

## Housing Services FY2022 Outcomes Report



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### **Organizational Overview**

For 115 years, Center for Transforming Lives (CTL) has partnered with and supported women and children to move from poverty to prosperity. Founded in 1907 as the YWCA® of Fort Worth and Tarrant County, early programs in the 1930s included housing, an employment bureau, and childcare for working mothers. In 2015, the organization changed its name to Center for Transforming Lives (CTL) to clearly articulate its longstanding mission.

Today, we walk alongside women and their children by providing safe, affordable independent housing, early childhood education, clinical counseling, and economic mobility services. Such services include personal career and financial coaching, matched savings, small business development, and job training and placement. Utilizing a two-generation trauma-informed approach, CTL is uniquely positioned to meet the intense and complex needs of women and children in poverty.



### **Housing Services Philosophy**

It is the philosophy of CTL to walk alongside women and children to disrupt cycles of poverty. In doing so, we partner with women and families to address the root causes of poverty and abuse, generate sustainable solutions, create intergenerational cycles of emotional and financial well-being, and reduce racial disparities.

Given the specific needs of the priority population, CTL provides four interrelated services designed to help women and children eliminate the root causes of poverty and build intergenerational assets for financial and emotional cycles of well-being. This multi-focus model reduces the need for uncoordinated referrals across multiple systems and removes barriers so families can thrive. Implementing services within the framework of trauma-informed care, Housing Services are responsive to the unique needs of women and children experiencing homelessness utilizing the following key components:

- Creating "felt" safety (i.e., traumainformed learning environments).
- Building and sustaining trusting relationships with children and parent/guardians.
- Collaborating and promoting autonomy.
- Identifying and assessing trauma.
- Addressing traumatic stress.
- Giving "voice," and "choice" by empowering women to make decisions that directly impact their lives.



Our work seeks to eradicate barriers to financial and emotional well-being perpetuated by racially inequitable policies and practices. Throughout our community and state's history, Black, Indigenous, and People of Color (BIPOC) have had inequitable access to programs and resources, thus substandard maternal and child outcomes. We contribute programmatically and through local, state, and federal advocacy to ensure that racial and ethnic identity does not predict outcomes.



### **Goals and Strategies**

Housing Services are intentionally and strategically designed to be responsive to the immediate housing needs of women and children. Strategies are evidence-based, research-informed, and designed to effect change and improve outcomes for women and children. Specific strategies include intensive case management, housing search and placement, rental assistance, trauma-informed strengths and needs assessment, service planning, integrated services (i.e., clinical counseling, childcare, economic mobility), external referrals/community linkages, and discharge planning.

#### **Intensive Case Management**

Case Managers actively work to engage women and children in services. Family engagement involves collaborating and empowering families to recognize their own needs, strengths, and resources while actively setting goals and building safe, trusting, and collaborative relationships. During the first 90 days of admission, families are provided with intensive case management weekly. The frequency and intensity of case management decreases over time, as determined appropriate and in collaboration with the family.

#### Housing Search-Rental Assistance

Housing Services provides community-based housing search and placement through Rapid Rehousing and Transitional Housing programs. Women and children served by the Rapid Rehousing program move into permanent housing within 30 days of entry. Suitable and safe housing options located on public



transit routes near the client's school and work is sought after and secured to the greatest extent possible. This approach preempts employment barriers before they occur and promotes academic continuity for children. Enhanced emergency shelter services are provided for 90 days.

Time-limited financial assistance subsidizes housing costs to eliminate financial burdens. Rapid Rehousing provides needs-driven rental assistance for up to 12 months, including application fees, security deposits, and rent payments. Transitional Housing pays all rental costs, including application fees, security deposits, rent, and utility costs (water, trash, electricity).

#### Assessment, Service Planning, Discharge

CTL's Transforming Lives Scale (TL Scale) is designed to assess the level of functioning across 15 life domains at entry and every 90 days thereafter through discharge. Life domains include Transportation, Childcare, Housing Wage, Education/Vocation, Grit/Self-Efficacy, Assets, Monthly Income, Income, Employment Stability, Mental Health, Physical Health, Legal, Life Skills, Safe Relationships, and Social Capital (natural supports). The ACE Questionnaire is a ten-point questionnaire that assesses physical, social, and emotional health risks associated with adverse childhood experiences before 18 years of age. [1] Information gathered from the TL Scale and ACE Questionnaire is used to complete traumainformed comprehensive assessments and drive service planning. Families are then linked with the most appropriate service based on realized and prospective barriers, level of vulnerability, and need.

Multidisciplinary Team Meetings are regularly held to review each family's progress towards achieving financial and emotional well-being, monitor for ongoing needs, and help oversee the service plan. When possible, meetings include the family, case manager, CTL service providers, and other external providers.

#### **Integrated Services**

Integrated services for the whole family are offered to ensure long-term positive results for both the parent and child.

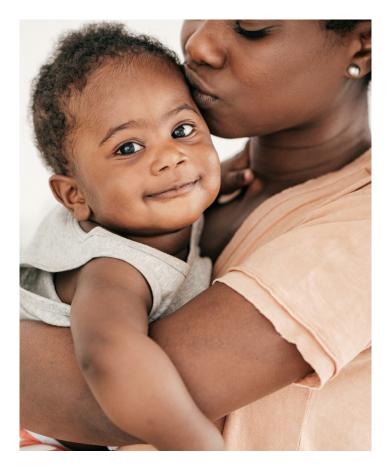
- Economic Mobility provides comprehensive and integrated access to workforce readiness education, financial coaching, and small business development resources to women on the path to independence.
- Housing provides housing and shelter to women and children experiencing homelessness. Participants utilize services to improve their well-being and transition into permanent housing and independence.
- 3. Clinical provides evidence-based counseling services to increase emotional well-being for all. These services address mental, behavioral, and emotional challenges for adults and children who have experienced traumatic life events.
- 4. Child and Family Services CTL provides highquality, affordable, year-round education at four child development centers and partners with other childcare centers throughout Tarrant County to offer Early Head Start, Head Start, and traditional childcare.



#### **Community Linkages**

Housing Services expands the reach of needs-driven supportive services through active partnerships and community collaborations. Case Managers are especially skilled at implementing creative solutions which address barriers to optimal health and well-being. Case Managers work collaboratively with participants to maximize access to healthcare and other mainstream benefits, such as Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), and the Women, Infants, and Children Program (WIC).

Additionally, Case Managers connect participants seeking employment or those that desire increasing employment income with Workforce Solutions or local employment resources. These programs provide access to certification programs, job training, and placement. Those interested in pursuing higher levels of education and increasing future earning potential are referred to Tarrant County College for an education scholarship through the University of Texas at Arlington or support from partners, including Goodwill North Central Texas, UT Arlington's Education Opportunity Center, and Arlington ISD's Adult Education & Literacy Program.



#### Discharge Planning /Aftercare

Discharge planning occurs 30 days before the projected discharge date to ensure primary needs identified at entry have been met. A discharge plan is developed in collaboration with families if there is an identified need for continued post-exit support. Before the termination of formal services, Case Managers, in partnership with participants, determine if there is a need for aftercare services. If needs are identified, and no other agency is responsible, Case Managers coordinate services with the participant's permission for up to six months post-exit. The written aftercare plan is developed in collaboration with the participant.

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### **Priority Population**

Housing Services primarily serves women with children experiencing "literal" homelessness or at imminent risk of homelessness. According to Housing and Urban Development (HUD), an individual or family experiencing "literal" homelessness is defined as:

- Living on the street.
- Living in a place not meant for human habitation.
- Living in a temporary shelter.
- Exiting an institution after residing there for 90 days or fewer and being homeless before entering the institution.
- Fleeing or attempting to flee intimate partner violence.

CTL Housing Services include Rapid Rehousing, Transitional Housing, and Emergency Shelter programs.

#### **Rapid Rehousing**

This program serves families with or without children regardless of employment or income status. Eligible families:

- Meet Housing and Urban Development's (HUD) "literally" homeless definition.
- Fleeing or attempting to flee intimate partner violence.
- Lack of financial resources and social capital necessary to obtain permanent housing.

#### **Transitional Housing**

This program serves women and children in a residential and or community-based program setting. Eligible women and children are:

- Literally homeless, or at imminent risk of homelessness, fleeing or attempting to flee intimate partner violence.
- Report history of trauma/victimization.
- Need treatment services and long-term supportive housing.
- Express a willingness to seek and maintain employment.

Our on-site Transitional Housing program serves pregnant and single-mother families with up to two children between birth and three years of age.

#### **Emergency Shelter**

This program provides enhanced shelter services to pregnant and single-mother families with up to two of their children between birth and three years of age. Eligible women and children are:

- Literally homeless, or at imminent risk of homelessness, fleeing or attempting to flee intimate partner violence.
- Report a history of trauma/victimization.
- Need immediate shelter and long-term permanent supportive housing or other subsidized housing option.

Emergency Shelter prioritizes women with children residing in vehicles and other places unfit for human habitation.

Women may also experience barriers that prevent them from securing and maintaining long-term permanent housing and increasing economic mobility. Such barriers include criminal history, lack of employment history, mental health instability, substance abuse, and unstable rental history. Housing Services' eligibility and admission decisions are trauma-informed, fair, consistent, and determined by need regardless of housing barrier, employment, or income status.

### FY2022 Performance Targets

The Housing Services Program has set the following measurable objectives:

#### **Rapid Rehousing**

- Fifty percent of participants who participate for a minimum of six months will show improvement on one level (0-4) in two or more of the following domains on the Transforming Lives Scale: Grit, Physical Well-Being, Life Skills, Safe Relationships, and Social Capital, as well as the Mental Health-PHQ, Mental Health-GAD.
- Participants who participate in the Rapid Rehousing program for a minimum of 90 days will increase their income by program exit.
  - Sixty percent of the participants who participate for a minimum of 90 days will increase employment-based income by program exit.
  - Twenty-one percent of the participants who participate for a minimum of 90 days will increase income through "Other" sources, such as child support, SNAP, or similar mainstream benefit programs.
- Eighty-five percent of the participants who participate for a minimum of 90 days will exit to permanent housing.

#### **Transitional Housing**

- Fifty percent of participants who participate for a minimum of six months will show improvement on one level (0-4) in two or more of the following domains on the Transforming Lives Scale: Grit, Physical Well-Being, Life Skills, Safe Relationships, and Social Capital, as well as the Mental Health-PHQ, Mental Health-GAD.
- Participants who take part in the Transitional Housing program for a minimum of 90 days will increase their income by program exit.
  - Sixty percent of the participants who participate for a minimum of 90 days will increase employment-based income by program exit.
  - Twenty-one percent of the participants who participate for a minimum of 90 days will increase income through "Other" sources, such as child support, SNAP, or similar mainstream benefit programs.
- Seventy-five percent of the participants who participate for a minimum of 90 days will exit to permanent housing.

#### **Emergency Shelter**

- Sixty percent of the participants in the Emergency Shelter program who received shelter for a minimum of 90 days will show improvement in one level (0-4) in two or more of the 15 domains on the Transforming Lives Scale.
- Sixty percent of the participants in the Emergency Shelter program who received shelter for a minimum of 90 days will increase earned income and/or "other" income by program exit.
- Seventy-five percent of the participants in the Emergency Shelter program who received shelter for a minimum of 90 days will exit to permanent housing.



### **Evaluation Methodology**

Moving women and children from poverty to independence is a complex goal and requires a multifaceted strategy. This strategy includes obtaining employment, finding stable housing, ensuring a strong support network, addressing legal issues, finding regular childcare, and many other necessary steps. Public grants and private foundations fund the Housing Services Program. Braided funding allows flexibility to provide supportive services in addition to the contract requirements. Evaluation plans consider the complexity of women and children developing and maintaining financial and emotional well-being and include the organization's Cycles of Well-Being, government contracts, and grant requirements.

Housing Services data used to evaluate the effectiveness of programs are collected via four main sources of information: 1) Transforming Lives Scale (TL Scale) 2) Homeless Management Information System (HMIS), 3) internal tracking mechanisms, and 4) case record review. Analysis was conducted using Microsoft Excel.

#### **Transforming Lives Scale**

CTL's Transforming Lives Scale (TL Scale) is designed to evaluate progress toward achieving financial and emotional well-being across Domains and is described on page four of this report. Improvement in Grit, Mental Health-PHQ, -GAD4, Physical, Safe Relationships, and Social Capital (Natural Support) are the best progress indicators. Progress is determined first at the individual domain level and then by the percentage of the participants who improve in two or more of the eight domains.

#### Homeless Management Information System (HMIS)

The Homeless Management Information System Software (HMIS) is a computerized homeless services data management system used across Tarrant County. Case Managers enter data into HMIS daily across multiple variables for each family. Variables include but are not limited to household demographics, living situation, mental health, and income. The Director of Housing Services, Program Managers and Lead Clinical Case Managers (LCCM) run regular data validation reports to evaluate data quality, performance targets, and outcomes.<sup>1</sup>

Corrective action plans are implemented in response to noted deficiencies. Additionally, the Director of Housing Services collaborates with the Chief Program Officer (CPO) and the research and evaluation team to identify data issues and continuous improvement opportunities.

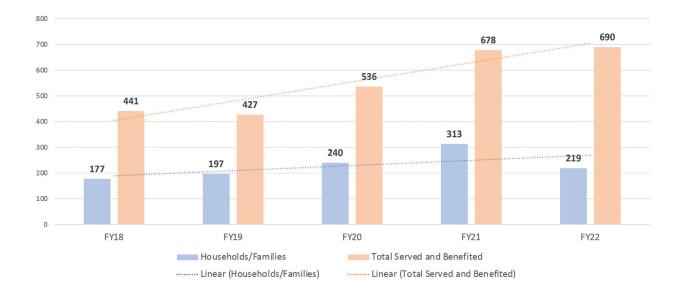
#### **Internal Tracking Mechanisms**

The research and evaluation team tracks and reports client outputs and outcomes, demographic information, and services provided from the point of entry through discharge utilizing Excel. Monthly projections and actuals are tracked to ensure project deliverables are consistently achieved.

### **Numbers Served**

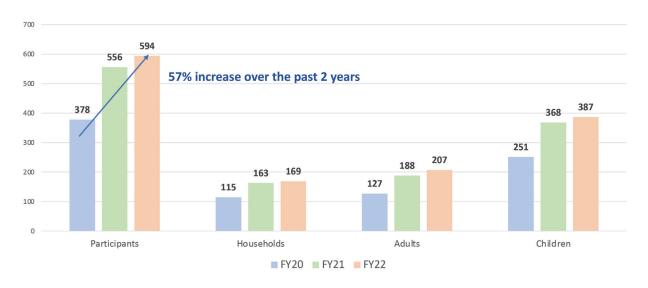
During FY2022, Housing Services served a total of 690 participants from 219 households.

**Chart 1.** Illustrates Year Over Year (YOY) total households and participants served through Housing Services between FY2018 and FY2022.



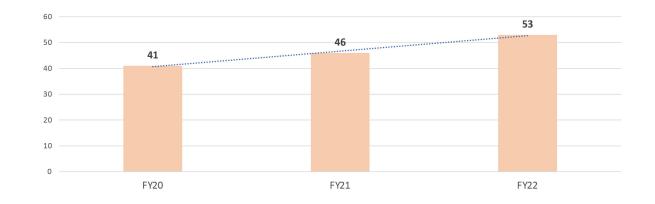
**Rapid Rehousing** served 594 participants from 169 households (207 adults and 387 children) in FY2022, a 57% increase since FY2020.

**Chart 2.** Illustrates YOY numbers served categorized by household composition (i.e., Participant/head of household, adults, and children) between FY2020 and FY2022.



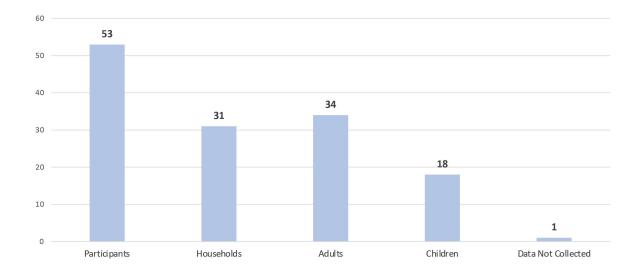
**Transitional Housing** served 53 participants from 31 households (34 adults and 18 children) in FY2022, a 29% increase since FY2020.

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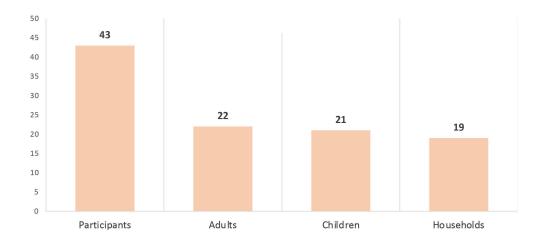
**Chart 3(a).** Illustrates YOY numbers served in Transitional Housing between FY2020 and FY2022.

**Chart 3(b).** Illustrates the total number of households and participants served in FY2022.

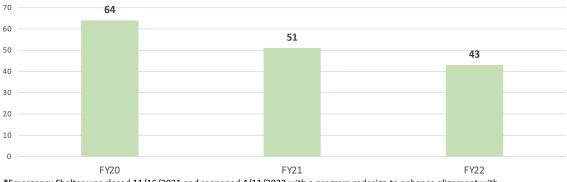


**Emergency Shelter** served 43 participants (22 adults and 21 children) from 19 separate households in FY2022.

**Chart 4(a).** Illustrates the total number of households and participants served in the Emergency Shelter in FY2022.



**Chart 4(b).** Illustrates YOY numbers served in Emergency Shelter between FY2020 and FY2022.



\*Emergency Shelter was closed 11/16/2021 and reopened 4/11/2022 with a program redesign to enhance alignment with organizational goals and the Cycles of Well-Being



### **Demographics**

#### **Rapid Rehousing**

Women represented most of the adult population in Rapid Rehousing, while Black, non-Hispanic women were the highest-served race and ethnic groups. Sixty-five percent of adults served were between 18 and 34, and children under five made up 48% of the child population. Notably, the total count by race/ethnicity is higher than the total unduplicated count because parents have the option to choose more than one race.

**Chart 5(a).** Illustrates gender composition of adult and child participants enrolled in the Rapid Rehousing program in FY2022.

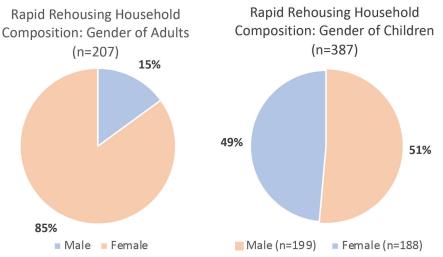
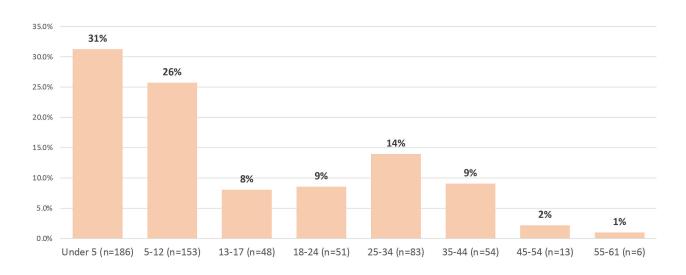
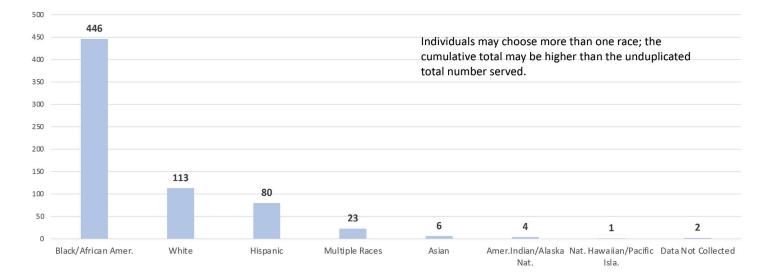


Chart 5(b). Illustrates Rapid Rehousing Participant Age Distribution in FY2022.



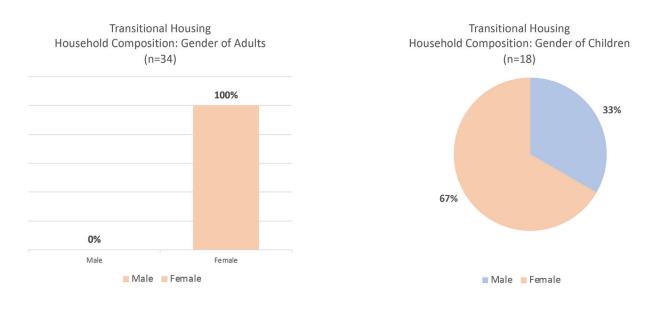


#### Chart 5(c). Illustrates Rapid Rehousing Race and Ethnicity of Participants in FY2022.

#### **Transitional Housing**

Black and non-Hispanic groups were the two highest-served populations in Transitional Housing in FY2022. Single women between 18 and 34 years of age represented 57% of the adult population (notably, part of the reported year was prior to program redesign), and children under five represented 73% of the child population. The total count by race/ethnicity is higher than the total unduplicated count because parents have the option to choose more than one race.

Chart 6(a). Illustrates gender composition of adult participants enrolled in FY2022.

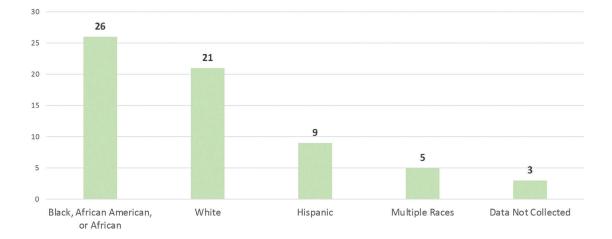


25 20 16 16 15 10 7 5 4 4 3 2 1 0 0 Under 5 5-12 13-17 18-24 25-34 35-44 45-54 55-61 Data Not Collected

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Chart 6(b). Illustrates the age distribution of the total number of participants served in FY2022.

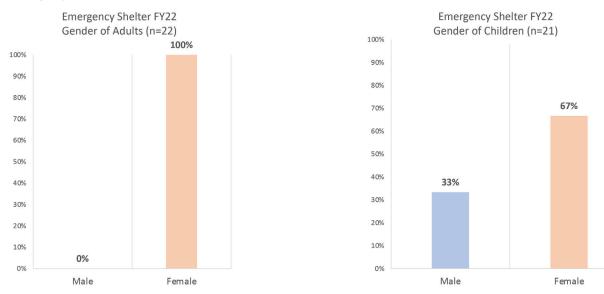
**Chart 6(c).** Illustrates the racial and ethnic breakdown of participants served in Transitional Housing in FY2022.





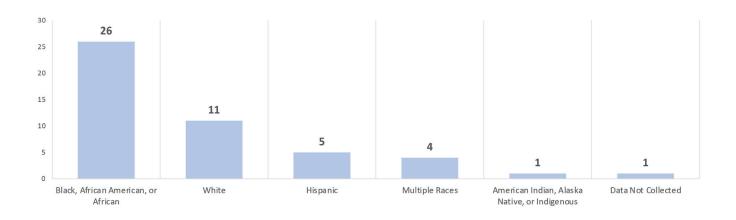
#### **Emergency Shelter**

The Emergency Shelter serves pregnant and single-mother families with up to two children from birth through three years of age. Of this group, Black and non-Hispanic women between 35 and 44 years of age represented the majority. One hundred percent of children were under the age of five and 73% of women were between the ages of 18-44. Notably, the total count by race/ethnicity is higher than the total unduplicated count because women have the opportunity to choose more than one race.



**Chart 7(a).** Illustrates gender composition of adult and child participants enrolled in Emergency Shelter in FY2022.

#### Chart 7(b). Illustrates the racial and ethnic composition of Emergency Shelter participants served in FY2022.



100% 90% 80% 70% 60% 49% 50% 40% 30% 16% 20% 14% 9% 7% 10% 5% 0% Under 5 13-17 18-24 25-34 35-44 45-54 55-61

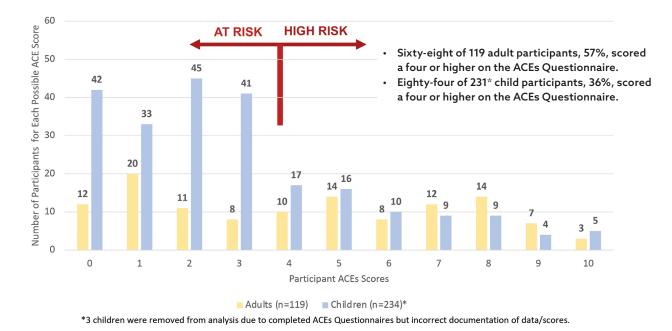
**Chart 7(c).** Illustrates the age distribution of Emergency Shelter participants served in FY2022.

### **Adverse Childhood Experiences**

The Adverse Childhood Experiences (ACEs) Questionnaire is based on the Center for Disease Control – Kaiser Permanente ACEs Study and is used to assess past experiences of abuse, neglect, and trauma for individuals under 18 that can be a predictor of future risk. Traumatic or adverse experiences include physical abuse, verbal abuse, sexual abuse, physical neglect, emotional neglect, traumas involving an alcoholic parent, victims of domestic violence/intimate partner violence, family members in jail, family members diagnosed with mental illness, and experiencing the divorce of parents. Each trauma/adverse experience counts as one point for a maximum score of 10.<sup>2</sup>

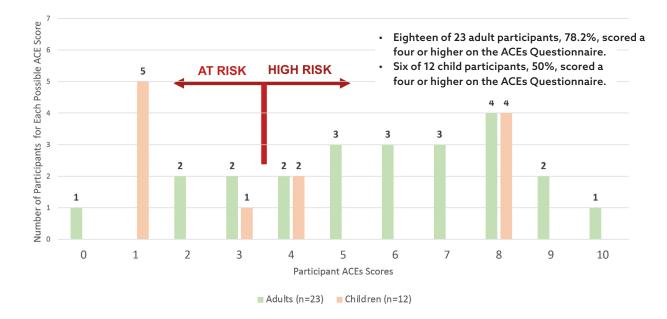
**Rapid Rehousing** administers the ACEs Questionnaire to participants (adults and children) within seven (7) days of enrollment. Of the 594 served, 353 participants (119 adults and 234 children) completed questionnaires during FY2022 (59%). However, three children's scores were removed from analysis due to inaccurate documentation of data, and ACEs results for those children were removed from calculations leaving a total sample size of 350. **Fifty-seven percent (68 of 119) of adults and 36% (84 of 231) of children scored four or higher.** 

**Chart 8.** Illustrates ACEs for Rapid Rehousing for adults and children enrolled in Rapid Rehousing and completed an ACEs questionnaire in FY2022.



**Transitional Housing** administers the ACEs Questionnaire to participants (adults and children) within seven days of enrollment. Of the 53 participants served, 35 (23 adults and 12 children) had completed questionnaires during FY2022 (66%). **Seventy-eight (18 of 23) of adults and 50% (6 of 12) of children scored a four or higher on the ACEs Questionnaire.** 

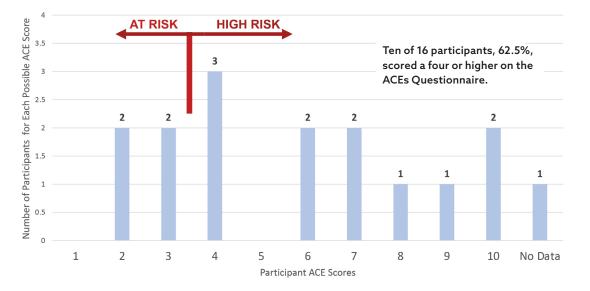
**Chart 9.** Illustrates ACEs for Transitional Housing Participants for adults and children who completed an ACEs Questionnaire in FY2022.



**Emergency Shelter** administers the ACEs Questionnaire to participants (adults and children) within seven days of enrollment. Of the 43 participants served, 16 adult participants completed questionnaires during FY2022 (37%). ACEs Questionnaires were not completed for children in the Emergency Shelter program in FY2022. Of the 16 adult participants who completed the ACE Questionnaire, **63% (10 of 16) reported an ACEs score of four or higher placing them in the high-risk category.** 

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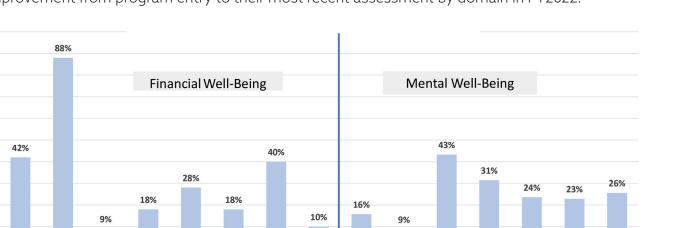


### **Participant and Program Results**

**Performance Target** – Fifty percent of RRH and TH participants and 60% of ES participants who participate for a minimum of six months will show improvement of one level in two or more mental well-being domains of the TL scale.

**Rapid Rehousing** – Seventy-five percent (127 of 169 families) of participants enrolled in Rapid Rehousing for six months or more completed at least two TL Scale assessments, an improvement from FY2021 (59%). **Sixty-four percent of participants enrolled in Rapid Rehousing for at least six months and completed two or more TL scale assessments showed improvement in at least two mental well-being domains, 14% higher than the performance target for FY2022.** 

Additionally, when examining financial and mental well-being, results indicate that 75% showed an increase in three or more domains (95 of 127), and 34% of participants showed an increase in four or more domains (43 of 127). Note that the sample size for each individual TL Scale domain may be lower than the total sample size of 127 if that assessment section was left blank.



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**Chart 11.** Illustrates the percent of Rapid Rehousing participants (of those with at least two TL Scales) who showed improvement from program entry to their most recent assessment by domain in FY2022.

100%

90% 80%

70% 60% 50%

40%

30%

20%

10%

36%

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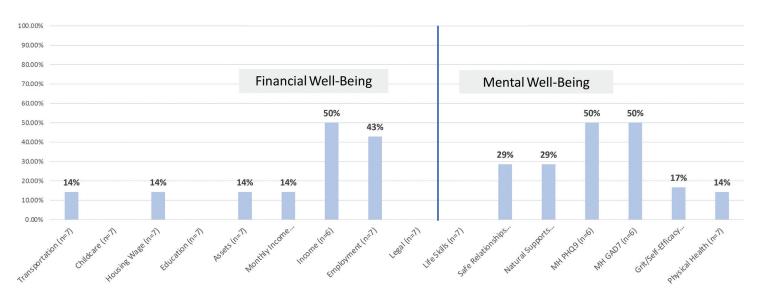
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**Transitional Housing** - Fourteen percent (7 of 51) of participants enrolled in Transitional Housing for six months or more completed at least two TL Scale assessments. By comparison, a marked decline from FY2021, when 93% of participants completed at least two TL scale assessments. **Forty-three percent of participants who were enrolled in Transitional Housing for at least six months and completed two or more TL scale assessments showed improvement in at least two mental well-being domains, 7% lower than the performance target of 50% for FY2022.** 

Additionally, when examining financial and emotional well-being, results indicate that 50% showed an increase in three or more domains (3 of 6). Note that the sample size for each individual TL Scale domain may be lower than the total sample size of seven in that assessment section due to participants needing to complete the entire assessment.

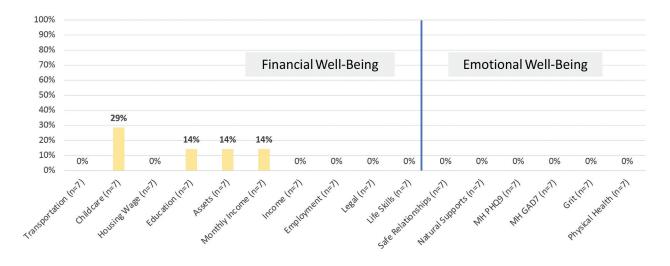
**Chart 12.** Illustrates the percent of Transitional Housing participants (of those with at least two assessments) who showed improvement from program entry to their most recent assessment by domain in FY2022.



**Emergency Shelter** - Forty-four percent (7 of 16) of participants enrolled in the Emergency Shelter completed at least two TL Scales, a slight decrease from the 47% of participants in FY2021. The capability to complete two or more TL Scale assessments for Emergency Shelter participants was limited due to the temporary closure of the shelter and program redesign in 2022.

No participants enrolled in the Emergency Shelter for at least 90 days who also completed two or more *TL scale assessments showed improvement in at least two mental well-being domains.* When examining financial and mental well-being, limited results indicate that 14% (1 of 7) showed improvement in at least one domain, and 29% (2 of 7) showed improvement in at least two domains. Note that the sample size for each individual TL Scale domain may be lower than the total sample size of 7 if that assessment section was left blank for one or more participants.

**Chart 13.** Illustrates the percent of Emergency Shelter participants (of those with at least two TL Scales) who showed improvement from program entry to their most recent assessment by domain in FY2022.



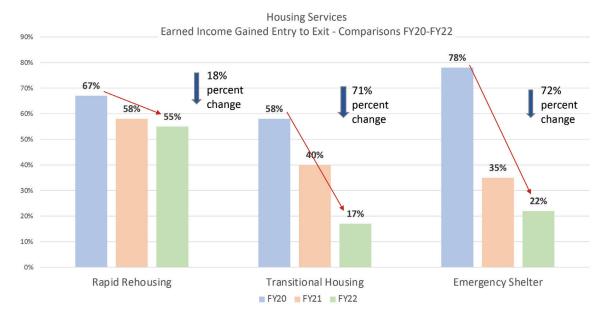
#### Income

**Performance Target** - Sixty percent of RRH, TH, and ES participants who participate for a minimum of 90 days will increase their income by program exit.

For the past three fiscal years, the percentage of participants who have gained earned income while participating in CTL Housing Services has continued to decline. From FY2021 to FY2022:

- Rapid Rehousing has dropped from 58% to 55%.
- Transitional Housing has decreased from 40% to 17%.
- Emergency Shelter declined from 35% in FY2021 to 22%.

**Chart 14(a).** Illustrates YOY comparisons of percentage of participants with increased earned income in Housing Services, FY2020 to FY2022.



**Rapid Rehousing** – Three hundred ten out of 594 participants exited the Rapid Rehousing program in FY22. Of those 310 participants, some were missing income data either at entry or exit. Some were not assessed for income entering or exiting the program or had not had an assessment of income at the time of this report. Only adult participants in the program for a full 90 days and had data entered at entry and exit are represented in this section of the report (n=95).

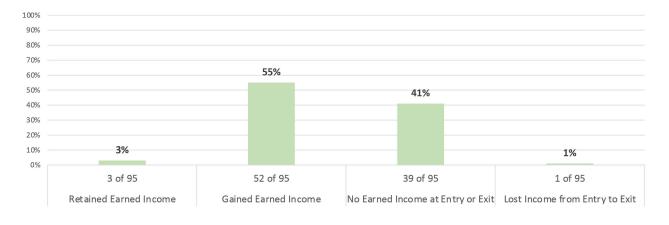
From entry to exit, 55% (52 of 95) of adult participants acquired employment income, falling slightly short of the FY2022 performance target (60%). Overall, employment income increased by an average of \$1,511.55 per month in FY2022. One participant reported earned income at entry but no longer had income at exit. Thirty-nine out of 95 (41%) participants reported no earned income at entry and exit. Rapid Rehousing has seen a decline of 18% in participants gaining earned income compared to FY2020.

In FY2022, from entry to exit, 7% (7 of 95) of adult participants reported having acquired "other" income during program participation (e.g., cash benefit award including TANF, SSI/SSDI, child support, unemployment). Therefore, Rapid Rehousing did not meet the target of 21% for this fiscal year. This percentage has declined from the 26% reported for FY2021. Likely, stimulus payments, higher unemployment rates, and other temporary adjustments to income made during the pandemic skewed the data for FY2020 and FY2021, minimizing the value of this comparison to FY2022.

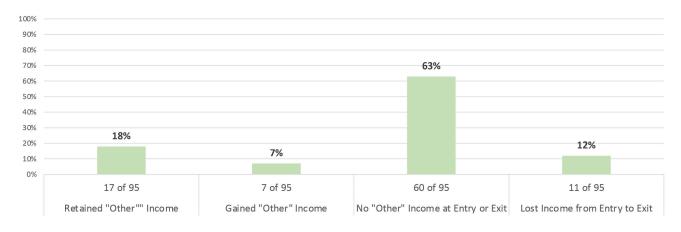
Overall, of those who reported having acquired "Other" income from entry to exit, "Other" income increased by an average of \$661.67 per month in FY2022.

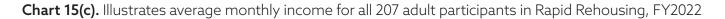
**Chart 15(a).** Illustrates the percentage of participants in FY2022 who gained, retained, or lost earned income for the Rapid Rehousing program.

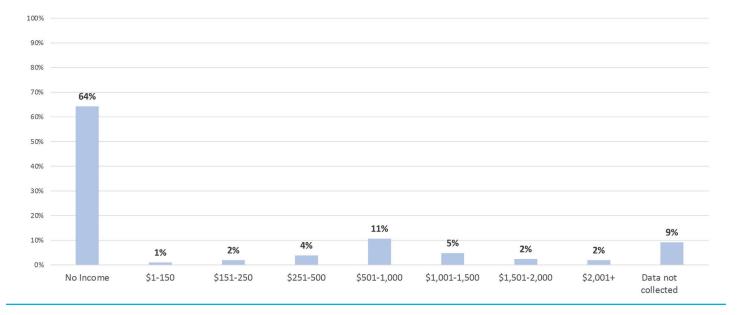
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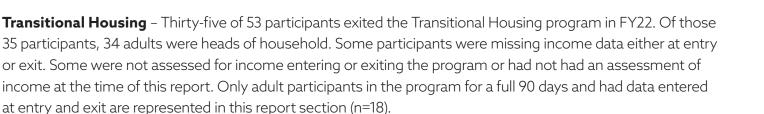


**Chart 15(b).** Illustrates the percentage of participants in FY2022 who gained, retained, or lost "other" income for the Rapid Rehousing program.









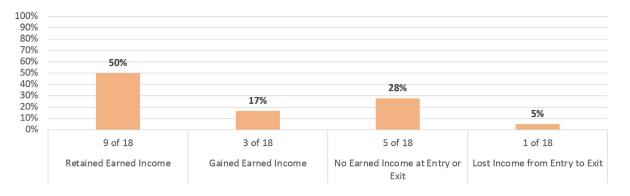
### From entry to exit, 17% (3 of 18) of participants gained earned income by the time they exited the Transitional Housing program, falling considerably short of the FY2022 performance target (60%).

Overall, employment income increased by an average of \$1,642.71 in FY2022. One participant reported a decline in earned income while participating in the program. Of participants who reported earned income at program entry, nine participants (50%) reported having the same income at exit as they did upon program entry. 28% of participants (5 of 18) reported zero earned income throughout program participation and saw an increase in the amount earned over time.

# In FY2022, the Transitional Housing program did not meet its goal of a 21% increase in participants who gained "other" income from entry to exit. This year, zero participants reported having acquired "other" income during program participation (e.g., cash benefit award including TANF, SSI/SSDI, child support,

**unemployment).** The Transitional Housing program has seen a drop in the number of participants with gained "other" income over the past three years, declining from 11% in FY2020 to 5% in FY2021 and now to 0% in FY2022.

**Chart 16(a).** Illustrates the percentage of participants in FY2022 who gained, retained, or lost earned income for the Transitional Housing program.



**Chart 16(b).** Illustrates the percentage of participants in FY2022 who gained, retained, or lost "Other" income for the Transitional Housing program.

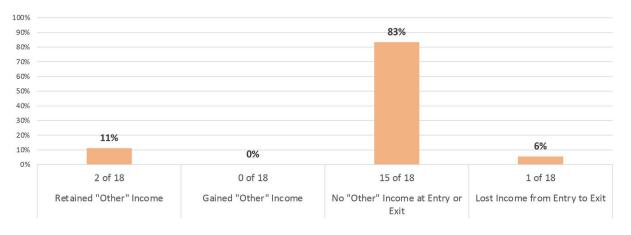
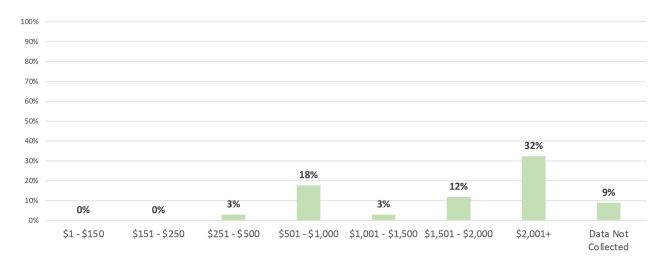


Chart 16(c). Illustrates average monthly income for all 34 adult participants in Transitional Housing in FY2022

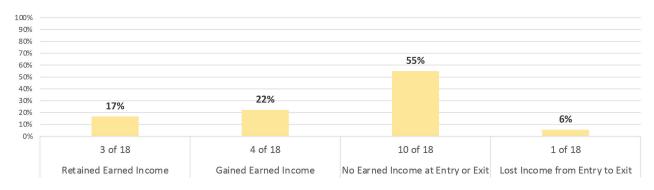


**Emergency Shelter** – Forty-three participants exited the Emergency Shelter program in FY22. Some were missing income data either at entry or exit. Some were not assessed for income at program entry or exit or had not had an assessment of income at the time of this report. Only adult participants in the program for a full 90 days and had data entered at entry and exit are represented in this report section (n=18).

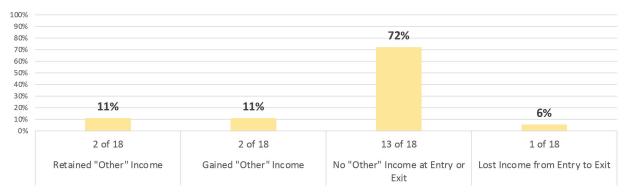
From entry to exit, 22% (4 of 18) of participants gained earned income by the time they exited the *Emergency Shelter program, falling considerably short of the FY2022 performance target (60%).* Overall, employment income increased by an average of \$1,085.00 in FY2022. One participant reported a decline in earned income while participating in the program (6%). Of participants who reported earned income at program entry, three participants (17%) reported having the same income at exit as they did upon program entry (retained). Ten participants reported no earned income at entry or exit (55%). Compared to FY2020 and FY2021, Emergency Shelter participants who gained earned income declined in FY2022. 35% of participants gained earned income in FY2021.

From entry to exit FY2022, 11% of participants (2 of 18) reported having acquired "other" income during program participation (e.g., cash benefit award including TANF, SSI/SSDI, child support, unemployment). The Emergency Shelter program met its goal of a 21% increase in participants with an increase in "other" income for FY2022. Two participants retained income, and one participant lost income. By comparison, zero participants in Emergency Shelter gained "other" income in FY2021, and 10% gained "other" income in FY2020.

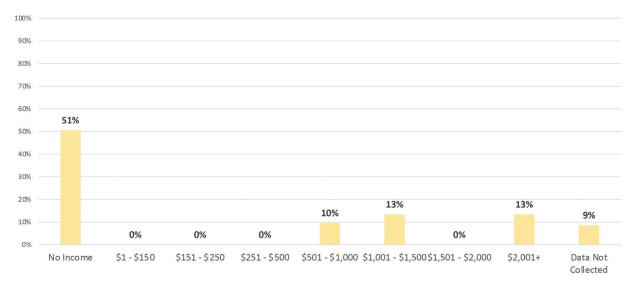
**Chart 17(a).** Illustrates the percentage of participants in FY2022 who gained, retained, or lost earned income for the Emergency Shelter program.



**Chart 17(b).** Illustrates the percentage of participants in FY2022 who gained, retained or lost "Other" income for the Emergency Shelter program.



**Chart 17(c).** Illustrates average monthly income for all 43 adult participants in the Emergency Shelter program in FY2022.

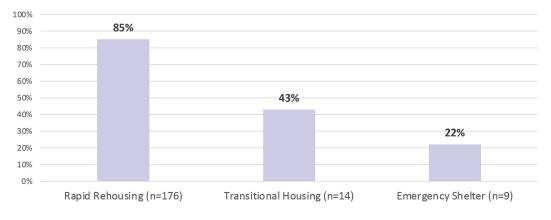




#### Access to Healthcare

During FY2022, 176 participants (out of 310 who exited) did not have healthcare access upon program entry. **Rapid Rehousing assisted 85% of those participants (150 of 176) in gaining access to healthcare from entry to exit**, while 15% had no healthcare access upon program entry or exit. Similarly, Transitional Housing served 14 participants who reported no healthcare access upon program entry. **Transitional Housing assisted 43% of exiting participants in gaining access to healthcare before exit** (six of 14), and 57% of Transitional Housing participants did not have healthcare access at either entry or exit. **Emergency Shelter assisted 22% of participants in gaining access to healthcare from entry to exit (two of nine).** Seventy-eight percent of Emergency Shelter participants reported no healthcare access at entry or exit.

**Chart 18.** Illustrates the percentage of participants with access to healthcare from entry to exit for Housing Service, FY2022.



#### **Exit Destinations**

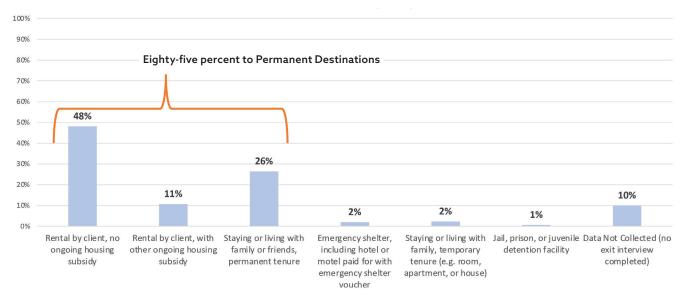
**Performance Target** – Eighty-five percent of RRH participants and 75% of TH and ES participants who participate for a minimum of 90 days will exit to permanent housing.

In FY2022, 363 participants exited Housing Services. 83% (303 of 363) exited to permanent destinations. 9% (33 of 363) exited to temporary destinations, zero participants exited to places unfit for human habitation, and no data was collected for 4% (16 of 363).

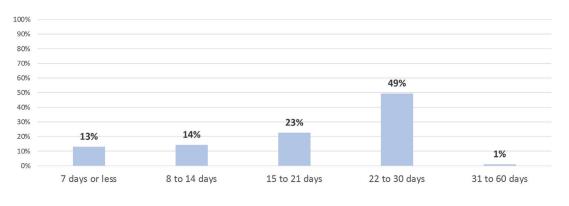
**Rapid Rehousing** - In FY2022, 310 participants (out of 594), including adults and children, exited the Rapid Rehousing program. *Eighty-five percent (264 of 310) of participants who engaged in Rapid Rehousing services for a minimum of 90 days exited to permanent destinations fulfilling the 85% performance target.* Five percent (15 of 310) of exiting participants exited to temporary destinations, and exit data was missing for 10% (31 of 310) of participants who exited in FY2022. Over the past three years, the percentage of participants exiting to permanent destinations has declined. In FY2021, 96% of participants exited to permanent destinations, and in FY2020, 100% exited to permanent destinations when leaving the Rapid Rehousing program.



**Chart 19(a).** Illustrates the percentage of participant exit destinations by type of destination for Rapid Rehousing participants, FY2022.



**Chart 19(b).** Illustrates the percentage of participants (adults and children) per range regarding the length of time to housing, Rapid Rehousing, FY2022.

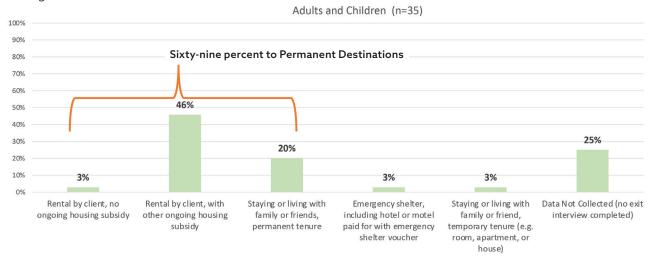


**Transitional Housing** – Thirty-five participants (out of 53) exited the Transitional Housing program in FY2022. **Of those, 69% (24 of 35) of participants who engaged in Transitional Housing services for at least 90 days exited to permanent destinations, falling short of the 75% performance target.** Six percent (2 of 35) of participants were discharged to shelters and other temporary destinations. Additionally, 25% of participants were missing exit destination data (9 out of 35).

The percentage of participants exiting to permanent destinations has dropped within the Transitional Housing program over the past three years by a 59% decline (FY2020=85%, FY2021=77%).

For FY2022, 9% of participants were moved to housing within the required 30 days.

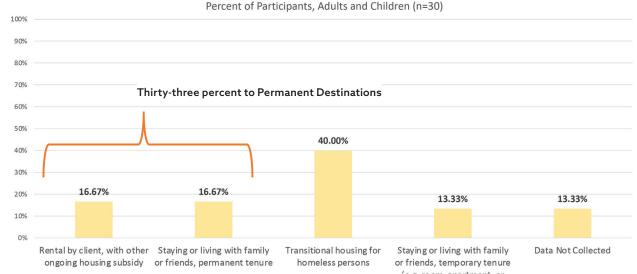
**Chart 20(a).** Illustrates the percentage of participant exit destinations by type of destinations for Transitional Housing for FY2022.



**Emergency Shelter** – Forty-three participants exited Emergency Shelter in FY2022. Exit data is recorded for 30 exiting participants by internal housing tracking tools in FY2022 because 13 participants exited the program early. During FY2022, **11 of 30 participants (34%) who received services for a minimum of 90 days exited to permanent destinations, falling short of the FY2022 performance target of 75%.** Fifty-three percent (16 of 30) exited to temporary destinations. Exit data was not documented for 13% (four of 30) of participants. Exit destinations to live with family or friends have increased due to cost-of-living increases in FY2022.

Compared to FY2021, we have seen a marked decline in exits to permanent destinations. In FY2021, 81% of participants who exited after 90 days of participation departed from the Emergency Shelter program to permanent destinations.

**Chart 21(a).** Illustrates the percentage of participant exit destinations by type of destinations for Emergency Shelter for FY2022.



Of the 43 Emergency Shelter participants in FY2022, 95% (41 of 43) exited within 30 days or less of entry; 5% (2 of 43) exited within 31-60 days. By comparison, in FY2021, only 33% exited within 30 days or less of entry.



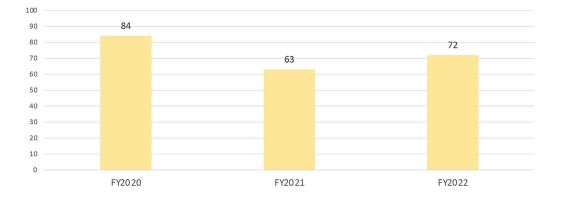
#### **Program Outcomes**

**Rapid Rehousing** – From the date of admission to the date of lease signing, Rapid Rehousing quickly moved 46% (269 of 594) of participants from homelessness into safe, stable, and permanent housing in an average of 19 days. This time frame exceeds the 30-day contract requirement. The average length of enrollment for the Rapid Rehousing program was 363 days in FY2022.

Transitional Housing - In FY22, participants' average length of stay was 270 days in Transitional Housing.

**Emergency Shelter** - The average stay for participants in the Emergency Shelter program was 72 days, an increase from 63 days in FY21. The average number of days to placement in permanent housing was 24 days in FY2022.

**Chart 22.** Illustrates the average length of participant stay in the Emergency Shelter program YoY comparisons for FY2020- FY2022.



### Findings

Participants of Housing Services in FY2022 disproportionately experienced intimate partner violence, mental health issues, and loss of income. Program leadership and employees experienced unprecedented turnover, inadequate staffing levels, and a limited inventory of safe and suitable rental units needed to move participants out of homelessness rapidly. Despite these challenges, findings indicate Housing Services successfully and effectively moved women and children out of homelessness and supported family stability and overall well-being.

#### **Rapid Rehousing**

- 1. Rapid Rehousing served 594 participants representing a 57% increase between FY2020 and FY2022.
- 2. Sixty-Four percent of participants enrolled in Rapid Rehousing for at least six months and completed two or more TL scale assessments showed improvement in at least two mental well-being domains, 14% higher than the performance result for FY2022. 75% (127 of 169 families) completed at least two TL Scales, an improvement of the completion of TL scale assessments from 59% in FY2021.



- 3. Ninety-five of 310 exiting RRH participants were adults who participated in the program for more than 90 days and had documented income at both entry and exit. From entry to exit, 55% (52 of 95) of participants acquired employment income falling slightly short of the FY2022 performance target (60%).
- 4. Eighty-five percent (269 of 310) of participants who engaged in Rapid Rehousing services for a minimum of 90 days exited to permanent destinations fulfilling the 85% performance target.
- 5. During FY2022, 176 participants (out of 310 who exited) did not have healthcare access upon program entry. Rapid Rehousing assisted 85% of those participants (150 of 176) in gaining access to healthcare from entry to exit.

#### **Transitional Housing**

- 1. Transitional Housing served a total of 53 participants representing a 29% increase between FY2020 and FY2022.
- Forty-three percent of participants who were enrolled in Transitional Housing for at least six months and completed two or more TL scale assessments showed improvement in at least two mental well-being domains, 7% lower than the performance target of 50% for FY2022. Only 14% of participants, compared to 93% in FY2021, completed two or more TL Scale assessments.
- 3. Eighteen of 43 exiting TH participants were adults who participated in the program for more than 90 days and had documented income at both exit and entry. From entry to exit, 17% (3 of 18) of participants gained earned income by the time they exited the Transitional Housing program, falling considerably short of the FY2022 performance target (60%).
- 4. Of those, 69% (24 of 35) of participants who engaged in Transitional Housing services for at least 90 days exited to permanent destinations, falling short of the 75% performance target.
- 5. Transitional Housing served 14 participants who reported no healthcare access upon program entry. Transitional Housing assisted 43% of exiting participants in gaining access to healthcare before exit (6 of 14).

#### **Emergency Shelter**

- 1. Emergency Shelter served 43 participants representing a 49% decrease between FY2020 and FY2022.
- 2. No Emergency Shelter participants who were enrolled in the Emergency Shelter for 90 days and completed two or more TL scale assessments showed improvement in at least two mental well-being domains. 44% of participants completed two or more TL Scale assessments, comparable to 47% in FY2021.
- 3. Eighteen of 30 exiting Emergency Shelter participants were adults who participated in the program for more than 90 days and had documented income at both entry and exit. From entry to exit, 11% (two of 18) of participants gained earned income by the time they exited the Emergency Shelter program, falling considerably short of the FY2022 performance target (60%).
- 4. Ten of 30 participants finished the program, and 33% of participants who received services for a minimum of 90 days exited to permanent destinations, falling short of the FY2022 performance target of 75%.
- 5. For the Emergency Shelter program, nine participants reported no access to healthcare at program entry, and two of those nine gained access by the time they exited the program (22%).

### **Recommendations based on Findings**

To further improve instruction and outcomes, this report section communicates focus areas for FY2022. Progress will be tracked and reported quarterly. Improvements will be implemented using the Plan, Do, Study, Check, Act process cycle.

#### Data Quality

- Launch a participant database for CTL programming and train new and existing employees on accurately utilizing this database and the Homeless Management Information System (HMIS).
- Ensure data to demonstrate progress towards performance targets is gathered and input into HMIS and the CTO participant database.
- Continue consistent data cleansing/validation practices noting that each program should establish at least three levels of data review. For example, the Case Manager should review HMIS data entries for accuracy. Lead Case Managers should run regular validation reports to check data quality. The Department Director should be responsible for ensuring all data errors are identified and corrected before submission to any individual outside the department. The Performance Quality Improvement team will utilize data for analysis to demonstrate program efficacy.

#### CTL's Cycle of Well-Being (Theory of Change)

- Due to the prevalent experiences of trauma and high acuity of participants, as demonstrated by the ACEs surveys, housing services staff must receive training in trauma-informed care and secondary trauma prevention. Ensure all existing and new Housing Services employees receive training on trauma-informed care, a two-generation approach, and Cycles of Well-being that builds upon training conducted in FY2022. This training should include developmental trauma, secondary trauma prevention and intervention, and the neurobiology of trauma.
- Continue Trauma-Focused Case Consultation in a space that provides support and allows employees to openly discuss participant strengths and present challenges. Offer trauma-informed strategies that address service delivery barriers.
- Implement regular reflective supervision to ensure that staff is supported in task management and secondary trauma prevention.
- Ensure the leadership team completes a six-week training course to strengthen management and supervision and reduce attrition.
- Integrate the above-stated training across all phases of service delivery (i.e., Intake, screening, assessment, service planning, discharge planning, etc.). Regularly model and monitor for implementation.



#### Transforming Lives Scale (TL Scale)

- Train new and existing employees to accurately complete the TL Scale and use the scores to drive service planning and referrals. Require a Safety Plan and ensure appropriate referrals are made for participants who score below a "two" in the Safe Relationship domain.
- Create opportunities to extend supervision into the field. Observe employees in administering TL Scales with participants. Provide guidance and feedback to support continual skill building.
- Continue the existing tracking mechanism to ensure assessments are completely timely from entry to exit.
- Set annual targets for participant outcomes concerning domains for financial well-being pursued by Housing Services.

**Eligibility, Screening, and Assessment:** Appropriately assessing applicants is critically important to their success in any designated program.

- Continue to train/re-train new and existing employees in Eligibility, Screening, Admission, and Assessment Procedure and Practice.
- Accurately identify the strengths and needs of Housing Services applicants. Match them with the program suitable to meet their unique needs and address any barriers in the internal referral process.
- Continue implementing strategies to address and increase participant mental health (depression and anxiety) and employment income. Coordinate with the appropriate internal/external service.

#### **MDT Meetings**

• Continue to train new and existing employees in the basics of family engagement. Monitor for implementation in individual and group supervision and case notes.





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