

East Side Housing Trust Fund evaluation report

Results for the 2009-10 and 2010-11 school year

SEPTEMBER 2011

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September 2011

Prepared by: Amy Leite

Wilder Research 451 Lexington Parkway North Saint Paul, Minnesota 55104 651-280-2700 www.wilderresearch.org

Contents

Introduction	1
Program overview	
Family Housing Plans	
Services to families who rent	
Working with landlords	
Life Skills	
Program goals	4
Service volume	6
Key findings	6
Family Housing Plans	6
Services to families who rent	7
Working with landlords	7
Life Skills	
Client satisfaction	
Key findings	
Participant demographics	11
Household situation	
Program participation	
Client satisfaction	
Program impact	
Issues for consideration	
Client self-reliance	
Key findings	
Demographics	
Community credentials	
Employment, education, and financial issues	
Housing issues	
Physical and mental health issues	
Child well-being	

Contents (continued)

Other issues	
Status at program exit	
Issues for consideration	
Student success	
Student attendance	
Academic achievement	
Issues for consideration	
Student stability	
Results	
Issues for consideration	
Success stories	
Appendix	
Open-ended comments	
Self-reliance instrument	

Figures

1.	Family Housing Plans	6
2.	Services to Johnson families	7
3.	Working with landlords	7
4.	Life Skills Education Program attendance, 2010-11 school year	8
5.	Respondent demographics	11
6.	Household costs and members	12
7.	Mobility	13
8.	Clients' reasons for seeking help from the HTF program	14
9.	Housing-related services provided to clients	14
10.	Other program services (non-housing related)	15
11.	Attendance at Life Skills Education Programs	16
12.	Client ratings of services	16
13.	Open-ended question: Clients' perceptions of what has been of most help	17
14.	Open-ended question: Clients' suggestions for improvement	18
15.	Ways in which the client's housing situation was improved	19
16.	Referral for mental health services or support	19
17.	Referral for mental health services or support for children	20
18.	Respondent demographics	23
19.	Community credentials at first assessment	24
20.	Employment status	25
21.	Job retention and stability	25
22.	Change in employment status	26
23.	Change in job retention status	26
24.	Education	26
25.	Change in education status	27
26.	Income source	27
27.	Change in income source status	28
28.	Adequacy of income for food and shelter	28
29.	Change in income adequacy status	28
30.	Quality of credit	29
31.	Change in quality of credit status	29
32.	Housing stability	30

Figures (continued)

33.	Change in housing status	20
33. 34.		
34. 35.	Housing affordability	
	Change in housing affordability status	
36. 27	Tenant/landlord relationship	
37.	Change in tenant/landlord relationship status	
38.	Household health care coverage	
39. 40	Change in household healthcare coverage status	
40.	Child protection	
41.	Change in child protection status	
42.	Enrollment in pre-school programs	
43.	Change in preschool enrollment status	
44.	School attendance	
45.	Change in school attendance statu	
46.	Child support income	
47.	Change in child support income status	
48.	Child care	
49.	Change in child care status	
50.	Child immunizations	
51.	Change in child immunizations status	
52.	Child's medical needs	39
53.	Change in child medical needs status	39
54.	Transportation	40
55.	Change in transportation status	40
56.	Social support	41
57.	Change in social support status	41
58.	Tenant Training	42
59.	Change in tenant training status	42
60.	Change in self-reliance status for all indicators	43
61.	Attendance for students served by HTF	45
62.	Proportion of tardies and absences by student	46
63.	Reading level (Wright Group McGraw Hill assessment)	46
64.	Johnson Elementary School stability index	47
65.	Student stability during the school year: Saint Paul Public Schools	48

Acknowledgments

We wish to thank staff of the East Side Housing Trust Fund program and the East Side Family Center (ESFC) for the extensive information and support, including data collection, they provided in the preparation of this report. ESFC staff who contributed to this report include the following:

Joan Schlecht, ESFC Director Leslie Myles Malena Vang

Wilder Research staff who contributed to the data collection, analysis, and production of this report include the following:

Mark Anton Jacqueline Campeau Marilyn Conrad Paul Devereaux Louann Graham Dan Mueller Nam Nguyen Miguel Salazar Lue Thao

Introduction

Program information

The East Side Housing Trust Fund program takes a community-wide approach to increasing housing stability. A venture of the East Side Family Center (ESFC) of Neighborhood House, the program works to demonstrate that neighborhoods, foundations, landlords, schools, businesses, government, private investors, and non-profit developers and service organizations can work together to create family and neighborhood stability and vitality. The program is housed at John A. Johnson Achievement Plus Elementary School with the primary goal of increasing the number of students who stay at Johnson throughout the school year and from year to year.

Program services include case management and housing placement for families with children at Johnson Elementary School. Program staff help families find and maintain decent, safe, and affordable rental and owner-occupied housing. Staff also provide supportive services, resources, and referrals for a variety of issues that may pose challenges to self-reliance, addressing employment, mental health, transportation, child care, school attendance, and other concerns faced by clients. The program's Life Skills Education Program provides Johnson and other neighborhood families with training aimed at strengthening families and providing them with tools for stabilizing their housing situation. In working toward its goals, the program partners with school staff, neighbors, landlords, and community agencies.

Program goals

The Housing Trust Fund program advisory committee considered recommendations from the 2008 evaluation report and established the following goals for 2009-2012. This report focuses on HTF program services during the 2010-11 school year, and explores progress toward goals identified by the HTF program advisory committee.

Goals for 2010-11 school year

- Increase the income of 50 percent of HTF clients through stabilized employment or access to public benefits.
- Half of HTF clients report accessing community resources and advocating for themselves without the assistance of program staff.

- Half of the younger children participating in HTF are enrolled in a formal early childhood program.
- Three-quarters (75%) of school-aged children in HTF show improved attendance and academics.

Long-term goal

Increase student stability at John A. Johnson Elementary to 90 percent, the current stability rate of the Saint Paul Public School District.

Research methods

The East Side Family Center, Neighborhood House, contracted with Wilder Research to conduct an independent evaluation of the HTF program. Wilder Research assessed program implementation, including progress toward goals established by program staff; clients' satisfaction with program services; and program and participant outcomes, including changes in clients' self-reliance and student stability at Johnson elementary. Program records provided information on program implementation and progress toward program goals. Client satisfaction was measured using a telephone interview conducted by Wilder Research. Changes in participants' self-reliance were tracked through a self-reliance assessment that program staff complete for clients receiving case management services. Data on student stability at Johnson was provided by Saint Paul Public Schools. Additionally, to illustrate the impact of the program on long-term clients, a case study was conducted, based on interviews with a five-year client and program staff.

Contents of the report

This report summarizes program results for the 2010-11 school year, including the program's progress toward annual goals. The report begins with a description of HTF program services. Results are then presented in five sections: 1) a section on "Service volume" describing program implementation; 2) a "Client satisfaction" section presenting results from the telephone interviews; 3) a "Client self-reliance" section assessing results from case manager assessments; and 4) a "Student stability" section providing data on student stability at Johnson and other elementary schools. A fifth section highlights the experience of one family throughout their five year involvement in the program. Most sections open with a summary of key findings, and conclude with a description of issues staff can consider as they plan future program services.

Program overview

Following are descriptions of the major HTF program areas. The program's case management and housing placement services include developing Family Housing Plans, helping families who rent to stabilize their housing, working with landlords, and providing rental subsidies through the Housing Trust Fund. The Life Skills Education Program provides homeownership education as well as a variety of classes supporting family and housing stability.

Family Housing Plans

HTF staff request that each client who wants to improve their housing situation complete a Family Housing Plan. The housing plan form includes questions regarding family financial information and current housing concerns. Families with children attending Johnson complete this form as the first step toward receiving services from the program.

Services to families who rent

HTF works to reduce mobility of families who rent. Program staff address issues of rental housing quality, affordability, availability, and landlord and tenant issues. After receiving a Family Housing Plan, the case manager completes an intake and the client receives information and referral or case management assistance. Program staff then work with families to improve the quality and affordability of their rental situations and provide training to help tenants understand their rights and responsibilities.

Working with landlords

Program staff also work directly with landlords in the local area. Landlords who are supportive of the program are asked to help place program clients in stable and positive housing situations. In situations where tenants are having difficulties with their landlords, program staff work to resolve the issue through direct communication with the landlords, code enforcement, legal remedies, and also through encouraging other, more supportive landlords to purchase the properties in question.

Life Skills

Program staff encourage families to attend Life Skills education classes that provide tools for strengthening families and to help families stabilize their housing situations. Program goals in this area focus on educating participants and stabilizing their housing situations while working with the HTF program.

Program goals

The HTF advisory committee established the following goals for 2009-2012. The following identifies progress toward these goals during the 2010-11 school year.

50 percent of HTF clients demonstrate improvement in or maintain high levels of self-sufficiency related to income through stabilized employment or access to public benefits

Self-reliance assessments indicate clients' sources of income, including whether they receive no income, only public cash benefits, a combination of public cash benefits and earned income, or only earned income. Baseline and last assessments for 18 clients who received services during the 2010-11 school year indicate that, at baseline, 33 percent of clients reported high levels of self-reliance. As of the last follow-up, 67 percent of clients were demonstrating high levels of self-reliance related to income. Seventy-two percent of clients improved or maintained high levels of self-reliance between baseline and last assessment, exceeding the goal of 50 percent in 2009 and an improvement from 2010 when 53 percent of clients had improved or maintained their self-reliance.

Another goal is to increase income through stabilized employment. As of the most recent assessment, one-third of clients (33%) had high levels of self-reliance. However, 56 percent of clients had either improved or maintained high levels of job retention and stability from baseline to most recent assessment.

Half of HTF clients are better prepared to access community resources and advocate for themselves without the assistance of HTF staff

Asked if they would be better prepared to solve a housing problem in the future because of the services or referrals they received from HTF, each of the 16 participants answered "yes," exceeding the goal of 50 percent. When asked in an open-ended question to describe how they were better prepared, participants addressed having the skills and knowledge to resolve landlord/tenant problems, improved money management skills, and more knowledge of and access to resources for assistance.

Half of the younger children participating in HTF are enrolled in a formal early childhood program

At baseline, 67 percent of clients reported that none or only some of their eligible children were enrolled in pre-school programs, such as ECFE, Head Start, and center-based child care. At follow-up, 67 percent of eligible children were enrolled in pre-school, exceeding the program goal of 50 percent or more. More than half (57%) of

families demonstrated improvement or maintained high levels of self-reliance in preschool enrollment from baseline to the last assessment.

Three-quarters (75%) of school-aged children in HTF show improved attendance and academics

Most students experienced a decline in student attendance between October 2010 and June 2011, not reaching the program goal. On average, children missed 1.6 days of school in October, nearly 3.7 days of school in January, 5 days of school in March, and nearly 6.1 days of school in May.

At the end of the 2010-11 school year, nine students were reading at their grade level; additionally, fewer students were two or more grade levels delayed at the end of the school year, compared to October 2010. Each student with multiple screenings increased his or her reading level between October 2010 to June 2011. This met the program goal of 75 percent of HTF students improving their academic performance.

Long-term goal: Increase student stability at John A. Johnson Elementary to 90 percent, the current stability rate of the Saint Paul Public School District

The student stability rate of 86 percent in 2009-10 was a slight decline from the previous two years. It will be important to continue to monitor annual stability rates to determine overall upward or downward trends.

Service volume

Key findings

Program accomplishments for the calendar year 2010 include the following:

- Twenty-six new Johnson families developed housing plans in 2010. Between 2006 and 2010, 210 new Johnson families developed housing plans.
- Program staff helped to place or stabilize housing for 19 Johnson families in 2010, and a total of 114 Johnson families from 2006 to 2010.
- Twenty Johnson families received case management services, and an additional 204 received assistance or information and referral services in 2010.
- The housing specialist maintained active working relationships with 61 landlords in the Johnson area in 2010.
- Life Skills were provided to more than 50 Johnson and other neighborhood families in 2010-2011. Overall, participants indicated they were very satisfied with the program.

Family Housing Plans

Families in the Johnson neighborhood have the opportunity to complete a Family Housing Plan form as the first step toward receiving services from the program. In 2010, 26 Johnson families developed new housing plans. This is a fewer number of families compared to past years (Figure 1).

1. Family Housing Plans

	2010	2009	2008	2007	2006
Johnson families who developed new housing					
plans	26	47	36	50	51

Source: Program records.

Services to families who rent

Since mobility is common among low-income renters, program staff work with families who rent to help stabilize their living situations.

In 2010, 204 Johnson families received resource and referral services; however, families were counted each time they received services during the year. The number of families who received services in 2010 is higher compared to 2009 (Figure 2).

Twenty Johnson families received case management in 2010, representing fewer families served compared to previous years. In addition, 19 families were stabilized or placed in housing in 2010 (Figure 2).

	2010	2009	2008	2007	2006
Families who received assistance	78	48	85	214	175
Families who received resource and referral services	204 ^a	140 ^a	60	76	54
Families who received case management services	20	34	52	45	40
Families who were stabilized or placed in housing	19	33	18	16	28

2. Services to Johnson families

^a Count of families who received resource and referral services in 2009 and 2010 is duplicated-families could be counted more than once.

Source: Program records.

Working with landlords

Program staff worked with landlords to help them identify resources to improve the quality of their housing and make more housing available to families with students who attend Johnson. In 2010, program staff worked with 61 landlords, several more than in 2009 (Figure 3).

3. V	Vorking with landlords					
		2010	2009	2008	2007	2006
Mainta landloi	ained active relationship with area	61	47	73	92	70
Source:	Program records.					

Life Skills

In addition to working with families who rent, program staff also worked to help families own and maintain their homes. As previously described, current goals focus on attendance at Life Skills programs. Whereas HTF program services in other areas target families with children attending Johnson, Life Skills classes are open to all families in the community. During the 2010-11 school year, more than 50 Johnson and other neighborhood families attended a homeownership or Life Skills Education Program. Many more families attended the annual roller skating party in December 2010.

The Life Skills Education Program partners with the case manager and the housing specialist to present educational trainings that promote healthy families and provide clients with tools to stabilize their housing. Topics offered in the 2010-11 school year included a session about weatherizing one's home, self defense, yoga, self confidence and domestic abuse prevention, prioritizing for success, spring cleaning and bed bug prevention, and healthy eating (Figure 4).

Workshops offered	Date	Number of sessions	Attendance ^a
Weatherize Your Home	September 2010	1 session	13 adults 17 children
Self Defense	October 2010	1 session	6 adults 11 children
Yoga	November 2010	1 session	8 adults 8 children
Roller Skating Holiday Party	December 2010	1 session	138 participants
Self confidence and domestic abuse prevention	January 2011	1 session	10 adults 19 children
Prioritizing for success	March 2011	1 session	14 adults 16 children
Spring cleaning/bed bug prevention	April 2011	1 session	unknown
Healthy eating	May 2011	1 session	unknown

4. Life Skills Education Program attendance, 2010-11 school year

^a Life Skills Education Programs are attended by families who have children at Johnson Elementary as well as by other neighborhood families.

Source: Program records.

At the end of each workshop, participants were asked to complete a short questionnaire. The questionnaire asked participants to indicate how they found out about the workshop. The most commonly reported sources of recruitment included the ESFC and HTF program staff members and their child's school. Other sources of recruitment also included flyers, pamphlets, and newsletters.

Participants were also asked how useful they found the workshop. Nearly all participants rated the workshops as "somewhat" or "very" useful, with most providing ratings of "very useful."

9

Client satisfaction

This section presents satisfaction results for clients participating in the Housing Trust Fund program. In spring 2011, current Housing Trust Fund recipients were asked to complete a telephone interview regarding their experiences with the HTF program. Interviewers from Wilder Research conducted the phone interviews, asking clients several questions about their program participation, their satisfaction with services, and the impact of the services. Each of the 16 eligible participants completed the interview, for a response rate of 100 percent.

Key findings

Telephone interview results indicated Housing Trust Fund participants were generally very satisfied with the services they received from the HTF program and they perceived those services as positively impacting their situation. Result highlights include the following:

- Most participants rated their overall satisfaction with the services provided as "good" or "outstanding."
- Asked how well their housing needs are getting met now and how quickly they were able to get help, most provided ratings of "good" or "outstanding" for each item.
- All participants reported that their housing situation had improved since they first sought help from the program, and all felt that the services or referrals they received from the HTF program helped them to improve their housing situation.
- All participants indicated they would be better prepared to solve a housing problem in the future because of the services or referrals they received from the HTF program.
- Nearly two-thirds of adult clients and nearly half of children enrolled in the program had received referrals for mental health supports. Participants generally felt the referrals for mental health services had been helpful.
- Almost all participants also indicated things had improved for them or their families in other ways besides housing because of the help or referrals they received from the HTF program. Participants noted greater family involvement and relationships, increased family stability, improved mental health and well-being, and improvements in conditions for their children.

Participant demographics

Participants' self-reported demographics are presented in Figure 5. Twelve respondents identified themselves as female, four as male. Nearly half (44%) identified themselves as Hispanic, Latino, or Chicano; 31 percent as Black, African-American, or African; 20 percent as Asian or Pacific Islander; and one as biracial/multiracial. Nearly two-thirds (63%) reported that they were married (44%) or living in a marriage-like relationship (19%). The average age of the respondents was 32 years old.

Most (75%) participants had graduated from high school/GED (38%) or had attended some college (31%) or had a four-year college degree (6%). Nearly one-third (31%) reported an annual household income of less than \$10,000, and 44 percent reported an income of between \$10,000 and \$20,000. Two participants reported an income of between \$20,000 and \$30,000. Forty-four percent of participants reported that they were at home full-time, and 38 percent were unemployed. Thirty-eight percent were working full or part-time. Participants may have indicated more than one response (Figure 5).

Characteristics		Number
Age	20-24	6%
	25-29	44%
	30-34	13%
	35-39	19%
	40-44	13%
	45-49	6%
Gender	Female	75%
	Male	25%
Race/ethnicity	Hispanic, Latino, or Chicano	44%
	Black, African-American, or African	31%
	Asian or Pacific Islander	20%
	Biracial or multiracial	6%
	White or Caucasian	-
Marital status	Never been married	38%
	Married	44%
	Living with someone (marriage-like)	19%

5. Respondent demographics (N=16)

Characteristics		%
Education	Less than high school graduate	25%
	High school graduate or GED	38%
	Some college	31%
	Four-year college degree	6%
Employment status ^a	At home full-time	44%
	Unemployed and looking for work	38%
	Going to school	31%
	Working part-time	25%
	Working full-time	13%
	Unable to work or disabled	19%
Total household income	Less than \$10,000	31%
	\$10,000 to \$20,000	44%
	\$20,001 to \$30,000	25%

5. Respondent demographics (N=16) (continued)

^a Participants could respond "yes" to more than one category.

Source: HTF Program Participant Survey, 2011.

Household situation

All 16 participants reported living in a rental situation. Participants paid an average of \$242 of their total monthly rent. Eleven of 12 households reported that they paid all or a portion of the bill for energy costs, paying an average of \$183 a month for energy costs (Figure 6).

6.	Household	costs ar	nd members	(N=12)
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	Range	Mean
Amount of rent respondent pays	\$0-\$618	\$242
Monthly energy costs (if not included in rent payment)		
(N=11 households)	\$0-\$400	\$183

Source: HTF Program Participant Survey, 2011.

Seven participants reported that they were the only adult in the home, and nine reported that there were two adults in the home. The average number of children per household was nearly three. All reported that they had children age 17 or younger in the household, and all those with children reported they had children attending Johnson Elementary. When asked about how many times they had moved in the past three years, responses ranged from one to seven times, with an average of less than two times.

Ten participants (63%) reported having moved since they sought help from the program. Their reasons for moving included poor housing conditions, foreclosure, and conflict with landlords (Figure 7).

7. Mobility

	Yes	No
Have you moved into different housing since you sought help from the program? (N=16)	63%	38%
Why did you move? (N=7)		
Because the first house was a disaster, the floor was caving in and wat The second time there was a foreclosure.	er was leaki	ng inside.
My building was infested with mice and then I was evicted.		
The Fire Marshall declared the duplex as overcrowded.		
There was water leaking from the roof and the landlord would not take	care of the p	roblem.
Because of the landlord, he was not keeping up with the building. He co	uld never be	reached.
Because the house I was renting went into foreclosure.		
Because the house that I lived at did not pass inspection and the landle waiting list to get housing through EHOP.	ord knew I wa	as on the

Source: HTF Program Participant Survey, 2011.

Program participation

Participants were asked about the initial concerns or issues that brought them to the HTF program, and were allowed to indicate more than one reason for seeking help from the program. The most common responses were homelessness, rent that was too high, poor quality housing, eviction, landlord-tenant problems, and credit issues. Between 31 and 38 percent of participants also indicated domestic conflict, housing code violations, and housing foreclosure as reasons for seeking help from the program (Figure 8).

8.	Clients' reasons for seeking help from the HTF program (N=16)
v .	

Reason for seeking help	% ^a
Homelessness	88%
Rent that was too high	75%
Poor quality housing	63%
Eviction	56%
Landlord-tenant problems	56%
Credit issues	50%
Domestic conflict	38%
Housing code violations	38%
Housing foreclosure	31%
Home improvement loan	13%
Other ^b	13%

^a Respondents were allowed to indicate more than one reason.

^b Other reasons for seeking help from the HTF program included lack of space in previous housing.

Source: HTF Program Participant Survey, 2011.

Participants were also asked what housing-related services they received from the program, and were allowed to indicate all that applied. They most commonly reported that they received help with paying for first months' rent or security deposit, locating different housing, landlord-tenant mediation, paying utilities, and paying rent application fees. Other services reported included help with paying utilities and moving possessions to a different location (Figure 9).

9. Housing-related services provided to clients (N=16)			
Did you get help with:	% ^a		
Paying for first month's rent or security deposit	94%		
Locating different housing	81%		
Landlord-tenant mediation	75%		
Paying utilities (telephone, heat, or electric bills)	63%		
Paying rent application fees	50%		
Moving possessions to a different location	6%		
Paying home-buyer workshop fees	6%		
Other issues ^b	6%		

^a Respondents were allowed to indicate more than one service.

^b Other issues clients received help with included getting furniture and help with application fees for Bridging.

Source: HTF Program Participant Survey, 2011.

Participants were also asked about non-housing related services they received from the program, and again were allowed to indicate all that applied. Their responses indicated they received a variety of other services from the HTF program. Most (88%) reported receiving help with parenting and clothing. More than half reported receiving help with employment (63%), education for their children (69%) and themselves (56%), food (56%), and school attendance for children (56%). Other program services they received included help with domestic abuse problems (38%), child care (25%), transportation (13%), legal assistance (13%), and medical care (13%) (Figure 10).

Did you get help with:	%
Parenting issues	88%
Clothing	88%
Education or schooling for your children	69%
Employment	63%
Education or schooling for yourself	56%
Food	56%
School attendance for children	56%
Domestic abuse problems	38%
Child care	25%
Transportation	13%
Legal assistance	13%
Medical care	13%

10. Other program services (non-housing related) (N=16)

Source: HTF Program Participant Survey, 2011.

Through its Life Skills Education Program, the HTF program offered clients a variety of classes aimed at promoting healthy families and providing tools for stabilizing housing. All 16 respondents took one or more of the classes offered by the program. Figure 11 provides a list of the classes offered during 2010 and the number of respondents attending each one.

Did you attend any of the following classes:	%
Winterize your home	100%
Spring cleaning/bed bug prevention	94%
Healthy eating	88%
Budgeting	81%
Prioritizing for success	75%
Stress reduction	75%
Yoga/weight loss	69%
Self-defense	38%
Other classes ^a	13%

11. Attendance at Life Skills Education Programs (N=16)

^a Other classes included the Merrick Community Services Addiction Assistance class.

Source: HTF Program Participant Survey, 2011.

Client satisfaction

Participants were asked several questions about their satisfaction with the HTF program services. Most (94%) rated their overall satisfaction with the services provided as "good" or "outstanding." Asked how well their housing needs are getting met now, about the knowledge and skills of program staff, how quickly they were able to get help, and the ease of working with program staff, most (87-94%) provided ratings of "good" or "outstanding" for each item (Figure 12).

12. Client ratings of services (N=16)

Poor	Fair	Good	Outstanding
-	13%	31%	56%
6%	-	25%	69%
6%	-	19%	75%
-	-	25%	75%
-	6%	19%	75%
	- 6%	- 13% 6% - 6% - 	- 13% 31% 6% - 25% 6% - 19% - - 25%

Source: HTF Program Participant Survey, 2011.

When asked to describe which services were of most help, the most frequent responses were assistance with housing-related finances, including help with rent, and other services such as mental health support and specific Life Skills classes (Figure 13).

13. Open-ended question: Clients' perceptions of what has been of most help

Of the services or assistance you have received from the program, what is the one thing that has been of most help? (N=16)

Housing-specific services

Rent – they help pay for a portion of it and other resources such as school choices for kids and clothes you can iron.

Not having to pay market rate for rent.

Housing – they found us an apartment (duplex).

Just the fact that they helped me keep my family together by helping us pay for rent.

Helping me pay my rent. I had to get caught up with my other bills.

The rent assistance so that I can finish school/college trying to finish my A.A. Degree.

When it came to the financial part of it. When I needed help to pay my rent.

Other services

The classes about the bed-bugs, how to prevent.

The classes, the bed-bug class was very informative and I liked the fact that I don't have to use chemicals.

My mental health services, getting help with my bipolar.

All the classes. We did not know all this information about how to clean bed-bugs, spring cleaning, etc.

Them pushing you further to have me pay my bills. They helped me do or accomplish things.

The class on how to be a better parent.

Them helping me with employment. [Staff] gave me leads to get a job through Goodwill Training program.

The financial assistance. The program helps me with all aspects of my life.

Source: HTF Program Participant Survey, 2011.

Participants were also asked to describe how the program could improve its services. Several had no suggestions for improvement. Some of the suggestions for improvement included different Life Skills classes, greater communication between staff, and more options for landlords (Figure 14).

14. Open-ended question: Clients' suggestions for improvement

In what ways could the program have improved its services to you? (N=16)

Nothing
None, they were excellent!
It's great now, nothing to improve.
Nothing at all. They are super great.
None.
It's good now. Nothing to improve.
I don't know. Nothing. I just needed help with my bills.
None at all. Everything went well, all the classes and that.
Suggestions for improvement
Maybe checked in with me more.
Different options for classes like a coupon class. They should ask us what we would like for a class.
More communication between the staff. Taking a shorter time to finish the process of getting the financial assistance.
That they extend their program to other families who do not have children attending that school.
Maybe they can have a longer (more complete) list of landlords that they work with.
More communication between the services and the times they set the appointments.
Source: HTF Program Participant Survey, 2011.

Program impact

Participants were asked if their housing situation is better now, compared to when they first sought help from the program. Each of 16 participants indicated that their housing had improved, and each indicated that the services or referrals they received from the HTF program helped them to improve their housing situation. Interpreted together, these results indicate that each of the participants reported improvements in their housing situation due in part to the services they received from the HTF program.

More than 80 percent said their situation had improved, stating that their current home is more secure, closer to public transportation, more affordable, has more bedrooms, and is in better condition (Figure 15).

15. Ways in which the client's housing situation was improved (N=16)

	Yes	No
Do you have more bedrooms?	81%	19%
Is your current home more secure?	100%	-
Is it more affordable?	88%	13%
Is it in better condition or were some repairs made?	88%	13%
Is your housing more convenient to public transportation?	94%	6%
Do you have a better landlord?	81%	19%

Source: HTF Program Participant Survey, 2011.

Nearly two-thirds of participants (63%) reported that they had received referrals for mental health services or supports for themselves. Of those, all found the services helpful. Specifically, participants noted that the mental health services have connected them to ongoing psychiatric or other mental health services, that they feel less stress, and generally feel better about themselves (Figure 16).

16. Referral for mental health services or support Yes No Have you received any referrals for mental health services or supports, such as Goodwill Easter Seals or Wilder, from the East Side Family 38% Center in the last year? (N=16) 63% If yes, have the mental health service referrals been helpful? (N=10) 100% Please describe how the referrals have or have not been helpful? (N=10) I have a case manager and an ARMS worker so without this referral to Goodwill, I would not have been able to get these. I had a chance to sit down with Goodwill Easter Seals and disclose some things I had boggled up in my life. I was really depressed and I was appointed an ARMS worker, a psychiatrist, and therapy. I'm less stressful now. I don't act on impulse anymore. I think my problems through first and then take action. They helped me get disability benefits. They got me a psychiatrist. Because I have found a doctor to talk to me. Wilder helped me repair my car. We know what my grandson needs for his illness. I have also been referred to Goodwill and assigned to a mental health worker that works with me all the time. I go to them every Friday. They help me with my depression and not to be so stressful. I am overcoming my loneliness and shyness. I'm involved in the services provided. I see a doctor on a regular basis. Just talking to the therapist about my issues and life itself.

More than half of program participants (56%) reported that they had received referral for mental health services for their child or children in the previous year. Of those, most (86%) found the referrals helpful. Parents reported that their child's mental health issues are being addressed through medication and therapy (Figure 17).

	Yes	No
Have your children received any referrals for mental health services or supports, such as Goodwill Easter Seals or Wilder, from East Side Family		
Center in the last year? (N=16)	44%	56%
If yes, have the mental health service referrals been helpful? (N=7)	86%	14%
Please describe how the referrals have or have not been helpful? (N=7	7)	
The referral has not been approved as of today.		
They got everything started for my children's mental health. Wilder got th need for mental health.	em everyt	hing they
It helps them. I don't know, with their learning.		
He's getting the evaluations that he needs. Wilder is trying to get a PCA grandson is 12 years old and weighs 200 pounds.	for him. M	у
My kids are calmer on medication and doing a lot better in school. My da her bullying at school.	ughter is c	ontrollin
Wilder Foundation clinic helped me get his medication.		
They have calmed my children down. What they should do and not do whether their friends and with family. How they can avoid it.	hen they a	re aroun

17. Referral for mental health services or support for children

Asked if they would be better prepared to solve a housing problem in the future because of the services or referrals they received from the HTF program, each of the 16 participants answered "yes." When asked in an open-ended question to describe how they were better prepared, participants addressed having the skills and knowledge to resolve landlord/ tenant problems, improved money management skills, and more knowledge and resources for assistance (Figure A1).

Asked if things had improved for them or their families in other ways besides housing because of the help or referrals they received from the HTF program, each participant answered "yes." When asked in what ways things had improved, participants indicated greater family involvement and relationships, increased family stability, improved mental health and well-being, and improvements in conditions for their children (Figure A2).

Issues for consideration

Overall, Housing Trust Fund participants rated their satisfaction with the HTF program services highly. Asked for suggestions for improving the program, clients suggested assistance with housing-related finances, including help with rent, and other services such as mental health support and specific Life Skills classes.

Client self-reliance

This section presents findings from a self-reliance assessment that program staff complete with case management clients. Clients self-report their progress on the scale; the case manager notes that some clients may inaccurately report their current status based on her knowledge of the family's current functioning. The scale was created by Wilder Research and helps to assess several key components of clients' self-reliance, including housing, employment, income, education, child care, physical and mental health needs, and other areas. The assessment was designed to be completed at program entry, with follow-up assessments every six months. A copy of the self-reliance assessment form is provided in the Appendix.

The case manager completed assessments with 16 clients who received services at some point during the 2009-10 and 2010-11 school years. At the time of this report, 14 families were still engaged in case management services. Two families were discharged from the program.

This section describes the demographics and community credentials, baseline self-reliance scores, and an analysis of change in self-reliance experienced by the 16 clients who received services during the 2009-10 and 2010-11 school years. It is important to note that "last assessment" is used here to refer to a client's last assessment, which in most cases will not be their final assessment with the program. The following describes the baseline self-reliance of each client upon intake into the HTF program for clients who received services in 2009-10 and 2010-11 school years, as well as improvement for each client. Participants served during this time period were enrolled in the HTF program for between 16 and 77 months, with an average of 35 months.

Key findings

Results from self-reliance assessments completed by the case manager indicate clients experienced a number of improvements between their baseline and last assessment. Clients also continued to face challenges to their self-reliance, and those are summarized under "Issues for consideration" at the end of the section. Overall improvements between the initial and last assessment include the following:

- At the time of their baseline assessment, 72 percent of HTF clients were unemployed. As of the last assessment, just over one-third remained unemployed.
- Half or more improved their employment and job stability from baseline to last assessment.

- The percentage of clients whose current education was adequate for current employment increased from 56 percent at baseline to 84 percent as of the last assessment.
- The number of clients who relied on earned income and no public cash benefits doubled from baseline to last assessment.
- As of the last assessment, 94 percent of HTF clients had high levels of self-reliance related to housing. Most (94%) reported paying less than or equal to 30 percent of their income for housing.
- As of the last assessment, more than one-quarter of clients had improved their household healthcare coverage, and more than half had maintained high levels of self-sufficiency.
- Most clients (80%) had improved their child or children's pre-school enrollment. As of the last assessment, all school-aged children were attending school on a regular basis.

Demographics

Of the 18 clients served during the 2009-2010 and 2010-2011 school years, most were female (78%). Forty-three percent identified as African-American, 39 percent as Hispanic or Latino, and 17 percent as Asian (Figure 18).

Demographics		Number
Gender	Female	78%
	Male	22%
Race/ethnicity	Black, African-American, or African	43%
	Hispanic, Latino, or Chicano	39%
	Asian or Pacific Islander	17%
	Biracial or multiracial	11%
	White or Caucasian	6%

18. Respondent demographics (N=18)

^a Participants may have indicated more than one racial/ethnic background.

Community credentials

Program staff asked participants about a variety of community credentials, such as identification cards, phone access, and voter registration. At first assessment, most clients had a social security card (67%); only about 40 percent had a Minnesota driver's license (39%). Most clients had telephone or voice mail access (83%) and a medical ID (72%) card. Slightly fewer clients had an open bank account (39%) or library card (50%) (Figure 19).

Two clients exited the program during 2010. One client gained the following credentials during the time he/she was involved in the program: social security card, Minnesota driver's license, telephone or voicemail access, and a bank account. It was unknown what credentials the other client who closed in 2010 had at program exit.

At first assessment does participant have:	Yes	No	Don't know	Credential not needed or obtainable
Social Security Card	67%	33%	-	-
Minnesota driver's license	39%	61%	-	-
Minnesota identification card	28%	72%	-	-
Voter registration	44%	39%	17%	-
Birth certificate	67%	17%	17%	_
Medical ID card	72%	17%	11%	_
Telephone or voice mail access	83%	11%	6%	_
Library card	50%	44%	6%	-
Bank account	39%	61%	-	-
Alien registration card (green card)	11%	17%	-	-

19. Community credentials at first assessment (N=18)

Source: Self-Reliance Progress Form.

Employment, education, and financial issues

At baseline, 72 percent of HTF clients were unemployed. Of those who were employed, four had worked at their current job for three months or more (Figures 20-21).

Analyses of change indicates that 11 clients improved their employment, and 9 improved their job stability status. Four clients have maintained low levels of employment and job

retention, and three clients experienced declines in their employment status. Four clients showed declines in self-reliance related to job retention (Figures 22-23).

Employment status	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Unemployed	13 (72%)	7 (39%)
Working < 15 hours per week	-	1 (6%)
Working 15-19 hours per week	-	-
Working 20-24 hours per week	_	1 (6%)
Working 25-29 hours per week	_	1 (6%)
Higher levels of self-reliance		
Working 30 – 34 hours per week	3 (17%)	1 (6%)
Working 35 – 40 hours per week	1 (6%)	2 (11%)
Other	_	2 (11%)
Unable to work/retired		
Total	17 (100%)	15 (100%)

20. Employment status (N=17-18)

Source: Self-Reliance Progress Form.

21. Job retention and stability (N=18)

Job retention and stability	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Unemployed	13 (72%)	7 (39%)
Worked less than one month at current job	_	1 (6%)
Worked one month but less than three months at current job	_	1 (6%)
Higher levels of self-reliance		
Worked three months but less than six months at current job	1 (6%)	-
Worked six months or longer at current job	3 (17%)	6 (33%)
Other		
Unable to work or retired	1 (6%)	3 (17%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

22. Change in employment status (N=18)

	Ν	%
Improved	11	61%
Maintained – high	-	-
Maintained – low	4	22%
Declined	3	17%

Source: Self-Reliance Progress Form.

23. Change in job retention status (N=18)

	Ν	%
Improved	9	50%
Maintained – high	1	6%
Maintained – low	4	22%
Declined	4	22%

Source: Self-Reliance Progress Form.

Overall, nearly half (44%) of clients showed improvement in the adequacy of their education during the time they received case management services. At the time of the first assessment, 44 percent of clients assessed did not have enough formal education to meet their employment needs. Eight clients improved their education, and seven maintained high levels of self-reliance. No clients declined in this area (Figures 24-25).

24. Education (N=18)

	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Formal education not adequate to meet employment needs	8 (44%)	3 (17%)
Higher levels of self-reliance		
Formal education adequate for current employment but not for work advancement	9 (50%)	10 (56%)
Formal education adequate for current employment and advancement	1 (6%)	5 (28%)
Total	18 (100%)	18 (100%)

25. Change in education status (N=18)

	Ν	%
Improved	8	44%
Maintained – high	7	39%
Maintained – low	3	17%
Declined	-	-

Source: Self-Reliance Progress Form.

Self-reliance assessments also ask the case manager to indicate clients' sources of income, including whether they receive no income, only public cash benefits, a combination of public cash benefits and earned income, or only earned income. At baseline assessment, two-thirds (67%) of clients reported low levels of self-reliance. Eight clients reported improvement in income self-reliance scores, and five maintained high levels of self-reliance. Three clients reported decline in self-reliance from baseline assessment (Figures 26-27).

Income source	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
No income	-	1 (6%)
Public cash benefits/no earned income	9 (50%)	4 (22%)
More than 50% public cash benefits/some earned income	2 (11%)	-
More than 50% earned income/some public cash benefits	1 (6%)	1 (6%)
Higher levels of self-reliance		
Earned income/no public cash benefits	6 (33%)	12 (67%)
Total	18 (100%)	18 (100%)

26. Income source (N=18)

Note: Public cash benefits include benefits from the Minnesota Family Investment Program (MFIP), General Assistance (GA), Supplemental Security Income (SSI), and child support. Earned income includes employment income, Social Security, Social Security Disability Insurance (SSDI), veterans benefits, and retirement benefits.

Source: Self-Reliance Progress Form.

27. Change in income source status (N=18)

	Ν	%
Improved	8	44%
Maintained – high	5	28%
Maintained – low	2	11%
Declined	3	17%

Source: Self-Reliance Progress Form.

Financial concerns were a serious issue for many clients. At the time of the first assessment, only 39 percent of the clients were able to meet both their food and housing expenses. Nearly half (44%) of clients showed improvement in the adequacy of their income for food and shelter (22%) or maintained high levels of self-reliance in this area (22%). Of concern, nearly one-third (28%) of clients reported declines in self-reliance scores in this domain from baseline to last assessment (Figures 28-29).

28. Adequacy of income for food and shelter (N=18)) Baseline assessment N (%)	Last assessment
Adequacy of income for food and shelter Low levels of self-reliance	N (70)	N (%)
Unable to meet food AND housing expenses during the last		
month	3 (17%)	3 (17%)
Able to meet food OR housing expenses during the last month	8 (44%)	8 (44%)
Higher levels of self-reliance		
Able to meet BOTH food and housing expenses during the last month	7 (39%)	7 (39%)
Total	18 (100%)	18 (100%)
Source: Self-Reliance Progress Form.	· · ·	

Source: Self-Reliance Progress Form.

29. Change in income adequacy status (N=18)

	Ν	%
Improved	4	22%
Maintained – high	4	22%
Maintained – low	5	28%
Declined	5	28%

Source: Self-Reliance Progress Form.

Some improvements were seen in the quality of clients' credit from baseline to last assessment. At baseline, nearly all (94%) clients reported poor or no credit. Six clients demonstrated improvements in their credit self-reliance, while most (61%) maintained low levels of self-reliance (Figures 30-31).

Quality of credit	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
No credit	7 (39%)	6 (33%)
Poor credit	10 (56%)	6 (33%)
Higher levels of self-reliance		
Restoring credit or beginning to establish credit	1 (6%)	5 (28%)
Good credit or credit restored	-	1 (6%)
Total	18 (100%)	18 (100%)
Source: Self-Reliance Progress Form.		

30. Quality of credit (N=18)

31. Change in quality of credit status (N=17)

	Ν	%
Improved	6	33%
Maintained – high	_	-
Maintained – low	11	61%
Declined	1	6%

Source: Self-Reliance Progress Form.

Housing issues

Only one client had a Section 8 voucher at either their initial or subsequent assessment. No clients experienced any change in Section 8 status from baseline to last assessment.

At baseline, 39 percent of clients served during 2009-10 and 2010-11 school years were homeless. Six clients (33%) improved their housing stability while in HTF, and four maintained high levels of housing stability self-reliance. Of concern, 39 percent of clients have experienced declines in housing stability since baseline assessment (Figures 32-33).
32. Housing stability (N=18)

Housing stability	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Homeless	7 (39%)	1 (6%)
Higher levels of self-reliance		
Subsidized rental housing	4 (22%)	17 (94%)
Market rate rental housing	7 (39%)	-
Total	18 (100%)	18 (100%)
Source: Self-Reliance Progress Form.		

33. Change in housing status (N=18)

	Ν	%
Improved	6	33%
Maintained – high	4	22%
Maintained – low	1	6%
Declined	7	39%

Source: Self-Reliance Progress Form.

At baseline, two-thirds (67%) of clients reported paying more than 50 percent of their income for housing. As of their last assessment, 94 percent of clients were paying less than or equal to 30 percent of their income for housing; 13 clients had experienced improvement in housing affordability, and 4 had maintained high levels of self-reliance (Figures 34-35).

34. Housing affordability (N=18)

Housing affordability	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Pays more than 50% of income for housing	12 (67%)	1 (6%)
Pays less than 50% but more than 30% for housing	1 (6%)	-
Higher levels of self-reliance		
Pays less than or equal to 30% of income for housing	5 (28%)	17 (94%)
Total	18 (100%)	18 (100%)

35. Change in housing affordability status (N=18)

	Ν	%
Improved	13	72%
Maintained – high	4	22%
Maintained – low	-	-
Declined	1	6%

Source: Self-Reliance Progress Form.

At baseline, half of clients (56%) reported low levels of self-reliance related to tenant/ landlord relationships. As of their last assessment, five clients had improved their selfreliance, and two had maintained high levels of self-reliance. However, nearly half (44%) experienced declines in their self-reliance (Figures 36-37).

36. Tenant/landlord relationship (N=18)		
Tenant/landlord relationship	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Last tenant/landlord relationship failed – tenant evicted or lease not renewed	6 (33%)	1 (6%)
Program needed to prevent or resolve tenant/landlord issue more than once since last assessment	1 (6%)	11 (61%)
Program needed to prevent or resolve tenant/landlord issue only once since last assessment	3 (17%)	2 (11%)
Higher levels of self-reliance		
Program not needed to prevent or resolve tenant/landlord issue since last assessment	8 (44%)	4 (22%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

37. Change in tenant/landlord relationship status (N=18)

	Ν	%
Improved	5	28%
Maintained – high	2	11%
Maintained – low	3	17%
Declined	8	44%

Physical and mental health issues

At the time of their most recent self-reliance assessment, four clients were either in need of mental health assessment or currently receiving mental health service. As of the last assessment, six clients had improved their mental health self-reliance, and seven had maintained high self-reliance.

Additionally, five clients had received referral for supportive services for domestic abuse at the time of last assessment; five clients were receiving services. Three clients improved their self-reliance, 10 maintained high levels of self-reliance, and 4 declined.

No clients presented with chemical dependency issues at baseline. As of the last assessment four clients had declined in their chemical dependency self-reliance.

Most case management clients had public health insurance at their baseline assessment; at the last assessment, half (56%) had public health insurance benefits, while 28 percent had a combination of public and private health insurance for some or all members of their households. At the last assessment, three clients had experienced a decline in self-reliance related to health insurance coverage (Figures 38-39).

Household health care coverage	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
No insurance for any household members	2 (11%)	-
Public health insurance benefits for some household members	1 (6%)	3 (17%)
Higher levels of self-reliance		
Public health insurance benefits for all household members	15 (83%)	10 (56%)
Mix of public and private health insurance for some in household	-	2 (11%)
Mix of public and private health insurance for all in household	-	1 (6%)
Private insurance for all household members	-	2 (11%)
Total	18 (100%)	18 (100%)

38. Household health care coverage (N=18)

39. Change in household healthcare coverage status (N=18)

	Ν	%
Improved	5	28%
Maintained – high	10	56%
Maintained – low		-
Declined	3	17%

Source: Self-Reliance Progress Form.

Child well-being

The case manager assessed several aspects of child well-being. As of the last assessment, one family had a newly opened child protection case (Figures 40-41).

40. Child protection (N=18)		
Child protection	Baseline assessment N (%)	Last assessment N (%)
Lower levels of self-reliance		
Child protection case open – child/children not with parent	-	1 (6%)
Higher levels of self-reliance		
Child protection case closed	1 (6%)	3 (17%)
Family does not have a child protection case (open or closed)	17 (94%)	14 (78%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

41. Change in child protection status (N=18)

	Ν	%
Improved	_	-
Maintained – high	17	94%
Maintained – low	_	-
Declined	1	6%

At baseline, two-thirds of clients (67%) reported that none or only some of their eligible children were enrolled in pre-school programs. Most (80%) families demonstrated improvement in pre-school enrollment from baseline to the last assessment. One family continued to maintain high levels of self-reliance (Figures 42-43).

Preschool	Baseline assessment N (%)	Last assessmen N (%)
Low levels of self-reliance		
None of the eligible children are enrolled in pre-school services	11 (61%)	-
Some but not all of the eligible children are enrolled in pre- school services	1 (6%)	2 (11%)
Higher levels of self-reliance		
All eligible children are enrolled in pre-school services	1 (6%)	7 (39%)
Other		
No children in need of pre-school services	5 (28%)	9 (50%)
Total	18 (100%)	18 (100%)

42. Enrollment in pre-school programs (N=18)

Source: Self-Reliance Progress Form.

Note: Pre-school programs include ECFE, Head Start, and center-based child care.

43. Change in preschool enrollment status (N=15)

	Ν	%
Improved	12	80%
Maintained – high	1	7%
Maintained – low	-	-
Declined	2	13%

At baseline most families (94%) had children attending school on a regular basis. As of the last assessment, all families either maintained regular school attendance or improved the attendance of children (Figures 44-45).

44. School attendance (N=18)

School attendance	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
None of the school-age children attending school on a regular basis	1 (6%)	-
Some but not all school-age children attending school on a regular basis	-	-
Higher levels of self-reliance		
All school-age children attending school on a regular basis	17 (94%)	18 (100%)
Total	18 (100%)	18 (100%)

Self-Reliance Progress Form. Source:

45. Change in school attendance status (N=18)

	Ν	%
Improved	1	6%
Maintained – high	17	94%
Maintained – low	-	-
Declined	-	-

Self-Reliance Progress Form. Source:

35

At baseline, nearly half (44%) of clients reported that they were eligible for child support but were not receiving full benefit. As of the last assessment, one client reported improvement in child support income. Most (55%) reported no positive change in child support income, and 36 percent experienced declines in self-sufficiency (Figures 46-47).

Child support income	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Eligible for child support, no income benefit	8 (44%)	10 (56%)
Higher levels of self-reliance		
Eligible for child support, partial benefit	2 (11%)	1 (6%)
Eligible for child support, full benefit	1 (6%)	-
Other		
Not applicable	7 (39%)	7 (39%)
Total	18 (100%)	18 (100%)

46. Child support income (N=18)

Source: Self-Reliance Progress Form.

47. Change in child support income status (N=11)

	Ν	%
Improved	1	9%
Maintained – high	-	-
Maintained – low	6	55%
Declined	4	36%

At baseline, 44 percent of clients reported low levels of child care self-reliance. Most clients (4 of 7) maintained their current child care situations, while one experienced an improvement in child care self-reliance, and two experienced declines (Figures 48-49).

48. Child care (N=18)

Child care	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
No child care available	6 (33%)	-
Child care available but inadequate to meet need	2 (11%)	4 (22%)
Higher levels of self-reliance		
Child care is available and adequate with subsidy	2 (11%)	3 (17%)
Child care is available and adequate without subsidy	2 (11%)	2 (11%)
Other		
No child care needed	6 (33%)	9 (50%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

49. Change in child care status (N=7)

	Ν	%
Improved	1	14%
Maintained – high	3	43%
Maintained – low	1	14%
Declined	2	29%

While most families (89%) reported that immunizations were up-to-date for all children in the household, immunizations are not up-to-date for children of two clients (Figures 50-51).

50. Child immunizations (N=18)

Child immunizations	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Immunizations are not up-to-date for any of the children in the household	-	2 (11%)
Immunizations are up-to-date for some but not all of the children in the household	3 (17%)	-
Higher levels of self-reliance		
Immunizations are up-to-date for all of the children in the household	15 (83%)	16 (89%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

51. Change in child immunizations status (N=18)

	Ν	%
Improved	3	17%
Maintained – high	13	72%
Maintained – low	-	-
Declined	2	11%

Four clients reported that either none or some (but not all) children had a regular pediatrician or clinic at baseline. Three clients reported improvements in children having a regular pediatrician or clinic from baseline to last assessment (Figures 52-53).

52. Child's medical needs (N=18)

Child's medical needs	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
None of the children in the household have a regular pediatrician or clinic	3 (17%)	1 (6%)
Some of the children have a regular pediatrician or clinic	1 (6%)	-
Higher levels of self-reliance		
All children in the household have a regular pediatrician or clinic	14 (78%)	17 (94%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

53. Change in child medical needs status (N=18)

	N	%
Improved	3	17%
Maintained – high	14	78%
Maintained – low	1	6%
Declined	-	-

Source: Self-Reliance Progress Form.

39

Other issues

In addition to the other issues they faced, many case management clients also had limited access to both transportation and social support. Most (73%) clients reported inadequate transportation at baseline. As of the last assessment, 11 clients experienced improvements in transportation adequacy, while four reported a decline or continued inadequate transportation. Declines in adequacy of transportation may be partially explained by a family's involvement in the program. Program staff discourage families from driving without adequate insurance or valid driver's licenses. Families relying on their own vehicles for transportation may discontinue this form of transportation once they become involve with HTF (Figures 54-55).

54. Transportation (N=18)

Transportation	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Transportation not adequate to meet daily needs	3 (17%)	2 (11%)
Transportation adequate to meet some but not all daily needs	10 (56%)	2 (11%)
Higher levels of self-reliance		
Transportation adequate to meet daily needs	5 (28%)	14 (78%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

55. Change in transportation status (N=18)

	N	%
Improved	11	61%
Maintained – high	3	17%
Maintained – low	1	6%
Declined	3	17%

At baseline most clients (89%) reported inadequate social support. Thirty-nine percent of clients reported improvement in social support at last assessment, while 50 percent continued to report inadequate social support (Figures 56-57).

56. Social support (N=18)

Social support	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Little or no support from family, friends, or community support groups	2 (11%)	1 (6%)
Some social support, not usually adequate	14 (78%)	10 (56%)
Higher levels of self-reliance		
Adequate social support	2 (11%)	7 (39%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

57. Change in social support status (N=18)

	N	%
Improved	7	39%
Maintained – high	2	11%
Maintained – low	8	44%
Declined	1	6%

Source: Self-Reliance Progress Form.

41

At last assessment, two clients were not attending the recommended tenant training classes (Figure 58).

58. Tenant Training (N=18)

Social support	Baseline assessment N (%)	Last assessment N (%)
Low levels of self-reliance		
Participant not attending recommended tenant training classes Higher levels of self-reliance	-	2 (11%)
Participant attended some but not all recommended tenant training classes since last assessment	1 (6%)	14 (78%)
Participant attended all recommended tenant training classes since last assessment	17 (94%)	2 (11%)
Total	18 (100%)	18 (100%)

Source: Self-Reliance Progress Form.

59. Change in tenant training status (N=18)

	Ν	%
Improved	17	94%
Maintained – high	1	6%
Maintained – low	-	-
Declined	-	-

Source: Self-Reliance Progress Form.

Status at program exit

Upon a client's exit from the program, the self-reliance assessment asks the case manager to complete two additional sections: 1) a community credentials section, and 2) a supportive services section. The community credentials section is completed by the case manager at both first assessment and exit, and the supportive services section is completed at exit only. At the time of this report, two clients exited the HTF program. Exit questions were recorded for one client; due to this small sample size, results are not reported here.

Issues for consideration

Figure 60 identifies the change in self-reliance for clients served during 2009-10 and 2010-11 school years for all indicators.

	% Improved	% Maintained high	% Maintained Iow	% Declined
Employment	61%	-	22%	17%
Job retention	50%	6%	22%	22%
Education status	44%	39%	17%	0%
Income source	44%	28%	11%	17%
Income adequacy	22%	22%	28%	28%
Quality of credit	33%	-	61%	6%
Housing stability	33%	22%	6%	39%
Housing affordability	72%	22%	-	6%
Tenant/landlord relationship	28%	11%	17%	44%
Household healthcare coverage	28%	56%	-	17%
Child protection	-	94%	-	6%
Enrollment in pre-school	80%	7%	-	13%
School attendance	6%	94%	-	-
Child support income	9%	-	55%	36%
Child care	14%	43%	14%	29%
Child immunizations	17%	72%	-	11%
Child's medical needs	17%	78%	6%	-
Transportation	61%	17%	6%	17%
Social support	39%	11%	44%	6%
Tenant training	94%	6%	_	-

60. Change in self-reliance status for all indicators (N=7-18)

Source: Self-Reliance Progress Form.

Sixteen of 18 clients included in the analysis of changes from baseline to last assessment were continuing to receive services from the HTF program at the time of this report. Despite overall improvements in a number of areas, clients continued to face challenges to their self-reliance. As they plan future program services, staff can take into consideration the following barriers to self-reliance that clients continued to face:

- *Employment*. Although there were overall improvements in clients' employment status, 39 percent remained unemployed at the last assessment. Program staff can continue to explore ways to help clients obtain employment, and sustain employment once they have found a job.
- *Income*. Financial concerns were a serious issue for many clients. While overall improvements were seen in the adequacy of clients' incomes for food and shelter, 61 percent were unable to meet both expenses during the previous month.
- Child support. At the most recent assessment, more than half of clients were eligible for child support but were not receiving income benefit. Continue to encourage clients to pursue child support benefits, perhaps through Life Skills classes or one-on-one skill building.
- Quality of credit. Nearly two-thirds of clients reported having no or poor credit at the time of the last assessment. Continue to provide training and support to improve credit histories of clients.
- Tenant/landlord relationship. More than three-fourths (78%) of clients reported low levels of self-reliance related to landlord/tenant issues, meaning that program staff needed to intervene at least once in the previous six months. Continue to build confidence and skills among clients to work directly with their landlords to resolve conflicts.
- Social support. Although there were improvements, nearly two-thirds (62%) of the clients still did not have adequate social support. The ESFC offers a variety of activities aimed at connecting neighborhood families with each other, and these results suggest this is an important service. Staff can continue encouraging HTF clients to attend these activities and supporting other ways of improving clients' informal support systems.

44

Student success

Student attendance

One of the program goals established for 2009-2012 stated that three-quarters (75%) of school-aged children in HTF show improved attendance and academics. As of the end of the 2009-10 school year, 16 children whose families participated in EHOP and HTF were enrolled at John A. Johnson Elementary School. During the 2010-11 school year, there were 21 children enrolled at Johnson. Children were enrolled in kindergarten through 5th grade.

Student attendance is tracked by EHOP program staff. HTF students' attendance improved between the 2008-09 and 2009-10 school years. On average, students experienced fewer tardies in May 2010 compared to May 2011. Students experienced fewer excused and unexcused absences in May 2011 compared to May 2009 (Figure 62).

Most students experienced a decline in student attendance between October 2010 and May 2011 (Figure 61). On average, children missed 1.6 days of school in October, nearly 3.7 days of school in January, 5 days of school in March, and nearly 6.1 days of school in May.

	2009-2010 school year (N=16)				ear (N=16) 2010-2011 school year (N=21			=21)
	October 2009	January 2010	March 2010	May 2010	October 2010	January 2011	March 2011	May 2011
Tardy (to class and school)	26	60	95	122	52	111	143	185
Excused absences	25	49	62	83	29	64	78	91
Unexcused absences	3	11	18	26	5	13	26	37
Suspended	2	2	2	2	0	0	2	2

61. Attendance for students served by HTF

Source: John A. Johnson attendance records.

62. Proportion of tardies and absences by student

	May 2009 (N=16)	May 2010 (N=16)	May 2011 (N=21)
Tardy (to class and school)	11.1	7.6	8.8
Excused absences	1.1	5.2	4.3
Unexcused absences	3.1	1.6	1.8
Suspended	0	0.1	0.1

Academic achievement

In addition to student attendance, ESFC program staff also track academic achievement of students whose families are enrolled the housing program. Three HTF students are receiving Special Education Services and have Individualized Education Plans (IEP). (Figure 63).

At the end of the 2010-11 school year, nine students were reading at their grade level; additionally, fewer students were two or more grade levels delayed at the end of the school year, compared to October 2010. Each student (100%) with multiple screenings increased his or her reading level between October 2010 to June 201. This met the goal of 75 percent of HTF students improving their academic performance. Reading scores for students are assessed by the Wright Group McGraw Hill reading assessment.

63. Reading level (Wright Group McGraw Hill assessment) (N=16-20)

	October 2010	January 2011	March 2011	June 2011
At grade level	0	2	5	9
One grade or less delayed	7	9	7	6
Two or more grade levels delayed	9	7	7	5

Source: John A. Johnson attendance records.

Issues for consideration

Improving child attendance and academic achievement is a goal for this program year. While academic achievement of children enrolled in the housing program did improve, attendance declined during the 2010-11 school year. Program staff should explore barriers to children attending school on a regular basis and should work with families to ensure that children have the opportunity to attend school.

Student stability

The primary goal of the HTF program is to increase the number of students who stay at Johnson throughout the school year (and year to year). The program is using the stability index used by the Saint Paul Public Schools as the broadest measure of its impact. The stability index is defined as the number of students enrolled at the school 160 days or more during the school year divided by the official enrollment count at the school on October 1. This is essentially a measure of the proportion of students who stay at the school the whole school year. Higher percentages indicate greater stability. The goal is for Johnson to increase the student stability index at Johnson to 90 percent, the current stability rate of the Saint Paul School District.

Results

Figure 64 shows that the Johnson stability index has fluctuated in individual years, the index had increased for the past two school years, while slightly declining in 2009-10. The stability index, however, remains below the goal of attaining a student stability index of 90 percent as established for the Saint Paul School District (Figure 64).

Indicator	2006-07	2007-08	2008-09	2009-10	2010-11
Enrollment (October 1 official count)	314	299	297	330	263
Students enrolled 160 days or more	259	256	260	284	Not available
Stability index ^a	82.5%	85.6%	88%	86%	Not available

64. Johnson Elementary School stability index

^a Stability index: Students enrolled 160 or more days divided by enrollment on October 1.

Source: Data provided by Saint Paul Public Schools.

For comparison purposes, Figure 65 shows the stability rates over the past five years for selected Saint Paul elementary schools, as well as the average for all elementary schools district-wide. Selected elementary schools displayed here include other Achievement Plus schools, other East Side neighborhood schools, some other neighborhood schools, and some magnet schools. The stability rate for all elementary schools rose slightly from 90 percent for 2005-06 to 91 percent in 2006-07 and 2008-09, and 92 percent in 2009-10 (Figure 65).

65. Student stability during the school year: Saint Paul Public Schools

			St	tability Inde	x ^a	
	School	2005-06	2006-07	2007-08	2008-09	2009-10
Achievement Plus	John A. Johnson	87%	82%	86%	88%	
	Dayton's Bluff	78%	81%	78%	82%	86%
East Side neighborhood schools	Bruce Vento	80%	83%	81%	87%	86%
	Phalen Lake	85%	85%	88%	89%	9%
	Ames	82%	86%	82%	81%	89%
	Sheridan	84%	87%	88%	90%	90%
	Hayden Heights	88%	89%	88%	85%	94%
	Eastern Heights	92%	84%	87%	86%	90%
	Prosperity Heights	88%	90%	87%	89%	95%
Some other neighborhood schools	North End	76%	81%	79%	77%	88%
	Como Park	78%	82%	85%	83%	83%
	Chelsea Heights	91%	91%	93%	93%	91%
	Groveland Park	90%	92%	91%	92%	93%
	Mann	97%	97%	96%	98%	97%
	Hancock-Hamline	93%	95%	94%	95%	95%
Some magnet schools	Battle Creek Elementary	92%	94%	94%	95%	96%
	Farnsworth	95%	95%	97%	96%	95%
	Jackson	90%	89%	92%	91%	94%
	Nokomis	97%	97%	96%	97%	96%
	Capitol Hill	97%	97%	98%	98%	98%
All elementary schools		90%	91%	91%	91%	92%

^a Stability index: Students enrolled 160 or more days divided by enrollment on October 1.

Source: Data provided by Saint Paul Public Schools.

Issues for consideration

After increasing during the 2007-08 and 2008-29 school years, the student stability rate decreased slightly in 2009-10. It remains important to assess stability over time, to identify any upward or downward trends. The Saint Paul School District has experienced stable stability for the past five years.

Success stories

Two families who have been involved in the housing program for the past five years agreed to share their families' stories. The following describes the experiences of April and Miranda's families while enrolled in the program. Client names have been changed to protect the confidentiality of the families.

Connection to East Side Family Center

Both families were connected to the housing program through John A. Johnson Elementary School, where each had one or more children enrolled five years ago. April and her five children were living in unstable situations, yet April remained committed to keeping her children enrolled at John A. Johnson Elementary.

Another client, Miranda, was concerned about her unstable living situation when she learned of the East Side Family Center through a flyer that was sent home in her child's backpack. Miranda's family was being impacted by untreated mental illness, which was resulting in housing instability.

Case management services and supports

April's family was struggling with homelessness and unemployment when she learned of the East Side Family Center. ESFC helped April's family with housing, assisting with rent and utilities, and also with transportation, information about area food shelves and other basic needs resources, and school supplies for her children.

Along with assistance with housing and rent and other daily living necessities, ESFC also helped connect Miranda and her family to mental health supports

Both families received case management support from staff at ESFC. In addition to referrals about basic daily needs, such as food shelves and furniture, program staff also worked with April and Miranda to set and achieve attainable goals to further their stability and self-reliance. April noted that the monthly goals and monthly meetings with program staff were one of the most helpful aspects of the program. April said "Program staff instilled in me that it was important to set and meet goals, even if they're small."

Program staff also provided support to both April and Miranda, empowering them to reach out for support, to advocate for themselves and their families, and to trust themselves and their decisions. Miranda reported that, with the support of program staff, she had the courage to end an abusive relationship, and learned to trust and give her children more freedom. Miranda and April both also discussed the support and services that the program afforded to their children. Each appreciated the different activities offered to their children, such as summer camp, programs at the YMCA, sports events, and other youth-focused activities. Each mother also noted that the program supported their children in school, setting up tutoring where it was needed, and working with the family to ensure that all children were at school, on time, each day.

The housing program at ESFC works with families to become empowered tenants. Through the program, both Miranda and April felt that they had a greater understanding of tenant rights and responsibilities, and both felt that the program gave them the skills to more successfully navigate relationships with current and future landlords. As Miranda noted, "I know the laws. I know what, legally, needs to be done. Either the landlord will pay for repairs, or I will, but I know that I need to tell him about problems when they come up." April also felt the periodic inspections and visits from program staff encouraged her to take pride in her home and keep the household clean and free of clutter.

Program impact

Both families felt that their families' lives were different since they began working with the program. As her time in the program comes to a close, April is excited about beginning her nursing program and is looking forward to moving closer toward owning her own home. When asked how the program had helped her and her family prepare for the future, April said, "The program gave us a sense of stability. They taught me organization, setting and meeting goals, and accomplishing those goals. These skills made life much easier for me and my family."

Miranda and her family were also continuing to grow and increase their self-reliance. Miranda is looking forward to starting college classes, and continues to work to improve her resume. Like April, Miranda is looking forward to one day owning her own home, and attaining full-time employment. Miranda also continues to manage her own mental health concerns and those of her children, but continuing to engage in therapy and medication. Miranda said simply, "[The program] helped by having someone there to help when I needed it. I never really had that before."

50

Appendix

Open-ended comments Self-reliance instrument

A1. Preparation for future problems

	Yes	No
If you had a housing problem again, would you be better prepared to solve it <i>because</i> of the services or referrals you received from the		
program? (N=16)	16	0
In what ways would you say you are better prepared to solve your housin (N=16) ^a	ng proble	ems?
Landlord/tenant responsibilities and communication		
The RentWise class taught me about my responsibilities and what I can and tenant and what the landlord's can and can't do. I am more knowledgeable.	can't do	as a
I know more about landlord and tenant's rights.		
I'm more aware of the tenant/landlord laws. I now know what's accepted and	d what's r	not.
I know how and what to look for when renting. I learned the questions to as	۲.	
I know how to talk to my landlord now. I also know how to do minor repairs, blanket around my water heater to conserve energy.	like wrap	а
I know my right's as a renter now. I learned that I have to take pictures of th when I move in and give a copy to the landlord. I know how to fix things.	e new pla	ice
I am more conscious about having good communication with landlords.		
I learned how to deal with landlords and neighbors.		
I have better communication with my landlord.		
Money management		
I have some savings just in case we have to move right away or if the progra	am can't h	nelp us.
Because I know I have to put money aside.		
They helped us learn how to save money and gave us the resources to seek any need.	help if th	nere is
Resources and referrals		
I can talk to my housing case manager. I can contact other organizations.		
Also, I learned where a lot of the social service agencies are located.		

I know how to deal with these issues. I now have a good list of resources to contact.

They gave me the resources to seek help when I have housing problems. I think I will be better off. I know where to seek help if I have housing problems in the future.

Other comments

To keep my appointments and understanding the words they use about housing things.

Now we are prepared to winterize to save energy. We can or know how to budget our money. We started to do the spring cleaning already.

^a Some respondents' answers appear in more than one category here.

A2. Improvements in other areas

	Yes	No
Have things improved for you or your family in other ways, besides nousing, <i>because</i> of the help or referrals you received from the program? (N=10)	16	0
n what other ways have things improved? (N=14) ^a		
Family involvement and relationships		
The kids are active and speak both English and Spanish. They are less marriage is also improving. I spend more time with my family.	shy now. M	у
My family is more united, we spend more time with each other as a family	у.	
Family stability		
My family is more stable and the kids can stay in the same school instead all the time.	d of moving	around
I'm more stable now. I now go to college and am working.		
My kids were able to stay in the same school.		
Mental health and wellbeing		
They helped me get connected with assistance for my child at the Wilder	Foundation	-
I'm mentally stable now.		
The kids have gotten services with Wilder Foundation. My child is on me	dication nov	v.
Better conditions for children and family		
My kid's attendance in school. I was lazy and wouldn't get up in the more them ready for school.	ning to bring	or get
I'm looking for a job right now.		
The support that they give us to attend ESL classes, we have learned En tips on how to look for work.	iglish. They	gave u
I'm taking ESL classes and my spouse and I are taking parenting classes classes. We can communicate with our children better.	s to be bette	r
My kids can get to school on time, our housing is closer to the school. W	'e're benefiti	ng fron
this program.		

Self-reliance instrument

Self-Reliance	Progress	Form
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Pro	gram Name					
Par	ticipant Info	rmation				
Las	t name, First I	Intake Date				
		/	/			
	ial/Ethnic Bac	0	Black or African American \Box 3. Asian			
	. White or Cau	$n \Box 5. M$				
Hispanic origin?GenderNumber of adults in household (18 +)Number of childrenI1YesI1Male						old (17 or
	. Yes	\square 1. Male		younger)		
	2. No	\Box 2. Female				<u> </u>
			iance progress form is designed to rec			
			. The time period between ratings sho regardless of the length of time from p		30 days.	I ne last
			termine the level that best describes th		on Ente	r the
			x on the right, (in the column marked '			
	· ·		sure of the time interval between rating	<i>,</i>		iuting in
	ployment Sta					
	1					
1	Employment				Score	Date
	1 = Unemploy					
		< 15 hours per w			1	//
	-	15 - 19 hours per			2	1 1
	•	20 - 24 hours a v			L	/
		25 - 29 hours per			3	//
	-	30 - 34 hours per $35 - 40$ hour per per per per per per per per per pe			4	
		> 40 hours per w			5	
	9 = Unable to	·				
	,				6	/
Job	Retention a	nd Stability				
2		n and Stability S	Scale		Score	Date
	1 = Unemploy				1	//
	2 = Worked less than one month at current job				2	//
	3 = Worked one month but less than three months at current job					
			ess than six months at current job	ļ	3	/
		ix months or long work or retired	ger at current job		4	/
		WOIK OF ICHICU			5	
					6	

Inc	come Source	
3	Income Sources Scale	Score Date
	1 = No income	1//
	2 = Public cash benefits/no earned income	2
	3 = More than 50% public cash benefits/some earned income	
	4 = More than 50% earned income/some public cash benefits	3 / /
	5 = Earned income/no public cash benefits	<u> </u>
		4 / /
		5 / /
		<u> </u>
		6 //
	NOTE: Public cash benefits include MFIP, GA & SSI, and child support.	
	Earned income includes employment income, SSDI, Veterans benefits, Retiremen	t benefits, Social
	Security.	
Ch	ild Support Income	
4	Child Support Income Scale	Score Date
	1 = Eligible for child support, no income benefit	1 / /
	2 = Eligible for child support, partial benefit	<u> </u>
	3 = Eligible for child support, full benefit	2 //
	9 = Not applicable	
		3/_/
		4/_/
		5/_/
		6 / /
Ad	equacy of Income for Food and Shelter	
5	Adequacy of Income for Food and Shelter Scale	Score Date
U	1 = Unable to meet food AND housing expenses during the last month	<u>1 / /</u>
	2 = Able to meet food OR housing expenses during last month	
	3 = Able to meet BOTH food and housing expenses during the last month	2/_/
		3 / /
		<u> </u>
		4//
		5 / /
0	ality of Credit	6/_/
Qu		
6	Quality of Credit Scale	Score Date
	1 = No credit	1 //
	2 = Poor credit	2 / /
	3 = Restoring credit or beginning to establish credit	
	4 = Good credit or credit restored	3 / /
		4/_/
		5/_/
		6 / /

110	using Stability		
7	Housing Stability Scale	Score	Date
	1 = Homeless	1	//_
	2 = Emergency shelter, doubled up, or notice of eviction or foreclosure	2	//_
	3 = Transitional housing (time limited)	3	//_
	4 = Subsidized rental housing	4	1 1
	5 = Market rate rental housing	5	
	6 = Home ownership	6	
Se	tion 8 Status		
8	Section 8 Status Scale	Score	Date
	1 = Has Section 8 Voucher but can't find housing	1	/ /
	2 = Has Section 8 Voucher but needs to move because of inappropriate housing for example	2	
	substandard conditions, not large enough, safety concerns, etc.	3	
	3 = Has Section 8 Voucher but needs to move because tenant/landlord issues		//
	4 = Has Section 8 Voucher and no need to move from the housing	+	//
	9 = Does not have a Section 8 Voucher	5	//
тт		6	//
	using Affordability	G	D (
9	Housing Affordability Scale	Score	Date
	1 = Pays more than 50% of income for housing	l	//_
	2 = Pays less than 50% but > 30% of income for housing	2	//_
	$3 = Pays \le 30\%$ of income for housing	3	//_
		4	//_
		5	//_
		6	<u> </u>
Ho	ousehold Health Care Coverage		
10	Household Health Care Coverage Scale	Score	Date
	1 = No insurance for any household members	1	//_
	2 = Public health insurance benefits for some household members	2	
	3 = Public health insurance benefits for all household members	3	
	4 = Mix of public and private insurance for some household members	4	
	5 = Mix of public and private insurance all household members	5	;; / / /
	6 = Private insurance benefits for some household members	<u> </u>	//
	7 = Private insurance for all household members	6	//
	•		
V	DTE: Public insurance includes Medicaid (MA), Minnesota Care, Medicare, etc.		

Chi	ild Care	
11	Child Care Scale	Score Date
	1 = No child care available	1/
	2 = Child care available but inadequate to meet need	2 / /
	3 = Child care is available & adequate with subsidy	
	4 = Child care is available & adequate without subsidy	3/_/
	9 = No child care needed	4 / /
		5 / /
Ed	ucation	6/_/
12	Education Scale	Score Date
12	1 = Formal education not adequate to meet employment needs	
	2 = Formal education adequate for current employment but not for work advancement	
	3 = Formal education adequate for current employment and advancement	2/_/
		3/_/
		4//
		5/_/
		6//
Tra	insportation	
13	Transportation Scale	Score Date
	1 = Transportation not adequate to meet daily needs	1/_/
	2 = Transportation adequate to meet some but not all daily needs	2 //
	3 = Transportation adequate to meet daily needs	3 / /
		4/_/
		5//
C		6/_/
Soc 14	ial Support	Saona Data
14	Social Support Scale 1 = Little or no support from family, friends, or community support groups	Score Date
	2 = Some social support, not usually adequate	
	3 = A dequate social support	2/_/
		3/_/
		4 //
		5/_/
		6 / /

Ter	nant/Landlord Relationship	-
15	Tenant/Landlord Relationship Scale	Score Date
	1 = Most recent tenant/landlord relationship failed – tenant evicted or lease not renewed	1//
	2 = Program needed to prevent or resolve tenant/landlord issue more than once since last assessment	2/_/
	3 = Program needed to prevent or resolve tenant/landlord issue only once since last assessment	3/_/
	4 = Program not needed to prevent or resolve tenant/landlord issue since last assessment	4// 5/_/
		6/_/
Chi	ild Protection Case	
16	Child Protection Scale	Score Date
	1 = Child protection case open-child/children not with parent	1/_/
	2 = Child protection case open-child/children with parent	2 / /
	3 = Child protection case closed4 = Family does not have a child protection case (open or closed)	3/_/
		4//
		5//
		6 / /
Chi	ild's Immunization Scale	
Ch i 17	ild's Immunization Scale Child's Immunization Scale	Score Date
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the	Score Date 1/_/
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household	Score Date 1 /_/ 2 /_/
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household	1/_/
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in	1/_/ 2/_/
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household	1/_/ 2/_/
	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household	1 / / 2 / / 3 / / 4 / /
17	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household	1 /_/
17	 Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 	1 /_/
17 Chi	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household Id's Medical Needs Child's Medical Needs Scale 1 = None of the children in the household have a regular pediatrician or clinic	1 /_/ 2 /_/ 3 /_/ 4 /_/ 5 /_/ 6 /_/
17 Chi	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household did's Medical Needs Child's Medical Needs Scale 1 = None of the children in the household have a regular pediatrician or clinic 2 = Some but not all of the children in the household have a regular pediatrician or clinic	1 /_/ 2 /_/ 3 /_/ 4 /_/ 5 /_/ 6 /_/
17 Chi	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household Id's Medical Needs Child's Medical Needs Scale 1 = None of the children in the household have a regular pediatrician or clinic	1 // 2 /_/ 3 /_/ 4 /_/ 5 /_/ 6 /_/ Score Date 1/
17 Chi	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household did's Medical Needs Child's Medical Needs Scale 1 = None of the children in the household have a regular pediatrician or clinic 2 = Some but not all of the children in the household have a regular pediatrician or clinic	1 /_/ 2 /_/ 3 /_/ 4 /_/ 5 /_/ 6 /_/ 1 /_/ 2 /_/ 4 /_/ 5 /_/ 6 /_/ 2 /_/ 2 /_/ 1 /_/ 1 /_/ 1 /_/ 1 /_/ 1 /_/ 1 /_/ 1 // 1 // 1 // 1 /
17 Chi	Child's Immunization Scale 1 = Immunizations (age appropriate) are not up-to-date for any of the children in the household 2 = Immunizations (age appropriate) are up-to-date for some but not all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household 3 = Immunizations (age appropriate) are up-to-date for all of the children in the household did's Medical Needs Child's Medical Needs Scale 1 = None of the children in the household have a regular pediatrician or clinic 2 = Some but not all of the children in the household have a regular pediatrician or clinic	1 /_/

En	rollment in Pre-school programs		
19	Enrollment in Pre-school Programs Scale	Score	Date
	1 = None of the eligible children are enrolled in pre-school services	1	//
	2 = Some but not all of the eligible children are enrolled in pre-school services	2	<u> </u>
	3 = All eligible children are enrolled in pre-school services	3	/ /
	9 = No children in need of pre-school services		
		4	//_
		5	<u> </u>
		6	1 1
	 DTE: Pre-school programs include ECFE, Head Start, and center-based child care. me-based child care does not qualify as pre-school programs.	· ·	//
Io	1 0	•	//
<i>loi</i> ch	me-based child care does not qualify as pre-school programs.	Score	
<i>loi</i> ch	<i>me-based child care does not qualify as pre-school programs.</i> nool attendance		
l <i>oi</i> ch	<i>me-based child care does not qualify as pre-school programs.</i> nool attendance School Attendance Scale		
loi	me-based child care does not qualify as pre-school programs. nool attendance School Attendance Scale 1 = None of the school-age children attending school on a regular basis *		Date
<i>loi</i> ch	me-based child care does not qualify as pre-school programs. nool attendance School Attendance Scale 1 = None of the school-age children attending school on a regular basis * 2 = Some but not all of the school-age children attending school on a regular basis *	Score 1 2	Date
<i>loi</i> ch	me-based child care does not qualify as pre-school programs. nool attendance School Attendance Scale 1 = None of the school-age children attending school on a regular basis * 2 = Some but not all of the school-age children attending school on a regular basis * 3 = All of the school age children attending school on a regular basis *	Score 1 2	Date
<i>loi</i> ch	me-based child care does not qualify as pre-school programs. nool attendance School Attendance Scale 1 = None of the school-age children attending school on a regular basis * 2 = Some but not all of the school-age children attending school on a regular basis * 3 = All of the school age children attending school on a regular basis *	Score 1 2	

ASSESSMENT SECTION

Me	Mental Health Assessment					
21	Mental Health Scale	Score Date				
	1 = Mental health assessment recommended	1//				
	2 = Mental health assessment completed and appropriate referral made	2 / /				
	3 = Mental health services being provided	<u> </u>				
	9 = No mental health services needed	3/_/				
		4//				
		5/_/				
		6/_/				
Che	emical Dependency Assessment					
22	Chemical Dependency Scale	Score Date				
	1 = Chemical dependency assessment recommended	1//				
	2 = Chemical dependency assessment completed and appropriate referral made	2//				
	3 = Chemical dependency support services being provided					
	9 = No chemical dependency support services needed	3/_/				
		4//				
		5/_/				
		6//				

Do	Domestic Abuse					
23	Domestic Abuse Scale	Score Date				
	1 = Domestic abuse issues present in family – not currently addressed	1/_/				
	2 = Referral made for supportive services	2 / /				
	3 = Domestic abuse services being provided					
	9 = No domestic abuse services are needed	3/_/				
		4//				
		5//				
		6//				
Ter	ant Training					
24	Tenant Training Scale	Score Date				
	1 = Participant not attending recommended tenant training classes	1/_/				
	2 = Participant attended some but not all recommended tenant training classes since last assessment	2/_/				
	3 = Participant attended all recommended tenant training classes since last assessment	3/_/				
		4//				
		5/_/				
		6//				

This page is to be completed at program INTAKE and program EXIT ONLY

Community Credentials							
Does participant have:	Status at intake			Status at exit			
Social Security Card	\Box Yes ₁	No ₂	Don't know ₈	\Box Yes ₁	□ No ₂	□ In process ₃	□ Don't know ₈
	Credentia	al not needed or obta	inable ₉	Creder	ntial not nee	ded or obtainable ₉	
Minnesota driver's license	Yes ₁	No ₂	Don't know ₈	\Box Yes ₁	□ No ₂	In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉		ntial not nee	ded or obtainable ₉	
Minnesota identification card	\Box Yes ₁	□ No ₂	Don't know ₈	\Box Yes ₁	□ No ₂	In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉		ntial not nee	ded or obtainable ₉	
Voter registration	\Box Yes ₁	No ₂	Don't know ₈	\Box Yes ₁		□ In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉	Credential not needed or obtainable ₉			
Birth certificate	\Box Yes ₁	No ₂	Don't know ₈	\Box Yes ₁		□ In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉	Credential not needed or obtainable ₉			
Medical ID card	\Box Yes ₁	No ₂	Don't know ₈	\Box Yes ₁		□ In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉	Credential not needed or obtainable ₉			
Telephone or voice mail access	\Box Yes ₁	No ₂	Don't know ₈	\Box Yes ₁		In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉		ntial not nee	ded or obtainable ₉	
Library card	\Box Yes ₁	□ No ₂	Don't know ₈	Yes ₁	□ No ₂	In process ₃	Don't know ₈
	Credentia	al not needed or obta	inable ₉	Credential not needed or obtainable ₉			
Bank account	\Box Yes ₁	\Box No ₂	Don't know ₈	\Box Yes ₁	□ No ₂	□ In process ₃	Don't know ₈
	Credential not needed or obtainable ₉				ntial not nee	ded or obtainable ₉	
Alien registration card (green card)	\Box Yes ₁	\Box No ₂	Don't know ₈	\Box Yes ₁	□ No ₂	In process ₃	Don't know ₈
	Credential not needed or obtainable ₉				ntial not nee	ded or obtainable ₉	

This page is to be completed ONLY at program exit.

Supportive Services						
Did the participant	RATING SCALE					
receive or get a referral to support services for:	1 = Participant needed this service (if yes, continue to column 2)	2 = Participant received EHOP program services (continue to column 3)	3 = Participant was referred to other agency for services (if yes, continue to column 4)	4 = Participant received services from other agency		
Case management	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Life skills (not case management)	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't} \ \mathbf{know}_8$		
Alcohol or drug services	$\Box Yes_1 \Box No_2 \Box Don't \ know_8$	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't \ know}_8$		
Mental health services	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't \ know}_8$		
Health care services	□Yes ₁ □No ₂ □Don't know ₈	\Box Yes1 \Box No2 \Box Don't know8	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Domestic abuse services	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't} \ \mathbf{know}_8$	$\Box \mathbf{Y} \mathbf{e} \mathbf{s}_1 \Box \mathbf{N} \mathbf{o}_2 \Box \mathbf{D} \mathbf{o} \mathbf{n}' \mathbf{t} \ \mathbf{k} \mathbf{n} \mathbf{o} \mathbf{w}_8$	$\Box \mathbf{Y} \mathbf{e} \mathbf{s}_1 \Box \mathbf{N} \mathbf{o}_2 \Box \mathbf{D} \mathbf{o} \mathbf{n}' \mathbf{t} \ \mathbf{k} \mathbf{n} \mathbf{o} \mathbf{w}_8$	Yes ₁ No ₂ Don't know ₈		
Education	$\Box \mathbf{Y} \mathbf{e} \mathbf{s}_1 \Box \mathbf{N} \mathbf{o}_2 \Box \mathbf{D} \mathbf{o} \mathbf{n'} \mathbf{t} \ \mathbf{k} \mathbf{n} \mathbf{o} \mathbf{w}_8$	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't \ know}_8$		
Housing placement	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't \ know}_8$		
Employment assistance	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Child care	□Yes ₁ □No ₂ □Don't know ₈	\Box Yes1 \Box No2 \Box Don't know8	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Transportation	□Yes ₁ □No ₂ □Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Legal	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't} \ \mathbf{know}_8$	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Child protection	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't \ know}_8$	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈		
Other (specify)	□Yes ₁ □No ₂ □Don't know ₈	Yes ₁ No ₂ Don't know ₈	Yes ₁ No ₂ Don't know ₈	$\Box \mathbf{Yes}_1 \Box \mathbf{No}_2 \Box \mathbf{Don't} \ \mathbf{know}_8$		

62