families and 47 percent of the comparison families returned to shelter during the study period.
- Average monthly family income for the Prevention treatment families increased 67 percent, from \$534 at the start of SFI to \$891 at the end of 2015. For the comparison families, average monthly income increased 16 percent, from \$812 to \$938.
- For the Young Parent treatment families, average monthly family income increased 77 percent during the study period, from \$593 to \$1,052. Comparison families had an increase of 35 percent, from \$642 to \$866.

- Of those families who participated in the pilot’s employment services component, 69 percent of Prevention clients and 50 percent of Young Parents secured employment.
- Interviews and focus group conversations with clients and service providers from both the Prevention and Young Parent programs found widespread agreement that the most helpful aspects of the programs were the rental subsidies and the positive, supportive relationships the case managers provided to their clients.
- Emergency shelter use has declined from its highpoint of 1,572 families in 2013. In 2015, there were 1,278 families that had stays in shelter, resulting in a reduction of total shelter days from 74,513 in 2013 to 57,150 in 2015.
- There was a 21 percent reduction in the shelter return rate between 2014 and 2015 for families who had two or more previous shelter stays.

## **Recommendations**

We recommend that the elements of the SFI be embedded into ongoing programming at Hennepin County, specifically:

1. A prevention intervention for families at high risk of returning to shelter, with the option to include rent subsidies.
2. A focus on young parents (under age 25) who return to shelter by providing a long rent subsidy (two years) and intensive case management.
3. Coordinated services for all families returning to shelter, with a single, managed case plan.
4. A continuation of the Parent Support Outreach Program (PSOP) and enhanced employment services for families at risk of returning to shelter.
5. Continue tracking the Young Parent clients for at least 12 months after their rent subsidy ends to see if they return to shelter. The Prevention clients should also be tracked for a minimum of 12 months past their program exit date to see if they have a return to shelter.

SFI is one of several reforms in family shelter delivery that occurred in the past two years. There are also extraneous factors at work, such as the improving economic conditions, that most likely have influenced shelter usage. Given these preliminary results of the SFI pilot, along with the performance to date of the Prevention and Young Parent treatment groups (fewer shelter returns and higher incomes), it appears that the Stable Families Initiative has demonstrated great promise in reaching its goals: *reduced shelter use, reduced returns to shelter, and increased family stability.*

## Introduction

### *Reasons for the initiative*

Hennepin County has a policy of providing shelter for all families. The number of families using emergency shelter rose from 1,032 in 2007 to a peak of 1,572 in 2013, pushing shelter capacity beyond overflow status. The Minneapolis/Hennepin County Office to End Homelessness (OEH) wanted to understand why the county had growing numbers of homeless families and to find a solution to the problem. They examined the data and saw (1) increased requests for shelter, (2) increased length of stay, and (3) increases in number of families with repeating shelter usage. In 2013, Hennepin County observed that 25 percent of families in emergency shelter had been there before, twice the number five years earlier. The first two issues noted above were likely driven by the recession and a tight rental market, but OEH felt that they could address the third point.

The Stable Families Initiative (SFI) is an intentional and targeted response to repeat shelter users and was launched in 2014 as a 2-year pilot program. It is a collaborative pilot designed to address the needs of families who return to shelter, or are at risk for returning to shelter. These families were younger, with less education and work experience than families who did not return to shelter. They were disproportionately African American or Native American. They had higher barriers to stability, and their children had lived in unstable situations for several years. Preventing their return to shelter could possibly save the community \$1.5 million in shelter costs per year, in addition to avoiding the trauma that homelessness causes. The SFI model focuses on supporting families beyond traditional Rapid Rehousing Services, acknowledging that standard services had been insufficient to stabilize their housing in past attempts.<sup>3</sup> SFI is funded by a blend of federal, state, and county homeless dollars as well as grants from seven foundations.<sup>4</sup>

The SFI has three primary goals:

1. Reduce the number of families in emergency shelter
2. Reduce the number of families returning to emergency shelter
3. Increase family stability for pilot participants

### *Difference from business as usual*

The Office to End Homelessness recruited funders and partner organizations to plan and design the Stable Families Initiative to address the complex needs of families with repeated emergency shelter use. In 2013, 30 representatives from 12 agencies participated in bi-weekly planning meetings over several months. During these meetings the group discussed system-level (e.g., lack of affordable housing, low minimum wage) and person-level reasons (e.g., lack of education, inadequate job skills) why people return to shelter. The community partners held focus groups with frequent shelter users to learn about the difficulties they encountered leaving shelter, staying stably housed, and resolving crises. A subset of the larger group then developed the multi-component SFI, which provides service coordination, strategic planning, and a flexible willingness to adapt the program based on needs of the clients. The SFI consists of three primary program components: Prevention Program, Young Parent Program, and Integrated County Services.

**Prevention Program** – This component targets families before they lose their housing, therefore families are not currently in a homeless shelter but considered

at-risk of homelessness due to their past shelter use. Outreach was conducted and preventive services offered to families that had been in shelter two or more times between 2012 and 2013, of which at least one stay was in 2013.

Prevention services were provided by St. Stephens Human Services and included intensive case management (meeting with clients 1-2 times a week) and housing support. Rent subsidies and emergency funds were available for housing crises, including arrears, utilities, or damage deposits. Assistance with landlord negotiation issues was also provided.

**Young Parents Program** – This component targets families headed by young parents who are: (1) under the age of 25, (2) who entered shelter in 2014, and (3) who had at least one stay in shelter in 2012 or 2013. Pilot services include a two-year rent subsidy, early childhood and parent education programming, as well as an array of support services tailored to meet the needs of each family. Case managers meet with clients in their home at least once per week, and families receive biweekly sessions with early childhood specialists. The Link, St. Stephens, and Simpson Housing provided case management and support services.

The Young Parent Program (YPP) offers an early childhood (EC) component that was implemented somewhat differently for each of the providers. For example The Link and Simpson Housing use the Parents as Teachers curriculum, and St. Stephens uses the Incredible Years program. St. Stephens and The Link provide regular play groups, and Simpson Housing and St. Stephens conduct weekly parental visits. All children under the age of five were assessed using the Ages and Stages Social Emotional tool.

**Integrated County Services** – The concept of integrated county services is that clients have a coordinated case plan supported by the many case managers involved in their lives. Clients eligible for this component of SFI were any families entering shelter in 2014 who were in shelter at least one previous time in 2012 or 2013. The main objective was for professionals to support common goals for the family by working together. The goal is to ensure that families maintain all benefits for which they are eligible with no disruptions, while improving their stability through increased earned income.

One critical part of the integrated services component was enhanced employment services that provided supports beyond normal MFIP employment services. Enhanced employment services were contracted through Goodwill/Easter Seals and included job readiness, job placement and retention, and employment support services. Families in Prevention and the Young Parent Program were also eligible to receive enhanced employment services.

In addition, all families eligible for the Parent Support Outreach Program (PSOP) were referred to this state-funded, county operated program. PSOP is a voluntary service that connects families at risk with community-based social service providers for assessment and services. It is a short-term program lasting approximately 4 months. It is designed for families who have a child under age 10. Services can include help accessing the following: parenting education, domestic violence support, chemical health, mental health, crisis counseling, medical needs, housing help, early childhood screening, child development services, employment, money management, educational support, financial needs-eligibility assistance and basic needs. Families in Prevention and the Young Parent Program were also eligible to enroll in PSOP.

## Method

The Office to End Homelessness originally contracted with a team from the University of Minnesota's Evaluation Studies Institute (MESI) to design and implement an evaluation plan for SFI. Together, MESI and OEH developed an objectives-based evaluation of the pilot year of SFI. An experimental design was implemented for the Prevention component and the Young Parent Program to examine whether any changes in outcomes occurred. MESI also collected qualitative information from program staff and partner organizations to better understand what components were working well and what areas were in need of improvement. These results from the first year of SFI were shared with OEH staff.

In early 2015, the Hennepin County Center of Innovation and Excellence (CIE) assumed responsibility for the evaluation of SFI at the request of OEH. The Prevention Program and Young Parent Program have randomly selected treatment and comparison groups which allows valid comparisons between outcomes for each group. The Integrated County Services component does not have a comparison group, thus only a descriptive analysis is feasible. Program service and housing data was obtained from all partner providers for SFI clients during the 2-year pilot program. All available financial support and emergency shelter use was obtained from state and county information systems for SFI clients and comparison group members. In addition, CIE staff conducted focus groups and interviews with SFI clients and case managers from the service agencies to obtain their views on various aspects of the program.

## Prevention Program

The Prevention treatment and comparison groups were chosen by random selection from a pool of families who were not currently in shelter, but had been in shelter at least two different episodes between 2012 and 2013, of which at least one shelter stay was in 2013. Eighty families were randomly assigned to the treatment group and 80 to the comparison group. Letters were sent out to families in the treatment group on February 14, 2014, offering enrollment in the Prevention Program and describing support services to help them maintain stable housing (see Appendix). A follow-up letter was sent on March 7 and a third letter on November 14, 2014. Many families who responded were on the verge of losing their housing. A total of 46 treatment eligible families were enrolled in the Prevention Program (Table 1).

**Table 1. Number and dates of letters sent for Prevention Program**

	First round	Second round
Date sent	February 14, 2014 March 7, 2014	November 14, 2014
Letters sent	80	43
Clients enrolled	36	10

The remaining 34 members of the group selected for treatment did not enroll in Prevention. However, outcomes are reported for the entire treatment eligible group, the treatment received group, and the comparison group. It is possible that some members of the comparison group, given the opportunity, would have chosen to enroll in the Prevention Program.<sup>5</sup> An examination of outcomes for the treatment eligible group as well as the group that received services is a more representative approach.

All three groups, treatment eligible, treatment received, and comparison have similar demographic characteristics. The vast majority of the families have a female head of household. Three quarters or more identify as African American, more than half the families have two children or less and most heads of households are in their mid-twenties (Table 2).

*The vast majority of the families have a female head of household. Three quarters or more identify as African American.*

**Table 2. Profile of Prevention Program treatment and comparison groups**

	Treatment eligible	Treatment received	Comparison
<b>Families</b>	80	46	80
<b>Race</b>			
Black	85%	81%	75%
White	9%	11%	15%
Native	4%	4%	5%
Multiracial	3%	4%	5%
<b>Age (median)</b>	26	24	28
<b>N of children (median)</b>	2	2	2

### Service/Treatment model

Nearly half of the families to enroll in Prevention did so in late February and March of 2014. Another large group enrolled during the summer months, and enrolment continued through December of 2014. Families that enrolled in the treatment track received services from St. Stephens Human Services. Many families struggled with multiple and significant barriers to stable housing including, but not limited to, unemployment, past evictions, criminal history, childhood homelessness, and mental health issues. Most were on the verge of losing their housing.

*Many families struggled with multiple and significant barriers to stable housing including, but not limited to, unemployment, past evictions, criminal history, childhood homelessness, and mental health issues.*

**Table 3. Services provided to Prevention treatment clients by St. Stephens**

Service description	% Clients receiving (N = 46)
Financial assistance	80%
Housing search	70%
Landlord/Tenancy support	56%
Community resources (I/R)	48%
Basic needs (I/R)	35%
Health needs (I/R)	26%
Childcare (I/R)	22%
Employment (I/R)	15%
Parenting group	14%
Education/Training (I/R)	10%
<i>Note: I/R is information and referral</i>	

St. Stephens’s staff provided services and service referrals tailored to the needs of the families. Services provided by St. Stephens included intensive case management (case managers meet with clients 1 or 2 times per week) and housing support.<sup>6</sup> Financial assistance was available in the form of rent subsidies and emergency funds to assist clients with housing crises, including arrears, utilities, or damage deposits. Staff made referrals to other agencies for additional services including, but not limited to, parenting support, health needs, and child care (Table 3). Services were adjusted to client needs over time and, in general, the breadth of services declined the longer the family was in the program.

Prevention clients were also eligible to participate in the Parent Support Outreach Program (PSOP) and enhanced employment services from Goodwill/Easter Seals. Forty-three percent participated in PSOP and 35 percent participated in enhanced employment services from Goodwill. Of those who participated in enhanced employment services, 69 percent were able to secure jobs.

### Outcomes: Shelter use and changes in income

The three goals of SFI are reduce the number of families in emergency shelter, reduce the number of families returning to shelter, and increase family stability. Shelter use is an observable measure, but measuring family stability is challenging. In this instance a measure of family income is used as a proxy for family stability. We examined average monthly income for all three groups, and looked for changes in income from the beginning of the SFI program to the end of 2015. The entry income measure for the treatment received group is their 3-month average prior to the date they entered Prevention. The “entry date” income for the remaining members of the treatment eligible group (those not receiving services) and for the comparison group is the first quarter of 2014.

Those who received treatment services had a significantly lower entry income level (\$534) which may partially explain why they sought to enroll in the Prevention Program (Table 4). They also saw the largest percent change in income, an increase of 67 percent. The comparison group had the highest income level of the three groups at entry (\$812) and the treatment eligible group (which includes the treatment received group) had the highest income level (\$1,051) at the end of 2015. The treatment eligible group had a 50 percent increase in average monthly income, outperforming the comparison group which saw a 16 percent change.

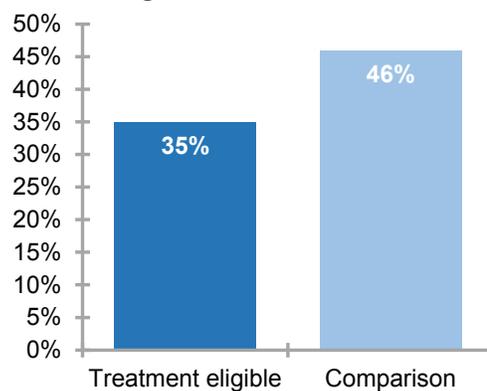
The treatment eligible group had a 50 percent increase in average monthly income, outperforming the comparison group which saw a 16 percent change.

**Table 4. Prevention Program: Average monthly family income<sup>7</sup>**

	Treatment eligible	Treatment received	Comparison
At entry	\$700	\$534	\$812
4th Qtr. 2015	\$1,051	\$891	\$938
Pct. change	50%	67%	16%

Thirty-five percent (28 families) of the treatment eligible group returned to shelter as compared to 46 percent of the comparison group.

**Graph 1. Return to shelter rates: Prevention Program**



The treatment eligible group also outperformed the comparison group by having a lower rate of return to emergency shelter. Returns to shelter since the start of SFI to the end of 2015 were measured. Thirty-five percent (28 families) of the treatment eligible group returned to shelter as compared to 46 percent of the comparison group (37 families).<sup>8</sup>

Of the 28 treatment eligible families who returned to shelter, 15 had been enrolled in Prevention services. The 28 treatment eligible families who returned to shelter stayed for a total of 1,442 days with an average of 51.5 days, while the 37 comparison families had a total of 2,504 days and an average of 67.6 days in shelter through year end 2015.

## **Interviews with clients and staff**

Qualitative information was collected on the Prevention Program participants through exit interviews with clients and their case managers during 2015. Some information was also collected from providers of enhanced employment services at Goodwill/Easter Seals, who served clients from both SFI programs and did not distinguish among them in discussions.

Information was collected on a total of 12 Prevention clients who exited during 2015. Information on nine Prevention clients was collected from exit interviews or surveys conducted with case managers. Eight clients who exited from the Prevention program were also interviewed directly. Efforts to interview other exited Prevention clients were unsuccessful. Staff interviews concerning a number of exited clients were not conducted because of a staff departure. The main findings and themes from each source are combined in the discussion below.

### **Most helpful aspects of the SFI prevention program**

There was widespread agreement among the case managers and clients that the three most helpful components of the SFI program model were the rental subsidies and assistance with housing search, the relationship between the case manager and the client, and transportation assistance.

#### **Rental subsidy and housing search assistance**

The case managers and clients agreed that the rental subsidy was one of the most helpful components of the Prevention Program, and many also noted that the case manager assistance with the housing search was extremely beneficial.

#### **The client-case manager relationship**

The interviewed Prevention clients were enthusiastic in describing the relationships they had with their case managers, and how much it helped to have their support. The clients valued their case manager's assistance in the housing and job search, in accessing other resources and services, and navigating county and other systems.

Case managers felt that the smaller caseloads were an extremely valuable component of the SFI model because they had enough time to work intensively with clients. However, because of the many crises in their clients' lives and the number of systems their clients were navigating, many case managers felt that they still did not have enough time to help their clients develop problem-solving skills and other life skills.

Moreover, a number of case managers felt that the Prevention Program was not long enough for many of their clients, given the number, duration, and complexity of the challenges they faced. Many clients have been involved with the public welfare system and/or the child protection system as children and adults, have a history of homelessness, trauma, and disruption, and challenges with substance use, domestic violence, and/or mental health. They noted that it can take a very long time to solve many of these barriers.

#### **Transportation assistance**

Both case managers and clients noted that assistance with transportation — in the form of bus tokens, transit passes, and rides — was extremely helpful in the housing search, job search, and for navigating system administrative requirements.

*The case managers and clients agreed that the rental subsidy was one of the most helpful components of the Prevention Program.*

*Prevention clients were enthusiastic in describing the relationships they had with their case managers, and how much it helped to have their support.*

*Case managers noted that those clients who received enhanced employment services from Goodwill/Easter Seals reported finding great value in it, and several clients were enthusiastic in describing how beneficial the staff and those services were to them.*

### **Enhanced employment services**

Case managers noted that those clients who received enhanced employment services from Goodwill/Easter Seals reported finding great value in it, and several clients were enthusiastic in describing how beneficial the staff and those services were to them. Goodwill/Easter Seals providers themselves felt that they were very useful to their clients, but not just for employment services they provided. They noted that clients also seemed to value the considerable financial resources they have available to help clients (e.g., to pay for utilities, to obtain identification).

### **Challenges to achieving self-sufficiency**

Prevention clients faced several challenges to achieving self-sufficiency and housing stability, although they varied in number and severity. The most commonly mentioned challenges included tenancy challenges, mental health concerns, transportation challenges, and challenges navigating administrative systems. A subset of clients had involvement with Child Protective Services.

### **Mental health**

Case managers noted that many of their clients or their partners/significant others had moderate to severe mental health challenges, and several clients had significant challenges navigating the mental health system.

### **Tenancy issues**

Clients seemed to have challenges becoming and functioning as a lease-holding tenant living independently. Several clients had had a previous eviction/unlawful detainer on their record and had difficulty finding housing as a result. Moreover, many clients did not pay their portion of the rent in a timely manner and had difficulties communicating with their landlord.

### **Challenges with “The System”**

Clients noted (and case managers agreed) that the public assistance system posed many challenges for them. A number of clients felt that public assistance benefits are not sufficient to help individuals actually escape poverty; in their opinion, the benefit amounts and the time it takes to navigate the systems ensure that families cannot get ahead, are frequently scrambling to make ends meet, and remain “stuck in the system” as a result.

### **Transportation challenges**

A subset of clients had ongoing challenges with transportation, in large part because the housing they could obtain was located in more remote suburban areas without sufficient public transit. Their limited financial resources made the purchase of a car and getting a driver’s license and insurance impossible.

### **Additional services needed**

Case managers felt strongly that their clients needed additional life skills-related supports and training. These skills include financial literacy (e.g., preparing a budget, shopping/cooking on a budget), parenting, and tenancy issues, among others. While case managers noted that they tried to address these issues with their clients, most felt that they did not have enough time to address them completely and consistently because they spent a lot of time addressing client crises and more pressing issues.

*Case managers felt strongly that their clients needed additional life skills-related supports and training.*

Many clients and a number of case managers felt that the rental subsidies should have been available for a longer period of time. Many clients noted that a six-month subsidy was not long enough for them to get back on their feet.

## Young Parent Program

The Young Parent Program (YPP) targets families where the head of household is a young parent under the age of 25, and who entered shelter in 2014 and had at least one stay in shelter in the previous two years. Over 300 families were identified from historical shelter database information as fitting the criteria noted above. These families were randomly assigned to either treatment or comparison groups. When a family who had been assigned to the treatment group came into emergency shelter they were offered a slot in the Young Parent Program. Funding was secured to support 40 families in YPP.

### Service/Treatment model

YPP services include a two-year rent subsidy, intensive case management, small caseloads for case managers, an early childhood component and parent education programming, as well as a range of support services tailored to meet the needs of each family. The Link, St. Stephens, and Simpson Housing provided the support services and case management.

Due to a lower number of families than expected returning to Hennepin County shelter at the start of the program, OEH allowed families who had been originally assigned to the comparison group to enroll in YPP since they had open rent subsidies waiting for clients. There are 29 families who were randomly assigned to the treatment group, 14 families who were not randomly assigned but allowed into YPP, and 30 families randomly assigned to the comparison group. Most families struggled with multiple barriers to stable housing including, but not limited to, unemployment or low income, high school dropout, past evictions, bad credit history, and mental health issues.

The vast majority of all the families, in both treatment and comparison groups, are headed by single females. Median age and number of children are identical. Racial characteristics are fairly similar, although the comparison group has a slightly higher proportion of African Americans while the treatment group has a higher proportion of clients who identify as Multiracial. (Table 5.)

Ten percent of the randomly assigned treatment group is of Hispanic/Latino ethnicity while the comparison group is entirely Non-Hispanic.

*YPP services include a two-year rent subsidy, intensive case management, small caseloads for case managers, an early childhood component and parent education programming.*

*Most families struggled with multiple barriers to stable housing including, but not limited to, unemployment or low income, high school dropout, past evictions, bad credit history, and mental health issues.*

**Table 5. Profile of Young Parent treatment and comparison groups**

	All treatment	Randomly assigned treatment	Comparison
<b>Families</b>	43	29	30
<b>Race</b>			
Black	72%	70%	83%
White	9%	7%	7%
Native	7%	7%	7%
Multiracial	12%	16%	3%
<b>Age (median)</b>	22	22	22
<b>N of children (median)</b>	2	2	2

A wide range of supportive services were provided to Young Parent families. These services were available to all the YPP families (both random and non-random assignments) and are listed below (Table 6). The type of services provided varied from month to month according to client need over time. As the program progressed and families found more steadiness, some services became less prevalent. For example, close to 70% of YPP households received family stability services in the first quarter of 2015 but by the third quarter the proportion had dropped to 40%.

**Table 6. Services provided to Young Parent clients by YPP providers**

Service description	% Clients receiving (N = 43)
Landlord/Tenancy support	100%
Finances & benefit support	100%
Parenting support	100%
Childcare support	100%
Employment support	93%
Housing support	88%
Family stability support	88%
Health needs support	84%
Education/Training	76%
Early childhood support	75%
School support	40%
Community connections	40%
Legal support	30%

Young Parent clients were also eligible to participate in the Parent Support Outreach Program (PSOP) and enhanced employment services from Goodwill/Easter Seals. Thirty-seven percent participated in PSOP and 42 percent participated in enhanced employment services from Goodwill. Of those who participated in enhanced employment services, 50 percent were able to secure jobs.

### ***Child stability/Early childhood support***

One of the goals of SFI is an increase in family stability. One measure of family stability is the well-being of the children. The three service providers offered an early childhood component to their clients to enhance the social and emotional development of their children. This included the services of an early childhood specialist who made biweekly home visits. The following objectives were identified as desirable outcomes for the YPP early childhood component for each provider:

1. A goal of 50 percent of children demonstrating age-appropriate social-emotional, cognitive, language/literacy and physical development, according to the Ages and Stages Questionnaire.
2. A goal of 75 percent of children referred and placed in high quality child care or education settings (accredited or Parent Aware four-star rated) during their time in the YP Program.
3. A goal of no more than one change in child care settings per child during their time in the Young Parent Program.

All children under the age of five were assessed using the Ages and Stages Social Emotional tool (ASQ). Results indicate that all the providers surpassed the goal of

50 percent of children demonstrating age appropriate development as measured by the ASQ (Table 7). Children who did not meet the ASQ standards were referred for diagnostic and early intervention services.

**Table 7. Early childhood component measures**

	Simpson	St. Stephens	The Link
N of children	27	23	7
Pct. passing ASQ	82%	87%	86%
Pct. placed in high quality childcare	82%	65%	29%
# Children changing childcare settings	9	4	1
# Children with >1 changes in setting	0	2	0

All children under the age of five were assessed using the Ages and Stages Social Emotional tool (ASQ) and 84 percent demonstrated age appropriate development.

Reasons cited for children not being placed in a high quality childcare setting include the parent’s desire to have a family member care for the child, or the parent’s current situation allows them to stay at home and care for the child. The most frequent reason cited for children changing childcare settings was that child care assistance money was reduced or terminated.

**Outcomes: Shelter use and changes in income**

**Table 8. Young Parent Program: Average monthly family income<sup>9</sup>**

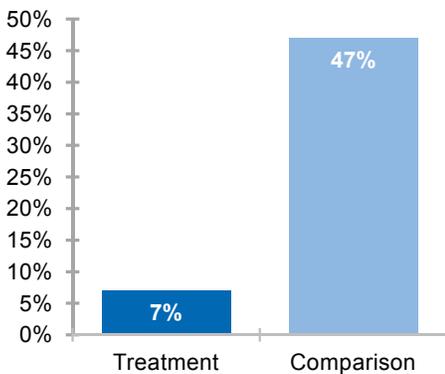
	Treatment (N=29)	Comparison (N = 30)
At entry	\$593	\$642
4th Qtr. 2015	\$1,052	\$866
Pct. change	77%	35%

Only the randomly assigned Young Parent families are included in this analysis section that examines outcomes with the comparison group.

Average monthly incomes for the YP randomly assigned treatment and comparison groups were analyzed for changes in income from the beginning

of the SFI program to the end of 2015. The entry level income measure for the treatment group is their 3-month average prior to the date they entered the Young Parent Program. The “entry date” average monthly income for the comparison group is the first quarter of 2014.

**Graph 2. Return to shelter rates: Young Parent Program**



The treatment group had a lower average monthly income at entry than the comparison group, but an average monthly income that was higher than the comparison group at the end of 2015. Average monthly income increased by 77 percent for the treatment group and 35 percent for the comparison group.

Average monthly income increased by 77 percent for the treatment group and 35 percent for the comparison group.

A major component of the Young Parent Program is the 2-year rent subsidy provided to the families. Returns to shelter from the start of SFI through the end of 2015 were measured, and one would expect the treatment group to have a much lower rate of return than the comparison group. It was not anticipated that clients would leave the program before their rent subsidy ended, however, that was the case for 9 of the randomly assigned families. Even though these clients left the program prematurely, it does not mean that they returned to emergency shelter, as evident in graph 2.

Seven percent (2 families) of the randomly assigned treatment group returned to emergency shelter during the study period and 47 percent of the comparison group had a return. The YP treatment group should be tracked for a 12 to 15 month period after their rent subsidy ends to see if they have a return to emergency shelter. Those results can then be evaluated along with the results from the comparison group for a more accurate assessment of the effects of the YP program.

### ***Early exits***

The two families from the treatment group that returned to shelter are part of the 9 families that left the YP program prematurely. One family was evicted from their housing because of multiple police calls and the other family exited the program because the client would no longer engage with her case manager. The other 7 families left the program for various reasons, some of which were positive. Four families exited because they moved into Permanent Supportive Housing (PSH) which has no time limit.<sup>10</sup> One family left because they moved into another program with on-going rent subsidies. The reasons for early exits for the other two families were loss of child custody and refusing to engage with their case manager.

### ***Interviews with clients and staff***

Qualitative information was also collected on the Young Parent Program during 2015 through a combination of exit interviews with clients and their case managers, and focus group discussions with clients, case managers, Early Childhood specialists, providers of enhanced employment services, and program managers.

Interviews were conducted with the case managers of 10 clients who exited the Young Parent program in 2015 (some of these clients were non-randomly assigned to YPP). One client who exited from the Young Parent Program was interviewed several months after exit when she returned to shelter. Unfortunately, efforts to interview the other exited Young Parents directly were unsuccessful.

Two focus group discussions were held with clients, one with clients from St. Stephens Human Services and The Link, and the other with clients from Simpson Housing. One combined focus group was held with case managers from St. Stephens, The Link, Simpson, and Goodwill/Easter Seals. Another focus group was held with program managers from all the provider organizations. The main findings and themes from all sources are combined in the following discussion.

### ***Most helpful aspects of the SFI young parent program***

There was strong agreement among the case managers, program managers, and clients that the two most helpful components of the SFI Young Parent Program model were the 2-year rental subsidies and the relationship between the case manager and the client. All noted that the length of the rental subsidy was extremely supportive. In addition, clients reported that the comprehensiveness and length of the program services were also important to them.

### ***The client-case manager relationship***

Clients were very enthusiastic in describing how much they appreciated their case managers, and how much it has helped them to have a non-judgmental person to provide guidance and emotional support, keep them accountable, help them gain access to resources/information and learn how to solve their own problems. Clients described their case manager as a combination of teacher and friend. Several clients were especially grateful for assistance in addressing domestic violence. Clients also appreciated that the case managers were able to visit them in their homes and help transport them to some appointments.

*There was strong agreement among the case managers, program managers, and clients that the two most helpful components of the SFI Young Parent Program model were the 2-year rental subsidies and the relationship between the case manager and the client.*

Case managers felt that the smaller caseloads were an extremely valuable component of the SFI model because it allowed them enough time to engage intensively with clients and develop trusting relationships with them. However, because of the many crises in their clients' lives and the number of public assistance systems their clients were navigating, many case managers felt that they still did not have enough time to help their clients develop adequate problem-solving skills and other life skills.

### ***The comprehensiveness of the SFI program and the luxury of time***

Clients appreciated that the program addressed the needs of the whole person and her/his children, and that the program recognized that stable housing was just one of their many challenges. Other programs they had used or knew about focused only on housing, which wasn't enough to keep them out of shelter. Clients were also grateful for how much time their case manager saved them in navigating the various systems and services they used.

Case managers, program managers, and clients felt that that the relatively long length of the Young Parent Program was very helpful. Clients appreciated that the program gave them the chance to get stabilized and find housing before being pressured to find a job. Clients were grateful that they didn't have to "deal with everything all at once". Clients described other programs they had used as too short (e.g., six months), and because those programs weren't long enough to solve their problems, they had returned to shelter.

However, some case managers and program managers felt that the program was still not long enough for many of their clients due to the numerous challenges they face in achieving self-sufficiency. Several clients have a long history of involvement with the public assistance system and/or the child protection system as children and adults, have a history of homelessness, trauma, and disruption, and challenges with substance use, domestic violence, or mental health.

### ***Early childhood services***

Clients reported that they learned a lot from the early childhood services provided through the YPP, and found the Early Childhood Specialists very helpful. This was echoed by case managers, who reported that they saw improvements in their clients' parenting skills during their time in the program. However, several case managers felt that more intensive and more individualized services would have benefited the clients who seemed to struggle the most with parenting.

### ***Enhanced employment services***

The clients who received enhanced employment services from Goodwill/Easter Seals gave high praise for the help they received, especially for the assistance they received in finding job openings, creating a résumé, and covering the cost to obtain identification. One of the providers also noted that she spent considerable time helping clients to work with their MFIP Employment Services providers, who were in her opinion, quick to sanction their clients for non-compliance and slow to resolve sanctions. Case managers also noted that their clients who worked with Goodwill/Easter Seals providers found great value in the service.

### ***Challenges to achieving self-sufficiency***

Not surprisingly, many Young Parents faced several challenges to achieving self-sufficiency and stability, although they varied in the number and severity. The most commonly mentioned challenges included mental health concerns, challenges with children and parenting, challenges with the public welfare system, tenancy

*Clients appreciated that the program addressed the needs of the whole person and her/his children, and that the program recognized that stable housing was just one of their many challenges.*

*Clients reported that they learned a lot from the early childhood services provided through the YPP, and found the Early Childhood Specialists very helpful.*

*Case managers noted that many of their clients had moderate to serious mental health challenges*

issues, and lack of employment experience and education. Sixty percent of the 43 Young Parent clients did not finish high school.

### ***Mental health issues***

Case managers noted that many of their clients had moderate to serious mental health challenges, and among the YP clients who left the program, two had had significant challenges navigating the mental health system before beginning the SFI program. Case managers said they had considerable success in connecting a number of clients with mental health services. However, several case managers also felt that their YP clients would have benefited from having a mental health provider directly connected with their respective organizations. They noted that because they did not have extensive mental health training themselves, they were limited in what they could offer the clients facing these challenges.

### ***Children and parenting***

Case managers reported that a number of their clients found parenting particularly challenging and demonstrated only poor to fair parenting skills. They also noted that their clients did not appear to understand whether their children's behavior was developmentally appropriate. In addition, some clients had children with special needs or behavioral issues that posed additional challenges. For example, several clients found it challenging to coordinate a child's medical and therapy appointments with their own appointments and work schedules.

A subset of clients had ongoing or past involvement with Child Protective Services; one was exited from the YP program because she lost custody of her children and another had recently regained custody of her children when she started the YP program.

### ***Challenges with "The System"***

Clients, case managers, and program managers reported spending a large amount of time and energy navigating various public assistance and supportive services systems each month for clients to remain compliant and/or to resolve problems. They also noted that the frequent lack of coordination among these systems can cause cascading problems for clients. In addition, case managers and program managers reported that the administrative requirements to receive services pose particular challenges for young people because of their level of maturity.

*Childcare assistance was the most frequently named problematic system. Case managers noted that many of their clients have lost job opportunities, lost jobs, and lost rare childcare openings because of delays in processing child care subsidy applications.*

Childcare assistance was the most frequently named problematic system. Case managers noted that many of their clients have lost job opportunities, lost jobs, and lost rare childcare openings—or come very close to losing them—because of delays in processing child care subsidy applications or in resolving administrative issues.

### ***Tenancy issues***

Case managers noted that many clients seemed to have challenges becoming and adequately functioning as tenants living independently. This manifested in several ways. First, a number of clients had had at least one previous eviction or unlawful detainer on their record and had considerable difficulty finding housing as a result. Second, a number of clients did not pay their portion of the rent in a timely manner and had difficulties communicating with their landlord. Third, several case managers suggested that some clients did not seem ready to live on their own. Their clients seemed to get lonely and would frequently stay with their extended family members or friends instead of in their own residence, or allow others to live with

them. These additional guests sometimes caused difficulties with the landlord and/or the agency providing the housing subsidy.

### ***Lack of employment experience***

Several case managers and providers of enhanced employment services reported that one significant barrier to many young parents is that they lack employment skills or any employment experience whatsoever, and also lack interview skills and other skills that would make the job search process easier. Several YP clients did not have a high school diploma.

### ***Additional services needed***

Case managers felt strongly that their clients needed additional life-skills supports and training. These skills include financial literacy (e.g., preparing a budget, shopping/cooking on a budget), parenting, and tenancy issues, among others. Case managers said that they tried to address these issues with their clients. However, most felt that they did not have enough time to address them completely and consistently because they spent a lot of time addressing client crises and more pressing issues. Several case managers also voiced a need for individualized and/or more intensive parenting and early childhood services.

*Case managers felt strongly that their clients needed additional life-skills supports and training. These skills include financial literacy, parenting, and tenancy issues, among others.*

### ***Case study: A Young Parent Program graduate***

The name and some of the details in the following description have been changed to protect the client's identity.

Angela is a 24-year-old woman with two children. She worked with her case manager for approximately one year, and was very open to the recommendations and assistance that her case manager offered.

Angela seemed to benefit a great deal from the services and assistance that her case manager provided or with which she was connected. Angela had significant mental health challenges, and when she began working with her case manager, she was not receiving appropriate mental health services, nor was she able to navigate the mental health system sufficiently. Angela's case manager provided considerable assistance in navigating the mental health system and was able to connect her with appropriate mental health services.

Angela's mental health challenges had been one of the root causes behind losing custody of her children in the recent past. She had recently regained custody of her children when she began working with the SFI program, and her case manager felt that the Early Childhood Specialist and the early childhood services Angela received were instrumental in helping her to become a better parent and retain custody.

Her case manager also felt that Angela benefited considerably from the education she provided on tenancy-related issues. She helped Angela to communicate more effectively with her landlord, to understand the importance of paying her rent on time, and navigate the rental application process more efficiently.

Angela exited from the SFI program into a long-term supportive housing program.

## Integrated County Services

The main objective of this component was for professionals to support common goals for the family by working together through a coordinated service plan. Integrated County Services (ICS) was designed so that clients have a case plan supported by a team of case managers to effectively communicate and coordinate the various services the client is receiving, and to ensure that families maintain all benefits for which they are eligible.

This component was not fully implemented as designed. The client’s Hennepin County MFIP cases were all placed in one caseload and serviced by two Human Service Representatives. Contact people were identified in the child care assistance area, child support area, employment services, and the Shelter Team for the housing case managers to contact with questions and issues related to their clients. In addition, monthly meetings were held with all the partners to learn more about each area and to enhance communication among all the various partners.

**Table 9. Integrated County Services – client demographics 2015**

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
<b>Active clients</b>	198	174	151	128
<b>Race</b>				
Black	74%	75%	72%	77%
White	12%	14%	15%	12%
Native	10%	10%	12%	9%
Multiracial	4%	1%	1%	2%
<b>Age (median)</b>	26	28	28	28
<b>N of children (median)</b>	2	2	2	2

Clients eligible for this component of SFI were any families entering shelter in 2014 who were in shelter at least one previous time in the past two years. A total of 330 families were served during the SFI pilot (2014-2015). Demographic characteristics of clients served by ICS in 2015 are displayed in Table 9. African Amer-

icans comprise the largest percentage of clients, approximately 75 percent. The median age of the head of household is 28, and most families have two children.

**Table 10. ICS participation in Enhanced ESP and PSOP**

N of clients	2014	2015	Total
Integrated services	256	74	330
Enhanced ESP	34	31	65 (20%)
Parent support (PSOP)	169	75	244 (74%)

A key part of the ICS component is enhanced employment services (Enhanced ESP) from Goodwill/Easter Seals that provided supports beyond normal MFIP employment services. A member of the

Shelter Team would ask the family if they were interested in receiving additional employment services. The client would retain their MFIP employment services and also receive personalized employment services from Goodwill/Easter Seals, with a focus on obtaining and keeping a job. Twenty percent of the Integrated Services clients participated in Enhanced ESP (Table 10).

Parent Support Outreach Program (PSOP) is another voluntary service that was offered to ICS families. PSOP connects families with community-based social service providers for assessment and services. It is a short-term program lasting approximately 4 months. It is designed for families who have a child under age 10. Services can include assistance in accessing domestic violence support, chemical

*Enhanced employment services from Goodwill/Easter Seals provided supports beyond normal MFIP employment services.*

health, mental health, crisis counseling, medical needs, early childhood screening, and various other services noted previously. Seventy-four percent of the families served by ICS enrolled in PSOP.

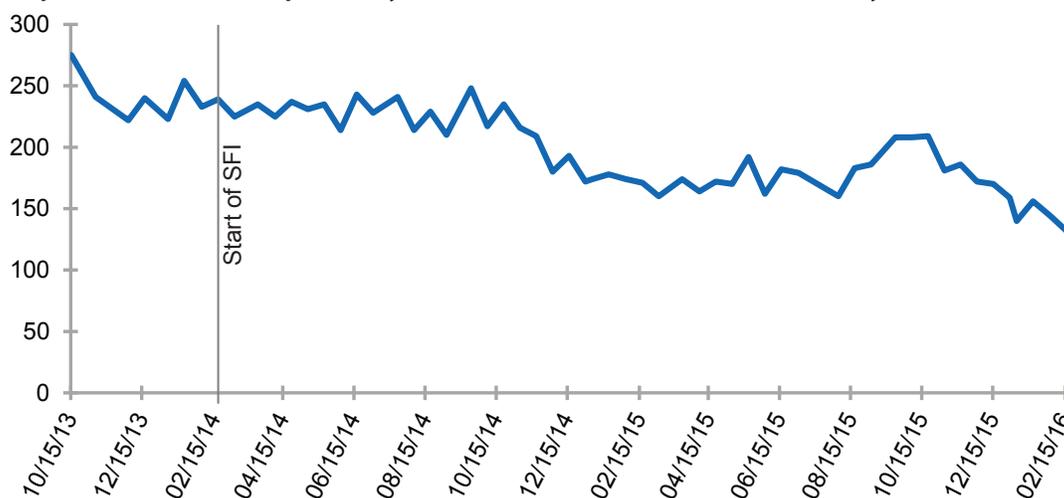
As noted previously, families that were served by the Prevention Program or the Young Parent Program were eligible for enrollment in PSOP and Enhanced ESP. They are included in the data in Table 10.

## Conclusion

The number of families using Hennepin County emergency shelter rose to a peak of 1,572 in 2013, pushing shelter capacity beyond overflow status. This was a motivating factor in the design of SFI, and one of the goals of SFI is to reduce shelter use. Emergency shelter use has declined since its highpoint of 1,572 families in 2013. In 2015, there were 1,278 families that had stays in shelter. This resulted in a reduction of total shelter days from 74,513 in 2013 to 57,150 in 2015. The number of families in emergency shelter on any given day has steadily declined over the past two years as displayed below (Graph 3).

*The number of families in emergency shelter on any given day has steadily declined over the past two years.*

**Graph 3. Families in Hennepin County contracted shelter, October 2013 to February 2016**



We also examined the repeat patterns of shelter users who had two or more stays over a two-year period. This is a unique way to examine repeat shelter usage that mirrors the parameters used in designing the SFI cohort. The SFI model attempts to decrease the number of returns to shelter amongst families with multiple stays. While the percentage of families with multiple stays who returned to shelter increased from 23 percent to 42 percent from 2008 to 2014, there was a decrease in 2015. Thirty-three percent (33%) of families with two or more stays in 2013-2014 came back in 2015, which is a **21 percent reduction** from the 2012-2013 cohort’s return rate in 2014.

SFI is one of several reforms in family shelter delivery that occurred in the past two years. There are also extraneous factors at work, such as the improving economic conditions, that most likely have influenced shelter usage. Given these preliminary results of the SFI pilot, along with the performance to date of the Prevention and Young Parent treatment groups (fewer shelter returns and higher incomes), it appears that the Stable Families Initiative has demonstrated great promise in reaching its goals: **reduced shelter use, reduced returns to shelter, and increased family stability.**

## Recommendations

We recommend that the elements of the SFI be embedded into ongoing programming at Hennepin County, specifically:

1. A prevention intervention for families at high risk of returning to shelter, with the option to include rent subsidies.
2. A focus on young parents (under age 25) who return to shelter by providing long rent subsidies (two years) and intensive case management.
3. Coordinated services for all families returning to shelter, with a single, managed case plan.
4. A continuation of the Parent Support Outreach Program (PSOP) and enhanced employment services for families at risk of returning to shelter.
5. Continue tracking the Young Parent clients for at least 12 months after their rent subsidy ends to see if they return to shelter. The Prevention clients should also be tracked for a minimum of 12 months past their exit date to see if they have a return to shelter.

Based on the information gleaned from the focus groups and interviews with clients, case managers, and program managers, we suggest that services for Young Parents be expanded to include classes on life-skills and financial literacy. Also, the county's childcare assistance process needs improvement. Childcare assistance was most frequently identified as an extremely problematic system for clients to navigate, causing them to lose jobs and childcare openings, because of delays in processing child care subsidy applications or in resolving administrative issues.

## Endnotes

1 The 2015 Annual Homeless Assessment Report (AHAR) to Congress, November 2015; the U.S. Department of Housing and Urban Development.

2 Homelessness and its Effects on Children, A Report Prepared for the Family Housing Fund, December 1999.

3 Rapid Rehousing is an intervention designed to help families quickly exit homelessness and return to permanent housing. Rapid rehousing assistance is offered without preconditions (such as employment, income, etc.) and the resources and services provided are tailored to the unique needs of the household. Essential elements of RRRH include Housing Identification, Rental and Move-In Assistance (Financial) and Rapid Rehousing Case Management.

4 Bremer Foundation, Butler Foundation, Family Housing Fund, Frey Foundation, Ideas for Action, Minneapolis Foundation, Jay and Rose Phillips Family Foundation and Thrivent Foundation provided grants.

5 The analysis compares those in the comparison group to the entire group of families who were eligible for treatment, whether they chose to enroll or not. It is assumed that both groups have some families facing housing instability and some who are currently stably housed. To only look at the prevention treatment families who asked for assistance would be to carve out a subset of the population with the greatest housing instability and the greatest need. We have no way of carving out a similar population in the comparison group.

6 There was not a predetermined length of service for the Prevention Program, however, rent subsidies could not exceed 6 months.

7 Figures include earned and unearned income in addition to MFIP.

8 The difference in rates of return to shelter are not significantly different as measured by the Pearson Chi-square statistic.

9 This includes earned and unearned income in addition to MFIP.

10 PSH is affordable housing with on-site services funded by federal and state dollars and is typically reserved for chronically homeless clients who have a disability and very low income.

# Appendix

## Prevention letter

ending homelessness

st. stephen's HUMAN SERVICES

2309 Nicollet Avenue South, Minneapolis, MN 55404 | T 612 874 0311 | F 612 874 0313 |

February 14, 2014

Dear \_\_\_\_\_,

Congratulations, you have been selected to participate in a housing stability program with St. Stephen's Human Services. This program supports families in maintaining stable housing, working on their goals, and getting connected to their communities. Based on your history of shelter use, you have been identified as a potential participant by Hennepin County. St. Stephen's wants to help your family stay out of shelter, and provide you and your children with opportunities to thrive.

The services are flexible and will be designed with your input to meet your needs. We can help you:

- mediate issues with your landlord
- develop a budget so you are able to make on-time rent & utility payments
- move to more affordable housing
- get to and from work if you are having difficulty paying for it
- locate support services for your children
- meet the obligations you have with probation and/or child protection

If you are interested in being part of this exciting program, please contact me at 612-481-9505. I am available 8:00-4:00, Monday-Friday. Call today to hear more about the program and to schedule an intake. I will help you identify goals and work with you to achieve them.

Sincerely,

**Jane Doe**

Prevention Pilot Case Coordinator

St. Stephen's Human Services | 2309 Nicollet Avenue, Minneapolis, MN 55404

612-481-9505 (cell) | 612-874-0313 (fax)

## **FGD protocol - case managers**

### **Stable Families Initiative: Case Managers Focus Group Discussion (90 minutes)**

As participants arrive, provide each with a piece of paper and a pen.

#### **I. Introduction/Ground Rules [5 minutes]**

Welcome and good afternoon. Thank you so much for coming. My name is Susan and I am with the Hennepin County Center of Innovation and Excellence, and part of the County's evaluation team for the Stable Families Initiative. My colleague, Sharon Krmpotich, is the other evaluator.

You all were invited to participate today because you have been working with clients participating in the Stable Families Initiative. We wanted to talk with you to understand what you think about the SFI program so far. **You** are the experts on what it's like to provide these services and I'm here to learn from you what's going well and what not going so well. What you say here can help Hennepin County and its partners to make SFI even better in the future.

Before we get started, I'd like to explain a few things and review some ground rules that will help our conversation to go better.

**First**, during our discussion, I'd like to hear from **everyone**. There are no right or wrong answers, and I won't judge anyone for their answers. However, you don't have to answer any questions that you don't want to answer.

**Second**, if you have a cell phone, please set the ringers or other notifications to **silent** and please do **not** check your phones during our conversation. It is easy to get distracted, and it's distracting to **other** people, and I want to be sure that everybody feels heard.

**Third**, I'll be recording the conversation because I don't want to miss anything you say. After our discussion, everything you say here will be typed up and summarized. When I do that, I'll take out everyone's names as well as any information that would allow you to be identified individually. When I am done with the recordings, I'll destroy them.

**Fourth**, I ask that only one person speak at a time, and without interrupting anyone else. If more than one person is talking, I won't be able to hear you now or understand the recording later.

We will talk for about **90** minutes or so. If you need to take a break, please feel free to leave the room, but also please do come back.

Any questions?

Then let's get started. **Let's go around the room, please tell us your name and how long you've been working with homeless families.**

#### **II. The Program Vis-À-Vis the Clients [65 minutes]**

When we ask about "the SFI program", when we refer to the SFI program we mean the young parent program which combines a rent subsidy, case management, and enhanced employment services through Goodwill. Today we want to hear your thoughts about the programs and services (the component pieces) as well as *how* they are delivered.

Please don't tell me right away, but instead write on the paper in front of you. **I'd like you to rate, on a scale of 0 to 5, how successful you think the SFI program has been in achieving its goals of stabilizing housing and preventing returns to shelter for the clients and families you've worked with?** Zero is not at all successful and 5 is extremely successful.

**Now if you feel comfortable, let's go around and share your ratings and the reasons for your ratings. [10 minutes]**

Don't tell me right away, but instead write on the paper in front of you. I'd like you to rate, on a scale of 0 to 5, how successful you think the SFI program has been in meeting the needs of your clients and their families. Zero is not at all successful and 5 is extremely successful.

**Now as before, if you feel comfortable, please share your ratings and the reasons for your ratings. [10 minutes]**

We touched on this a little bit in your ratings, but **what components or aspects of the SFI program do you think have been most helpful to your clients and their families, and why?** [5 minutes]

Again, we touched on some of these points already, but to help families attain stable housing and prevent returns to shelter, **what components or aspects of the SFI program do you think should be changed, and why?** [10 minutes]

Probe: Are there additional or different services that would be needed?

Probe: Are there changes needed in how the services are delivered?

Probe: Realistically, how long do you think families need case management/support from SFI?

**What are the biggest issues your clients continue to face that you haven't been able to help them with?** [5 minutes]

**What kinds of clients and families do you think are best served by the current/existing SFI program model?** [10 minutes]

Probe: Are there additional criteria that should be used to screen clients in or out?

Probe: What characteristics, barriers, or strengths make some families more successful in this model?

We see the benefit in a 2-year rent subsidy is that the adults in the family can take the time to set employment and education goals and prepare for life without a rent subsidy. **In general, do you think families on your caseload see this as an opportunity as well?** [5 minutes]

Probe: Do you think stable housing is a priority for these families?

A number of families exited SFI to move into permanent supportive housing. **Could you have predicted at the outset (i.e., within the first few meetings) that these families would end up needing supportive housing?** [5 minutes]

We are going to switch gears again and talk for a moment about employment and employment services. [5 minutes]

**Did your clients participate in the Goodwill employment services?**

If they did, how did that go for them?

Probe: what changes did you see in your clients as a result of these services?

If **not**, why do you think they chose not to participate?

What changes would have been needed for them to participate?

**In general, do you think that employment is a priority for the families on your caseload? Why or why not?** [5 minutes]

Probe: What about education? Is it a priority? Why or why not?

### **III. The Program Vis-À-Vis the Case Managers [10 minutes]**

Our last question concerns how the SFI program has worked for you as case managers.

We have touched on some of this already, but **in general, how has this SFI model worked for you as a case manager?** [10 minutes]

Probe: Has it been limiting? In terms of time? Structure? Funding?

### **IV. Wrap-Up [5 minutes]**

**Do you have any other feedback you'd like to share about the program?**

- **Probe**: Anything else?

## ***FGD protocol - program managers***

### **Stable Families Initiative: Program Directors Focus Group Discussion (90 minutes)**

**As Participants Arrive:** Hand them a piece of paper and a pen

#### **I. Introduction/Ground Rules [5 minutes]**

Welcome and good afternoon. Thank you so much for coming. As you already know, my name is Susan and I am with the Hennepin County Center of Innovation and Excellence. I am part of the County's evaluation team for the Stable Families Initiative. My colleague, Sharon Krmpotich, is the other evaluator.

You all were invited to participate today because you are program managers of organizations participating in the Stable Families Initiative. We wanted to talk with you to understand what you think about the SFI program so far. What you say here can help improve SFI in the future.

Before we get started, I'd like to explain a few things and review some ground rules that will help our conversation to go better.

**First**, during our discussion, I'd like to hear from **everyone**. There are no right or wrong answers, and I won't judge anyone for their answers. However, you don't have to answer any questions that you do not want to answer.

**Second**, if you have a cell phone, please set the ringers or other notifications to **silent** and please do **not** check your phones during our conversation. It is easy to get distracted, and it's distracting to **other** people, and I want to be sure that everybody feels heard.

**Third**, I'll be recording the conversation because I don't want to miss anything you say. After our discussion, everything you say here will be typed up and summarized. When I do that, I'll take out everyone's names as well as any information that would allow you to be identified individually. When I am done with the recordings, I'll destroy them.

**Fourth**, I ask that only one person speak at a time, and without interrupting anyone else. If more than one person is talking, I won't be able to hear you now or understand the recording.

We will talk for about **90** minutes or so. If you need to take a break, please feel free to leave the room, but also please do come back.

Any questions?

Great, then let's get started. **Let's go around the room, please tell us your name and how long you've been working in this field.**

#### **II. The Program Vis-À-Vis Its Clients [30 - 45 minutes]**

When we refer to the "the SFI program", we mean the Young Parent program which combines a rent subsidy, case management, and enhanced employment services through Goodwill. Today we want to hear your thoughts about the programs and services (the component pieces) as well as *how* they are delivered.

Please don't tell me right away, but instead write on the paper in front of you. **I'd like you to rate, on a scale of 0 to 5, how successful you think the SFI Young Parent program has been in achieving its goals of stabilizing housing and preventing returns to shelter for the clients and families your organization has worked with?** Zero is not at all successful and 5 is extremely successful.

**Now if you feel comfortable, let's go around and share your ratings and the reasons for your ratings.** [10-15 minutes]

We touched on this a little bit in your ratings, but **what components or aspects of the SFI program do you think have been most helpful to the clients your organization has served and their families, and why?** [5-10 minutes]

Again, we touched on some of these points in your ratings already, but to help families attain stable housing and prevent returns to shelter, **what components or aspects of the SFI program do you think should be changed, and why?** [5-10 minutes]

Probe: Are there additional or different services that would be needed?

Probe: Are there changes needed in how the services are delivered?

**What kinds of clients and families do you think are best served by the current/existing SFI program model?** [5 minutes]

Probe: Are there additional criteria that should be used to screen clients in or out?

Probe: What characteristics, barriers, or strengths make some families more successful in this model?

Probe: Realistically, how long do you think families enrolled in the SFI program need case management/support from the SFI program?

**Is the SFI model unique from other housing programs or models you implement, such as Rapid Rehousing, and how?** [5 minutes]

Probe: What makes it better?

Probe: What makes it less effective?

### **III. Implementation/Administration [35 minutes]**

Now we are going to switch gears and talk more about the implementation and administration of the SFI program.

**I'd like to hear how the SFI model has worked for you as a program manager?** [10 minutes]

Probe: Has it been limiting? In terms of time? Structure? Funding?

Probe: What about the amount of input you had into how the SFI model was implemented?

Probe: Should providers have more flexibility in determining the services their clients receive?

We've touched on some of this already, but **I'd like to hear your thoughts about the program administration offered by the County.** [10 minutes]

Probe: Was it helpful? What parts of it worked for you?

Probe: What could have been better?

**What about the time commitment required to administer the project? What are your thoughts on that?** [10 minutes]

**Probe:** How did the administrative burden of the SFI program compare to other projects you manage?

Probe: How could this be improved?

**Are we measuring the right things in this pilot evaluation? From your perspective, are the measures and outcomes being evaluated appropriate and useful?** [5 minutes]

### **IV. Wrap-Up [5 minutes]**

**Do you have any other feedback you'd like to share about the program?**

Thank you very much for all of your feedback.

## Client exit interview

### CLIENT EXIT INTERVIEW

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

Caseworker: \_\_\_\_\_

SFI track: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**SCRIPT:** Hello <participant name>. I am <interviewer name > from the Stable Families Initiative of Hennepin County. Thank you so much for agreeing to meet with me to talk about your experience with the Stable Families program. Since you recently worked with <Caseworker Name> at <partner organization> to receive SFI benefits, I'm asking for your feedback about the program and your experiences. Your feedback is very important as we work to improve services that prevent homelessness in Hennepin County. Anything you share will be kept confidential. This will only take about 15 minutes, and when we finish, I'd like to give you a gift card to thank you for your time. Do you have any questions before we start?

If **no**: I understand. Is there a time that would be more convenient for you? Do you have any general comments you'd like to share before we hang up?

If **yes**: Thanks very much. Do you have any questions before we start?

First, please tell me a little bit about the work you did with <case manager name> at <organization>.

Probe/follow-up questions, as needed, for example:

- When did you first start working with <case manager>?
- What was your situation like when you first started working with <case manager>? What kinds of challenges/barriers were you facing?
- Did you meet regularly with <case manager>? If not, why not?
- Were you interested in working with <case manager>?
- Why did you stop working with <case manager>?

What kinds of services and assistance did you receive/did your case manager refer you to?

Did you find any of those things **especially** helpful for your situation?

Did you find any of those things **not** helpful?

Did you receive the services you needed in a timely manner? If not, probe: Could anything have been done differently to prevent that?

What else do you think would have been needed to prevent you from dropping out/being exited from the program (example: couldn't get rent assistance or housing soon enough)?

How prepared do you feel the Stable Families Initiative staff were to assist you in the areas you needed?

Do you have any other feedback you'd like to share that might improve the SFI program?

## **Staff interview concerning client exit**

### **STAFF INTERVIEW CONCERNING CLIENT EXIT**

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

Caseworker name/organization: \_\_\_\_\_

Intervention track: \_\_\_\_\_

Interviewer name: \_\_\_\_\_

As you know, the evaluation team is collecting feedback from the case managers/advocates working with the Stable Families Initiative. I am interviewing you today to learn more about your work with <client name>, who was recently exited from the SFI program.

#### **Questions:**

First, please start by telling me about this client and describing your work with this client?

Probe/follow-up questions as needed, for example:

- When did you first start working with the client?
- What was the client's situation like when you first started working with them?
- Did you meet regularly with the client?
- Did the client seem interested in working with you?
- What challenges/barriers did the client have?
- Why did the client exit the program?

Before exiting/being exited from the program, what assistance did the client receive?

Were there any services that seems particularly helpful to the client/the client's family?

Were there any services that were not helpful to the client/the client's family?

[If the client was exited unilaterally or dropped out prematurely] Was anything else needed to help the client's situation and/or to remain in the program?

Were you able to assist the client in the areas they needed?

Yes, totally    Yes, somewhat    No, not really    No, not at all

If no, what do you think the reasons were that you were unable to assist the client?

What more do you think would have been needed to prevent the client from dropping out/being exited or returning to shelter (example: couldn't get rent assistance or housing soon enough)?

If the problem was timing of services, how quickly would they have needed the service in order for it to make a difference?

Do you have any other feedback you'd like to offer that will help us understand why the client dropped or returned to shelter?

## Client shelter reentry interview

### CLIENT SHELTER REENTRY INTERVIEW

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

Caseworker: \_\_\_\_\_

SFI track: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**SCRIPT:** Hello <participant name>. I am <interviewer name > from the Stable Families Initiative of Hennepin County. Thank you so much for agreeing to meet with me to talk about your experience with the Stable Families program. Since you recently worked with <Caseworker Name> at <partner organization> to receive SFI benefits, I'm asking for your feedback about the program and your experiences. Your feedback is very important as we work to improve services that prevent homelessness in Hennepin County. Anything you share will be kept confidential. This will only take about 15 minutes, and when we finish, I'd like to give you a gift card to thank you for your time. Do you have any questions before we start?

First, please tell me a little bit about the work you did with <case manager name> at <organization>. Probe/follow-up questions, as needed, for example:

- When did you first start working with <case manager>?
- What was your situation like when you first started working with <case manager>? What kinds of challenges/barriers were you facing?
- Did you meet regularly with <case manager>? If not, why not?
- Were you interested in working with <case manager>?
- Why did you stop working with <case manager>?

What kinds of services and assistance did you receive/did your case manager refer you to?

Did you find any of those things **especially** helpful for your situation?

Did you find any of those things **not** helpful?

Did you receive the services you needed in a timely manner? If not, probe: Could anything have been done differently to prevent that?

How prepared do you feel the Stable Families Initiative staff were to assist you in the areas you needed?

What led you to go back to shelter?

What more would have been needed to prevent you from returning to shelter (e.g., couldn't get rent assistance or housing soon enough)?

Do you have any other feedback you'd like to share that might improve the SFI program?